

## بسم الله الرحمن الرحيم

 $\infty\infty\infty$ 

تم رفع هذه الرسالة بواسطة / سلوي محمود عقل

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد

AIN SHAMS UNIVERSITY

Since 1992

# Factors Affecting the Patients Safety with Diabetic Ketoacidosis in Intensive Care Unit

#### **Thesis**

Submitted for Partial Fulfillment of the Requirement of Master Degree in

Medical Surgical Nursing

(Critical Care Nursing)

#### $\mathbf{B}\mathbf{y}$

### **Rania Mohammed Korany**

B.Sc. of Nursing Science, 2015

Demonstrator of Medical Surgical nursing
Faculty of Nursing, Fayoum University

Faculty of Nursing
Ain Shams University
2021-2022

## Factors Affecting the Patients Safety with Diabetic Ketoacidosis in Intensive Care Unit

## Thesis Submitted for Partial Fulfillment of the Requirement of Master Degree in Medical Surgical Nursing (Critical Care Nursing)

### By Rania Mohammed Korany

B.Sc. of Nursing Science, 2015 Demonstrator of Medical Surgical nursing Faculty of Nursing, Fayoum University

## **Under Supervision**

#### Dr. Kamelia Fouad Abdalla

Professor of Medical Surgical Nursing Faculty of Nursing – Ain shams University

#### Dr. Shimaa Nabil Abdelsalam

Assistant Professor of Medical Surgical Nursing, Faculty of Nursing - Ain Shams University

#### Dr. Manal Saad Shaker

Lecturer of Medical Surgical Nursing (Criticc.al Care Nursing) Faculty of Nursing- Fayoum University

> Faculty of Nursing Ain Shams University 2021-2022



First and foremost, I feel always indebted to **Allah**, the most Merciful and the most gracious for all countless gifts I have been offered. One of these gifts is accomplishing this research work.

I wish to express my deepest gratitude and sincere appreciation towards **Prof. Dr. Kamelia Fouad Abdalla**, Professor of Medical-Surgical Nursing, Faculty of Nursing – Ain Shams University, who devoted much of her time, great efforts and generous advice for the completion of this work. Words can never express my hearty thanks and indebtedness to her valuable advice, experienced guidance and encouragement.

I am deeply grateful to **Dr. Shimaa Nabil Abdelsalam**, Assistant Professor of Medical-Surgical Nursing, Faculty of Nursing – Ain Shams University, for her supervision, help and valuable support and guidance, I am deeply affected by her noble character, perfection, care and consideration.

I would like to express my deep appreciation and special thanks with a great sense of gratitude to **Dr. Manal Saad Shaker** Lecturer of Medical-Surgical Nursing, Faculty of Nursing – Fayoum University, for her ongoing efforts, support, sincere advice, suggestions and guidance during all phases of this work.

I would like also to extend my deep thanks to all those who contributed sparing no time, efforts and encouragement to the fulfillment of this work "Allah blesses them all".



#### This work is dedicated to ...

My Father whom I owe everything I ever did in my life

My Mother for always being there for me

My lovely Husband Mohamed Radwan for his encouragement, support and pushing me forward & giving me the strength to fulfill this work

My children Yassen and Hamza my sisters, my brothers, and my Friends for Support

## **Contents**

Title Page No	
List of Tables	i
List of Figures	iv
List of Appendices	v
List of Abbreviations	vi
Abstract	viii
Introduction	1
Aim of the Study	6
Literature Review	7
Subject and Methods	57
Results	70
Discussion	100
Conclusion	137
Recommendations	138
Summary	139
References	147
Appendices	179
Arabic Summary	

## **List of Tables**

Table No	Title	Page
1-	Frequency and percentage distribution of	72
	demographic characteristics of the studied nurses.	
2-	Frequency and percentage distribution of the total	73
	nurses' knowledge satisfactory score regarding	
	diabetic ketoacidosis and its management.	
3-	Frequency and percentage distribution of other	75
	factors affecting patients safety with diabetic	
	ketoacidosis from the studied nurses point of view.	
4-	Frequency and percentage distribution of the nurses'	78
	total practice level regarding safety nursing	
	management for the care of patients with DKA.	
5-	Frequency and percentage distribution of	80
	demographic characteristics of the patients included	
	in the study.	
6-	Frequency and percentage distribution of present	82
	health history of the patients included in the study.	
7-	Frequency and percentage distribution of past health	83
	history of the patients included in the study.	
8-	Frequency and percentage distribution of patient's	86
	level of knowledge regarding DKA included in the	
	study.	

Table No	Title	Page
9-	Frequency and percentage distribution of total	88
	complications associated with DKA among the	
	studied patients.	
10-	Frequency and percentage distribution of DKA	90
	complications related to acute disease among the	
	studied patients.	
11-	Frequency and percentage distribution of DKA	91
	complications related to therapy among the studied	
	patient.	
12-	Frequency and percentage distribution of later	92
	complications associated with DKA among the	
	studied patients.	
13-	Relation between diabetic ketoacidosis associated	93
	complications total mean score among the studied	
	patients and the nurses' demographic	
	characteristics.	
14-	Relation between total diabetic ketoacidosis	94
	associated complication and demographic	
	characteristics among the studied patients.	
15-	Relation between total DKA associated	95
	complications and medical data (present health	
	history) among the studied patients.	

Table No	Title	Page
16-	Relation between total diabetic ketoacidosis	96
	associated complications and medical data (past	
	health history) among the studied patients.	
17-	Relation between total diabetic ketoacidosis	97
	associated complication and medical data (family	
	health history) among the studied patients.	
18-	Relation between diabetic ketoacidosis associated	98
	complications total mean score & factors affecting	
	the studied patients safety.	
19-	Correlation between total level of diabetic	99
	ketoacidosis associated complication with nurses	
	knowledge, practice, other affecting factors and	
	patients knowledge.	

## **List of Figures**

Fig.	List of figure in review	Page
(1)	Anatomy of pancreas	8
	List of figure in results	
(1)	Percentage distribution of nurses' total knowledge level regarding diabetic ketoacidosis and its management.	74
(2)	Percentage distribution of factors affecting on patients safety with DKA from the nurses' point of view.	76
(3)	Percentage distribution of total factors affecting patients safety with DKA from the nurses' point of view.	77
(4)	Percentage distribution of the nurses' total practice level regarding safety nursing management for caring of patients with diabetic ketoacidosis.	79
(5)	Percentage distribution of family health history among patients with DKA.	85
(6)	Percentage distribution of patients' total level of knowledge regarding DKA.	87
(7)	Percentage distribution of diabetic ketoacidosis associated complications among the studied patients.	89

## **List of Appendices**

Appendices No	Title	Page No.
Appendix I	Anatomy of pancreas	179
Appendix II	Nurses practice observational checklist	192
Appendix III	Patients interviewing questionnaire	206
Appendix IV	Patients complications assessment sheet	210
Appendix V	Tools validity and reliability	216
Appendix VI	Descriptive tables for data collection tools	223
Appendix VII	Protocol	269

## **List of Abbreviations**

Abb F	Full Term
ABCDE	Airway, Breathing, Circulation, Disability and
	Exposure
ABGs	Arterial Blood Gases
ADA	American Diabetes Association
ADLs	Activities of Daily Living
AG	Anion Gap
ARDS	Acute Respiratory Distress Syndrome
B-cells	Beta cells
BG	Blood Glucose
BP	Blood Pressure
BUN	Blood Urea Nitrogen
CBC	Complete Blood Count
CT	Computed Tomography
CVC	Central Venous Catheter
CVP	Central Venous Pressure
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
ECG	Electro Cardio Graph
GDM	Gestational Diabetes Mellitus
GIT	Gastro Intestinal Tract
HAMs	High Alert Medication
HbA1c	Hemoglobin A1C

HF..... Heart Failure

HHS ...... Hyperglycemic Hyperosmolar Syndrome

ICUs ...... Intensive Care Units

ID..... Identification bracelet

IDF ...... International Diabetes Federation

IV ..... Intravenous

K..... Potassium

KCl..... Potassium Chloride

LOC..... Level of Consciousness

MENA ..... Middle East and North Africa

MI ...... Myocardial Infarction

N/G..... Naso Gastric

NaHCO3.. Sodium Bicarbonate

NPO ...... Nothing by mouth

OGTT ...... Oral Glucose Tolerance Test

PH..... Potential of Hydrogen

PPE..... Personal Protective Equipment

SC..... Sub Cutaneous

T1DM ..... Type 1 Diabetes Mellitus

T2DM...... Type-2 Diabetes Mellitus

WBCs...... White Blood Cells

WHO ...... World Health Organization

#### Factors Affecting the Patients Safety with Diabetic Ketoacidosis in Intensive Care Unit

 $\mathbf{B}\mathbf{v}$ 

#### Rania Mohammed Korany<sup>1</sup>, Kamelia Fouad Abdalla<sup>2</sup>, Shimaa Nabil Abdelsalam <sup>3</sup>, Manal Saad Shaker<sup>4</sup>

<sup>1</sup>Demonstrator of Critical care Nursing, Faculty of Nursing, Fayoum University, <sup>2</sup>Professor of Medical Surgical Nursing, Faculty of Nursing, Ain-Shams University, <sup>3</sup>Assisstant Professor of Medical Surgical Nursing, Faculty of Nursing, Ain-Shams University, <sup>4</sup> Lecturer of Medical Surgical Nursing, Faculty of Nursing, Fayoum University.

#### **ABSTRACT**

**Background:** Diabetic ketoacidosis is an acute, major, life-threatening complications of diabetes. Nurses' knowledge and practice play important role in provision of supportive care to decrease morbidity and mortality secondary to diabetic ketoacidosis. Patient safety is influenced by many factors, identification of these factors can prevent harm and protect patients from any associated complications. Aim: was to assess the factors affecting the patients safety with diabetic ketoacidosis in intensive care unit. Design: A descriptive exploratory design. **Setting:** The study conducted in intensive care unit at Fayoum University Medicine Hospitals. Sample: A convenient sample of all available nurses (no=30) and patients with diabetic ketoacidosis admitted to intensive care unit (no=70). **Tools of data collection:** self-administered questionnaire, nurses' observational checklist, patients interviewing questionnaire complications assessment sheet. Results and conclusion: Regarding nurses related factors more than half of the nurses had satisfactory level of knowledge and practice regarding safety nursing management of patients with diabetic ketoacidosis (56.7% and 60%) respectively. Also, (63.3% & 70%) respectively of them had satisfactory level regarding factors affecting patients safety. Regarding general nursing safety measures related factors, (73.3%) of the nurses had satisfactory level regarding infection control measures in intensive care unit and (50%) of them had unsatisfactory level regarding medications administration measures. In relation to organizational related factors (73.3%) of the nurses had satisfactory level regarding sufficient staffing and (33.3%) of them had unsatisfactory level regarding hospital facilities and equipment. Regarding patients related factors (61.4%) of them had unsatisfactory level of knowledge regarding diabetic ketoacidosis safety management and (7.1%) of them had diabetic ketoacidosis associated complications. Recommendations: Importance of in-service training courses to enhance the nurses knowledge and practice regarding patients safety with diabetic ketoacidosis in intensive care unit to decrease morbidity and mortality rate.

**Keywords:** Diabetic ketoacidosis, Intensive care unit, Patients safety.

#### Introduction

Diabetes mellitus (DM); is a group of metabolic diseases and chronic multisystem disease characterized by hyperglycemia from abnormal insulin production, impaired insulin use, or both. Diabetes is a serious health problem throughout the world (*Harding*, et al., 2020).

Clinical manifestations of diabetes include; polyuria, polydipsia, polyphagia, fatigue and weakness, vision changes, dry skin, skin lesions or wounds that are slow to heal, and recurrent infections. Patches of dark skin itching and yeast infections, tingling, numbness, or pain in the hands or feet (*Galan & Prelipcean*, 2020).

Complications of diabetes categorized into short-term and long-term complications as following; short-term imbalances in hypoglycemia, blood glucose (BG) levels diabetic as: ketoacidosis (DKA) and hyperglycemic hyperosmolar syndrome (HHS). Long-term complications of diabetes; are macrovascular disease and microvascular disease. Coronary artery disease, cerebrovascular disease, and peripheral vascular disease are the three main types of macrovascular complications that occur frequently in patients with diabetes. Microvascular disease including diabetic retinopathy, nephropathy and diabetic neuropathy (Hinkle & Cheever 2018).