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Research Article

ASSESSMENT OF KNOWLEDGE REGARDING BASIC LIFE SUPPORT AMONG NURSES OF PUNJAB INSTITUTE OF CARDIOLOGY, LAHORE

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Abstract:

Introduction: Basic life support (BLS) is a life saving manuever that identifies cessation of heartbeat and performing cardio pulmonary resuscitation (CPR) techniques to revert the hemodynamic status until proper recovery or transportation to an advanced cardiac life support facility. Therefore it is imperative that all the nurses should possess adequate knowledge about the basic life support guidelines.

Methods: A descriptive cross-sectional study was conducted among 100 nurses working in Punjab Institute of Cardiology during September 2019 and December 2019. Purposive sampling using self- structured questionnaire was implied for data collection.

Results: Majority (52%) of the respondents were between 20 to 25 years of age. 62% of respondents had basic diploma of nursing , 34 % of bachelor of science in nursing and 4% possessed Post Graduate Degree. 67% respondents had working experience of 5-10 years and 33% of 10-15 years and above.

Discussions: 97% respondents had heard about BLS before in their lives but 84% of them had never attended any BLS training. Most of the respondents (92 %) had seen CPR being done and more than half of the respondents (68%) had done CPR. 72% stated circulation, airway and breathing as the latest CPR sequence. 92% of the respondents said cardiac arrest is the indication of CPR. 46 % had inadequate knowledge, 42% had moderate knowledge while minority 12 % had adequate knowledge on Basic Life Support.

Conclusion: Majority of the nurses working in Punjab Institute of Cardiology possess inadequate knowledge regarding Basic Life Support. There was also no association between the knowledge and academic qualification or experience.

Keywords: Basic Life Support; cardio pulmonary resuscitation; cardiac arrest

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INTRODUCTION:

Basic life support (BLS) is a life saving procedure performed in an emergency situation after identifying a cardiac arrest and initiating proper Cardiac Pulmonary Resuscitation (CPR) techniques until the until victims either regains normal sinus rhythm and respiration or is shifted to an advanced cardiac life support facility [1]. Resuscitation is apparently a magical skill of for restoration of heart beat in dead looking patients [2]. BLS constitutes reassurance of airway, breathing and circulation. Loss of circulation for more than 3 minutes may lead to irreparable brain injury. Cardiac arrest is an life threatening acute emergency situation with high incidence of mortality, however if early chest compressions and mouth to mouth breathing can dramatically improve the survival rates. BLS know how is therefore the crucial determinant of the positive outcome of the resuscitation [3]. Among all the healthcare professionals nurses form the first line of response to any cardiac collapse occurring in the hospital settings and are expected to mobilize the response cardiac support team. Therefore the nurses ought to possess latest technical and professional skills to perform the needful when required [4]. It is a time tested and proven fact that a urgent CPRization can dramatically defy the ensuing mortality. The benefits of the procedure can only be obtained if performed in a systematic and energetic manner [5,6]. There has been a rising trend of the medical and non medical people attending the BLS courses worldwide so that they can learn the life saving mechanisms to safe the humanity.

However, among the developing countries like Pakistan BLS is not in fashion yet. There is only a scanty published data available to assess the knowledge regarding BLS. Several deficiencies have been highlighted and corrected regarding the sequential performance of BLS in the latest guidelines [7].

METHODS:

A descriptive cross-sectional study was conducted among 100 nurses working in Punjab Institute of Cardiology during September 2019 and December 2019. Purposive sampling using self- structured questionnaire was implied for data collection.

RESULTS:

Majority (52%) of the respondents were between 20 to 25 years of age. 62% of respondents had basic diploma of nursing , 34 % of bachelor of science in nursing and 4% possessed Post Graduate Degree. 67% respondents had working experience of 5-10 years and 33% of 10-15 years and above. 97% respondents had heard about BLS before in their lives but 84% of them had never attended any BLS training. Most of the respondents (92 %) had seen CPR being done and more than half of the respondents (68%) had done CPR. 72% stated circulation, airway and breathing as the latest CPR sequence. 92% of the respondents said cardiac arrest is the indication of CPR. 46 % had inadequate knowledge, 42% had moderate knowledge while minority 12 % had adequate knowledge on Basic Life Support.

Table 1: Association between Knowledge and Qualification of the Respondents

Qualification	Inadequate	Moderate/Adequate	Adequate	Total
Diploma	33 (55.22%)	23 (37.09%)	6 (9.6%)	62
BSc	12 (35.29%)	17 (50.0%)	5 (14.70%)	34
Post-Graduation	1 (25.0%)	2 (50.0%)	1 (25.0%)	4
Total	46 (46.0%)	42 (42.0%)	12 (12.0%)	100

Table.2 Association between knowledge and work experience of the respondents

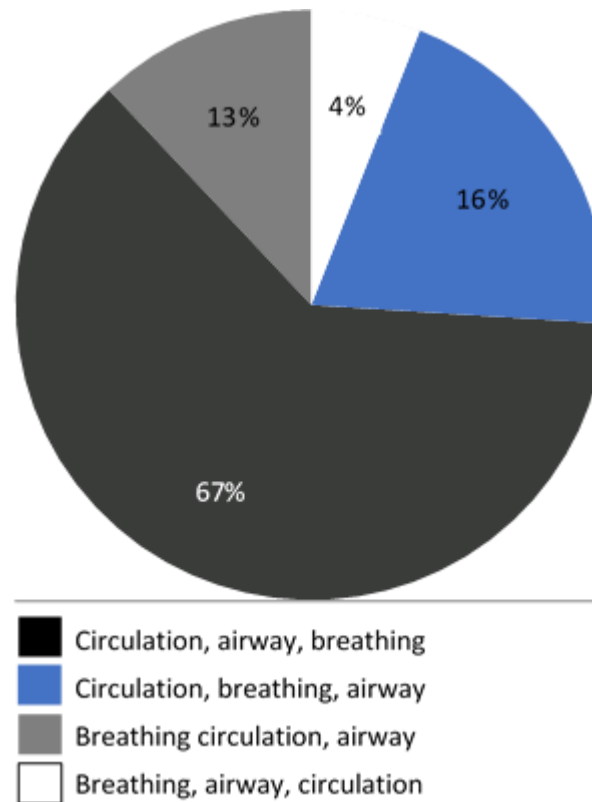
Experience Years	Knowledge		Total
	Inadequate	Moderate	
1-3 years	18(60.0%)	12 (40.0%)	30
3-6 years	20 (68.96%)	9 (31.03%)	29
6-9 years	12 (75.0%)	4 (25.5%)	16
>9 years	15 (60.0%)	10 (40.0%)	25
Total	65 (65.0%)	35 (35.0%)	100

67% said that conscious level is confirmed by shaking the patient vigorously and yelling Whats your name? "Are you Okay?," 66% said carotid pulsations are

assessed to confirm the circulation and 74% of the respondents answered chest compressions are initiated if carotid pulsations are absent greater than 10

seconds. 71% of the respondents said pinch nostrils, take a deep breath and blow into victim's mouth to establish respiratory aid whereas only 29 % of the respondents said to blow directly into collapsed patients mouth. 59% answered 1 breath is delivered every 5 seconds to continue mouth to mouth breathing, till normal respiratory effort is resumed and 92% respondents stated that cardiac arrest is an absolute indication for CPR; only 8 % of the respondents mentioned absence of breathing. 93% of the respondents documented that CPR should be done in a supine position on a firm flat surface, 60% of the respondents said xiphisternal compressions, 25% said mid chest, 12% said left side of chest and 3% said

right side of the chest should be compressed during an effective CPR . 83 % said 30:2 , only 17 % of the respondents said 30:1 to be the recommended ratio of CPR. 82% of the respondents said heel of one hand interlocked over the other is the most suitable format for delivering chest compressions, and 80% said that carotid pulsations to be checked after every 4 cycles of CPR. 84% said carotid pulse and 16% said radial pulse should be checked to assess the successful outcome of CPR. The sequence of CPR as said by participants is shown in figure 1. 46% of participants had inadequate knowledge, 42 % had moderate knowledge and only 12 % had adequate knowledge about BLS.



DISCUSSION:

Almost 67% of the respondents stated that the latest guidelines for the CPR are circulation, airway and breathing which is contrary to the one founded by Sharma & Attar[7,8]. Only 44% of the respondents considered that CPR is the first line of response in victims with unremarkable vitals. while 4 % of the respondents were of the opinion to wait and watch while 20 % of the respondents said to keep the person in left lateral position. Regarding correct technique to clear airway ,74% of the respondents said head tilt, chin lift or jaw thrust which was identical to results formulated by Parajulee & Selvaraj5. 78% of the

respondents stated there should be atleast 100 compressions per min for a successful CPR which is contrary to the results compiled by Parajulee & Selvaraj5. 69% of the respondents said that the depth of compression during CPR should be 1.5-2 inches which is similar to the values of Sharma & Attar8 but was opposed with the study done by Shekhawat & Chauhan2, Parajulee & Selvaraj[5] ,Chew, et. al. 83% of the respondents said to perform CPR in 30:2 as single rescuer which was inconsistent with the study done by Shekhwat & Chauhan2, and Parajulee & Selvaraj[5], whereas only 17 % of the respondents said 30:1. 97% said rib fracture as a complication of

aggressive CPR which was opposed with the study done by Parajulee & Selvaraj⁵. No statistically significant ($P < 0.001$) association was found between knowledge of BLS with educational qualification and work experience (Table 1 & 2).

CONCLUSION:

Most of the nurses working in PIC Lahore do not possess adequate knowledge about Basic Life Support and CPR. Only 2% had Adequate knowledge about cardiopulmonary resuscitation. There was no Association between the knowledge and years/type of qualification or work experience.

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