Assessment of Knowledge, Attitude And Performance of Nurses Caring For Patients With Diabetic Comas

Thesis

Submitted for Partial Fulfillment of M.S. Degree In Medical-surgical nursing

By

Ola Abdel-Aty Ahmed Hegazy B.Sc. Nursing

Supervised by

Prof. Dr. Soheir Mohamed Gamal El-din

Professor of Endocrinology & Medicine Ain Shams University

2, 7690

<u> 376.73677</u> Ola

Prof. Dr. Mohamed Amr Hussein

Chairman of Council & Director Nutrition Institute

Dr. Tahany El-Senousy

Ass. Prof. & Chairman of Medical-Surgical Nursing Department - High Institute of Nursing

Ain Shams University

High Institute of Nursing Ain Shams University

Gernah Louf





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To

My Mother Wishing Her A Speedy Recovery

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List of Abbreviations

Bl. pr Blood pressure.

BUN Blood Urea - Nitrogen.

D.M. Diabetes Mellitus.

DF Degree of Freedom.

DKA Diabetic ketoacidosis.

e.g. For example.

ECG Electrocardiogram.

HCT Haematocrit.

HHNKC Hyperglycemic hyperosmolar non ketotic coma.

HLA Human leukocyte antigen.

HNKS Hyperosmolar non-ketotic syndrome.

i.e. That means.

I.M. Intramuscular.

IDDM Insulin-dependent diabetes mellitus.

IV Intravenous.

K+ Potassium.

NIDDM Non insulin-dependent diabetes mellitus.

NS Non significant.

PCO₂ Pressure of Carbon dioxide.

PO₂ Pressure of Oxygen.

S Significant.

X² Chi-square.

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Introduction L Aim Of The Study

Introduction

Diabetes mellitus is a universal problem affecting human societies at all the stages of development. Few studies that mentioned incidence of diabetes are limited in Egypt. One of these studies claimed that the incidence is about 2.5% of population (Ghareeb, 1968).

Recently in Egypt, various studies revealed that the prevalence of IDDM in children and young adults (from 6 to 18 years) ranges from 0.3 to 1.1/1000 individuals of the same age (El-Tawel, 1981 and Ismail, 1984). This prevalence is lower than prevalence recorded in other countries, for example, the prevalence of IDDM in the U.S.A. population is estimated to be about 2.3/1000 individuals (Kuller, et al., 1986).

El-Garhy, et al., (1987) reported that at least 30 million people are affected throughout the world, and the number of cases reported indicates a prominent health problem in the developed countries.

Epidemiological studies indicate high rates universally, but little is known of the real extent of diabetes and its sequelae in developing countries. Mortality data grossly under-estimate the real magnitude of the problem.

The diabetic patient may become comatose because of hypoglycemia, diabetic ketoacidosis, hyperosmolar non-ketotic coma and lactic acidosis.

All diabetic comas are life-threatening emergencies among diabetic patients. Reversal requires prompt and appropriate therapy (Kinny, et al., 1988 and Suddarth, 1991).

Hammond and Lee, (1984) said that ketoacidosis is a life-threatening condition with mortality rate of 1.5 to 15 % usually a complications of IDDM while (Kinny et al., 1988 and Philp, 1989) said that hypoglycemic coma is the most common of all diabetic comas and cause substantial and some mortality in Insulin-dependent diabetes mellitus (IDDM).

Way, (1991) reported that hyperglycemic hyperosmolar non-ketotic coma, usually a complication of maturity onset diabetes, has 40% to 60% mortality rate.

Diabetes Institute in Cairo reported that 1372 diabetic patients were admitted in the year 1992. Out of these 662 were ketoacidotic patients. But not all patients of Ketoacidosis presented with coma, most of patients presented with vomiting, colic, acidotic breathing and ketons in urine (Statistical report of Diabetes Institute, Cairo, Egypt, Ministry of health).

Diabetic comas require aggressive medical and nursing management to prevent progression (Mancini, 1987 and Urden, et al., 1992). The success of the outcome is based on the recognition that diabetic comas is a medical emergency. Early recovery and minimal mortality require prompt diagnosis and initiation of intensive therapy (Lewis and Collier, 1992).

Chilman and Thomas, (1987) and Urden, et al., (1992) emphasized that nursing care involves all the techniques employed in care of the unconscious patients and these patients are particularly liable to develop variable complications, so preventive measures must be started early.

Aim of The Study

To assess the nurses knowledge, attitude and performance in caring for patients with diabetic comas.

Review Of Literature