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A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING DEEP VEIN THROMBOSIS AMONG B.SC. NURSING PART III STUDENTS AT SELECTED COLLEGES OF NURSING, KOTA (RAJ)

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INTRODUCTION

Deep vein thrombosis (DVT) and pulmonary embolism (PE) collectively make up the condition known as venous thromboembolism (VTE). The incidence of VTE is 10% to 20% in general medical patients, 20% to 50% in patients who have had a stroke, and up to 80% in critically ill patients. The extent of the problem is underestimated, possibly because DVT and PE are often clinically silent. It is estimated that as many as 30% of patients hospitalized with VTE develop long-term post thrombotic complications. Hospital stays are shorter, which means that the majority of symptomatic thromboembolic complications in surgical patients occur after hospital discharge.

Superficial veins, such as the greater saphenous, lesser saphenous, cephalic, basilic, and external jugular veins, are thick-walled muscular structures that lie just under the skin. Deep veins are thin walled and have less muscle in the media. They run parallel to arteries and bear the same names as the arteries. Deep and superficial veins have valves that permit unidirectional flow back to the heart. The valves lie at the base of a segment of the vein that is expanded into a sinus. This arrangement permits the valves to open without coming into contact with the wall of the vein, permitting rapid closure when the blood starts to flow backward. Other kinds of veins are known as perforating veins. These vessels have valves that allow one-way blood flow from the super-ficial system to the deep system.

Venous thromboembolism (VTE) contains deep vein thrombosis (DVT) and pulmonary embolism (PE). It is a disabling circumstance with a high probability of recurrence and doubtlessly deadly. VTE is a significant public health issue affecting thousands of patients globally and is accountable for a high number of hospitalizations annually. It is the highest public health problem as it causes 600,000 people yearly and 100,000 deaths. Worldwide, PE especially in postpartum and pregnant women is the cause leading to maternal death. VTE mortalities and morbidity are more than that caused by car accidents, AIDS, and breast cancer. VTE is typically symptomless and can result in future complications significantly PE, so it is called the “silent killer”.

METHODS

Experimental design, with non-probability purposive sampling method was used. The sample consisted of 60 B.Sc. Nursing Part III students and information was collected regarding deep vein thrombosis using the structured knowledge questionnaire. planned teaching programme was implemented and post-test was conducted after 7 days to find the effectiveness

SIGNIFICANT FINDING OF THE STUDY-

The study findings revealed that majority 66.67% of the B.Sc. Nursing part III students had inadequate knowledge, followed by 28.33% had moderate knowledge and 5% had adequate knowledge regarding deep vein thrombosis in pre-test. After administration of Planned teaching program majority 66.67%of the B.Sc. Nursing part III students had adequate knowledge, followed by 33.33%had moderate knowledge and none of them had inadequate knowledge regarding deep vein thrombosis. The pre-test mean score was 14.2 and SD is 6.46, the post-test means core was 22.42 and SD is 3.69. The t-value 8.53 which is highly significant at >0.05whichproves the effectiveness of the planned teaching programme

CONCLUSION

Deep vein thrombosis, or deep venous thrombosis, (DVT) is the formation of a blood clot (thrombus) within a deep vein, predominantly in the legs. Non-specific signs may include pain, swelling, redness, warmness, and engorged superficial veins. Pulmonary embolism, a potentially life-threatening complication, is caused by the detachment (embolization) of a clot that travels to the lungs. Together, DVT and pulmonary embolism constitute a single disease process known as venous thromboembolism that nurses should be well equipped with knowledge and skill to perform good care so that patient will

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free from complications. It is important for the client with surgeries to live as normal life as possible. And to enhance their knowledge on prevention of deep venous thrombosis so that they will take action to prevent deep venous thrombosis which in turn will reduce the incidence of DVT in hospitals and in community there by helping in increasing the quality of life of patient.

In this study, Comparison of overall knowledge score between pre test and post test by frequency and percentage. Hence it can be concluded that the teaching programme was found good method for achieving knowledge on DVT and its prevention

KEYWORDS: Deep vein thrombosis, B.Sc. Nursing Part III, Planned teaching programme, Effectiveness, Knowledg

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