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Volume 2Number 2
July – December 2021

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Original Article

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Descriptive Study to assess the Perceived Stress Level during COVID - 19 Pandemic Crisis among Student Nurses in Selected Nursing College, Amritsar

Vijayalakshmi

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Abstract

Context: The corona virus disease-19 pandemic has rapidly become the most significant public health crisis of 21st century. Covid-19 has impacted nursing students distressfully due to the drastic changes in routine life like cancelation of classroom teaching and practical training, adjustment problems with online classes and anxiety about future.***Aims:*** To evaluate the perceived stress level of student nurses during Covid-19 pandemic crisis.***Methods and material:*** The research approach was quantitative approach and descriptive research design. The samples of 50 student nurses were selected by using convenient sampling technique from selected nursing college, Amritsar. The tool used was standardised Perceived Stress Scale-10 (PSS-10) developed by Sheldon Cohen, Kamarck T and Mermelstein R in 1988. The tool was administered to participants by self-administered method and data was collected.***Statistical analysis used:*** Collected data were coded, tabulated and analysed by descriptive and inferential statistics.***Results:*** Results of the level of Perceived Stress during COVID-19 pandemic crisis among student nurses revealed that majority 43(86%) had moderate stress followed by few 4(8%) had high stress and very few 3(6%) had low stress with average mean and SD of 20.66±4.079. The findings showed that student nurses residential area under hot spot during COVID 19 pandemic crisis and nursing class pursuing was found statistically significant association with level of perceived stress among student nurses at $p<0.05$ level of significance.***Conclusions:*** Based on statistical findings the study concluded that perceived stress level during COVID-19 pandemic crisis is moderate among student nurses.

Keywords: Perceived stress; COVID-19 pandemic crisis; Student Nurses.

Introduction

The Corona virus disease (COVID-19) pandemic which began in China in December2019 and spread around the world, had declared as public health emergency of international concern.[1] COVID-19 pandemic crisis had led to lot of pressure and stress over students due to suspension of in person teaching and adjustment problems with online classes.[2] This research was carried out especially for nursing students to encounter the pandemic process for the first time and not to engage in clinical practices in which they develop practical skills. Drastic changes in routine led to markedly increased stress in student nurses.

Statement of the Problem

Descriptive study to assess the perceived stress level during COVID-19 pandemic crisis among student nurses in selected nursing college, Amritsar.

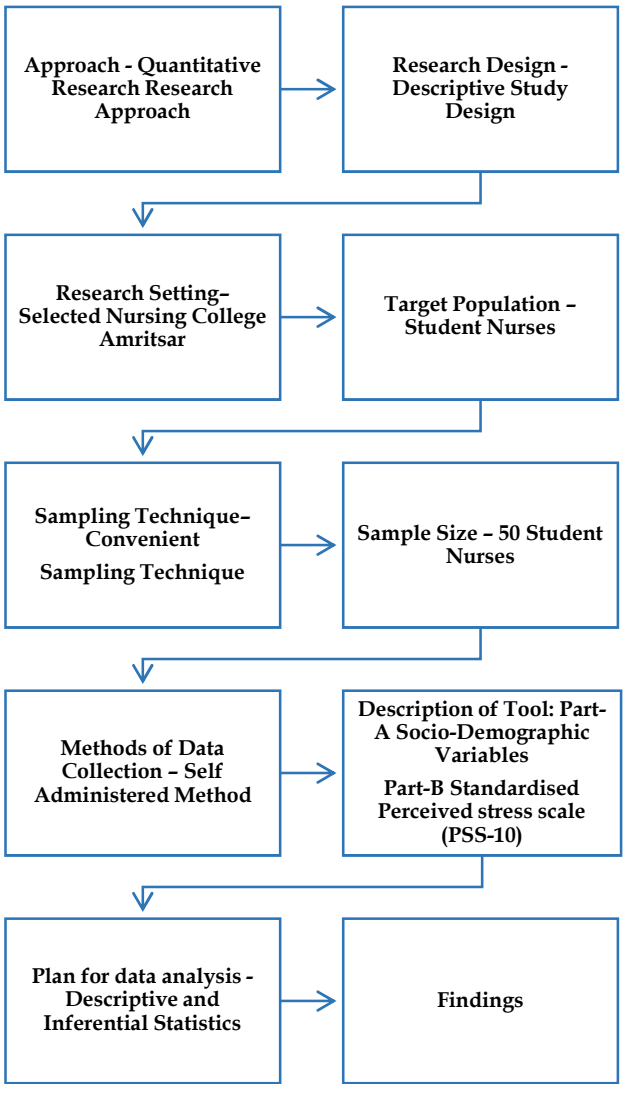
Objectives

- To find demographic variables of student nurses.
- To assess the perceived stress level of students nurses during COVID-19 pandemic crisis.
- To find the association between perceived stress level during COVID-19 pandemic crisis and selected demographic variables of student nurses.

Research Hypothesis

H1:There will be a significant association between perceived stress level during COVID-19 pandemic crisis and selected demographic variables of student nurses**.**

Methods and Material



Research Approach

Research approach is plans and procedures for research that span the steps from broad assumption to detailed methods of data collection analysis and interpretation. The research approach used in this study is integrated approach both qualitative and quantitative.

Research Design

The research design refers to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, in order to effectively address the research problem. The research design used in this study is based on descriptive design.

Research Setting

The research setting can be seen at the physical, social and cultural site in which the researcher conducts the study. The present study is conducted in the SBS institute of nursing, Sohian Kalan, Amritsar, Punjab.

Study Population

In research terminology the target population can be explained as comprehensive group of individuals, institutions, objects and so forth with have common characteristics that are the interest of a researcher for the present study, the target population of this study is BSC (N) students of S.B.S Institute of Nursing.

Sampling Technique

Sampling is a method that allows researchers to refer information about a population based on results from a subset of the population. In this study convenient sampling technique was used to select the sample.

Sample and Sample Size

Sample is a smaller version of the entire population that your dissertation research is about. Sample size is the number of subjects in your study. The sample size of this study is 50 student nurses.

Sampling criteria

Inclusion criteria

- Student who is pursuing B. Sc. Nursing.
- Students who are available during data collection.
- Students who is willing to participate for this dissertation.

Exclusion criteria

- Student nurses from other courses were not included in the study.

Description of Tool

Part A: Socio-demographic variables: It consist of 9 items for obtaining information from student nurses such as age, gender, religion, family income, area of residence, type of family, Hotspot areas,nursing class pursuing and mitigation measures.

Part B: Standardized Perceived Stress Scale (PSS-10) was used for this study. PSS-10 was developed by Sheldon Cohen, Kamarck T and Mermelstein R (1988).[3] It is used to measure degree to which individual appraises situations in their lives as stressful. The perceived Stress scale is the most widely used psychological instrument for measuring perception of stress of last month. The scale also includes a number of direct queries about current level of experienced stress.

Scoring of PSS-10

Stress among student nurses were measured using a previously validated (Cronbach's and Coefficient of internal consistency) Standardized Perceived stress scale.[3] The scale yielded a single score, with high score indicating higher level of stress and lower level indicating lower level of stress. First reverse your score for questions 4, 5,7and 8.On these 4 questions change the score like 0=4, 1=3, 2=2, 3=1 and 4=0.

Scores ranging from

- 0 - 13 Low stress
- 14 - 26 Moderate stress
- 27 - 40 High stress

Standardized PSS-10 reliability score is 0.82. The scale is highly reliable for doing research.

Data Collection Procedure

The data collection was done in the month of January 2021, at selected nursing college, Amritsar, Punjab. Written permission was taken from the Principal of selected nursing college to conduct the study. Before the data collection a formal written consent was taken from the students and purpose of study was explained. Confidentiality and anonymity was maintained and used only for research purposes. As a sample for the study 50 student nurses were selected by using convenient sampling technique. Data was collected by self-administered using socio-demographic variables and standardized Perceived Stress Scale (PSS-10).

Method of Data Analysis

Collected data were coded, tabulated and analysed by using descriptive and inferential statistics. Data were put to statistical inferences by using SPSS software package.

Results

Findings Related to Demographic Variables of Student Nurses:

- Findings Related To Demographic Variables of Student Nurses
- According to their age majority 37 (74%) were in 19-21 years and 13 (26%) were in 21-23 years of age.
- Data on gender of student nurses showed that maximum 38 (76%) were male students and 12 (24%) were female students.
- With regard to religion of student nurses majority 24 (48%) belongs to Sikh religion, 14 (28%) belongs to Hindu and 12 (24%) belongs to Muslim.
- According to monthly family income of student nurses majority 15 (30%) had income of Rs. 11000-15000, 14 (28%) had income of up to Rs. 10000, 12 (24%) had income of Rs. 21000 and above and 9 (18%) had income of Rs. 16000-20000.
- Data on type of family of student nurses 37 (74%) were living in nuclear family and 13(26%) were living in joint family.
- With regard to area of residence of student nurses showed that majority 20 (40%) were residing urban area, 17 (34%) were residing in rural area and 13 (26%) were residing in hostel.
- According to students residential area majority 32 (64%) of students residential area was not under hot spot during COVID 19 pandemic period and 18 (36%) students residential area was under hot spot during COVID 19 pandemic period.
- Data on students following all utilization measures during COVID 19 pandemic period majority 18 (36%) very often follows, 13 (26%) fairly often follows, 13 (26%) sometimes follows, 3 (6%) almost never follows and 3 (6%) never follows all utilization measures during COVID 19 pandemic period.
- According to nursing class pursuing revealed that majority 28 (56%) of students were studying in B. Sc (N) 3rd year and 22 (44%) of students were studying in B.Sc (N) 2nd year.

Findings Related to Level of Perceived Stress during Covid-19 Pandemic Crisis among Student Nurses

Results of the level of Perceived Stress during COVID-19 pandemic crisis among student nurses revealed that majority 43(86%) had moderate stress followed by few 4(8%) had high stress and very few 3(6%) had low stress with average mean and SD of 20.66±4.079.

Findings related to association between levels of perceived stress during covid-19 pandemic crisis among student nurses with their selected demographic variables.

The association between level of perceived stress during COVID-19 pandemic crisis among student nurses with selected demographic variables which was tested by using chi-square test. Results revealed that students residential area under hot spot during COVID 19 pandemic crisis and nursing class pursuing was found statistically significant association with level of perceived stress among student nurses at $p<0.05$ level of significance. The other demographic variables such as age, gender, religion, monthly family income, type of family, area of residence and students following all mitigation measures during COVID 19 pandemic crisis was not found statistically significant association with level of perceived stress among student nurses.

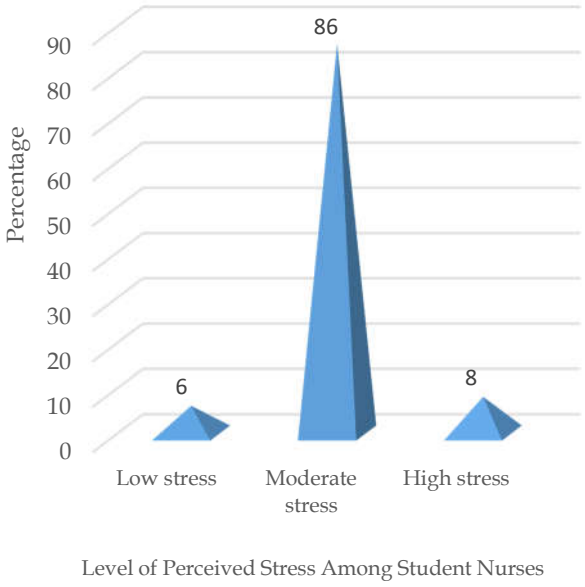


Fig. 1: Distribution of level of perceived stress during COVID 19 pandemic crisis among student nurses.

Table 1: Frequency and percentage distribution of demographic variables. N=50

Demographic variables	Frequency (f)	Percentage (%)
Age in years		
19-21 years	37	74
21-23 years	13	26
Gender		
Male	12	24
Female	38	76
Religion		
Hindu	14	28
Muslim	12	24
Sikh	24	48
Christian	0	0
Monthly family income (Rs)		
≤ 10000	14	28
11000-15000	15	30
16000-20000	9	18
≥ 21000	12	24
Type of family		
Nuclear	37	74
Joint	13	26
Area of residence		
Rural	17	34
Urban	20	40
Hostel	13	26
Residential area under hot spot during COVID 19 pandemic period		
Yes	18	36
No	32	64
Following all utilization measures during COVID 19 pandemic		
Never	3	6
Almost never	3	6
Sometimes	13	26
Fairly often	13	26
Very often	18	36
Nursing class pursuing		
B. Sc (N) 2nd year	22	44
B. Sc (N) 3rd year	28	56

Table 3: Association between levels of perceived stress during COVID 19 pandemic period among student nurses with selected demographic variables. N=50

Demographic variables	Level of stress			Chi value	DF	p value
	Low	Moderate	High			
Age in years						
19-21 years	1	33	1	2.749	2	0.253NS
21-23 years	2	10	3			
Gender						
Male	0	12	0	2.570	2	0.277NS
Female	3	31	4			
Religion						
Hindu	1	13	0	2.949	4	0.566NS
Muslim	0	11	1			
Sikh	2	19	3			
Christian	--	--	--			

Table cont....

Monthly family income (Rs)						
≤ 10000	0	12	2	3.262	6	0.775^{NS}
11000-15000	1	13	1			
16000-20000	1	7	1			
≥ 22000	1	11	0			
Type of family						
Nuclear	1	32	4	3.988	2	0.136^{NS}
Joint	2	11	0			
Area of residence						
Rural	2	2	13	2.559	4	0.634^{NS}
Urban	1	1	18			
Hostel	0	1	12			
Residential area under hot spot during COVID 19 pandemic period						
Yes	3	15	0	7.607	2	0.022*
No	0	28	4			
Following all utilization measures during COVID 19 pandemic						
Never	0	0	3	7.177	8	0.518^{NS}
Almost never	0	0	3			
Sometimes	0	2	11			
Fairly often	0	1	12			
Very often	3	1	14			
Nursing class pursuing						
B. Sc (N) 2nd year	3	19	0	6.962	2	0.031*
B. Sc (N) 3rd year	0	24	4			

*** Significant NS-Non significant**

Discussion

The findings are supported by a crosssectional study conducted by Imran Aslan et. al., (2020) to explore perceived stress among 358 undergraduate students in Turkey during COVID-19 pandemic. The measurements used in the study were the Generalized Anxiety Disorder 7item scale, Patient Health Questionnaire, Satisfaction with Life Scale, Perception of COVID Impact on Student Well-Being, Perceived Stress Scale (PSS-10), Physical Activity Scale, and a socio demographic survey. Students reported high perceived stress, mild generalized anxiety, and low satisfaction with life. Female and physically inactive students had higher PSS-10 levels.[4]

Conclusion

Based on statistical findings the study concluded that perceived stress level during COVID-19 Pandemic Crisis is moderate among student nurses.

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Review Article

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Schistosomiasis

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Abstract

Schistosomiasis, also known as snail fever, bilharzia, bilharziasis and Katayama fever is a disease caused by parasitic flatworms called genus schistosomes that can cause acute and chronic infection. Schistosomiasis is the second most prevalent tropical disease in the world; Malaria is the first. Theodore Bilharz identified the parasite Schistosoma hematobium in Egypt in 1851. The disease is found mainly in developing countries in Africa, Asia, South America, the Middle East, and the Caribbean and is considered one of many tropical diseases that can be soiltransmitted (or watertransmitted). Many symptoms of schistosomiasis infection frequently include fever, blood in stools or urine, and abdominal discomfort. Chronic schistosomiasis often produces complications in various organ systems (for example, the gastrointestinal system, urinary system, heart, and liver). Currently, there is no vaccine available for schistosomiasis. Preventive treatment, which should be repeated over a number of years, will reduce and prevent morbidity.

Keywords: Parasitic; Morbidity; Bilharzia; Schistosomiasis; Complications; Snail Fever; Chronic Infection.

Introduction

Schistosomiasis is an acute form of freshwater disease caused by parasitic flatworms Schistosomes. This is otherwise known as Bilharzia or Snail fever. Schistosomiasis is considered to be one of the neglected tropical diseases (NTDs). Worldwide over 75 countries were reported with schistosomiasis. It is one of the most devastating disease occurs second only to Malaria. The common biological factor in schistosomal infection in India is the freshwater snails. It can be acute and chronic. In chronic infection, different parts of the body such as the lungs, the nervous system and the brain gets affected as the parasites travel through blood vessels.

Etiology

The following are the most common human infective parasites.

Schistosoma mansoni
S. haematobium
S. japonicum.
Schistosoma mekongi
Schistosoma guineensis and related S. intercalatum

High-Risk Groups

People involved in agricultural, domestic, occupational, fishermen and recreational activities

are more vulnerable to infest with parasites Swimming or fishing in infested water affects school aged children and make them more vulnerable to infection.People using unclean water during daily living.

Incubation Period: 4-6 weeks from the time of infection.

Epidemiology

More than 200 million people are infected worldwide. Tropical and subtropical areas are mainly affected by Schistosomiasis. The peoples living in poor communities without access to safe drinking water and adequate sanitation are mostly affected.

Schistosmiasis infection are prevalent in southern and sub-Saharan Africa, South America and Parts of Southeast Asian countries.

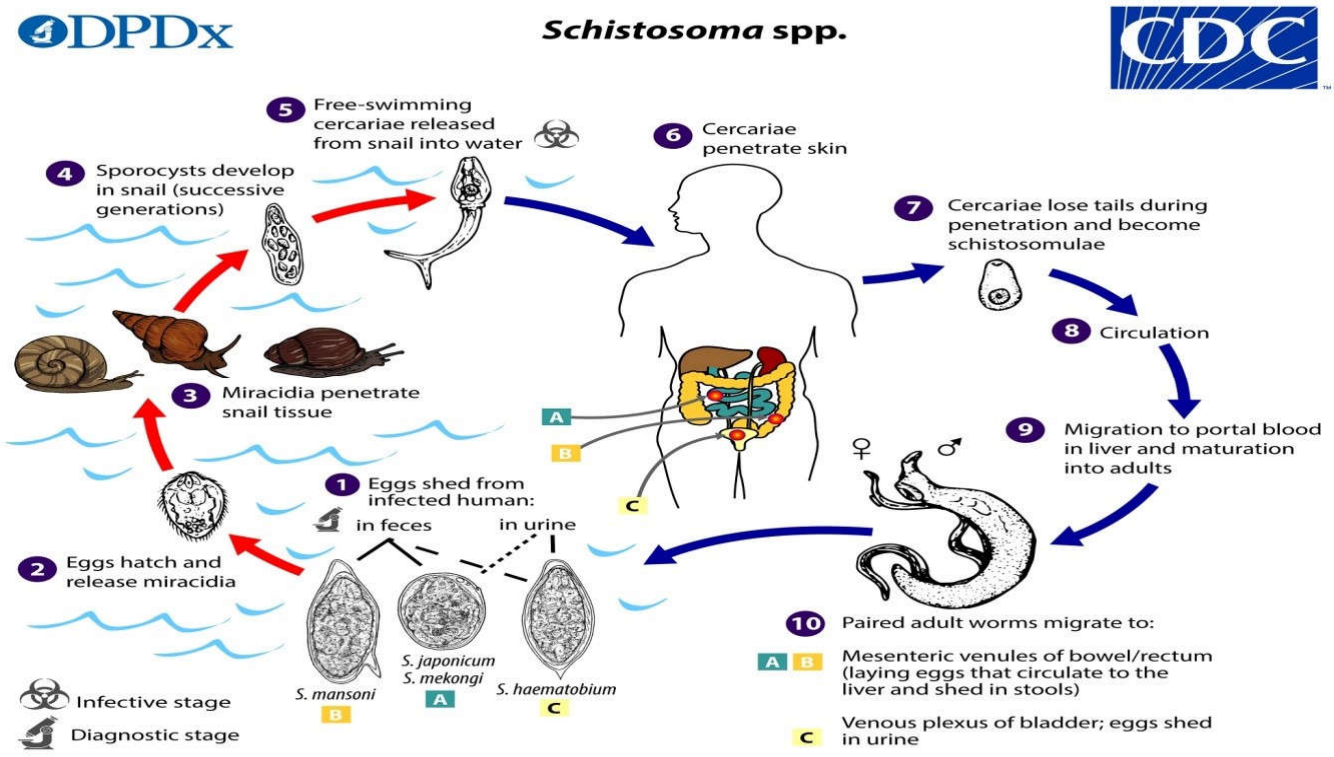

Fig. 1: Infection and Transmission (**Source:** https://www.cdc.gov/parasites/ schistosomiasis/biology.html).

Infection and Transmission

World Health Organisation reported that the direct contact with fresh contaminated water where the snails are living leads to infection. Infected individuals release Schistosoma eggs into water via their fecal material or urine. These eggs hatch larvae which infects the freshwater snails. The cercariaea infective form of the fluke emerge from the snails can survive for up to 48 hours. Once a human host found it enters through the skin and remains in the blood vessels for several weeks and develops into adult worms. When the worms are mature, mating occurs and eggs are produced. Eggs enter the lungs, liver and then to bladder, intestine or both. Worms are excreted through urine and feces and the cycle starts again.

Forms of Schistosomiasis

- Intestinal
- Urogenital

Signs and Symptoms

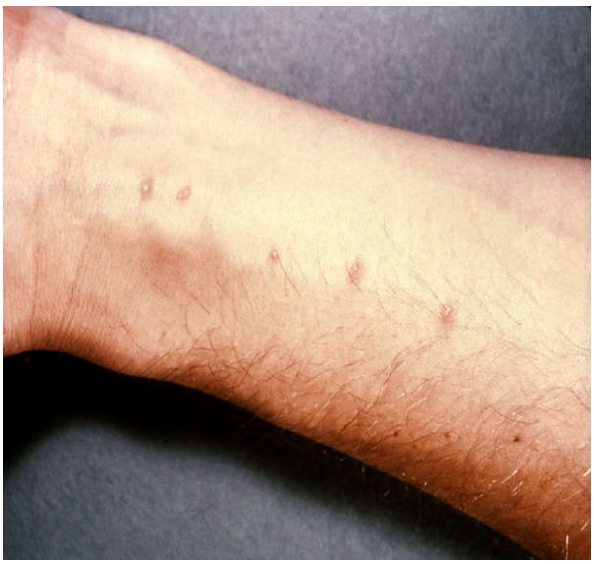

Fig. 2: Skin blisters on the forearm, created by the entrance of Schistosoma parasites.

Initial symptoms - general feeling of illness

Within 12 hours of infection -"swimmer's itch" develops- a tingling sensation or light rash due to irritation at the point of entrance. It is itchy. Cercariaeappears as small, itchy maculopapu -lar lesions.

2-10weeks later - Symptoms are caused by the body's reaction to the eggs. Acute infection develops mainly the Katayama fever, aching, a cough, eosinophilia, diarrhea, chills, or gland enlargement, abdominal pain, hematuria. Infection can affect the liver, the spleen, the lungs, the spinal cord, the brain, intestines, the urinary system and increasing the risk of bladder cancer. Children who are repeatedly infected may develop Anemia, malnutrition, and learning difficulties.

Enlargement of both the liver and the spleen also develops.

Seizures, paralysis, or spinal cord inflamma -tion develops if eggs migrate to the brain or spinal cord. Occasional embolic egg granulo -mas in brain or spinal cord occurs with S. haematobium schistosomiasis.

Complications

- Liver enlargement
- Fibrosis of the bladder and ureter
- Kidney damage
- Bladder cancer
- Liver and kidney failure
- Infertility.

Diagnosis

- Stool examination Identifies S. mansoni or S. japonicum eggs in the stools.
- Urine examination done for S.haematobium infection.
- Microscopic identification of eggs in stool or urine also done.
- Antibody detection can be useful to identify schistosome infection in people who have travelled to areas where schistosomiasis is common.

Prevention

- Avoiding drinking or contact with contaminated water in areas where schistosomiasis is common.
- Safe water, improved sanitation, hygiene education, and snail control

Treatment

- Praziquantel and Oxamniquine are the most effective drugs used for schistosomi -asis.
- Praziquantel is the most effective and preferable drug. For treating schistosomias –is Praziquantel is administered by mouth as a single dose annually.

Conclusion

Schistosomiasis or Bilharziosis is one of the neglected tropical disease (NTDs)of the world. Poorest population are primarily got affected. As it is the public health concern, in developing countries education needs to be improved to the population.

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Case study

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Accidental Acetaminophen Poisoning: Case Study

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Abstract

Acetaminophen (Paracetamol) is one of the most commonly used drugs available in tablet and liquid form both over the counter and on prescription all over the world. The commonly available strength in liquid are 120 mg/5 ml and 250 mg/5 ml. In hectic world, even with advanced technology still accidental poisoning in children is common and current management facilities makes to increase survival rate and reduce fatality. We reported case of child with accidental ingestion of paracetamol 30ml (250mg /5ml) with clinical signs of vomiting and abdominal pain. The line of management given as per guidelines saved the life of child and instructed to come for follow-up after 14 days. The pediatric nurse and health workers should emphasis in providing adequate information related to child care, first aid management and safety makes to prevent childhood mortalities.

Keywords: Paracetamol; Accident; Ingestion; Poisoning; Child care.

Introduction

Poisoning in children is a life threatening aspect among pediatric emergencies. It is a common and preventable cause of morbidity and mortality in early and middle child hood group of children.[1] The analgesic and antipyretic properties of Acetaminophen (paracetamol) were first described in 1893.[2] It had been shown to be an efficient antipyretic from 1956 and since 1960, it has been widely available as a non-prescription drug, with a therapeutic profile that reflects widespread safety and efficient. The paracetamol is the foremost frequently used over-the counter medicine and well tolerated through therapeutic doses in discrimination of any age groups.[3]But it's one of the foremost common drugs in infants and children accidentally can ingest. The poisoning may be intentional self-poisoning, accidental pediatric ingestion and infusion to repeated supra therapeutic dose of paracetamol.[4]

Background

In 1984, Rumack described a cohort of 417 children, aged 5 years or younger, who had ingested potentially toxic amounts of paracetamol. Only three children had altered liver enzymes and every one recovered with treatment and no fatalities within the cohort.[5]According to U.S. poison control centers (2019) reported that, 37.4 poison exposed children were younger than 6 years/1000 with peak frequency between in one and twoyearold's; although poisoning in teens and adults were more serious. Across all ages, 76.6% of poison exposures were unintentional,18.9% intentional and 2.6% had adverse reactions. In

children younger than 6 years, majority 99.2% of exposures were unintentional, compared to 33.8% of teen and 60.8% of adult exposures. Thus, it had been accepted that young children with accidental single exposures to paracetamol overdoses were less in danger of developing toxic reactions and subsequent morbidity and mortality than adolescents or adults. [6]

Epidemiology & Prognosis

Medications were the most common type of poison involved in pediatric cases. The top query concerned with paracetamol, Ibuprofen and multivitamin products as in previous years.In 2019, totally 7,269 enquiries involved in children lesser than 14 years of age, among this the majority were under 4 years of age (6,031, 82.9%); 85% were asymptomatic and 14% had minor or moderate symptoms such as nausea, vomiting, drowsiness and1% of child only had severe symptoms. There were no fatalities.[7,8]

Case Introduction

Master Rohith 1year 11monthold male baby was brought by the mother with the complaints of lethargy feeling 'cold/weak', chest pain, vomiting, no intake for more than 3 hours and decrease in conscious level of the child. On questioning, it was revealed that he had accidentally ingested 30 ml of syrup paracetamol (25mg/5ml) suspension.

A: Chief complaints

The child got admitted in the emergency care unit on 27.1.2021 with symptoms of poor alert to stimulation, episode of clear pink color vomitus in3 times within the last 4 hours, abdominal pain, headache. Moderately dehydrated and sleepy in mood.

B: History

On questioning the mother revealed that, he was treated for fever one month back. He was prescribed with syrup paracetamol 250mg instructed to give for 4ml (every 4 to 6 hours) 4 times per day. The unfinished bottle of syrup was kept in living room. But, unexpectedly Rohith was ingested the syrup in the morning around 9-10 am and she noted only after he started vomiting in light pink color along with aroma.

C: Assessment

On examination, he was afebrile, Pulse: 112 beats/minutes, RR: 18 breaths/minutes and BP: 127/99 mm/Hg. General Appearance: Thin, pale and drowsy. Height: 86cm, weight: 12.8kg MAC: 13.5 cm. Attained normal milestone and no development delay noted.

On assessment of Head, Eyes, Ear, Nose and Throat (HEENT): Noted Dry Mucosa in mouth, Pallor conjunctiva and no abnormalities were detected. CVS: Normal, S1 &S2 sound present and no murmur. RS: No Abnormalities Detected, Abdomen: soft, vomiting and particularly upper quadrant abdominal pain is identified on the kid during the examination. CNS: no focal deficit and presence of sweating. Ingested duration was quite around 4-6 hours prior to admission.

D: Lab findings

The child under gone the following investigations were described in table 1. Here the alteration of values was mentioned in remarks.

Table 1: Biochemical & Hematological parameters.

Parameter's	Child value	Normal Range	Remarks
Total serum bilirubin conjugated	0.3 mg/dL	0.1 to 1.0 mg /	Normal
AST	38 UI/L	M : ≤ 38 UI/L F : 31≤ UI/L	Normal
ALT	13 UI/L	M : ≤40 UI/L F :32≤ UI/L	Normal
Alkaline phosphate	224 UI/L	Child:245-768 UI/L	Decreased
GGT	34 UI/L	M : ≤11-50 UI/L F:7-32≤UI/L	Normal
WBC	10400/mm3	5000 – 13,000 /mm3	Normal
Hem globulin	11 g/dl	12 – 14 g/dl	Decreased
PCV	29.2%	36 – 44 %	Decreased
Glucose	99 mg/dl	60-100 mg/dl	Normal
S.Urea	20 mg/dl	5-18 mg/dl	Increased
Creatinine	29 pg	27 – 31 pg	Normal
Na+	137 meq/l	138-145 meq/l	Decreased
K+	3.8 meq/l	3.5-4.3 meq/l	Normal
Chloride	104meq/l	118-132 meq/l	Decreased
Hco3	18 meq/l	16.3-23.9meq/l	Normal
S.ca2+	5 mg/dl	4.8-5.3 mg/dl	Normal

ALT- Alanine Aminotransferase, AST: Aspartate Aminotransferase and GGT: Gamma Glutamyl Transpeptidase.

According to Rumack-Mathew, this nomogram was derived from a retrospective analysis of patients with acetaminophen overdose &their clinical outcomes (Figure 1). Here, the levels in plasma were plotted against time duration of post ingestion of acetaminophen drug. The nomogram applies to an acetaminophen level obtained after a single exposure & during the window period between 4 to 16 hours of post ingestion.[9] Master. Rohith toxicology study report showed that, serum paracetamol concentration level range was 102 -153mmol/l. According to the figure1 showed

that his value was under lowrisk range with no hepatotoxicity.

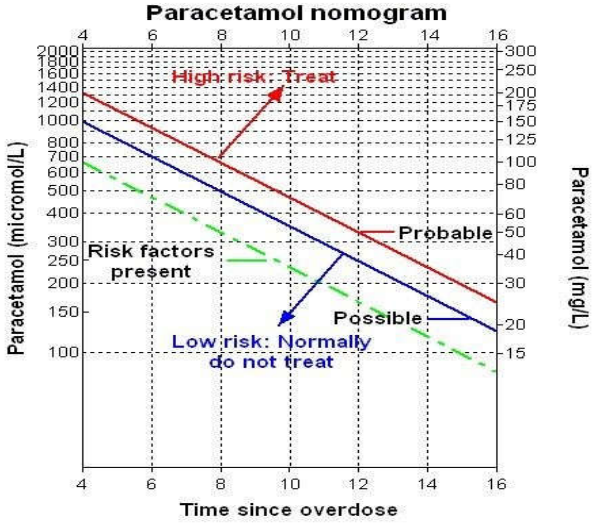

Fig. 1: Paracetamol Treatment Nomogram (**source:** emm -edonline - 2020).

E: Course of Management Progress

Activated charcoal

Activated charcoal is not a lifesaving treatment but may prevent or reduce the need for treatment with acetylcysteine if used appropriately. Activated charcoal is only recommended for the cooperative patients aged greater than six years after one to two hours of postingestion.[9,10]According to Informatio -n Centre/Clinical Toxicologist, it may be given up to four hours of post-ingestion for large overdoses but not recommended in liquid (syrup) overdose due to the fast absorption time.[10]

Based on the Management protocol (Figure2),the child was not treated with acetylcysteine since he was in lower risk of hepatotoxicity.[9,10] Still biochemical values were altered, the Intravenous infusion of 0.9% DNS @ 40ml/hour was administered for first 24 hours.

Acetylcysteine

N-acetylcysteine Administration of following single toxic paracetamol ingestion	
Time from ingestion	**Indications for N-acetylcysteine**
2 hours	Acetylcysteine will not be required for **children aged less than 6 years** with serum paracetamol concentration less than 150 mg/L at two hours post ingestion of liquid paracetamol. If greater than or equal to **150 mg/L** do not commence acetylcysteine but repeat level at four hours.
4-8 hours	**Commence acetylcysteine** if: • Serum paracetamol concentration levels taken at 4 hours post-ingestion are greater than or equal to 150 mg/L or • Serum paracetamol concentration levels taken 4-8 hours post-ingestion are above the nomogram treatment line. • Sustained release dosing is greater than 10g or 200mg/kg regardless of paracetamol levels. A full course of acetylcysteine is required. Await serum levels if results are expected within 8 hours of ingestion. If results are not expected within 8 hours, commence acetylcysteine and review serum levels when available. Continue acetylcysteine if levels taken within 4-8 hours of ingestion are above the nomogram treatment line. Otherwise cease infusion.
Greater than 8 hours	Commence acetylcysteine immediately if present 8 -24 hours post-ingestion. If present greater than 24 hours post-ingestion, collect bloods for further testing prior to commencing acetylcysteine (refer to Investigations). Continue acetylcysteine if serum paracetamol concentration levels above the nomogram treatment line or ALT greater than 50 U/L.
Unknown	Commence acetylcysteine immediately. Continue acetylcysteine if paracetamol concentration is greater than 10 mg/L or ALT is greater than 50 U/L.

Fig. 2: Single toxic protocol for paracetamol ingestion. (**Source:** Children's Health Queensland Hospital and Health Service -2019)

After 24-32 hours of closed observations there was no fatal symptoms noted and abdominal pain was disappeared. The liver and renal function values of S.Urea, Sodium, and chloride values were back to

near normal and discharged on the next day. On followup, the physician prescribed Syp. Tonoferon 1mg 7-10 drops once a day for 3 month, advised to continue the normal diet; come for after 14 days and next one month interval.

Discussion

In 1975, Rumack and Matthew proposed a nomogram, has been extensively utilized in the subsequent years for paracetamol overdose management and it cannot be applied if the precise time of ingestion is unknown. Still in current management, the evidence supporting that utilization of the nomogram to stratify hepatotoxic risk and guide for treatment decisions.[5,7,11]

The present case report supported by similar retrospective study investigated in Denmark, focused on children aged 0-6 years with suspected singledose of paracetamol poisoning. The study results shown that, 221 children (58% male), with a mean age of 2.67 ± 1.05 years. Activated charcoal treatment was given in 87% of cases and 80% of the children received N-acetylcysteine treatment and only one case (0.5%) had a toxicity and management given according to the treatment protocol. Abdominal pain or vomiting was associated with higher paracetamol levels in plasma. None of the children developed liver injuries.[12]

Conclusion

Children with an acute ingestion of paracetamol overdose appear less prone to toxicity butuntreated in prompt time may cause varying degrees of liver injury over the 2 to 4 days of following ingestion, including fulminant hepatic failure. Nurse play a cardinal role in child and family centered care. Hence, pediatric nurse should emphasize in educating parents and caregivers about child safety measures through health awareness programs aids to empower the knowledge and in to safety practice. The school health nurse, periodically plan to educate about child safety measures and the prevention of accidental poisoning to all children, aids knowledge transmission is highly possible to elder siblings to younger one and all family members makes to prevent fatality cases.

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