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# EFFECTIVENESS OF NURSING CARE OF UNDERFIVE CHILDREN WITH ACUTE GASTERIC ENTERITIS, GOVERNMENT HOSPITAL, KANCHEEPURAM

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## ABSTRACT

Diarrhoeal disease in infancy still constitutes one of the chief problems in pediatric in most developing countries of the world, this study aims to assess the effectiveness of nursing care for child with acute gastric enteritis, Government Hospital, Kancheepuram. the study consisted of 10 underfive childrens affected with acute gastric enteritis, Research design of this study is evaluative research design convenient sampling technique was used, self structured checklist and rating scale was adopted, the study results shows that on assessment day the mean score was11.7 and standard deviation is 2.79 and the evaluation day the mean score was 24.7 and standard deviation is 4.50 and the 't' value is 11.27 there was a 0.01 level of significance in health condition of underfive childrens with acute gastric enteritis in first and seventh day of nursing intervention Government Hospital, Kancheepuram.

**KEYWORDS:** Underfive children, acute gastric enteritis, effectiveness, nursing care.

## INTRODUCTION

Gastroenteritis, also known as infectious diarrhea, is inflammation of the gastrointestinal tract – the stomach and small intestine. Symptoms may include diarrhea, vomiting, and abdominal pain. Fever, lack of energy, and dehydration may also occur. This typically lasts less than two weeks. It is not related to influenza though it has been called the "stomach flu".

Gastroenteritis is usually caused by viruses. However, bacteria, parasites, and fungus can also cause gastroenteritis. In children, rotavirus is the most common cause of severe disease.

In adults, norovirus and *Campylobacter* are common causes. Eating improperly prepared food, drinking contaminated water, or close contact with a person who is infected can spread the disease. Treatment is generally the same with or without a definitive diagnosis, so testing to confirm is usually not needed.

Prevention includes hand washing with soap, drinking clean water, proper disposal of human waste, and breastfeeding babies instead of using formula. The rotavirus vaccine is recommended as a prevention for children. Treatment involves getting enough fluids. For mild or moderate cases, this can typically be achieved by drinking oral rehydration solution (a combination of water, salts, and sugar). In those who are breast fed, continued breastfeeding is recommended. For more severe cases, intravenous fluids may be needed. Fluids may also be given by a nasogastric tube. Zinc supplementation is recommended in children. Antibiotics are generally not needed. However, antibiotics are recommended for young children with a fever and bloody diarrhea.

In 2015 two billion cases of gastroenteritis resulted in 1.3 million deaths globally. Children and those in the developing world are affected the most. In 2011, about 1.7 billion cases resulting in about 700,000 deaths of children under the age of five. In the developing world children less than two years of age frequently get six or more infections a year. It is less common in adults, partly due to the development of immunity.

### Statement of the problem

Effectiveness of nursing care for underfive children with acute gasteric enteritis, government hospital, kancheepuram

## OBJECTIVES

1. To assess the health status of the child with acute gastric enteritis.
2. To evaluate the effectiveness of nursing care for underfive children with acute gastric enteritis.
3. To correlate selected demographic variables and effectiveness of nursing care for under five children with acute gastric enteritis

## METHODOLOGY

The study was conducted in Government Hospital, Kancheepuram. Research design of this study is evaluative research design and convenient sampling technique was used and the sample size consisted of 10 underfive childrens with acute gastric enteritis the tool consisted of demographic variables, self structured rating scale and observational check list. Informed consent was obtained from the underfive mothers.

**Frequency and percentage distribution of level of progress in health condition of Acute gastric enteritis with under 5 years children on assessment day and evaluation day.**

| Days | Level of Progress | | | | | |
|---|---|---|---|---|---|---|
| | Delayed Health Condition | | Moderate Health Condition | | Good Health Condition | |
| | No | % | No | % | No | % |
| Assessment day | 3 | 30 | 7 | 70 | - | - |
| Evaluation day | - | - | 3 | 30 | 7 | 70 |

**Comparison between mean and standard deviation of diabetes mellitus among the adults N=10.**

| S. No. | Health Status | Mean | S.D | 't' value |
|---|---|---|---|---|
| 1 | Assessment day | 11.7 | 2.79 | 11.27 |
| 2 | Evaluation day | 24.7 | 4.50 | |

## RESULTS AND DISCUSSION

**The first objective was to assess the health condition of under five children with acute gastric enteritis**

The study was conducted at Government Hospital, kancheepuram, thev study samples was 10 under five childrenss with acute gastric enteritis, who met the inclusion criteria were included in the study. Each child was assessed with demographic variables, rating scale and with observational check list for vital parameters. each child was observed and rated by using rating scale at the seventh day. In assessment day 3(30%) childrens were in delayed health condition and 7(70%) childrens were in moderate health condition with the mean value 11.7 and standard deviation 2.79.

**The second objective was to evaluate the effectiveness of nursing care for under five children with acute gasteric enteritis.**

The nursing care as per the protocol provided to each child was observed by rating scale. In evaluation day, 7(70%) childrenss were in good health condition and 3(30%) childrens were in moderate health condition with mean value 24.7 and standard deviation 4.50 comparison of assessment mean 11.7 and evaluation mean 24.7 showed the improvement score with standard deviation of 4.50 and the 't'value 11.27.

**The third objective was to correlate selected demographic variables and effectiveness of nursing care for under five children with acute gastric enteritis**

The correlation proved that there was a significant correlation between the demographic variables (age, educational status, occupational status, family income, illness, food pattern, and source of health information).thus the effectiveness of nursing care was independent of demographic variables. from the statistical analysis the paired 't' value of 11.27 which was significant at $P<0.01$ level.it implies that the nursing care provided by the investigator was effective and showed improvement in health condition of under five children with acute gastric enteritis.

## CONCLUSION

AGE is more common in infants with the highest incidence in the older infants. Fever and vomiting are the most common associated symptoms. Lack of exclusive breastfeeding and contamination of weaning foods may be risk-factors. Infections may be the primary cause of AGE among the children studied. The places of domicile and waste disposal methods were unrelated and non-predictors of the severity of diarrhea.

## REFERENCES


1. Achar, S.T., et al., "Text Book of Pediatrics", Hyderabad orient Longman limited,3rd edition 134-145 Albert MJ, Sonearto V, Bishop RF, Epideomilogy of rotavirus diarrhea in Yogyakarta, Indonasia, as revealed by electrophoresis of genome RNA. J Clin Microbiol, 1989; 16: 731-733.
2. Barnes GL, Uren E, et. al. etiology acute gastroenteritis in hospitalized children in Melbourne, Australia J Clin Microbiol, 1998; 36: 133-138.
3. Parashar UD, Bresee JS, Gentsch JR, et.al. Rotavirus emergency infect Dis., 1998; 4: 561-570.
4. Ref, Janda J Michael, Abbolt, Sharon L. Reviews in Medical Microbiology, Jan 2006; 17(1): 27-37.
5. Giaquinto C, Van Damme P et.al. cost of community acquired pediatric rotavirus gastroenteritis in 7 european countries. J Infect Dis., 2007 May; 195 Suppl 1: 536-544.
6. Heyworth JS, Jardine A, Glonek G, Maynard EJ. Incidence, impact on the family and cost of gastroenteritis among 3-5 years old children in South Australia. J Gasterol hepatol, 2006 Aug; 21(8): 1320-5.

7. Vander lei LC, Silva GA. Acute diarrhea: does mother's knowledge of the disease reduce admission of children under two years of age. Rev Assoc Med Bras, 2004 Jul-Sep; 50(3): 276-81.
8. Donna L, Wong Marily Hockenberry –Eaton, Wilson, Winkelstein, Schwartz. Wongs Essential of Pediatric Nursing .sixth Edition Published at, 2002; 883.
9. Sasirekha Ramani & Gagandeep Kang .Burden of disease & molecular epidemiology of group A rotavirus infections in India. Ind ian J Med Res, May 2007; 125; 619-632.
10. Grimwork RE , Huang QS, Cohet C, Gosling IA, Hook SM, Teele Dw, Pinnock Re, Nicholson WR, Graham DA, Farrek AP Leadbitter P, Lennon DR. Rotavirus hospitalization in Newzealand children under three years of age. J Peadiair child health, 2006 April; 42(4): 196-23.