Assessment of knowledge and practices for nurses about the autonomic dysreflexia syndrome in the spinal cord patients Dr.

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Abstract

Objective: the aim of the study is to assess the knowledge and practices for nurses that working in words of Ibn Al-kuff hospital for spinal cord injuries.

Methodology: descriptive study from the period of (1st of July to the 30th August 2005) about the knowledge and practical management when autonomic dysreflexia syndrome affects those patients whom sleeping in the words of this hospital and its relationship with some variables.

The sample of the study consists of (100) nurses male and females are selected purposively. a questionnaire check list was designed for study purpose and applied by (test - retest) to improve the reliability, the validity of the assessment was determined through a panel of experts.

The data analyzed by using descriptive statistical approach (frequency, percentage, mean of score, test) and inferential data analysis approach   (chi-square).

Results: the finding of the study indicated that the large number of these nurses did not have enough knowledge and practices about autonomic dysreflexia syndrome management during its occurrence.

Recommendation: the researchers suggested that especial education program should be developed and implemented for these nurses who work in the spinal cord injuries wards, the program should include, knowledge and practices relative to general, sings and symptoms, causes nursing intervention of the autonomic dysre flexia.

Key wards : nurses knowledge, autonomic, dysreflexia syndrome, spinal cord injury.

Introduction

Autonomic dysreflexia or hyperreflexia is a life threatening condition that can occur in a person with spinal cord injury and it requires immediateratment.[1]

This syndrome is more frequently seen in the client with spinal cord lesion at or about thoracic six (T6), but client with a lesions as low as thoratic eight (T8) have reported to have exhibited it.   '

Health care providers must be a war of this problem and be able to intervence appropriately with and early intervention, the severity of on episode can be decreased

In appropriate or delayed treatment can have a serious consequences such as apnea , seizure , stroke , retinal hemorrhage , renal failure , subarachnoil hemorrhage , cardiac dysrthmic , cardiac arrest or death '[3]

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Its potentially preventable, and client s should know about it so they car-implement preventive measures to safe regurd their health.

The nurse who is educated about autonomic dysreflexia can act as the patient s adviser in assuring that proper preventive measures are taken and that may needed treatment which is give in with out delay according to accepted protocols.

According to the patient and caregiver must be taught that proper care i carrying out health maintenance regimens, such as bowel and bladder care prevention of pressure sores, avoiding falls burns or other injury and selection of proper shoes, and clothing can prevent many autonomic dysreflexia episodes.   '

Methodology

Descriptive study using the assessment as on approach to identifying the nurs knowledge and practice about the autonomic dysreflexia syndrome in the spinal cor, injury patients.

The study was carried out during the period of 1st July - 30 August 2005 . Ibn Al-kuff hospital for the spinal cord injuries patients a purposive " non-probabilir; sample of (100) nurses whom working in the five wards of this hospital and I criteria for selection the sample includes :-

1. Nurses of both sex who are working at the day shift.
2. Those who have been working for at least six months.

A questionnaire was designed and constructed by the researchers to measi-the level of nurses knowledge about. The questionnaire consists of two parts:

Part I: including the demographic information sheet consist (4) items.

Part II: including questions about

1. General understanding of this problem consists (4) item.
2. Signs and symptoms of autonomic dysreflexia consists (12) item.
3. Causes and path physiology of this problem consist (6) item.
4. Immediately management and medical treatment to save patients life w consists (5) item. All questions were rated on scale of (close-ended) response (Yes , No

scored as 2 for Yes and or No .

Validity of questionnaire was determined through panel of (5) experts. Th experts had reviewed it and comments and suggestion relative to revision for *i* item, result indicated that 85% of them a greed up one of the study items R= questionnaires was determined through the comparison nurses of response in Test test.

Data analyzed by using, frequencies, percentage, mean of score, inferer statistics (chi-square).

All statistical procedures were tested on probability of $p<0.05$ for a significant and off point for the mean of score was 1.5.

Results

Table (1) demographic characteristics

Demographic Characteristics	F	%
1-Age 20-29 30-39 40 and above	15 30 55	15 30 55
2-Sex male female	55 45	55 45
3- Year of working in SCI wards less than one year more than one year	40 60	40 60
4- Educational level preparatory nursing school secondary nursing school institute and nursing college	30 40 30	30 40 30

This table showes that the distribution of age were (40 and above) years old , (55%o) were male , (60%>) of them were working in .

Table (2) general knowledge about the autonomic dysreflexia syndrome.

No	Items related to general knowledge	Yes F.	No F.	M. S I
1	This syndrome always occurring person with spinal cord injury at above the T6 level	10	90	1.1
2	This syndrome occurs in male and female	15	85	1.2
3	It may occur even after the patient discharge from the hospital	15	85	1.2
4	The incidence rate of 48% - 90% intetraplegia or high paraplegic	10	85	1.1

This table indicated that (90%) of the sample were answered (No) in front of items (1 , 4) and (10%) of them reported (Yes) , regarding items (2 , 3) the majority of the sample (85%) answered (No) and (15%) of them reported (Yes). All items of mean score were lower than 1.5

Knowledge and practices for nurses about autonomic dysreflexia syndrome

Table (3) Nurses knowledge about the signs and symptoms of autonomic dysreflexia syndrome

No	Items related to signs and symptom of autonomic dysreflexia syndrome	Yes F.	No F.	M. S
1	The b/p may be in crease .	10	90	1.1
2	The patient may have pounding head ach.	10	90	1.1
3	Diaphoresis and flushing above the level of the SCI.	2	98	1.02
4	Bradycardiac.	3	97	1.03
5	Pallor and goose flesh below the level of the SCI.	3	97	1.03
6	Anxiety.	2	98	1.02
7	Visual changes.	3	97	1.03
8	Nasal congestion.			
9	Abnormal dilation of the pupil.	2	98	1.02
10	Cardiac irregularities.	0	100	1
11	Patch erythem above the level of SCI.	0	100	1
12	Metallic taste in the mouth.	0	100	1

This table revealed that (100%) of the sample were answered (No | front of items (1 0 , 1 1 , 1 2) . related item (3 , 6 , 9) the majority of the sampi (98%) were reported (No) and (2%) of them were reported (Yes), related item (5 , 7 , 8 , 9) the majority of them were reponed (No) and (3%) were answers (Yes). Regarding items (1 , 2) the most of them (90%) were answered (No) (10%) were answered (Yes). All items of mean score were lower than cut off por 1.5 .

Table (4) Nurses knowledge about the causes of autonomic dysrefle syndrome.

No	Items related to the causes	Yes F.	No F.	M. S
1	The main case is painful stimulus below the level of lesion.	10	90	1.1
2	One of the causes may be urologic.	10	90	1.1
3	One of the causes related to gastrointestinal.	8	92	1.08
4	The cause related to reproductive.	0	100	1
5	The cause related to skin.	10	100	1.1
6	There are miscellaneous causes.	0	100	1

This table revealed that the majority of the sample (100%) were answer (No) related item (4 , 6) ,   regarding item (3) the most of   (92%) w;
answered (No) and (8%) of them were answered (Yes), related items (1,2. the most of sample (90%) were answered (No) and (10%) were answered (Y .all items of mean score under cut off point 1.5

Table (5) Nurses practices about the immediate intervention.

No	Items related to the immediate intervention	Yes F.	No F.	M. S
1	Raise the read of the bed and lower his / her legs.	5	95	1.05
2	Loosen all constrictive clothing.	3	97	1.03
3	Monitored B/P every 2-3 min.	3	97	1.03
4	The nurse should contact a physician immediately.	70	30	1.7
5	Look for the cases.	10	90	1.1

This table revealed that (95%) of the nurses answers (NO) and (5%) of them had answered (Yes), related to item (1), related to items (2,3) most of the sample (*91%*) were reported (NO) and (3%) of them were answered (Yes) , regarding item (5) majority of the sample (90%>) were answered (NO) and (10%>) of them answered (Yes) and all items of mean score were under cut off point 1.5 except item (4).

Table (6) Association between nurse knowledge and the certain variables (age, sex, years of working **in** SCI words and educational level).

Age			Sex			Year of working in SCI ward			Education		
X2 obs	X2 crit	D.F	2X obs	2X crit	D.F	X2 obs	X2 crit	D.F	X2 obs	X2 crit	D.F
24.5	5.99	2	1.0	3.84	1.0	4.0	3.84	1	2.0	5.99	2

This table showed that there is a highly significant association between the age and nurse's knowledge about this problem and significant association between the years of working in the SCI warlds and nurse's knowledge about this problem, and not significant association with the sex and education level.

Discussion

The finding showed that the most of the sample age were (40 and above) years old , (55%)) were male , and also (60%) of them working in spinal cord injury words are more than one year , (40%) of the sample had secondary nursing school Table (1).

Regarding the general nurses knowledge about autonomic dysreflexia Table (2) showed that the majority of the sample (90%), (85%) were poor knowledge about the problem.

The result disagreed with studies who revealed that the nurses must be a ware the general knowledge about the autonomic dysreflexia[2,5]

This finding suggested the importance of the teaching the nurses about this problem. Regarding the nurse's knowledge about the signs and symptoms of this syndrome, Table (3) showed that the majority of the sample their assessment showed that they did not have knowledge about this problem.

The result disagreed with studies who mention that the nurses should be known about the signs and symptoms about this problem   '