

**EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH POISONING  
AT MELMARUVATHUR ADHIPARASAKTHI  
INSTITUTE OF MEDICAL SCIENCES AND RESEARCH**

**By  
Mrs. D.SASIREKHA**



**A Dissertation submitted to  
THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI.**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE  
OF MASTER OF SCIENCE IN NURSING**

**APRIL – 2011**

## **CERTIFICATE**

This is to certify that “**EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH POISONING AT MELMARUVATHUR ADHIPARASAKTHI INSTUTUTE OF MEDICAL SCIENCES AND RESEARCH**”, is a bonafide work done by **Mrs. D. SASIREKHA**, Adhiparasakthi college of Nursing, Melmaruvathur, in partial fulfillment for the University rules and regulations towards the award of the degree of **Master of Science in Nursing, Branch-I, Medical Surgical Nursing**, under my guidance and supervision during the academic year 2009 – 2011.

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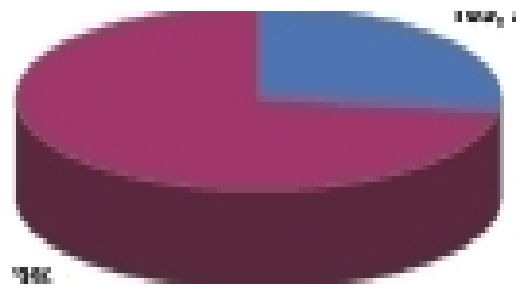
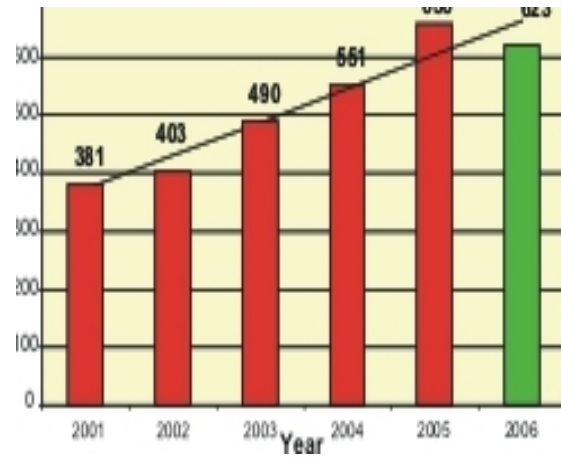
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# CHAPTER - I



# INTRODUCTION

## CHAPTER I INTRODUCTION

Poisoning refers to an injury that results from being exposed to an exogenous substance that causes cellular injury or death. Poisons can be inhaled, ingested, injected or absorbed. The exposure to poison may be acute or chronic and the clinical presentation will vary accordingly. There are many factors determining the severity of poisoning and its outcome. They are the type of poison, dose, formulation, route of exposure, age of the client, presence of other poisons, the state of nutrition of the client and the presence of other diseases or injuries.

Cardiopulmonary cerebral resuscitation (CPCR) should be performed for poisoning clients if needed. Containers of the poisons and all drugs that might have been possibly taken by the poisoned person should be saved and given to the doctor or rescue personnel. Diagnostic procedure in Poisoning is to identify the poison, which is helpful in treatment. Labels on bottles and other information from the

person, family members, or coworkers best enable the doctor to identify poisons. Laboratory testing is much less likely to identify the poison. Sometimes, urine and blood tests may help in identification. Blood tests can sometimes reveal the severity of poisoning, but only with only a small number of poisons.

For certain poisonings, abdominal x-rays may show the presence and location of the ingested substances. Poisons that may be visible on x-rays include iron, lead, arsenic, other metals, and large packets of cocaine or other illicit drugs swallowed by so-called body packers or drug mules.

The usual goal of hospital treatment is to keep people alive until the poison disappears or is inactivated by the body. Eventually, most poisons are inactivated by the liver or are passed into the urine. There are no specific antidotes for many serious poisonings. Gastric lavage once commonly done, is now usually avoided because it removes only a small amount of the poison and can cause serious complications. Gastric lavage rarely improves people's outcome. However, it may be done if an unusually dangerous poison is involved or if the person appears very sick. This procedure is

repeated several times. If people are drowsy because of the poison, doctors usually first put an endotracheal intubation. Endotracheal intubation helps keep the gastric lavage liquid from running into the lungs. In the hospital, doctors do not give syrup of ipecac to empty the stomach because its effects are unreliable.

For many swallowed poisons, hospital emergency departments may give activated charcoal. Activated charcoal binds to the poison that is still in the digestive tract, preventing its absorption into the blood. Charcoal is usually taken by mouth or through nasogastric tube. Sometimes doctors give charcoal every 4 to 6 hours to help cleanse the body of the poison. Not all poisons are inactivated by charcoal. For example, charcoal does not bind alcohol, iron, or many household chemicals.

If a poisoning remains life threatening despite the use of charcoal and antidotes, more complicated treatments may be needed. The most common involve filtering poisons directly from the bloodstream—hemodialysis to filter the poisons, or charcoal hemoperfusion (which uses charcoal to help eliminate the poisons). Sometimes a solution containing sodium bicarbonate is given by vein

to make the urine more alkaline (as opposed to acidic). This can increase the amount of certain drugs (such as aspirin and barbiturates) excreted in the urine.

Poisoning often requires supportive care such as ventilator ensures adequate breathing. Treatment also may be needed to control seizures, fever, or vomiting.

If the kidneys stop working, hemodialysis is necessary. If liver damage is extensive, treatment for liver failure may be necessary. If the liver or kidneys sustain permanent, severe damage, organ transplantation may be needed.

People who attempt suicide by poisoning need mental health evaluation and appropriate treatment.

## **NEED FOR THE STUDY:**

Rapid industrialization and exposure to hazardous chemical products, introduction of newer range of drugs for treatment, massive use of pesticides in agriculture, increased alcohol consumption, unhealthy dietary habits has widened the spectrum of toxic

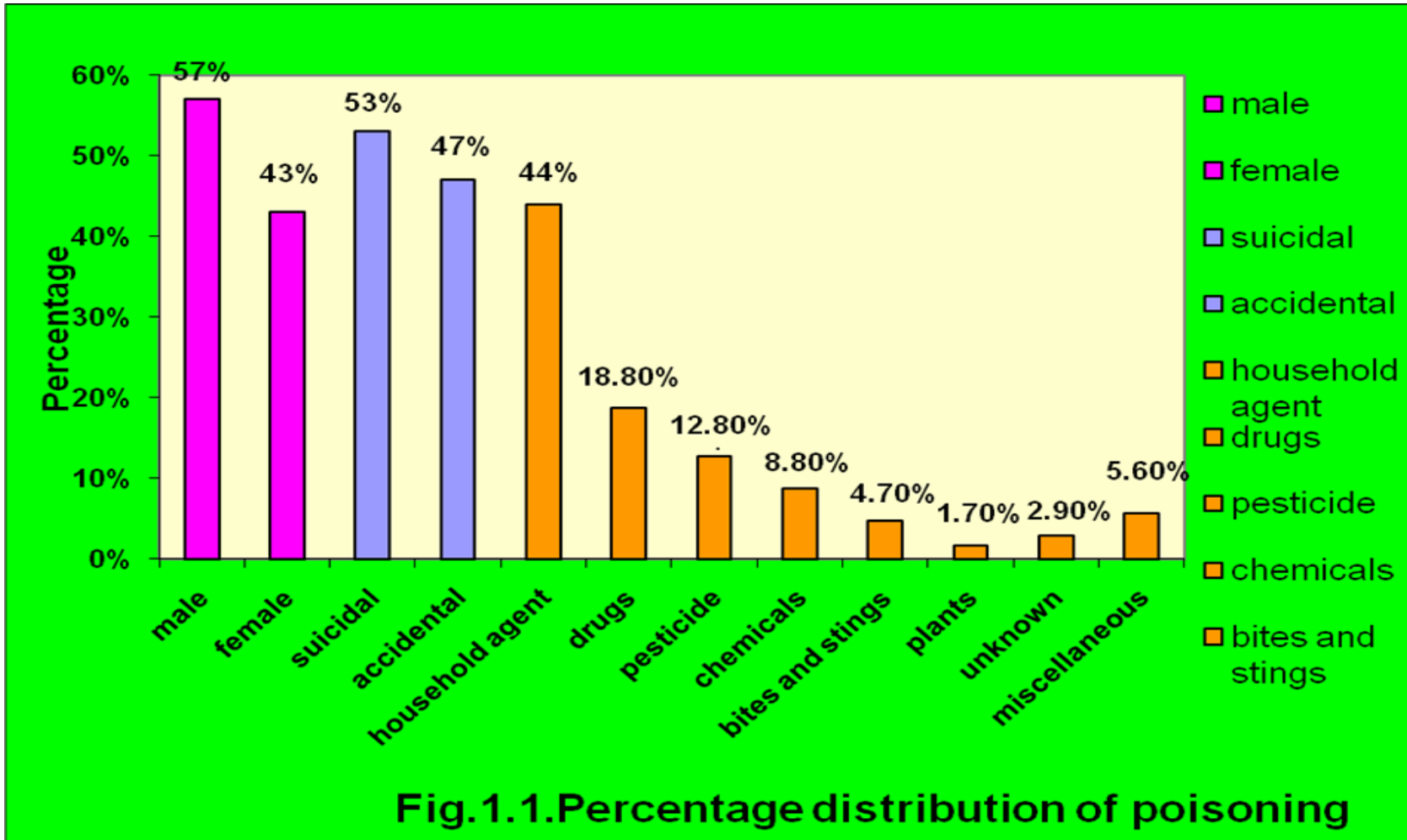


products for which people have been exposed as compared with the early days. Knowingly or unknowingly millions of people are exposed to danger by hazardous occupational practices and unsafe storage of toxic chemicals products in their day to day life. Lack of specialized toxicological services in developing countries like India has further contributed to the higher rate morbidity and mortality.

Easy availability and low cost of hazardous chemicals plays a major role in both accidental and suicidal poisoning in developing countries like India, Srilanka, South Africa etc. Most of the fatality rate is of intentional poisoning by organophosphorous (OP) compound which has been reported from southern and central India. According to WHO (1999) more than three million poisoning cases has been reported out of which 251,881 deaths occur world wide annually, of which, 99% of fatal poisoning occur in developing countries, predominantly among farmers due to various kinds of poisoning, including poisonous toxins from natural products are handled. Therefore, an alarm for early diagnosis, treatment and prevention is crucial in reducing the burden of poisoning related injury in any country.

According to the WHO Global Burden of Disease project, an estimated 345814 people of all ages died worldwide as a result of “accidental” poisoning in 2004. Although the majority of these accidental poisonings were among adults, 13% occurred among children and young people under the age of 20 years. Among 15–19 year-olds, poisoning ranks as the 13th leading cause of death.

A retrospective analysis done by the national poisons information Centre over a period of three years (April 1999 – March 2002). The agents belonged to various groups household products, agricultural pesticides, industrial chemicals, drug and unknown groups respectively. The age ranged from less than 1 to 70 years with the highest incidence in the range of 14 to 40 years. With Males (57%) and females (43%). The most common mode of poisoning was suicidal (53%) followed by accidental (47%). The highest incidence of poisoning was due to household agent (44%) drugs (18.8%), agricultural pesticides (12.8%) industrial chemicals (8.8%) animal bites and stings (4.7%) plants (1.7%) unknown (2.9%) and miscellaneous groups (5.6%) **(Srivastava A. et al, 2005).**



NATIONAL POISONS INFORMATION CENTRE (2002)

In India, suicide rates are as follows- total rate is 17.38 per 100,000. Male rate is 18 per 100,000. Female rate is 2.15 per 100,000. Male and female ratio is 1.2:1. Suicide is common among the age group of 30-59 years. Rural area have highest rate, in which Poisoning accounts for 38%.( **National Crime Research Bureau , 2007**)

In countries with larger rural populations, such as China, India and the Republic of Korea, poisoning (usually by pesticides) is common (**Bose et al., 2006; Shin et al., 2004**).

In Southern India, the overall suicide rate was 71.4 per 100 000 population; the highest burden was among men. Most people died through hanging (81, 54%) and self-poisoning (46, 31%). Of the 46 who died from self-poisoning, 78.3% had taken pesticides and 19.7% had eaten poisonous plants. Eighty per cent of the self-poisoning cases obtained the poisonous substance in or in close proximity to the home, highlighting the importance of safe storage in the domestic environment. Of the 110 fatal and non-fatal self-poisoning cases, 87 (57.5%) were taken for treatment; 50 (57.4%) went to government hospitals and 37 (42.5%) to private facilities. This indicates the

importance of including the private sector in the efforts to improve case management. Furthermore, the fact that 31 (67%) of the self-poisoning patients, who eventually died, were alive after 4 hours provides an incentive to focus on improved case management and access to health services.

Many ingested poison can be absorbed in the lower GI tract. An alert patient may become comatose and critically ill at a later time. The effective nursing action needed to prevent complication of poisoning is to provide cathartics and activated charcoal, which are used to decrease the possibility of GI absorption **(Lewis et. al)**

The nurse's role is essential for treating the patient with poison consumption. Ongoing assessment of the patient's neurological function and health needs, identification of problems, mutual goal setting development and implementation of care plans and evaluation of outcomes are integral to the recovery of the patient from poisoning effect. The nurse also collaborates with other members of health team to provide essential care, help patients and family given control of their lives, the goals are to achieve the quality of care for the patient with OP poisoning **(Lewis et. al)**.

The nurse taking care of these patients need to give continuous bedside care, provide physical and psychological support and required to maintain meticulous records of the patients progress. The investigators feels that all nurses must be aware of the different aspects of giving care for poisoning patients. Quality nursing care can influence the positive outcome from the patients. Keeping in mind the rising trend of occurrence of poisoning especially in rural areas, the investigator selected this topic to know the effectiveness of nursing care on clients with Poisoning

## **STATEMENT OF THE PROBLEM**

**EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH POISONING AT MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH.**

## **OBJECTIVES**

- to assess the health status of the client with poisoning.
- to evaluate the effectiveness of nursing care on clients with poisoning.
- to associate the effectiveness of nursing care on clients with poisoning with specific demographic variables.

# **OPERATIONAL DEFINITIONS**

## **Effectiveness**

It refers to outcome of nursing care on clients with poisoning which are assessed and evaluated by structured tool.

## **Nursing care**

It involves assessing airway, breathing, circulation, cardiac output, respiratory pattern, pupil size, neurological status, providing comfort position, applying suction, administering oxygen, maintaining fluid and electrolyte balance, improving nutritional status, assisting bladder and bowel care, improving the sensory function and improving mobility pattern.

## **Clients**

It refers to those who got admitted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research and diagnosed as poisoning by the physician.

## **Poison**

Poison is a toxic substance which include pesticide, drug, oleander, Kerosene.

## **ASSUMPTIONS**

- Poisoning clients may arise with complications in future.
- Close monitoring and continuous care is valuable in determining the progress of poisoning patients.
- Quality nursing care facilitates early recovery and prevents the complication in poisoning patients.

## **DELIMITATION**

1. The study samples are limited to thirty.
2. The duration of study is limited to six weeks.
3. Clients who belongs to the age group of 18-45 years.

## **PROJECTED OUTCOME**

Effective nursing care promotes early recovery of the clients who consumed poison and prevents its complications.



## CONCEPTUAL FRAMEWORK

A Conceptual framework refers to concepts that structure or offer framework of predispositions for conducting research. The study is designed to elicit the effectiveness of nursing care on clients with Poisoning in improving health status and prevent complications. The Conceptual model for the study is based on modification made on modified Lydia Hall's theory(1975). In this theory three major components are emphasized. The core circle, the care circle and the cure circle represent specific aspects of nursing care.

**Core:** It refers to the patients assessment on airway, breathing pattern and circulation, and assessing cardiac output, respiratory pattern, pupil's size, urine output, neurological status, nutritional status, hydration status and psychological status with regard to demographic variables like age, gender, religion, education, occupation, family income, marital status, type of family and area of living.

**Care:** It refers to clients body and nurturing aspect of nursing care. It involves nursing care such as assessment of vital parameters,

comfort positioning, administering oxygen, maintaining hydration status, meeting elimination needs, promoting self care activities, reducing anxiety, administering medications and health education.

**Cure:** It refers to the outcome of the treatment that is effectiveness of nursing care on clients with Poisoning. It involves helping a client and family members through medical and rehabilitative measures instituted by the physician.

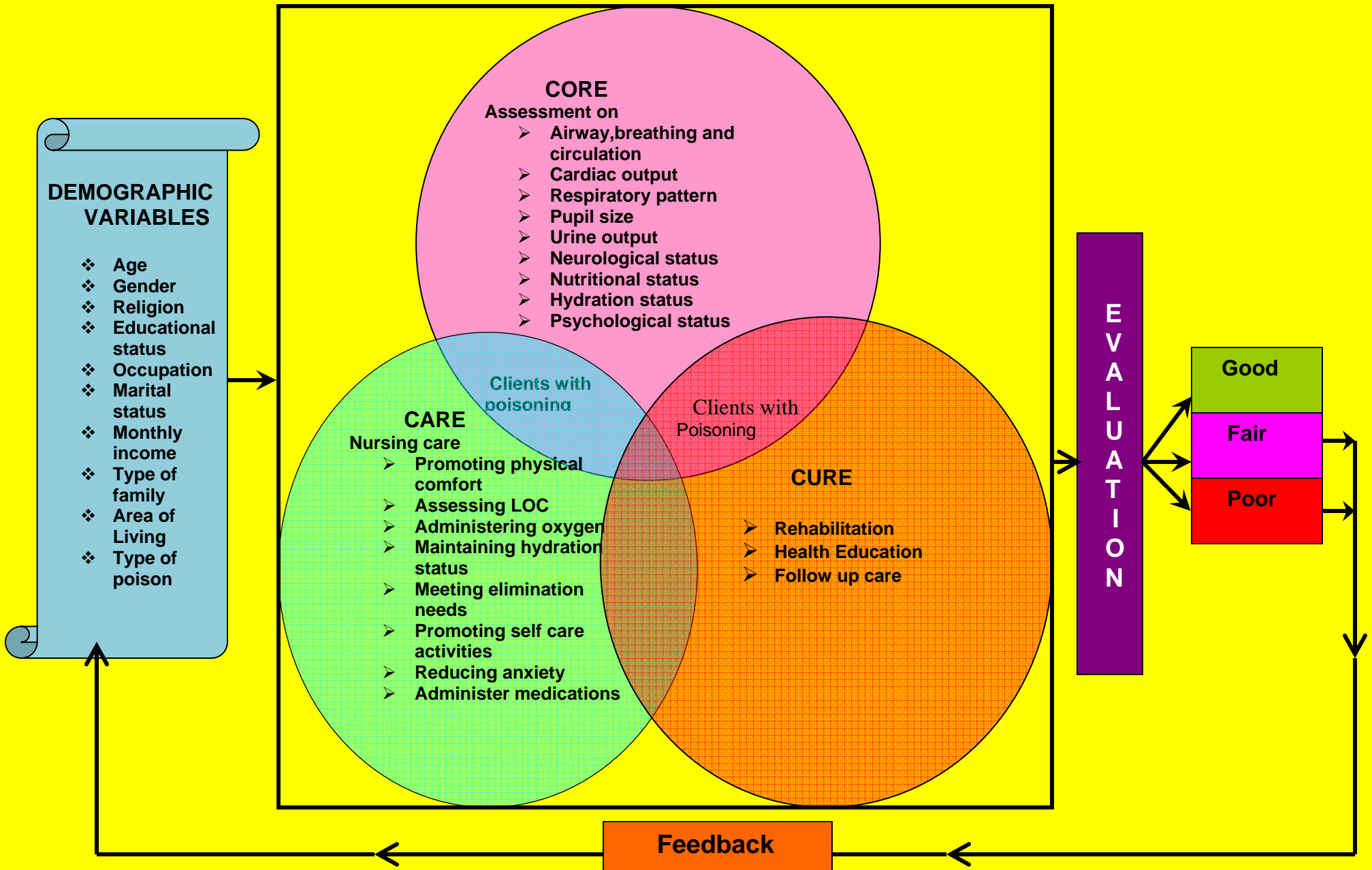
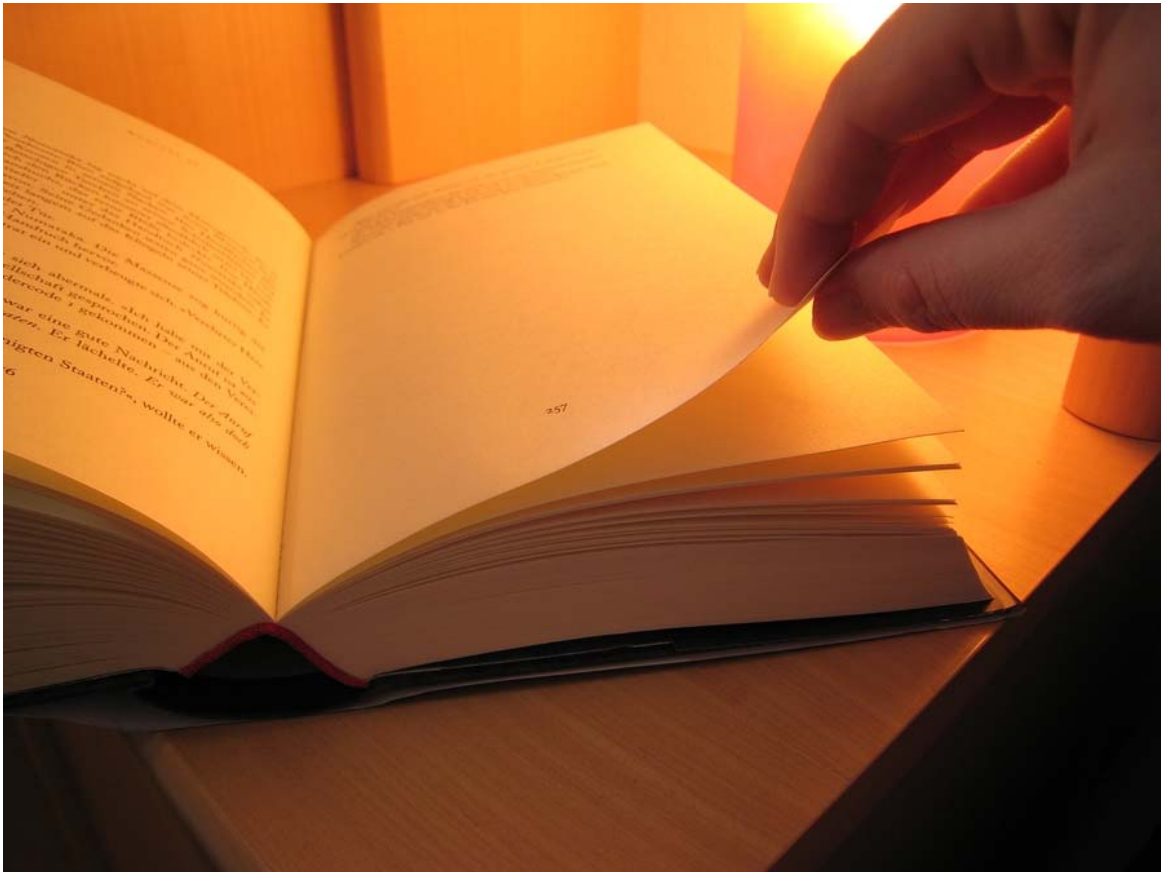


Fig.1.2. MODIFIED LYDIA HALL'S CORE, CARE, CURE THEORY (1975)

# CHAPTER - II



# REVIEW OF LITERATURE

## **CHAPTER II**

### **REVIEW OF LITERATURE**

The review of relevant literature is nearly always a standard chapter of a thesis or dissertation. The review forms an important chapter in a thesis where its purpose is to provide the background to and justification for the research undertaken (Bruce 1994). Bruce, who has published widely on the topic of the literature review, has identified six elements of a literature review. These elements comprise a list; a search; a survey; a vehicle for learning; a research facilitator; and a report (Bruce 1994).

A crucial element of all research degrees is the review of relevant literature. So important is this chapter that its omission represents a void or absence of a major element in research (Afolabi 1992).

**Review of Literature related to this study has been discussed under following headings:**

**Part-A:** Literature related to Poisoning.

**Part-B:** Literature related to Management of Poisoning.

**Part-A: Literature related to Poisoning.**

**Centers for Disease Control and Prevention (CDC)**

**(2010)** conducted study on “acute antimicrobial pesticide-related illnesses among workers in health-care facilities” concluded that Health-care facilities should educate workers about antimicrobial pesticide hazards, promote the use of personal protective equipment (PPE) as appropriate, and implement effective risk communication strategies for antimicrobial pesticide use to prevent bystander exposure. Improved design of handling equipment might prevent handler and bystander exposure.

**David Gunnell, et al.,(2010)** conducted study on “Suicide by intentional ingestion of pesticides: a continuing tragedy in developing

countries” concluded that substances most commonly used for self-poisoning in developing countries are agricultural pesticides. Overall case fatality ranges from 10% to 20%. For this reason, deaths from pesticide poisoning make a major contribution to patterns of suicide in developing nations, particularly in rural areas. Research to identify the most acceptable means of restricting the availability of pesticides within rural communities is urgently required together with randomized controlled trials to determine the best means of treatment and cost-effectiveness of possible interventions. Engagement of national governments and leadership of the WHO, in particular the MNH and IPCS sections, on the issue is essential. Commitment from industry is vital as is the need to ensure they understand the scale, importance, and preventability of the problem. Reducing the number of pesticide deaths by 50% could rapidly reduce the number of suicides worldwide by 150 000. This is quite possible.

**Bose A, et al.,(2009)** conducted study on “Self-harm and self-poisoning in southern India: choice of poisoning agents and treatment” concluded that The overall suicide rate was 71.4 per 100 000 population; the highest burden was among men. Most people died through hanging (81, 54%) and self-poisoning (46, 31%). Of the

46 who died from self-poisoning, 78.3% had taken pesticides and 19.7% had eaten poisonous plants. Eighty per cent of the self-poisoning cases obtained the poisonous substance in or in close proximity to the home, highlighting the importance of safe storage in the domestic environment. Of the 110 fatal and non-fatal self-poisoning cases, 87 (57.5%) were taken for treatment; 50 (57.4%) went to government hospitals and 37 (42.5%) to private facilities. This indicates the importance of including the private sector in the efforts to improve case management. Furthermore, the fact that 31 (67%) of the self-poisoning patients, who eventually died, were alive after 4 hours provides an incentive to focus on improved case management and access to health services.

**Warrell DA.(2009)** conducted study on nature's venoms and poisons and concluded that yellow oleander, a widespread and accessible ornamental shrub, is a popular means of self-harm. There are strong scientific grounds for the use of activated charcoal, but encouraging results with multiple-dose activated charcoal were not confirmed by a recent more powerful study. Venom of Russell's viper produces lethal effects in human victims. Antivenom rapidly restored haemostatic function but failed to correct



other effects of venom toxins incurred during the 3h before he could be treated.

**Corallino M, et.al (2007)** conducted study on “Skin testing technique and precision in stinging insect allergy”, concluded that Skin testing in insect sting allergy is a conceptually and manually complex procedure, which should be subjected to systematic quality control assessment, like a laboratory procedure. The personnel involved in the performance of this procedure should receive appropriate and extensive training.

**Dykgraaf S et.al (2006)** conducted study on “Rattlesnake envenomation in 12 New World camelids” concluded that snake bites will cause common complete blood count(CBC) and serum biochemical abnormalities like neutrophilia, lymphopenia, increased muscle enzyme activity, hypoalbuminemia, hyperglycemia, hypokalemia, and thrombocytopenia. Treatment included combinations of intravenous fluid therapy, antimicrobials, anti-inflammatory drugs, tetanus prophylaxis, tracheostomy, supplemental oxygen, antivenom, total parenteral nutrition, and nursing care.

## **Part-B: Literature related to Management of Poisoning.**

**Behcet AI, (2010)** “A case of non-fatal oleander poisoning” presented a case of non-fatal poisoning with oleander blooms in a 42-year-old woman. After repeated vomiting and gastrointestinal distress, the patient was admitted to the hospital with cardiac symptoms 4 h after the ingestion. Urine and blood samples were assayed for drugs of abuse and for general toxicological screen. Blood was analysed for alcohol and volatiles. Oleandrin was detected in the blood sample at a concentration of 14.7 ng/ml. Following a review of the literature, this is the first case of oleander poisoning in which the patient recovered with only conservative treatment. Oleander poisonings occur rarely, and generally result in death.

**Bandara V, et al., (2010)** conducted study on “A review of the natural history, toxinology, diagnosis and clinical management of oleander poisoning - Nerium oleander (common oleander) and Thevetia peruviana (yellow oleander)”, All parts of these plants are toxic, and contain a variety of cardiac glycosides including neriifolin, thevetin A, thevetin B, and oleandrin. Ingestion of either oleander results in nausea, vomiting, abdominal pain, diarrhoea, dysrhythmias,

and hyperkalemia. In most cases, clinical management of poisoning by either *N. oleander* or *T. peruviana* involves administration of activated charcoal and supportive care. Digoxin specific Fab fragments are an effective treatment of acute intoxication by either species. However, where limited economic resources restrict the use of such Fab fragments, treatment of severely poisoned patients is difficult. Data from case reports and clinical studies were reviewed to identify treatments supported by evidence for the management of poisoning.

**BMJ (2010)** conducted study on “Evidence-based nursing in the organic phosphorus pesticide poisoning in the application of patient care” concluded that Evidence-based clinical care is the foundation for nurses to be able to find a science-based evidence to guide to clinical nursing care problems and improve the expertise of the nurses to provide patients with a more safe, effective, economical, reasonable care indeed improved the quality of care.

**Gawarammana I, et al., (2010)** conducted study on “Fructose-1, 6-diphosphate (FDP) as a novel antidote for yellow oleander-induced cardiac toxicity: a randomized controlled double

blind study” concluded that If FDP is effective in cardiac glycoside toxicity, it would provide substantial benefit to the patients in rural Asia. The drug is inexpensive and thus could be made available at primary care hospitals if proven to be effective.

**Gilden RC, et al., (2010)** conducted study on “Pesticides and health risks”, reviewed the toxicological and epidemiological literature; describe common potential pesticide exposures; and focus on the associated health risks to fetal development and recommended for pesticide elimination and reduction in health care settings.

**Zamani J, et al., (2010)** conducted study on “Cardiac findings in acute yellow oleander poisoning”, concluded that Most of the symptomatic patients had conduction defects affecting sinus or atrio-ventricular nodes but few had atrial or ventricular arrhythmias typical of digoxin poisoning.

**Eizadi-Mood N, et.al(2009)** conducted retrospective analytic study on Comparative evaluation of Glasgow Coma Score and gag reflex in predicting aspiration pneumonitis in acute poisoning

concluded that a reduced GCS and a nonintubated trachea are associated with an increased incidence of Aspiration pneumonitis.

**Ellington L, et.al (2009)** conducted study on “An examination of adherence strategies and challenges in poison control communication” identified Four themes which were (1) SPIs' generation of informal "likelihood-of-adherence" assessments as to whether a caller will follow the recommendation to go to a health care facility, (2) SPI communication strategies used to promote adherence, (3) behavior of SPIs during periods of high call volume, and (4) communication training for PCC staff members.

**Jaekel C, et.al (2009)** conducted study on “Care of the trauma patient beyond the emergency department: a patient care standard to guide bedside nurses” concluded that Ongoing assessments of psychosocial issues in trauma patients are imperative, even after the patient leaves the specialized area of the emergency department. Oftentimes, bedside nurses are ill prepared to identify the subtle clues of deeper psychosocial issues in complex patients such as trauma patients, and so stresses on the

development of a patient care standard to guide the bedside staff nurse in the care of the trauma patient.

**Kelly W, et.al (2009)** conducted study on “Guidelines for submitting adverse event reports for publication” concluded that Based on a literature review and our collective experience in reviewing adverse event case reports in regulatory, academic and industry settings, we have identified information that we propose should always be considered for inclusion in a report submitted for publication. These guidelines have been endorsed by the International Society for Pharmacoepidemiology (ISPE) and the International Society of Pharmacovigilance (ISoP) and are freely available on the societies' web sites.

**Kishore Gnana Sam, et al., (2009)** conducted study on “Snake-bite Envenomation: A Comprehensive Evaluation of Severity, Treatment and Outcome in a tertiary Care South Indian Hospital” concluded that Snake bite severity scores were significantly associated with factors like type of snakes, age distribution and were directly proportional to the time elapsed between snake bite instance and hospitalisation time. Outcome measures like clinical status at

discharge depended on the factors like site of bite, occurrence of renal failure, quantity of ASV administered, and severity grading scores. Maximum incidence of haemotoxicity was observed among unidentified snake bites, and those with viper and cobra bites. Cellulitis was the most common complication seen among patients with unidentified snakes and cobra bites. Delay in hospitalisation increased the incidence of the complications, severity index and outcome. The early administration of ASV is beneficial in preventing complications, however severe the systemic envenomation. Clinical severity scoring will give us a more accurate estimation of the burden of snakebite even if the envenoming species are not available and help decision makers to take appropriate decisions.

**Poynton MR, et al.,(2009)** conducted study on “Specialist discrimination of toxic exposure severity at a poison control center” concluded that the overall ability of the specialists in poison information's (SPI's) to predict exposure severity is excellent but less accurate with less frequently encountered, more severe cases. A better understanding of SPI's decision-making processes, including the relationship between perceived severity and decision-making

strategies, is necessary for the development of educational strategies and decision support technologies.

**Rajapakse S. (2009)** conducted study on Management of yellow oleander poisoning concluded that Digoxin-specific antibody fragments remain the only proven therapy for yellow oleander poisoning. Further studies are needed to determine the place of activated charcoal, the benefits or risks of atropine and isoprenaline, the place and choice of antiarrhythmics, and the effect of intravenous magnesium in yellow oleander poisoning.

**Amin MR, et al.,(2008)** conducted study on “Consecutive bites on two persons by the same cobra: a case report” and suggested that Prompt assessment, observation and early specific management are the keys to treat severe envenomations. Anti-snake venoms, preferable monovalent ones, are highly effective in addition to auxiliary treatment like anticholinesterase and respiratory support. Reactions to polyvalent antivenom are not uncommon and may lead to lethal anaphylaxis, but prompt action with adrenaline can easily control the situation. Guidelines must be followed by physicians for management of snakebites.



**Eddleston M, et al., (2008)** conducted study on “Multiple-dose activated charcoal in acute self-poisoning”, concluded that We cannot recommend the routine use of multiple-dose activated charcoal in rural Asia Pacific; although further studies of early charcoal administration might be useful, effective affordable treatments are urgently needed.

**Handler SM ( 2008)** conducted study on “Assessing the performance characteristics of signals used by a clinical event monitor to detect adverse drug reactions in the nursing home”, suggest that adverse drug reactions can be detected in the Nursing home setting with a high degree of accuracy using a clinical event monitor that employs a set of signals derived by expert consensus.

**Kim.A et al., (2008)** conducted study on “Patient education in the emergency department: A systematic review of interventions and outcomes”, and concluded that among 10 randomized controlled trials, 6 studies reported being able to meet their learning domain outcomes using a variety of teaching methods. Educational

interventions in the Emergency Department are both possible and feasible as examined in the studies in this review.

**Kiran N, et al., (2008)** conducted study on “Pattern of poisoning reported at south Indian tertiary care hospital” concluded that Intentional poisoning among young adults is a common public health hazardous. The commonest poisoning includes organophosphorous, halogenated insecticides, and petroleum products. Establishing a poison information centre (PIC), which should be networked with other PIC in India and also with developed countries, can help in early identification of the poisoning and also managing the cases by sharing the information. Awareness to the public regarding information on poison prevention has to be penetrated.

**Pilar JM. (2008)** conducted study on “Urgencies and emergencies drug ingestion”, suggest the need for distinct types of nursing care, including techniques, procedures and how to administer treatment, to patients who suffer from drug intoxication, either accidental or voluntary .The author also tries to discover the work

load for nursing personnel which this type of patient brings to bear on an emergency service by means of the "PRN" method.

**Pillay VV.(2008)** conducted study on Current views on antidotal therapy in managing cases of poisoning and overdose and concluded that the emphasis must be on general management comprising supportive measures than the use of specific antidotes in the vast majority of cases, it is nevertheless true that there are some instances where the timely use of a specific antidote or antagonist will dramatically reverse or at least halt the progression of toxicity and the proper use of specific antidotes when combined with general supportive care does reduce the morbidity and mortality associated with severe poisonings.

**Amigo Tadrín M, et.al (2007)** conducted study on "Techniques and procedures administered to patients with acute poisoning in an emergency department", concluded that intoxications due to alcohol, medication and drugs of abuse require the same amount of medical care and their clinical outcome is similar. The care of intoxicated patients could be improved.

**Kelly WN, et.al (2007)** conducted study on “Guidelines for submitting adverse event reports for publication”, concluded that based on a literature review and our collective experience in reviewing adverse event Case reports in regulatory, academic, and industry settings, we have identified information that we propose should always be considered for inclusion in a report submitted for publication. These guidelines have been endorsed by the International Society for Pharmacoepidemiology (ISPE) and the International Society of Pharmacovigilance (ISoP).

**Lin HW (2007)** conducted study on “Nursing care for an organophosphate poisoning suicidal woman” ,concluded that, During acute phases, the authors tried to keep the patient's airways clear, and respiration and circulation normal, and to maintain vital signs. Caregivers provided detoxicant, as well as repeatedly washing the patient's body in order to reduce the dangerous effects of organophosphate. In addition, psychological counseling was provided to the patient and her family. With this medical treatment the patient's condition improved Having a good supportive system, the patient might face problems such as poor communication with the family, by seeking resources, and learning coping skills. Caregivers' continuous

assistance to the patient, moreover, is a significant element in the patient's rehabilitation.

**Ranjit Kumar Das (2007)** conducted study on “Epidemiology of Insecticide poisoning at A.I.I.M.S Emergency Services and role of its detection by gas liquid chromatography in diagnosis”, concluded that Organophosphate and carbamate compounds which are widely used as insecticides are one of the leading causes of acute poisoning. Poisoning constituted 0.38% of all patients attended in the emergency services of A.I.I.M.S. The incidence of poisoning by various agents were seen in the order of Drugs>Insecticide> Aluminium phosphide. Insecticide constituted 12.80% of total poisoning cases. Insecticide poisoning was more in the age group of 21 to 30 years. Above 40 years the incidence of poisoning decreases. Suicidal poisoning was more commonly seen than accidental poisoning. Accidental poisoning was more in children. Poisoning was more in males than females. Insecticide poisoning was more common in unmarried person than married. Maximum number of cases of poisoning were seen in lower socio-economic groups. Out of 93 cases-79 patients (84.94%) were cured and 14

patients (15.06) were expired after treatment. There were no cases of homicidal poisoning. In total 93 insecticide poisoning cases, 60 cases gave positive test in laboratory analysis in A.I.I.M.S forensic laboratory. Mortality due to organophosphates and carbamate poisoning can be reduced by aggressive resuscitation and use of adequate doses of atropine and if needed by pralidoxime.

**William.R, et al., (2007)** “Continuity of care and poisoning prevention education”and concluded that,Parents who scored highest were those naming their family physician as their primary source of poisoning prevention information. No association was found between parents' scores and family demographic characteristics, purpose of clinic visit, family history of poisoning, clinicians' rating of parent interest and understanding during instruction, or provision of free syrup of ipecac. Duration of instruction was inversely correlated with parents' scores. These findings suggest that continuity of care is important in improving parent education.

**Branagan O, et.al (2006)** conducted study on “Providing health education on accidental drug overdose”, concluded that there is an association between intravenous drug use and increased risk of

death due to overdose and also reports on the evaluation of a health promotion programme to educate drug users on preventing an overdose and how to deal with an overdose if it occurs.

**Polivka BJ, et.al (2006)** conducted study on “Evaluation of the Be Poison Smart! poison prevention intervention”, concluded that the BPS (Be Poison Smart) intervention increased the self-reported knowledge and behaviors of most participants.

**Prator BC. (2006)** conducted study on “Serotonin syndrome”, concluded that Serotonin syndrome is a preventable, drug-related complication that results from increased brainstem serotonin activity, usually precipitated by the use of one or more serotonergic drugs. Its clinical presentation consists of autonomic dysfunction, alteration in mental status, and neuromuscular disorder. Early recognition and treatment is important, because this condition is potentially fatal. Management includes withdrawal of causative agents and supportive measures such as hemodynamic stabilization, sedation, temperature control, hydration, and monitoring for complications. Serotonin antagonists, specifically cyproheptadine, have been used, but the documented benefits are purely anecdotal.

**Farley A, et.al (2005)** conducted study on “Paracetamol poisoning: physiological aspects and management strategies”, identified that the physiological aspects of paracetamol poisoning, as well as appropriate treatments. Trends in paracetamol use and initiatives to reduce rates of self-harm are discussed, as well as clinical practice and ways to determine severity of poisoning.

**Mallows J, et.al (2005)** conducted study on “Quality of poisoning management advice in the Monthly Index of Medical Specialties Annual”, concluded that the MIMS(“Monthly Index of Medical Specialties Annual”) is often used as a toxicology reference by physicians prior to calling the PIC. It contains a number of significant inaccuracies pertaining to management of poisonings and should not be used as a primary reference for poisoning advice.

**Elgart HN, (2004)** conducted study on “Assessment of fluids and electrolytes”, concluded that a combination of clinical evaluation, laboratory studies, and other diagnostics are required to make a clinical judgment regarding volume status. Patients who demonstrate alterations in their volume status are likely to have electrolyte abnormalities as well, and assessment of serum electrolyte values



and potential therapeutic interventions is a vital piece in caring for critically ill patients.

**Flanagan RJ, et al., (2004)** conducted study on “Fab antibody fragments: some applications in clinical toxicology” provides information on the use of antigen-binding fragments(Fab) from cleaved antibodies to treat poisoning Fab fragments are generally well tolerated. Adverse effects attributable to Fab treatment include hypokalaemia and exacerbation of congestive cardiac failure; renal function could be impaired in some patients. Fab fragment preparations for treating acute colchicine and tricyclic antidepressant poisoning have been developed, but are not available commercially. Attempts have been made to produce anti-paraquat antibodies capable of enhancing paraquat elimination from the lung, but thus far all such attempts have proved unsuccessful.

**Abjornsson WL, et al., (2000)** conducted study on “Education for men with solvent-induced chronic toxic encephalopathy and their spouses” and concluded that the majority of the participants experienced the 1-day information as useful and relevant. The 10-week group sessions were rated as meaningful and

the design, number, duration and frequency of the sessions equally good. Self-reported symptoms, social network and mastery were measured before the group sessions, and 3 and 9 months after breaking up the group sessions. In most measurements, there were no statistically significant differences between the three points in time. However, the wives improved more than did the patients but the effect was not lasting the whole follow-up period. Considering the patients' dependence on their wives, it might be most important that the wives experienced some relief from their own symptoms.

**Ambrosini MB, et al., (2000)** conducted study on “Pesticide poisoning in rural areas and the nurse's work” insisted on public health nurses knowledge about the particularities of the pesticide compounds, so that they will be able to work in health prevention and promotion, recognizing the chronic and acute damages. This paper presents a revision about the organochlorines pesticides and, based on it, proposes some activities to be implemented by nursing professionals in primary health care, aiming the health of workers exposed to the pesticides.

**Ambrosini MB, et al., (2000)** conducted the “Study of pesticide poisoning during a nursing course: report of the experience”

described the experience of nursing students in the development of a research project. They also identified of a public health problem in a farm, when 1,200 people camped near a storehouse containing organochloride pesticides by using a descriptive study.

**Eddleston, (2000)** conducted “The Global burden of disease study”, and reported that hospital based interventions after admission for self-harm have become popular in an attempt to reduce repetition. Improved mental health care, particularly at the community level , must be an important part of any strategy to reduce self-harm.

**Eddleston M, et al., (2000)** conducted study on “Acute yellow oleander (*Thevetia peruviana*) poisoning: cardiac arrhythmias, electrolyte disturbances, and serum cardiac glycoside concentrations on presentation to hospital”, Concluded that most of these young previously healthy patients had conduction defects affecting the sinus or AV nodes. Relatively few had the atrial or ventricular tachyarrhythmias or ventricular ectopic beats that are typical of digoxin poisoning. Serious yellow oleander induced arrhythmias were associated with higher serum cardiac glycoside concentrations and hyperkalaemia but not with disturbances of magnesium.

# CHAPTER - III



# METHODOLOGY

# **CHAPTER III**

## **METHODOLOGY**

This chapter deals with methodology adapted for the study and includes the description of research design setting of study population, sample size, sampling technique, criteria for the selection of sample instruments and tools and data collection.

### **RESEARCH DESIGN**

One group pre-test post-test design of pre-experimental was used to evaluate the effectiveness of nursing care for clients with poisoning by assessing the clients condition and their needs and problems were assessed and nursing interventions were provided.

### **SETTING OF THE STUDY**

The study was conducted in Melmaruvathur Adhiparasakthi institute of Medical Science and research, Melmaruvathur, Kancheepuram District.

## **POPULATION**

The population of the study comprised of clients who had poisoning in the age group of 18-45 years admitted at Melmaruvathur Adhiparasakthi institute of Medical Science and research, Melmaruvathur, Kancheepuram District.

## **SAMPLE SIZE**

The sample size includes 30 clients who fulfilled the inclusion criteria.

## **SAMPLING TECHNIQUE**

Sampling technique used by the investigator was non-probability, convenient sampling method. The convenient sampling technique was used to select the clients with poisoning. Data was collected from Melmaruvathur Adhiparasakthi institute of Medical Science and research, Melmaruvathur, Kancheepuram District.

## **CRITERIA FOR SAMPLE SELECTION**

### **INCLUSION CRITERIA**

1. Both male and female clients with selected poisoning (pesticide, oleander, kerosene and drug poisoning )
2. The clients who are admitted at Melmaruvathur Adhiparasakthi institute of Medical Science and research, Melmaruvathur, Kancheepuram District.
3. Client who understand Tamil and English.

### **EXCLUSION CRITERIA**

1. Clients below the age group of 18 years and above 45 years.
2. Clients with arsenic, cyanide, lead, methyl mercury, food poisoning, bites and stings.
3. Clients who are not willing to participate in the study.

## **INSTRUMENTS FOR DATA COLLECTION**

Instrument of data collection is derived under the following heading like demographic variable, structured assessment and non-standardised assessment rating scale, observation check list, protocol for nursing care with poisoning.

## **SECTION – A**

This section consist of information about demographic variables such as age, gender, religion, educational status, occupation, marital status, monthly income, type of family and area of living.

## **SECTION – B**

In this section, an structured assessment scale was used to monitor the condition of clients with poisoning. It includes details such as eye opening, verbal response and motor response.

## **SECTION – C**

In this section the non-standardized assessment rating scale was used to monitor the condition of client with poisoning. It includes details like cardiorespiratory assessment, ocular examination, gastrointestinal assessment, genitourinary assessment and integumentary assessment.

## **SECTION – D**

This section focused on observation check list of nursing care which were provided on clients with poisoning. This part consist



of nursing interventions such as monitoring vital parameters, positioning, maintaining normal respiratory pattern, maintaining fluid and electrolyte balance, maintaining nutritional status, catheter care, administering antidote for specific type of poisoning, assisting self care activities and health education.

# CHAPTER – IV



# DATA ANALYSIS AND INTERPRETATION

## **CHAPTER – IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with description of the tool, pilot study report, reliability and validity, informed consent, data collection procedure, score interpretation, method of data analysis plan and results.

#### **TOOL FOR DATA COLLECTION**

Tool for data collection was demographic variable, structured assessment scale, non-standardized assessment rating scale, and observational checklists and protocol for nursing care were used to find out the effectiveness of nursing care on client with poisoning.

#### **DESCRIPTION OF THE TOOL**

The structured tool was developed based upon the objectives of the study and also based on research experts concerns, review of literature. The instrument consists of four parts.

## **SECTION-A**

This section consists of information about demographic variables of clients with poisoning such as age in years, sex, religion, educational qualification, occupation, income, marital status, type of family and area of living. They were collected by interviewing the client and based upon their answers; a tick mark was put to the appropriate response of each item.

## **SECTION-B**

Structured assessment rating scale for the assessment of clients with poisoning. It includes details such as eye opening, verbal response and motor response. They were collected by assessing the client and based upon their response to appropriate nursing intervention.

## **SECTION-C**

It consists of non-standardized assessment rating scale which includes details like integumentary assessment, ocular examination, cardiorespiratory assessment, gastrointestinal assessment and genitourinary assessment. They were used to find out the effectiveness of nursing care for clients with poisoning.

## **SECTION-D**

This section focused on nursing care which was provided to the clients with poisoning. This part consist of nursing interventions such as monitoring vital parameters, positioning, maintaining normal respiratory pattern, maintaining fluid and electrolyte balance, maintaining nutritional status, catheter care, assisting self care activities, exercises and health education. Effectiveness of nursing care was assessed through rating scale.

## **REPORT OF THE PILOT STUDY**

The pilot study was conducted at Melmaruvathur Adhiparasakthi Institute of medical sciences and research for a period of two weeks. The tools were prepared by the investigator and used to find out the reliability and validity, which were evaluated by the experts of the research committee. The investigator used convenient sampling technique to select five samples and by using checklist, structured assessment scale and non-standardised assessment rating scale, the health conditions of the clients with poisoning were assessed. The calculated value is greater than the tabulated value. Hence, there is stastically significant improvement in the health status

of the poisoning patients. The doctors and other staffs were highly appreciable and the availability of various data and sources were extensively feasible for the study.

## **RELIABILITY**

Reliability was checked by experts. The reliability value was 0.75 . Reliability and practicability of the tools were tested through the pilot study and used for main study.

## **VALIDITY**

The tools were prepared by the investigator under the guidance of experts and on the basis of objectives, which were assessed and evaluated, accepted by experts of research committee. Content validity was obtained from medical surgical nursing experts.

## **INFORMED CONSENT**

The investigator obtained permission from the research committee and from the institution; written consent was taken from the study participants to conduct the study. The data collection was done for six weeks by using interview and observational method.

After assessing the client's status nursing care was given and later post assessment done to evaluate the progress of the clients.

## SCORE INTERPRETATION

The instruments consist of 31 numbers of questions regarding the health condition of the client with poisoning. Each question carries maximum score of 2. It was indicated that the total number of score is 62. The minimum score is 31.

The obtained data source were interpreted by the following procedure.

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

## SCORE DESCRIPTION

Description	Percentage
Mild	>75%
Moderate	50-75%
Severe	<50%

## **DATA COLLECTION PROCEDURE**

Data collection was done for six weeks by using questionnaire and observation method. The investigator introduced herself to clients and developed a good rapport with them. The demographic variables were collected from the clients, assessment was done with the help of the prepared tools and nursing interventions were carried out and evaluated with the structured assessment rating scale and non-standardized assessment rating scale.

## **METHOD OF DATA ANALYSIS PLAN AND RESULTS**

Data analysis was done by using descriptive and inferential statistics according to the need. The items were scored after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were frequency, percentage, mean, standard deviation, sign test and correlation coefficient. The sign test and correlation coefficient was adopted and interpreted in each and every score and found the results of effectiveness of nursing care on clients with poisoning.



## STATISTICAL METHOD

S.NO	Data analysis	Method	Remarks
1.	Descriptive statistics	Frequency and percentage, mean and standard deviation	To describe the demographic variables of clients with poisoning.
2.	Inferential statistics	1. sign test  2. Correlation Coefficient	Analyzing the effectiveness of nursing care on clients with poisoning.  To analyze the relationship between selected demographic variables and effectiveness of nursing care on clients with poisoning.

The findings based on descriptive statistical analysis are divided into the following headings.

**Section - A** Frequency and percentage distribution of the demographic variable of the patients with poisoning.

**Section - B** Frequency and percentage distribution of assessment score and evaluation score of patients with poisoning.

**Section - C** Mean and standard deviation of assessment and evaluation scores of patients with poisoning.

**Section-D** Improvement score mean and standard deviation of assessment and evaluation score and effectiveness of nursing care of patients with poisoning.

**Section-E** The correlation between demographic variables and effectiveness of nursing care of patients with poisoning.

## Section – A

**Table No. 4.1 Frequency and percentage distribution of the demographic variable of the clients with poisoning.**

**N=30**

<b>S.NO</b>	<b>Demographic variables</b>	<b>Number</b>	<b>Percentage</b>
<b>1.</b>	<b>Age in years</b>		
	a.18-24	5	16.67
	b. 25-31	11	36.67
	c. 32-38	9	30
	d. 39-45	5	16.67
<b>2.</b>	<b>Gender</b>		
	a. Male	13	43.33
	b. Female	17	56.67
<b>3.</b>	<b>Religion</b>		
	a. Hindu	28	93.33
	b. Muslim	1	3.33
	c. Christian	1	3.33
<b>4.</b>	<b>Educational Status</b>		
	a. Illiterate	12	40
	b. Primary school	8	26.67
	c. High school	5	16.67
	d. Graduate and others	5	16.67

<b>5.</b>	<b>Occupation</b>		
	a. Unemployed	23	76.67
	b. Farmer	5	16.67
	c. Business	2	6.67
<b>6.</b>	<b>Marital Status</b>		
	a. Married	21	70
	b. Unmarried	9	30
<b>7.</b>	<b>Monthly Income</b>		
	a. Upto Rs. 1000/-	4	13.33
	b. Rs.1001/- to Rs.3000/-	10	33.33
	c. Rs.3001/- to Rs.5000/-	13	43.33
	d. Above Rs.5001/-	3	10
<b>8.</b>	<b>Type of family</b>		
	a. Nuclear family	25	83.33
	b. Joint family	5	16.67
<b>9.</b>	<b>Area of living</b>		
	a. Urban	0	0
	b. Rural	30	100

Table(4.1) shows the distribution of demographic variables of the poison patients regarding the age of patient 16.67% belongs to the age group of 18-24 years. 36.67% belongs to the age group of 25-31 years. 30% belongs to the age group of 32-38 years and 16.67% belongs to the age group of 39-45 years.

With regard to gender 43.33% were male and only 56.67% were female.

In relation to the education status, patients 40% were illiterate. 26.67% had primary education, 16.67% had high school and 16.67% were graduates.

With regard to occupation, patients 76.67% were unemployed, 16.67% were farmers and 6.67% were business men.

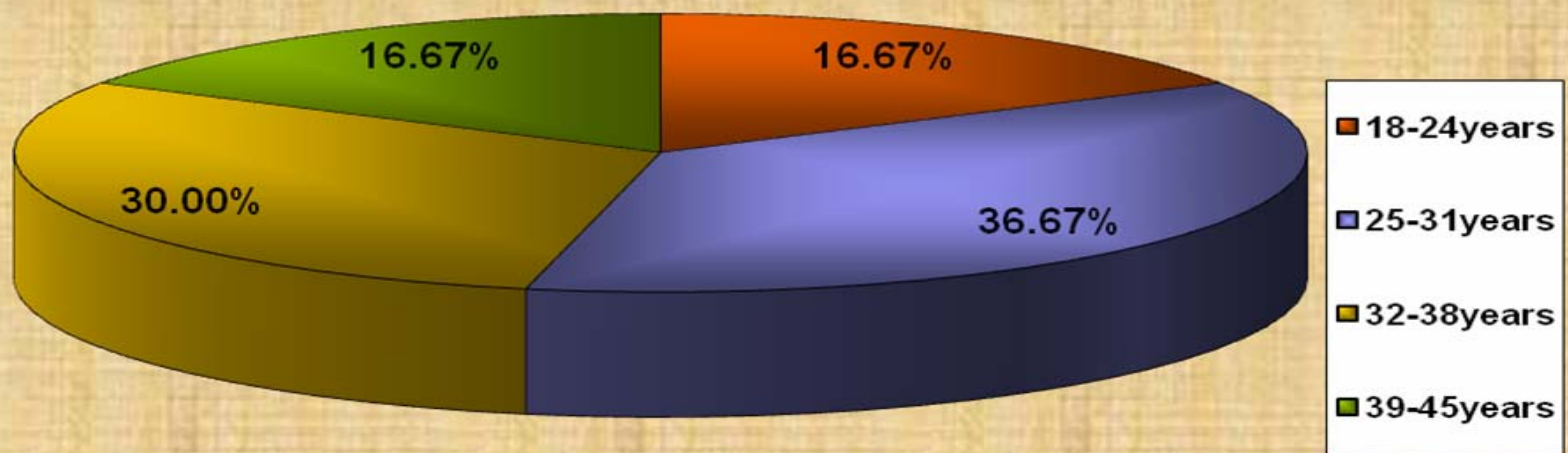
Regarding marital status, 70% were married and 30% were single.

With regard to religion, patients 93.33% were Hindu, 3.33% were Muslim, 3.33% were Christian.

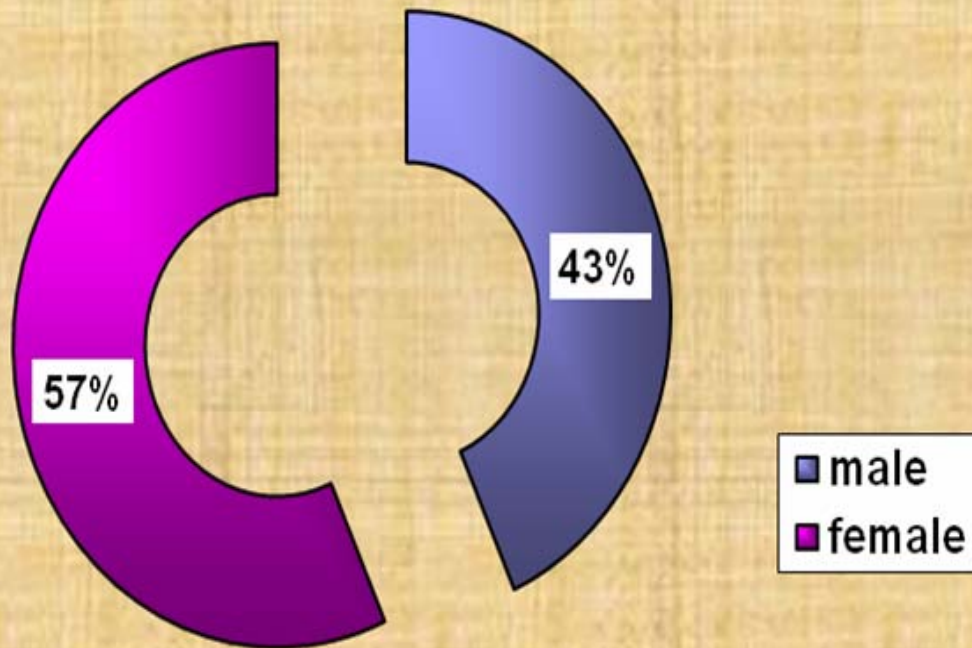
In relation to the type of family, patients 83.33% belong to the nuclear family and 16.67% belong to joint family.

With regard to area of living patients 100% living in rural area.

Regarding family monthly income, patient 13.33% had income upto Rs.1000/-, 33.33% had income between Rs.1001/- to 3000/-, 43.33% had income between Rs.3001/- to 5000/-, 10% had income aboveRs.5001/-.

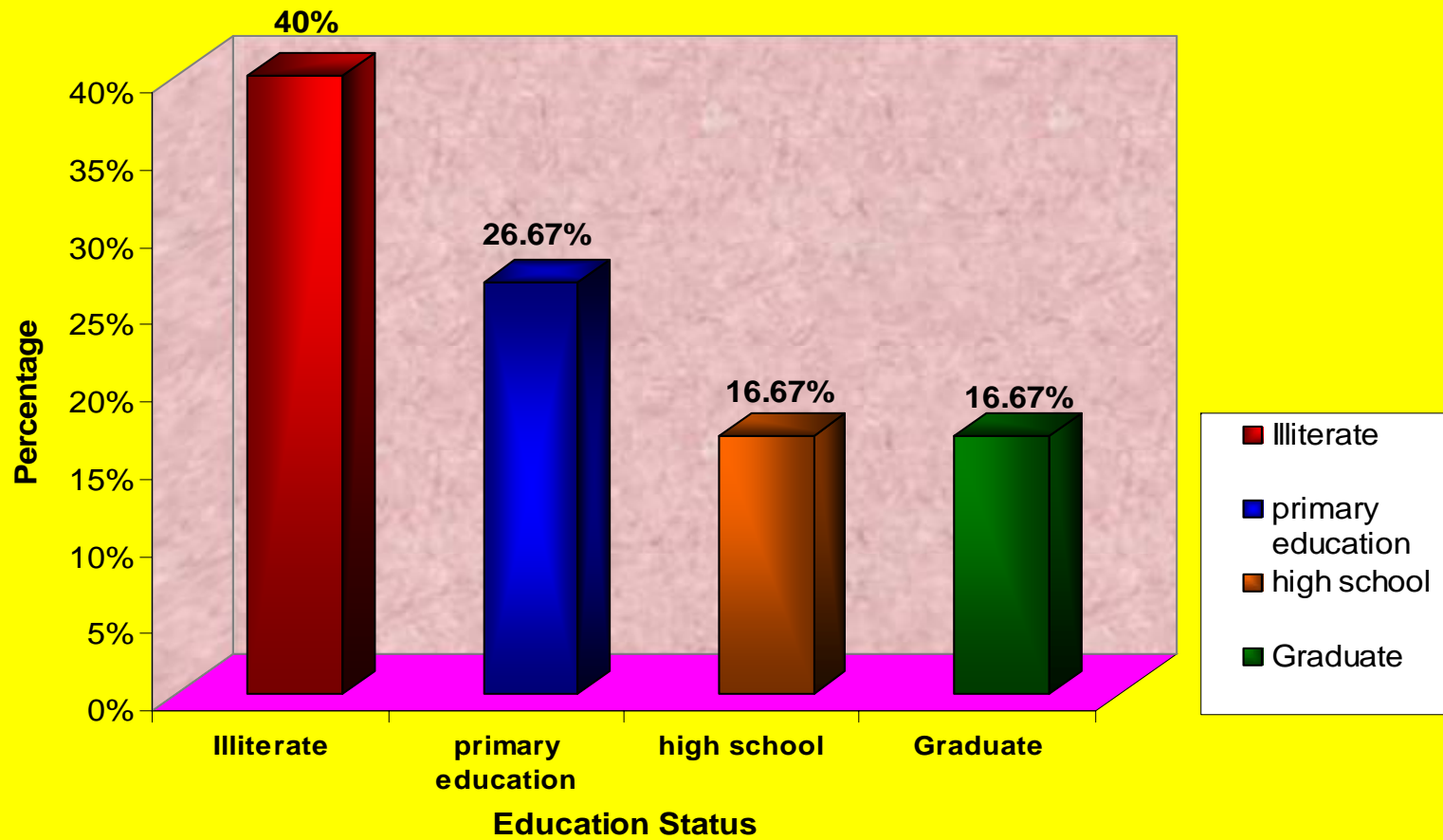


**Fig.4.1. Percentage Distribution of clients with poisoning based on age**

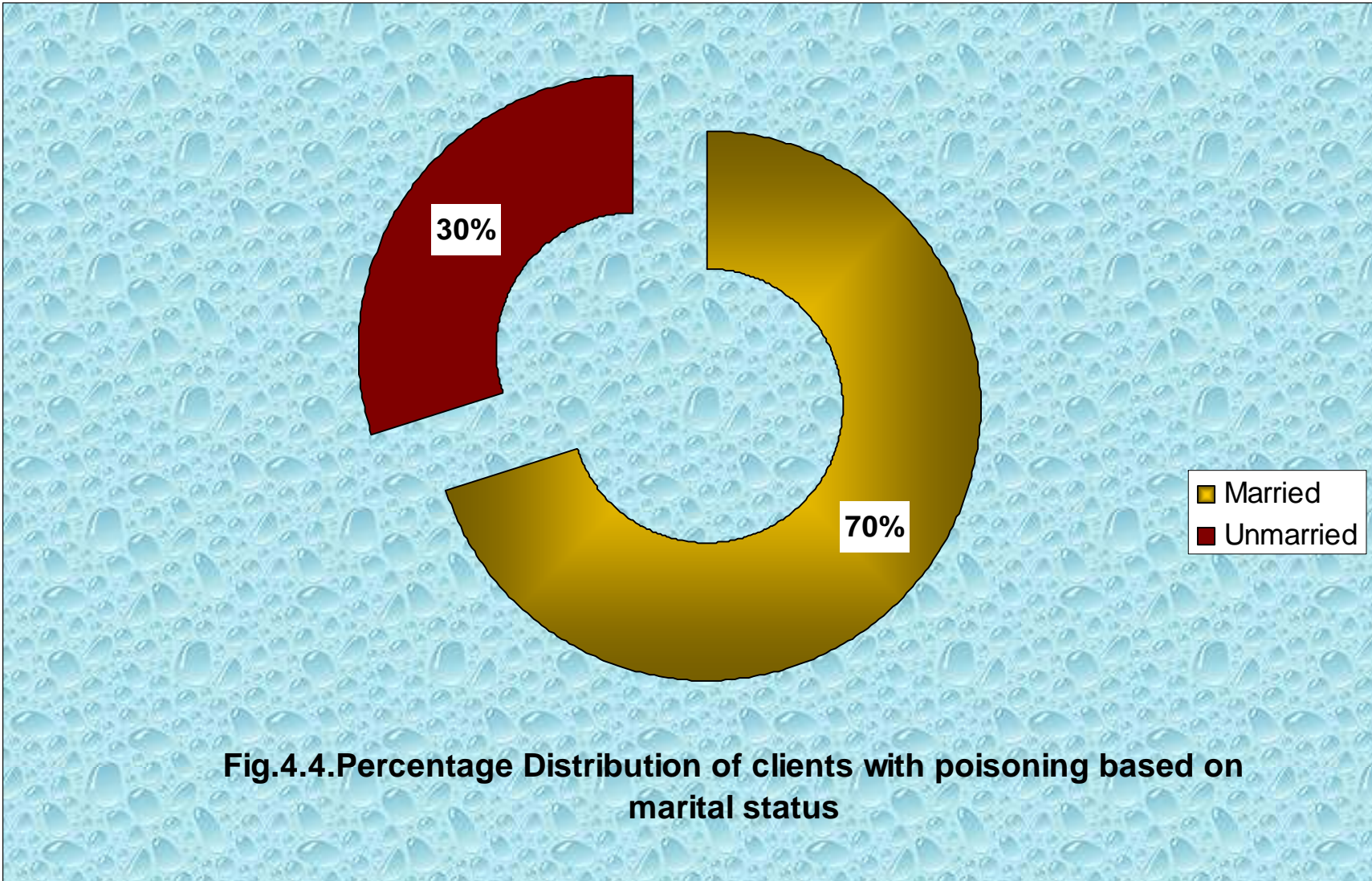


**Fig.4.2.Percentage distribution of clients with poisoning based on gender**





**Fig.4.3. Percentage distribution of clients with poisoning based on Educational Status**



**Fig.4.4. Percentage Distribution of clients with poisoning based on marital status**

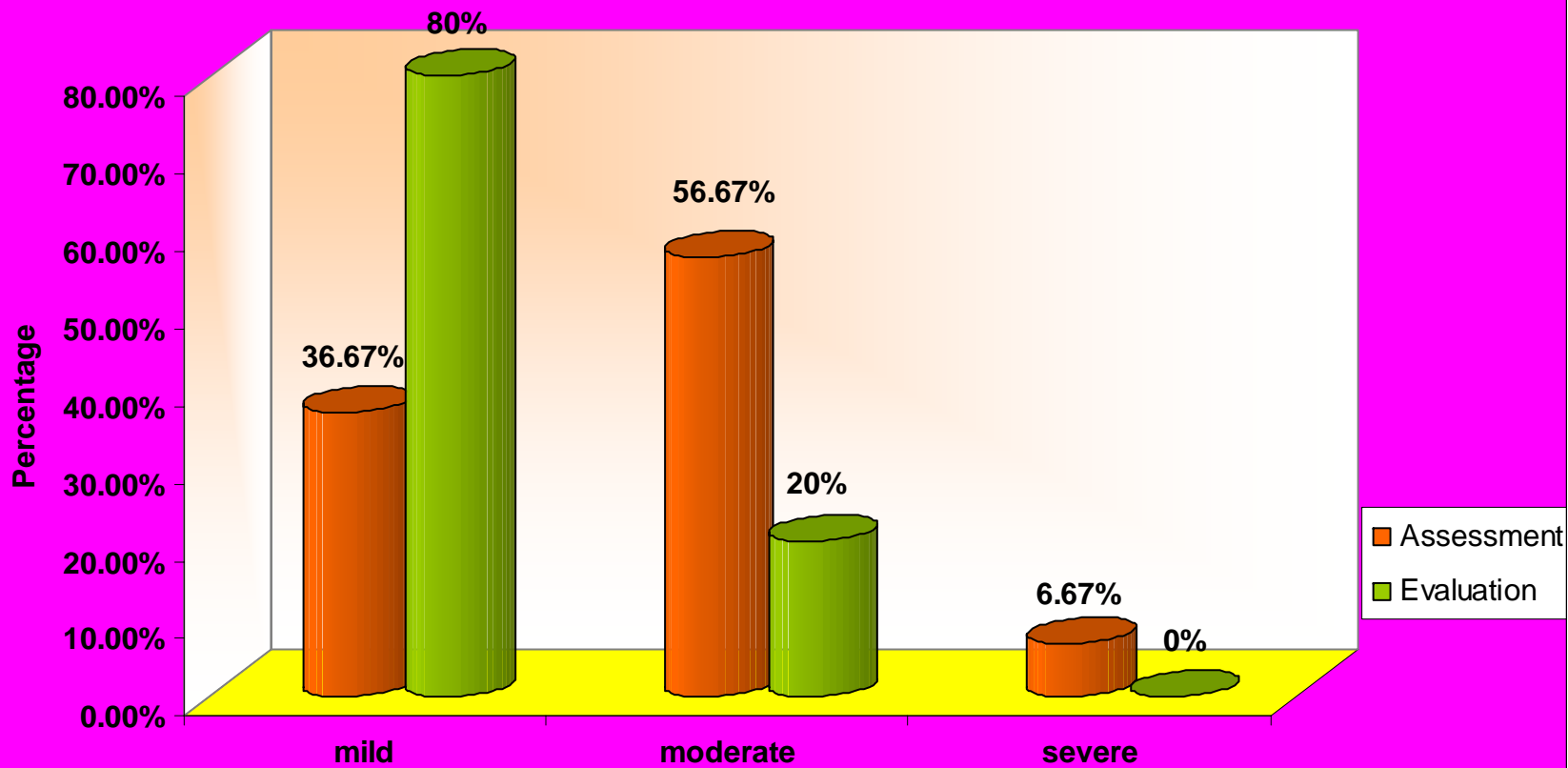
## Section – B

**Table No. 4.2 Frequency and percentage distribution of assessment score and evaluation score of clients with poisoning.**

**N=30**

Health status of patients	Mild health deterioration (75%-100%)		Moderate health deterioration (50%-75%)		Severe health deterioration <50%	
	No	%	No	%	No	%
Assessment	11	36.67	17	56.67	2	6.67
Evaluation	24	80	6	20	-	-

Table (4.2) shows that among 30 patients, 2(6.67%) clients had severe health deterioration, 17(56.67%) clients had moderate health deterioration. And only 11(36.67%) had mild health deterioration during assessment. In evaluation, 24(80%) clients had mild health deterioration, 6(20%) clients had moderate deterioration and there was no patient with severe health deterioration.



**Fig.4.5. Percentage distribution of assessment and evaluation score of clients with poisoning based on health status**

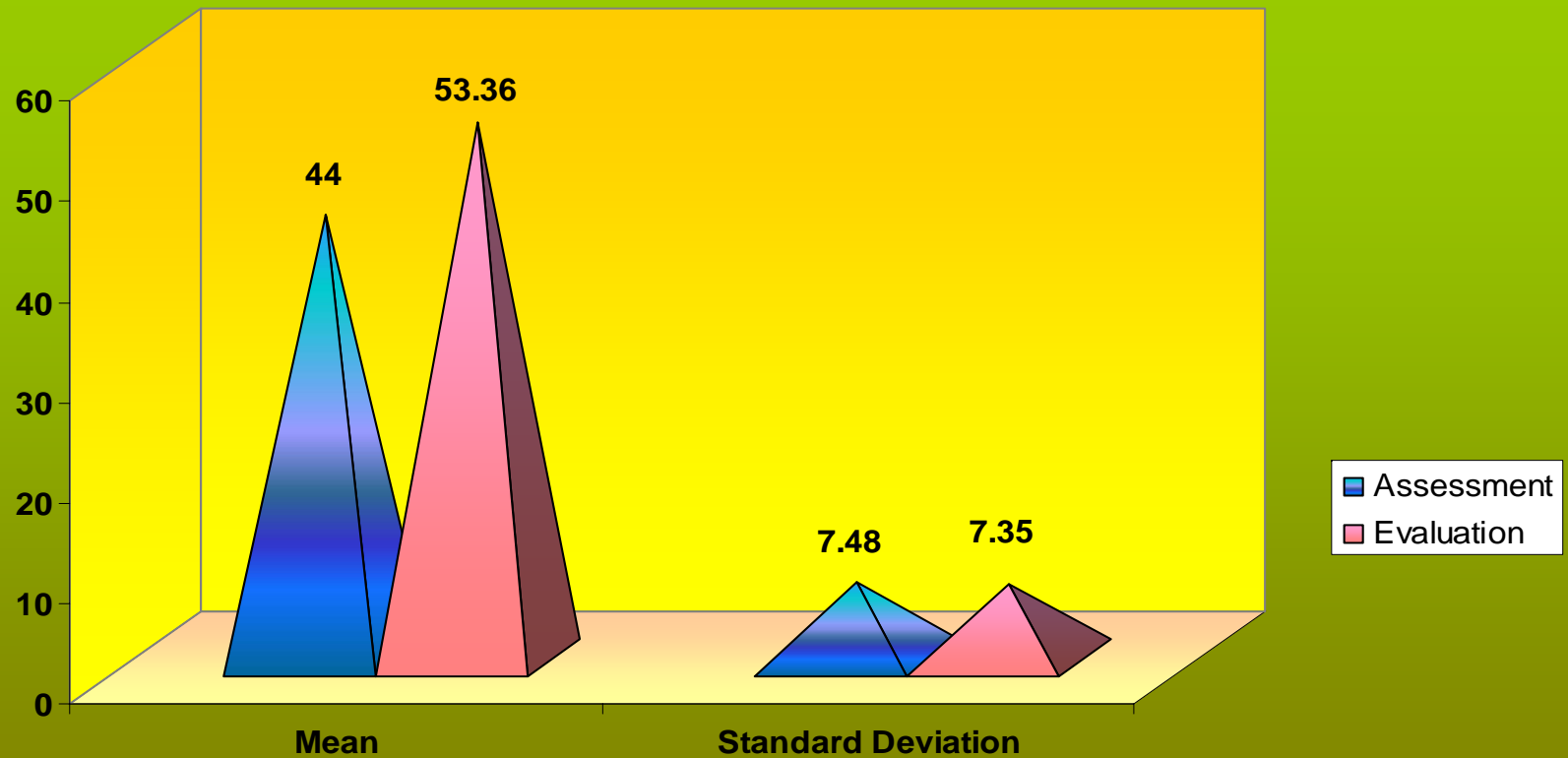
## Section – C

**Table No. 4.3 Mean and standard deviation of assessment and evaluation scores of clients with poisoning.**

**N=30**

<b>Topic</b>	<b>Mean</b>	<b>Standard Deviation</b>
Assessment	44	7.48
Evaluation	53.36	7.35

Table (4.3) In Assessment, the mean is 44 with the standard deviation of 7.48. In the evaluation, the mean is 53.36 with the standard deviation of 7.35.



**Fig.4.6. Mean and Standard Deviation of health status of clients with poisoning**

## Section – D

**Table 4.4 Mean and Standard Deviation of Improvement score of Clients with Poisoning**

**N=30**

S.NO	HEALTH STATUS	MEAN	STANDARD DEVIATION	K Value	Sign Value
1.	Improvement score	9.37	2.17	9.13	4

$P < 0.01$  level of significance

Table (4.4) shows that improvement score mean with value of 9.37, with standard deviation 2.17 and 'K' value of 9.13. Since the calculated value is greater than number of negative sign.

It implies that there was statistically highly significant improvement in health status of clients with poisoning after the nursing care at 0.01 level of significance. Thus the nursing care on client with poisoning was very effective.

## Section - E

**Table No. 4.5 The correlation between demographic variables and effectiveness of nursing care of clients with poisoning.**

S. No.	Demographic Variables	Assessment						Evaluation				r
		Mild		Moderate		Severe		Mild		Moderate		
		No	%	No	%	No	%	No	%	No	%	
1.	<b>Age in years</b>											
	a. 18-24	2	6.7	3	10	0	0	4	13.3	1	3.3	.12*
	b. 25-31	7	23.3	5	16.7	1	3.3	10	33.3	3	10	
	c. 32-38	3	10	3	10	1	3.3	5	16.7	2	6.7	
	d. 39-45	1	3.3	4	13.3	0	0	5	16.7	0	0	
2.	<b>Gender</b>											
	a. Male	7	23.3	6	20	0	0	12	40	1	3.3	-.27*
	b. Female	6	20	9	30	2	6.7	12	40	5	16.7	
3.	<b>Religion</b>											
	a. Hindu	12	40	14	46.7	2	6.7	22	73.3	6	20	.13
	b. Muslim	1	3.3	0	0	0	0	1	3.3	0	0	
	c. Christian	0	0	1	3.3	0	0	1	3.3	0	0	
4.	<b>Educational Status</b>											
	a. Illiterate	5	16.7	7	23.3	0	0	10	33.3	2	6.7	-.04
	b. Primary school	3	10	3	10	2	6.7	6	20	2	6.7	
	c. High school	3	10	2	6.7	0	0	4	13.3	1	3.3	
	d. Graduate and others	2	6.7	3	10	0	0	4	13.3	1	3.3	



5.	<b>Occupation</b>											
	a. Unemployed	10	33.3	11	36.7	2	6.7	18	60	5	16.7	.09
	b. Farmer	3	10	2	6.7	0	0	4	13.3	1	3.3	
	c. Business	0	0	2	6.7	0	0	2	6.7	0	0	
6.	<b>Marital Status</b>											
	a. Married	8	26.7	11	36.7	2	6.7	16	53.3	5	16.7	.14*
	b. Unmarried	5	16.7	4	13.3	0	0	8	26.7	1	3.3	
7.	<b>Monthly Income</b>											
	a. Upto Rs. 1000/-	1	3.3	3	10	0	0	2	6.7	2	6.7	.10
	b. Rs.1001/-toRs.3000/-	6	20	4	13.3	0	0	9	30	1	3.3	
	c. Rs.3001/-toRs.5000/-	5	16.7	6	20	2	6.7	11	36.7	2	6.7	
	d. Above Rs.5001/-	1	3.3	2	6.7	0	0	2	6.7	1	3.3	
8.	<b>Type of family</b>											
	a. Nuclear family	11	36.7	12	40	2	6.7	20	66.7	5	16.7	.00
	b. Joint family	2	6.7	3	10	0	0	4	13.3	1	3.3	

\* - significant

Table (4.5) reveals that the correlation between demographic variables and the effectiveness of Nursing care among patients with poisoning. Statistically there was a significant correlation between the demographic variables such as age, gender and marital status. But statistically there was no significant correlation between the demographic variables such as religion, educational status, occupation, monthly income, type of family and area of living and nursing care.

# CHAPTER – V



RESULTS AND

DISCUSSION

## **CHAPTER-V**

### **RESULTS AND DISCUSSION**

The study was conducted to determine the effectiveness of nursing care of patients with poisoning. The study findings have been discussed in terms of the objectives of theoretical basis and hypothesis. A total number of 30 samples were selected for the study. The health condition of each and every patient was assessed every day. Based on the assessment, the nursing care was planned and implemented for the patients with poisoning.

**The First objective was to assess the health condition of the patients with poisoning.**

Table (4.2) shows that among 30 patients, 2(6.67%) clients had severe health deterioration, 17(56.67%) clients had moderate health deterioration. And only 11(36.67%) had mild health deterioration during assessment.

Table (4.3) In Assessment, the mean is 44 with the standard deviation of 7.48.

**The Second objective was to evaluate the effectiveness of nursing care on patients with poisoning.**

Table (4.2) shows that among 30 patients, 2(6.67%) clients had severe health deterioration, 17(56.67%) clients had moderate health deterioration. And only 11(36.67%) had mild health deterioration during assessment. In evaluation, 24(80%) clients had mild health deterioration, 6(20%) clients had moderate deterioration and there was no patient with severe health deterioration. This shows that nursing care of patients with poisoning is highly effective.

Table (4.3) In Assessment, the mean is 44 with the standard deviation of 7.48. In the evaluation, the mean is 53.36 with the standard deviation of 7.35. This shows that nursing care of patients with poisoning is highly effective.

Table (4.4) shows that improvement score mean with value of 9.37, with standard deviation 2.17 and 'K' value of 9.13. Since the calculated value is greater than number of negative sign.

It implies that there was statistically highly significant improvement in health status of clients with poisoning after the nursing care at 0.01 level of significance. Thus the nursing care on client with poisoning was very effective.

Nurses working in toxicology ward should assess the poisoning patients and then plan for giving nursing care according to priority. Nursing care plays a significant role in protecting the patients from the complications of poisoning.

**The Third objective was to find out the correlation between the effectiveness of nursing care and selected demographic variables of patients with poisoning.**

Table 4.5 reveals that the correlation between demographic variables and the effectiveness of Nursing care among patients with poisoning. Statistically there was a significant correlation between the demographic variables such as gender and marital status, . But statistically there was no significant correlation between the demographic variables such as age, religion, educational status, occupation, monthly income, type of family and area of living and nursing care.

The study helps to know the effectiveness of Nursing care on patients with poisoning who were admitted in the Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Melmaruvathur.

A nursing care study was conducted on the number of patients admitted in intensive care units for poisoning at K.G. Hospital, Coimbatore. The objective of the study is to provide comprehensive nursing care for organophosphorus poisoning patients. She provided an instructional module for the staff nurses regarding the care of poisoning patients. The instructional module can help the nurses to understand about poisoning, assessment of poisoning patients and nursing care pertaining to that. (Sindhu, 2004).

# CHAPTER - VI





# SUMMARY AND CONCLUSION

## CHAPTER VI SUMMARY AND CONCLUSION

### Summary

In India, suicide rate has been increasing steadily and has reached 17.38 per 100,000. The most common method of attempting suicide by the use of poisoning agents accounts for 38% and poisoning is the fourth most common cause of mortality in India.

A study was conducted on nursing care of patients with poisoning. The highlighted fact of this study was timely nursing interventions can prevent the complications of the poisoning effect. Lydia Hall's theory was used in this study. Individualized nursing care was provided for each patient.

One group pretest- posttest design was adopted and the study was conducted in Melmaruvathur Adhiparasakthi Institute of Medical Science and Research, Melmaruvathur, Kancheepuram District.

Convenient sampling technique was adapted and sample size was determined as 30. A tool was developed to assess the patient condition and to check the effectiveness of nursing care based on standardized nursing process prepared by the investigator. Comprehensive nursing care was evaluated by checking the patient's progress and description of the care written every day.

### **NURSING IMPLICATIONS:**

The principle role of nurses is to provide care and comfort as they carry out specific nursing functions. However changes in nursing have expanded the role to include increased emphasis on health promotion and illness prevention, as well as concern for the client as a whole.

The planned nursing interventions were scheduled in the clinical setup in the fixed data with time for the clients as well as to the family members. Direct care interventions were performed through interaction with clients.

The implication of the research can be seen in areas of nursing practice, nursing education, nursing administration and nursing research.

### **Implications for Nursing services**

In toxicology unit, this research will provide insight among the nurses about the careful assessment of poisoning patients, which will guide them to detect life support measures appropriately to prevent further complication in order to save the life of clients. It also meets the challenges among nurses for growing autonomy in decision making capacity to render priority based care to the clients at a given moment. The research protocol can apply the knowledge, while rendering care to the clients in collaborative manner. The protocol also provides a standard of care or clinical guideline which can still be individualized for a specific client depending on how an institution recommends protocol implementation.

Nurses working in toxicology units should be encouraged to do specialized courses in taking care of clients with poisoning. There should be individualized training and ongoing feedback on the performance, special classes and in-service education programmes are to be conducted. More emphasis on periodic development and updating the protocols should be given.

The research implies that the nurses should help the client to regain health. Although the treatment skills that promote physical health are important to care givers, psychological aspect of care is also important for the clients. It implies the need for change that has to be introduced by the nursing professionals.

### **Implications for Nursing Education:**

Co-relation of theory and practice is a vital needs and it is important to nursing education. This research will emphasize among learners to develop observational skills and develop systematic assessment which help them to detect the problem and motivate them to render care to the clients. Nurses working in toxicology units are expected to have thorough knowledge in management of clients

with Poisoning. By early detection and identification of existing problem needs quick assessment skills. Nursing students have to assess the problems of clients with Poisoning and to provide effective experience based care.

Nurse educators when plan to instruct the students, should provide adequate opportunity to develop skills in handling of clients with Poisoning and should demonstrate how to tackle such clients in community and clinical settings.

The research findings suggest that the content of subject should include the views of clients with Poisoning and its management and prevention of complications.

### **Implications on Nursing Administration**

People who are at the administrative position can make necessary practices to implement the care of poisoning within the health care agency. The nurse leaders are confronted to undertake the health needs of the most vulnerable, effective organization and management. The Nurse administrator should take active part in

health policy making, developing protocol, procedures and standing orders related to clients education.

The Nurse administrator should give attention on the proper selection, effective utilization of the nurse in all areas with in the available resources giving importance for their creativity, interest, ability in education care to the clients.

The administration should organize the in-service education programmes for the nurses regarding care of poisoning. Nurse executives often have responsibilities for all clinical functions within the hospital. The Nursing administrators need more skills in management, as well as understand all aspects of nursing and client care.

### **Implicaton for the Nursing Research:**

The study is preliminary step for exploring the concept of various aspects of care of patients with poisoning. The nurse researcher can provide the holistic care to the poisoning patients. The most compelling implication of nursing indicated by this study is for research based standards by practice. Use of research findings

should become part of the quality assurance evaluation to enhance individual profession as a whole.

The research directs the nursing personnel to broaden their horizons, knowledge and skills to elicit problems and to conduct many more research to raise their power to implement prompt client care activities. Utilization of findings and derivation of knowledge which helps to detect ongoing assessment, care and technology that has been made in health care delivery system. By conducting much research and disseminating knowledge will provide a vision to grow in nursing discipline.

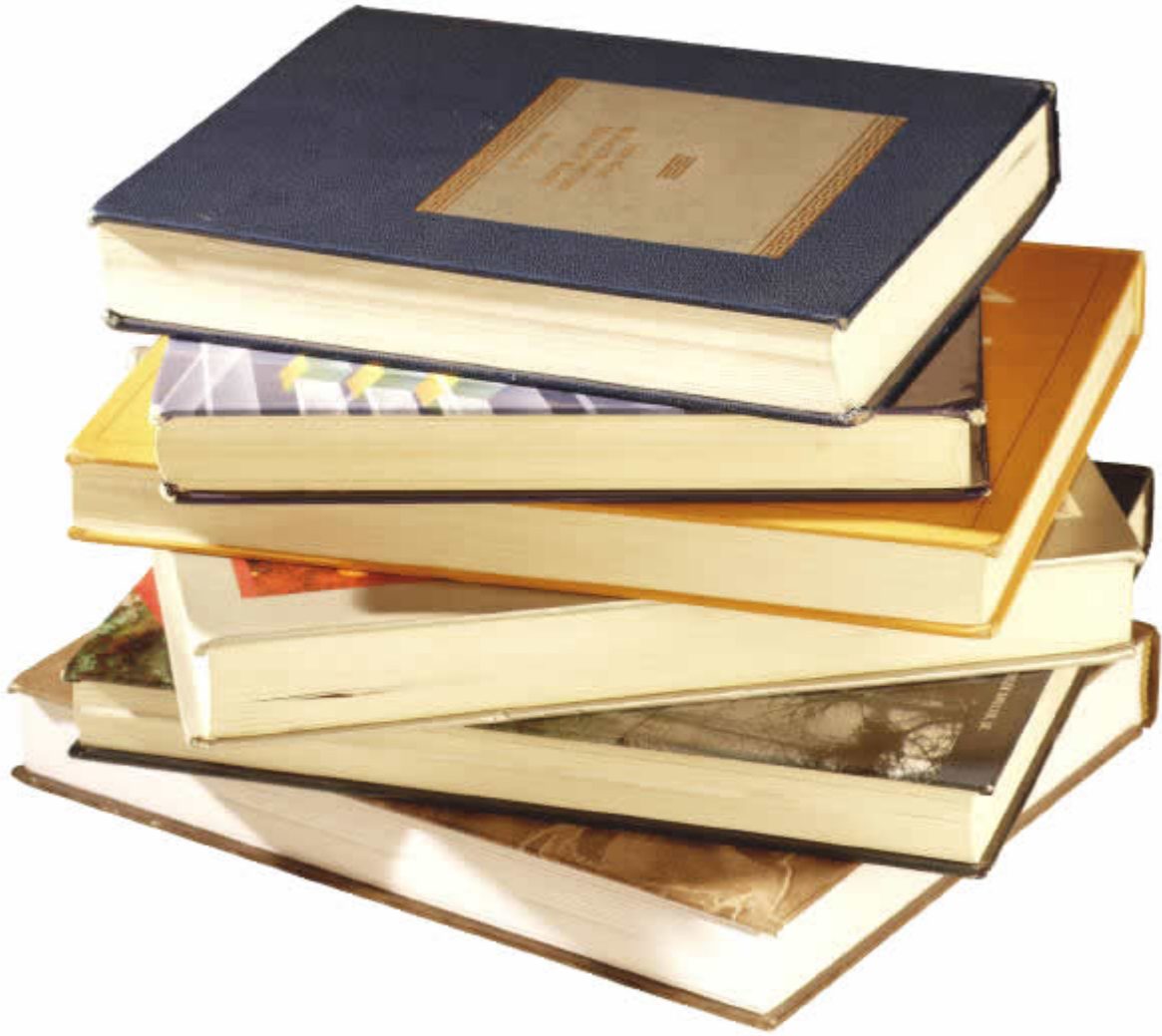
The finding of the research helps the professional Nurse and students to develop the inquiry by providing a baseline care. The general aspects of the research results can be made by further replication of the study. This research helps in nursing research to develop in depth into the better development of nursing care protocols and information of clients with Poisoning towards promotion of healthy life and prevention of complications.

### **Recommendations:**

1. A large scale study may be conducted for clients with any specific poisoning agent.
2. A similar study may be conducted with the same parameter for a longer period of time.
3. This study can be conducted in various selected hospitals.

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# **APPENDICES**



## **APPENDIX - I**

### **Section – A**

#### **DEMOGRAPHIC VARIABLES**

Sample No.

**1. Age in years**

- a. 18-24
- b. 25-31
- c. 32-38
- d. 39-45

**2. Gender**

- a. Male
- b. Female

**3. Religion**

- a. Hindu
- b. Muslim
- c. Christian
- d. Others

**4. Educational Status**

- a. Illiterate
- b. Primary school

c. High school

d. Graduate and others

**5. Occupation**

a. Unemployed

b. Farmer

c. Business

d. Profession

**6. Marital status**

a. Married

b. Unmarried

c. Widower / Widow

d. Divorced

**7. Monthly income**

a. Upto Rs.1000/-

b. Rs.1001/- to Rs.3000/-



c. Rs.3001/- to Rs.5000/-

d. Above Rs.5001/-

**8. Type of family**

a. Nuclear family

b. Joint family

c. Others

**9. Area of Living**

a. Urban

b. Rural

10. Name of the poison consumed

**APPENDIX - II**

**Section – B**

**PHYSICAL EXAMINATION**

**Glasgow coma scale**

Category of Response	RESPONSE	Score	Score Given	7 am	9 am	11 am	1 pm	3 pm	7 pm	9 pm	11 pm	1 am	3 am	5 am
Eye Opening	Spontaneous	4												
	Opening to command	3												
	Opening to pain	2												
	Lacks eye opening	1												
Best verbal response	Appropriate	5												
	Confused	4												
	Inappropriate words	3												
	Incomprehensible sounds	2												
Best motor response	Lack of sound	1												
	Obeys command	6												
	Localization of pain	5												
	Flexion withdrawal	4												
	Flexion	3												
	Extension	2												
	Lack of response	1												

**SCORE INTERPRETATION**

15 – Conscious , 10 – 14 Semi conscious, 7 – 10 Unconscious, Below 7 Coma.

**APPENDIX - III**

**SECTION-C**

**CARDIO RESPIRATORY SYSTEM**

<b>S.No.</b>	<b>Observations</b>	<b>Score</b>	<b>Pretest</b>	<b>Posttest</b>
<b>1.</b>	<b>Thorax</b>			
	<b>a.Symmetrical</b>	<b>2</b>		
	<b>b.Asymmetrical/Flat</b>	<b>1</b>		
<b>2.</b>	<b>Thorax expansion</b>			
	<b>a.Normal and equal</b>	<b>2</b>		
	<b>b.Delayed/ shallow</b>	<b>1</b>		
<b>3.</b>	<b>Heart sounds</b>			
	<b>a.S1S2</b>			
	<b>b.Murmur/ gallop sounds</b>	<b>2</b>		
		<b>1</b>		
<b>4.</b>	<b>Breath sounds</b>			
	<b>a.normal</b>	<b>2</b>		
	<b>b.Wheeze/ friction rub/ crackles/Stridor</b>	<b>1</b>		
<b>5.</b>	<b>Apical pulse</b>			
	<b>a.normal</b>	<b>2</b>		
	<b>b.abnormal</b>	<b>1</b>		
<b>6.</b>	<b>Cough</b>			
	<b>a.Absent</b>	<b>2</b>		

7.	b.Dry/ productive cough	1		
	Sputum			
8.	a.Absent	2		
	b.Frothy/ rusty/ purulent/ sticky/ mucoid sputum	1		
	Subjective symptoms			
	a.No Complaints	2		
	b.ComplaintsPresent	1		

## GASTROINTESTINAL SYSTEM

S.No.	Observations	Score	Pretest	Posttest
1.	<b>On inspection</b>			
	a.Flat	2		
	b.Distended	1		
2.	<b>On auscultation</b>			
	a.Bowel sounds normal	2		
	b.friction rub/ bruit	1		
3.	<b>On percussion</b>			
	a.fluids/ masses/ air cannot be detected	2		
	b. fluids/ masses/ air detected	1		
4.	<b>On palpation</b>			

5.	a.Soft	2		
	b.Tender/ palpable mass	1		
6.	Abdominal girth			
	a.normal	2		
7.	b.abnormal	1		
	Appetite			
	a.normal	2		
	b.Polyphagia/ anorexia/ bulimia	1		
	Subjective symptoms			
	a.No Complaints	2		
	b.Complaints Present	1		

#### D. GENITOURINARY SYSTEM

<b>S.No.</b>	<b>Observations</b>	<b>Score</b>	<b>Pretest</b>	<b>Posttest</b>
<b>1.</b>	<b>Discharge</b>			
	<b>a.absent</b>	<b>2</b>		
	<b>b.present</b>	<b>1</b>		
<b>2.</b>	<b>Voiding</b>			
	<b>a.continent</b>	<b>2</b>		
	<b>b.Incontinent/ retention</b>	<b>1</b>		
<b>3.</b>	<b>Colour of urine</b>			
	<b>a.Straw</b>	<b>2</b>		
	<b>b.Colourless/ Yellow</b>	<b>1</b>		
<b>4.</b>	<b>Frequency of voiding</b>			
	<b>a.normal</b>	<b>2</b>		
	<b>b.abnormal</b>	<b>1</b>		

### **SCORING**

Maximum - 62

Mild - 47 to 62

Moderate - 31 to 47

Severe - Less than 31

### **APPENDIX - IV**

**CHECKLIST OF NURSING INTERVENTIONS FOR CLIENTS  
WITH POISONING**

S.NO	CRITERIA	NO.OF DAYS						
		1	2	3	4	5	6	7
1.	Monitor vital signs							
2.	Maintain airway,breathing and circulation							
3.	Maintain normal breathing pattern							
4.	Comfort positioning							
5.	Maintaining fluid and electrolyte balance							
6.	Monitor intake and output record and maintain nutritional status							
7.	Initiate folley's catheter							
8.	Maintain and promote self care activites							
9.	Exercise							
10.	Health Education							

**SECTION-D**



## PROTOCOL FOR NURSING CARE OF PATIENT WITH POISONING

S. NO	NURSING INTERVENTION	RATIONALE
1.	<p><b>Monitor vital signs</b></p> <ul style="list-style-type: none"> <li>a) Temperature</li> <li>b) Pulse</li> <li>c) Respiration</li> <li>d) Pupil size</li> </ul>	<p>Provide baseline data to detect abnormal changes to find out the deterioration in health status.</p>
2.	<p><b>Maintain airway, breathing and circulation</b></p> <ul style="list-style-type: none"> <li>• Maintain head tilt and chin lift position.</li> <li>• Clear the airway of false teeth, vomitus, food material etc.</li> <li>• Provide artificial</li> </ul>	<p>Helps to open the airway.</p> <p>To have a patent airway</p> <p>Helps to resuscitate the lungs.</p>

<p>3.</p>	<p>ventilation</p> <ul style="list-style-type: none"> <li>• Provide external chest compression</li> </ul> <p><b>Maintain normal breathing pattern</b></p> <ul style="list-style-type: none"> <li>• Place the patient in semi fowler's position.</li> <li>• Assist in administering oxygen via nasal prongs or mask</li> <li>• Provide periodical intermittent suctioning.</li> <li>• Provide chest physiotherapy.</li> <li>• Administer</li> </ul>	<p>Helps to resuscitate the heart.</p> <p>It improves cardiac output maximizes lung expansion.</p> <p>It prevents hypoxemia and improve respiratory status.</p> <p>To mobilize the secretion from the lungs.</p> <p>To mobilize the secretion.</p> <p>To dilate bronchial</p>
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<p>4.</p>	<p>bronchodilator (asthaline) as per physician order.</p> <p><b>Comfort positioning</b></p> <ul style="list-style-type: none"> <li>• Asses the patient body alignment at regular interval.</li> <li>• Assess the patient's ability to help with moving and positioning.</li> <li>• Provide comfortable bed without wrinkles.</li> <li>• Keep at proper position. change the position two hours once.</li> </ul>	<p>muscles.</p> <p>Determines ways to improve position and alignment.</p> <p>Enables the investigator to use clients mobility and strength, determines needs for additional help.</p> <p>Wrinkle less bed lessens pressure on skin.</p> <p>Prevents the pressure sore.</p>
<p>5.</p>	<p><b>Monitor intake and</b></p>	<p>To know fluid balance</p>

<p>6.</p>	<p><b>output record and maintain nutritional status</b></p> <p><b>Intake</b></p> <ul style="list-style-type: none"> <li>• IV fluids</li> <li>• Ryles tube feed</li> <li>• Oral feeding</li> </ul> <p><b>Output</b></p> <ul style="list-style-type: none"> <li>• Aspiration/vomiting</li> <li>• Urine out</li> </ul> <p><b>Maintaining fluid and electrolyte balance</b></p> <ul style="list-style-type: none"> <li>• Check swallowing reflex with sips of water.</li> <li>• Regulate intravenous</li> </ul>	<p>and range of renal function</p> <p>To maintain nutritional status.</p> <p>To find out difference between intake and output.</p> <p>Prevents aspiration complication such as pneumonia.</p> <p>To avoid fluid overload</p>
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<p>7.</p>	<p>infusion and adjust the fluid intake to individual needs of the patient.</p> <ul style="list-style-type: none"> <li>• Wash hands before the procedure.</li> <li>• Check for the nasogastric tube position prior to administration of medication and fluids.</li> <li>• Administration of intravenous fluids.</li> </ul> <p><b>Initiate folley’s catheter</b></p> <ul style="list-style-type: none"> <li>• wash hands before procedure.</li> <li>• Clean the perineal area and catheter with antiseptic solution.</li> <li>• Wash hands after</li> </ul>	<p>and cerebral edema.</p> <p>To prevent cross infection.</p> <p>To confirm the position.</p> <p>To maintain fluid and electrolyte balance.</p> <p>To prevent cross infection.</p> <p>Decrease the possibility of urinary tract infection.</p> <p>To prevent cross</p>
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<p>8.</p>	<p>procedure.</p> <ul style="list-style-type: none"> <li>• Monitor for signs of infection.</li> <li>• Record the observation.</li> </ul> <p><b>Maintain and promote self care activities</b></p> <ul style="list-style-type: none"> <li>• Perform and assist for self care activities.</li> <li>• provide mouth wash, if needed give sponge bath.</li> <li>• Comb hair</li> <li>• Trim and keep the nails clean.</li> </ul> <p><b>Exercise</b></p>	<p>infection.</p> <p>To implement infection control measures.</p> <p>It help for further reference.</p> <p>Skin and mouth is vulnerable site for growth of micro – organism.</p> <p>Proper care avoids bad odour from mouth and skin.</p> <p>Keeping clean and aesthesis appearance.</p> <p>Avoids scratch injury to self.</p>
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	<ul style="list-style-type: none"><li>• Determine client medical history obtain physician order if needed.</li><li>• Observe client ability to perform exercise.</li><li>• Maintain proper body alignment. support extremities with pillow /sand bag/foot board.</li><li>• Use range of motion exercise at regular intervals 3-4 hours.</li><li>• Monitor circulation of affected limbs( pulse , colour, temperature) while checking vital signs.</li></ul>	<p>Gives information about any precaution to be followed.</p> <p>Evaluate whether the patient needs</p> <p>Reduce pressure on body prominence.</p> <p>Prevents musculoskeletal atrophy and improve blood circulation.</p> <p>Pink colour indicate arterial pressure is normal, weak or absent pulse indicates inadequate perfusion.</p>
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	<ul style="list-style-type: none"><li>• Provide progressive mobilization as tolerated.</li><li>• Provide health teaching on importance of positioning.</li></ul>	<p>Maintains muscle tone and prevents immobility</p> <p>Knowledge improves the behavior.</p>
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## **APPENDIX – V**

### **NURSING DIAGNOSIS**

- ❖ Ineffective breathing pattern related to musculoskeletal impairment and related to increased tracheobronchial secretions.
- ❖ Ineffective airway clearance related to excessive secretion associated with enhanced cholinergic stimulation caused by the poisoning.
- ❖ Impaired gas exchange related to pulmonary alveolar and intestinal congestion.
- ❖ Fluid Volume deficit related to profused diaphoresis, lacrimation, salivation, associated with enhanced cholinergic stimulation.
- ❖ Impair nutritional status less than body requirement related to decreased oral intake caused by altered consciousness, secondary to optimizing poisoning/ NPO/ Vomiting.
- ❖ Impair elimination pattern (diarrhea) related to neuromuscular impairment secondary to poisoning.

- ❖ Impaired elimination pattern (incontinence) related to neuromuscular impairment associated with enhanced cholinergic stimulation secondary to poisoning.
- ❖ Impaired physical mobility related to neuromuscular impairment/ altered conscious level.
- ❖ Self care deficit related to altered level of consciousness, neuromuscular impairment, loss of muscle strength.
- ❖ Altered sensorium related to increased absorption of poison to the central nervous system.
- ❖ Ineffective coping mechanism of family members related to suicidal attempt of the patient.
- ❖ Risk for respiratory paralysis related to neuromuscular impairment.

## NURSING PROCESS ON POISONING

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>1. Subjective Data</b></p> <p>The client complains of breathing difficulty and nasal congestion.</p> <p><b>Objective Data</b></p> <p>The client has increased respiratory rate, increased secretion in the respiratory tract, respiratory muscle paralysis and rhonchi stridor on auscultation.</p>	<p>Ineffective breathing pattern related to musculoskeletal impairment and related to increased tracheobronchial secretions.</p>	<p>Patient will maintain optimum breathing pattern.</p>	<p>1. Place the patient in semi fowler's position.</p> <p>2. Instruct and encourage patient in diaphragmatic breathing and effective coughing.</p> <p>3. Assist in administering oxygen via nasal prongs or mask (if ordered).</p> <p>4. Auscultate the lung for every two hours.</p> <p>5. Provide periodical intermittent suctioning.</p>	<p>1. Placed the patient in semi fowler's position.</p> <p>2. Instructed and encouraged patient in diaphragmatic breathing and effective coughing.</p> <p>3. Assisted in administering oxygen via nasal prongs or mask (if ordered).</p> <p>4. Auscultated the lung for every two hours.</p> <p>5. Provided periodical intermittent suctioning.</p>	<p>It improves cardiac output maximizes lung expansion.</p> <p>These techniques improve ventilation by opening airways and clearing the airways of Sputum.</p> <p>It prevents hypoxemia and improve respiratory status.</p> <p>It facilitate tracheal clearance.</p> <p>To mobilize the secretion from the lungs.</p>	<p>Patient maintains optimum breathing pattern as evidenced by normal respiratory rate, reduced secretions, On auscultation absence of rhonchi and stridor.</p>

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
			<p>6. Provide chest physiotherapy.</p> <p>7. Connect the patient with positive pressure ventilator.</p> <p>8. Check the arterial blood gas periodically.</p> <p>9. Administer neutralization if necessary.</p> <p>10. Administer bronco dilator (asthaline) as per physician order.</p>	<p>6. Provided chest physiotherapy.</p> <p>7. Connected the patient with positive pressure ventilator.</p> <p>8. Checked the arterial blood gas periodically.</p> <p>9. Administer neutralization if necessary.</p> <p>10. Administered bronco dilator (asthaline) as per physician order.</p>	<p>To mobilize the secretion.</p> <p>To provide artificial support to the respiration.</p> <p>To indicate the respiratory status.</p> <p>To dilate bronchial muscles.</p> <p>To dilate bronchial muscles.</p>	

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>2. Subjective Data</b></p> <p>The client complains of breathing difficulty and nasal congestion.</p> <p><b>Objective Data</b></p> <p>The client has Tachypnoea, Nasal flaring, Rhonchi and stridor, Excessive cholinergic activity, Increased secretions during auscultations.</p>	<p>Ineffective airway clearance related to excessive secretion associated with enhanced cholinergic stimulation caused by the poisoning.</p>	<p>Patient will maintain patent airway.</p>	<ol style="list-style-type: none"> <li>1. Assist patient to cough by splinting chest and teach patient how to cough effectively.</li> <li>2. Provide oral hygiene after production of Sputum.</li> <li>3. Provide humidified oxygen.</li> <li>4. Provide chest physiotherapy.</li> <li>5. Provide periodical suctioning.</li> <li>6. Perform postural drainage (if indicated).</li> </ol>	<ol style="list-style-type: none"> <li>1. Assisted patient to cough by splinting chest and teach patient how to cough effectively.</li> <li>2. Provided oral hygiene after production of Sputum.</li> <li>3. Provided humidified oxygen.</li> <li>4. Provided chest physiotherapy.</li> <li>5. Provided periodical suctioning.</li> <li>6. Performed postural drainage</li> </ol>	<p>To clear the airways by bringing secretions to the mouth.</p> <p>To remove the pathogens from the mouth.</p> <p>To maintain the moisture of nasal and oral mucosa.</p> <p>To mobilize the secretions.</p> <p>To remove the secretions</p> <p>Uses gravity to help raise secretions so they can be more easily cough up.</p>	<p>Patient maintained patent airway as evidenced by normal breathing pattern, no rhonchi stridor and absence of secretions.</p>

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>3. Subjective Data</b></p> <p>The client complains of breathing difficulty and nasal congestion.</p> <p><b>Objective data</b></p> <p>The client has respiratory muscle weakness, excessive secretion, decreased pao<sub>2</sub> level, tachypnoea.</p>	<p>Impaired gas exchange related to pulmonary alveolar and intestinal congestion.</p>	<p>Patient will improve his/her gas exchange.</p>	<ol style="list-style-type: none"> <li>1. Check the respiratory status of the patient.</li> <li>2. Administer bronchodilators as prescribed.</li> <li>3. Evaluate the effectiveness of nebulizer.</li> <li>4. Instruct and encourage patient in diaphragmatic breathing.</li> <li>5. Administer oxygen.</li> </ol>	<ol style="list-style-type: none"> <li>1. Checked the respiratory status of the patient.</li> <li>2. Administered oxygen.</li> <li>3. Administered bronchodilators as prescribed.</li> <li>4. Evaluated the effectiveness of nebulizer.</li> <li>5. Instructed and encouraged patient in diaphragmatic breathing.</li> </ol>	<p>To provide guidelines for intervention.</p> <p>Bronco dilators dilate the airways and help to combat bronchial muscosal edema.</p> <p>Aerosolization facilitates bronchial clearance.</p> <p>Improve ventilation by opening airways and clearing Sputum.</p> <p>Correct the hypoxemia.</p>	<p>Patient improves his/her gas exchange as evidenced by normal PaO<sub>2</sub> level and reduced secretions.</p>

			<p>6. Check the periodical arterial blood gas analysis.</p> <p>7. Initiate pulse oximetry to monitor oxygen saturation.</p> <p>8. Assist in ventilator support.</p>	<p>6. Checked the periodical arterial blood gas analysis.</p> <p>7. Initiated pulse oximetry to monitor oxygen saturation.</p> <p>8. Assisted in ventilator support.</p>	<p>Help to evaluate the adequacy of oxygen.</p> <p>Help to evaluate the adequacy of oxygen.</p> <p>Help to improve respiratory effect.</p>	
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Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>4. Subjective Data</b> The Client complains of vomiting, diarrhea and thirsty.</p> <p><b>Objective Data</b> The client has vomiting sensation, diarrhea, exposure to chemical toxin, excessive sweating, lacrimation, excessive salivation, increased cholinergic activity, decreased skin turgor and imbalance in electrolyte (sodium, potassium)</p>	<p>Fluid Volume deficit related to profused diaphoresis, lacrimation, salivation, associated with enhanced cholinergic stimulation.</p>	<p>Patient will maintain optimum fluid level in their body.</p>	<ol style="list-style-type: none"> <li>1. Check the presence of fluid volume deficit.</li> <li>2. Maintain intake and output chart for 24 hours.</li> <li>3. Check the vital signs periodically.</li> <li>4. Minimize the fluid loss by antiemetics and antidiarrheal agent.</li> <li>5. Maintains intravenous fluid administration</li> </ol>	<ol style="list-style-type: none"> <li>1. Checked the presence of fluid volume deficit by checking hydration status</li> <li>2. Maintained intake and output chart for 24 hours.</li> <li>3. Checked the vital signs periodically.</li> <li>4. Minimized the fluid loss by antiemetics and antidiarrheal agent .</li> <li>5. Maintained intravenous fluid administration</li> </ol>	<p>Assessment aid prompt medical remedy.</p> <p>It provide good indicator for fluid status.</p> <p>It denote the condition of the patient.</p> <p>It prevent further fluid loss.</p> <p>To replace the loss of electrolysis.</p>	<p>Patient maintains optimum fluid level in their body as evidenced by reduced diaphoresis, salivation and lacrimation and decreased cholimergetic activity, absence of diarrhea, vomiting and normal electrolyte balance, (sodium and potassium)</p>



			<p>6. Offer small amount of oral fluids at frequent intervals.</p> <p>7. Encourage oral intake as per physician order.</p> <p>8. Administer anti cholinergic agent (atropine) as per physician order.</p>	<p>6. Offered small amount of oral fluids at frequent intervals.</p> <p>7. Encourage oral intake as per physician order.</p> <p>8. Administer anti cholinergic agent (atropine) as per physician order.</p>	<p>It replaces the normal fluid level.</p> <p>It replaces the normal fluid level.</p> <p>It reduces secretion.</p>	
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Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>5. Subjective Data</b></p> <p>The client complains of vomiting, diarrhea and inability to take food properly.</p> <p><b>Objective Data</b></p> <p>The client has Ryle's tube, diarrhoea, vomiting, , weight loss and thin built. He is in nil per oral (npo).</p>	<p>Impaired nutritional status less than body requirement related to decreased oral intake caused by altered consciousness, secondary to optimizing poisoning/ NPO/ Vomiting.</p>	<p>The client will increase nutritional intake to meet metabolic requirement.</p>	<ol style="list-style-type: none"> <li>1. Monitor the patient's nutritional intake.</li> <li>2. Provide diet appropriate to the patient abilities.</li> <li>3. Plan the nutritional support with the dietician.</li> <li>4. Provide calm and neat environment.</li> <li>5. Check the weight daily.</li> <li>6. Maintain fluid and diet plan according to the physician.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitored the patient's nutritional intake.</li> <li>2. Provided diet appropriate to the patient abilities.</li> <li>3. Planned the nutritional support with the dietician.</li> <li>4. Provided calm and neat environment.</li> <li>5. Checked the weight daily.</li> <li>6. Maintained fluid and diet plan according to the physician.</li> </ol>	<p>Some eating difficulties care for intervention.</p> <p>An appropriate diet minimizes patient frustration when eating.</p> <p>patient can safely maintain nutritional status.</p> <p>minimize the vomiting sensation.</p> <p>It indicates the nutritional status.</p> <p>Indicator for the optimum status of client.</p>	<p>The client increases nutritional intake as evidenced by reduced vomiting sensation, weight gain, positive intake output chart.</p>

			<p>7. Provide assistance as needed.</p> <p>8. Administer antiemetic and anti-diarrhoeal agent as per physician order.</p> <p>9. Select alternative method for meeting nutritional requirement.</p>	<p>7. Provided assistance as needed.</p> <p>8. Administered antiemetic and anti-diarrhoeal agent as per physician order.</p> <p>9. Selected alternative method for meeting nutritional requirement.</p>	<p>Help to minimize eating difficulties.</p> <p>It prevents nutritional loss.</p> <p>Some eating difficulties call for intervention.</p>	
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Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>6. Subjective Data</b></p> <p>The client complains of diarrhea and tiredness</p> <p><b>Objective Data</b></p> <p>The client has consumption of poison, frequency of bowel movement, loss of sphincter control, lower GI irritation and watery stools</p>	<p>Impair elimination pattern (diarrhea) related to neuromuscular impairment secondary to poisoning.</p>	<p>Patent will regain normal bowel pattern</p>	<ol style="list-style-type: none"> <li>1. Advise the client to take rest.</li> <li>2. Encourage to take liquid foods.</li> <li>3. Improve oral intake gradually.</li> <li>4. Replace the fluid loss by means of intravenous administration.</li> <li>5. Administer antidiarrheal agent as per physician order.</li> <li>6. Monitor tolerance to fluid and food intake.</li> </ol>	<ol style="list-style-type: none"> <li>1. Advised the client to take rest.</li> <li>2. Encouraged to take liquid foods.</li> <li>3. Improved oral intake gradually.</li> <li>4. Replaced the fluid loss by means of intravenous administration.</li> <li>5. Administered antidiarrheal agent as per physician order.</li> <li>6. Monitored tolerance to fluid and food intake.</li> </ol>	<p>Rest minimizes the bowel activity.</p> <p>It reduces the gastro intestinal motility.</p> <p>Maintain nutritional status.</p> <p>Maintain nutritional status.</p> <p>It reduces the episodes of diarrhea.</p> <p>It prevents further complication.</p>	<p>Patient maintains normal bowel pattern as evidenced by reduced frequency of bowel movement, absence of watery stools and regain his splinter control.</p>

			<p>7. Provide perineal hygiene regularly.</p> <p>8. Note admission weight compare with subsequent reading.</p>	<p>7. Provided perineal hygiene regularly.</p> <p>8. Noted admission weight and compared reading.</p>	<p>Provide proper skin integrity and prevent further infection.</p> <p>Provide information about loss of nutrients and determination of it needs.</p>	
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Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>7. Subjective Data</b></p> <p>The client complains that he is unable to control urination and increased frequency of urination.</p> <p><b>Objective Data</b></p> <p>The client has increased frequency of urination, loss of urinary sphincter control and increased cholergeric stimulation</p>	<p>Impaired elimination pattern (incontinence) related to neuro muscular impairment associated with enhanced cholinergic stimulation secondary to poisoning.</p>	<p>Patient will regain effective pattern of urinary elimination</p>	<p>1. Monitor voiding pattern.</p> <p>2. Promote fluid intake of 2000-3000 ml per day .</p> <p>3. Maintain intake and output chart.</p> <p>4. Institute bladder training programme.</p> <p>5. Provide perineal care periodically.</p> <p>6. provide incontinence pads.</p> <p>7. Provide regular catheter care.</p>	<p>1. Monitored voiding pattern.</p> <p>2. Promoted fluid intake of 2000-3000 ml per day .</p> <p>3. Maintained intake and output chart.</p> <p>4. Instituted bladder training programme.</p> <p>5. Provided perineal care periodically.</p> <p>6. Provided adult incontinence pads.</p> <p>7. Provided regular catheter care.</p>	<p>This is essential for plan for care.</p> <p>Maintain adequate hydration and promotes Kidney function.</p> <p>Indicator for fluid status.</p> <p>It helps to control incontinence.</p> <p>Reduces risk of contamination.</p> <p>when training is unsuccessful, it reduces risk of irritation.</p> <p>Prevents infection.</p>	<p>Patient regain effective pattern of urinary elimination as evidenced by decreased frequency of urination, reduced cholinergic stimulation.</p>

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>8. Subjective Data</b></p> <p>The client complains of weakness and inability to walk.</p> <p><b>Objective Data</b></p> <p>The client has muscular paralysis, increased cholinergic activity, general weakness and loss of sensorium.</p>	<p>Impaired physical mobility related to neuro muscular impairment/ altered conscious level.</p>	<p>Patient will maintain/ increase strength and function of affected body parts.</p>	<ol style="list-style-type: none"> <li>1. Determine functional ability and reason for impairment.</li> <li>2. Plan activities with adequate rest periods.</li> <li>3. Encourage participation in self care activities.</li> <li>4. Assist with transfers and ambulation.</li> <li>5. Encourage active and passive exercise.</li> <li>6. Review safe use of mobility aids.</li> </ol>	<ol style="list-style-type: none"> <li>1. Determined functional ability and reason for impairment.</li> <li>2. Planned activities with adequate rest periods.</li> <li>3. Encouraged participation in self care activities.</li> <li>4. Assisted with transfers and ambulation.</li> <li>5. Encouraged active and passive exercise.</li> <li>6. Reviewed safe use of mobility aids.</li> </ol>	<p>Identifies need for intervention required.</p> <p>Prevents fatigue, conserve energy.</p> <p>Promotes independence and self esteem.</p> <p>Prevents accidental falls and injury.</p> <p>Improves the muscle power.</p> <p>Facilitates activity reduces risk of injury.</p>	<p>Patient maintains increase strength and function of affected body parts as evidenced by absence of muscle weakness, reduced cholinergic activity.</p>

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>9. Subjective Data</b></p> <p>The client complains that he is unable to perform his daily activities and he is feeling tired.</p> <p><b>Objective Data</b></p> <p>The client has loss of mobility, general debilitation, neuro muscular impairment and increased cholinergic activity.</p>	<p>Self care deficit related to altered level of consciousness, neuro muscular impairment, loss of muscle strength.</p>	<p>Patient will perform self care activities within level of own ability.</p>	<ol style="list-style-type: none"> <li>1. Determine current capabilities and barriers to participation in care.</li> <li>2. Involve patient in formulation of plan of care at level of ability.</li> <li>3. Encourage self care with present abilities.</li> <li>4. Provide adequate time for complete the task.</li> <li>5. Encourage and assist with routine activities like mouth care, bath, hair care, perineal care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Determined current capabilities and barriers to participation in care.</li> <li>2. Involved patient in formulation of plan of care at level of ability.</li> <li>3. Encouraged self care with present abilities.</li> <li>4. Provided adequate time for complete the task.</li> <li>5. Encouraged and assist with routine activities like mouth care, bath, hair care, perineal care</li> </ol>	<p>Identifies need for intervention.</p> <p>Encourages sense of control.</p> <p>Doing for one self enhances feeling of self worth.</p> <p>Failure can produce discouragement and depression.</p> <p>Promotes patient hygiene.</p>	<p>Patient performs self care activities within level of own ability as evidenced by regain from muscle impairment, decreased cholinergic activity regain from general delilitation.</p>



Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
<p><b>10. Subjective Data</b></p> <p>The client's relatives said that the client has disturbed consciousness and mental function.</p> <p><b>Objective Data</b></p> <p>The client has altered sensorium low gcs score interpretation, neuromuscular impairment, unconsciousness or coma.</p>	<p>Altered sensorium related to increased absorption of poison to the central nervous system.</p>	<p>Patient will maintain usual level of consciousness cognition and motor function.</p>	<ol style="list-style-type: none"> <li>1. Monitor neurological status frequently.</li> <li>2. Monitor vital signs periodically.</li> <li>3. Maintain head in neutral position.</li> <li>4. Elevate the bed gradually to 15-30 degrees.</li> <li>5. Administer intra venous fluid with control device.</li> <li>6. Monitor arterial blood gas analysis.</li> <li>7. Administer diuretics and steroids.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitored neurological status frequently.</li> <li>2. Monitored vital signs periodically.</li> <li>3. Maintained head in neutral position.</li> <li>4. Elevated the bed gradually to 15-30 degrees.</li> <li>5. Administered intra venous fluid with control device.</li> <li>6. Monitored arterial blood gas analysis.</li> <li>7. Administered diuretics and steroids.</li> </ol>	<p>Assesses trends in level of consciousness.</p> <p>Indicator for the condition of patient. Turning head to side compresses the jugular vein. Promotes venous drainage from head.</p> <p>It reduce cerebral edema.</p> <p>Determine respiratory sufficiency.</p> <p>It helps to reducing the cerebral edema</p>	<p>Patient maintains usual level of consciousness cognition and monitor function as evidenced by normal GCS score, absence of neuromuscular impairment, absence of unconsciousness or coma.</p>

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 1**

Gender : Male

Age : 35 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 52, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 60 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 2**

Gender : Male

Age : 28 Years

Religion : Hindu

Name of the poison: Organophosphorous compound

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 37, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 55kg. Intake is 2000ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 49 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 3**

Gender : Male

Age : 21 Years

Religion : Hindu

Name of the poison: Oleander seed

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 45, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 60kg. Intake is 2300ml output is 1900ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 54 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 4**

Gender : Female

Age : 42 Years

Religion : Hindu

Name of the poison: Oleander seed

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 39, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 52kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 52 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 5**

Gender : Female

Age : 36 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 50, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 57 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 6**

Gender : Male

Age : 26 Years

Religion : Hindu

Name of the poison: pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 47, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 64kg. Intake is 2300ml output is 20000ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 55 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 7**

Gender : Female

Age : 45 Years

Religion : Hindu

Name of the poison: Oleander seed

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 40, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 57kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 49 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.



# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 8**

Gender : Male

Age : 27 Years

Religion : Hindu

Name of the poison: Organophosphorous compound

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 49, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2000ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 61 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 9**

Gender : Female

Age : 20 Years

Religion : Hindu

Name of the poison: Oleander seed

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 53, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 52kg. Intake is 2300ml output is 2000ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 60 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 10**

Gender : Male

Age : 41Years

Religion : Hindu

Name of the poison: pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 41, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2100ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 53 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 11**

Gender : Female

Age : 20 Years

Religion : Hindu

Name of the poison: pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 53, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 48kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 62 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 12**

Gender : Female

Age : 24 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 43, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 49kg. Intake is 2000ml output is 1600ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 56 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 13**

Gender : Female

Age : 27 Years

Religion : Hindu

Name of the poison: Insecticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 52, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 53kg. Intake is 2250ml output is 1900ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 62 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 14**

Gender : Female

Age : 28 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 34, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 54kg. Intake is 2100ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 45 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 15**

Gender : Female

Age : 30 Years

Religion : Hindu

Name of the poison: Pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 54, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 50kg. Intake is 2050ml output is 1600ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 62 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.



# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 16**

Gender : Male

Age : 38 Years

Religion : Hindu

Name of the poison: Kerosene

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 35, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 72kg. Intake is 1900ml output is 1500ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 46 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 17**

Gender : Female

Age : 27 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 45, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 52kg. Intake is 2100ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 58 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 18**

Gender : Male

Age : 31 Years

Religion : Hindu

Name of the poison: Kerosene

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 46, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 68kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 55 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 19**

Gender : Female

Age : 36 Years

Religion : Hindu

Name of the poison: Pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 38, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 55kg. Intake is 2100ml output is 1900ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 49 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 20**

Gender : Female

Age : 45 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 44, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 58kg. Intake is 2000ml output is 1600ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 53 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 21**

Gender : Female

Age : 22 Years

Religion : Hindu

Name of the poison: Kerosene

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 34, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 48kg. Intake is 1950ml output is 1550ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 43 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 22**

Gender : Female

Age : 28 Years

Religion : Hindu

Name of the poison: Oleander

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 31, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 54kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 39 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 23**

Gender : Female

Age : 33 Years

Religion : Hindu

Name of the poison: pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 51, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 58kg. Intake is 2100ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 60 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.



# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 24**

Gender : Female

Age : 36 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 31, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 55kg. Intake is 1950ml output is 1600ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 42 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 25**

Gender : Male

Age : 36 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 42, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2000ml output is 1600ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 51 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 26**

Gender : Female

Age : 33 Years

Religion : Hindu

Name of the poison: Kerosene

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. She was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 33, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. Her weight is 56kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and her score was 39 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 27**

Gender : Male

Age : 42 Years

Religion : Muslim

Name of the poison: Oleander

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 50, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 68kg. Intake is 2100ml output is 1700ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 59 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 28**

Gender : Male

Age : 27 Years

Religion : Hindu

Name of the poison: Drug

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 56, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 52kg. Intake is 2300ml output is 1900ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 62 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 29**

Gender : Male

Age : 31 Years

Religion : Christian

Name of the poison: Pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 44, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 74kg. Intake is 2200ml output is 1800ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 53 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.

# **CASE ANALYSIS**

## **DEMOGRAPHIC DATA:**

### **SAMPLE NO. 30**

Gender : Male

Age : 38 Years

Religion : Hindu

Name of the poison: Pesticide

## **NURSING INTERVENTIONS**

The client was admitted with the complaints of loss of consciousness, difficulty in breathing, diarrhea, nausea, vomiting, fever, palpitations, loss of bladder control, drowsiness, and weakness. He was diagnosed as poisoning as evidenced by history collection and clinical symptoms. On the first day the clients score was 51, which were assessed by the structured assessment rating scale and non-standardized assessment rating scale. His weight is 72kg. Intake is 2300ml output is 1900ml. Nursing care was given according to the needs of the client, based on the protocol. Each day the clients vital parameters were checked and scored on the seventh day the client's condition was stable and his score was 59 which were assessed by the structured assessment rating scale and non-standardized assessment rating scale.



**The scholar assessing vital parameters**





**The scholar administering oxygen**



**The scholar performing ryle's tube aspiration**