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Solicitude of Caregivers toward their Children with Guillain-Barre Syndrome

Thesis

Submitted in Partial Fulfillment of the Requirement of Master Degree in Pediatric Nursing

By

Sara Mohamed Ata

B.Sc. Nursing (2015)

Demonstrator of Pediatric Nursing Department

Faculty of Nursing

Ain Shams University

Faculty of Nursing
Ain Shams University
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Under Supervision of

Dr. Safy Salah Eldin Al-Rafay

Professor of Pediatric Nursing

Faculty of Nursing – Ain Shams University

Dr. Asmaa Nasr El Din Mosbeh

Professor of Pediatric Nursing

Faculty of Nursing – Ain Shams University

Faculty of Nursing
Ain Shams University
2022

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List of Abbreviations

Abbr.	Full-term
AIDP	**:** The Acute Inflammatory Demyelinating Polyradiculoneuropathy
AMAN	**:** Acute Motor Axonal Neuropathy
AMSAN	**:** Acute Motor Sensory Axonal Neuropathy
CDC	**:** Center for Disease Control And Prevention
Cidps	**:** Chronic Inflammatory Demyelinating Poly-Radiculo-Neuropathies
CSF	**:** Cerebrospinal Fluid
DVT	**:** Deep Vein Thrombosis
ECG	**:** Electro-Cardio Gram
GBS	**:** Guillain-Barre Syndrome
HIC	**:** High-Income Countries
Hrs	**:** Hours
ICU	**:** Intensive Care Unit
Ig	**:** Immunoglobulin
Igs	**:** Immunoglobulins
IVIG	**:** Intravenous Immunoglobulin
LMIC	**:** Low-Income And Middle-Income Countries
MRI	**:** Magnetic Resonance Imaging
NG	**:** Nasogastric
R	**:** Pearson Correlation

SARS-Cov-2	**:** Severe Acute Respiratory Syndrome Coronavirus 2
SD	**:** Standard deviation
SLE	**:** Systemic Lupus Erythematous
SPSS	**:** Statistical Package for Social Sciences

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Abstract

Background: Guillain-Barré syndrome is the most common and most severe acute paralytic neuropathy that affects all aspects of a child's life. **Aim** of the study was to assess solicitude of caregivers toward their children with Guillain-Barre syndrome. **Method**: A descriptive research design was utilized in this study, **A Convenient sample** comprised of 44 caregivers with their children that have Guillain-Barre syndrome. This study was carried out at outpatient clinic in Children's Hospital and physiotherapy unit affiliated of Ain Shams University Hospitals, Egypt. **Three tools** were used to conduct the study. **Tool I:** Pre-designed Questionnaire Format, to assess caregiver's knowledge about Guillain-Barre syndrome, **Tool II:** Caregiver's attitude toward children with Guillain-Barre syndrome rating scale. **Tool III**: Caregivers self- reported practices format. **Results:** the study revealed that studied caregivers their mean of age was 33.5±8.08 years, and 77% of them were female. Also, (72.7%) of the studied caregivers had unsatisfactory level of total knowledge about GBS, (59.1%) of them had positive attitude toward their children and (63.6%) of them had unsatisfactory level of total practice towards children with GBS. **Conclusion:** The majority of studied caregivers had unsatisfactory level of total knowledge about GBS, positive attitude toward their children having GBS, and most of them have unsatisfactory level of total practice towards children with GBS. There was significant positive correlation between total caregivers' knowledge, total practices, and their total attitude towards children with GBS. **Recommendations**: Providing training program for caregivers about GBS, Additional studies should be done for to further investigating the factors affecting caregivers' knowledge and practice about GBS.

Key Words: Caregiver's Solicitude**,** Gullain Barre Syndrome.

Theoretical Definition

For the aim of this study, the following definition was used:

Solicitude: the state of being concerned and attentive care and protectiveness also: an attitude of earnest concern or attention expressed solicitude for someone health.

Introduction

Guillain-Barre Syndrome (GBS) which known as Landry's palsy is a classic lower motor neuron disorder. It is a reactive self-limited auto-immune disease in which the body's immune system attacks part of the peripheral nervous system. It is described as a syndrome because it represents a group of demyelinating inflammatory poly radiculo-neuropathies ***(Dirlikov et al., 2018).***

The disorder of the peripheral nervous system that describing GBS is the most common cause of severe, acute weakness in children, and acute inflammatory demyelinating polyradiculoneuropathy which is the most common subtype in the western world. GBS is characterized by a monophasic, ascending, and symmetrical paralysis that progresses over days to weeks and is associated with areflexia **(*Nguyen & Taylor, 2022).***

The acute inflammatory demyelinating polyradiculo-neuropathy (AIDP) is typically a post infectious autoimmune process believed to be caused by molecular mimicry to peripheral nerves leading to inflammation and destruction of myelin. Preceding infection can be identified in the majority of cases. The most common infectious triggers are minor respiratory illness, but gastrointestinal illnesses, other viral syndromes, and immunizations have also been associated with GBS ***(Estrade et al., 2019).***

The exact cause of GBS is unknown; GBS and its variants are considered post-infectious, immune-mediated-neuropathies. Many infections have been linked with GBS. The most common are gastrointestinal or respiratory illnesses. Up to 70% of cases have reported an antecedent illness in the 1 to 6 weeks before the presentation of GBS. Zika virus outbreak associated with many GBS cases. Other possible etiologies linked to GBS including medications and surgeries ***(Dirlikov et al., 2022).***

Four main subtypes are well defined of GBS: acute inflammatory demyelinating polyradiculoneuropathy (AIDP), acute motor axonal neuropathy (AMAN), acute motor sensory axonal neuropathy (AMSAN), in excitable motor nerve, and equivocal ***(Padmanabhan et al., 2019).***

The typical child with GBS presents 2-4 weeks following a relatively benign gastrointestinal or respiratory illness with complaints of finger dysesthesias and proximal muscle weakness of the lower limbs. This weakness may progress over hours to days to involve the arms, trunk, cranial nerves, and muscles of respiration. Variants of GBS may present as pure motor dysfunction or acute dysautonomia. A "Typical" 'GBS is monophasic, non-febrile illness manifesting as ascending weakness and areflexia. Sensory, autonomic, and brainstem abnormalities may also be seen ***(Barzegar et al., 2019).***