Indian Journal of Surgical Nursing

VOLUME 13 NUMBER 1 JANUARY - APRIL 2024

RED FLOWER PUBLICATIONS PVT LTD
New Delhi - 110091

Revised Rates for 2024 (Institutional) **Title of the Journal**	**Frequency**	**India(INR) Print Only**	**India(INR) Online Only**	**Outside India(USD) Print Only**	**Outside India(USD) Online Only**
Community and Public Health Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Agriculture Business	Semiannual	6500	6000	507.81	468.75
Indian Journal of Anatomy	Quarterly	9500	9000	742.19	703.13
Indian Journal of Ancient Medicine and Yoga	Quarterly	9000	8500	703.13	664.06
Indian Journal of Anesthesia and Analgesia	Bi-monthly	8500	8000	664.06	625
Indian Journal of Biology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Cancer Education and Research	Semiannual	10000	9500	781.25	742.19
Indian Journal of Communicable Diseases	Semiannual	9500	9000	742.19	703.13
Indian Journal of Dental Education	Quarterly	6500	6000	507.81	468.75
Indian Journal of Diabetes and Endocrinology	Semiannual	9000	8500	703.13	664.06
Indian Journal of Emergency Medicine	Quarterly	13500	13000	1054.69	1015.63
Indian Journal of Forensic Medicine and Pathology	Quarterly	17000	16500	1328.13	1289.06
Indian Journal of Forensic Odontology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Genetics and Molecular Research	Semiannual	8000	7500	625	585.94
Indian Journal of Law and Human Behavior	Semiannual	7000	6500	546.88	507.81
Indian Journal of Legal Medicine	Semiannual	9500	9000	742.19	703.13
Indian Journal of Library and Information Science	Triannual	10500	10000	820.31	781.25
Indian Journal of Maternal-Fetal & Neonatal Medicine	Semiannual	10500	10000	820.31	781.25
Indian Journal of Medical and Health Sciences	Semiannual	8000	7500	625	585.94
Indian Journal of Obstetrics and Gynecology	Quarterly	10500	10000	820.31	781.25
Indian Journal of Pathology: Research and Practice	Triannual	13000	12500	1015.63	976.56
Indian Journal of Plant and Soil	Semiannual	7500	7000	585.94	546.88
Indian Journal of Preventive Medicine	Semiannual	8000	7500	625	585.94
Indian Journal of Research in Anthropology	Semiannual	13500	13000	1054.69	1015.63
Indian Journal of Surgical Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Trauma and Emergency Pediatrics	Quarterly	10500	10000	820.31	781.25
Indian Journal of Waste Management	Semiannual	10500	10000	820.31	781.25
International Journal of Food, Nutrition & Dietetics	Triannual	6500	6000	507.81	468.75
International Journal of Forensic Science	Semiannual	11000	10500	859.38	820.31
International Journal of Neurology and Neurosurgery	Quarterly	11500	11000	898.44	859.68
International Journal of Pediatric Nursing	Triannual	6500	6000	507.81	468.75
International Journal of Political Science	Semiannual	7000	6500	546.88	507.81
International Journal of Practical Nursing	Triannual	6500	6000	507.81	468.75
International Physiology	Triannual	8500	8000	664.06	625
Journal of Aeronautical Dentistry	Quarterly	8000	7500	625	585.94
Journal of Animal Feed Science and Technology	Semiannual	9000	8500	703.13	664.06
Journal of Cardiovascular Medicine and Surgery	Quarterly	11000	10500	859.38	820.31
Journal of Emergency and Trauma Nursing	Semiannual	6500	6000	507.81	468.75
Journal of Food Additives and Contaminants	Semiannual	6500	6000	507.81	468.75
Journal of Food Technology and Engineering	Semiannual	6000	5500	468.75	429.69
Journal of Forensic Chemistry and Toxicology	Semiannual	10500	10000	820.31	781.25
Journal of Global Medical Education and Research	Semiannual	7000	6500	546.88	507.81
Journal of Global Public Health	Semiannual	13000	12500	1015.63	976.56
Journal of Microbiology and Related Research	Semiannual	9500	9000	742.19	703.13
Journal of Nurse Midwifery and Maternal Health	Triannual	6500	6000	507.81	468.75
Journal of Orthopedic Education	Triannual	6500	6000	507.81	468.75
Journal of Pharmaceutical and Medicinal Chemistry	Semiannual	17500	17000	1367.19	1328.13
Journal of Plastic Surgery and Transplantation	Semiannual	27500	27000	2148.44	2109.38
Journal of Psychiatric Nursing	Triannual	6500	6000	507.81	468.75
Journal of Radiology	Semiannual	9000	8500	703.13	664.06
Journal of Social Welfare and Management	Quarterly	8500	8000	664.06	625
New Indian Journal of Surgery	Quarterly	9000	8500	703.13	664.06
Ophthalmology and Allied Sciences	Triannual	7000	6500	546.88	507.81
Pediatrics Education and Research	Quarterly	8500	8000	664.06	625
Physiotherapy and Occupational Therapy Journal	Quarterly	10000	9500	781.25	742.19
RFP Gastroenterology International	Semiannual	7000	6500	546.88	507.81
RFP Indian Journal of Hospital Infection	Semiannual	13500	13000	1054.69	1015.63
RFP Indian Journal of Medical Psychiatry	Semiannual	9000	8500	703.13	664.06
RFP Journal of Biochemistry and Biophysics	Semiannual	8000	7500	625	585.94
RFP Journal of Dermatology	Semiannual	6500	6000	507.81	468.75
RFP Journal of ENT and Allied Sciences	Semiannual	6500	6000	507.81	468.75
RFP Journal of Gerontology and Geriatric Nursing	Semiannual	6500	6000	507.81	468.75
RFP Journal of Hospital Administration	Semiannual	8000	7500	625	585.94
Urology, Nephrology and Andrology International	Semiannual	8500	8000	664.06	625

Terms of Supply:

1. Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged.
2. All back volumes of all journals are available at current rates.
3. All journals are available free online with print order within the subscription period.
4. All legal disputes subject to Delhi jurisdiction.
5. Cancellations are not accepted orders once processed.
6. Demand draft/cheque should be issued in favour of "**Red Flower Publication Pvt. Ltd.**" payable at **Delhi.**
7. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7).
8. No claims will be entertained if not reported within 6 months of the publishing date.
9. Orders and payments are to be sent to our office address as given below.
10. Postage & Handling is included in the subscription rates.
11. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year.

Order from

Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India)
Mobile: 8130750089, Phone: 91-11-79695648 E-mail: sales@rfppl.co.in, Website: www.rfppl.co.in

Indian Journal of Surgical Nursing

RED FLOWER PUBLICATION PVT. LTD.

Managing Editor
A. Lal

Publication Editor
Dinesh Kumar Kashyap

Printed at Saujanya Printing Press, B-303, Okhla Industrial Area, Phase-1, New Delhi - 110 020.

Editorial Office
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I, Delhi - 110 091(India).
Phone: 91-11-79695648
E-mail: info@rfppl.co.in, Web: www.rfppl.co.in

Indian Journal of Surgical Nursing

IJSN

January – April 2024
Volume 13 Number 1

Contents

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

"Indian Journal of Surgical Nursing" (See Rule 8)

1.	Place of Publication	:	Delhi
2.	Periodicity of Publication	:	Triannual
3.	Printer's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
4.	Publisher's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
5	Editor's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
6.	Name & Address of Individuals	:	**Red Flower Publication Pvt. Ltd.**
	who own the newspaper and particulars of	:	41/48, DSIDC, Pocket-II
	shareholders holding more than one per cent of the total capital		Mayur Vihar, Phase-1, Delhi-91

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

Original Article

Indian Journal of Surgical Nursing
Volume 13, Number 1 January – April 2024
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.13124.1

Effectiveness of Health Education Intervention Programme on Knowledge Regarding Worm Infestation among Mother's of Under five Children

K. Kalpana[1], Shobana[2]

How to cite this article:
K.Kalpana, Shobana. Effectiveness of Health Education Intervention Programme on Knowledge Regarding Worm Infestation among Mother's of Under five Children. J Surg. Nurs.2024;13(1):07-12.

ABSTRACT

Background: All children all most vulnerable group in the community society certain disease affect them & result in increased helminthes infestation with bodily function, cause irritation some destroyed the host tissue & release toxin into the serum stream. Worm infestation are long term disease that produce few symptoms in their early stages & sometimes serious effects well developed stage or may be quite felt of time.

Objectives: 1. To assess the level of knowledge regarding worm infestation among mother so funder five children.

2. To assess the effectiveness of structured teaching programme on knowledge regarding worm infestation among mothers of under five children.

3. To determine the association between post test knowledge score with selected demographic variables among mother so funder five children.

Material and Method: The research was evaluative approach was used to conduct the study. A pre experimental research design one group pre test and post-test was used for the study. The investigator has used convenient sampling technique for selecting 30 mothers of under five children. A Structured knowledge questionnaire was prepared to assess the knowledge of the samples.

Result: The mean value of pre-test knowledge score was 12.3 and standard deviation was 5.239 while mean value of post-test knowledge score was 21.63 and the Standard Deviation (SD) was 4.246. The calculated paired' test value was 7.01 which higher than the tabulated 't' value 2.04, which indicates the increased knowledge. Association of selected demographic variables with Post-test knowledge score was computed using Chi Square test and it showed that there is no association between them. Data demonstrated that there was significant increase in the knowledge of worm infestation after implementation of health education intervention programme.

Conclusion: Hence it is proved that health education intervention programme was more effective in improve the knowledge regarding worm infestation among mothers of under five children.

Keywords: Health Education Intervention Programme; Effectiveness; Knowledge; Worm Infestation.

Author Affiliation: [1]Principal, [2]Assistant Professor, Sara Nursing College, Dharampuram 638656, Tamil Nadu, India.

Corresponding Author: **Shobana**, Assistant Professor, Sara Nursing College, Dharampuram 638656, Tamil Nadu, India.

E-mail: kalpanamsc80@gmail.com

Received on: 06.10.2023

Accepted on: 00.00.2023

INTRODUCTION

Children as the "Nations supremely important asset" to its family and society child is precious gift which has a lot of potentials with one which can be the best resource for the nation if developed and utilized well.

The formative years of childhood has greater risk for morbidity and mortality. In most cases, the mani fold childhood problems are inter related and affect the growth and development of children, the most commonness being in fections, parasitic infestations and malnutrition. The magnitude of parasitic infestations among children constitutes a major public health problem in many parts of the world. In India, the infestation is particularly heavy in the areas with warm, damp climates with heavy rainfall, as in the west coast.

WHO reports that the overall prevalence of parasites was 91% followed by a Ascaris (5.28%) and Hook worms (37.6%) worm infestation one of the most common health problems encounted in developing countries especially among under five children who recommended that prevalence rate need to be reduced by 10% ever years to improve the health economics of the developing country it the responsibility of the health care profession of ul fill the goal of the WHO.

Mothers could play a significant role in imparting health information to other mothers. Knowledge and habit formation regarding environmental anitation and hygienic practices can help reduce the incidence of worm infestation.

The mother must able to differentiate the minor and major problems of her children. The commonest problems of the under given may include malnutrition, upper respiratory tract infection diarrhoea and worm infestation. If the child is protected from worm. In festation means definitely the child will not suffer with weight loss diarrhoea and other frequent infections.

This will minimize morbidity and mortality of the under five age children. These for the mother should understand about the cause, signs and symptoms, complication, prevention and treatment. Hence the investigator planned to conduct the study to assess the knowledge of mothers regarding worm infestation among the under five years age children.

Statement of Problem

A Study to assess the effectiveness of health education intervention programme on knowledge regarding worm infestation among mothers of under five children at Alangium.

Objectives:

- To assess the level of knowledge regarding worm infestation among mothers of under five children.
- To assess the effectiveness of structured teaching programme on knowledge of worm infestation among mothers of under five children.
- To determine the association between post test knowledge score with selected demographic variables among mothers of under five children.

Operational Definitions Assess

In the present study assess refers to the organized systemic and continuous process gathering information on knowledge regarding prevention of worm infestation among mothers of under five children.

Effectiveness

The degree to which something works well and produces the result that was intended.

-Macmillan Dictionary

Health Education

A process aimed at encouraging people to want to be healthy to know how to stay healthy to do what they can individual and collectively to maintain health and to seek help when needed.

-Alma ata Declaration

In this study it refers to the providing health education regarding Worm in festation through flash card.

Knowledge

The state of knowing about Particular fact of situation.

-Oxford Dictionary

In this study it refers to the assess the knowledge regarding wormin festation among mothers of under five children through the structured knowledge questionnaire.

Worm Infestation

Worm in festation is long term diseases that produce few symptoms in their early stages & some times serious effect sat well developed.

Mothers of Under Five Children

The mothers who have below five years children (0-5 years).

MATERIALS AND METHODS

Research Design

A pre experimental research design one Group pre test and post test.

Setting of the Study

This study was conducted in the rural area Alangium at Dharapuram.

Population and Sampling

Mothers of under five children's was the target population.

Sample

The sample for the present study was mothers under five children in Alangium at Dharapuram.

Sample Techniques and Sample Size

The sampling technique used for the study was convenient sampling technique. The sample comprises 30 mothers of under five children whom et the inclusion criteria at the place of Alangium.

Inclusion Criteria

- The mothers of under five children are willing to participate.
- The mothers of under five children's should know Tamil language.
- The mothers of under five children's who are available at the time of data collection.

Exclusion Criteria

- The children who were above the 6 years.
- The mother of under five children not cooperative the study.

Development and Description of Tool

Section I

It consists of selected demographic variables like the age of mother, sex, religion, hobbies, source of information.

Section II

It consists of 30 multiple choice questions on the knowledge aspects of worm infestation such as definition, causes, types, signs & symptoms, complications and prevention each question has four options out of which one is the correct answer the b correct rsesponse carries one mark and wrong response carries no mark the score were interpreted as follows.

CAPITON NOT PROVIDED

Description	Score	%
Inadequate knowledge	0-9	0-30%
Moderate knowledge	10-19	33-63%
Adequate knowledge	20-30	66-100%

Data Collection

The study was conducted in the Alangium at Dharapuram. The data collection period was one week the consent permission was obtained from the village panchayat thalaivar. 30 sample who met the inclusion criteria was selected by convenience sampling method, oral consent was obtained from the participants after explaining the purpose of the study on conducting pretest first assess the demographic values and then assess the knowledge regarding worm infestation among under five mothers through structured knowledge questions after pretest, health education was given by mothers through flash card regarding worm infestation after one week post test was conducted to assess the knowledge regarding worm infestation among mothers. Both descriptive and inferential statistics were used for the analysis.

RESULT AND DISCUSSION

Section-A

To assess the distribution off requency and percentage of demographic variables in mother's of under five children.

The study finding shows that, mothers were age group 16-20 years 10 (33.3%), 21-25 years 9 (30%), 26-30 years 7 (23.3%), 31-35 years 4 (13.3%). In sex 20 (66.6%) were female, 10 (33.3%) were male. In

religion 19 (63.3%) were Hindu, 11 (36.6%) were Christian. In hobbies 14 (46.6%) were watching TV 2 (6.6%). Were playing games, 14 (46.6%) were sleeping. In source of information gained knowledge related to worm infestation through 9 (30%) were TV, 3 (10%), were radio, 8 (26.6%) News Paper, 10 (33.3%) were mobile phone.

Table 1:

Demographic Variables	Adequate		Moderately Adequate		Inadequate		x2	Table Value	Significance
	F		F		F				
Age									
16-20	6	20	4	13.30	0	0	0.661	12.59	NS
21-25	6	20	3	10	0	0			
26-30	5	16.60	2	6.60	0	0			
31-35	3	10	1	3.30	0	0			
Sex									
Male	7	23.30	3	10	0	0	0.066	5.99	NS
Female	13	43.30	7	23.30	0	0			
Religion									
Hindu	13	43.3$	6	20	0	0	0.1	12.59	NS
Muslim	7	23.30	4	13.30	0	0			
Christian	0	0	0	0	0	0			
Sanskrit	0	0	0	0	0	0			
Hobbies									
Watching TV	10	33.30	4	13.30	0	0	1.09	12.59	NS
Playing	2	6.60	0	0	0	0			
Games									
Cycling	0	0	0	0	0	0			
Sleeping	8	26.60	6	20	0	0			
Source of Information									
Television	7	23.30	2	6.60	0	0	0.88	12.59	NS
Radio	2	6.60	1	3.30	0	0			
New Paper	5	16.60	3	10	0	0			
Mobile Phone	6	20	4	13.30	0	0			

Table 2:

Description	Score	Percentage
Adequate Knowledge	2	2%
Moderately adequate knowledge	89	89%
Inadequate Knowledge	9	9%

Section-B

To assess the pre-test level of knowledge regarding worm infestation among mother's of under five children.

The table shows that, level of knowledge was among 2% mothers adequate, 89% of mothers moderate adequate and 9% of mother inadequate.

Table 3:

Variables	Pre Test		Post Test		Paired 't' Value	Table Value
	Mean	SD	Mean	SD		
Knowledge regarding worm infestation	12.3	5.239	21.63	4.246	7.01	2.04

Section-C

To assess the effectiveness of health education knowledge regarding worm infestation among mother's of under five children.

The mean pre test score (12.3 and SD: 5.239) and post-test score (Mean = 21.63 and SD=4.246), the paired't' value (7.01) is greater than the table value (2.04).

Table 4:

Description	Score	Percentage
Adequate Knowledge	20	67.%
Moderately adequate knowledge	10	33%
Inadequate Knowledge	0	0%

Section-D

To assess the Post test level of knowledge regarding worm infestation among mother's of under five children.

The table shows that, level of knowledge was among 67% mothers adequate, 33% of mothers moderate adequate and 0% of mother inadequate.

Section-E

To determine the association between post test knowledge score with selected demographic variable among mother's of under five children.

The table shows that, there is non significance association between post test knowledge regarding worm infestation among mothers of under five children with selected demo graphic variables.

The majority of the mothers were age group 16-20 years 10(33.3%), 21-25 years 9(30%), 26-30 years 7(23.3%), 31-35 years 4(13.3%). In sex 20(66.6%) were female, 10(33.3%) were male (Guardian). In religion 19(63.3%) were Hindu, 11(36.6%) were Christian. In hobbies 14(46.6%) were watching TV, 2(6.6%) were playing games, 14(46.6%) were sleeping. In source of information gained knowledge related to worm infestation through 9(30%) were TV, 3(10%) were radio, 8(26.6%) newspaper, 10(33.3%) mobile phone.

Implication of Nursing Practice

The study about the knowledge regarding worm infestation among mothers of under five children.

Nursing Education

The result can be used as a example by the tutor in the class room for giving importance to health education. Both the teacher and student scan involvet he them selve singiving health education to parents and their relatives.

Nursing Service

The results of study will help the nurse to enlighten their knowledge on importance of worm infestation and to provide health education the nursing students.

Nursing Research

Professional organisation to nursing are convinced of the importance of the nursing researchas a major contribution to meeting the health and welfare needs of the people and of the aim of nursing research is to expand and to broaden the scope of nursing.

Nursing Administration

Nursing administration could join late policies that will add nursing staff to be activity involvein the stype of health education programme.

Recommendations

The study can be conducte dusing large sample done by findings can be generalized to alarge sample.

The study can be conducted in different setting between urban and rural areas.

CONCLUSION

This study was done to assess the effectiveness of health education on knowledge regarding worm infestation among mothers of under

five childrens. Most of the mothers of under five children have adequate and moderate knowledge. Health education is more effective in improve the knowledge among mothers of under five children.

REFERENCES

1. K. Park,' 'the text book of preventive and social medicine'', published by M/s Banarsidas Bhan not, 22 nd edition, page no: 221-223.
2. B.T. Basavanthappa,'' the text book of community health nursing'', m/s Kaylee brothers medical publishers, page no: 482-484.
3. Prabhakara,''A text book of community health nursing'', publishers by pee vee, page no: 430-432.
4. Sunita Patney,''A text book of community health nursing'', modern publishers, page no: 256-258.
5. Akbar K. Ahmad (2005), frequency of intestinal parasitic infestation in children of 5-12 years of age in abbot ta bad, Journal of paediatrics, 5(2) page 52.
6. Dr. Savoli (1999) Intestinal helminthes infestation among school children in Visakapattinam, Indian Journal of paediatrics 66(3), page no: 61-63.
7. Justis. J. Scluffers (1998) Essential of health living environmental health, journals of public health 5(2), page no: 327-365.
8. Umatilla Farook. M. (2001). Intestinal helminthic infestation among triple population, journal of communi cable diseases 34(3), page no:171-172.
9. https://WWW.medicinenet.comhttps://WWW.apolloclinic.comhttps://WWW.healthline.comhttps://hospitals.aku.edu.

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit: http://www.rfppl.co.in

Technical problems or general questions on publishing with **IJSN** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in

Original Article

Indian Journal of Surgical Nursing
Volume 13, Number 1 January – April 2024
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.13124.2

Covid Appropriate Behaviour at all Places at all time

K. Kalpana[1], B. Shobana[2]

How to cite this article:
K.Kalpana, B.Shobana. Covid Appropriate Behaviour at all Places at all time. J Surg.Nurs.2024;13(1):13-16.

ABSTRACT

The corona virus disease (2019), is a contagious disease caused by SARS-COV-2 that was first identified in Wuhun, China. The WHO declared its outbreak as a public health emergency of international concern on 30 January 2020, and a pandemic on 11 March 2020. The COVID-19 pandemic gave an opportunity to adopt many appropriate changes in the behavior of the people in India. Strengthening good preventive behavior is the best to tackle this pandemic.

Keywords: COVID-19, Infection; Pandemic; Hand Hygiene; Maintaining Physical Distancing; Use of Face Mask; Cough Etiquettes; Avoid Spitting and Urination at Public Places.

INTRODUCTION

The corona virus disease (2019), is a contagious disease caused by SARS–COV-2 that was first identified in Wuhun, China. The WHO declared its outbreak as a public health emergency of international concern 0n 30 January 2020, and a pandemic on 11 March 2020.

The COVID-19 pandemic gave an opportunity to adopt many appropriate changes in the behavior of the people in India.

Author Affiliation: [1]Principal, [2]Assistant Professor, Sara Nursing College, Dharampuram, Tiruppur 638656, Tamil Nadu, India.

Corresponding Author: **B.Shobana**, Assistant Professor, Sara Nursing College, Dharampuram 638656, Tamil Nadu, India.

E-mail: ***kalpanamsc80@gmail.com***

Received on: 06.10.2023 ***Accepted on: 00.00.2023***

Strengthening good preventive behavior is the best to tackle this pandemic.

(Mehanna et al. 2020)

MEANING

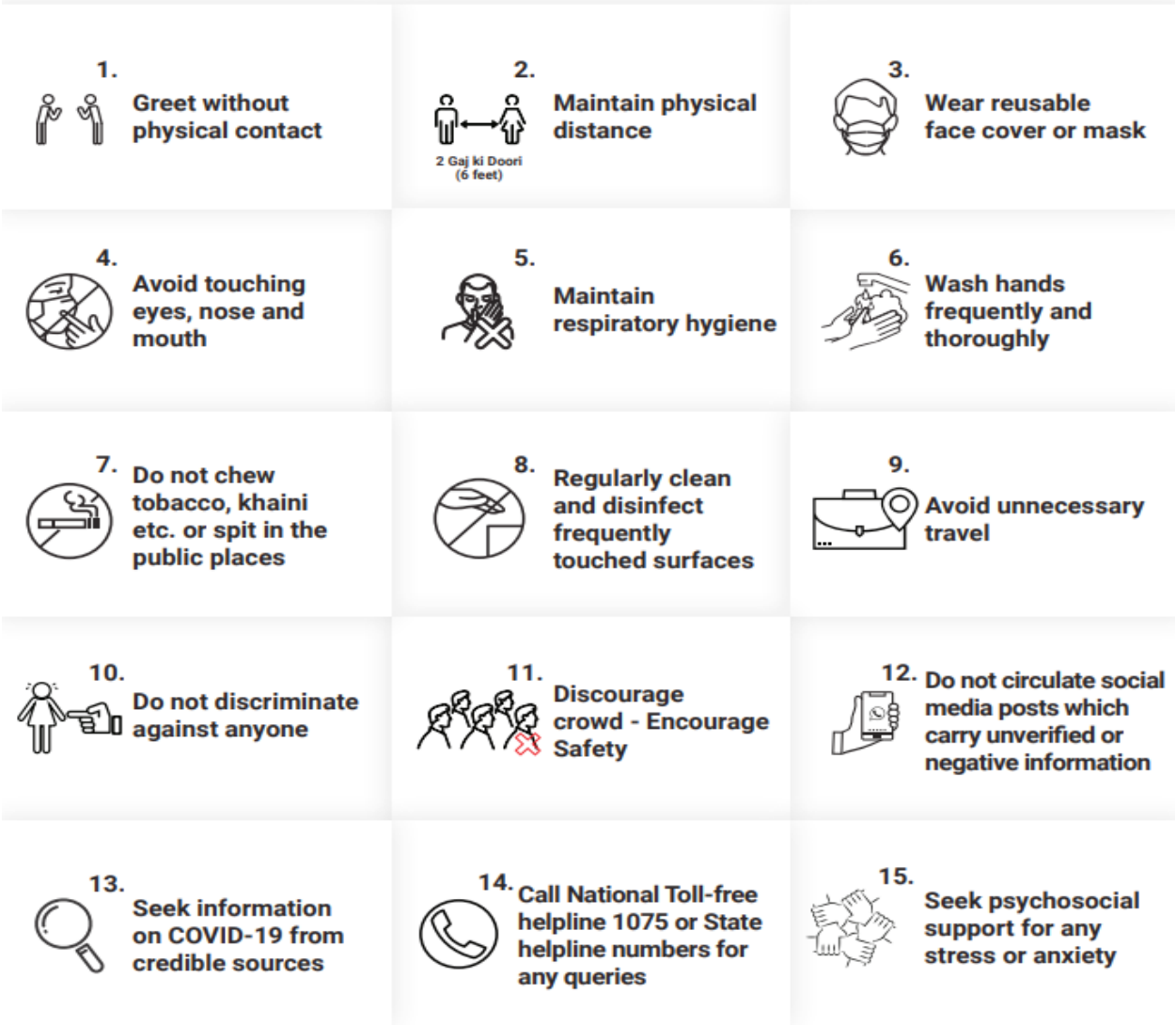
Covid Appropriate Behavior is the way in which an individual acts by adopting a number of strategies including frequent hand hygiene, maintaining physical distancing, use of face mask, cough etiquettes, avoid spitting and urination at public places, refrain from gatherings and avoiding outside food to prevent covid 19 pandemic infections.

Importance of Covid -19 Appropriate Protocols

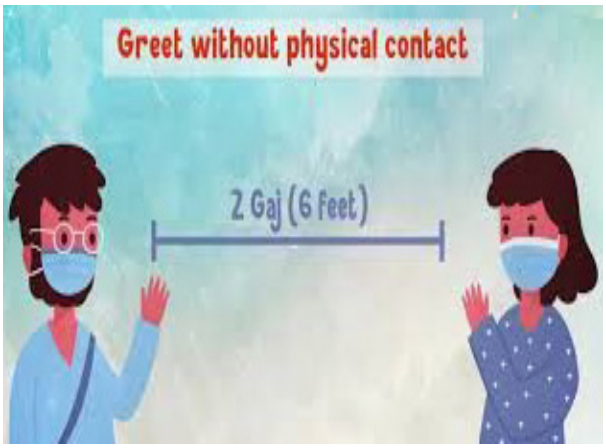
- Prevents transmission
- Early containment of the disease
- Safeguard the children and adults
- Reduced social stress

- Decreased financial stress

Covid Appropriate Behaviours



Following appropriate behaviors,



1. Greet without physical contact

Avoiding physical contact is a responsible behavior as it prevents the spread of COVID-19 disease and other viruses. Be responsible! Promote greeting without any form of physical contact.

2. Maintain Physical distance

Follow distancing norms in all public places. Keep minimum distance of:

2 Gaj (6 feet). Especially, when you go out to shop for essential products to the vegetable or fruit market, dairy store, pharmacy, hospital, etc. Also follow distancing norms when in a room/ office with other people. If the other person is

infected, their physical contact may increase the risk of transmission.

3. Wear reusable hand-made face-cover or mask, at all times

A handmade face cover or mask limits the spread of any respiratory infection and protects the community at large.

When to wear a mask

Remember three key occasions one must definitely wear a face cover or mask.

- When you undertake any essential travel or go to a public place.
- When you are in a room with other people.
- When you have any signs of cough, cold or flu.

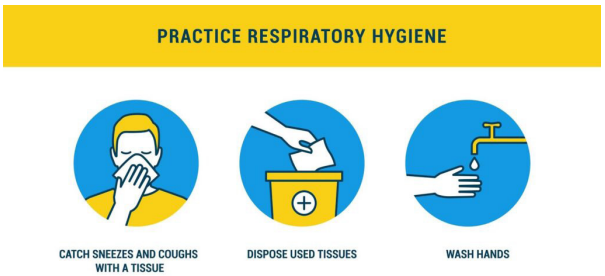
Always remember, wash hands with soap and water or use an alcohol based sanitizer before wearing a mask.

4. Avoid touching your eyes, nose or mouth

We tend to touch our face inadvertently. Let's be extra careful, because

- Hands touch many surfaces and can easily pick up germs and viruses.
- Once contaminated, hands can transfer the virus to eyes, nose or mouth.
- From there, the virus can enter body and can make you sick.

5. Maintain respiratory hygiene



- Cover your nose and mouth when you cough or sneeze with tissue or handkerchief.
- Not carrying a tissue or handkerchief? Cough or sneeze into your bent elbow.
- Don't forget…Wash hands immediately after you cough or sneeze.

6. Wash hands regularly and thoroughly!

Wash your hands frequently and thoroughly with soap and water. You can use Alcohol based sanitizer, if you don't have soap and water facility.

7. Regularly clean and disinfect frequently touched surfaces

Practicing good environmental hygiene makes surroundings safer. Because the infected droplets are likely to settle on surrounding surfaces. So may usechemical disinfectants to clean the surfaces. Don't forget to wear gloves during disinfection.

8. Do not spit in the open

Every time spit in a public place, you put your and everyone else's life at risk. Spitting in public places can increase the risk of COVID-19 spread. This also includes spitting after consuming smokeless tobacco products. Spitting in public places is also punishable by law.

9. Avoid unnecessary travel

Travel only when it's absolutely essential. And if you do step out of your house…Wear your face-cover and follow distancing norms.

10. Do not discriminate - Against anyone!

- Show compassion and support to persons affected with COVID-19 and their families. Remember – As people keep a check on any symptoms associated with COVID-19 and are willing to undergo testing, they also provide an opportunity to beat the disease.
- Download the Aarogya Setu app to monitor health.
- It is time to show CARE - Compassion, Assurance, Respect, Encouragement.

11. Discourage crowd - Encourage safety

- Limit going to social gatherings and say no to crowded places.
- Unnecessary travel to crowded places or large gatherings increases the risk of COVID-19 transmission.
- For important events which cannot be postponed, keep the number of guests to minimal.

12. Do not circulate social media posts which carry unverified or negative information

13. Seek information on COVID-19 from credible sources

The most credible source for COVID-19 information is Ministry of Health and Family Welfare's website. We will receive all updated information and facts related to COVID-19 here.

14. Call government help lines for any query related to COVID-19

- Call national toll free helpline numbers 1075 or State helpline numbers for any COVID-19 related queries. If you have any COVID-19 related queries or
- observe any COVID-19 related symptoms like fever, cough, or difficulty in breathing, call the national helpline number 1075 (toll free).
- Do not hesitate to disclose your symptoms, the earlier you seek help, the faster you will beat the disease.

15. Seek psychosocial support in case of any distress or anxiety

- Do not ignore or suppress any feelings of anxiety or distress – both affected and unaffected.
- Coping with any public emergency or outbreak can be a testing time for people and their families.
- Psychosocial support services are available at all times to address any stress or distress related queries and concerns

Declaimer: All image used in this article is provide by the author.

REFERENCES

1. www.worldometers.info ›coronavir
2. Centers for Disease Control and Prevention › 2019-ncov › prevent-getting-sick › prevention
3. MyGov.in› covid-19 COVID-19 Treatment Guidelines › overview › clinical-spectrum

Original Article

Indian Journal of Surgical Nursing
Volume 13, Number 1 January – April 2024
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.13124.3

Knowledge and Practice on Mosquito Control Measures Among People Residing in the Selected Urban Area

S. Sridevy[1], P. Dhanalakshmi[2], S. Dharmini[3], S. Dhiviya[4], T. Divya[5]

How to cite this article:
S. Sridevy, P. Dhanalakshmi, S. Dharmini. Knowledge and Practice on Mosquito Control Measures Among People Residing in the Selected Urban Area.J Surg.Nurs.2024;13(1):17-24.

ABSTRACT

Statement: Study to assess the knowledge and practice on mosquito control measures among people residing in the selected urban area at Gorimedu, Puducherry.

Objectives of the Study: To assess the level of knowledge regarding mosquito control measures among the subjects.

To assess the level of practice regarding mosquito control measures among the subject's.

To associate between demographic variable and level of knowledge about mosquito control measures in selected urban area.

To associate between demographic variable and level of practice on mosquito control measures in selected urban areas.

Keeping in view, the objectives of the study, research approach used for the study was quantitative research approach and non-experimental descriptive research design was selected for the study.

The study was conducted in Gorimedu kamaraj Nagar, Puducherry and the sample size was 100 selected people in urban area. Socio-demographic data including age, gender, religion, education, occupation, family income, housing, disposal of waste, drainage, kitchen garden and source of information. Self administered structured closed ended knowledge questionnaire was used to assess the knowledge among selected people. Questionnaire was used to assessed the knowledge and check list was used to assessed the practice on among selected people in urban area. Data analyzed by descriptive statistical method.

Result: The study revealed that among 100 selected people 44(44%) have adequate level of knowledge, 51(51%) have moderate level of knowledge whereas only 5(5%) have inadequate knowledge. Then 79 (79%) has safe level of practice, 21(21%) has unsafe level of practice.

Keywords: Knowledge; Practice; People; Urban Area; Mosquito Control Measures.

Author Affiliation: [1]Associate Professor, Department of Medical Surgical Nursing, [2-5]Final Year B.Sc. Nursing Students, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry 605006, India.

Corresponding Author: S. Sridevy, Associate Professor, Department of Medical Surgical Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry 605006, India.

E-mail: *s.sridevy@rediffmail.com*

Received on: 07.06.2023 **Accepted on:** 20.07.2023

INTRODUCTION

According to American Mosquito Control Association, Mosquitoes cause more human suffering than any other organism over one million people worldwide die from mosquito-borne diseases every year. Not only can mosquitoes carry diseases that afflict humans, they also transmit several diseases and parasites that dogs and horses are very susceptible. These include dog earthworm, West Nile virus (WNV) and Eastern equine encephalitis (EEE). In addition, mosquito bites can cause severe skin irritation through an allergic reaction to the mosquito's saliva this is what causes the red bump and itching. Mosquito vectored diseases include protozoan diseases, ie, malaria, filarial diseases such as dog earthworm, and viruses such as dengue, encephalitis and yellow fever.

According to WHO vectors are residing organisms that can transmit infectious diseases between humans or from animals to humans. Many of these vectors are bloodsucking insects that ingest disease-producing micro-organisms during a blood meal from an infected host (human or animal) and later inject them into a new host during their next blood meal. Mosquitoes are the best known disease vector. Others include certain species of ticks, flies, sand-flies, fleas, bugs and freshwater snails.

Vector control is an method to limit or eradicate the mammals, birds, insects or other arthropods collectively called vectors. Which transmit disease pathogens. The most frequent type of vector control is mosquito control using a variety of strategies. Several of the "neglected tropical diseases" are spread by such vectors. National Vector Borne Disease Control Programme.

Anti-larval operations causing the reduction or permanent elimination of mosquito breeding places or sites are defined as source reduction methods. Source reduction primarily aims to prevent development of aquatic stages of mosquito larvae reducing breeding source. These methods are environment friendly, economical in the long run with minimum maintenance and surveillance.

In India some sates like Tamil Nadu and Kerala have been very badly affected knowing that there is no cure can make the disease daunting in the minds of the people. Mosquito borne disease is still major health problem in the rural areas even after implementation of national vector bone disease control programme in India.

The annual report survey of 2022 show that in puducherry: The two recent deaths due to Dengue in Puducherry have revealed a worrying trend of the disease's rise in the union territory (UT) even before the onset of the northeast monsoon. According to statistics from the health department, a total of 1,175 Dengue cases have been reported till September 13. This is 383 cases more than the number recorded during the same period last year. The cases of Dengue have also tripled in the last three months, the report added.

STATEMENT OF THE PROBLEM

The statement for the study is

A study to Assess the knowledge and practice on mosquito control measures among people residing in the selected urban area (Kamaraj nagar) Goridmedu of Puducherry, India.

OBJECTIVES

The objectives of the study are:

- To assess the level of knowledge regarding mosquito control measures among the subject's.
- To assess the level of practice regarding mosquito control measures among the subject's .
- To associate the level of knowledge with the selected demographic variables among the subject's.
- To associate the level of practice with the selected demographic variables among the subject's.

RESEARCH METHODOLOGY

Research Approach:

"**Quantitative research approach "** was adopted.

Research Design:

Non experimental descriptive research design was used to assess the knowledge and practice regarding the mosquito control measures among people residing in the selected urban area of Puducherry, India.

Research Variables:

In this study, the research variable was assessment of knowledge and practice regarding mosquito control measures.

Research Setting

The study was conducted in selected urban area Gorimedu kamaraj Nagar situated in Puducherry district.

Population

In this study, population comprises of people in the age group 20-50 years residing in the selected urban area (Gorimedu kamaraj nagar), Puducherry.

Sample

The sample for this study were people in the age group 20-50 years residing in the Gorimedu Kamaraj nagar, Puducherry.

Sample Size

The sample size was 100 people in the age group 20-50 years residing in the Gorimedu, Puducherry.

Sampling Technique

Simple random technique was used for this study.

Sampling Criteria

Inclusion criteria

1. Subject's those who were:
   - Residing in the urban area i.e. Gorimedu kamaraj nagar.
   - In the age group of 20 to 50 years.
   - Present at the time of data collection.
   - Willing to participate.
2. Both male and female are included.
3. Subject's who can read and speak Tamil

Exclusion criteria

Subject's who were suffering from a chronic illness like cancer, renal failure

Development of Data Collection Tool

The tool consists of three sections

Section-A: Socio Demographic Data

It consisted of socio demographic variable such as age, sex, educational

qualification, occupation, religion, income, housing, disposal of waste, drainage, kitchen garden and source of information.

Section-B: Questionnaire

It consisted of structured closed ended knowledge questionnaire regarding the mosquito borne disease, mosquito control measures, prevention and management of vector borne disease.

Section-C: Checklist

The investigator used a checklist that consists of 10 questions to assess the practice regarding the following mosquito control measures

DATA COLLECTION PROCEDURE

The data was collected over the period of one week from 07/08/2023 to 12/08/2023 in Gorimedu area (Kamaraj street), Puducherry. The researchers sought permission from the institute and then from the authority of the Gorimedu area, Puducherry. The structured closed ended questionnaire that contains 25 questions regarding knowledge and the checklist that contains 10 questions for practice. These questions were given to the people in the age group 20-50 years and the direction was explained to them to answer the question. The people were asked to give the response in the respective boxes. They were given about 20-25 minutes to complete the questionnaire. The checklist was evaluated by ourself based upon the practice of the people that takes 5 mins to complete.

Plan for Data Analysis:

Descriptive statistics (Frequency and percentage distribution) was used to analyse the data.

DATA ANALYSIS AND INTERPRETATION

Organisation ff the Data:

Data collected were organized under the following sections.

- Section-A: Description of demographic variables of the subject.
- Section-B: Assessment of the level of knowledge on mosquito control measures among people residing in selected urban area.
- Section-C: Association of the level of knowledge about mosquito control measures among people residing in selected urban area.
- Section D: Assessment of the level of practice

on mosquito control measures among people residing in selected urban area.

- Section E: Association of the level of practice on mosquito control measures among people residing in selected urban area.

Section-A: Description of the Demographic Variables

Table 1: Frequency and Percentage wise distribution of demographic variables among Puducherry

(N=100)

Demographic Variables	**Frequency (N)**	**Percentage (%)**
Age		
20 - 30 Years	28	28
31 - 40 Years	24	24
41 - 50 Years	21	21
> 50 Years	27	27
Total	100	100
Gender		
Male	37	37
Female	61	61
Transgender	2	2
Total	100	100
Education		
Illiterate	18	18
Primary	17	17
Higher Secondary	42	42
Total	100	100
Occupation		
Coolie	30	30
Government Job	10	10
Housewife	29	29
Unemployed	31	31
Total	100	100
Religion		
Hindu	84	84
Muslim	1	1
Christian	14	14
Others	1	1
Total	100	100
Income		
3000 - 5000	24	24
5000 - 10000	58	58
>10000	18	18
Total	100	100
Housing		
Tiled	15	15
Kutcha	82	82
Pucca	3	3
Total	100	100
Waste Disposal		
Dumping	2	2
Burial	93	93
Municipality	5	5
Total	100	100
Drainage		
Open	22	22
Closed	78	78
Total	100	100
Kitchen Garden		
Present	20	20
Not Present	80	80
Total	100	100
Source of Information		
Newspaper	9	9
Social Media	19	19
Television	71	71
Health Pesonnal	1	1
Total	100	100

Section-B: Assessment of Level of Knowledge about Mosquito Control Measures.

Table 2: Frequency and percentile distribution of the level of knowledge about mosquito control measures

(N=100)

Level of Knowledge	**Frequency (N)**	**Percentage (%)**
Inadequate level of knowledge	5	5%
Moderate level of knowledge	51	51%
Adequate level of knowledge	44	44%
Total	***100***	***100%***
Mean+Standard deviation	33.3 + 24.7857	

- Majority of the people had moderate level of knowledge (51%).
- Nearly 44(44%) had adequate level of knowledge.
- Only 5(5%) had inadequate level of knowledge.

The mean and standard deviation for level of knowledge about mosquito control measures among selected people residing in urban area of Puducherry is (33.3±24.7857) respectively.

Section-C: Association Between Demograpic Variable and the Level of Knowledge about Mosquito Control Measures among Selected People Residing in Puducherry.

Association between demograpic variable and the level of knowledge about mosquito control measures among selected people residing in puducherry. (N=100)

The demographic variable, Education (P=0.038), Housing (P=0.000), Kitchen Garden (P=0.003), Source Information (p=0.001) had shown statistically significant association between the level of knowledge about mosquito control measures among selected people residing in urban area of Puducherry. The other demographic variable had not shown statistically significant association between the level of knowledge about mosquito control measures among selected people residing in urban area of Puducherry with the demographic variables respectively.

Section D: Assessment of The Level of Practice on Mosquito Control Measures among Selected People Residing in Puducher

Table 3: Frequency and percentile distribution of the level of practice on mosquito control

(N=100)

Level of Practice	Frequency (N)	Percentage (%)
Safe Level of Practice	79	79%
Unsafe Level of Practice	21	21%
Total	100	100%
Mean+Standard Deviation	50 + 41.0122	

- Majority of the people had safe level of practice 79(79%) regarding the mosquito control measures.
- 21(21%) of the people had unsafe level of practice regarding mosquito control measures.

The mean and standard deviation for level of practice about mosquito control measures among selected people residing in urban area of Puducherry is (50 + 41.0122) respectively.

Section E: Assocition Between The Demographic Varible and Level of Practice on Mosquito Control Measures.

Association of level of practice on mosquito control measures.

The demographic variable, *Waste Disposal (0.011)* had shown statistically significant association between the level of knowledge about mosquito control measures among selected people residing in Puducherry. The other demographic variable had not shown statistically significant association between the level of knowledge about mosquito control measures among selected people residing in urban area of Puducherry with selected demographic variables respectively.

Percentage Distribution of Demographic Variables

The first objective of the study is to assess the level of knowledge regarding mosquito control measures among the subject's.

The result shows that the level of knowledge on mosquito born disease prevention among the rural area people reveal that about 44% of them had adequate knowledge 51% had moderate knowledge and only 5% had inadequate knowledge. SD 33.3 **+**24.7857

The second objective of the study was to assess the level of practice regarding mosquito control measures among the subject's.

The results reveal that only 21% of the subject's had unsafe practice and about 79% of the subject's had safe practice on the mosquito prevention measures. SD 50 + 41.0122

The third objective of the study was to associate the demographic variable with the level of knowledge regarding mosquito control measures.

On computing the association between the demographic variables and the knowledge of the subject's on mosquito control measures, Education (p=0.038), Housing (p=0.000), Kitchen garden (p=0.003), Source of information (p=0.001) had shown statistically significant association between the level of knowledge about mosquito control measures among selected people residing in urban area of Puducherry. The other demographic

variable had not shown statistically significant .

The fourth objective of the study was to associate the selected demographic variable with the Level practice on mosquito control measures.

The reults shows that the demographic variable ,waste disposal (0.011**)** had shown statistically significant association between the level of Practice about mosquito control measures among selected people residing in Puducherry. The other demographic variable had not shown statistically significant.

SUMMARY

The researchers conducted A study to assess the knowledge and practice on mosquito control measures among the people residing in the selected urban area of Puducherry, India

The objective of study was:

- To assess the level of knowledge regarding mosquito control measures among the subject's.
- To assess the level of practice regarding mosquito control measures among the subject's.
- To associate between demographic variable and the level of knowledge regarding mosquito control measures.
- To associate between demographic variable and the level of practice on mosquito control measures.

The research approach was quantitative approach and the design selected was Non-experimental descriptive study. 100 adults in the age group, 20-40 yrs residing in the urban area Gorimedu Puducherry were selected randomly by using simple random sampling. The data was collected by using structured questionnaire to assess their level of knowledge and practice on prevention of mosquito borne disease. The data was analyzed by using descriptive and inferential statistics.

Major Findings of the Study

On assessing the level of knowledge and practice only 44% of the subject's have adequate knowledge and about 71% were following safe practice and all of them have positive attitude and adequate practice towards mosquito prevention measures.

CONCLUSION

The research concludes that the subject's having moderate knowledge and safe practice and still there is continuous awareness programme were needed to promote the health of the individual, family and the community on prevention of mosquito born diseases for building a healthy nation. This will improve the level of knowledge and practice of the community people and through this we can provide a promotive and curative health care to the individuals.

Implications

The implications of this can lie in the areas of nursing research, nursing education, nursing administration.

NURSING PRACTICES

The interest and the confidence of the community people showed that there is a strong need of further education programme.

There is a need to awareness among the public, regarding control and prevention of the mosquito borne disease problems by providing mass health education programme The special teaching programme to the community re presenters will help to improving the quality of the health status in the urban areas.

Nursing Education

Nursing students should be regularly assessed for knowledge, skills relating mosquito prevention measures and to motivate the health education to the individuals, family and the community. Students in the college's students will come forward to providing a mass education to the public.

Nursing Administration

Administration in the community should take initiative to implement various teaching strategies to increase knowledge and create awareness among the health care workers and the public on the newer mosquito prevention measures through mass media, video assisted technology, journals magazines etc. conducting of the national vector borne control programme. And conducting different kind of mass media educations like role play on mosquito borne disease and plots and to participation of the people to the mosquito control programme to improve their knowledge.

Nursing Research

The researcher believes that this study paves way for the research in this field of study. Knowledge of mosquito control measures and its practice increase the awareness about the mosquito born disease. The findings in this study may help the people to prevent the mosquito born disease and to gain knowledge on mosquito control measures.

RECOMMENDATIONS

- A similar study can be conducted on greater samples to assess the level of knowledge, attitude and on mosquito prevention measures.
- A similar study can also be done among the other health care professionals in the community areas.
- A similar study can be conducted to assess the knowledge of mosquito control measures among people residing in Rural area.
- A Correlative study can be used to assess the knowledge, attitude and practice on mosquito control meaures.
- This study can be conducted on the longer duration for generalizing the findings

REFERENCES

4. Abramson J.H., (1990), Survey method in Community Medicine, (4th ed)., New York: Longman. Page no. 430 -440.
5. Assam Rahim., (2008), Principal and Practice of Community Medicine, (1st ed). New Delhi: Jaypee. Page no.345-350
6. Basavanthappa B.T., (1998). Community Health Nursing, (1st ed.), New Delhi: Jaypee
7. Bernard J. Turlock, (2012). Essentials of Public Health, (2nd ed), USA: Michael brown. Page no.98-101
8. BhaskaraRoa.T., (2006). Textbook of Work Medicine, (2nd ed)., Hyderabad: Divyosh Arvind Kothari. page no.211-219
9. Clement Stone et al, (2002). Comprehensive Community Health Nursing, (6th ed).. Missouri: Mosby.page no. 234-238
10. David Widdas, (2005). Text book of Community Children Nursing, (2nd ed).. London: Elsevier. Page no. 200-212
11. Dr. Kasthuri Sunder Rao, (2000). Community Health Nursing, (3rd ed). Chennai: British India. page no. 98-101
12. Judith Ann Aulander, (2002). Community Health Nursing, (7th ed.) Page no. 234-239.
13. Lippincott. Kannan A.T. (1996). MCQ'S in Community Medicine, (1st ed).,page no. 212-219.
14. Manelkar R.K., (1999). Text book of Community Health Nurses, (3rd ed)., Mumbai: Vora Medical Publications. Page no: 670-675.
15. Monica Byrne (1996). A Manual for the Community Nurses, (2rd ed.), New Delhi: British Publications. page no. 690-700.
16. Park K., (2008). Essentials of Community Health Nursing, (5th ed)., India:Banarsidas bhanot.page no: 567-574.
17. Kondarson F. Et al (2009). Engineering and malaria controls learning from the past 100 years. Journal of Actatropia, 89 (2), 99-108.
18. Kumar A. Et al (1994). Mas oral control utilizing bacillus sphaerlus against Anopheles Stephens in panaji. Journals of the American mosquito control association, 10 (4)5.
19. Lacey L.A., Lacey C.M. (1990). The malaria importance of Riceland mosquitoes and their control using alternatives to chemical insecticides. Journals of the American mosquito control association, 2, 1-93.
20. Vijay.E., (2007). Community Medicine, (2nd ed)., Chennai: Beacon Zen Elizabeth Diem Aluyn Mayer, (2005). Community Health Nursing Projects, (2nded)., New York: Lippincott. Girathrdin O. et al. (2004). Operative and limiting factors of intensive vegetable forming in malaria endemic cote d' ivorie Journal of Actatropia, 89(2),109-123.
21. Nicholus A V beare, Terrie E Taylor et al (2006). Malarial retinopathy: A newly established diagnostic sign in severe malaria. The American journal of tropical medicine & hygiene, 75 (5), 790-7. Panigrahi B.K., (2013).
22. Anophelina ecology and malaria transmission during the construction of irrigation canal in an endemic district of odishha. Journal of vector borne disease, 50 (4) 248-257.
23. Prabakar G.N., (2010). Textbook of Social and Medicine, (2nd ed), New Delhi: Jaypee. Qunhua L. et al (2000). Now irrigation methods sustain malaria control in sichuan province. Journal of Actatropia, 88(2),241-247.
24. Shililu J. et al. (2003). Distribution of Anopheline mosquitoes in Eritrea. American journals of tropical medicine and hygiene, 69 (3), 295-302.
25. ToZan Y. (2001). Efficiency and cost effectiveness of environmental management for malaria control. Journal of Tropical medicine and International Health, 6 (9), 671- 687.
26. Journal of Actatropica, VidhyaRatan, (1994). Hand book of Preventive and Social Medicine, (4th ed)., New Delhi :jaypee.

27. Utzinger J. Et al. (2002). The economic payoffs of integrated malaria control in the Zambian copperbelt between 1930 and 1950. Journal of Tropical medicine and international health, 78 (8), 657-677

28. Dhanphat K Kocharet all. Severe plasmodium vivax malaria: a report on serial cases from Bikaner in northwester India. The American journal of tropical medicine & hygiene, 80 (2), 194-8. Dhaor G.M., (2006). Foundations of Community Medicine, (1st ed)., New Delhi.

29. Franklinos LHV, Jones KE, Redding DW, Abubakar I. The effect of global change on mosquito-borne disease. . Doi: 10.1016/S1473-3099(19)30161-6 Epub 2019 .

30. Killeen GF, Seyoum A, Sikaala C, Zomboko AS, Gimnig JE, Govella NJ, et al. Eliminating malaria vectors. Parasit Vectors. 2013

31. Tambo E, Adedeji AA, Huang F, Chen J-H, Zhou S-S, Tang L-H. Scaling up impact of malaria control programmes: a tale of events in Sub-Saharan Africa and People's Republic of China. Infect Dis Poverty. 643-654

32. Shousha AT. Species-eradication: the eradication of Anopheles gambiae from Upper Egypt, 1942–1945. Bull World Health Organ. 1948;1:309–52.

33. Utzinger J, Tozan Y, Singer BH. Efficacy and cost-effectiveness of environmental management for malaria control. Trop Med Int Health. 2001;6:677–87.

34. Gilroy AB, Chwatt LJ. Mosquito-control by swamp drainage in the coastal belt of Nigeria. Ann Trop Med Parasitol. 1945;39:19–40.

35. Talipouo A, Doumbe-Belisse P, Ngadjeu CS, Djamouko-Djonkam L, Nchoutpouen E, Bamou R, et al. Larviciding intervention targeting malaria vectors also affects Culex mosquito distribution in the city of Yaoundé, Cameroon. Curr Res Parasitol Vector Borne Dis. 2023;4: 100136.

WEB LINKS

- www.bookmark4you.com
- www.cinhal.com
- www.google.com
- www.healthopedisweb.com
- www.indiannursingcouncil.com
- www.indmed.nic.in
- www.infibeam.com
- www.publicmedicine.com
- www.pubmed.com
- www.teda.gov.in
- www.who.og
- www.wikipedia.com

Short Cummunication

Indian Journal of Surgical Nursing
Volume 13, Number 1 January – April 2024
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.13124.4

POEM Procedure for Achalasia and the Nurses Role

Gowri S.

How to cite this article:
Gowri S.. POEM Procedure for Achalasia and the Nurses Role. J Surg.Nurs.2024;13(1):25-27.

Achalasia: Achalasia is a medical condition that affects the oesophagus, the tube that carries food from the mouth to the stomach. It is a rare disorder characterized by the inability of the lower oesophageal sphincter (LES) to relax and allow food to pass into the stomach. This lack of relaxation is caused by the degeneration of the nerves in the oesophageal muscles. The exact cause of achalasia is unknown, although it is thought to be related to an autoimmune response that damages the nerves controlling the lower oesophageal sphincter. (LES). In rare cases, achalasia may be associated with certain autoimmune disorders or infections

SIGNS AND SYMPTOMS

1. ***Dysphagia:*** Difficulty swallowing, particularly with solids and sometimes liquids.
2. ***Regurgitation:*** The backflow of undigested food or liquids from the oesophagus into the mouth.
3. ***Chest pain:*** Often a squeezing or burning sensation in the chest, which can be mistaken for heart-related pain.
4. ***Weight loss:*** Due to the difficulty of swallowing and reduced food intake.
5. ***Heartburn:*** Some individuals may experience acid reflux or heartburn symptoms.

Diagnosis: involves a combination of medical history evaluation, physical examination, and various tests, including barium swallow X-ray, oesophageal manometry, and sometimes an endoscopy

Treatment options for achalasia include:

1. ***Medications:*** Certain medications can be prescribed to help relax the LES and improve swallowing, although they are generally not as effective as other treatments.
2. ***Balloon dilation (pneumatic dilation):*** This procedure involves inflating a balloon within the LES to stretch and widen the passage for food.
3. ***Heller myotomy:*** It is a surgical procedure in which the muscles of the LES are cut to relieve the obstruction and allow food to pass more easily.
4. ***Peroral endoscopic myotomy (POEM):*** A minimally invasive procedure that uses an endoscope to access the oesophagus and create a small incision in the LES to relieve the blockage.

Author Affiliation: Nursing Educator, Fortis Hospital, B.G Road, Bangalore, Karnataka 560076, India.

Corresponding Author: Gowri S., Nursing Educator, Fortis Hospital, B.G Road, Bangalore, Karnataka 560076, India.

E-mail: *gowrisayee@gmail.com*

Received on: 07.06.2023

Accepted on: 20.07.2023

5. ***Botox injection:*** In some cases, botulinum toxin (Botox) can be injected into the LES to temporarily paralyze the muscles and allow food to pass through. This treatment is generally less effective andtemporary compared to other options.

The choice of treatment depends on various factors, such as the severity of symptoms, the individual's overall health, and the expertise of the treating physician. It is recommended to consult with a gastroenterologist or a specialized healthcare professional for an accurate diagnosis and personalized treatment plan.

POEM - Peroral endoscopic myotomy

» Peroral endoscopic myotomy (POEM) is a minimally invasive surgical procedure used to treat achalasia, a condition characterized by the inability of the lower esophageal sphincter (LES) to relax properly, causing difficulty in swallowing.

» During a POEM procedure, an endoscope is inserted through the mouth and into the esophagus. A tunnel is created within the layers of the esophageal wall, extending into the upper portion of the stomach. Once the tunnel is formed, the muscle fibers of the LES are divided, allowing for easier passage of food and liquids.

» Since POEM is a surgical procedure performed internally, there are no external visible signs of the procedure itself.

General description of the steps involved in POEM:

1. The patient is usually under general anesthesia for the procedure.
2. The endoscope, a flexible tube with a light and camera on its tip, is inserted through the mouth and advanced into the esophagus.
3. The endoscope creates a tunnel by separating the layers of the esophageal wall, starting from the inside of the esophagus and extending into the upper part of the stomach.
4. 4.The muscles of the LES are then divided, which helps to relieve the pressure and allow food and liquids to pass more easily.
5. After the procedure is completed, the endoscope is removed
6. The patient is usually under general anesthesia for the procedure.
7. The endoscope, a flexible tube with a light and camera on its tip, is inserted through the mouth and advanced into the esophagus.
8. The endoscope creates a tunnel by separating the layers of the esophageal wall, starting from the inside of the esophagus and extending into the upper part of the stomach.
9. The muscles of the LES are then divided, which helps to relieve the pressure and allow food and liquids to pass more easily.
10. After the procedure is completed, the endoscope is removed.

Potential Complications of POEM:

POEM is generally a safe procedure. Rare complications include bleeding and a puncture (or perforation) in the lining of the esophagus.

Patient education before POEM:

limit diet to full liquids 3 days before the procedure, and then clear liquids 1 day (24 hours) before the procedure

Antibiotic to take before the POEM procedure as per doctors advice

Nurses role in POEM Procedure:

Pre-operative Care:

» Educate the patient about the procedure, including the risks, benefits, and expected outcomes.

» Review the patient's medical history and ensure that all necessary preoperative tests and assessments have been completed.

» Administer prescribed medications, such as proton pump inhibitors or antibiotics, as ordered by the healthcare provider.

» Ensure the patient follows the necessary fasting guidelines prior to the procedure.

Intra-operative Care:

» Assist the healthcare team in positioning the patient comfortably for the procedure, which is usually done under general anesthesia.

» Monitor the patient's vital signs and provide any required additional support during the procedure.

» Collaborate with the healthcare team to ensure aseptic technique and proper handling of instruments.

Post-operative Care:

- » Monitor the patient closely in the recovery area, assessing vital signs, airway patency, and oxygenation.
- » Administer medications as prescribed, such as analgesics to manage pain or antiemetics to prevent nausea and vomiting.
- » Provide frequent oral care and assess the patient's ability to swallow and tolerate oral intake.
- » Assess the patient for signs of complications, such as bleeding, infection, or perforation, and report any concerns to the healthcare provider.
- » Instruct the patient on postoperative care instructions, including dietary modifications, medication schedule, and follow-up appointments
- » Offer emotional support to the patient and address any concerns or anxieties they may have regarding the procedure and recovery.
- » Provide comprehensive education to the patient and their family members about the procedure, expected outcomes, and self-care measures.
- » Emphasize the importance of adhering to prescribed dietary modifications and medications to ensure optimal healing and symptom relief.

REFERENCES

1. https://www.ncbi.nlm.nih.gov/books/NBK519515/
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4200624/
3. https://www.uofmhealth.org/conditions-treatments/digestive-and-liver-health/peroral-endoscopic-myotomy

Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

I) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the fig.s/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110 091, India, Phone: 91-11-79695648, Cell: +91-9821671871. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, fig.s, fig. legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

1) Type of manuscript (e.g. Original article, Review article, Case Report)

2) The title of the article should be concise and informative;

3) Running title or short title not more than 50 characters;

4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;

5) The name of the department(s) and institution(s) to which the work should be attributed;

6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentoined.

7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);

8) Source(s) of support in the form of grants, equipment, drugs, or all of these;

9) Acknowledgement, if any; and

l0) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (http:// www. consort-statement. org). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma. net/e/policy/l 7-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_ requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. J Oral Pathol Med 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. Acta Odontol Scand 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antisepsis. State of the art. Dermatology 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. J Periodontol 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. Dent Mater 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovuo J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online—Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ 20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_ requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc.).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, ¶, †, ‡‡,

Illustrations (fig.s)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the fig. instead of the side.

Original color fig.s can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point-to-point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed, reprints, however a author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to l0 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and fig.s

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- fig.s necessary and of good quality (color)
- Table and fig. numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- fig. legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed fig.s/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:

1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)

SUBSCRIPTION FORM

I want to renew/subscribe international class journal "**Indian Journal of Surgical Nursing**" of Red Flower Publication Pvt. Ltd.

Subscription Rates:

- Institutional: **INR 6500 /USD 507.13**

Name and complete address (in capitals):_____

_____

Payment detail:
Online payment link: http://rfppl.co.in/payment.php?mid=15

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:
Complete Bank Account No. 604320110000467
Beneficiary Name: Red Flower Publication Pvt. Ltd.
Bank & Branch Name: Bank of India; Mayur Vihar
MICR Code: 110013045
Branch Code: 6043
IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)
Swift Code: BKIDINBBDOS

Term and condition for supply of journals
1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd**. payable at **Delhi.**
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to
Subscription and Marketing Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Phone: 91-11-79695648
Cell: +91-9821671871
E-mail: sales@rfppl.co.in

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit: http://www.rfppl.co.in

Technical problems or general questions on publishing with **IJSN** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in

Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e.www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:
A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi – 110 091 (India).
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/ workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:
A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi – 110 091 (India).
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution_____

Name of the Principal/Chairman_____

Management (Trust/Society/Govt./Company)_____

Address 1_____

Address 2_____

Address 3_____

City_____

Country_____

PIN Code_____

Mobile_____

Email_____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription_____

List of ordered journals (if you subscriberd more then 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place: Signature with Seal

Date:

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit: http://www.rfppl.co.in

Technical problems or general questions on publishing with **IJSN** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in

Indian Journal of Surgical Nursing (pISSN: 2277-467X; eISSN: 2455-5509) is the professional, peer-reviewed journal for nurses in surgical nursing practice. Written by and for surgical nurses, the journal features clinical articles covering a wide variety of surgical procedures. The articles are including patient education techniques and research findings in all issues of **IJSN. IJSN** is committed to the advancement of adult health/medical-surgical nursing practice. **IJSN** supports adult health/medical-surgical nurses as they strive for excellence in patient care, private practice, and outpatient health care settings in different types of locations in the world.

Subscription Information

India
Institutional (1 year) (Print+Online): INR 6500

Rest of the World
Insitutional (1 year) (Print+Online): USD 507.81

Payment instructions
Online payment link:
http://rfppl.co.in/payment.php?mid=15

Cheque/DD:
Please send the US dollar check from outside India and INR check from India made. Payable to '**Red Flower Publication Private Limited**'. Drawn on Delhi branch

Wire transfer/NEFT/RTGS:
Complete Bank Account No. 604320110000467
Beneficiary Name: Red Flower Publication Pvt. Ltd.
Bank and Branch Name: Bank of India; Mayur Vihar
MICR Code: 110013045
Branch Code: 6043
IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)
Swift Code: BKIDINBBDOS

Send all Orders to: Subscription and Marketing Manager, Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091(India), Mobile: 8130750089, Phone: 91-11-79695648, E-mail: sales@rfppl.co.in, Website: www.rfppl.co.in