International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018): 0.28 | SJIF (2019): 7.583

Assessment of Self Extraction Behaviour on Neurological Disturbances

Nandhini S[1], Kripa Angeline A[2], Dr. Renuka K[3]

[1]Research Scholar, Department of Medical Surgical Nursing, Kasturba Gandhi Nursing College, Puducherry, India
[2]Professor, Department of Medical Surgical Nursing, Kasturba Gandhi Nursing College, Puducherry, India
[3]Principal HOD, Department of Medical Surgical Nursing, Kasturba Gandhi Nursing College, Puducherry, India

Abstract: ***Self Extraction Behavior is common among patients with neurological disturbances associated with certain medical and surgical disorders. The present study aimed to assess the self extraction behaviour on neurological disturbances evidence based research An Observational Study was conducted in tertiary care hospital with 100 patients with neurological disturbances over the period of 6 weeks. The result showed that that 82(84%) had severe level of self- Extraction Behaviour and 18(16%) had moderate level of self-Extraction Behaviour.***

Keywords: Self Extraction Behavior, Neurological disturbances and agitation

1. Introduction

Neurological disturbances is describes the sudden onset of aggressive and violent behaviour and autonomic dysfunction, typically in the setting of acute on chronic drug abuse or serious mental illness. It is mainly associated with delirium, dementia and other behavioural disorders which is also collectively known as Acute Behavioural Disturbances (ABD).

Choedhury RN et al. states that neurological disturbances were common among patients diagnosed with seizure, metabolic encephalopathy, hypertension, diabetes mellitus, dyslipidemia and respiratory problems.[2]

A retrospective study showed that 16 out of 25 patients with neurological disturbances are having self - extraction behavior such as pulling out of essential tubes/ lines and medical equipment aided in treatment.[3]

Self Extraction Behavior is common among patients admitted with neurological disturbances associated with certain medical and surgical disorders. The incidence rate of self-extubation ranges from 0.5% to 38% and 0.1 to 4.2 events/ 100 intubation days.[4]

Irish Nurses Organization reported that physical restraints were used for patient who may be danger or injure to him or herself and others, also for management of disastrous consequences such as self removal or disruption of devices such as nasogastric tubes, intravenous lines or oxygen masks which are essential for their prognosis. Conversely, several studies reported that restraints had potential adverse effects to patients.[5]

The primary objective of the study was to assess the level of self-extraction behaviour among patients with neurological disturbances.

2. Materials and methods

The study was conducted in a tertiary care hospital, Puducherry. The purposive sampling technique was adopted and 100 subjects were recruited. The subjects were patients with neurological disturbances having self extraction behaviour.

Ethical approval for this study was obtained from institutional Human ethical committee, in tertiary care hospital. The informed consent from the samples were obtained. A structured interview Schedule was used to collect demographic variables and an Observational checklist was used to assess the level of self- extraction behaviour among patients with neurological disturbances. The data collection was done for period of 6 weeks.

Data were coded and analysed using the statistical package for social sciences, version 18.0. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to present the descriptive characteristics of patient with neurological disturbances.

3. Results and Discussion

Table 1: Distribution of Demographic Variables of Patients with Neurological disturbances

Demographic Variables	*N*	*%*
Age in years		
<20 years	0	0
21-40 years	30	30
41-60 years	31	31
Above 60 years	39	39
Gender		
Male	83	83
Female	17	17
Religion		
Hindu	52	52
Christian	30	30
Muslim	18	18
Educational qualification		
Illiterate	16	16
Primary school	37	37
Secondary school level	29	29
Degree holder	18	18
Occupational status		
Government employee	18	18
Private employee	26	26
Self employed	46	46
Unemployed	10	10
Personal habits		

Smoking	21	21
Tobacco chewing	23	23
Alcoholism	43	43
Drug abuse	0	0
None	13	13
History of psychiatric illness		
Yes	92	92
No	8	8
Past history of neurological disorders		
Yes	3	3
No	97	97
Duration of present hospital stay		
<1 week	12	12
1-2 weeks	30	30
>2 weeks	39	39
Over a month	19	19
Length of ICU stay in days		
<3	6	2
03-Jul	23	18
08-Oct	37	34
>10	34	46
Primary medical diagnosis		
Cardio-pulmonary disorders	46	46
Surgical disorders	24	24
Cancer	0	0
Neurological	20	20
Others	10	10
Duration of mechanical ventilators in days		
<3 days	11	11
3-7 days	29	29
8-10 days	37	37
>10 days	23	23

Table 1 depicts, majority were above 60, most of them were male. Majority were belongs to Hindu. Majority was belonged to rural area. Most of them had completed secondary school level. Most of them were self-employed. Most of them had Alcoholism as Personal habits. Majority has no history of psychiatric illness. Majority has no Past history of neurological disorders. Majority were >2 weeks Duration of present hospital stay. Majority of length of ICU stay was 8-10 days.

On assessment of Self-Extraction Behaviour, the study finding reveals that 82(84%) had severe level of self-Extraction Behaviour and 18(16%) had moderate level of self- Extraction Behaviour.

With the findings of the study, we recommend that the study can be replicated with a large sample for better prognosis of patient. More studies can be conducted on self extraction behaviour and its preventive measures.

With the limitations of the study, the current study concludes that the assessment of self extraction behaviour is very important role of nurses on caring patients and understanding the characteristics of Self- Extraction Behaviour with neurological disturbances especially in critical care settings.

References

[1] Siddiqi N, House AO, Holmes JD. Occurrence and outcome of delirium in medical in-patients: a systematic literature review. Age and ageing. 2006 Apr 28;35(4):350-64.

[2] Selvan K, Edriss H, Sigler M, Tseng J. Self-extubation in ICU patients. The Southwest Respiratory and Critical Care Chronicles. 2014 Oct 15;2(8):31-4.

[3] Tseng J, Sigler M, Edriss H, Turner A, Valdez K, Selvan K, Nugent K. A self-extubation case series in an ICU after the introduction of an early mobilization project. The Southwest Respiratory and Critical Care Chronicles. 2014 Oct 15;2(8):17-20.

[4] Chao CM, Lai CC, Chan KS, Cheng KC, Ho CH, Chen CM, Chou W. Multidisciplinary interventions and continuous quality improvement to reduce unplanned extubation in adult intensive care units: a 15-year experience. Medicine. 2017 Jul;96(27).

[5] Irish Nurses Organisation, *2003,* Focus group from the care of the older person section. Guidelines on the use of restraint in the care of the older person, *viewed 26* June2015,
from http://www.ino.ie/DesktopModules/articles/Documents/Guidelinesonrestraint.pdf