شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

شبكة المعلومات الجامعية

بعض الوثائق الأصلية تالفة

بالرسالة صفحات لم ترد بالأصل

APPENDIX (I)

ASSESSING CLINICAL COMPETENCE IN PERFORMING THE TEMPERATURE MEASUREMENT AMONG NURSES OF SHEBIN EL-KOM TEACHING HOSPITAL

تقدير كفاءة الممرضات لقياس درجة الحرارة بمستشفى شبين الكوم التعليمى

Protocol of thesis submitted
to the High Institute of Nursing
Menoufiya University
In Partial Fulfilment of the
Requirements of the degree
of Master of Medical - Surgical Nursing

خطة بحث مقدمة
للمعهد العالى للتمريض
جامعة المنوفية
إيفاءاً جزئياً لشروط
الحصول على درجة الماجستير
فى التمريض الباطنى والجراحى

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المعيدة بقسم
أساسيات التمريض
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Thesis

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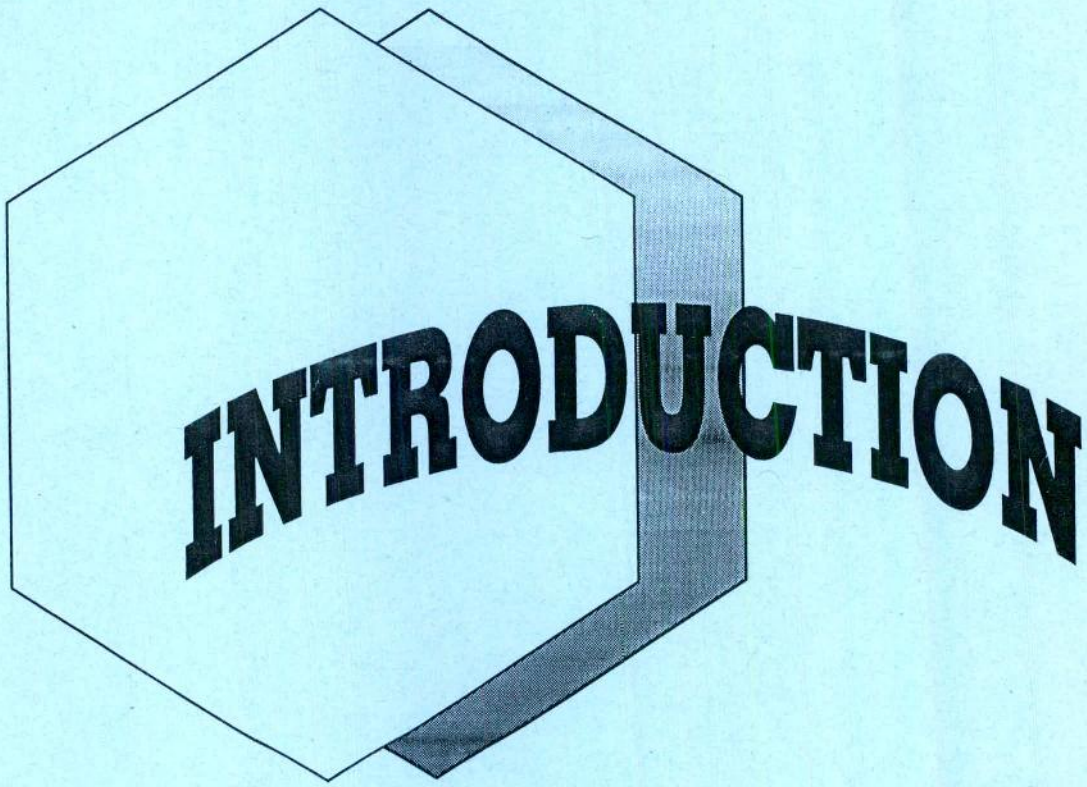

INTRODUCTION

INTRODUCTION

Body temperature, as an index of biologic function, is an important indicator of health status. Temperature measurement is one of the most simple, objective, and reliable parameters of physical well-being [Erickson, 1980 ; and Narrow and Buschle, 1987]. Measurement of temperature aids in estimating the severity of an illness, following the course of an illness, and evaluating the effectiveness of the treatment [Davis and Nomura,1990 and Longman et al; 1990].

Temperature monitoring has been recognized as an aid to diagnosing and treating disease since the late 1800s and, today, is one of the physiological parameters assessed most frequently by nurses [Konopad et al., 1994]. It is often used as the basis for decision about discharge from the hospital [Samples et al., 1985].

Most of the numerous chemical processes occuring almost continuously in the body can only take place if the temperature of the body remains at a fairly constant level and within a relatively narrow range. The functioning of the nervous system is easily disturbed by temperature out with that narrow range of normal and, at the same time, many other systems of the body are adversely affected. Eventually , if the body temperature rises or falls excessively, there is permanent damage to body cells and the possibility of death [Roper et al., 1985].

Elevation in body temperature is one of the most frequently used indicators of the presence of a physical illness or potential threat to health, as infection, deteriorating patient condition or disorders of thermoregulatory function [Erickson and Yount, 1991 and Fulbrook 1993].

Accurate monitoring of core body temperature is vitally important in order that changes in patients' status can be detected so that early therapeutic intervention can occur [Fulbrook, 1993].

Timely, accurate temperature measurement is an essential part of patient assessment in clinical settings. Traditionally, the measurement of body temperature has been a nursing function. Temperature measurements are taken, recorded, and used in planning and evaluating the nursing care of patients. However, the techniques used to assess-temperature are usually based on individual nursing judgment [Yonkman, 1982].

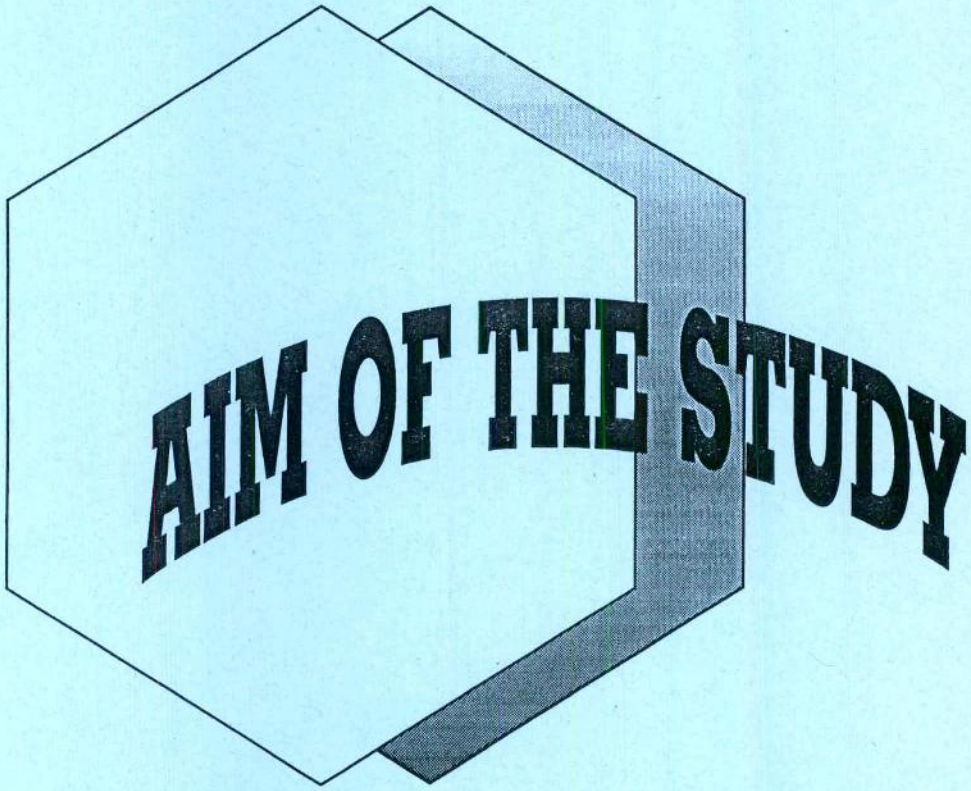
Understanding of the relationships between site, instrument, and core body temperature is necessary for informed decision making [Heidenreich and Giuffre, 1990]. Although the generally assumed normal oral temperature is 98.6°F (37°C), this can fluctuate as a function of age, sex, emotional status, body position, exercise, and time of day [Cashion and Cason, 1984]. Avariety of factors determine the temperature that is normal for an individual at a given time. Circadian (24-hour) variation accounts for the majority of daily fluctuations in body temperature. Normally, there is a daily temperature fluctuation of 0.5°C to 0.7°C

(0.9°F to 1.3°F) or more, with the lowest value occuring between 2 a.m. and 6 a.m. and the highset occuring between 5 p.m. and 7 p.m. [Samples et al., 1985].

There is a great variety of devices for measuring temperature intermittently or continuously. These include glass-mercury thermometers, liquid crystal thermometers, rectal thermometers, pulmonary artery catheter thermistors, and tympanic membrane thermistors [Narrow and Buschle; 1987 and Baird et al, 1992].

Since the need and importance of body core temperature measurement is recognized throughout nursing, it is some what disturbing that nursing knowledge and nursing literature in this area is so inconsistent [Fulbrook, 1993].

Astute clinical observations coupled with research-based decision making are essential to provision of quality nursing care. further clinically based research studies are warranted [Neff et al., 1989].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