ASSESS THE EFFECT OF THE NURSE'S KNOWLEDGE AND SKILLS ON THE CARE GIVEN TO THE ORTHOPAEDIC PATIENT WITH TRACTION AND INTERNAL FIXATION

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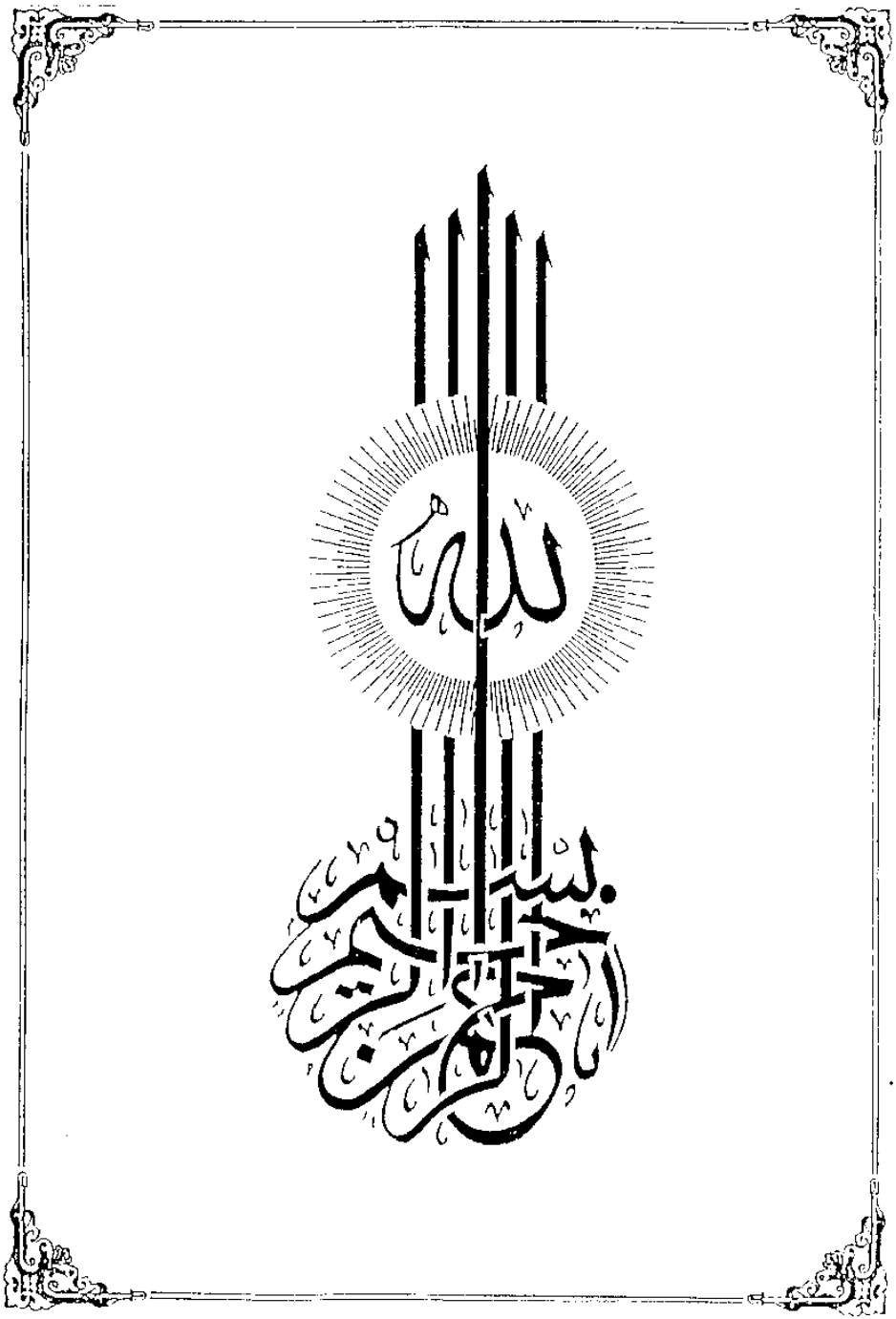

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INTRODUCTION

Multiple Trauma is a frequent admiting diagnosis of patients into a critical care unit. With multisystem involvement, these patients require close monitoring of all body systems. Furthermore, the patients'management entails frequently handling and treatment of injured musculo-skeletal tissues. Treatment of this system very often being in the form of skin or skeletal traction. (Millar et.al., 1985).

Julien, (1985) reported that the nurse is an important and responsible part of the Orthopaedic Team. To do this she is required to possess special knowledge and skills related to the musculoskeletal system as well as to various other systems namely integument, nervous, circulatory to name only a few. Her observation basic skills are also required, for it is by the early detection of deviation that complications can be minimized. Last but not least, communication skills are heavily made use of since the fractured patient is in many other aspects a healthy individual who is suddenly immobilized and forced to live, interact with people he had no hand in choosing.

Row and Dyer (1977), stated that nurses must be cognisant of the use and objectives of traction. The nursing care for the patient in traction as reported by Jones et.al., (1982) is complex and requires much time and patience. In planning care for the patient in traction one must be mindful about the needs of the patient and family to understand what the traction is far, as well as what may and may not be done and the rationale for these limitations. As mentioned by Row and Dyer (1977) the successful outcome of the treatment does not rest only on the doctor who initiated the treatment - but depends largely on the diligent and intelligent observation and care exercised by the nurse at the bedside.

Moreover, traction can be a frightening experience to the patient. Thus the effectiveness of the traction may be limited if the explanations and instructions are not clearly given and carefully followed (Jones et.al., 1976). Nursing the patient in traction as pointed out by Docent, (1982) requires total patient care, because all his basic needs are affected.

AIM OF THE STUDY :-

1- To assess the nurse's knowledge about the care of the Orthopaedic patient with traction and internal fixation.

2- To assess the nurse's skill in providing care to the Orthopaedic patient with traction and internal fixation.

REVIEW OF LITERATURE

REVIEW OF LITRATURE

Management of patients with fractures :-

Management of patients with fractures is threefold. It entails reducing the fracture, maintaining immobilization and restoring function (Davies, 1983).

Reduction by definition means that the broken bones are replaced into their correct anatomical position. This could be achieved through the use of either the closed reduction or the open reduction method. These methods vary basically in the maneuvre of intervention. closed reduction is a method by which bone alignment is achieved through the application of appropriate manual force, whereas in open reduction bone alignment is achieved surgically and maintained by some form of internal fixation (Monk 1981, Brunner 1983, Lewis and Collier 1983, and Lewis 1984).

However, realignment of the bone must be maintained. This is achieved by immobilization of the effected limb. Its importance is paramount since it will ensure healing and maintenance of the reduced bones in position. Fractures reduced by the closed method are immobilised by some form of external splintage such as plaster of Paris, splints, traction. Some form of external splintage is

sometimes used following internal fixation, which include, plates, screws, bone grafts, and intramedullary nails (Simon and Koenigsknesht 1982).

Whilst immobiliZation of the fracture is necessary activity of those parts not immobilised is important. Thus the necessary rehabilitative step must be taken in order to ensure the minimal functional damage to the affected part. This can be achieved by the establishment of a general and specific planned exercise regimen to be implemented and carried out as a daily routine during the immobilization phase (Armstrong et.al. 1979, and Beyers and Dudas 1984).

TRACTION

Traction has been defined as the maintenance of a steady pull on a body part by means of a force in order to approximate two bone fragments in alignment (Browne 1981, Keane and Muhl 1982, Iversen and Clawson 1982, Beyers and Dudas 1984 and Howe et.al. 1984).

Priniciples derived mainly from physics are applied in the use of therapeutic traction. The therapeutic traction is accomplished by exerting forces in two directions i.e. traction and countertraction. (Luckmann and Sorensen 1980 and Sorrentino 1987). The force of traction must be stronger than the force