

**EFFECTIVENESS OF NURSING CARE FOR CHILDREN
WITH SCABIES RESIDING AT ACHARAPAKKAM.**

By
Ms. S. PUSHPA



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

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF
MASTER OF SCIENCE IN NURSING.
MARCH – 2010.**



**EFFECTIVENESS OF NURSING CARE
FOR CHILDREN WITH SCABIES RESIDING AT
ACHARAPAKKAM**



By

Ms. S. PUSHPA

M. Sc.,(Nursing) Degree Examination,
Branch – IV, Community Health Nursing,
Adhiparasakthi College of Nursing,
Melmaruvathur – 603 319.

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

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF
MASTER OF SCIENCE IN NURSING
MARCH – 2010.**

CERTIFICATE

This is to certify that **EFFECTIVENESS OF NURSING CARE FOR CHILDREN WITH SCABIES RESIDING AT ACHARAPAKKAM** is a bonafide work done by **Ms. S. PUSHPA**, Adhiparasakthi College of Nursing, Melmaruvathur – 603 319, in partial fulfillment for the University rules and regulations towards the award of the degree of Master of science in Nursing, **Branch - IV, Community Health Nursing**, under our guidance and supervision during the academic year 2008 - 2010.

Signature_____

Dr.N.KOKILAVANI, M.Sc.,(N), M.A (Pub.Adm)., M.Phil., Ph.D.

Principal,

Adhiparasakthi College of Nursing,

Melmaruvathur – 603 319,

Kanchipuram District,

Tamil Nadu.

**EFFECTIVENESS OF NURSING CARE FOR CHILDREN
WITH SCABIES AT ACHARAPAKKAM**

By

Ms. S. PUSHPA

M. Sc., (Nursing) Degree Examination,
Branch – IV, Community Health Nursing,
Adhiparasakthi College of Nursing,
Melmaruvathur – 603 319.

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**
March -2010.

Internal Examiner

External Examiner

**EFFECTIVENESS OF NURSING CARE FOR CHILDREN
WITH SCABIES AT ACHARAPAKKAM**

**APPROVED BY DISSERTATION COMMITTEE
ON MARCH - 2010.**

Signature : _____

Dr. N. KOKILAVANI, M. Sc.,(N)., M.A., (Pub. Adm.), M. Phil., Ph.D.,

HEAD OF THE DEPARTMENT - RESEARCH
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR - 603 319.

Signature : _____

Dr. JAGATHESH RAMASAMY, MBBS., M.D.,

DEPARTMENT OF COMMUNITY MEDICINE,
ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,
MELMARUVATHUR - 603 319.

Signature: _____

Prof. MANIMEGALAI, M.Sc.,(N)., M.Phil.,

HEAD OF THE DEPARTMENT – COMMUNITY HEALTH NURSING,
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR - 603 319.

**A Dissertation submitted to
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI.
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING.
MARCH – 2010.**

ACKNOWLEDGEMENT

I express my deep sense of gratitude to **HIS HOLINESS ARUL THIRU AMMA, Founder- President** for his blessings and guidance, which enabled me to reach up to his step and to complete my study.

I express my heartfelt thanks to **THIRUMATHI. LAKSHMI BANGARU ADIGALAR, Vice President**, Adhiparasakthi Charitable Medical Educational and Cultural Trust, Melmaruvathur for given me the opportunity to pursue my study in this prestigious institution.

With great respect and honour, I extend my thanks to our beloved **Managing Director** Sakthi Thiru. **Dr. T.RAMESH M.D.**, Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research for his excellence in providing skillful and compassionate spirit of unstinted support throughout the study.

I am privileged to express my sincere thanks to our beloved **Director Administration** Sakthi Thirumathi. **Dr. S. SREELEKHA, M.B.B.S., D.G.O.**, Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research for her steadfast guidance and suggestions offered during the study.

I feel pleasure to extend my gratitude and sincere thanks to **Dr. N. KOKILAVANI, M.Sc.,(N), M.A., (Pub. Adm.), M.Phil., Ph.D., Principal**, Adhiparasakthi College of Nursing, Melmaruvathur for her patience and her excellent guidance, without whom this study would not have moulded in this shape. Her rich professional experience and efficient guidance and helped me to step cautiously in the right direction.

I wish to express my heartfelt gratitude and sincere thanks to **Prof. B.VARALAKSHMI, M.Sc.,(N), M.Phil., Vice Principal**, Adhiparasakthi College of Nursing, Melmaruvathur for her guidance and suggestions to complete the study.

I feel pleasure to extend my gratitude and sincere thanks to **Prof. K. MANIMEGALAI D.P.H.N., M.Sc (N). Head of the department - community health Nursing**, Adhiparasakthi College of Nursing, and Melmaruvathur for her constant support, patience, encouragement and guidance to complete this study.

I wish to extent my heartfelt gratitude to **Dr. JAGADHESH RAMASAMY, M.B.B.S., M.D., Head of the department of community medicine**, Adhiparasakthi institute of medical science and research Melmaruvathur, for his effective guidance and eminent suggestions and maintain a high level of excitement throughout the dissertation.

I wish to extend my heartfelt thanks to **Prof. LAKSHMI M.Sc (N).**,
Principal Chettinad college of Nursing, Kelambakkam, Chennai for
content validity and valuable suggestions.

I wish to express my sincere thanks to **Mrs. KALAIMANI M.Sc (N).**,
Reader for her suggestions and guidance throughout this study.

I wish to express my sincere thanks to **Mrs. KALPANA M.Sc (N).**
Lecturer Community health nursing Department for her suggestions and
guidance throughout this study.

I feel pleasure to extend my gratitude and sincere thanks to
Mr. SURIYA NARAYANAN, A. M.A., M. Phil., Lecturer in English,
Adhiparasakthi College of Nursing, Melmaruvathur for his constant
support, patience, encouragement and guidance, which led to the
completion of the study.

I feel pleasure to extend my gratitude and sincere thanks to
Mr. ASHOK, B. M.Sc., M.Phil., in Bio-Statistics Adhiparasakthi College of
Nursing, Melmaruvathur for his constant support, patience, encouragement
and guidance and support in statistical analysis for this study.

I wish to express my thanks to all the teaching staffs of Adhiparasakthi College of Nursing, Melmaruvathur who encouraged me and provided support throughout my study.

I also sincerely thanks to all the Non teaching staffs of Adhiparasakthi College of Nursing, Melmaruvathur.

I express my grateful thanks to **Mr. CHANDRAN**, Librarian Adhiparasakthi College of Nursing, Melmaruvathur who helped me to refer books and journals for my dissertation.

I would like to express my immense thanks to **THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY** Library helped me to refer books and journals for my dissertation.

I whole heartedly thank my wonderful parents who supported and showered all their blessings in completing the dissertation.

I am especially grateful thanks to Scabies children and their mother's for their sincere co operation and interest which showered upon the successful completion of the study.

Finally, I thank all of them who contributed to this work.

LIST OF CONTENTS

CHAPTER NUMBER	CONTENTS	PAGE NUMBER
I.	INTRODUCTION	1
	Need for the study	4
	Statement of the problem	8
	Objectives of the study	8
	Operational definitions	9
	Assumption	10
	Limitations	10
	Projected outcome	11
	Conceptual frame work	12
II.	REVIEW OF LITERATURE	14
III.	METHODOLOGY	30
	Research design	30
	Setting	31
	Population	31
	Sample size	31
	Sampling technique	31
	Criteria for sample selection	
IV.	DATA ANALYSIS AND INTERPRETATION	33
V.	RESULTS AND DISCUSSION	51
VI.	SUMMARY AND CONCLUSION	54
	BIBLIOGRAPHY	61

LIST OF TABLES

TABLE NUMBER	TABLES	PAGE NUMBER
4.1	Frequency and percentage distribution of demographic variables of the children with scabies	40
4.2	Comparison between mean and standard deviation of assessment and evaluation of children with scabies	46
4.3	Mean and standard deviation of improvement score for children with scabies	47
4.4	Correlation between demographic variables and evaluation scores of health status of children with scabies.	48

LIST OF FIGURES

FIGURE NUMBER	FIGURES	PAGE NUMBER
1.1	Morbidity pattern among school children in India	6
1.2	Conceptual framework	12 (a)
4.1	Percentage distribution based on age of the children	40 (a)
4.2	Percentage distribution based on mother's education	40 (b)
4.3	Percentage distribution based on monthly income of the family	40 (c)
4.4	Percentage distribution based on siblings	40 (d)
4.5	Percentage distribution based on personal hygiene of the children	40 (e)
4.6	Percentage distribution on physical contact to old case of scabies.	40 (f)

LIST OF APPENDICES

S.NO	APPENDICES	PAGE NUMBER
1.	Demographic variables	i
2.	Assessment of rating scale for children with scabies	iv
3.	Checklist for nursing intervention for children with scabies	vi
4.	Protocol for nursing care for children with scabies	vii
5.	Case analysis	xx

CHAPTER - I

INTRODUCTION

Health status of children of a nation is a highly reliable index of the health of its population. In India school going children contribute around 25% of the population. In India 80% of population live in rural areas. Health is a common theme for all. According to World Health Organization (WHO) defines health as “a state of complete physical, mental and social wellbeing, not merely the absence of disease infirmity”.

Children are future citizen of the country. Children are affected by many diseases and one among the disease is scabies. According to Webster defines “ disease as a condition in which body health is impaired, a departure from a state of health, an alteration of the human body interrupting the performance of vital functions”.

Personal hygiene is important to good health. Poor personal hygiene is prone to cause scabies. Scabies is a common contagious type of skin disease caused by infestation with microscopic mites.

The parasite mite that causes scabies in human is called *Sarcoptes scabiei*.

The discovery of 1687 of the itch mite marks that scabies as the first disease of man with known cause. The itch mite is an extremely small globular arthropod just visible to the naked eye.

The World Health Organization stated that scabies is a prevalent skin condition that affects people of all classes and ethnicity over the world. The WHO considers scabies to be a water related disease because connection between bathing and personal hygiene to prevention and control of itch mite.

Scabies have been known to humankind since ancient times, with Aristotle (BC 384 – 322) the first person believed to have identified scabies mites. Scabies is a major global health problem in many indigenous and world communities. It is a disease of overcrowding and poverty rather than a reflection of poor hygiene. Scabies epidemics are very common in overcrowded orphanages, kinder gardens, schools and hospitals. Scabies is usually transmitted by close contact with an infected person.

The incidence of scabies is higher in children younger than 2 years of age. But it is fairly common in older children and young adults. The main features of scabies is itching at night and visible lesions may occur several days after infection, edema, redness ,vesicle formation, papules on palms and fingers inter digits, wrists, elbow and axilla.

Haustein.U.F,(2006),. stated that pyethirin and pyrethroid (permethrin) in the treatment of scabies. Permethrin is stressed as a photo stable insecticide that is very effective against a large variety of insects and mites and virtually no allergic side effects. 5% permethrin cream (children below 5 years of age) used in the treatment of scabies.

Jeevan Kumar, (2005),. conducted that a study on newer perspectives for treatment of scabies have undergone developments with the evolution of newer treatment strategies and anti parasitic drugs. The advent of drugs such as permethrin 5 % lotion and crotamiton 10 % lotion have revolutionized treatment. Management of scabies is not only prescribing the drugs and also educating the methods of application of medicines.

The best treatment for scabies is 5% permethrin topical cream in children beyond 2 months of age. A single application cures more than 90% of cases. Permethrin is applied locally over night and allowed on the lesions for at least 10 hours.

NEED FOR THE STUDY

Scabies is a common and contagious worldwide, there are about 300 million cases of scabies each year. The incidence of scabies is higher in children younger than 2 years of age, but it is fairly common in older children and young adults. Scabies are extremely common in people living in overcrowded slums.

The Government of India has taken action to prevent scabies through the school health programme, implemented by the health team members.

SCHOOL HEALTH PROGRAMME

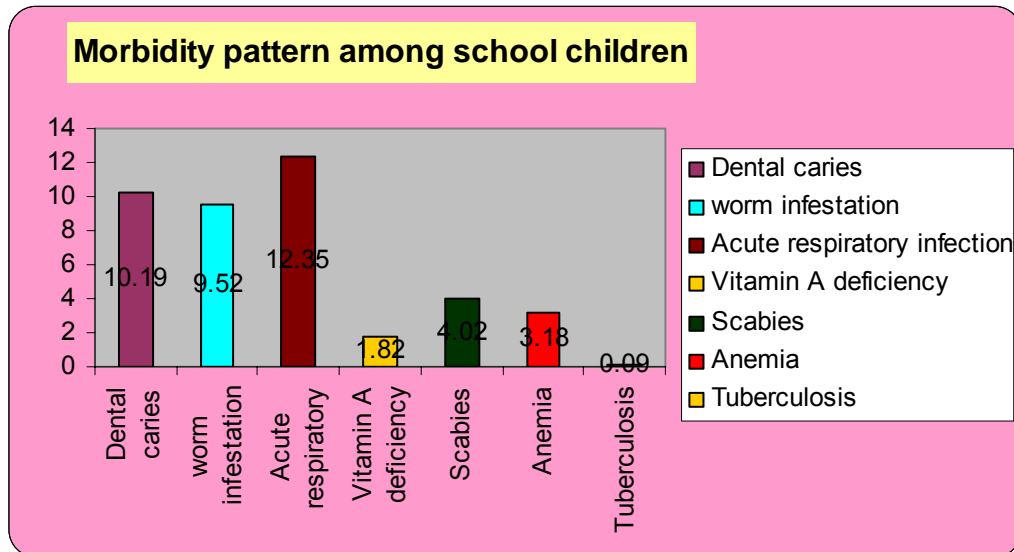
The School Health Programme (SHP) in the State has been revamped to provide comprehensive health care services to all

students in Government and Government-aided schools from first to twelfth standards. All Thursdays are observed as 'Schools Health Days'. All Saturdays are observed as 'Referral Days'. Two teachers in each school are identified to co-ordinate and assist in the effective implementation of the scheme.

School Health Cards have been printed and supplied. These health cards will be issued to the students along with the Transfer Certificate when they leave the school. Health appraisal register, referral register and drug stock register are printed and supplied.

Up to December 2007, out of 40,308 targeted schools, 23,892 schools were visited by the medical teams, 41.7 lakhs children were treated and 45,701 children were referred to higher medical institutions.

Morbidity Pattern among School Children in up to December 2007



Source: Journal of communicable disease

There are many misconceptions and unfolded ideas regarding scabies. Due to the high incidence of scabies among people from lower classes of society, one would be tempted to believe that scabies is the result of inappropriate hygiene and unhealthy lifestyle. In fact, the level of hygiene doesn't really influence the occurrence or the development of scabies. Recent studies have revealed the fact that good personal hygiene can effectively prevent infestation with scabies mites. At best, proper hygiene can only delay the occurrence of scabies and its generated symptoms.

The actual reason for the high incidence of scabies in less developed urban societies is overcrowding. Scabies is very contagious and it can be easily transmitted through direct physical contact. Thus, living in overcrowded conditions facilitates the spreading of scabies from one family member to another. During scabies outbreaks, everyone should follow an appropriate treatment in order to prevent the occurrence of the disease.

Shat. N, et.al. (2004) conducted the study on health states of siblings of hospitalized children. It showed the siblings of hospitalized children are in high risk group as they share same environment and nutrition. They have various ailments in various stages of severity. The health screening of such children will have a positive impact in promoting in diagnosing diseases at an early stage.

Kaliaperumal karthikeyan, et.al., (2003) stated that the pattern of scabies in children in south India. All children < 14 years presenting between may 2001 and 2002 were recruited. A total of 2100 children with 2144 dermatoses were recorded. Infection and

infestations were the most common cause for dermatoses and scabies.

Feldmeier. H., et.al., (2004) reported the study was the epidemiology of scabies in an impoverished community in rural, the presence and severity of diseases are associated with poor living conditions and illiteracy. The overall prevalence was 9.8% with no significant variations between seasons and the incidence was estimated to be 196/1000-persons-per year. The high incidence was observed in children younger than four years. In the improvised community scabies is an important health problem characterized by continuous transmission throughout year. The parasitic skin disease is embedded in a complex web of causation characterized by poor living conditions and a low level of education.

STATEMENT OF THE PROBLEM

Effectiveness of nursing care for children with scabies residing at Acharapakkam.

OBJECTIVES

1. to assess the health status of the children with scabies.
2. to evaluate the effectiveness of nursing care of children with scabies.
3. to correlate the effectiveness of nursing care of children with scabies with demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

It refers to significant improvement of the children with scabies as determined by the difference in pre care and post care.

NURSING CARE

It refers to the complete intervention done by the scholar like Assessment of health status, Skin care, Medication application, Health education regarding personal hygiene, environmental hygiene.

SCABIES

Scabies is a parasitic infestation of the skin and it is caused by mite sarcoptes scabei, the main features of the scabies is itching and visible lesions and vesicle formation on the palms and finger webs of flexor regions.

CHILDREN

It refers to people between the age group of 0-12 years.

ASSUMPTION

- ❖ Appropriate nursing intervention to the children with scabies can prevent further complications.
- ❖ Daily assessment of children condition enables to gain thorough knowledge about progress in children health condition.

LIMITATIONS

- ❖ The sample size was limited to 30 children.
- ❖ The period of study was limited to 6 weeks.
- ❖ The study was limited to Acharapakkam.

- ❖ The language of the children was Tamil or English.

PROJECTED OUTCOME

Scabies is a infectious diseases, common in children. Effective nursing intervention to the children with scabies will improve the condition of the children and help in prevention of complications.

CONCEPTUAL FRAME WORK

A conceptual frame work refers to concepts that structures of offer a frame work of prepositions for conducting research. The study design is to elicit the effectiveness of nursing care on children with scabies.

The investigator has applied Lydia hall's theory care, core, cure (1975).

Here the 'core' refers to the person who is need for therapeutic nursing care. The care refers to the body intimates bodily care aspects of nursing and cure refers to see the children and assess the effectiveness of nursing care on children with scabies.

As the study is on the concepts of maintaining the normal health status (cured from scabies), the investigator has modified Lydia hall's theory 'core', care, cure, the center functioning concept is that the need for professional nursing care increases also the method of treatment should simple, effective, inexpensive Lydia hall presents here theory for nursing with their interlocked circles, each circle presenting a particular aspects of nursing that is core, care, cure.

CORE: involves the investigator a child with scabies where both interact to achieve main goal.

CARE: represents the comprehensive nursing care.

CURE: involves the outcome of treatment of that is nursing care.

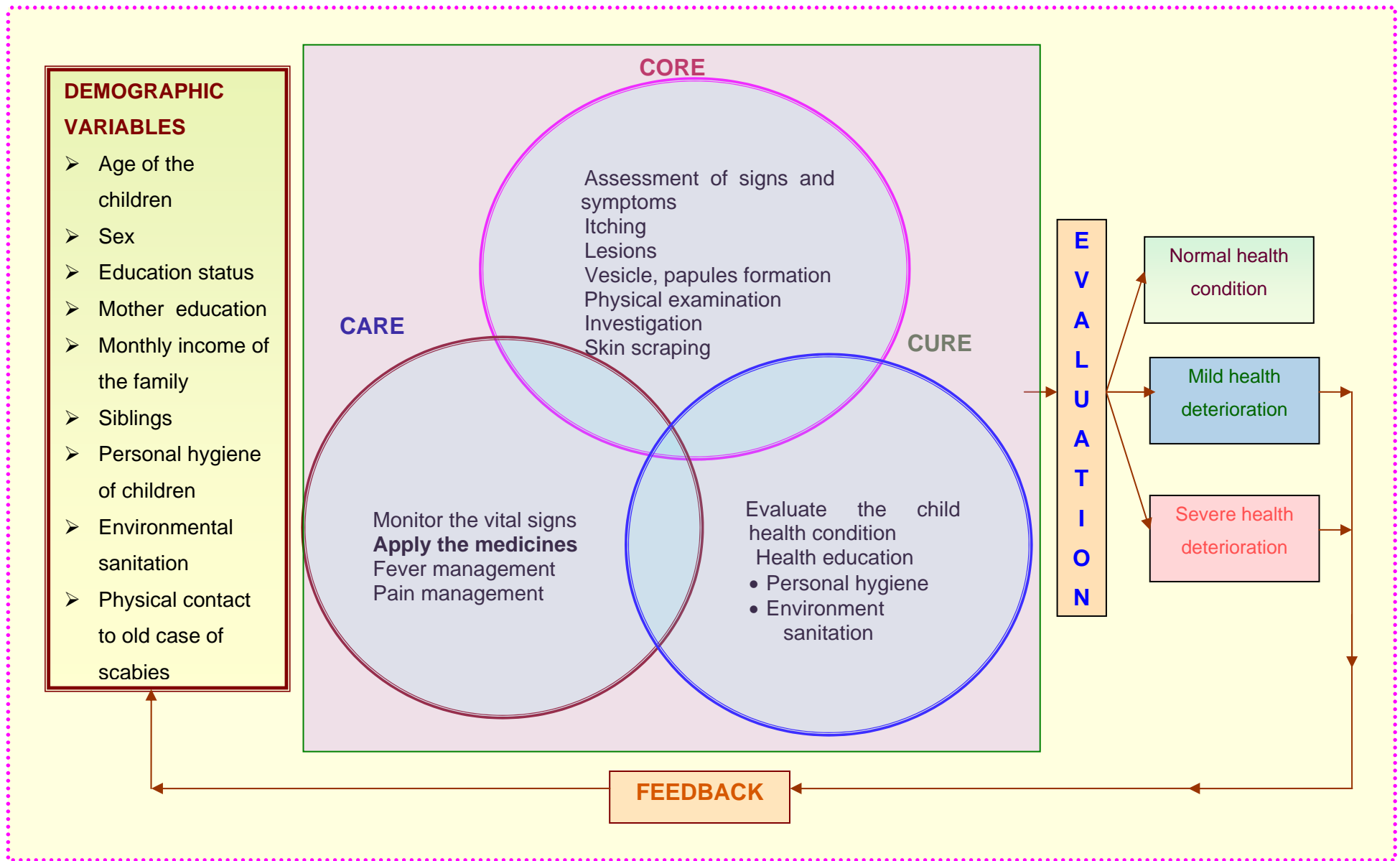


Fig.2.1 CONCEPTUAL FRAME WORK MODIFIED VERSION LYDIA HALLS THEORY (1975)

CHAPTER II

REVIEW OF LITERATURE

A review of literature relevant to the present study was aim that identifying the effectiveness of nursing care. A literature review helps to lay the foundation for a study with significance to quantitative research and it is typically conducted within the context of previous effectiveness of nursing care.

Review of literature consists of

- ❖ Literature related to incidence of scabies
- ❖ Literature related to causes of scabies
- ❖ Literature related to nursing care of scabies

Literature related to incidence of scabies:

Arlian L.G., et.al. (2009) stated that study was prevalence of sarcoptes scabei in the home and nursing homes of scabietic children. The study determines the sarcoptes scabei in the home

environment of 37 confirmed cases of scabies and in 5 nursing homes with scabietic children. Dust samples from 44% of infected children homes contained scabies mites. Live mites at the time the dust samples were analyzed were present in 64% of these homes. The density of live and dead mites ranged from 1 to 5 mites/0.1g of dust. Mite contaminated fomites may be less important in the transmission of scabies in nursing homes than in private home.

Feldmeier. H., et.al. (2009) explained the study was the epidemiology of scabies in an impoverished community in rural, the presence and severity of diseases are associated with poor living conditions and illiteracy. The overall prevalence was 9.8% with no significant variations between seasons and the incidence was estimated to be 196/1000-persons-per year. The high incidence was observed in children younger than four years. Result: in the improvised community scabies is an important health problem characterized by continuous transmission throughout year. The parasitic skin disease is embedded in a complex web of causation characterized by poor living conditions and a low level of education.

Ciftci H. et.al.,(2009) discussed that study was prevalence of pediculosis and scabies in preschool nursery children of Turkey, the scabies prevalence was conducted among the preschool nursery children. A school based cross sectional study was performed with 1134 children chosen for evaluation. The infestation was found in 14 (1.2%) of 1134 children, 9 (0.8%) with pediculosis capitis and 5 (0.4%) with scabies. We found that infestations were more frequent in children with mothers whose education levels were low. This indicates the necessity of an improvement and the economic and socio cultural status of the community and the promotion of hygiene concepts and practices in order to improve health of the preschool age children.

Sindhupuvan. S. et.al., (2008) evaluated that the study was sulfur for scabies outbreaks in orphanages. The scabies outbreaks occurred in two large orphanages in Chiang Mai, Thailand. Since we were concerned about the availability, safety, and cost of scabicides in Thailand, sulfur in petrolatum was our choice for mass treatment of

the children. We studied the efficacy of sulfur in children 2 months to 6 years of age. After the treatment, 47% and 71% of the 102 patients were cured in 2 weeks and 4 weeks, respectively. Only three preschool children developed a mild facial irritation after the first application. This agent is a safe and cheap choice for mass therapy.

Karim SA, et.al. (2007) suggested that socio-demographic characteristics of children infested with scabies in densely populated communities of residential madras. Results: in total, 492 children received clinical check-ups; 92.5% were boys, 63.4% of fathers and 98.5% of mothers were either illiterate or had only received primary education, 55.1% of fathers were in low-paid laboring jobs, and 99% of mothers were housewives. Of the 98% of children who had scabies, 71% had been re-infected.

Literature related to causes of scabies:

Yamamoto T, et. al., (2007) described that Nosocomial infection of scabies in national hospitals and sanatoria in Japan. The aim of this study was to investigate cases of nosocomial infection of scabies in the national hospitals in Japan. It took 7.5 weeks on the average to eliminate nosocomial infection and more than 8 weeks were required to control them in the hospitals where more than 10 cases had occurred. Benzyl benzoate, gamma benzene hexachloride, and pyrethroids, which were not approved as drugs for the treatment of scabies in Japan, were used in the all institutions where nosocomial infection occurred except for one institution.

Venna S, et al., (2007) stated that scabies and lice health care providers frequently encounter human infestations of scabies and lice. When a person is identified as having either of these infestations, he/she should be treated. More importantly, their close contacts should be examined and treated if needed. It is vital for dermatology nurses to understand the epidemiology, transmission,

symptoms, distribution, diagnosis, complications, and treatment for scabies and lice infestations.

Smith, H, et. al., (2006) analyzed that diagnostic dilemmas in pediatric/adolescent dermatology: scaly scalp is a common problem in the pediatric and adolescent population. The possible cause range from the commonly seen tinea capitis and seborrheic dermatitis to rare systemic diseases such as dermatomyositis. In all cases a thorough history and physical examination are important first steps to successful diagnosis and treatment.

Barrett. N.J., et.al.,(2006) investigated the study was the resurgence of scabies. The prevalence of scabies infection shows a cyclical pattern with a periodicity of 10-30 years. Various sources indicate that a major increase has been underway since 1991 and CDSC has received several reports of outbreaks in schools, hospitals and nursing homes in recent months. This brief review outlines the clinical features, diagnosis, epidemiology and management of this time-honored infection.

Bronzena.SJ.et.al., (2006), reported that Scabies, update on diagnosis and treatment. Scabies is a pruritic, contagious skin disease, is endemic in our society. It is especially prevalent in schools and day care centers. Close physical contact, such as that of children playing, is required for transmission.

Sato H. et.al., (2006) reviewed that statistical studies on scabies at division of dermatology, Urakawa Red Cross Hospital. Scabies is relatively common skin disease caused by the itch mite *sarcoptes scabiei*. Because of its strong contagious capacity, social problems especially as sexual transmission or massive infection in school children arise quite frequently. Results have been obtained as follows: 1. the total number of scabies patients was 496 that is 1.96% of the total number of new outpatients seen in this period. 2. Compared with previous reports, the ratio of children and elders was remarkably high. 3. Massive infection was observed in one nursing home and one hospital.

Literature related to nursing care of scabies:

Haustein U F, et al.,(2009) stated that pyremethrin and pyrethroid (permethrin) in the treatment of scabies and pediculosis. Permethrin is stressed as a photo stable insecticide. This is documented by the results obtained in the treatment of 48 children and 56 adults suffering from scabies. Permethrin is recommended in scabies therapy in premature infants, small children, patients with seizures and neurological complications, in treatment failures with lindane entailing the need to repeat the therapy, in scabies and in pregnant women and nursing mothers.

Hautarzt, et.al., (2009) stated that treatment of endemic scabies with allethrin, permethrin and ivermectin, evaluation of a treatment strategy. Ectoparasitic cutaneous infestations are still common problems in countries of Western Europe. Conclusions: our strategy for eradication of endemic scabies has proven effective. Allethrin can be used following the package in permethin is more effective and can also be used in children, as well as pregnant and

nursing women. Ivermectin is particularly useful in treating crusted scabies.

Haustein UF, et.al. (2008) stated that the treatment of scabies with permethrin in comparison with lindane and benzyl benzoate. This open clinical study was designed to evaluate and compare the efficacy and side-effects of lindane (1% and 0.3%), benzyl benzoate (20% and 10%) and permethrin (5% and 2.5%) after twice-, three times- and once application at bedtime, respectively, in the treatment of scabies in 104 adults and 70 children aged between 0 to 5 years. Treatment failures were registered after lindane in 3 adults and 2 children, while benzyl benzoate and permethrin cured all patients as assessed after 3 weeks follow-up.

Schultz .M. W, et.al.,(2008) conducted the study was scabies in nursing homes. An eradication program with permethrin 5% cream. Permethrin 5% cream was used to treat scabies in three large nursing homes. Nine hundred ninety-five persons were treated, 202 of whom were diagnosed with scabies. Approximately 35% of nursing home residents were diagnosed with scabies. These were patients in

whom multiple treatments with other scabicides were unsuccessful. As the completion of the study, 195 patients were examined for efficacy of treatment. Of these, 912 (46.7%) had clearing of lesions with one medication application, 77 (39.5%) with two treatments, and 23 (11.8%) with three or more treatments. The overall cure rate was 98%. Adverse experiences occurred in 2.4% of cases and were mild (i.e. pruritis and rash).

Ando. M, et. al.,(2007) stated that Statistical studies on scabies at division of dermatology, red cross hospital, Japan. Scabies is a relatively common skin disease caused by the itch mite *Sarcoptes scabiei*. Results have been obtained as follows: (1) The total number of scabies patients was 496 that is 1.96% of the total number of new outpatients seen in this period. (2) Sex ratio was 1.33 (male): 1 (female), slightly higher in male. (3) As to the age distribution, the highest peak was 3rd decade of life. (4) Compared with previous reports, the ratio of children and elders was remarkably high. (5) Massive infection was observed in one nursing home and one hospital. (6) As to the seasonal distribution, the number of patients was high from October to March, and the highest peak was

November. (7) We compared three kinds of scabies and discussed about the useful effect of gamma-BHC in the cure and prevention of the disease, comparing with crotamiton and benzyl benzoate.

Karthikeyan.K., (2007), Treatment of scabies newer perspectives, The treatment of scabies has undergone developments with the evolution of new treatment strategies and antiectoparasitic drugs. The advent of drugs such as permethrin and ivermectin has revolutionised treatment. Scabies is treated with ivermectin 0.2 mg/kg in a single dose. The clinical efficacy is good with good clearing of skin lesions and a marked decrease in pruritus. It is rapidly absorbed and excreted through the faeces. The toxic effect of ivermectin after a single dose for scabies appears to be insignificant. It is relatively safe

Rudolph, et al (2007), comparative study of oral ivermectin and topical permethrin cream in the treatment of scabies. A single application of permethrin is superior to a single dose of ivermectin. Two doses of ivermectin is as effective as a single application of permethrin. The temporal dissociation in clinical response suggests

that ivermectin may not be effective against all the stages in the life cycle of the parasite.

Ruth Mary, et al, (2007), Comparative effect of topical application of lindane and permethrin on oxidative stress parameters in adult scabies patients. Serum malondialdehyde (MDA) levels, erythrocyte superoxide dismutase (SOD) and catalase (CAT) activity were significantly increased while blood glutathione (GSH) levels were significantly decreased in the lindane group as compared to controls and the permethrin group. The permethrin treated group showed a non significant alteration in the oxidative stress parameters. Topical application of lindane induced significant oxidative stress as compared to permethrin which appears to be a safer option for the treatment of scabies.

Lancet. (2006) explained that Scabies and pediculosis. Scabies and pediculosis are ubiquitous, contagious, and debilitating parasitic dermatoses. They have been known since antiquity and are distributed worldwide. Clusters of infestation occur. For example,

scabies affecting immune compromised individuals or patients and staff in hospitals and nursing homes for the elderly, and pediculosis affecting schoolchildren or homeless people. Associations with other disorders are common: infections with human T-cell leukaemia/lymphoma virus I and HIV are associated with scabies, and trench fever and exanthematous typhus with pediculosis. Specific forms of scabies, including bullous scabies or localized crusted scabies, may be misdiagnosed. Moreover, definitive parasitic diagnosis can be difficult to obtain, and the value of new techniques remains to be confirmed. Difficulties in management have returned scabies and pediculosis to the limelight.

Hlawa B. (2005) Treatment of scabies with permethrin versus lindane and benzyl benzoate. This open clinical study was designed to evaluate and compare the efficacy and side effects of lindane (1% and 0.3%), benzyl benzoate (20% and 10%) and permethrin (5% and 2.5%) after two, three, and one application at bedtime, in the treatment of scabies in 114 adults and 80 children aged between 0 and 5 years. Treatment failures were registered after lindane in 3 adults and 2 children, whereas benzyl benzoate and permethrin cured

all patients as assessed after a 3-week follow-up. Permethrin proved to be very reliable and exhibited few side effects when applied once at bedtime.

Lapeere H, (2005) Incidence of scabies. A prospective survey on scabies was performed in 2006. Sixty-four individual cases were reported, corresponding to a crude incidence rate of 28/100,000 inhabitants. The incidence was higher in the elderly (51/100,000 in persons aged >75 years) and a higher incidence was also found in immigrants (88/100,000). More than 40% of the registered scabies patients had symptoms for more than 4 weeks at the time of presentation. In 54% of the consultations, the patient had already consulted a physician for his/her skin problem. Of this group, 44% had not yet received any scabicide treatment, indicating that scabies was not yet diagnosed or that an inappropriate treatment was prescribed. The observations suggest that the diagnosis and/or treatment of scabies in this region can still be improved.

Alagoas (2005), Clinical features and associated morbidity of scabies in a rural community. Scabies is associated with considerable

morbidity in this endemic community. Predilection sites, clinical presentation, quantity of skin surface affected and proportion of secondary infected lesions show a dichotomy between children and adults.

Wong LC, (2004), “Outcome of an interventional program for scabies in an Indigenous community”. Intervention, which was based on community motivation, involvement and control, successfully reduced the prevalence of scabies. Continuing community health education and regular screening will be crucial in controlling scabies. The methods and results of this study may be helpful in developing a coordinated program for all remote Aboriginal communities in the area.

Cathreena, (2003), Ivermectin is better than benzyl benzoate for childhood scabies in developing countries: Ivermectin is cheap and effective in the treatment of pediatric scabies. Ivermectin has minimal observed toxicity and has the additional beneficial effects of anti parasitic action in scabies. Ivermectin is better than benzyl benzoate for the treatment of pediatric scabies in developing countries.

CHAPTER -III

METHODOLOGY

This chapter describes the methodology followed to assess the effectiveness of nursing care of children with scabies. This chapter indicates the general patterns of organizing research procedure to gather valid and reliable data with research design setting of the study, population, sample size, sampling technique, and description of tool, procedure for data collection and plan for data analysis.

RESEARCH DESIGN

The research design was selected for this study was evaluative research design.

SETTING

The study was conducted in the Acharapakkam village at kanchipuram district.

POPULATION

The population for this study was children with scabies in the age of 0 - 12 years, residing in community area.

SAMPLE SIZE

A sample of 30 children with scabies, who met the inclusion criteria were selected.

SAMPLING TECHNIQUE

The sampling technique chosen for the study was convenient sampling technique.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

- ❖ Children who could communicate in Tamil and English.
- ❖ Children with scabies who were willing to participate in the study.

- ❖ Age group of the children was 0 – 12 years.
- ❖ Children residing in Acharapakkam.

EXCLUSION CRITERIA

- ❖ Children who had old history of scabies.
- ❖ Children who were not able to understand Tamil/English.
- ❖ Age group of the children with other common diseases.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 samples on children with Scabies. This study was done by using questionnaire, rating scale and observational check list.

Data analysis was done by using descriptive and inferential statistical procedure. The items were scored after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation and sign - test.

TOOL FOR DATA COLLECTION

Tool for data collection was health assessment rating scale, and observational checklists were used to find out the effectiveness of nursing care for children with scabies.

DESCRIPTION OF THE TOOL

The instruments were classified into 3 parts.

PART –I

It consists of demographic variables of children with scabies such as age of the children, sex, educational status, religion, socio economic status, family size, siblings, father education, father occupation, income, mother occupation, type of family, area of residence, food pattern and source of health information.

PART-II

Rating scale was used to monitor the health condition of the children with scabies.

PART-III

It consists of observational checklist which was used to find out the effectiveness of nursing care for children with scabies.

REPORT OF THE PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the ten samples selected for the study. The pilot study was conducted in kadaperi for a period of two weeks.

The standardized tools were used to find out the reliability, validity, feasibility and practicability of the tool and which was evaluated by experts' of the research committee. Content validity was obtained from community health nursing experts'. According to convenient sampling technique, three samples were taken and by using the checklist and Rating Scale the health condition of the children with scabies was assessed and then nursing care was given data was evaluated and analyzed by using sign-test. The result of the study revealed that the calculated value was 6.56 tabulated value was 4.71. The calculated value was greater than tabulated value at 0.01 level of significance. Therefore we could know the significant improvement in the children with scabies.

RELIABILITY

Reliability was checked by experts. The reliability was 0.78 (78%). Reliability and practicability of the tool was tested through the pilot study and used for main study.

VALIDITY

The tools were prepared by the help of experts' guidance on the basis of objectives, which were assessed and evaluated, accepted by experts of research committee. Content validity was obtained from community health nursing experts.

INFORMED CONSENT

The investigator obtained written consent from the recommendation committee and from the community area Acharappakam. Oral 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 children status nursing care was given and later post assessment done to evaluate the progress of the children.

SCORE INTERPRETATION

The instruments consist of 10 numbers of questions regarding the health condition of the children with scabies. For each question

carries maximum score of 3. It was indicated that number of score is 36. The minimum score is 12.

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

Based on information data were classified as follows.

12 – 20→ Normal health condition of the children with scabies.

21 - 28→ Moderate health condition of the children with scabies.

29 - 36→ severe health condition of the children with scabies

DATA COLLECTION PROCEDURE

Data collection was done based on the topic and purpose of the study. The data collection was based on observational checklist. A total number of observations was made on each children.

STATISTICAL METHOD

The descriptive statistical analysis method was used to find out mean of the score, standard deviation of the score and percentage of score. The correlation tests were adopted and interpreted with each score and health progress result found children with scabies.

S. No	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive statistical analysis.	The total number and percentage.	To describe the demographic variables of children with scabies.
2.	Inferential statistical analysis.	Sign test. Correlation	Analyzing the effectiveness between pre & post condition of children with scabies. To find out the correlation between the demographic variables and effectiveness of pre & post care of children with scabies.

**DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE
UNDER THE FOLLOWING HEADINGS**

SECTION - A

Distribution of demographic variables of children with scabies.

SECTION - B

Comparison between assessment and evaluation scores of effectiveness of nursing care for children with scabies.

SECTION - C

Comparison between mean & standard deviation of assessment, evaluation of effectiveness of nursing care for children with scabies.

SECTION - D

Mean and standard deviation of improvement score for children with scabies.

SECTION - E

Correlation between demographic variables and evaluation score of health status of children with scabies.

SECTION-A

Distribution of demographic variables of children with scabies.

TABLE 4.1:

Frequency and percentage distribution of demographic variables of children with scabies.

S.NO	DEMOGRAPHIC VARIABLES	NUMBER	PERCENTAGE
1.	Age of the children		
	a) 0-3 years	5	17
	b) 4-6 years	10	33
	c) 7-9 years	9	30
	d) 10-12 years	6	20
2.	Sex		
	a) Male	15	50
	b) Female	15	50
3.	Religion		
	a) Hindu	11	37
	b) Muslim	8	26
	c) Christian	11	37
4.	Educational status of the children		
	a) Illiterate	12	40
	b) Preschool	4	13
	c) Primary school	12	40

	d) Middle school	2	7
5.	Occupation		
	a) Cooley	8	27
	b) Daily wages	12	40
	c) Monthly wages	10	33
6.	Mother's education		
	a) Illiterate	5	17
	b) Middle school	5	17
	c) High school	7	23
	d) Higher secondary	6	20
	e) Collegiate	7	23
7.	Monthly income of the family		
	a) Less than Rs.3000	8	27
	b) Rs.3001-5000	12	40
	c) More than Rs.5000	10	33
8.	Type of family		
	a) Nuclear	20	77
	b) Joint	10	33
9.	Siblings		
	a) 2	8	16
	b) 3	12	37
	c) More than 3	10	47
10.	Area of residence		
	a) Over crowded area	17	57
	b) Less crowded area	13	43

11.	Personal hygiene of the children		
	a) Poor	8	23
	b) Fair	11	47
	c) Good	11	30
12.	Environmental sanitation		
	a) Poor sanitation	14	47
	b) Moderate sanitation	16	53
13.	Physical contact to old case of scabies		
	a) Yes	13	43
	b) No	17	57
14.	Drainage system		
	a) Open system	12	40
	b) Closed system	18	60
15.	Health information through		
	a) Health personnel	17	57
	b) Relatives and friends	5	16
	c) Mass media	8	27

Table – 4.1 depicts the frequency and percentage of distribution of the personal factors of demographic variables Includes, age, sex, religion, educational status the children, mothers education, monthly income of the family, siblings, personal hygiene of the

children, environmental sanitation, physical contact to old case of scabies, drainage system, health information.

It is evident from table-4.1, out of 30 children, 5 (17%) were aged between 0 and 3 years, 10 (33%) were in 4-6 years.

With regard to the sex of the children 15 (50%) were male and 15 (50%) were female.

Religion reveals that out of 30 children 11 (37%) were Hindu, 8 (26%) were Muslim, 11 (37%) were Christians.

Regarding education of the children, 12(40%) were illiterate, 2 (7%) was in high school level.

Concerning with their income 8 (27%) of family were below Rs.3000, 12 (40%) were Rs.3001-5000.

Regarding sibling 5 (16%) had 2 members, 14 (47%) had above 3 members.

In the case of Personal Hygiene of the children, 7 (23%) were in Poor Hygiene, 14 (47%) were in fair.

With reference to the source of health information, 17 (57%) had health personnel, 5 (16%) from relatives and friends.

SECTION-B

Comparison between assessment and evaluation scores of effectiveness of nursing care for children with scabies.

TABLE 4.2

Frequency and percentage distribution of level of progress in health condition of children with scabies on assessment day and evaluation day.

S. No	Days	Good Health Condition 0 - 50%		Moderately Health Condition 51 – 75 %		Delayed Health Condition >75%	
		No	%	No	%	No	%
1.	Assessment Day	1	3	3	10	26	87
2.	Evaluation Day	23	77	7	23	-	-

Table 4.2 shows that the health condition of children with scabies on assessment and evaluation day based on rating scale. On the assessment day most of the children 26(87%) were in severe

health conditions. Three (10%) were in moderate health condition. On the evaluation day majority of children 23(77%) were in good health condition. 23% were in moderate health condition and none of them was in poor health condition.

SECTION-C

Comparison between mean, standard deviation & confidential interval of assessment, evaluation of effectiveness of nursing care for children with scabies.

TABLE 4.3

S.NO	DAYS	MEAN	STANDARD DEVIATION	C I
1.	Assessment day	28.7	5.33	25.5 – 30.2
2.	Evaluation day	15.03	6.86	15.7 – 21.8

Table 4.3 reveals that the overall mean of health condition of children with scabies was 28.7 with standard deviation 5.33, in first day and the mean in seventh day was 15.03 with 6.86 standard deviation. Statistically there was significant improvement in health condition of children with scabies in first and seventh day of nursing intervention.

SECTION – D

TABLE – 4.4

Mean and standard deviation of improvement score for children with scabies.

S.NO	HEALTH STATUS	MEAN	STANDARD DEVIATION	SIGN TEST
1.	Improvement score	12.96	4.28	9.14

Table 4.4 reveals S value of the effectiveness of nursing intervention score among 30 scabies children; sign test value was 9.14 which were statistically significant. Sign test value was lesser than s value. It implies that the nursing care provided by the investigator was effective and showed improvement in health status of children with scabies.

SECTION – E

Table – 4.5

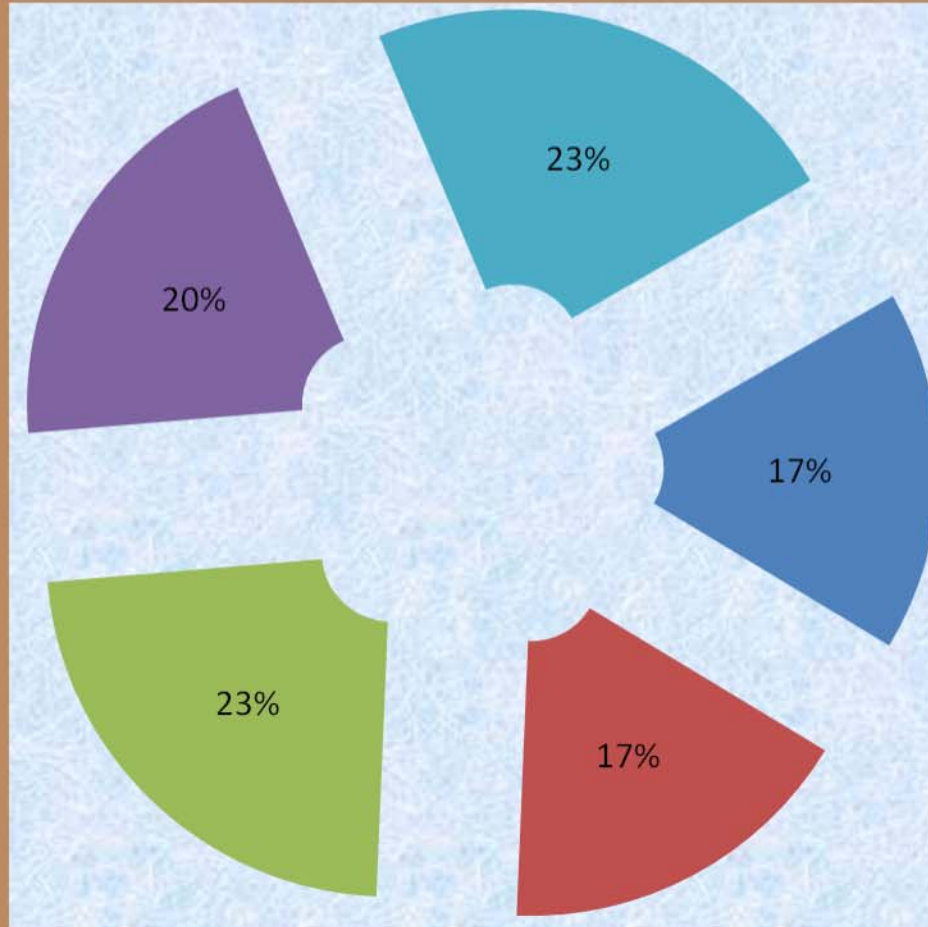
Correlation between demographic variables and evaluation score of health status of children with scabies.

S. No	Demographic variables	Assessment day						Evaluation day				r
		Severe		Moderate		Mild		Moderate		Mild		
		No	%	No	%	No	%	No	%	No	%	
1.	Age of the children											0.32
	a) 0-3 years	5	17	0	0	0	0	0	0	5	17	
	b) 4-6 years	8	26	2	7	0	0	4	13	6	20	
	c) 7-9 years	8	26	0	0	1	3	2	7	7	23	
	d) 10-12 years	5	17	1	3	0	0	0	0	6	20	
2.	Mother's education											0.8*
	a) Illiterate	4	13	1	3	0	0	0	0	5	17	
	b) Middle school	3	10	2	7	0	0	0	0	5	17	
	c) High school	7	23	0	0	1	3	2	7	5	17	
	d) Higher secondary	5	17	0	0	0	0	3	10	3	10	
	e) Graduate	7	23	0	0	0	0	1	3	6	20	
3.	Monthly income of the family	6	20	2	7	0	0	3	10	5	17	0.5*
	a) Below Rs. 3000	11	37	1	3	0	0	2	7	10	33	
	b) Rs. 3000-5000	9	30	0	0	1	3	1	3	9	30	
	c) Rs. Above											
4.	Siblings											0.5*
	a) 2	4	13	1	3	0	3	2	7	3	10	
	b) 3	10	33	0	0	1	0	1	3	10	33	
	c) Above 3	12	40	2	7	0	7	3	10	11	37	
5.	Personal hygiene of the children											0.87*
	a) Poor	6	20	0	0	1	3	3	10	4	13	
	b) Fair	13	43	1	3	0	0	3	10	11	37	
	c) Good	7	23	2	7	0	0	0	0	9	30	

6.	Physical contact old case of scabies											
	a) Yes	10	33	2	7	1	3	5	17	8	26	0.9*
	b) No	16	53	1	3	0	0	1	3	16	53	
7.	Drainage system											
	a) Open system	9	30	3	10	0	0	2	7	10	33	0.9*
	b) Closed system	17	57	0	0	1	3	4	13	14	47	

* - significant $P < 0.01$

TABLE 4.5 reveals that the correlation proved that there was significant correlation between the demographic variables (Age of the children, mothers educational status, monthly income of the family, siblings, personal hygiene of the children, physical contact of old case of scabies.) Thus, the effectiveness of nursing care was independent of the demographic variables.



- Illiterate
- Middle school
- High school
- Higher secondary
- Graduate

Fig 4.2: Percentage distribution based on Mother's education

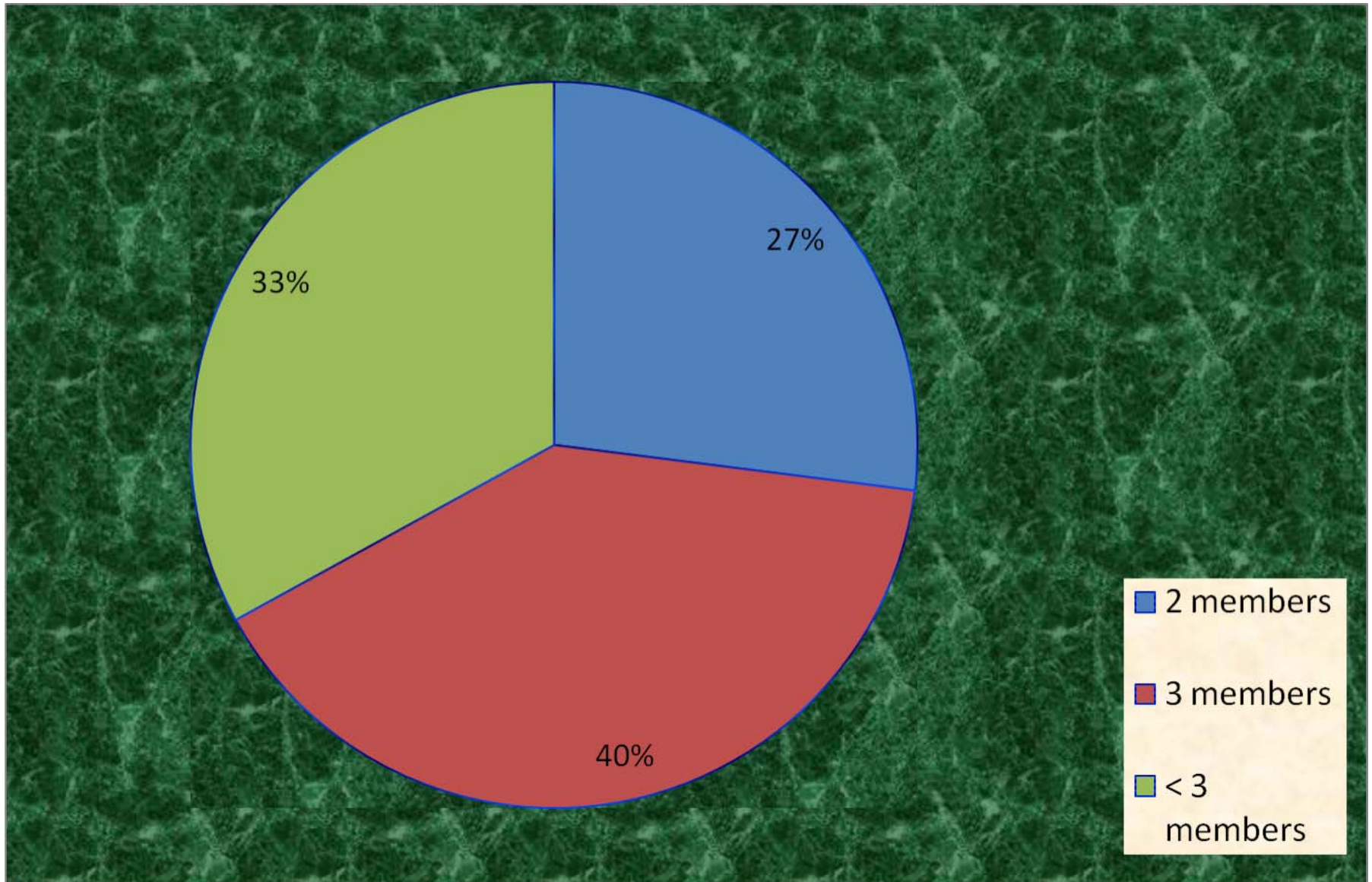


Fig 4.4: Percentage distribution based on siblings

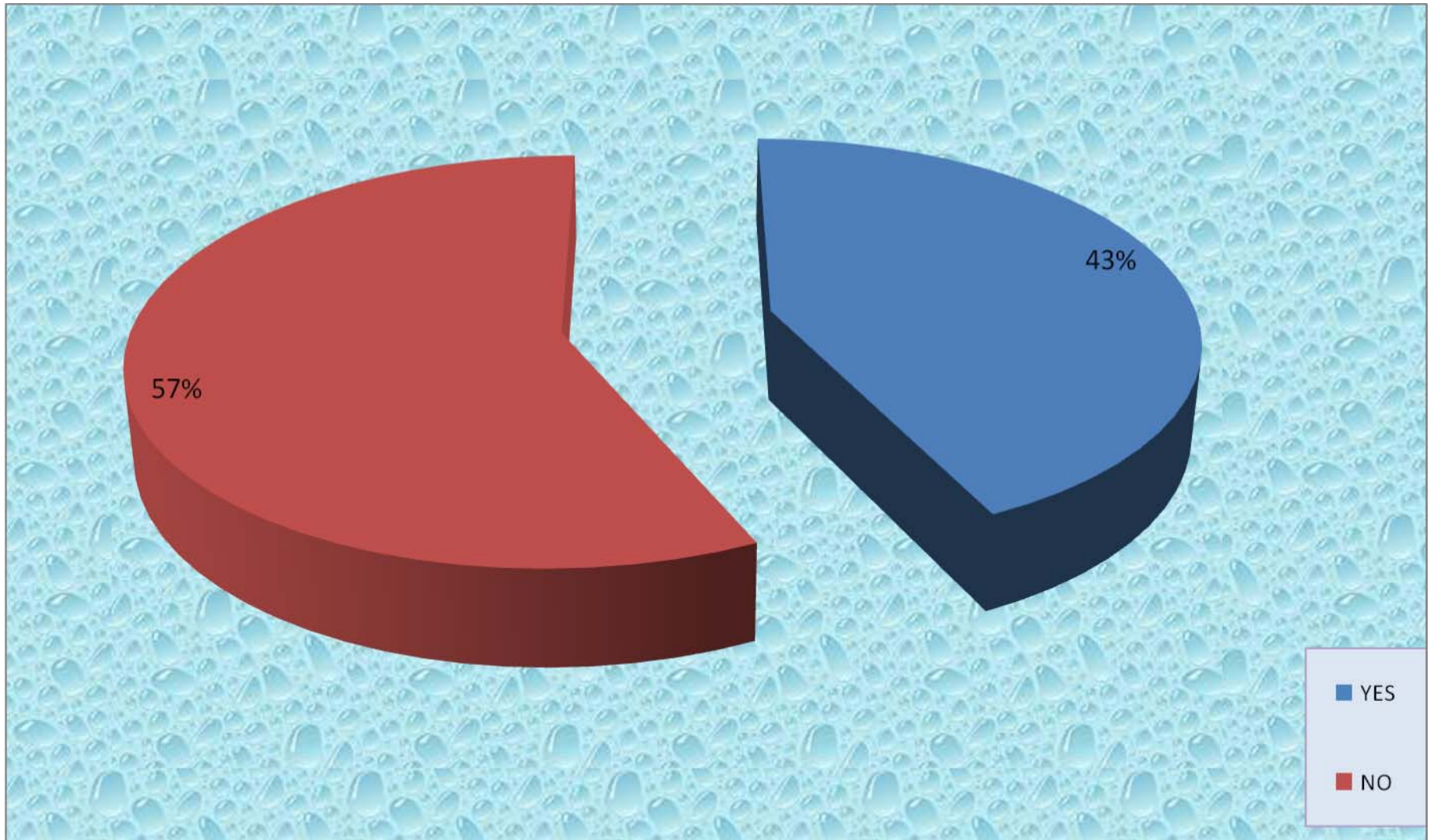


Fig 4.5: Percentage distribution based on Physical contact to old case of scabies.

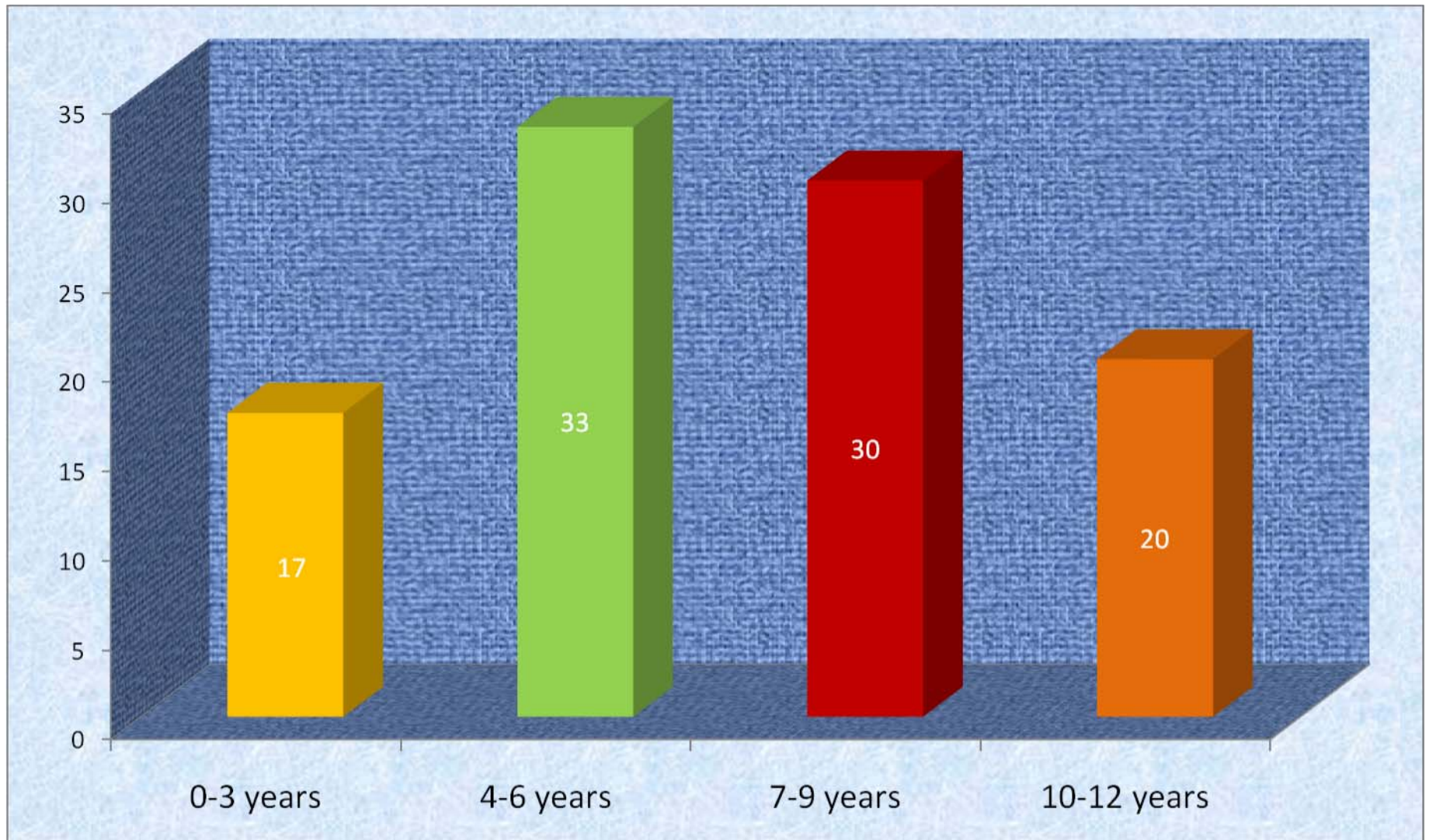


Fig 4.1: Percentage distribution based on Age of the children

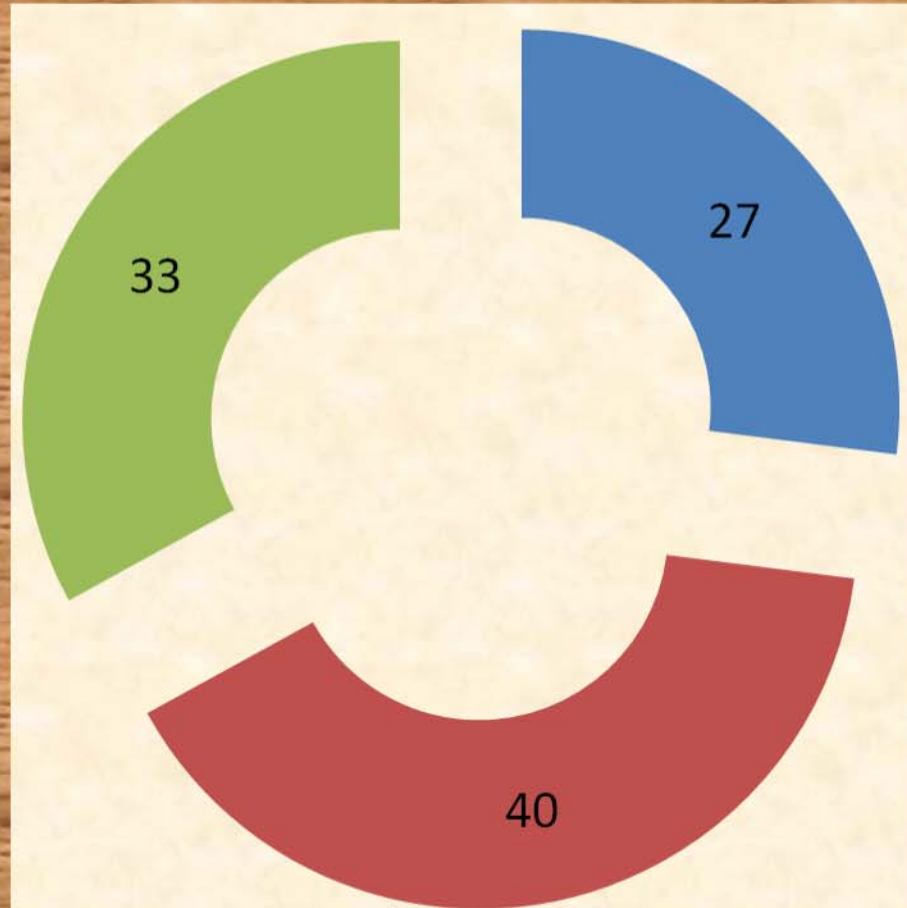


Fig 4.3: Percentage distribution based on Income of the family

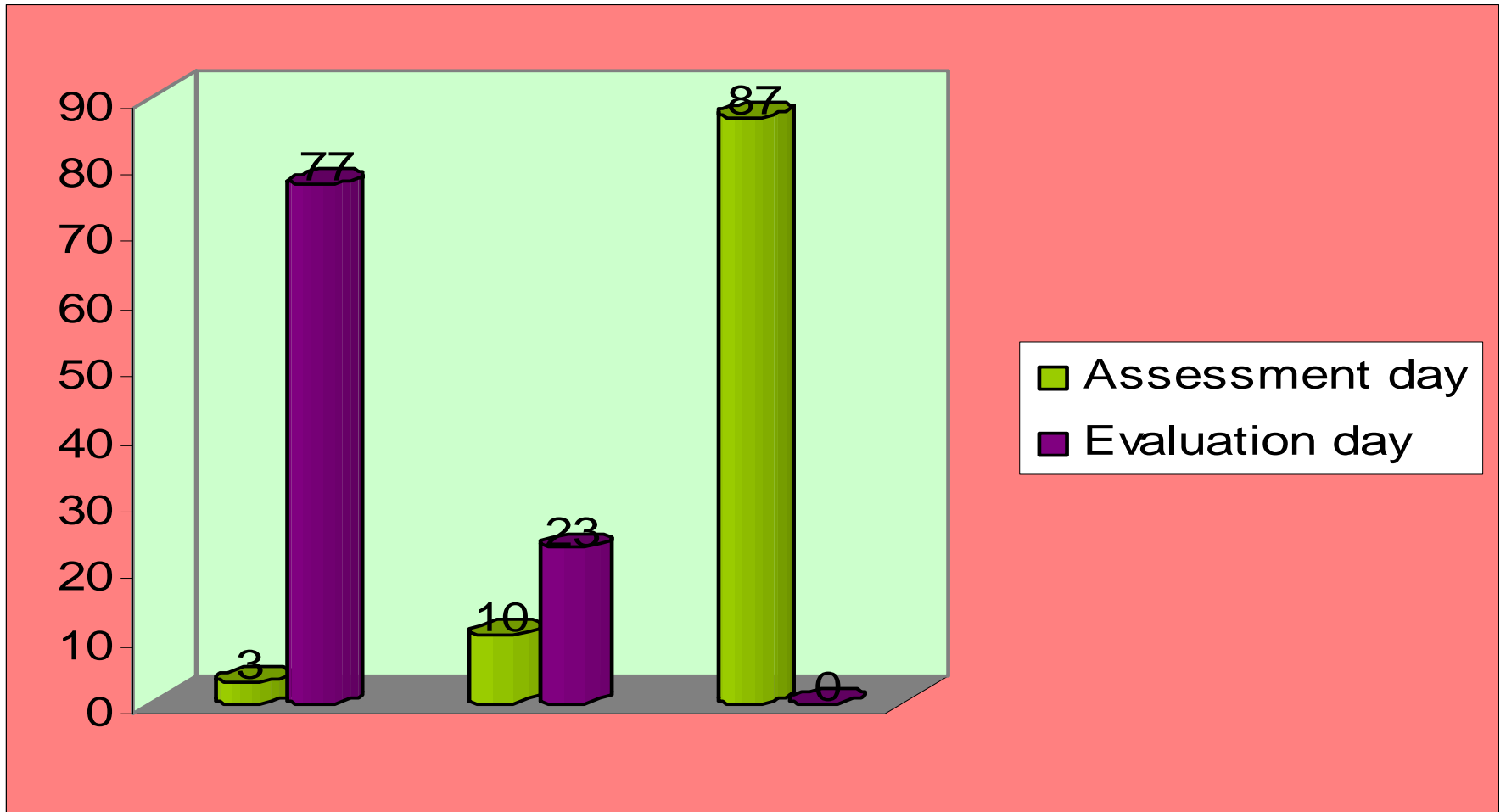


Figure: 4.2 Frequency and distribution of level of progress in health condition of children with scabies on assessment day and evaluation day.

CHAPTER-V

RESULTS AND DISCUSSION

The results of study have been discussed in relation to the effectiveness of children with scabies; a total number of 30 children were selected for this study. The health condition of each children was assessed and based on that nursing care was planned and implemented.

THE FIRST OBJECTIVE WAS TO ASSESS THE HEALTH CONDITION OF CHILDREN WITH SCABIES.

The assessment of health status of children with scabies were carried out in Acharapakkam village. The children who met the inclusion criteria were selected and each of them were assessed with demographic variables, vital parameters monitored, each children observation score rated on assessment scale most of the children 26(87%) were in severe health conditions, 3 (10%) were in moderate health conditions, 1 (3%) was in mild health condition.

THE SECOND OBJECTIVE WAS TO EVALUATE THE EFFECTIVENESS OF NURSING CARE WERE PROVIDED TO THE CHILDREN SCABIES.

Effectiveness of nursing care was evaluated by comparing the assessment and evaluation score of 30 children with scabies which showed that there was difference between before and after nursing care. The overall mean of health condition of children with scabies on assessment day was 28.7 mean with standard deviation 5.33 and on evaluation day the overall mean was 15.03 with the standard deviation 6.86.

Statistically there was a significant improvement in health condition of the children with scabies on evaluation score after comprehensive nursing intervention.

THE THIRD OBJECTIVE WAS TO CORRELATE THE EFFECTIVENESS OF NURSING CARE FOR CHILDREN WITH SCABIES WITH DEMOGRAPHIC VARIABLES.

The correlation proved that there was a significant correlation between the demographic variables (Age of the children, mothers

educational status, monthly income of the family, siblings, personal hygiene of the children, physical contact of old case of scabies.) Thus, the effectiveness of nursing care was independent of the demographic variables.

From the statistical analysis of the sign test value of 9.14 which was significant and sign test value was lesser than 's' value. It implies that the nursing care provided by the investigator was effective and showed improvement in health status of children with scabies.

CHAPTER –VI

SUMMARY & CONCLUSION

SUMMARY:-

The present study was conducted to find out the effectiveness of nursing for children with scabies. The study was evaluative research design.

The objectives of the study was to assess the health status of the children with scabies by provide nursing care and to correlate the evaluation status of healing among scabies with demographic variables.

The investigator first introduced herself, after assessment of samples, nursing care was given. The demographic variables were assessed, and then nursing care was given to the children with scabies.

CONCLUSION:-

In the assessment out of 30 samples, 26 (87%) children were in severe condition. After assessment medicines was applied around 3

days. In evaluation of nursing care, the children condition was improved.

There was statistically ($P < 0.01$) significant improvement in health status, in relation to effectiveness of nursing care, there was remarkably maintained health status could be focused after the nursing care of children with scabies.

The overall comparison of pre & post test score reveals that, there was a significant difference between pre & post test in relation to the effective nursing care.

Restoration of health is present concept of health care delivery system is very much applicable here. The nurses must take responsibility to restoration of health, prevention of complication in the hospital & community settings. The result of the study have implication on nursing practice, nursing education, nursing administration and nursing research.

IMPLICATION FOR NURSING PRACTICE:-

- ❖ The principle role of nurses is to provide care and comfort to carry out specific nursing functions. The planned nursing intervention are to be scheduled in the community set up in the

- fixed date with time, for the children as well as to the care taker or family members .
- ❖ The study implies that nurse should help the children to regain the normal status through healing process. Although treatment skills that promote physical healing which are important to care givers, it implies the need for change that has to be introduced by the nursing profession.
 - ❖ Before nurses can utilize their practice they need to have strong foundation in terms of education not only as a role to student but also give importance to the newly appointed Auxiliary nurse midwife, Multipurpose health worker, and village health workers who have close contact with the rural population.
 - ❖ Orientation programme for new staff to acquire the concept and management of scabies.
 - ❖ Updating the knowledge of Auxiliary nurse midwife, Multipurpose health worker, and Village health worker by proper and relevant in-service education awareness programme, refreshment course, workshop and seminar, emphasizing scabies.

- ❖ The present trend in health care delivery system emphasizes on preventive as well as curative measures.
- ❖ The study gives awareness among nurses in identifying the problems and complications regarding scabies.

IMPLICATION FOR NURSING EDUCATION:

- ❖ The present study emphasizes on the encouragement of the staff nurse to undergo continuing nursing education programme, specialized courses or training regarding the care of scabies to update their knowledge.
- ❖ The leader in nursing care confronted to undertake the health needs of the most vulnerable by effective organization and management. The nurse administrator should take active part in health policy, developing protocol, procedure and standing orders related to care of scabies.
- ❖ The nurse educator, whenever plan to provide instruction regarding care of children with scabies should provide opportunity to develop skill and attitude in handling the children with scabies.

IMPLICATION FOR NURSING ADMINISTRATION:-

- ❖ The nursing administrator managers or guide the nurses to treat the children with scabies by using application of medicines. The nurse leader in nursing care confronted to undertake the health needs of the most vulnerable effective organization and management.
- ❖ The nursing administrator should give attention on the proper selection, placement & utilization of the nurses within the available resources giving more important to their creativity, ability in education to provide care to the children.
- ❖ The administrator should provide adequate in service education programme on newer management services in healing of scabies and handling of advanced technologies would motivate nurses to carryout nursing intervention & improve the standard of care.

IMPLICATION FOR NURSING RESEARCH:-

- ❖ Today nursing is involved in every issues in community care due to change in health care delivery systems, advancement of technology and improvement of new discipline in medicine. This

study directs the nursing personnel to broaden their horizons of knowledge and skills to a elicit problems and to conduct many more research to raise their power to implement prompt care activities.

- ❖ The findings of the study help the community health nurse and students to develop the inquiry by providing a baseline data. The general aspects of the study results can be made by further replications of the study. This study helps in nursing research to develop in depth into the better development of the nursing care protocols and information regarding scabies with children promote healthy life of the children & prevent from complication.

RECOMMENDATION:

Based on the research findings the following recommendations can be made

- The similar study can be done with large number of samples.

- A comparative study can be conducted between urban and rural community.
- A study to assess the knowledge, attitude and practice among mother's.
- A study helps to provide effective nursing care for children with scabies.
- Comparative study can be done on different age group of children.
- A comparative study can be done on different age group and between the male and female.

BIBLIOGRAPHY:

BOOK REFERENCE:

1. Achar's, (1995) "***Text book of pediatrics***", 4th edition orient Longman limited.
2. Basawanthappa .B.T. (1999), "***Community Health Nursing***", 1st edition Jaypee publishers.
3. Bhaskara Rao .J. (2002), "***Medicine Principles of Community Health***" 3rd edition Aitbs publication.
4. Dorothy.R. Marlow, (2005), "***Text book of Pediatric Nursing***" 6th edition, published by W.B. Saunders company.
5. Fawcett Jacqualline, (1995), "***Analysis and Evaluation of Conceptual Models of Nursing***" 3rd edition, F.A. Davis company.
6. Gertrude K. McFarland, "***Nursing Diagnosis and Intervention, Planning for Patient Care***" published by Mosby.
7. Ghai O.P, (2001), "***Statistical Method***", 18th edition sultan chand and sons, New Delhi.

8. Gulani. K.K, (2005),”**Community Health Nursing**”, 1st edition published by kumar publishing house, New Delhi.
9. Joyce J. Fitzpatric, (1993), “**Conceptual Models of Nursing Analysis and Applications**”, 2nd edition prentice hall mary land.
10. Judith Ann Allender, (2002) “**Community Health Nursing**” promoting and protecting the public health, 4th edition lippincott publication.
11. Julia, (1999) “**Nursing Theories, the base for Professional**” 7th edition HarperCollins college New York.
12. Kamalam. S. (2005) “**Essential in Community Health Nursing**” 4th edition Jaypee publication Chennai.
13. Kasthuri sunder Rao (2002)”**Community health nursing**” 2nd edition K.V. Mathew B.I. publications private limited.
14. Mahajan.B.K. (1991) “**Methods of Biostatistics**” 3rd edition published by Jaypee brothers, New Delhi.
15. Mary A nies, (2002) “**Community Health Nursing**” 3rd edition Saunders publications.

16. Marcia Stanhope (2006) "**Community and Public Health Nursing**" 4th edition Mosby publication.
17. Maxcy Rorennau last (1992) "**Public Health and Preventive Medicine**" 13th edition INC publication.
18. Monica Byrne "**Community Nursing in Developing**" 2nd edition oxford university press publishers.
19. Park.K. (2009) "**Text Book of Preventive and Social Medicine**" 20th edition M S Banarsidas Bhanot publishers.
20. Parthasarathy, IAP "**Text Book of Paediatrics**" 3rd edition published by Jaypee brothers.
21. Polit. F. (2004) "**Nursing research principles and methods**" 7th edition Lippincott publication.
22. Rosalinda Alfaro, "**Applying Nursing Process**" 5th edition published by Lippincott.
23. Royal college of nursing "**Paediatrics and Child Health, medicines for children**", 2nd edition B I publications.
24. Sharon Ennis, "**Paediatric Nursing Care Plans**" 2nd edition prentice hall.

25. Shyam. A (2000) ***“Health and Healing, a manual of primary health care”*** 1st edition orient Longman limited, Chennai.
26. Sundar Rao P.(1987) ***“An Introduction to Biostatistics“*** 2nd edition presographic printers Vellore.
27. Trained Nurses Association of India (1998) ***“Community Health Nursing Medicine”*** 3rd edition.
28. Vijay E (2002) ***“Community Medicine”*** 1st edition Beacon Zen publishers Chennai.
29. Wesley L Ruby (1995) ***“Nursing Theories and Models”*** 2nd edition Pennsylvania spring house.
30. Wong’s (2005) ***“Essentials of Pediatric Nursing”*** 7th edition Elsevier publishers Missouri.

JOURNAL REFERENCE

1. Alert me to new issues of the journal, ***“Problems in diagnosis scabies”***.
2. Brown. J (2003) ***“Scabies, An update”***, International journal of postgraduate medical, 43.
3. Centre for disease control and prevention, (2004) ***“Pediatric disease information, Scabies”***. 25, (45-53).
4. Chosidow. O (2000) ***“Scabies, Pediculosis”***. The journal of dermatology.
5. Cokkinides, V.F (2004) ***“Scabies”***, American journal of preventive medicine.
6. ***“Common skin infection in children”***, British journal of community nursing. 9, 365-371.
7. Gupta. A. K (2004) ***“Optimal management of fungal/ parasitic infections of the skin, hair, nail”***. American journal of clinical dermatology, 5, 225-237.

8. Irish journal of medical science, "**Scabies management in the community**", (2009).
9. Jorgensen . C.M (2004) "**Infestations and Bites**", Journal of the American medical Academy.12, 292.
10. Taplin. D (2005) "**oral ivermectin for the treatment and prophylaxis of Scabies**", Journal of Dermatological treatment.23, 121-134.
11. Mazurek. C (2000) "**How to manage Scabies**", Western Journal of medicine.172, 34-51.
12. Moses. S (2003) "**Pruritis**", Journal of American family physician.108, 1135-1142.
13. Offidani. A (1999) "**Treatment of scabies with ivermectin**", Journal of Dermatology. 9, 100-101.
14. Tanphaichitr. A (1991) "**Scabies in infants**", Journal of postgraduate medical, 105, 324-332.
15. The pediatric infectious disease Journal, "**stability of 5% Permethrin cream used for scabies treatment**", 21, 75-80.

16. Trent .R (2004) *“Treatment of scabies”*, American journal of public health.

WEBSITE:

[http:// in Wikipedia.org/wiki](http://in.Wikipedia.org/wiki)

[http:// www.Google.com](http://www.Google.com)

[http:// search.yahoo.com](http://search.yahoo.com)

[http:// www.healthline.com](http://www.healthline.com)

[http:// www.medline.com](http://www.medline.com)

[http:// www.pubmed.com](http://www.pubmed.com)

[http:// www.India times.com](http://www.India.times.com)

APPENDIX – I

DEMOGRAPHIC VARIABLES

1. Age of the children

- a. 0-3 years
- b. 4-6 years
- c. 7-9 years
- d. 10-12 years

2. Sex

- a. Male
- b. Female

3. Religion

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

4. Education of the child

- a. Illiterate
- b. Preschool
- c. Primary school
- d. Middle school

5. Occupation

- a. Cooley
- b. Daily wages
- c. Monthly wages

6. Mother's education

- a. Illiterate
- b. Middle school
- c. High school
- d. Higher secondary
- e. Graduate

7. Monthly income of the family

- a. Less than Rs.3000
- b. Rs.3001-5000
- c. More than 5000

8. Type of family

- a. Nuclear
- b. Joint

9. Siblings

- a. 2 members
- b. 3 members
- c. More than 3 members

10. Area of residence

- a. Over crowded area
- b. Less crowded area

11. Personal hygiene of the children

- a. Poor hygiene
- b. Moderate hygiene

12. Environmental sanitation

- a. Poor sanitation
- b. Moderate sanitation

13. Physical contact to old case of scabies

- a. Yes
- b. No

14. Drainage system

- a. Open system
- b. Closed system

15. Source of information

- a. Health personnel
- b. Friends and relatives
- c. Mass media
- d. Others

APPENDIX – II

STRUCTURED ASSESSMENT RATING SCALE FOR CHILDREN WITH SCABIES

S.NO	ASSESSMENT	SCORE	NO OF DAYS						
			1	2	3	4	5	6	7
1.	Vital signs Temperature a. Normal b. Hypothermia c. Hyperthermia								
2.	Pulse a. Normal b. Bradycardia c. Tachycardia								
3.	Respiration a. Normal b. Bradypnea c. Tachypnea								
4.	Presence of itching a. At evening b. Daytime c. At night								
5.	Presence of burrows a. Face b. Flexor surface of wrists c. Interdigits webs								

<p>6.</p>	<p>Skin changes</p> <ul style="list-style-type: none"> a. No pigmentation b. Erythema c. Pruritis 					
<p>7.</p>	<p>Redness</p> <ul style="list-style-type: none"> a. No erythema b. Less pigmentation c. More pigmentation 					
<p>8.</p>	<p>Swelling</p> <ul style="list-style-type: none"> a. No swelling b. Moderate c. Severe 					
<p>9.</p>	<p>Skin texture</p> <ul style="list-style-type: none"> a. Normal b. Poor c. Very poor 					
<p>10.</p>	<p>Sleep pattern</p> <ul style="list-style-type: none"> a. Undisturbed b. Moderately disturbed c. Disturbed 					
<p>11.</p>	<p>Fatigue</p> <ul style="list-style-type: none"> a. No fatigue b. Few times c. More 					
<p>12.</p>	<p>Personal hygiene</p> <ul style="list-style-type: none"> a. Good hygiene b. Moderate hygiene 					

	c. Poor hygiene									
--	-----------------	--	--	--	--	--	--	--	--	--

APPENDIX- III

OBSERVATIONAL CHECKLIST

S.NO	NURSING CARE	NO OF DAYS						
		1	2	3	4	5	6	7
1.	Vital signs a) Temperature b) Pulse c) Respiration							
2.	Skin care Topical application							
3.	Pain management							
4.	Fever management							

5.	Nutritional status							
6.	Hygienic measures Health education about personal hygiene Environmental sanitation.							

APPENDIX - IV

PROTOCOL FOR NURSING CARE FOR CHILDREN WITH SCABIES

S. NO	NURSING INTERVENTION	RATIONALE
1.	Monitor vital signs a) Temperature b) Pulse c) Respiration	Provide baseline data to detect abnormal changes to find out the deterioration in health status.
2.	Skin care Assess the skin condition through physical examination Topical application Apply benzyl benzoate ointment. Pain management Provide analgesics.	Helps to maintain normal skin condition. It helps to improve health condition and heal lesions, relieve from itching.

3.	Fever management Provide cold compress and analgesics.	It helps to reduce pain.
4.	Maintenance of nutritional status	It helps to maintain normal body temperature.
5.	<ul style="list-style-type: none"> • Assessing the nutritional requirements. • Modification of dietary pattern • Regular weight checking. 	Helps to promote good appetite and maintain weight or close to ideal.

S. NO	NURSING INTERVENTION	RATIONALE
6.	<p>Maintain hygienic measures Advice the mother to give bath daily after application of ointment.</p> <p>Personal hygiene:</p> <ul style="list-style-type: none"> • Advice the child to take bath daily. • Avoid physical contact to other family members. • Advice the family members to share the clothes of scabies person. • Encourage the mother to give oil bath. • Wash the clothes daily with antiseptic solution and dried in sunlight. <p>Environmental sanitation To keep clean and kept free from</p>	<p>It helps to improve health condition.</p> <p>It helps to prevent further infection.</p> <p>It helps to improve health condition.</p> <p>It helps to prevent exposure to infection.</p> <p>It helps to prevent infection.</p>

	microorganisms. To keep the floors clean and dry. Avoid excessive exposure to moisture.	
--	---	--

NURSING DIAGNOSIS

- Acute pain related to severe pruritis.
- Impaired skin integrity related to scratches skin frequently, severe itching.
- Sleep pattern disturbance related to increased itching at night time.
- Imbalanced nutrition pattern less than body requirement related to loss of appetite.
- Disturbed body image related to visible skin lesions.
- Fear and anxiety (parents) related to scabies.
- Parental knowledge deficit related to treatment of scabies.
- Risk for infection related to impaired skin integrity.

- Risk for increased body temperature related to infection.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains of child having pain.</p> <p>Objective data: The child has dull.</p>	Acute pain related to severe pruritis.	The child's pain will be minimized	<p>Assess the characteristics of pain.</p> <p>Check vital signs.</p> <p>Provide diversional therapy.</p> <p>Apply topical medicines over the lesions.</p> <p>Administer analgesics as per order.</p> <p>Provide relaxation therapy.</p>	<p>Assessed frequency, location, severity of pain.</p> <p>Checked vital signs.</p> <p>Provided diversional therapy.</p> <p>Applied benzyl benzoate cream over the lesions.</p> <p>Administered paracetamol tablet as per order.</p> <p>Provided relaxation therapy.</p>	<p>It helps to provide baseline data.</p> <p>To know about child's condition.</p> <p>It helps to divert mind from pain.</p> <p>It helps to improve healing.</p> <p>It helps to reduce pain.</p> <p>It helps to reduce pain.</p>	The child's pain was minimized

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother says that child's skin is dried.</p> <p>Objective data: The child has more risk to impaired skin integrity.</p>	<p>Impaired skin integrity related to severe pruritis, scratches skin frequently.</p>	<p>The child will be maintained normal skin condition.</p>	<p>Assess the skin integrity and severity of pruritis.</p> <p>Encourage to apply some topical lubricated creams.</p> <p>Maintain hydration of stratum corneum.</p> <p>Apply cool compresses on pruritic area of the skin.</p> <p>Encourage child to keep fingernails trimmed short.</p>	<p>Assessed the skin integrity and severity of pruritis.</p> <p>Encouraged to apply some topical lubricated creams.</p> <p>Maintained hydration of stratum corneum.</p> <p>Applied cool compresses on pruritic area of the skin.</p> <p>Encouraged child to keep fingernails trimmed short</p>	<p>It helps to know about the child's skin condition.</p> <p>It helps to maintain the skin integrity.</p> <p>It helps to maintain the skin integrity.</p> <p>It helps to prevent the further complication.</p> <p>It helps to prevent infection.</p>	<p>The child was maintained normal skin condition.</p>

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains the child having disturbed sleep due to itching.</p> <p>Objective data: The child has dull.</p>	Sleep pattern disturbance related to severe pruritis.	The child's sleep pattern will be maintained.	<p>Assess the sleep pattern of the children.</p> <p>Provide comfortable position.</p> <p>Provide adequate comfort devices.</p> <p>Encourage mother to give oil bath to child.</p> <p>Encourage the child to take milk before going to bed.</p>	<p>Assessed the sleep pattern of the children.</p> <p>Provided comfortable position (side lying position).</p> <p>Provided adequate comfort devices.</p> <p>Encouraged mother to give oil bath to child.</p> <p>Encouraged the child to take milk before going to bed.</p>	<p>It helps to know about the child's skin condition.</p> <p>It helps to induce sleep.</p> <p>It helps to promote sleep.</p> <p>It helps to prevent infection.</p> <p>It helps to induce sleep.</p>	The child's sleep pattern was maintained

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains of fear about scabies.</p> <p>Objective data: The mother has dull.</p>	Fear and anxiety of parents related to scabies.	The mother's level of anxiety level will be minimized.	<p>Assess the level of fear and anxiety level.</p> <p>Encourage the mother to let out their feelings.</p> <p>Explain about causes of scabies.</p> <p>Explain about treatment of scabies.</p> <p>Explain about topical application of scabies.</p> <p>Teach about personal hygiene.</p>	<p>Assessed the level of fear and anxiety level.</p> <p>Encouraged the mother to let out their feelings.</p> <p>Explained about causes of scabies.</p> <p>Explained about treatment of scabies.</p> <p>Explained about topical application of scabies.</p> <p>Taught about personal hygiene.</p>	<p>It provides baseline data about child.</p> <p>It helps to reduce her fear about scabies.</p> <p>It helps to about the condition of scabies.</p> <p>It helps to reduce her fear about scabies.</p> <p>It helps to reduce her fear about scabies.</p> <p>It helps to maintain personal hygiene.</p>	The mother's level of anxiety was minimized

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains of impaired knowledge.</p>	<p>Parental knowledge deficit related to treatment of scabies.</p>	<p>The mother's knowledge will be improved.</p>	<p>Assess the knowledge level of the mother.</p> <p>Provide health education regarding scabies.</p> <p>Explain about causes of scabies.</p> <p>Explain about treatment of scabies.</p> <p>Explain about topical application of scabies.</p> <p>Teach about personal hygiene.</p>	<p>Assessed the knowledge level of the mother.</p> <p>Provided health education regarding scabies.</p> <p>Explained about causes of scabies.</p> <p>Explained about treatment of scabies.</p> <p>Explained about topical application of scabies.</p> <p>Taught about personal hygiene.</p>	<p>It provides baseline data about mother.</p> <p>It helps to improve their knowledge.</p> <p>It helps to about the condition of scabies.</p> <p>It helps to improve their knowledge.</p> <p>It helps to provide care in home.</p> <p>It helps to maintain personal hygiene.</p>	<p>The mother's knowledge was improved.</p>

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains of child having fever.</p>	<p>Risk for infection related to impaired skin integrity.</p>	<p>The child will remain free from secondary infection.</p>	<p>Assess the skin for severity of skin integrity.</p> <p>Assess for signs of infection.</p> <p>Check vital signs.</p> <p>Administer antibiotics.</p> <p>Encourage the mother to use appropriate hygienic measures.</p>	<p>Assessed the severity of skin integrity.</p> <p>If Child having fever provide cold compress.</p> <p>Checked vital signs.</p> <p>Administered antibiotics as per order.</p> <p>Encouraged the mother to provide bath twice a day and clothes dried in sunlight.</p>	<p>It provides baseline data about mother.</p> <p>It helps to reduce fever.</p> <p>It helps to know about the child's condition.</p> <p>It helps to reduce infection.</p> <p>It helps to reduce further infection and complication.</p>	<p>The child was free from secondary infection.</p>

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
<p>Subjective data: The mother complains of child having fever.</p>	<p>Risk for increased body temperature related to impaired skin infection.</p>	<p>The child will be maintained normal body temperature.</p>	<p>Assess the condition of the child.</p> <p>Check vital signs.</p> <p>Provide cold compress to the child.</p> <p>Provide comfortable position and comfort devices.</p> <p>Administer antipyretics.</p> <p>Advice the mother to maintain personal hygiene.</p>	<p>Assessed the condition of the child.</p> <p>Checked vital signs.</p> <p>Provided cold compress to the child.</p> <p>Provided comfortable position and comfort devices.</p> <p>Administered antipyretics.</p> <p>Advised the mother to maintain personal hygiene.</p>	<p>It provides baseline data about mother.</p> <p>It helps to know about the child's condition.</p> <p>It helps to reduce fever.</p> <p>It helps to promote comfort.</p> <p>It helps to reduce fever.</p> <p>It helps to maintain personal hygiene</p>	<p>The child was maintained normal body temperature.</p>

HEALTH EDUCATION

Health education regarding Personal hygiene, diet, environmental sanitation.

PERSONAL HYGIENE

- Advice the mother to give daily bath to child.
- Avoid physical contact to other family members.
- Advice the child to avoid contact with old case of scabies.
- Clothing and bed linen which may have been contaminated by the patient within the past 2 days should be machine washed and dried (hot cycle) or dry clean.

DIET

- Encourage the child to take more fluids.
- Advice the to give more fruits and vegetables.
- Provide green leafy vegetables and milk.

ENVIRONMENTAL SANITATION

- Non-sexual transmission of scabies is possible, but requires direct and prolonged body contact. Avoid body and sexual contact
- Clothing and bed linen which may have been contaminated by the patient within the past 2 days should be machine washed and dried (hot cycle) or dry cleaned.
- Pruritus may persist for several weeks after adequate therapy. A single re-treatment after 1 week may be appropriate if there is no clinical improvement. In severe cases, systemic anti pruritics or topical steroids may be required for alleviation of symptoms.

Additional weekly treatments are warranted only if live mites can be demonstrated.

APPENDIX – V

CASE ANALYSIS

Sample no: 1

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 2

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application, educated the mother regarding personal hygiene and environmental sanitation. On the evaluation day the child health condition was moderately improved.

Sample no: 3

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application, health education regarding personal hygiene. On the evaluation day the child health condition was mildly improved.

Sample no: 4

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application, health education for the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 5

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 6

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application permethrin 5% educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 7

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 8

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application, home based care, educated the mother regarding personal hygiene. On the evaluation day the child health condition was moderately improved.

Sample no: 9

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application benzyl benzoate, educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 10

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 11

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application benzyl benzoate, analgesics, educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 12

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 13

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 14

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application benzyl benzoate, educated the mother regarding personal hygiene. On the evaluation day the child health condition was moderately improved.

Sample no: 15

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 16

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 17

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 18

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application benzyl benzoate, educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 19

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 20

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application benzyl benzoate, educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 21

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 22

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 23

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 24

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 25

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 26

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 27

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 28

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 29

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

Sample no: 30

On day of assessment mother exhibited child's manifestations like severe pruritis itching in between fingers, lesions, fever and pain due severe itching. The selected nursing interventions such as monitoring vital signs, fever management, cold compress, topical application (benzyl benzoate), educated the mother regarding personal hygiene. On the evaluation day the child health condition was improved.

TOPICAL APPLICATION

