



Knowledge Regarding Glasgow Coma Scale Utilisation among Staff Nurses Working in Selected Hospitals of Kanpur

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Introduction

Traumatic brain injuries (also known as TBIs) occur whenever there is a disruption in normal brain function as a result of a blow to the head or a head injury that penetrates the skull. When the head strikes something unexpectedly and powerfully, or when an item bursts through the skull and makes direct contact with the brain, traumatic brain injuries (TBIs) may result. The more brain tissue that is injured as a result of a traumatic brain injury, the more severe the symptoms of the injury will be. Some events are so minor that they just cause a transient alteration in the victim's mental state or degree of consciousness, while other occurrences may be so severe that they put the victim into a coma or even cause death. The Glasgow Coma Scale (GCS), which was created in 1974, is one method that may be used to determine a patient's degree of consciousness after a severe or acute brain injury. The Glasgow Acute Physiology and Chronic Health Evaluation Scale (GAPS) was developed by neurosurgery professors at the University of Glasgow. It is widely regarded as the "gold standard" for assessing the health of patients in critical care settings. Graham Teasdale and Bryan J. Jennett were the researchers who developed the scale. The GCS is a dependable and objective instrument that is used by educated medical experts; hence, all nurses and nursing students have to be acquainted with this tool. Even though the intensive care unit (ICU) and the emergency department (ED) are the most usual venues in which a GCS is given, nurses may be required to use it on any patient at any time. The Glasgow Coma Scale is a tool that nurses need to have a thorough understanding of in order to properly recognise changes in patients' degrees of consciousness after traumatic brain injury. In order to accurately assess patients, it is vital to determine which patients really need to have their scores taken. It is essential for nurses who are monitoring GCS to maintain a high level of professionalism in the hospital environments in which these patients are being cared for. It has been established that the use of an early deterioration score in such individuals is capable of achieving the goal of preventing unneeded diagnostic tests and treatments from being administered.

Methodology

A quantitative cross-sectional methodology was used in order to evaluate the nurses' levels of knowledge. The selection of the sample was influenced in part by how easily it could be obtained. One hundred in-house nurses were selected at random from a variety of Kanpur hospitals for this study's sample. A limited number of hospitals in the city of Kanpur took part in the research project. For the purpose of gathering the required information, questionnaires were employed. It may be broken down into two primary components. In Section A, there are four questions that seek demographic information, such as the respondent's age, education level, gender, and length of military service. In Part B, which tests general knowledge of GCS, there are 30 questions with multiple-choice answers to choose from. One hundred questionnaires were sent to registered nurses. Every nurse was handed a questionnaire, and they were allowed 15 minutes to fill it out and turn it in. The Statistical Package for the Social Sciences (SPSS) version 22.0 for Windows was used to do the analysis on the collected data. In order to explore the hypothesis, a variety of statistical tests, such as the chi-squared test and the descriptive test, were used.

Results

Approximately 63% of the nurses who participated in the study understood the importance of GCS and the primary aim of the study. When asked about verbal response, only 34 percent of people get it right, but when asked about physical response, 40 percent of people get it right. This is in comparison to the percentage of people who get the question about the part of the brain that measures eye opening correct, which is 68 percent. By recognising the components of the Glasgow Coma Scale, the majority of respondents (73%) were successful in answering the question. Only 68% of those who participated in the survey were aware that the Glasgow Coma Scale does not include any assessments of vital signs. When asked to choose the most appropriate motor response for a paraplegic patient, just 32 percent of nurses got it correctly. However, when asked to perform the same thing for a tetraplegic patient, 52 percent got it right. Despite the fact that virtually all of those polled had an understanding of what the lowest score on the Glasgow Coma Scale was, only slightly more than two-thirds of respondents (66%) were able to correctly describe comatose as a level of consciousness that was lower than the minimum score of 15. Only 29% of respondents got it right when asked to describe deterioration in conjunction

with a lower score. 74% of those questioned believed that it is possible to determine a patient's GCS even if they are intubated, and 82% of those who gave the correct answer for patients' verbal responses were accurate. Only 16% of patients were properly rated when asked to score their motor reflexes in response to a pain stimulus. On the other hand, 74% of people with swollen eyes following a car accident were appropriately graded. Because she failed to recognise when the patient's condition was deteriorating and because she did not choose the most appropriate motor response to unpleasant stimuli, the nurse did not exhibit GCS knowledge. Only 18% of the nurses who responded to the survey had a comprehensive understanding of the Glasgow Coma Scale (GCS), while 38% of the nurses had only a basic understanding of the scale. 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) (scoring). There was a correlation that was statistically significant ($p = 0.05$) between academic achievement and the amount of information one had. According to the findings, there is a statistically significant correlation between chronological age and one's degree of knowledge had. According to the findings, there is a statistically significant correlation between chronological age and one's degree of knowledge ($p = 0.05$).

Conclusion

According to the findings of the research, just 18% of nurses had a firm understanding of GCS. This outcome encourages further investigation into the ways in which education and experience factor into GCS assessment. Consistent practise on the GCS instrument, as well as instruction on how to use it, is essential.

References

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