

Determination Knowledge of Nurses' Concerning Measurement of Blood Pressure in Emergency Department at Al –Hussein Teaching Hospital in Al-Nasiriya City

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Abstract

A descriptive study at Al Hussein teaching Hospital in AL- Nasiriyah city to determine the knowledge of nurses' in the emergency department. The most nurses working in this department after testing their information through the questionnaire prepared in calibrations did not have sufficient information about the pressure measurement. Nurses should enter courses on blood pressure measurement

Keywords: blood pressure, emergency, AL-Nasiriya City

Introduction

Accurate blood pressure is critical to patient order, to detect blood risk, and to monitor executives. The auscultatory procedure used in the medical profession is still used in decision-making to estimate the workplace, using the first and fifth periods of the Krotovov sounds, combined with the pregnant women.. The utilization of mercury is diminishing, and choices are required. [1] They have the benefit of having the capacity to take numerous reading . Appropriate preparing of spectators, situating of the patient, then choice of suitable cuff size estimate for the most part basic. It is progressively perceived that office measurement present inadequately with blood pressure measurement in different locations, and they can be enhanced without anyone else's can readings taken with approved blood pressure apparatus at home. There is expanding proof a disappointment of blood pressure measuring to fall the night might be related with expanded hazard. In obese patients and children, the utilization of a proper cuff size is of vital significance [2]. blood pressure is a critical value for cardiovascular risk factors and gives essential data on the hemodynamic state of intensely ill or harmed patients. blood pressure continually changes and ascends with stress , pleasure and environment. White-coat hypertension' happens in patients just after a patient is sighted a health care provider specialist. potable Blood pressure measurement apparatus , utilizing a convenient device at interval and typical daytime movement and during the evening, is better at deciding cardiovascular hazard [3]. The blood

vessels pressure are estimated in millimeters of mercury (mm Hg), systolic over diastolic. The ordinary normal range of systemic blood pressure is 120/80 mm Hg. Blood pressure diminishes in the arterioles and small blood vessels, and the systolic and diastolic reading converge two reading . As blood enters the veins, blood pressure diminishes further and approaches zero as it streams into the right ventricle. As referenced beforehand, the blood pressure in the small blood vessels has incredible significance, and normal blood pressure is sufficiently high to allow filtration for nutrition of tissues but, low enough to prevent rupture The arterioles (and veins throughout expanded sympathetic stimulation)) are more often than not in a condition of slight narrowing that keeps up typical blood pressure, particularly diastolic pressure. This is called peripheral resistance; it is managed [4]. Amazingly, even a little distinction in blood pressure reading can considerably affect the pervasiveness of cardiovascular disease occurrences and prospect [5]

Objectives of the Study

- 1- To determine nurses' knowledge about measuring blood pressure accurately.
- 2- To find out association between nurses knowledge toward blood pressure measurement and level of education of nurses.

Methodology

Design of Study: A descriptive study was carried

out through the present investigation in order to achieve the objects of the present study; the study was conducted in emergency department of AL-Hussein Teaching Hospital at Al- Nasiriya City. Randomize sampling of nurses selections in emergency department and in order to assess the blood pressure measurement by questionnaire consists of:

Part 1: Nurses socio demographic characteristics include (Age, Sex, Educational level and years of experience).

Part 2: Questionnaire:

It was found as examination sequences of blood pressure in text book Macleod’s Clinical Examination [5] and was revised by the researchers. also, was adjusted by the analysts. This instrument was utilized to appraisal learning of assessment knowledge of nurses with exact blood pressure measuring , incorporates 15 items covering the accompanying: Resting the client for 5 minutes preceding examination, measure BP in the two arms (brachial arteries); the greater of the two is nearest to central aortic pressure and ought to be utilized to decide treatment, In the case of patient placement or rest,

the patient’s arm is easily supported around the heart, with no tight clothing shrinking at the top of the arm, and can be measured on thin clothing, while the bladder width is 12.5 cm and 30 to 35 cm long. Place the cuff at the top of the arm, with the center of the bladder on the brachial artery, palpate the brachial artery, blow the cuff up to the point where the pulse is not felt, Puff up the cuff up to 30 mmHg and hear through the diaphragm of the headset installed on the brachial artery, Empty the cuff gradually (2– 3 mmHg/s) until the point that you hear is tapping sound (stage 1 Korotkoff sounds). Record read measurements for the nearest 2 mmHg. This is the systolic pressure, continue to empty the cuff gradually until you reach the point where the sounds go, the pressure record where sounds disappear just like diastolic pressure. Official permission was obtained from the Administrative of Thi-Qar health office and from the head nurses at the study settings to done the study. A verbal assent acquired from the respondents previously their incorporation in the study . Nature and goals of the study was clarified to every individual from the members. The information when gathered with questionnaire, through a use of indirect answers as mean of information gathering.

Result

Table (1): Show distribution of nurses’ age groups that were cooperative in study.

Age			
		Frequency	Percent
Age of Nurses	21-25	59	59.0
	26-30	28	28.0
	31-35	11	11.0
	36-40	2	2.0
	Total	100	100.0

This table illustrates that the majority of (59.0%) of nurses’ cooperative in study were at age group (21-25).

Table (2): Show Distribution of Nurses Gender that were Cooperative in the Study.

Gender of Nurses			
		Frequency	Percent
Gender	Male	30	30.0
	Female	70	70.0
	Total	100	100.0

This table illustrates that the majority of (70.0 %) that were females that cooperative in study.

Table (3): Show Distributions of Educational level among Nurses Cooperative in Study.

Educational Level of Nurses			
		Frequency	Percent
	Secondary	32	32.0
	Institute	51	51.0
	Colleague	17	17.0
	Total	100	100.0

This table illustrates that the majority of (51%) were graduated from medical institutes.

Table (4): This Table Show Distribution of Years of Experiences of Nurses Cooperative in This Study.

Years of Experiences of Nurses			
		Frequency	Percent
	2-5 years	59	59.0
	7-11 years	28	28.0
	12-16 years	11	11.0
	17-21 years	2	2.0
	Total	100	100.0

This table illustrates that the majority of (59%) were within from (2-5 years) of experiences.

Table (5): This Table Show Cooperative in Learning Session of Nurses that were Cooperative in Study.

Cooperative in Learning Session of Nurses			
		Frequency	Percent
	Yes	94	94.0
	No	6	6.0
	Total	100	100.0

This table illustrates that the majority of (94%) were cooperative in learning sessions.

Table (6): This Table Show the Number of Learning Sessions Cooperating by Nurses.

Number of Learning Sessions Cooperating			
		Frequency	Percent
	1-5	3	3.0
	6-10	97	97.0
	Total	100	100.0

This table illustrates that the majority of (97%) of all nurses cooperative in learning sessions that were cooperative number from(6-10) learning sessions class.

Discussion

At the state when blood pressure is measure and treated by medical guidelines, even modest decreases can have a clinically critical impact [7].The present study revealed that the majority of (59.0%) of nurses cooperative in study were at age group (21-25). The study results revealed that of (70.0 %) that were females that cooperative in study. The majority of (51%) were graduated from medical institutes the study results show (59%) of nurses cooperative in the study were from (2-5 years) of experiences. the majority of (94%) were cooperative in learning sessions. majority of (97%) of all nurses cooperative in learning sessions that were cooperative number from(6-10) learning sessions class^[8].The study result illustrates that the majority of (72%) of all nurses cooperative in this study have moderate knowledge toward blood pressure measurements. The results revealed that This outcome was in accepting for the result with [9] demonstrate that 35–60% of human services experts in the Departmentd States measure circulatory strain inaccurately. Highly significant ($P<0.00$) the highly statistically significance between Average of nurses knowledge toward blood pressure measurement and level of education^[10].

Conclusions

1- The correctness of blood pressure (BP) measuring is significant.

2- Organized minor errors can mislabel BP status in many persons.

3- Persistence retraining and assessment is an crucial step toward successful blood pressure measurement accuracy.

4- Quality enhancement sessions can assist healthcare teams to apply commended guidelines in everyday practice.

5- Numerous means in the blood pressure measuring process, it is useful to consider enhancing accuracy through a progression of little execution enhancement activities or quick enhancement cycles..

6- Give more attention for those patients with white coat hypertension.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Southern Technical University and all experiments were carried out in accordance with approved guidelines.

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