IJSN

Indian Journal of Surgical Nursing

Editorial Office
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I, Delhi - 110 091(India)
Phone: 91-11-22754205, Fax: 91-11-22754205
E-mail: redflowerppl@vsnl.net
Website: www.rfppl.co.in

RED FLOWER PUBLICATION PVT. LTD.

Managing Editor
A. Lal

Publication Editor
Dinesh Kumar. Kashyap, Manoj Kumar Singh

Indian Journal of Surgical Nursing 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 **Indian Journal of Surgical Nursing**. **Indian Journal of Surgical Nursing** 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 rates worldwide: Individuals (annual) - Rs.2700/USD70; Individual (life membership-valid for 10 years) Rs.27000/USD300; Institutional (annual)- Rs.3000/USD70. Single issue Rs.1000/USD25. Payment methods: By Demand Draft/cheque should be in the name of **Red Flower Publication Pvt. Ltd**. payable at Delhi. By Bank Transfer/TT: **Bank name:** Bank of India, **IFSC Code:** BKID0006043, **Swift Code:** BKIDINBBDOS, **Account Name: Red Flower Publication Pvt. Ltd.,** Account Number: 604320110000467, Branch: Mayur Vihar Phase-I, Delhi – 110 091 (India) or you can log on to www.rfppl.com.

Printed at Saujanya Printing Press, D-47, Okhla Industrial Area, Phase-1, New Delhi - 110 020

Indian Journal of Surgical Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the **Indian Journal of Surgical Nursing**. I believe the major future uses of the journal for your library would provide:

1. useful information for members of my specialty.
2. an excellent research aid.
3. an invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II, Mayur Vihar, Phase-I

Delhi - 110 091 (India)

Tel: 91-11-22754205, 45796900, Fax: 91-11-22754205

E-mail: redflowerppl@gmail.com, redflowerppl@vsnl.net

Website: www.rfppl.co.in

Indian Journal of Surgical Nursing

IJSN

September - December 2015
Volume 4 Number 3

Articles

Revised Rates for 2015 (Institutional)

Title	Frequency	Rate (Rs): India	Rate ($):ROW
Dermatology International	2	4500	280
Gastroenterology International	2	5000	360
Indian Journal of Agriculture Business	2	4500	300
Indian Journal of Anatomy	2	6000	260
Indian Journal of Ancient Medicine and Yoga	4	7000	330
Indian Journal of Anesthesia and Analgesia	2	5000	600
Indian Journal of Anthropology	2	10500	500
Indian Journal of Applied Physics	2	3500	400
Indian Journal of Biology	2	3000	170
Indian Journal of Cancer Education and Research	2	6500	500
Indian Journal of Communicable Diseases	2	7500	58
Indian Journal of Dental Education	4	4000	288
Indian Journal of Forensic Medicine and Pathology	4	14000	576
Indian Journal of Forensic Odontology	4	4000	288
Indian Journal of Genetics and Molecular Research	2	6000	262
Indian Journal of Law and Human Behavior	2	5000	500
Indian Journal of Library and Information Science	3	8000	600
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	8000	400
Indian Journal of Mathematics and Statistics	2	5000	200
Indian Journal of Medical & Health Sciences	2	6000	120
Indian Journal of Obstetrics and Gynecology	2	5000	200
Indian Journal of Pathology: Research and Practice	2	10000	915
Indian Journal of Plant and Soil	2	5000	1700
Indian Journal of Preventive Medicine	2	6000	250
Indian Journal of Reproductive Science and Medicine	4	3000	180
Indian Journal of Scientific Computing and Engineering	2	4000	280
Indian Journal of Surgical Nursing	3	3000	70
Indian Journal of Trauma & Emergency Pediatrics	4	8500	302
International Journal of Agricultural & Forest Meteorology	2	8000	800
International Journal of Food, Nutrition & Dietetics	2	4000	900
International Journal of History	2	6000	500
International Journal of Neurology and Neurosurgery	2	9000	276
International Journal of Political Science	2	5000	400
International Journal of Practical Nursing	3	3000	70
International Physiology	2	6500	240
Journal of Animal Feed Science and Technology	2	4000	280
Journal of Cardiovascular Medicine and Surgery	2	9000	238
Journal of Orthopaedic Education	2	4500	190
Journal of Pharmaceutical and Medicinal Chemistry	2	15000	350
Journal of Psychiatric Nursing	3	3000	70
Journal of Social Welfare and Management	4	7000	276
Meat Science International	2	5000	500
Microbiology and Related Research	2	6000	150
New Indian Journal of Surgery	4	7000	360
Ophthalmology and Allied Sciences	2	5000	150
Otolaryngology International	2	4500	300
Pediatric Education and Research	4	6500	150
Physiotherapy and Occupational Therapy Journal	4	8000	360
Urology, Nephrology and Andrology International	2	6500	350

Terms of Supply:

1. Advance payment required by Demand Draft payable to Red Flower Publicaion Pvt. Ltd. payable at Delhi.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 10% discount.
4. Claim must be made within six months from issue date.

Order from

Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India), Tel: 91-11-22754205, 45796900, Fax: 91-11-22754205. E-mail: redflowerppl@vsnl.net, redflowerppl@gmail.com, Website: www.rfppl.co.in

Descriptive Study on Protein Energy Malnutrition among Mothers

IJSN
Volume 4, Number 3

Thamarai Selvi P.

Abstract

A study was conducted to assess the knowledge of mothers of under five children regarding protein energy malnutrition. The sample of this study comprised of 40 mothers. Convenience sampling technique was used to draw the sample for the study. Collected data was analyzed by using descriptive and inferential statistics. In present study the mothers mean value on types of protein energy malnutrition is 0.40 with the mean percentage of 40%. The mean value for the clinical features of protein energy malnutrition is 0.20 with the mean percentage of 20%. The mean value for the management of protein energy malnutrition is 0.29 with the mean percentage of 29%.

Keywords: Protein Energy Malnutrition; Under Five Children; Knowledge.

Introduction

World's greatest resource for healthy lives is the children of today. Today's children's are tomorrow's citizens and leaders. The resources spend on the care, un keep and health of the young ones from investment for the future. The most glaring nutritional disorder in India is protein energy malnutrition. One in every three malnourished children is the world lives in India. Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion. The World Bank estimates that India is one of the highest ranking countries in the world for number of children suffering from malnutrition.

Describing malnutrition as India's silent emergency, the World Bank report says that the rate of malnutrition cases among children in India is almost 5 times more than in China. One of the major causes for malnutrition in India is gender inequality. Due to low social status of Indian women, their diet often lacks in both quality and quantity. In India, mothers generally lack proper knowledge in feeding children.[1] In India around 46% of all children below the age of 3 are too small for their age, 47% are underweight and at least 16% are wasted. Many of these children are very severely malnourished. 1.3 million Children die every year in India because of malnutrition. In a shocking revelation, a government report suggests that around 48% children of the country under age of 5yrs have stunted growth, indicating that half of the children are chronically malnourished in India.

According to the records of children in India 2012, a statistical appraisal by union ministry of statistics and programme implementation, acute malnutrition as evidenced by wasting results in a child being too then for his/her weight. While 19.8% of children under 5yrs of age are wasted in the country, which indicates that one out of every 5 children in India is wasted. 43% children under 5yrs of age are under weight for their age [2]**.** A case controlled study was conducted in a rural area in Tamilnadu, India. 34 cases and 34 controls were selected by using local hospitals list of young children. The result s suggested that the gender of the child and socioeconomic factors were stronger risk factors of mal nutrition. In view of above consideration the researcher felt that the need to do the study among mothers regarding protein energy malnutrition [3].

Statement of the Problem

A study to assess the knowledge of mothers of under five children's regarding protein energy malnutrition in selected area Jeolikote, Uttarakhand.

Author Affiliation: Associate Professor, Department of Pediatric Nursing, Naincy College of Nursing, Jeolikote, Nainital, Uttrakhand-Pin code: 263127.

Correspondance: Thamarai Selvi P., Associate Professor, Department of Pediatric Nursing, Naincy College of Nursing, Jeolikote, Nainital, Uttrakhand-Pin code: 263127.
E-mail: pthamus@gmail.com

Objectives of the Study

1. Assess the knowledge of mothers regarding malnutrition.
2. Explore the association of knowledge score of mothers regarding malnutrition with selected demographic variables.

Materials and Methods

The investigator has selected descriptive research design. The setting for the study is rural community area, Jeolikote, Nainital. The sample for the present study includes mothers of under five children who are residing in community area, Jeolikote. The convenience sampling technique is a type of non-probability sampling was found appropriate for the study. The population of the present study comprised of 40 mothers.

Tool for Data Collection

In the present study the tool consists of 2 parts.

Part-I: Demographic data.

Part-II: Comprises of questionnaire regarding protein energy malnutrition.

Method of Data Collection

Investigator collected data after gathering permission from PHC, Jeolikote, Nainital and approval was obtained to conduct the study. The participants were informed about the purpose of the study and written consent was taken from the participants. The tool was distributed to the participants. On an average each participants took 15-20mts to fill the data. The data was collected in the month of March 2014.The respondents were co-operative and the investigator did not face any significant problem.

Analysis and Interpretation

The data was collected from mothers analyzed and interpreted by descriptive and inferential statistics. Analysis was done on the objectives of the study. The level of significance was set at 0.05 levels.

Table 1: Demographic variables of the respondents N= 40

S.No	Variables	category	Frequency	Percentage
1	Age in years	20-25	12	30.00
		25-30	17	42.50
		30-35	11	27.50
2	Education	Primary school	02	05.00
		High school	04	10.00
		Intermediate	13	32.5
		Degree & above	21	52.5
3	Occupation	Employed	04	10.00
		House wife	36	90.00
4	Family income	Rs.2000-3000	10	25.00
		Rs 3000-4000	-	-
		Rs 4000-5000	10	25.00
		Rs 5000& above	20	50.00
5	Socio economic status	Low	20	50.00
		Middle	20	50.00
6	Types of family	Joint	22	55.00
		Nuclear	18	45.00
7	Exposure of information about PEM	Yes	02	05.00
		No	38	95.00
8	If, yes source of information	News paper	-	-
		Health personnel	02	05.00

Table 1 represents the data on the percentage distribution of the variables included in the study. Majority of the respondents 42.5% was in the age group between 25-30 years and only 27.5% were in the age group between 30-35 years. With regard to the literacy 52.5% had completed degree while only 5%, had completed primary school. The data on occupation revealed that 90% were housewives and 10%, were employed as daily laborers. Regarding the respondents family income majority 50%, had family income above 5000 and a 25%, had an income between 2000-3000 per month, this corresponds to the subjects low socio economic status 50%.This corresponds to the samples low socio economic status (50%). Regarding the type of family 55% were living in joint family and 45% were nuclear family. The

data on source of information revealed that majority 95% did not receive information on protein energy malnutrition.

Tables 2 indicate the overall mean and mean percentage of aspects on protein energy malnutrion. The mean score of mothers on types of protein energy malnutrion is 0.40 and 40% is the mean percentage. The clinical features mean value is 0.20 and mean percentage is 20%. The management of mothers mean score is 0.29 and mean percentage is 29%.

Table 3 indicates the association between variables and knowledge scores of mothers regarding protein energy malnutrition. The analysis revealed that there is a significant association between education, occupation and remaining variables such as age, family income, and type of family were not found to be significant.

Table 2: Mean and mean percentage of aspects on protein energy malnutrion. N=40

Aspects of protein energy mal nutrition	Mean value	Mean percentage
Types	0.40	40%
Clinical features	0.20	20%
Management	0.29	29%

Table 3: Association between knowledge scores of mothers regarding protein energy malnutrition and selected demographic variables

Variables	Calculated value
Age	1.54*
Education	23**
Occupation	25.6**
Family income	4.99*
Types of family	0.4*

*Non significant, ** Significant at p<0.05 level.

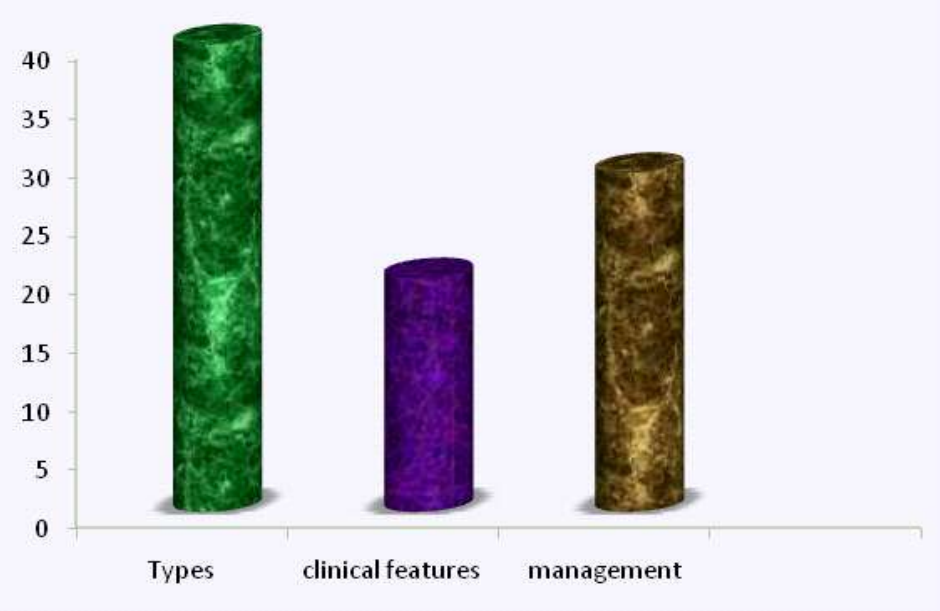

Fig. 1: Shows mean and mean percentage of aspects on protein energy malnutrition.

Discussion

The findings are discussed corresponding to the objectives of the study.

Demographic Characteristics of the Respondents
Majority of the respondents belonged to the age group of 25-30 years (42.5%).Majority of the respondents had 21 (52.5%) completed degree. The data revealed 36(90%) were house wives. It was revealed that 20 (50%) had above 5000 monthly income. It was revealed that 20(50%) were low socio economic status. Out 40 samples majority 22(55%) of them were living in joint family. Out 40 samples 38(95%) were not received information. The data reveals 2(5%)

received information through health personnel.

Assess the Knowledge of Mothers Regarding Malnutrition

In present study the mothers mean value on types of protein energy malnutrition is 0.40 with the mean percentage of 40%. The mean value for the clinical features of protein energy malnutrition is 0.20 with the mean percentage of 20%. The mean value for the management of protein energy malnutrition is 0.29 with the mean percentage of 29%. It indicates the mothers' knowledge regarding protein energy malnutrition. Similar studies were found to assess the mother's knowledge regarding protein energy malnutrition by national child and mother nutritional survey. The results of the study revealed only 30.9% of mothers have adequate knowledge regarding protein energy malnutrition [4].

Explore the Association of Knowledge Scores of Mothers Regarding Protein Energy Malnutrition with Selected Demographic Variables among Mothers

An association of selected demographic variables in relation to their knowledge was studied using chi-square test. The analysis revealed that there is a significant association between education and occupation and remaining variables were found to be non significant.

Conclusion

In India 1.3 million die every year due to protein energy malnutrition. One in every 3 malnourished children in the world lives in India. This study reveals women residing in community area have lack of knowledge in types, clinical features and management of protein energy malnutrition. Since, increased awareness early diagnosis will be the effective to save the life of the children's. Nursing professionals together with their counterparts must organize awareness and screening programmes among vulnerable groups of women's of under five children regarding protein energy malnutrition.

Acknowledgement

I would like to thank Prof .Pramilaa R, Editor-in-chief: IJSN for valuable guidance.

References

1. World Bank report on Malnutrition: World Bank report source 2009.
2. Binay Singh. Times of India report on malnutrition is a silent emergency. August 2013.
3. Sivaram Krishnan M, Patel. Case control study of risk factors about malnutrition. Yale Biol Med. 1997; 70(2): 149-160.
4. Women's education can improve child nutrition in India. National family health survey. 2002; (15): 1-4.
5. Park K Parks. Textbook of preventive and social medicine. 21st. Jabalpur. Banarsidas Bhanot; 2012.

IJSN
Volume 4, Number 3

A Study to Assess the Effectiveness of Planned Teaching Program on Biomedical Waste Management among Staff Nurses

Nilesh Mhaske

Abstract

Background: Bio medical waste (BMW) collection and proper disposal has become a significant concern for both the medical and general community. Effective management of biomedical waste is not only a legal necessity but also a social responsibility. *Aims and Objectives:*The present experimental descriptive studywas conducted to "a study to assess the effectiveness of planned teaching program on biomedical waste management among staff Nurses working in Dr. Vikhe Patil Memorial Hospital Ahmednagar". The data were collectedby using the self-preparedstructured knowledge questionnaire. The results were analyzed and interpreted using descriptive, inferential statistics and Paired 't' test. *Results*: Result revealed that Paired 't' test of correlation analysis between pre test and post test scores shows that there is significant relationship (t; 12.04) which reveals positive relationship between variables. Hence it can be interpreted that the planned teaching programme on biomedical waste management is effective among staff nurses. Thus the stated null hypothesis (H_{02}) was rejected.*Conclusion:* It is essential to raise awareness on biomedical waste management and its impact on health; and develop health seeking behaviors among the patients and improve the quality of life.

Keywords: Bio Medical Waste; Knowledge; Staff Nurses.

Introduction

According to Bio-Medical Waste (management and handling) rules, 1998 of India, Bio Medical Waste (BMW) means any solid, fluid, or liquid waste including its containers and any intermediate product which is generated during the diagnosis, treatment, orimmunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological and includes ten categories for same [1].

Majority of waste (75-90%) produced by the healthcare providers is non-risk or general and it is estimated that theremaining (10-25%) of healthcare waste is regarded as hazardous the potential for creating a variety of health problems [2].

Rahman H, Ahmed N.S, UllahS.M, 1999 Conducted study on hospital waste management finding revealed that the Waste is a change of form of a particular item from one shape to another it is useful to the first user but with its transformation after use, some of its item may be useful to subsequent users. It subsequent utilization is harmful. It should be removed with such precautionary measure keeping it out of reach of others. But the trouble with throwaway society like ours is that there is no such a place as "away". What we think we have is liable to come that back to us [3].

In 2002, the results of a WHO assessment conducted in 22 developing countries showed that the proportion of healthcare facilities that do not use proper waste disposal methods ranges from 18% to 64% [4].

A quasi-experimental study was conducted to examine the impact of structured program on prevention of occupational exposure to blood borne pathogens as well as the knowledge, behavior and incidence of needle stick injury among student nurses in a hospital in China. One hundred and six student nurses were selected for the study. The study findings suggested that use of gloves was rare while performing activities involving high risk of exposure to blood and body fluids. The experimental group reported a total of eighteen injuries whereas the control group reported thirty-two. 24% injuries

Author Affiliation: Lecturer College of Nursing, P.D.V.V.P.F's,Ahmednagar, MS.

Correspondance: Nilesh Mhaske, Lecturer College of Nursing, P.D.V.V.P.F's,Oppo. Govt. Milk Dairy, Vilad Ghat, Ahmednagar-414111 (Maharastra).

E-mail: nileshmhaske1985@gmail.com

occurred while giving injection. Most common source of sharp injury were IV needles (44%) and syringes (32%). The study concluded that structured training programme improved knowledge and behavior, and reduced incidence of needle stick injuries in students who received, in comparison to those students who did not received the training [5].

A descriptive survey was conducted to assess the knowledge of nursing personnel regarding biomedical waste management in a hospital at Delhi. Thirty nurses were selected randomly as samples. Structured questionnaires were administered for data collection. Study findings suggested that 56% nurses knew about treatment & disposal of waste. 70% knew about universal precaution and sharp disposal and 77% knew about waste categorization and segregation. Further 96.6% 22 nursing personal desired that hospital authority should do more regarding biomedical waste management [6] .

An evaluatory study was conducted to assess the knowledge and practice of nurses in biomedical waste management before and after administration of information booklet in a large hospital at Delhi. Thirty-two nurses were selected as samples. Data was collected using structured questionnaire and observation checklist. The study findings revealed that only one nurse (3%) had received training on waste management where as others had not received any short-term program or special training on biomedical waste management. It was also observed that less than half of the staff nurses were aware of various risks and methods of treatment and disposal of biomedical waste. Hence it was concluded that nursing staff must have knowledge to perform their duties that should ensure safe handling, collection, storage, treatment and disposal of biomedical waste [7].

Material and Methods

This Experimental descriptive study was conducted among 50 staff nurses working in hospital in Dr. Vikhe Patil Memorial Hospital Ahmednagar. Before commencement of the study, ethical approval was obtained from the Institutional Ethical Committee, and official permission was received from the authority. Staff nurses who were registered with Diploma in Nursing, Staff nurses who are willing to participate in the study, Staff nurses present during the study were included in the study by using the non-probability; purposive sampling technique.

The purpose of the study was informed and explained to the participants and those who voluntarily agreed to participate in the study and gave an informed consent for the same were asked to fill the self-prepared structured knowledge questionnaire. Material used is self-prepared; and content validated structured knowledge questionnaire to collect the data. Structured knowledge questionnaires to measure the knowledge of staff nurses regarding Bio Medical waste management. The tool had a total of forty items. All the items were multiple-choice questions. Score values of one (1) were allotted to each correct response. The total knowledge score were forty. Knowledge scores were arbitrarily scored as good (28-40), Average (15-27) and poor (0-14). The respondents were asked to give relevant information in the spaceprovided.The collected data was tabulated and analyzed using appropriate statistical methods like descriptive statistics (mean, SD and mean percentage) and inferential statistics (Chi–square test & Paired 't' test).

Results

Findings Related to Socio Demographic Data of Biomedical Waste Management

The highest percentage (94%) were in age group > (28), More than half (62%) of staff nurse are male and (38%) were female staff nurse, majority (76%) were having year of experience, highest percentage (76%) was having GNM registered staff nurse, Majority of staff nurses (46%) were Hindu, (38%) belongs to christen religion, Highest percentage (42%) of staff nurses working in other departments.

Assessment of Knowledge of Staff Nurse on Biomedical Waste Management Before Receiving Planned Teaching Programme

Result shows that highest percentage (86 %) had poor knowledge, (14%) had Average knowledge . it depicts that the knowledge of staff nurses on biomedical waste management was poor.

Assessment of Knowledge of Staff Nurse on Biomedical Waste Management after Receiving Planned Teaching Programme Result Shows

That highest percentage (100%) had good knowledge. It depicts that the planned teaching programme was effective among staff nurses on biomedical waste management.

Assessment of Mean, SD and Mean Percentage of Planned Teaching Programme Result

Shows that the highest mean score (34.94 ± 2.11) which is 87.35%of total score was obtained in the area of post test. The lowest mean score (11.46 ± 2.74) which is 28.65% of total score was obtained in the area of pre test. It interprets that the effectiveness of planned teaching programme on biomedical waste management among staff nurses was good.

Area Wise Assessment of Mean, SD and Mean Percentage of Pretest and Posttestof Planned Teaching Programme Result

Shows that the highest mean score (5.48 ± 6.25) which is 13.5% of total score was obtained in the area of 'Disposal'. However the other areas like introduction, segregation, and storage had mean percentage below 7.55%. The distribution of mean, SD and Mean percentage score of posttest of planned teaching programme on biomedical waste management among staff nurses working Dr. VikhePatil Memorial hospital Shows that the highest mean score (17.74 ± 17.11) which is 44.35% of total score was obtained in the area of 'Disposal'. However the other areas like introduction, segregation, and storagehad mean percentage below 24.35%.

Assessment Between the Post Test of Staff Nurses with their Selected Demographic Variables

Result revealed that the Chi–square values were calculated to find the association between posttest and with their demographic variables of staff nurse working in Dr. Vikhe Patil Hospital Ahmednagar. Finding revealed that there was no significant association was found between the post test and the variables like year of experience, educational qualification, religion and area of working. However significant association was found between the post test and the variables like age and gender. Hence the stated null hypothesis (H_{01}) was rejected as there was significant association between the post test and their demographic variables.

Correlation Between Pretest and Posttest of Planned Teaching Programme on Biomedical Waste Management

Result revealed that the Paired 't' test of correlation analysis between pretest and post test scores shows that there is significant relationship (t; 12.04) which reveals positive relationship between variables. Hence it can be interpreted that the planned teaching programme on biomedical waste management is effective among staff nurses. Thus the stated null hypothesis (H_{02}) was rejected.

Discussion

Dr. Mohan D. Rama, Dr. Prasad M. Veera, Dr. Kumar Kanagaluru Sai(2012) conducted study on Impact of training on bio medical waste management– A study and analysis sample on 38 staff nurses, finding reveals that there is a significant improvement in the skill levels of the sample respondents after undergoing the training programme. The effectiveness of the training programme was also measured and rated by collecting the opinion of respondents. Questionnaire analysis showed that a large number of respondents gained knowledge on various aspects of bio medical waste management.[8]In present study finding revealed that the correlation between pretest and posttest of planned teaching programme on biomedical waste management result revealed that the Paired 't' test of correlation analysis between pretest and post test scores shows that there is significant relationship (t; 12.04) which reveals positive relationship between variables. Hence it can be interpreted that the planned teaching programme on biomedical waste management is effective among staff nurses. Thus the stated null hypothesis (H_{02}) was rejected.

Conclusion

The premier hospital is severely lacking in actions to dispose of its waste and uphold its statutory responsibilities. This is due to the lack of education, awareness and trained personnel to manage the waste in the hospital, as well as the paucity of the funds available to proper waste management system. The results of the study demonstrate the need for strict enforcement of legal provisions and a better environmental management system for the disposal of biomedical waste in hospitals as well as other healthcare establishments. A policy needs to be formulated based on 'reduce, recover, reuse and dispose'. The study concludes that healthcare waste management should go beyond data compilation, enforcement of regulations and acquisition of better equipment. It should be supported through appropriate education, training and the commitment of the healthcare staff, management and healthcare managers within an effective policy and legislative framework. From the analysis done on effectiveness of planned teaching program on biomedical waste management, it can be concluded that planned teaching program was effective in terms of improving the knowledge of staff nurses

regarding biomedical waste management.

References

1. Sharma AK. Bio Medical Waste (Management and Handling) Rules. Bhopal: Suvidha Law House; 1998.
2. Safe management of waste from health care activities. WHO, Geneva; 1999.
3. Rahman H, Ahmed N.S, UllahS.M, 1999, Yadav M. (2001).
4. http://www.who.int/mediacentre/factsheets/fs281/en.
5. GrimmondT, RingsT ,Taylorcreech R, Kampen R et al .sharp smart-A Reuseable sharp Mgt system Journal of Hospital infection 2003.
6. Makhija N, Prabhakar V. BMW,A study to assess the knowledge of Nsg Journal of India 2004**.**
7. Sing R., Mathur G. etal. Role of information Booklet on BWM Nsg Journal of India Dec.2002.
8. Dr. Mohan D. Rama, Dr. Prasad M. Veera, Dr. Kumar Kanagaluru Sai, Impact of training on bio medical waste management – A study and analysis, EXCEL International Journal of Multidisciplinary Management Studies, 2012; 2(6): 69-80.

Effect of Kaleidoscope as Distractor on Pain

IJSN
Volume 4, Number 3

Rinchu Elizabeth George*, Vetriselvi**

Abstract

Background and Objective: Pain is a ubiquitous experience for any individual; especially for a child. Distraction during painful procedures like veni puncture has been found to reduce child's response to pain during venipuncture. The study was conducted to assess the effect of Kaleidoscope as a distraction tool on pain in children during venipuncture. *Material and Methods:* The design used for the study was True Experimental post test only design. The study was conducted among children between 3-12 years admitted in the paediatric ward and attending paediatric outpatient unit of Jipmer, Puducherry. Hundred samples who fulfilled the inclusion criteria were assigned randomly to experimental and control group.Kaleidoscope was shown to child and the care giver in the experimental group before the procedure and its functioning was explained. Then the child was allowed to look through the kaleidoscope during the procedure and the paid assessment was done using FLACC pain scale. The child in the control group underwent venipuncture without having kaleidoscope as a distractor and the pain was assessed using FLACC Scale. *Results:* The comparison of pain scores between the groups showed that mean pain score in the experimental group and in the control group was 5.46$\pm$1.581 and 6.36$\pm$1.439 respectively and the differences between the groups were found to be statistically significant ($p<0.01$).The study showed that pain was associated with the age of children undergoing venipuncture and not found to be associated with other variables. *Conclusion:* The study concluded that Kaleidoscope is effective as a distractor in reducing pain in children during venipuncture. This technique emphasizes the concept and importance of providing atraumatic care to children.

Keywords: Kaleidoscope; Distractor; Pain; Effect.

Introduction

Children are an important asset to any society as their health determines the future of the nation. They are usually referred to as an epitome of endless energy and are constantly on the move; exploring it with their exuberance and curiosity. Every relationship, adventure or an endeavor which they encounter in life has a lasting impact on the way they deals with their tomorrows.

Illness and hospitalization are a major source of stress to both child and parents. Varied factors influence child's reaction to hospitalization which includes family's previous medical experience, the developmental level, child's interaction with the caregiver, the severity of the illness, the complexity of the medical procedure.

Author Affiliation: *M.Sc. (Nursing) Student,**Lecturer, College of Nursing, Puducherry.

Correspondance: Vetriselvi, Lecturer, College of Nursing, Jipmer, Gorimedu, Puducherry, 605013.
E-mail: Vetreselve1967@yahoo.com

Pilliteri (2010) quoted that the concept of pain is altogether unique. For children, pain is not just a sensation that hurts them: it confuses them to the core as they may not be always able to anticipate it, understand its cause or cannot explain its presence. This in turn makes it difficult for them to explain why it will go off.

Chambers (2009) expressed that pain and discomfort are discernible during many medical procedures. Pain, when left untreated can lead on to acute repercussions in the form of increased release of chemicals and hormones in the body, hyperglycemia, and decreased pain threshold. The long term consequences of inappropriate management of procedural pain include cognitive deficits, disorders of learning, poor motor performances and attention deficit. The inadequate pain management of procedures that disrupts the integrity of body tissues could lead to an increase in child stress and diminished coping abilities. So the nursing action should be aimed at helping the child establish the pre stress psychological state so as to conserve the child's energy by maximizing existing coping mechanisms and mobilizing resources for

dealing with any stressful experience.

Recent advances in the field of pain management indicate that the use of the science of mind to divert the child's attention from painful stimuli in children has gained significant momentum. Various methods of distractions are being employed which includes guided imagery, books, video games, kaleidoscopes, music.

Cilebiuglou (2009) expressed that a kaleidoscope is a toy through which various shapes and colours observed when looked in with one eye while rotating it. It contains various coloured beads. As it is turned over the level of the eye, beads move and combine the appearances in the mirrors. Thus, various appealing designs are formed and observed as the light reflects between the mirrors of the kaleidoscope. When a kaleidoscope is turned, designs vary according to the movement of beads and the same design rarely occurs. Hence, in each turn, different designs strike children's interest.

In clinical postings the investigator has seen that children are exposed to painful procedures with little attempt to reduce the pain associated with it and has felt the need for an easily usable, child centered distractor to effectively reduce the level of pain experienced by the children. Considering all the above facts the investigator found that it is very essential to conduct this study to determine the effectiveness of kaleidoscope in reducing the level of pain in children undergoing venipuncture.

Material and Methods

A true experimental post test only design was used to collect the data in this study. The study was conducted in a tertiary care hospital. The study consisted of 100 participants, 50 in control and 50 in experimental group.

Inclusion Criteria

Included all children admitted to the pediatric ward and attending the pediatric outpatient department of Jipmer, aged between 3 and 12 years, whose parents were willing to give consent and who were conscious and mentally alert.

Exclusion Criteria

Was all children who were critically ill, visually impaired, have neurological impairment, actively convulsing during venipuncture and punctured twice to get the access to vein.

Sampling

Sampling method for the study was simple random sampling technique using computer generated random numbers.

Instruments

The instrument consisted of 2 parts. Part one of the tool consisted of demographic and clinical characteristics. Part 2 is the FLACC pain assessment scale.

Data Collection Procedure

Ethical clearance was obtained from institution's ethics committee. Informed written consent obtained from parents of children (3-12 years) undergoing venipuncture. The samples were assigned to experimental and control group by using simple random sampling technique using 'computer generated' random numbers. All the venipuncture were carried out in the treatment room of the pediatric ward or the outpatient department. The investigator established a rapport with the child and the caregiver. In the experimental group; Kaleidoscope was shown to child and the caregiver in the experimental group before the procedure and its functioning was explained. The child operates the kaleidoscope and looks through it during the procedure. The investigator assists the child to hold the kaleidoscope. The images inside a kaleidoscope are based on the principle of multiple reflections of coloured objects on typically three mirrors set at 60 degree angle to each other. The child looks into one end and light entering from the other end creates colourful symmetrical patterns inside as one of the cylinders is rotated. The distraction via kaleidoscope began just before the phlebotomy and continued until the end of the phlebotomy. During venipuncture, pain assessment was done using observation method based on the FLACC scale. The child in the control group undergoes venipuncture without having kaleidoscope as a distractor and the pain was assessed using FLACC scale.

Ethical Considerations

The approval for the research proposal was obtained from Ethics Committee. Permission to carry out the study was obtained from the head of pediatric department. Informed written consent was obtained from caregivers of the children participating in the

study. Assurance was given to the subjects that the anonymity and confidentiality would be maintained.

Data Analysis

Descriptive statistics (frequency, mean and standard deviation) and inferential statistics (independent 't' test) were used in the study. The comparison of demographic and clinical variables between the groups was carried out with chi-square. The pain score was expressed as mean with standard deviation and the comparison of pain score between the groups was carried out using Independent student t test.

Results

- Highest percentage of children were between 3-6 years of age in both control (40%) and experimental group (64%). The proportion of male children who were included in the study was more than the number of female children. Experimental group had 52% male children and in the control group male children were about 60%.
- Majority of the children suffered from acute illness. Only 22 percent of children in experimental and 12 percent children in control group had chronic ailments. Hospitalisation was a novel experience for over 70 percentage children in both experimental and control groups.
- Majority of children (70% in the control group and 74% in experimental group) underwent venipuncture within few hours of being in the hospital. For nearly half the study subjects in both the groups, venipuncture was a new experience as 52% children in experimental group and 46% children in control group have not undergone venipuncture previously.
- Over 90% of the children in both groups had either of their parents present with them during venipuncture. Seventy six percent of venipuncture in experimental group and 78% venipuncture in the control group were carried out to collect blood and the rest were done to insert a cannula into the vein.
- The comparison of pain scores between the groups showed that the mean pain score in the experimental group and in the control group was 5.46$\pm$1.581 and 6.36$\pm$ 1.439 respectively and the differences between the experimental and control groups were found to be statistically significant ($p<0.01$).
- The results of the study showed that pain was associated with the age of children undergoing venipuncture ($P<0.01$).
- Pain was not found to be associated with other variables like gender, type of illness, history of previous hospitalizations, number of venipunctures in the current admission, number of days in the hospital, size of the needle and purpose of venipuncture.

Table 1: Distribution of study participants in relation to demographic and clinical characteristics in the experimental and control groups **(N=100)**

Sample charac teristics	Experimental group (n=50)		Control group (n=50		χ^2	P value
	Frequency	Percentage	Frequency	Percentage		
Age						
3-6 years	32	64	20	40	6.29*	
6-9 years	11	22	15	30	df=2	.048
9-12 years	7	14	15	30		
Gender						
Male	27	52	30	60	.367	.343
Female	23	46	20	40	df=1	
Types of illness						
Acute	39	78	44	88	1.77	.143
Chronic	11	22	6	12	df=1	
History of previous hospitalization						
Yes	13	26	15	30	.198	.512
No	37	74	35	70	df=1	
Hospitalization						
OPD	37	74	35	70	1.41	.7
Admitted in hospital	13	2	15	4	df=1	01

Previous venipuncture						
Nil	26	52	23	46	.414	.8
Once	18	36	21	42	df=2	13
Twice	6	12	6	12		
Presence of caregiver						
Father	13	26	14	28	1.77	.1
Mother	35	70	33	66	df=2	43
Others	2	4	3	6		
Size of the needle						
22 G	19	38	17	34	.174	.4
23 G	31	62	33	66	df=1	18
Purpose of venipuncture						
Blood collection	38	76	39	78	.056	.5
Insertion of cannula	12	24	11	22	df=1	00

*p<0.05

Table 2: Effect of kaleidoscope as a distractor on pain (N=100)

	Experimental group (n=50)		Control group (n=50		't' value	'p' value
	Mean	SD	Mean	SD		
Pain score	5.46	1.58	6.36	1.44	t=2.977**	.004

**p<0.01

Table 3: Association of pain scores with variables in control group (N=50)

Variable	n	Mean	SD	F or 't' value	'p' value
Age					
3-6 years	32	6.90	1.20	F=15.544	.003**
6-9 years	11	6.09	.94		
9-12 years	7	4.28	1.11		
Gender					
Male	30	6.30	1.53	t=0.035	.722
Female	20	6.45	1.31		
Types of illness					
Acute	44	6.41	1.48	t=0.649	.52
Chronic	6	6.00	1.09		
History of previous hospitalization					
Yes	15	6.00	1.46	t=1.162	.251
No	35	6.51	1.42		
Hospitalization					
OPD	35	6.46	1.40	t=1.0	.402
Admitted in hospital	15	6.50	2.12		
Previous venipuncture in current admission					
Nil	23	6.22	1.563	F=2.865	.067
Once	21	6.81	1.08		
Twice	6	5.33	1.63		
Size of the needle					
22 G	17	5.94	1.39	t=1.495	.141
23 G	33	6.58	1.43		
Purpose of venipuncture					
Collecting blood	39	6.48	1.43	t=1.181	.243
Insertion of cannula	11	5.91	1.44		

*p<0.01

Table 4: Association of pain scores with variables in experimental group (N=50)

Variable	N	Mean	SD	't' or F value	P value
Age					
3-6 years	20	6.75	1.48	F=25.74	*.002
6-9 years	15	5.13	.74		
9-12 years	15	4.067	.80		
Gender					
Male	27	5.52	1.34	t=0.281	.782
Female	23	5.39	1.85		
Types of illness					
Acute	39	5.54	1.68	t=0.657	.514
Chronic	11	5.18	1.17		
History of previous hospitalization					
Yes	13	5.31	1.38	t=0.400	.691
No	37	5.51	1.66		
Hospitalization					
OPD	37	5.43	1.63	t=0.946	.426
Admitted in hospital	13	5.42	1.38		
Previous venipuncture in current admission					
Nil	26	5.0	1.38	F=2.509	.092
Once	18	5.89			
Twice	6	6.16			
Size of the needle					
22 G	19	5.58	1.42	t=1.495	.141
23 G	31	5.39	1.68		
Purpose of venipuncture					
Collecting blood	38	5.34	1.52	t=1.181	.243
Insertion of cannula	12	5.83	1.50		

*p<0.01

Discussion

The comparison of pain scores between the groups showed that the mean pain score in the experimental group and in the control group was 5.46±1.581 and 6.36± 1.439 respectively and the differences between the experimental and control groups were found to be statistically significant (p<0.01).

The above finding were supported by the following studies.

A study was conducted by Cilebiuglou, Kucukoglu and Tufecki on the effectiveness of kaleidoscope in relieving pain among 206 children undergoing venipuncture showed that there was significant difference in the level of pain experienced by children in the experimental and control group. The mean scores (3.14±0.41) of the intervention group and the mean scores (3.80±1.42) of the control group was statically significant (t=7.602, p<0.001).

A study (1994) was conducted in United States by Vessey and Mc gill to investigate the effectiveness of kaleidoscope a distraction technique in reducing a child's perceived pain and behavioral distress during an acute pain experience. Hundred children between the age groups of 3 years to 12 years were selected and assigned to experimental and control group by random sampling. The pain scores obtained in the experimental (6.4±1.17) and the control groups (8.2±1.35) were significantly different.

Canbulat, Inal and Sonmezer (2013) compared the effect of kaleidoscope with the control group which received standard care. The study conducted in Turkey consisted of 188 children between 7 and 11 years old who were randomly allotted to three groups. Pain was assessed using Wong-Baker FACES pain rating scale. The kaleidoscope group (3.10±2.16) had lower pain levels than the control group (4.44±3.64). Interestingly, the study result showed there was no significant difference in pain

levels of children of different age and gender. But children who were previously exposed to venipuncture had more tolerance to the pain producing stimuli than those who were not previously exposed to it.

Carlson, Broome and Vessey (2000) compared the use of a kaleidoscope for distraction with standard care. The study was done in New Mexico with a two-group randomized design and studied 384 children in 13 children's hospitals. FACES pain rating scale was used to assess the pain level of children. Significant differences in pain were noted between the group using the kaleidoscope and the control group. The study concluded that using a kaleidoscope produce positive results on children undergoing venipuncture as the instrument produces varied patterns of images and hence the novelty of it never wears off.

Pourmovahed eta al assessed the relation between pain and age in children between 3-12 years old found that the mean score of pain severity in the children of 10-12 years (4.6 ± 0.8) old was lower than those of 6 to 9 years old (5.2 ± 1.3). 6-9 year old children had a lower pain score when compared to children between 3-6 years (6.4 ± 1.2)

Conclusion

Distraction is an effective method of managing pain in children during venipuncture. Kaleidoscope is effective as a distractor in reducing pain in children during venipuncture. This emphasizes the concept and importance of providing a traumatic care to children. Providing the child with kaleidoscope is a low cost intervention that can be effectively used in children. Distracting child with kaleidoscope can help to ease pain and discomfort in children.

References

1. Albani, F. The effect of programmed distraction on the pain caused by venipuncture among children on hemodialysis. J Pain Symptom Manage. 2010; 11(2); 85-91.
2. Bagnasco A, Pezzi E, Rosa F, Fornonil L, Sasso L, 'Distraction techniques in children during venipuncture: an Italian experience' JPMH. 2012 March; 53(1): 44-8.
3. Bellieri CV, Cordelli DM, Rafaelli M, Ricci B, Morgese G, Buonocore G. Analgesic effect of watching TV during venipuncture. Arch Dis Child 2006; 91: 1015-1017.
4. Chambers CT, Taddio A, Uman LS, McMurty CM. Psychological interventions for reducing pain and distress during routine childhood immunizations: a systematic review. Clin Ther. 2009 September, 31 (2): S77-S103.
5. Cilebiuglou A, Kucukoglu S, Tufecki GF.Turkish children loved distraction; using kaleidoscope to reduce pain during venipuncture' JCN. 2009; 18(1): 2180-2187.
6. Downey LV, Zun LS. The impact of watching cartoons for distraction during painful procedures in the emergency department. Pediatr Emerg Care. 2012 Oct; 28(10): 1033-1035.
7. Hem HG, Polkki T, Pietla AM. Chinese nurses' use of non-pharmacological methods in children's pain relief. J Ad Nurs. 2005; 51: 335-342.
8. James J, Ghai S, Rao KLN, Sharma N. Effectiveness of Animated Cartoons as a distraction strategy on behavioural response to pain perception among children undergoing venipuncture' IJNM. July 2012; 8(3): 198-209.
9. Kennedy RM, Luhmann J, Zempsky WT. Clinical implications of unmanaged needle insertion pain and distress in children. Pediatrics 2008; 122-130.
10. Lobo MR, Umarani J. Cartoon Distraction Reduces Venipuncture Pain Among Preschoolers – a Quasi Experimental Study. IJSR June 2010; 2(6): 230-234.
11. Maccagno L. Pain control in children-are nurses doing enough? N Z Nurs J. 2009 July; 15(6): 16-18.
12. Migdal M, Chudzynska-Pomianowska E, Vause E, Henry E, Lazar, J. Rapid, needle-free delivery of lidocaine for reducing the pain of venipuncture among pediatric subjects. Pediatrics 2009; 115: 393-398.
13. Nouguchick K. Effectiveness of music distraction. Pediatr. Res. 2006; 122(1): 225-227.
14. Pourmovahed Z, salime T, Dehghani K, Yassine M. Comparative Study of the effect of Music Distraction and Emla Cream on Pain of the Children During Intravenous Cannulation. Iran J Nurs Midwifery Res. 2008 March; 21(55): 47-55.
15. Razaghi N, Givar A Tatarpoor P, Hoseini AF. Comparing the effect of two methods of touch and distraction on the intensity of pain related to venipuncture on children between 5-10 years. IJN. 2012; 25(77): 50-59.
16. Rogers TL, Ostrow CL. The use of EMLA cream to decrease venipuncture pain in children. J Pediatr Nurs. 2004; 19(1): 33-39.
17. Sadeghi T, Mohammadi, N, Shamshiri M, Bagherzadeh R, Hossinkhani N. Effect of distraction on children's pain druing intravenous catheter insertion. JSPN, 2013; 18: 109-114.
18. Sikorova L, Hrazdilova P. The effect of psychological intervention on perceived pain in children undergoing venipuncture. Czech Republic

biomed pap. 2011 June; 155(2): 149-154.

19. Srouji R, Ratnapalan S, Schneeweiss S. Pain in Children: Assessment and Nonpharmacological Management JSPN. April 2013; 18(2): 109-114.
20. Stevens BJ, Abbott LK, Yamada J, Harrison D, Stinson J. Children's Pain. Epidemiology and management of painful procedures in children in Canadian hospitals. CMAJ. 2011 Apr 19; 183(7): 34-38.
21. Taylor EM, Boyer K, Campbell FA. Pain in hospitalized children: a prospective cross-sectional survey of pain prevalence, intensity, assessment and management in a Canadian pediatric teaching hospital. Pain Res Manag. 2008 Jan-Feb; 13(1): 25-32.
22. Wang Z, Sun L, Chen A. The efficacy of non-pharmacological methods of pain management in school age children receiving venipuncture in a pediatric department: a randomized controlled trial of audiovisual distraction and routine psychological intervention. Swiss MEd Wkly 20 08; 138(39-40): 579-584.

Subscription Form

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

Subscription Rates:

- India: Institutional: Rs.3000, Individual: Rs.2700, Life membership (10 years only for individulas) Rs.27000.
- All other countries: $240

Name and complete address (in capitals):

Payment detail:
Demand Draft No.
Date of DD
Amount paid Rs./USD

1. Advance payment required by Demand Draft payable to Red Flower Publicaion Pvt. Ltd. payable at Delhi.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 10% discount.
4. Claim must be made within six months from issue date.

Mail all orders to
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India)
Tel: 91-11-22754205, 45796900, Fax: 91-11-22754205
E-mail: redflowerppl@vsnl.net, redflowerppl@gmail.com
Website: www.rfppl.co.in

Essential Nursing Competencies and its Learning Activities

IJSN
Volume 4, Number 3

Suchana Roy Bhowmik

Abstract

The Emergency Department is the dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to those in the community who perceive the need for or are in need of acute or urgent care including hospital admission. General medicine provides acute medical services for adults of all ages across a wide range of specialties including e.g., sickle cell disease, HIV/AIDS, infectious diseases, rheumatology, respiratory, neurology, blood disorders, Gastrointestinal disorders etc. The competencies emphasize the unique aspects of practice for the nurse practitioner in emergency care and the needs of the patients served-individuals, families, and populations across the lifespan.The domains ofcompetencieslike Management of Patient Health/Illness Status, Airway, Breathing, Circulation, Trauma care, and others like admission and transfer procedure etc are intended to supplement the core competencies for all nurse practitioners as well as population-focused nurse practitioner competencies, while providing a model for entry-level practice in emergency care. The domains of competencies in Medicine ward like personal care, patient assessment, medication administration, documentation, intravenous therapy, nutrition, working environment, safety of the environmentcan be intended to provide core competencies in general medicine ward. Presently, competency can be achieved through various pathways including a combination of successful academic course completion, continuing education course completion (e.g., advanced ECG interpretation), and on-the-job instruction (e.g., minor procedures, suturing). In the near future, advanced practice nurses will be afforded additional credentialing opportunities through which they can demonstrate their competency in a specialty area.

Keywords: Rheumatology; ECG; Intravenous Therapy; Hypertension.

Introduction

Competency focuses on one's actual performance in a situation. This means that competence is required before one can expect to achieve competency. Thus, competence makes one capable of fulfilling his/her job responsibilities. Competency is determined by comparing current work functioning with established performance standards developed in the work environment according to a specific role and setting. Competency is more than knowledge. It includes the understanding of knowledge, clinical, technical, and communication skills, and the ability to problem solve through the use of clinical judgment. Competence is the ability to perform a specific task, action or function successfully. By achieving competence and competency, one can expand his/her range of nursing skills and provide patients with confident care.

Essential Core competency is vital to the nursing profession. Such helps guarantee the high quality and effectiveness of delivered care and maintains the social value and status of the nursing profession. The core competency profile for the nursing profession embraces basic behavioral attributes as well as mastery of advanced practice skills. Education and healthcare systems should work closely together to promote the professional competence of nurses and to strengthen the value of the nursing profession.

Body of Content

Nursing competency is basic nursing performance requirement in a clinical setting and describes the capacity to integrate and apply skill, knowledge, and

Author Affiliation: Lecturer, Sinhgad College of Nursing, Narhe, Pune, Maharashtra-411041.

Correspondance: Suchana Roy Bhowmik, Lecturer, Sinhgad College of Nursing, S. No. 49/1, Off Westerly Bypass Highway Rd. Pune-Mumbai Expressway, Narhe, Pune-411 041 (Maharashtra)
E-mail: suchana.sioli@gmail.com

decision for a particular nursing task. Furthermore, it is possible to make actual observations of nursing competency, as it is a behavior that exhibits high performance results.

The improvement of nursing competency has an influence on the job satisfaction of nurses as well as qualitative patient care. Consequently, it is necessary to precisely confirm the nature of nursing competency to elicit successful nursing results and raise the nursing performance expectations of the hospital and the units.

In a hospital the Emergency Department is the dedicated area that is organised and administered to provide a high standard of Emergency care to those in the community who perceive the need for or are in need of acute or urgent care including hospital admission. A *medicine* ward in which patients are being treated by drugs rather than surgery. General medicine provides acute medical services for adults of all ages across a wide range of specialties including e.g. sickle cell disease, HIV/AIDS, infectious diseases, rheumatology, respiratory, neurology, blood disorders, Gastrointestinal disorders etc. The general medicine outpatient team work on both sites providing care to patients with a range of conditions including hypertension, stroke prevention and falls whilst also covering general medicine. Admissions from A&E generally are transferred to general medicine wards.

A Registered Nurse is able to provide safe and

Area		Competencies		Learning experience/ activities
	A.	**Management of Patient Health/Illness Status**		
Causality	**1.**	Triage of the patient	✍	Assessment skills as per priority based
	2.	Quick assessment	✍	Assessment of ABC and others
	3.	Quick and necessary history collection	✍	Skill of history collection
	4.	Response to the rapidly changing physiological status	✍	Evaluating changing vital signs and its interpretation
	5.	Assist in legal procedure	✍	Skills in proper documentation
	6.	Recognizes, collects, and preserves evidence as indicated	✍	Skills in recognizing legal point of view about the evidences
	7.	Interprets diagnostic tests, electrocardiograms, radiograph	✍	Skills in interpretation diagnostic tests, electrocardiograms, radiograph
	8.	Identify response to therapeutic intervention	✍	Indentifying the sign of improvement or deterioration
	9.	Accurate documentation	✍	Skills in systematic recording and reporting
	B.	**Airway, Breathing, Circulation**		
	1.	Skilled in CPR	✍	Skills in initiating and perform CPR
	2.	Maintenance of airway, assist in endotracheal intubation	✍	Skills in applying airway, keeping ready intubation tray, assisting in intubation
	3.	Oxygen administration	✍	Skills in administration of oxygen via various method
	4.	Nebulization	✍	Proper Nebulization techniques
	5.	Collecting ABG by direct puncture	✍	Skills in collecting ABG with all precautions
	6.	Interpret ABG analysis and SPO2	✍	Indentify any changes in ABG analysis report or deviation in SPO2
	7.	Expertise in Intra venous cannulation	✍	Skilled in insertion of IV cannulation and administering fluid
	C.	**Skin and Wound Care Procedures**		
	1.	Performs skin closures	✍	Skills in suturing of skin closure
	2.	Debridement of wound	✍	Indentifying the need of debridement and able to perform it in emergency
	3.	Dressing	✍	Able to carry out dressing as per the type of wound
	4.	First aid for external bleeding	✍	Able to indentify signs of external bleeding able to give first aid for various types of external bleeding
	5.	Bandaging	✍	Skills in applying types of bandaging as per the need of the patient
	D.	**Trauma care**		
	1.	Quick GCS assessment	✍	Assess the GCS quickly and able to interpret the findings

2.	Able to apply traction and splint	✍ Skills in assisting in application of traction and skills in applying splint
3.	Bivalves/removes casts.	✍ Skills in assisting in removal of casts and keeping ready articles for it.
4.	Measures compartment pressure.	✍ Identify the signs and symptoms of Compartment pressure and able to carry out measures of it.
E.	**Others**	
1.	Removes foreign bodies	✍ Skills in identifying the foreign body and able to remove it with appropriate measures
2.	Handling relatives	✍ Able to handle with furious relatives with proper counselling and communication
3.	Counselling relatives and patient in grief	✍ Able to perform proper counselling and managing relatives in death of patient
4.	Assisting in various invasive procedures (e.g. Lumbar puncture, thoracenthesis etc)	✍ Skills in assisting in various invasive procedure and able to prepare the trays as per the procedure
5.	Admission and transfers	✍ Proper record keeping for admission procedure and able to identify the need of transfer and able to carry out the transfer procedure

Area	Competencies	Learning activities/Experiences
Medicine ward	**1. Personal Cares**	Skilled in various personal hygiene care like sponge bath, assisted bath, hair care, eye care etc
	2. Patient Assessment	
	◆ Head to toe examination	Skills in steps of physical assessment of the various system
	◆ Neurological assessment	Skills in GCS assessment and other neurological assessment
	◆ Respiratory rate monitoring	Skill in respiratory and pulse monitoring along with other associated sign and symptoms
	◆ Pulse rate monitoring	
	◆ Blood pressure monitoring	Skill in checking BP with various instruments or methods
	◆ SPO2 monitoring	Skill in attaching and monitoring SPO2
	◆ Early Warning Score	Skill full in identifying early warning signs
	◆ Height & weight	Skill in taking height and weight
	◆ Blood glucose monitoring	Skill in monitoring blood glucose with the help of glucometer
	◆ Pressure area risk	Assessment of pressure area and risk of bed sore development
	◆ Falls risk	Identifying fall risks and taking necessary measures to prevent fall
	◆ **Medication administration**	◆ Skills in administering drugs in various route of drug administration
	◆ **Documentation**	◆
	◆ Admission , transfer and discharge. Fluid balance other records	◆ Able to admit, discharge and transfer of the patient with proper channel and able to enter in the register ◆ Maintaining intake and output chart with proper calculation and maintaining proper records for various actions taken for patient care
	5. Intravenous Therapy	
	◆ Care of peripheral IV line	◆ Able to assess the condition of peripheral cannula able to take care of it.
	◆ Removal of peripheral IV line	◆ Assess the need of removal of cannula able to take care after removal
	◆ Phlebitis score	◆ Assess the phlebitis signs and symptoms able to score it
	6. Nutrition	◆
	◆ NGT insertion, feeding, removal	◆ Skills in inserting the ryle's tube, feeding skills and able to remove it properly with out any adverse effect.
	◆ Enteral feeding	◆ Skills in Enteral feeding
	◆ Altered swallowing	◆ Able to assess and feed in other mean for the patient who needs assistant.
	2. Working Environment	
	◆ Isolation procedure	◆ Identify the patient who needs isolation and able to carry out isolation precautions.
	◆ Forming therapeutic relationship	◆ Skills in improving communication and maintaining IPR

◆ Confidentiality	◆ Able to maintain confidentiality of the findings and patient disease condition
◆ Working within a team	◆ Maintaining good IPR with all the health care team to achieve health goal of the patient.
7. Safety of the environment	
◆ Suction set up	◆ Able to assess the functioning of the suction apparatus
◆ Bed making	◆ Skills in making bed as per the need of the patient
◆ Resuscitation trolley checks	◆ Checking all the articles in the trolley for its working condition and its adequacy

effective care for patients, considered to have three components, educational outcomes (or knowledge) psychomotor skills and attitude/behaviours among Registered nurses.

The competencies emphasize the unique aspects of practice for the nurse practitioner in emergency care and medicine ward and the needs of the patients served— individuals, families, and populations across the lifespan.

The following competencies are intended to supplement the core competencies for all nurse practitioners as well as population-focused nurse practitioner competencies, while providing a model for entry-level practice in emergency care and the medicine ward.

Conclusion

The registered nurse has vast body of knowledge relating to acute and chronic illness and injury as well as simple and complex skills. These competencies emphasize the unique aspects of practice for the nurse practitioner in emergency care and the needs of the patients served— individuals, families, and populations across the lifespan.

Presently, competency can be achieved through various pathways including a combination of successful academic course completion, continuing education course completion (e.g., advanced ECG interpretation), and on-the-job instruction (e.g., minor procedures, suturing).

In the near future, advanced practice nurses will be afforded additional credentialing opportunities through which they can demonstrate their competency in a specialty area.

References

1. Kathryn Schroeter, PhD, (2008).Competence Literature Review. Retrieved from *www.cc-institute.org.*
2. Australasian College for Emergency Medicine (2001), Policy Document – Standard Terminology.
3. Debra Thoms,Transition to Emergency Department (ED) Nursing Project, (2002) Retrieved from http://www.health.nsw.gov.au/nursing/projects/Documents/transition-ed-rptfeb08.pdf.
4. Hu Li Za Zhi. Essential professional core competencies for nurses 2010 Oct; 57(5): 12-7.
5. International Council of Nursing. An implementation models for the ICN framework of compentencies for generalist nurse. Standards and competencies series (2nd ed.). Geneva: ICN. (2003).
6. B. Campbell & G. Mackay, "Continuing competence: An Ontario nursing regulatory program that supports nurses and employers", Nursing admission Quartey, (2001); 25(2): 22-30.
7. K. Sue Hoyt,et al,Competencies for Nurse Practitioners in Emergency Care. Emergency Nurses Association, (2008). Retrieved from http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies.
8. National Organization of Nurse Practitioner Faculties (NONPF). (1995-2006). Domains and core competencies of nurse practitioner practice. Retrieved December 21, 2009, from http://www.nonpf.com/displaycommon.cfm?an=1&subarticlenbr=14.
9. English Dictionary:Pioneers in dictionary.

IJSN
Volume 4, Number 3

Apotemnophilia- "Love of Amputation"

S. Muniyandi

Abstract

Apotemnophilia, also known as body integrity identity disorder or amputee identity disorder, is most likely a neurologic disorder in which a person has the overwhelming desire to amputate healthy parts of their body. In extreme cases, sufferers amputate their own limbs or ask others to do this for them. Because few surgeons are willing to amputate healthy limbs, patients often attempt to irrevocably damage the limb in question themselves, necessitating formal amputation. After amputation, most report to being happy with their decision. Apotemnophilia is thought to be related to right parietal lobe damage, as the disorder has features in common with somatoparaphrenia, a type of monothematic delusion secondary to parietal lobe injury where the afflicted person denies ownership of a limb or an entire side of one's body. The major problem in providing treatment is that most people with apotemnophilia do not seek professional treatment for their condition. Cognitive behavioral and aversion therapies have been tried.

Keywords: Apotemnophilia; Amputation; Parietal Lobe Injury.

Introduction

Apotemnophilia or body integrity image disorder. In this disorder, otherwise sane and rational individuals express a strong and specific desire for the amputation of a healthy limb or limbs. Most date this desire to their childhood and not uncommonly the sufferer will attempt to obtain amputation of the specific limb. As few surgeons are willing to amputate healthy limbs, this often means that the patient themselves will attempt to irrevocably damage the limb in question, thus necessitating formal amputation. After amputation most report to being happy with their decision and often state, paradoxically, that they are 'complete' at last The disorder has long been regarded as being purely psychological in origin It has been argued that it might be a 'cry for attention' or a sexual paraphilia although why it should take this particular form is not clear. Others have proposed that seeing an amputee at a young age has caused this to be somehow 'imprinted' onto the sufferer's psyche as the 'ideal body image'. Bizarrely, it has even been suggested that the supposed phallic resemblance of an amputee's stump is the underlying motivator.

Author Affiliation: Assistant Professor, Kasturba Nursing College Sevagram, Wardha Maharashtra - 442102.

Correspondance: S. Muniyandi, Assistant Professo, Kasturba Nursing College Sevagram, Wardha Maharashtra - 442102.
E-mail: muniyandi4u@gmail.com

Types

Bruno has identified three groups within the larger community of people obsessed with amputation:

- "*Pretenders*" use wheelchairs, crutches and other devices to make people think they are disabled.
- "*Devotees*" are sexually attracted to people with amputations and disabled people, and will often search for them on the Internet.
- "*Wannabes,*" who get the most attention, live for the removal of their healthy limbs.

John Money, a psychologist and sexuality expert at Johns Hopkins University in Baltimore, gave the disorder its name in 1977 and declared that people with the disorder have a sexual fetish centered on amputated limbs. Apotemnophilia has also been linked to obsessive-compulsive disorder and homosexuality.

Causes

- Psychologically based condition in which an individual has a fantasy of having a missing limb. Because of this fantasy, an individual may opt to have a voluntary amputation in order to achieve this ideal image of themselves. This idealized notion of having a missing limb is persistent and often times will preoccupy the

individual seeking the amputation

- Right parietal lobe damage
- Abnormalities in the prefrontal cortex
- Congenital dysfunction of the right superior parietal lobule and its connection with the insula to form a coherent sense of body image

Management

Cognitive and behavior therapy to modified to change patterns of behavior and fetishes Aversion therapy Aversive conditioning to deviant sexual fantasies include training in social skills that may help maintain the deviant sexual arousal and behavioral patterns.

References

1. http://the-gist.org/2011/07/body-integrity-image-disorder-neurological-and-psychological-theories-to-explain-the-desire-for-amputation/
2. https://406error.wordpress.com/tag/apotemnophilia/
3. http://scholar.google.co.in/scholar?q=apotemnophilia+management+and+treatment&hl
4. https://en.wikipedia.org/wiki/Apotemnophilia
5. www.biid.org/apotemnophilia.

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 figures/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: 91-11-22754205, 45796900, Fax: 91-11-22754205, E-mail: redflowerppl@vsnl.net. Website: www.rfppl.co.in**

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, Figures, Figure 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. p. 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 (Figures)

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 figure instead of to the side.

Original color figures 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.

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.
- Key words 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 figures

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

Subject Index

Author Index

Indexing information page of Index Copernicus

Revised Rates for 2016 (Institutional)

Title	Frequency	Rate (Rs): India	Rate ($):ROW
Dermatology International	2	5000	500
Gastroenterology International	2	5500	550
Indian Journal of Agriculture Business	2	5000	500
Indian Journal of Anatomy	3	8000	800
Indian Journal of Ancient Medicine and Yoga	4	7500	750
Indian Journal of Anesthesia and Analgesia	2	7000	700
Indian Journal of Anthropology	2	12000	1200
Indian Journal of Biology	2	4000	400
Indian Journal of Cancer Education and Research	2	8500	850
Indian Journal of Communicable Diseases	2	8000	800
Indian Journal of Dental Education	4	4500	450
Indian Journal of Forensic Medicine and Pathology	4	15500	1550
Indian Journal of Forensic Odontology	2	4500	450
Indian Journal of Genetics and Molecular Research	2	6500	650
Indian Journal of Law and Human Behavior	2	5500	550
Indian Journal of Library and Information Science	3	9000	900
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	9000	900
Indian Journal of Medical & Health Sciences	2	6500	650
Indian Journal of Obstetrics and Gynecology	2	7000	700
Indian Journal of Pathology: Research and Practice	2	11500	1150
Indian Journal of Plant and Soil	2	5500	550
Indian Journal of Preventive Medicine	2	6500	650
International Journal of Food, Nutrition & Dietetics	2	5000	500
International Journal of History	2	6500	650
International Journal of Neurology and Neurosurgery	2	10000	1000
International Journal of Political Science	2	5500	550
International Journal of Practical Nursing	3	5000	500
International Physiology	2	7000	700
Journal of Animal Feed Science and Technology	2	4100	410
Journal of Cardiovascular Medicine and Surgery	2	9100	910
Journal of Forensic Chemistry and Toxicology	2	9000	900
Journal of Microbiology and Related Research	2	8000	800
Journal of Orthopaedic Education	2	5000	500
Journal of Pharmaceutical and Medicinal Chemistry	2	16000	1600
Journal of Practical Biochemistry and Biophysics	2	5500	550
Journal of Social Welfare and Management	4	7500	750
New Indian Journal of Surgery	2	7100	710
Ophthalmology and Allied Sciences	2	5500	550
Otolaryngology International	2	5000	500
Pediatric Education and Research	4	7000	700
Physiotherapy and Occupational Therapy Journal	4	8500	850
Urology, Nephrology and Andrology International	2	7000	700
SUPER SPECIALITY JOURNALS			
Indian Journal of Emergency Medicine	2	12000	1200
Indian Journal of Surgical Nursing	3	5000	500
Indian Journal of Trauma & Emergency Pediatrics	2	9000	900
International Journal of Pediatric Nursing	2	5000	500
Journal of Community and Public Health Nurisng	2	5000	500
Journal of Geriatric Nursing	2	5000	500
Journal of Medical Images and Case Reports	2	5000	500
Journal of Nurse Midwifery and Maternal Health	2	5000	500
Journal of Organ Transplantation	2	25900	2590
Journal of Psychiatric Nursing	3	5000	500
Psychiatry and Mental Health	2	7500	750
OPEN ACCESS JOURNALS			
Global Research in Engineering		5000	500
Global Research in Food and Nutrition		5000	500
Global Research in Library and Information Science		5000	500
Global Research in Medical Sciences		5000	500
Global Research in Space Science		5000	500

Terms of Supply:

1. Advance payment required by Demand Draft payable to Red Flower Publicaion Pvt. Ltd. payable at Delhi.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 10% discount.
4. Claim must be made within six months from issue date.

Order from

Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India), Tel: 91-11-22754205, 45796900, Fax: 91-11-22754205. E-mail: redflowerppl@vsnl.net, redflowerppl@gmail.com, Website: www.rfppl.co.in