



A Study to Assess the Nurses Awareness regarding GCS Usage in Neuro Wards at Selected Hospitals in Indore

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Introduction

Traumatic brain injuries (TBIs) happen when a blow to the head or a penetrating head injury disrupts normal brain function. TBIs may occur when the head hits something suddenly and forcefully or when an object breaks through the skull and makes direct contact with the brain. The more brain tissue that is damaged, the more severe the symptoms of a traumatic brain injury. Some occurrences are mild enough to cause just a momentary shift in the victim's mental state or level of awareness; others may be so severe that they cause the victim to go into a coma or even die. After a severe or acute brain injury, the Glasgow Coma Scale (GCS), developed in 1974, may be used to indicate the patient's level of consciousness. Developed by neurosurgery professors at the University of Glasgow, Graham Teasdale and Bryan J. Jennett's Glasgow Acute Physiology and Chronic Health Evaluation Scale (GAPHS) is widely regarded as the gold standard for assessing the health of patients in critical care settings. All nurses and nursing students should be familiar with the GCS since it is a reliable and objective tool used by trained medical professionals. Although the intensive care unit (ICU) and emergency department (ED) are the most common settings in which a GCS is administered, nurses may need to use it on any patient at any time. In order to effectively recognise changes in patients' degrees of consciousness following traumatic brain injury, nurses require a solid comprehension of the Glasgow Coma Scale. In order to score patients correctly, it is necessary to first identify those that require scoring. Professionalism on the part of nurses monitoring GCS is crucial in healthcare settings where these individuals are treated. It has been demonstrated that avoiding unnecessary diagnostic tests and treatments may be achieved by the use of early deterioration scoring in such patients.

Methodology

The nurses' knowledge was measured using a quantitative cross-sectional approach. The convenience of collection was a factor in selecting the sample. The sample included one hundred in-house nurses from different hospitals in Indore. There were a few hospitals in Indore that participated in the study. Questionnaires were used to collect the necessary information. There are two main parts to it. Section A has 4 questions that seek demographic data, including age, education, gender, and years of service. There are 30 multiple-choice questions in Part B that test general knowledge of GCS. We sent out 100 surveys to qualified nurses. Each nurse was given a questionnaire and asked to submit it within 15 minutes. The data was analysed using SPSS 21.0 (Windows) of the Statistical Package for the Social Sciences. A number of statistical tests, such as the chi-squared test and the descriptive test, were used to investigate the hypothesis.

Results

Approximately 67% of the participating nurses grasped the significance of GCS and its original goal. Sixty-eight percent of people get the question about the part of the brain that measures eye opening right, compared to just 34 percent who get it right when asked about verbal response and 40 percent when asked about physical response. Most people (75%) got the question right by identifying the parts of the Glasgow Coma Scale. Only 69% of respondents were aware that the Glasgow Coma Scale does not contain vital sign measures. While just 34% of nurses got it right when asked to select the best motor response, 57% nailed it when asked to do the same for a tetraplegic patient. Only over two-thirds (65%) were able to define comatose as a state of awareness lower than that indicated by the Glasgow Coma Scale's minimum score of 15, despite the fact that almost nine out of ten understood what that score was. In terms of describing deterioration with a lower score, just 28% got it correctly. 72% of those polled agreed that GCS can be assessed even in an intubated patient, and 81% of people who answered correctly regarding patients' verbal replies were right. When asked to grade their motor reactions in response to a pain stimulus, only 14% of patients were accurately evaluated, but 75% of individuals with swollen eyes after a vehicle accident were.

The nurse didn't have GCS awareness because she didn't notice when the patient was getting worse and didn't choose the best motor response to painful stimuli.

The majority of the nurses who responded to the survey had only a modest understanding of how to score a patient's Glasgow Coma Scale (GCS), with just 15% having a thorough understanding of the scale and 35% having only a basic understanding (scoring). There was a statistically significant link (p

0.05) between academic success and having more knowledge. The data revealed a statistically significant ($p < 0.05$) relationship between knowledge level and chronological age..

Conclusion

Researchers showed that just 10.1% of nurses had a solid grasp of GCS. This finding prompts inquiries on the role of education and experience in GCS evaluation. Consistent practise and education on the GCS tool are required.

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