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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED PLANNED TEACHING PROGRAMME REGARDING PREVENTION OF DEEP VEIN THROMBOSIS AMONG SEDENTARY WORKERS IN DISTRICT REGISTRAR OFFICE OF BHOPAL

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ABSTRACT

Deep vein thrombosis is a serious life threatening condition, due to the formation of blood clot in deep vein in associated with inflammation of the vein. Deep vein thrombosis a common disorder more in women, then in men and among hospitalized patients. A clinical challenges is that symptoms (pain and swelling) are often non-specific or absent. However, if left untreated the thrombus may become fragmented, or disclosed and migrate to obstruct the arterial supply to the line causing potential life threatening pulmonary embolism. Deep vein thrombosis (DVT) is a disorder involving thrombus in a vein, most commonly iliac and femoral vein. Deep vein thrombosis is a blood clot that develops in a deep vein usually in the leg Ethological factors of Deep vein thrombosis (DVT) are venous statis, damage of the endothelium, hyper coagulability Of the blood. Risk factor for deep vein thrombosis venous statis advanced age. Arterial fibrillation, chronic heart failure, obesity, orthopaedic surgery, post partum period, pregnancy, prolong immobility such as bed rest, fractured leg or hip, long trips, without adequate exercise and special cord injury-stroke, varicose vein. Endothelium damage-abdominal act pelvic surgery, fracture of the pelvis hip leg, intravenous drug abuse, indwelling femoral vein catheter, history of previous Deep vein thrombosis.

KEYWORDS: Thrombosis, inflammation, pulmonary embolism, Arterial fibrillation, Endothelium damage- abdominal.

INTRODUCTION

What is vital for the growth of the plant. If the plant does not get water, decays Likewise any Obstruction flow blood through the vein arteries, the entire body function would be affected".

DEEP VEIN THROMBOSIS

Deep vein thrombosis is a serious life threatening condition due to the formation of blood clot in the deep vein in associated with inflammation of the vein. Deep vein thrombosis is a common disorder more in women, than in men and among hospitalized patients. A clinical challenge is that symptom (pain and swelling) are often non- specific or absent. However, if left untreated the thrombosis may become fragmented, or dislodged and migrate to obstruct the arterial supply to the line causing potential life threatening pulmonary embolism. Deep vein thrombosis (DVT) is a disorder involving a thrombosis in a vein, most commonly iliac and femoral vein. Deep vein thrombosis is a blood clot that develops in a deep vein usually in the leg. Ethological factors of Deep Vein Thrombosis are venous stasis, damage of the endothelium, hyper coagulability of the blood. Risk factors for deep vein thrombosis venous stasis advanced age, atrial fibrillation, chronic heart failure, obesity, orthopedic surgery, post partum period, pregnancy, prolong immobility such as bed rest, fractured leg or hip, long trips, without adequate exercise and spinal cord injury- stroke, varicose vein. Endothelium damage- abdominal and pelvic surgery, fractured of the pelvic hip or leg. Intra venous drug abuse, indwelling femoral vein catheter, history of previous Deep Vein Thrombosis. Hypercoagulability of blood – Antiphospholipid antibody syndrome, Antithrombin III deficiency, cigarette smoking, dehydration and malnutrition, hormone replacement therapy, nephrotic syndrome, malignancyies, oral contraceptives, pregnancy, sepsis, protein c and deficiency. Clinical manifestation – unilateral leg edema, extremity pain, warm skin, erythema, systemic temperature < 100.4 degree F, tenderness on palpation, positive human' s sign. Diagnostic evaluation - blood laboratory studies include -

ACT ,PTT, bleeding time, HB,INR, platelet count, D - Dimer test, non-invasive studies includes- venous Doppler evaluation, and duplex scanning, venograme. Prevention and prophylaxis-early mobilization, poisoning, dorsi flexion of fee, rotation of ankles, anti embolism stockings, intermittent compression devices. The management of deep vein thrombosis are:- anticoagulant, vitamin k antagonists, unfractionated heparin, low molecular weight heparin, direct thrombin inhibitors, factor Axe inhibitors and venous thrombectomy. The complication regarding deep vein thrombosis Chronic venous insufficiency and pulmonary embolism.

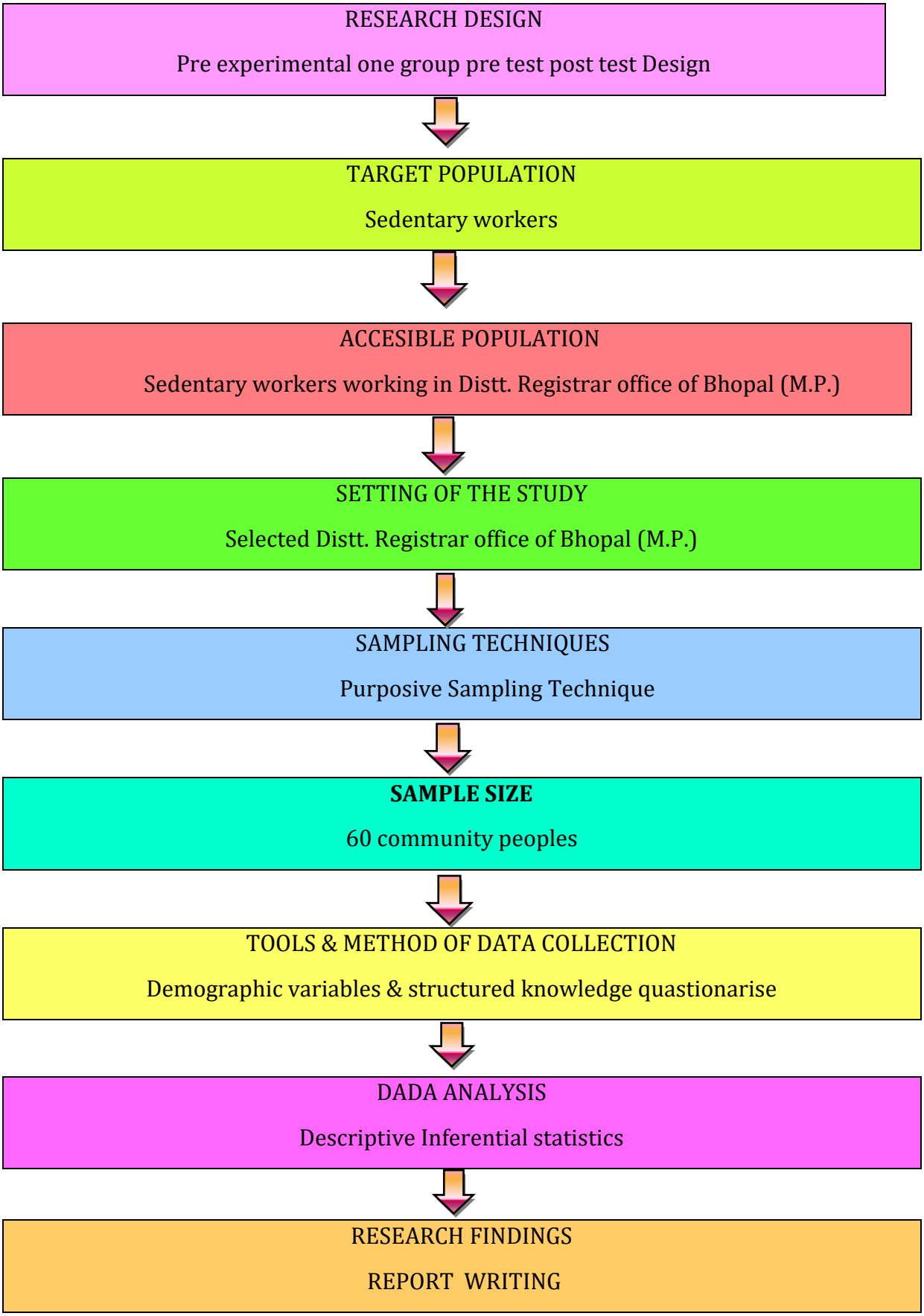
Deep Vein Thrombosis is usually the formation of a thrombosis in the deep vein of the leg, and may be referred to as proximal Deep Vein Thrombosis or distal Deep Vein Thrombosis. Occasionally, Deep Vein Thrombosis also occurs in the vein of the upper extremities. Deep Vein Thrombosis can occurs spontaneously without know underlying cause (idiopathic thrombosis) or after provoking events, such as trauma, surgery or acute illness (provoke thrombosis).

METHODOLOGY

Kothari(2004) the research methodology is the systematic, theoretical analysis of the procedure applied to a field of study. It involves procedures of describing, explaining and predicting phenomena so as to solve a problem, it is the hows, the process or techniques of conducting research,

Research methodology a brief description of the methods adopted by the investigator in the present study. This chapter explains the methods and approaches used for assessing the knowledge sedentary workers regarding prevention of deep vein thrombosis. The methodology of research refers to the principles and ideas on which researchers use their procedure and strategies. It includes the research approach, design, settings, population, sampling technique, development and description of the tool, pilot study, procedure for the data collection, and plan for data analysis.

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



RESULT

Depicts that comparison of knowledge scores by that criterion. In the pre-test poor knowledge score is 12% and average 53% and good 0%. In the post-test poor knowledge score of 0% and average 8% and good 92%. The post-test knowledge score is high.

Depicts that in overall analysis of Pre-test knowledge score was. Mean % was (13.78), Median was 1.78%, SD was found to be 2.50 and mean Post-test knowledge score was higher than mean Pre-test knowledge score, mean % was (23.7%), Median 2%, SD was found to be 2.55.

The was no significance association between pre-test knowledge score with Gender (X * 2 = 2.81)

The was no significance association between pre-test knowledge score with Religion The was no significance association between pre-test knowledge score with Educational qualification (X * 2 = 3.091)

The was no significance association between pre-test knowledge score with income (X * 2 = 0.625)

The was no significance association between pre-test knowledge score with Duration of work (X * 2 = 20.784)

The was no significance association between pre-test knowledge score with position (X * 2 = 20.784)

DISCUSSION

This chapter discusses findings of the study based on objective set for the study. The findings are discussed under the following.

The objectives of the study:

- To assess the pre test knowledge score of sedentary workers regarding prevention of Deep Vein Thrombosis in selected area Bhopal.
- To assess the post test knowledge score of sedentary workers after implementation of structured of planned teaching programme regarding prevention of Deep Vein Thrombosis selected area Bhopal.

- To assess the effectiveness of structured planned teaching programme regarding prevention of Deep Vein Thrombosis among sedentary workers in selected area of Bhopal.
- To find out the association between pre test knowledge scores of sedentary workers regarding Prevention of Deep Vein Thrombosis with selected demographic variables.

To Assess the Pre Test Knowledge Score of Sedentary Workers Regarding Prevention of Deep Vein Thrombosis The knowledge score by the criteria. In the pre-test poor knowledge score is poor 12% and average 53% and good 0%. In the post test poor knowledge score of 0% and average 8% and good 92%. The post test knowledge score is high.

The findings is supported by a study conducted by According to Manju S Josh Karnataka 2015, it was found the overall knowledge related to prevention of deep vein thrombosis among 50 sedentary workers in pre test poor knowledge score 28%, average 50% and 22% have good knowledge. In the post test the poor knowledge 5%, average 20% and good 75%. To assess the effectiveness of Individual planned teaching programme regarding prevention of DVT among sedentary workers in selected area Bhopal The knowledge score between pre and post test, in pre test score mean is 13.78 and post test score mean is 23.7 df is 29, t- value 6.004 (3.396 table value) which is highly significant and it shows that individual planned teaching programme is effective. The finding is supported by a study conducted by According to Manju S Josh. Karnataka 2015, The Knowledge score between pre and post test, in the pre test score mean is 18.75 and post test scores mean is 28.5. DF is 49, t- value 4.86(3.396 table value) which is significant and it shows that Individual planned teaching programme is effective .

CONCLUSION

Depicts that comparison of knowledge scores by that criterion. In the pre-test poor knowledge score is 12% and average 53% and good 0%. In the post-test poor knowledge score of 0% and average 8% and good 92%. The post-test knowledge score is high.

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