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Nurses' knowledge regarding weaning criteria of the patients with mechanical ventilation in a teaching hospital, Chitwan

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Background: Ventilator weaning is the process of gradually withdrawing artificial ventilation to the intubated patients for short or long time in critical care setting. Weaning patients from ventilator is complex and challenging task for nurses and knowing weaning criteria is most essential component for getting successful outcome for the patients with mechanical ventilation.

Purpose: To find out nurses' knowledge regarding weaning criteria of the patients with mechanical ventilation.

Methodology: A descriptive cross sectional study design was used with 57 nurses working in critical care unit of a teaching hospital, Bharatpur, Chitwan. The non probability, enumerative sampling technique was used. Data was collected by using self administered semi structured questionnaire during month of July, 2016. Data was analysed by using descriptive (frequency, percentage, mean and standard deviation) and inferential statistics (chi square).

Results: The results showed that level of knowledge regarding weaning criteria was adequate (45.6%), whereas 54.4% had inadequate. The significant influencing variables for weaning criteria among nurses were professional experience ($p < 0.001$), professional experience in critical care area ($p < 0.001$), clinical areas ($p = 0.002$) and age ($p = 0.006$).

Conclusion: It is concluded that the knowledge level of nurses working in critical care unit of a teaching hospital of Chitwan was inadequate. Therefore, in-service education on weaning criteria for nurses is needed and developing protocol on weaning criteria for nurses is highly important.

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Aortic aneurysm - the silent menace in children

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Replacement of the aortic valve or aortic root with a pulmonary autograft (Ross procedure) and replacement of the pulmonary valve with a pulmonary allograft or xenograft was first described in 1967 by Ross and is now a widely used technique for the treatment of aortic valve disease in the children and young adult. It provides a viable valve with potential advantages, including excellent hemodynamic function, ability to grow and durability with no need for anticoagulation. The registry of our institute has eight patients, five female and three male patients. The study period was from 2000 until today. The age of the patients ranges from 18 to 37 years old. All the patients in the childhood underwent the Ross procedure due to congenital aortic valve stenosis/regurgitation and all the operations were performed in a single center. In all cases the Ross operation was performed as an autograft root replacement without any reinforcement procedures. During the follow-up the patients had a physical examination approximately every 6 months and echocardiography once a year. The examinations were done by the local cardiologists with no experience with such patients, and sometimes not by the same cardiologist. The echocardiographic examinations were done according the guidelines of the American Society of Echocardiography. Cardiac CT (computer tomography) examination was done in the cases that the patient was referred to a redo surgery and due to limitations of the transthoracic echocardiography in one patient. The role of the preoperative CT was to determine the aortic diameter and to show the relationship between the sternum and the right ventricle. During the follow-up all the patients had a progressive dilation of the aorta with the diameter in the latest follow-up to range from 34 mm to 56 mm with also a progressive aortic regurgitation. Because of this, two patients were referred to a redo surgery and one patient had a sudden cardiac death. All the surviving patients are on NYHA class I-II. Concerning the medical treatment, all these were young patients with no hypertensive disease and they could not tolerate any beta blocker treatment.

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