Dr. NTR UNIVERSITY OF HEALTH SCIENCES :: A.P:: VIJAYAWADA – 5200 008

Revised Regulations for PhD Programme with effect from 2023

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr. NTR University of Health Sciences, Vijayawada - 520008, A.P.

Revised Regulations for PhD Programme (w.e.f 2023)

PREAMBLE

Dr. NTR University of Health Sciences is committed to promote research leading to PhD degree in both basic and applied fields of Health Sciences. These include modern Medicine (pre-clinical, para – clinical and clinical subjects), Dental Sciences, AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) courses, Physiotherapy, Nursing, Naturopathy and other Allied Health Sciences. The university encourages integrated and interdisciplinary research in Health Sciences for the award of PhD degree.

I) Nomenclature of the Degree

a) The PhD degree be awarded by the University after fulfilling all the requirements for the degree of "Doctor of Philosophy" by Dr. NTR University of Health Sciences, The degree certificate shall include the title of PhD Thesis, the subject of specialty and name of the faculty. For example:

a) On the Thesis Topics entitled **"Doctor of Philosophy"**

SUBJECT: **Oral Pathology**

FACULTY: **Dentistry**

b) In case of Interdisciplinary Ph.D:

On the Thesis Topics entitled **"Doctor of Philosophy"**

SUBJECT: **Interdisciplinary**

FACULTY: **Dentistry**

c) In case of PhD in Allied Health Sciences Like Biotechnology, Bioinformatics etc.,

On the Thesis Topics entitled **"Doctor of Philosophy"**

SUBJECT: **Biotechnology**

FACULTY: **Allied Health Sciences**

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II) Recognition of Centre for PhD Programme

a) Government / Private Colleges affiliated to Dr.NTR UHS.

The departments of the Government/ Private Colleges in Andhra Pradesh affiliated to Dr. NTR University of Health Sciences with recognized Post Graduate (DM/M.Ch/MD / MS/MDS/ M.Sc etc.,) courses in accordance with the norms of Central Councils like NMC/DCI /CCIM /INC/CCH etc., stand recognized for conducting Ph D programs. However, the Institutes should apply to the Dr. NTR University of Health Sciences in a prescribed format for recognition. (Annexure-1)

The recognition fee per subject for the first time Recognition of a center **in a private college affiliated to Dr.NTR UHS** is Rs.50,000/- (Rupees Fifty thousand only). An amount of Rs.25,000/- (Rupees twenty five thousand only) per subject is to be paid **by the Private colleges affiliated to Dr.NTR UHS,** in every academic year towards the continuation of recognition.

a) Non-Affiliated Institutions:

Central/ State research Organizations, Hospitals with ongoing DNB programmes, teaching institutions and universities with good infrastructure facilities and proven track record of research achievements will be considered for recognition as PhD centers after mutual consent, and forming memorandum of understanding (Annexure – 2) and issue of No Objection Certificate.

They can request Dr.NTR University of Health Sciences for recognition in the prescribed application by paying a non-refundable fee of Rs.20,000/- per subject towards the inspection with all other relevant documents. The non-refundable Inspection Fee for outside Andhra Pradesh Institutions will be Rs.50,000/- (Rupees fifty thousand only). Through online payment Account No:110035224965, IFSC Code:CNRB0013366, Canara Bank, SMC Branch, Vijayawada.

The recognition fee per subject for the first time Recognition of a center is Rs 50,000/- (Rupees fifty thousand only). An amount of Rs.25,000/- (Rupees twenty five thousand only) per subject is to be paid by the Institution in every academic year towards the continuation of recognition. Through online payment Account No:110035224965, IFSC Code: CNRB0013366, Canara Bank, SMC Branch, Vijayawada.

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c) Procedure for inspection

i. On receiving application from the organizations, the Vice-Chancellor will appoint a three member committee for each subject (one must be subject expert and one Dr.NTR UHS PhD committee member and one senior academician from affiliated colleges) to inspect the Department/Centre/ Organization and submit a report to the University. (Inspection Report –Annexure - 3)

ii. After evaluation of the report, the University will recognize the Centre for conducting PhD programme in respective subjects by issuing a Letter of Recognition.

iii. Both the Govt./Private institutions should apply for continuation of recognition in prescribed format once in every 05 years.

iv. The University reserves the right to re-inspect and withdraw recognition of the Centre at any time without any notice.

III. Recognition of Research Guides/Co-guides

a) The faculty members in the cadre of Associate Professor / Reader and above in the concerned faculty with a total of 8 years teaching experience with a minimum of four original research publications in National or International peer reviewed and indexed journals and working in affiliated colleges of Dr. NTR UHS are eligible. Persons working in state and central research institutes/state and central University departments within Andhra Pradesh are eligible as Research Guides/ Research Supervisors provided they have qualification as above and if their center is recognized for PhD program by Dr. NTR UHS. Review articles, Case Reports, correspondence, papers presented at conferences, seminars and symposia are not considered as publications.

b) The persons with PhD degree in Modern Medicine, Dental Sciences, AYUSH, Science and Allied Health Sciences and having 5 years post-doctoral teaching/research experience in the related subject, evidenced by his / her research work with at least 3 publications are eligible, provided the center/institution where they are working is recognized for PhD program by Dr. NTR UHS.

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c) In specialties like Physiotherapy, Nursing and selected Allied Health Sciences, if the concerned specialty guide is not available, the medical faculty members fulfilling the above criteria are eligible to guide Ph.D students in related subjects. The decision of the PhD admission committee is final with regard to subject and allotment of guide.

d) For getting recognition as Research guides/co-guides, one has to apply for recognition in the prescribed application form to the University. (Annexure – 4)

e) The committee constituted by the University will scrutinize the applications from the teachers / scientists for recognition as research guides and will recommend to the University, if they are found suitable.

f) The maximum age limit to be recognized as a Research Guide is 70 years provided that the guide should be working in any affiliated institute/PhD recognized center of Dr. NTR UHS.

IV. Renewal of Research Guides/Co-Guides:

i) **Duration:** The Guide /Co-Guide should apply for renewal every 04 years in a prescribed application format (Annexure – 5) with all other relevant documents.

ii) **Publications:** The Guide should publish minimum of 03 Original Research Articles in any peer reviewed/indexed journals within these 04 years.

Note : If any Guide or Co-Guide is not applied for renewal with in a stipulated period, his/her guide ship will be cancelled.

V. Eligibility for Admission into PhD course at the recognized centers of Dr.NTRUHS

a) Ph.D. Full Time

I. Master's degree (MD, MS, DNB, DM, MCh /MDS /MD (AYUSH Courses.)/M.Sc (N)/ MPT or MSc-Medical) awarded by in any subject allied to Medical Sciences of Dr. NTR University of Health Sciences.

II. Master's degree from any other recognized University which is recognized as equivalent by this University, taking in to consideration the recognition of the Central Councils like MCI, DCI, CCIM, INC/CCH etc.,

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III. Candidates with recognized Master's degree from science faculty related to Medical Sciences (MSc in Medical Anatomy, MSc in Medical Physiology, MSc in Medical Sociology, MSc in Medical Microbiology, MSc in Medical Biochemistry, MSc in Medical Pharmacology, MSc in Medical Physics, MSc in Clinical Embryology, MSc in Medical Psychology, MSc in Neurosciences, MSc in Medical Genetics, MSc in Biotechnology, MSc in Biomedical Engineering, MSc in in Forensic Science, MSc in Clinical Psychology, MSc in Clinical Nutrition, MSc in Genetics, M.A.S.L.P. in Audiology & Speech Language Pathology, MSc in Epidemiology & Biostatistics, M.Sc in Nanoscience & technology and M.Pharmacy etc.).

b) PhD Part-time

i. Teachers with requisite qualifications mentioned above in **(a)** working in colleges or centers affiliated to Dr. NTR UHS.

ii. Candidates with requisite qualifications working in non-teaching Government Institutes of Andhra Pradesh State.

iii. The candidates fulfilling the above mentioned clause (V b i & ii), Ph.D. part time can be carried out in the center which is recognized by Dr. NTR UHS for the purpose of Ph.D. programme, provided the guide must beworking in the same centre where the scholar is carrying out his/her research activity and the candidate should spend at least 45 days during every 6 months in that center and such attendance must be submitted through proper channel.

iv. No Objection Certificate issued by the concerned Head of the Institution and appointing authority should be submitted by the selected candidate before the admission from both the institutions.

c) Maximum Age Limit

The Maximum Age Limit for registering into PhD programme is 65 years.

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VI. Types of PhD research Programme and facilities

The candidates seeking PhD admission can apply in any one of the following categories.

a) Subject -wise PhD programme

An eligible candidate can apply in the subject of his/her specialty (e.g. Microbiology) to work under the guidance of a guide in the same specialty (e.g Microbiology). If needed there can be one or two co guides in the same subject or related subjects, based on the nature of research work. However the co-guide must be a recognized guide from Dr. NTR UHS.

b) Interdisciplinary PhD programme

A candidate can apply for interdisciplinary PhD programme with two or more related subjects /branches in any one faculty (e.g. Modern Medicine) or different faculties (e.g. Nursing and Physiotherapy/Genetics and Anatomy). The candidate can apply from any recognized centre for at least one subject under a recognized guide, and at least one recognized co guide in related subjects. The candidate, if selected has to appear for the pre PhD examination in two major subjects involved in interdisciplinary research. (Paper II, Part –A and Part –B -50 marks each). For interdisciplinary PhD research, involving two colleges/institutes, the Principals/ Heads of both colleges/ institutions have to certify permitting the candidates to do research work at both the places.

The decision of PhD Committee that looks after admission process will be final as regards the allotment of subject –wise or interdisciplinary Ph.D programme to the candidates.

c) Facilities for Research

Normally, the requisite facilities for conduct of PhD work are expected to be available at the Centre(s) where a candidate registers for PhD work. However, if any specialized work is to be conducted for which facilities are not available at the said centre, then the candidate may get permission to carry out the same at National/ State institutes or other colleges or hospitals or advanced centers. A written permission letter from the head of such centre should be enclosed along with the PhD application form. The guide should take the responsibility of overseeing the progress of the candidates work.

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VII. Duration of Research

The minimum / maximum duration of working period to become eligible for submission of thesis is given in Annexure-7 and after the expiry of maximum period for completion of research, the following categories of research scholars may be allowed to extend by paying the prescribed fee specified in the fee schedule (Annexure-7).

i. Candidates who wish to continue after the expiry of the maximum period of their earlier registration.

ii. Candidate who could not complete his/her Ph.D. course even after the stipulated time given under extension his/her case can be considered only on a valid reason such as ill-health, etc. Such cases shall be recommended by the Guide and if it is a valid reason, the Vice-Chancellor may concede the request. With the approval of the Vice-Chancellor, the candidate may be permitted to submit his / her thesis within one year by paying the prescribed fee. And if he/she fails to submit the thesis within one year, he/she shall not be granted any further extension.

VIII. Change of Guide

i. Once registered for PhD course, change of research guide is not normally allowed for any candidate. In exceptional cases, with no objection certificate from the research guide and willingness from the other recognized guide (of the same specialty) with both letters endorsed by the head of the institute, the University then may consider the change of guide, based on the recommendations of Ph.D Committee or Sub-Committee. New guide also should be working in the same Institute.

ii. If the Scholar has completed two years of his / her research programme and the guide is transferred to another area, the recognized co-guide (if available in the same center) can guide the scholar with the permission of the Vice-Chancellor.

iii. If the Full time scholar is interested to move along with the guide in the event of the transfer of the Guide (to a recognized Ph.D center) the full time scholar will be allowed with the permission of the Vice-Chancellor.

iv. In the case of Guide leaving the Institution permanently (resigned/retired) or on deputation elsewhere or otherwise for a period of more than one year, the candidate may be permitted to change of guide, who is working in the same center with the permission of the Vice-Chancellor, subject to verification.

v. If the guide is more than 66 years, the applicant have co-guide also.

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IX. Selection of topic for Research

The selection of the research project, the guide and co-guide will be governed by the consideration that necessary facilities for proposed study exist in the department concerned and the research guide is capable of independently guiding the thesis work according to his/her own experience in the respective specialized field with some assistance from co-guide(s).

X. Provision for Self guide

A faculty member with 10 years of Postgraduate teaching/research experience and 10 original research publications (5 publications as first author in Pubmed/Scopus indexed journals) with at least 5 years experience in the department in which the faculty member intends to do PhD can be a guide for himself/herself for PhD programme in the same specialty can be considered by the Vice-Chancellor. Case reports, review articles, any correspondence, papers presented at conferences, seminars and synopsis are not considered as publications.

XI. Number of candidates with each Research guide

Each guide shall have a maximum of 6 research scholars at any given time (whether full time or part time), with an intake of 2 scholars per year. If guide signs for more than 2 applicants for that academic year, all the applications signed by that particular guide will be cancelled.

XII. Admission to the PhD programme

i. Admission to the course for the award of PhD degree by the Dr. NTR University of Health Sciences shall be made once in a year during July (or any other date to be notified) every year.

ii. The candidates who are interested can apply for provisional registration along with the application fee of Rs.5,000/- for PhD programme by obtaining the prescribed application form from the University or downloaded from the website of the University with due recommendation from the guide, and co-guide (s) wherever applicable, and Head/Principal/Director of the organization where the candidate wishes to carry out his/her research work. In - service candidates should apply through proper channel. Part time Ph.D applicants should submit service certificates from the Head of the College/Institution. The applicant should undergo NPTEL/Swayam/ research methodology training and submit the copy of ~~or~~ course completion certificate.

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iii. All the candidates who are applying for admission to Ph.D programme shall submit a detailed proposal of the research with time frame (cleared by Institutional Ethics Committees – human / animal, as applicable) to be carried out after obtaining the consent of a recognized guide approved by Dr.NTR UHS.

iv. For any research work involving clinical trials, registration with Clinical Trial Registry of India (CTRI) is mandatory, and documentary evidence to this effect should be submitted along with the application. For the research projects related to drug trails, the IEC of Ph.D center where research work is carried out should be recognized by CDSCO.

v. After receiving applications, the University will constitute a committee for scrutinizing the applications and recommend the selected candidates to University for the grant of provisional registration to eligible candidates. Each candidate has to present proposed research work. The candidate has to prepare the power point as per the guidelines given by Dr.NTRUHS (Annexure - 6) before the committee. The selection of the candidates will be based on the novelty of the proposed research work, quality of work, availability of facilities, subject knowledge, research design, planning, methodology, expected results, applications to human healthcare etc. The PhD admission committee, if necessary, may invite subject experts to evaluate PhD work proposal. The decision of the committee is final in the selection of candidates.

vi. The candidates selected by the committee after due approval of the University and on payment of prescribed fee to the University as given in Annexure – 7 will be provisionally registered to the PhD programme.

vii. The colleges / institutions where the candidates (part time/full time) registers for PhD course may collect an annual fee of Rs.**10,000/-** till the completion of course.

viii. No change of research topic/ Title is allowed once approved.

xii. The Ph.D. candidates after completion of one year of research and passing of the part-I examination, will be granted permanent registration.

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XIII. Constitution of Doctoral Committee

For all the candidates accepted for provisional registration, a doctoral committee will be constituted by the guide for reviewing of the candidate's research work. The doctoral committee shall consist of the research guide/supervisor and two members from the panel of names submitted by the guide, and nominated by the Vice-Chancellor. The Doctoral committee shall review the work, and the candidate has to submit a report of research work done, once in six months to the University in a prescribed format (Annexure – 8) and the same will be forwarded to the Ph.D committee for review. The doctoral committee shall suggest the panel of names for evaluation of thesis. (If the scholar has not submitted 6 months review report, appropriate action will be initiated on the concerned subjects by the university), by following due procedures.

XIV. Part-I Examination

i. All the PhD scholars should be exposed to an orientation programme conducted by the University that includes research methodology, statistical methods and applications of computers and technology. The candidates are not eligible for Pre Ph.D Examination unless they attend orientation programme.

ii. All the candidates admitted to PhD Programme shall appear for part-I examination (Pre PhD) conducted by the university after one year of their provisional registration. The doctoral committee will prescribe the course content and syllabus for part-I examination, which consists of two theory papers (Paper I and II consisting of 100 marks each). Among the two papers of part-I examination, one must be related to research methodology and other related to the subject (e.g Microbiology) of research of the candidate.

iii. The candidates admitted under the category of interdisciplinary PhD has to appear for two major subjects in Paper II (Part A – 50 marks; Part B – 50 marks) as decided by PhD Admission Committee.

iv. The valuation of paper-I and II will be done separately by both internal and external examiners (outside Andhra Pradesh) appointed by the University. The minimum passing marks will be 50% in each paper and marks will be awarded by taking the average of the first and second valuation and in case of difference in valuation by more than 15%, the paper will be re-valued by a third examiner as per the regulations of Dr.NTR UHS for other medical courses.

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v. All the candidates shall have to clear the part-I examination in four attempts/ three years whichever is earlier from the date of registration. During reappearance, the candidates shall be exempted from appearing for the paper in which the candidate secured 50% or more marks.

XV. Confirmation of Provisional Registration (Part-II)

The provisional registration of a candidate for the PhD degree shall be confirmed on receipt of the result of part-I examination conducted by the University and the candidate will be registered under part-II of the PhD programme.

XVI. Duration of the course

The duration of the PhD course shall be a minimum of 3 years (full time) and 4 years (part time) (Annexure- 7). There shall be a gap of at least two years after passing the pre-PhD (part-I) examination for submission of the thesis for full time PhD and 3 years for part time PhD.

XVII. Conversion from full-time to part-time or vice-versa

Candidates from full-time to part-time and vice-versa of PhD programme will be allowed only in very special circumstances based on the merits of the case and on approval by the University. The candidate has to pay a prescribed status change fee of Rs.20,000/- (Rupees twenty thousand Only).

XVIII. Cancellation of the Registration

The registration is entitled for cancellation if the doctoral committee is under the impression that the candidate is unable to show any progress in research work, only after giving due opportunity to the candidate for defending his/her case. After the expiry of maximum period of registration, it is automatically liable for cancellation.

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XIX. Progress of the Ph.D. work

i) Each scholar should present at least 10 seminars at the institute where they are working as part of the assessment (of academic, communication and presentation skills). A consolidated report on these seminars shall be sent to University by the concerned guide duly attested by the Head of the Institute.

ii) Every Ph.D. scholar should have published at least two papers in a peer reviewed and indexed journals during the course of PhD programme. The candidates should specifically state in the research papers that the published work is a part of PhD Thesis of Dr. NTR UHS.

iii) Every Ph.D. scholar from Medical and Dental faculty should have presented scientific papers related to his/her research topic in three conferences, of which at least one should be at International level, one should be at National level and other one should be at State level. Ph.D. scholars from other faculties should have presented scientific papers related to his/her research topic in three conferences, of which at least one should be at National level and other two should be at State level.

iv) The Ph.D. Standing Committee will meet once in a year specifically to monitor the progress of the work of the Ph.D. scholars. The candidates will have to personally come and present the progress of their Ph.D. work before the Standing Committee. If the progress reports of the registered candidate are not satisfactory, the Ph.D. committee may review such candidates and suggest guidelines to revise the work.

XX. Submission of Synopsis

After successful completion of research work, the candidates are allowed to submit synopsis of their PhD thesis in a specific format (Annexure - 9), three months before the final submission of thesis. The synopsis should be submitted to PhD committee for evaluation. The candidate should submit 10 copies of the synopsis of the thesis to the University with the prescribed thesis adjudication fee (Annexure - 7).

XXI. Submission of PhD thesis

i) After submission of synopsis, the candidate has to submit five copies along with a soft copy of his /her PhD thesis through his /her research guide, co –guides, head of the department/head of the institution. And one copy has to be submitted to the departmental library of the institution where the candidate has carried out his/her work.

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ii) Publications supporting to the candidate's thesis, that were published in journals may also be included in the thesis as an annexure.

iii) Every candidate shall submit his/her thesis along with a certificate from the research guide under whom he/she worked, that the thesis submitted is a record of research work done by the candidate during the period of study and that the thesis has not been previously formed the basis for the award of any degree or diploma, associateship, fellowship or other similar titles and that thesis represents independent work carried out by the candidate.

XXII. Evaluation of Thesis

i. For evaluation of thesis, the doctoral committee (DOC) has to submit a panel of 8 examiners (4 from outside the University area and other states and four from outside the country). Out of the eight examiners, thesis will be sent to three examiners.

1. Foreign examiner
2. Outside University / Other State
3. Research Guide

ii. In case of a thesis submitted by scholar who is self-guide, the guide cannot be an examiner; the third examiner should be from the outside the University area.

iii. The Examiners who value the thesis shall report on the merit of the candidate for the PhD degree as "Highly commendable" or "Commendable" or to be "Revised "or "Rejected".

iv. When examiners differ in their opinion, the majority opinion will be taken into consideration. Of the three examiners, if two examiners do not recommend, then the thesis is either rejected or has to be resubmitted as per the expert opinion.

v. If the examiner/examiners insist on corrections to be made in the thesis, the same shall be made before appearing for the public viva-voce examination.

vi. If the examiner/examiners suggest(s) a revision and re-submission, then the thesis has to be revised, and revised thesis duly certified by the Research guide shall be accepted and the candidate shall be allowed for viva-voce. Resubmission of the thesis should be made by the candidate not earlier than 6 months and not later than one year from the date of the communication by the University.

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XXIII. Public Viva-voce Examination

i. The candidate whose thesis has been approved by the examiners and by the Vice-Chancellor, a public viva-voce examination will be conducted by the board of examiners appointed by the Vice-Chancellor which shall consist of one Indian examiner who has evaluated the thesis and the research guide and one co-guide (if applicable). The faculty members of the concerned subject where he/she conducted research and outside specialists, will be observers for public viva voce.

ii. The Guide/convener shall fix the date and time of the viva-voce examination in consultation with the external examiner appointed by the University for conducting the viva-voce examination.

iii. A nominated person from Dr. NTR University of Health Sciences will monitor the proceedings of the Viva-Voce Examination. Report of the proceedings should be submitted in a prescribed format (Annexure – 10).

iv. The University will pay TA, DA to the external examiners and also to the university observers as per rules.

v. The public viva-voce examination shall be conducted to adjudge the general proficiency of the candidate in the subjects allied to the candidate's field of work and to defend his / her thesis.

vi. After conducting the viva-voce examination, the guide/convenor shall convey to the University, the results of such examination endorsed by the external examiner.

vii. A candidate who is successful in the public viva-voce examination shall be declared to have qualified for the award of PhD degree.

viii. A candidate, who is not successful at the public viva-voce examination, may be permitted to undergo the viva-voce examination a second time, within a period of two months. In the event of he/ she failing again, his/her candidature for the PhD degree will be rejected.

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XXIV. Consolidated Recommendation

After the viva-voce examination, board of examiners shall consolidate the recommendation for the award of the degree based on

i. The reports of the examiners who adjudicated the thesis and
ii. The evaluation of the candidate's performance in the viva-voce examination.

The Board shall then forward its consolidated recommendation to the University with the classification.

i. HIGHLY COMMENDABLE (For placing the thesis under the HIGHLY COMMENDABLE category, it should have been so placed by all the examiners)
ii. COMMENDABLE
iii. Second viva-voce examination recommended along with such other documents as may be required, by the University for its consideration

XXV. Award of the PhD Degree

The University will consider the reports and decide whether the candidate is worthy for the award of the degree of Doctor of Philosophy and take action in accordance with such a decision. Where the decision is to award the degree, the University shall cause the candidate's name to be published with the subject of his/her thesis and the titles of his/her published contributions if any, to the advancement of knowledge.

A PhD degree certificate under the seal of the university and signed by the Vice-Chancellor will be given to such successful candidates at the next convocation held for conferring degrees.

XXVI. Finances for the PhD Programme

Financial Assistance will be provided to maximum of 05 full time PhD Scholars who seek such assistance. An amount of Rs.**10,000**/- per month may be paid by Dr. NTRUHS for a maximum period of 3 years, to meet research related expenditure. If there are more than 05 applicants and objective type Competitive Exam (in Research Methodology and Biostatistics) will be conducted to select 05 candidates.

The amount will be released only after submission of necessary bills.

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XXVII. Discontinuation of Ph.D. Programme

Candidates joining Ph.D. course shall execute a bond on non-judicial stamp paper of value of Rs.100/- in the form specified in Annexure - 11 to complete the prescribed period or in default to pay Rs.**1,00,000**/- (Rupees **One lakh** only) to Dr. NTR University of Health Sciences, Vijayawada. Full time PhD scholars those who are getting stipend should refund the entire amount he/she received from the University.

ANNEXURES

ANNEXURE – 1 – Application for Center Recognition

ANNEXURE – 2 – Memorandum of Understanding

ANNEXURE – 3 – Ph.D program inspection report

ANNEXURE – 4 – Application for recognition of PhD Guide/Co-guide

ANNEXURE – 5 – Application form for renewal of Guide ship/Co-guideship

ANNEXURE – 6 – Guide lines for preparation of PPT of the synopsis

ANNEXURE – 7 – Schedule of duration of Research and fee for Ph.D programme

ANNEXURE – 8 – Six months progress report

ANNEXURE – 9 – Format for submission of Synopsis

ANNEXURE – 10 – Report of the Viva-Voce proceedings

ANNEXURE – 11 – Format of bond on Non-Judicial Stamped paper

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ANNEXURE – 1

Form – A (General Information)

RECOGNITION OF THE CENTRE FOR Ph.D. PROGRAMME

1. Name of the College / Institute / Centre :

2. Existing P.G. Courses (M.D./ M.S./ D.N.B./ D.M./ M.Ch. / Ph.D. / Any other) :

3. Name of the Head of the Institute :

4. Bed Strength (Department)/ Any other relevant information : Male:_____Female:_____

   Children _____

   A. Total No. of Beds

   B. Free Beds_____
      Paying _____

5. No. of Units (Unit should have minimum 30 beds & three members of Faculty) :

6. Services

A). Out Patient :

   1. No. of out patient treated per annum (last one year) :
   2. No. of Emergencies (if any). :

B). In patient :

   1. No. of admissions. :
   2. No. of Surgeries. :
   Elective
   Emergency

7. Facilities: :

A). Infrastructure:

   a) OP Area for out Patients :
   b) Inpatients / wards / units :
   c) Staff rooms :
   d) Cubical :
   e) Demo. rooms :
   f) Waiting Area :
   g) Necessary equipment provided for the above :

Whether the above are provided. In addition to UG Courses in the college. (If so furnish No. of rooms.) : Yes / No

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B). O.P. & I.P. Supportive Services. :

Lab services, Biochemistry, Microbiology, Pathology, Radiology, Physiotherapy, Pharmacology, Ambulance etc.,

C). Equipment: :

Equipment / Instruments available at the Institute (list to be enclosed department wise) :

D). Central sterilizing facility :
Available : Yes / No
Capacity :

E). Waste disposal facilities :

F). Ongoing Funded Research projects (attach list) :

G). Library : No. of books related to the different areas of research :

No. of journals (International & national) :

The No. of books additionally provided for PG and Ph.D. Programmes :

1. Books related to Research Methodology
2. Bio Statistics
3. Bio Ethics
4. Instrumentation
5. Animal Experimentation

Whether Computer with Internet facility with online search for Journals and Books related to Medical Sciences are available? :
(If yes whether this facility is accessible to the students for 24 x 7). Yes / No

H). Teaching aids: Audiovisual :
Xerox, :
Video etc. :
Number of computer terminals :

8. Other facilities needed for the specialty:
:

Whether in the following, required for department are available: Yes / No

O.T., ICU, AMC, ASC, Central sterilization, etc

9. Teaching faculty (Total): :

Teaching Faculty	Available number
i) A. Professors	
B. Associate Professors	

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C. Readers
D. Asst. Professors
E. Tutors / Demonstrators

Non-teaching and Technical	Available number
F. Technicians	
G. Storekeeper–cum-clerk	
H. Lab Attendants	
I. Steno-cum-Typist / computer operator	

10.	Medical Education Cell – Present	:	Yes / No
	Headed by	:	
	Report of activities of the past one year	:	To be enclosed
11.	Institutional review Board (IRB) – Present	:	Yes / No
	Constitution	:	List of members
	(report of meetings held in the past one year)	:	To be enclosed
12.	Institutional Ethics Committee – Present		Yes / No
	Constitution	:	List of members
	(report of meetings held in the past one year)	:	To be enclosed
13.	Central Research Laboratory – Present	:	Yes / No
	Headed by	:	
	Report of activities of the past one year	:	To be enclosed

Signature of Head of the Institute

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Form – B (Department information)

APPLICATION FORMAT
FOR RECOGNITION OF CENTERS FOR Ph.D PROGRAMME

NAME OF THE COLLEGE / INSTITUTE: _____

1) Name of the Department :

2) Name of the HOD :

Facilities: :

3)

A) Infrastructure (in detail): :

- **I.** Staff rooms :
- **II.** Laboratory services :
- **III.** Demo rooms :
- **IV.** Waiting Area :
- **V.** Accommodation provided for departmental museum :
- VI. Necessary equipment provided for the above :

Whether the above are provided. In addition to UG/PG Courses in the college (If so furnish details) : Yes / No

b. O.P. & I.P. Supportive Services. :
Lab services, Biochemistry, Microbiology, Pathology, Radiology, Physiotherapy, etc., Pharmacology, Ambulance etc.

c. Equipment: :

a. Basic equipment in the department :

b. Latest equipment (specify) in the department (list to be enclosed). :

d. Library : No.of books } List to be enclosed :
No.of journals } :
(International & National) :

The no. of books additionally provided for Ph.D Programme in the Department. :

Whether **Computer with Internet** facility is provided.

e. Teaching aids: Audiovisual :
Xerox, :
Video etc. :

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f. Research Lab :

Available : Yes / No

Area : _____Sq.mts.

Whether equipment in addition to UG and PG courses are provided. :

Other details :

4. Teaching / Research faculty: :

Sl. No.	Teaching / Research faculty	Available with number
i)	Professors	
ii)	Associate Professors / Readers	
iii)	Assistant Professors / Lecturer	
iv)	Tutors/Demonstrators	

5 Details of Non- teaching and technical staff available in the department :

6 Total No. of Recognised postgraduate teachers :

7 Teaching / Research faculty particulars (Bio-data along with certified copies of experience to be enclosed for each faculty member) :

S.No.	Name	Designation	Qualifications	Year of Passing of PG Course	Date of appointment	Teaching experience after PG	Publications (enclose reprints)

8. On going research of extra mural funds :

9 National / International Conferences attended by the staff :

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10 Research Papers published by staff from the Department in the past 5 years :

SIGNATURE OF THE HEAD OF THE DEPARTMENT (with seal & date):

SIGNATURE OF THE HEAD OF THE INSTITUTION (with seal & date):

N.B.:-

i) Separate application has to be submitted for each department in a College / Institution.

ii) For recognition of each department / specialty, inspection fee has to be remitted in the form of D.D. drawn in favour of the Registrar, Dr. NTR UHS., Vijayawada for each subject.

Dr. B

ANNEXURE – 2

MEMORANDUM 0F UNDERSTANDING

This Memorandum of Understanding is entered into and executed on this the_____day of _____by and among:

M/s._____represented by it's Dean/Principal/Director/Registrar _____

[HERE IN AFTER to be referred to as "_____" of First Party)

AND

Dr. NTR University of Health Sciences, A.P. Vijayawada;represented by it's Registrar _____

(HEREINAFTER to be referred to as "DR NTRUHS" of Second Party)

The first party has approached the second party for conducting Collaborative research related activities and also recognizing their center for PhD program offered by second party.

The Registrar, Dr. NTR University of Health Sciences and Dean/Principal/Director/Registrar of_____are to mutually coordinate and oversee the implementation of this agreement.

NOW THE MEMORANDUM OF UNDERSTANDING WITNESSETH AS UNDER:

1. A joint committee comprising of designated staff members/authorities from both parties explores newer opportunities for further research in the fields of Health and Allied Sciences.

2. The First party agrees to provide access to students and faculty of all the affiliated colleges of second party for the use of required research facilities available with the first party.

3. All credentials arising out of the research work undertaken under this MOU are to be appropriately shared by both the parties as decided by the joint committee.

4. The expenditure incurred for all research projects carried out by students/faculty of both the parties will be borne by individuals only. The first party should allow the students/faculty to work in the laboratory only with the permission letter issued by Registrar of the second party.

5. Both the parties will put all efforts inviting grants for various research projects from funding sources.

6. Individual projects taken up by either party, which do not involve the utilization/mutual exchange of facilities of other party as in this MOU, do not need the consent of the other party.

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7. The first party can request the second party to carry out the inspection for recognition of their center for PhD program offered by the second party. The first party should follow the PhD regulations of the second party for the purpose of recognition. On receiving application from the first party, the second party will conduct the inspection. After evaluation of the inspection report, the second party will recognize the first party for conducting PhD program in respective subjects by issuing a letter of recognition provided the first party fulfills all the norms laid down in the PhD regulations of the second party.

8. The recognition once accorded will be permanent unless the conditions are deviated or violated by the first party or otherwise decided by the Vice - Chancellor of the second party due to some unforeseen reasons. The second party reserves the right to re-inspect and withdraw recognition at any time without any notice.

IN WITNESSETH where the parties here in above have signed and executed the above MOU on the Day_____Month_____Year_____,hereinabove mentioned, in presence of the following witnesses…

FIRST PARTY

SECOND PARTY

WITNESSES:

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ANNEXURE – 3

PhD PROGRAMME INSPECTION REPORT

1	Name of the Colleges / Institute	:
2	Name of the Principal / Director	:
3	Name of the Department	:
4	Date of inspection	:
5	Place and details of Management authorities Present at the time of inspection	:
6	Order of the Government of AP in which the	:
	Permission was accorded to start	
	A. Under Graduate Course	
	B. Post Graduate Course	
7	Recognition of PG Degree by competent Authority (MCI, DCI etc)	:
8	Details of previous research work	:
9	Services:	
	A. Outpatient attendance	:
	No. of investigations rendered at hospital for out patients / in patients treated per annum (one year)	
	B. No. of Emergencies (if any)	:
10	A) Whether necessary infrastructure, equipment, books, furniture etc, are provided for PG & PhD. Programme in addition to UG	:
	B) Whether all the necessary facilities are available for conducting PhD programmes/ Research work in the department.	:
11	Remarks of the inspection committee (The committee shall specify whether the department can be recognized for conducting PhD program)	:

SIGNATURES OF THE INSPECTION COMMITTEE MEMBERS

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ANNEXURE – 4

Regn. No: _____

APPLICATION FOR RECOGNITION AS RESEARCH GUIDE / CO-RESEARCH GUIDE

1)	Name (IN BLOCK LETTERS)		Affix self attested photograph
2)	Date of Birth		
3)	Father's Name / Spouse name		

4)	Educational Qualifications		
	Degree	**Year**	**University**
	UG Degree: Specify		
	PG Degree: Specify		
	DM/M.Ch/DNB		
	M.Sc		
	Ph.D.		
	Any other		
5)	Address for Correspondence		
	a) Office		
	b) Residence		
	c) Mail ID.		
	d) Contact No.		

6)	Details of Experience (full details, if necessary on a separate sheet have to be furnished along with supporting documents)	
	A) Teaching Experience	
	B) Research Experience	

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7)	No. of Papers Published in peer reviewed and indexed journals (full details are to be furnished on a separate sheet and enclose the reprints)	
8)	No. of PG and Ph.D. students guided	
9)	Any other relevant information (Honours, distributions, fellowships, memberships etc)	
10)	Subject for which recognition is applied	

Signature of the Applicant

Signature of the Head of the College/Institute

Station:

NOTE:

1. The Applicant should include documentary proof for the Teaching / Research Experience and the Reprints of the publications.
2. The applicant should sign each page of the Xerox copies.
3. The Principal of the college where the applicant is working should certify that the originals have been verified and the application should be forwarded with comments.

(For office use only)

1) Date of receipt

2) Recommendations of the University

Accepted / not accepted.

Reasons for non-acceptance.

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ANNEXURE – 5

APPLICATION FORM FOR RENEWAL OF GUIDESHIP/ CO-GUIDESHIP

1.	NAME (IN BLOCK LETTERS)		Affix self attested photograph
2.	Designation		
3.	Name of the affiliated institution in which the Guide/Co-guide is attached now		
4.	Date of Birth & Age		
5.	Issue of year of Recognition Order vide letter number & date as a Guide / Co-guide		
6.	No. of candidates guided till date		
7.	No. of candidates pursuing Ph.d under your guideship		
8.	Postal address for communication		
9.	E-mail address		
10.	Contact Numbers :		
	Land line No. (Res)		
	Land line No.(Off)		
	Mobile No.		

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11.	No. of original research articles published in peer reviewed/indexed journals in last four years (enclose copy of first page of articles)	

STATION:

DATE:

SIGNATURE

SIGNATURE OF THE HOD
(WITH STAMP & SEAL)

SIGNATURE OF THE PRINCIPAL
(WITH STAMP & SEAL)

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ANNEXURE – 6

GUIDELINES FOR PREPARATION OF POWERPOINT PRESENTATION OF A SYNOPSIS

Timing: The presentation should be no longer than 10 minutes

Practice multiple times.

Format:

Select a conservative slide Layout that appears professional
Do not crowd slides with excessive text. Use 6*6 rule (6 lines of text;6 words per line)
Keep text to a minimum - avoid full sentences. Keep bullets to a minimum. Use a sans-serif font (like Arial or Helvetica). Recommended fonts: Arial, Tahoma, Veranda and Standardize the Font Throughout all the slides.

Keep the font sizes large and readable. Make sure the graphics are big enough. Minimum font size for titles is 36; and 24 for body text and 16 is for footnote. **Remember, your slides must be readable, even at the back of the room.**

Emphasize important statements of words with **bold,** *italic,* underline, larger size, different font or color.
Use figures and tables.
Use **'bold'** to highlight points rather than underlining.
Use both uppercase and lowercase letters (avoid ALL UPPERCASE)
Keep backgrounds simple, avoid patterns. **Use the Same Background on Each Slide**
Do not add slide transitions, animation or sounds that are distracting
Watch your color combinations
Dark text on light background/ Light text on dark background

Oral Presentation:

Create notes in your presentation of the points you want to cover in your oral presentation of each slide.

Do not just read the slides.
Be sure to introduce yourself and your project at the beginning of the presentation.

References should be mentioned as footnote on the same slides only those cited in the presentation.

ANNEXURE - 7

Schedule of duration of Research and Fee for PhD programme

(With effective from 2017)

Sl. No	Particulars	PhD Full-time		PhD Part-time	
		Min	Max	Min	Max.
1.	Duration of Research	3 Yrs	5 Yrs	4 Yrs	6 Yrs
2.	Application fee	5,000		5,000	
3.	Admission and registration fee	25,000		25,000	
4.	Thesis Adjudication fee	10,000		10,000	
5.	Thesis re-submission fee	5,000		5,000	
6.	Extension fee after maximum permissible period	25,000		25,000	

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ANNEXURE – 8

Ph.D. PROGRAM - SIX MONTH PROGRESS REPORT

Period of the report From: To:

1. Particulars about the scholar:

A. Name of Scholar :

B. Ph.D. Registration No :

C. Designation :

D. Institution where working :

E. Mobile :

F. Email :

G. Date of Registration :

DD MM YYYY

H. Type of PhD Full Time ☐ Part Time ☐

I. Title of the proposed thesis .....

.....

.....

.....

.....

.....

J. Name of Dept./Institution

where research is conducted .....

2. WORK DONE

A. Does the progress of the project deviate from the approved plan for completion of the thesis?
(place of work, Guide, working title of the thesis, methods used, schedule, etc.)

Yes ☐ No ☐

If yes please provide details as annexures

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B. Provide details of publications/ Training undergone, presentations made, project submission / approval, conference attended. Attach first page of publication.

C. Give a brief account of the progress made and what has been achieved in the reporting period (500 words): (search of the literature, data collection, experiments, writing, dissemination of expertise, etc.)

Note: In the first year of the Ph.D program the scholar has to do literature search and pilot study.

D. Planned activities for the next six months :

Date :

Signature of Ph.D. scholar

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3) TO BE COMPLETED BY RESEARCH GUIDE

a) Remarks of the Research Guide:
b) Overall Satisfaction with the Quality of Work: ☐ Below Expectations ☐ Meets Expectations ☐ Exceeds Expectations
c) Overall Pace of Work: ☐ Too Slow ☐ Slow ☐ Right Pace ☐ Hurried ☐ Too Hurried
d) Attendance :
e) Any other Comments / Recommendations:

I / we hereby certify that a candidate has put in necessary attendance and shown progress in his/her research and he/she may be permitted to continue research.

Name of the Research Guide: **Signature with Date & Seal**

FOR OFFICE USE ONLY:

Date of receipt of Report	
Signature of Dealing Officer	

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ANNEXURE – 9

Dr. NTR University of Health Sciences,Vijayawada
Format for submission of Ph.D. SYNOPSIS

Sl. No.	Contents	Guideline	No. of Pages
1	Title	As per the registration (title should not be changed)	-
2	Certificate	Certificate from Research Guide	1
3	Table of Content	With page numbers	-
4	Introduction, Statement of the Problem, Scope of Work, Study design and Methodology	- Nature and significance of the problem/ study - Highlights of Review of Literature - to identify the lacunae in research or justification for the problem - Why the researcher selected this problem - Objectives- primary and secondary - Hypotheses- alternate / null (if any) - Includes a strategy for research study / Study design - Sampling and sample size; Data analysis	5 - 7
5	Results	Salient results with data	10-15
6	Discussion	Most important findings pertaining to the results of the study	5 - 7
7	Summary/ Conclusions	Major highlights of the present work – in list	1
8	References	Vancouver style	2
9	Appendix	- List of Publications/Submission in indexed journals by the scholar - The first page of publication or communication from the journal - List of conference presentations/ posters by the scholar	

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ANNEXURE – 10

Dr. NTR University of Health Sciences, Vijayawada

Report of the Viva-Voce Proceedings

Name of the Scholar	:
Registration Number	:
Discipline	:
Title of the Thesis	:
Date and Time of Viva-voce Examination	:
Venue	:
Name of the Guide	:
Name of the Co-Guide (If Applicable)	:
Name of the External Examiner	:
Total Number of Participants	:
(Attach list of participants with their signatures) Brief Report of the Proceedings of Viva-Voce Examination	:

Name & Signature of the University Observer

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ANNEXURE – 11

(Non-Judicial Stamped paper for Rs.100/-)

I, Dr._____ selected for Ph.D. course for the year _____ in the subject of _____on_____(Full-time or Part-time basis) at_____College / Institution_____do hereby undertake to complete the said course as per the requirement of the University. In the event of my leaving the studies in midterm, I Undertake to pay to the Dr. NTR University of Health Sciences a sum of Rs._____/- (Rupees_____ only).

Date: Signature of the candidate

Signed by the above bounden in the presence of:

WITNESS
1) Signature
Name and address in full

2) Signature
Name and address in full

SURETIES
1) Signature
Name and address in full

2) Signature
Name and address in full

3) Sureties should be two permanent Gazetted Officers of A.P Govt / Head of the Institution.

* * *

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CONTENT

S. No.	Content
1	Philosophy
2	Aim
3	Objectives
4	Other Staff (Maximum Requirement)
5	Eligibility Criteria/Admission Requirements
6	Regulations for Examination
7	Guidelines for Dissertation
8	Duration
9	Scheme of Examination
	First Year
10	Nursing Education
11	Advance Nursing Practice
12	***Clinical Speciality – I***
	- Medical Surgical Nursing
	- Obstetric & Gynaecological Nursing
	- Child Health (Paediatric) Nursing
	- Mental Health (Psychiatric) Nursing
	- Community Health Nursing
13	Nursing Research & Statistics
	Second Year
14	Nursing Management
15	***Clinical Speciality –II***
	Medical Surgical Nursing - Cardio Vascular & Thoracic Nursing
	- Medical Surgical Nursing – Critical Care Nursing

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	- Medical Surgical Nursing – Oncology Nursing
	- Medical Surgical Nursing - Neurosciences Nursing
	- Medical Surgical Nursing - Nephro- Urology Nursing
	- Medical Surgical Nursing -Orthopedic Nursing
	- Medical Surgical Nursing - Gastro Enterology Nursing
	- Obstetric & Gynaecological Nursing
	- Paediatric (Child Health) Nursing
	- Psychiatric (Mental Health) Nursing
	- Community Health Nursing
16	Annexure – I (Staffing Pattern Relaxed till 2012)

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SYLLABUS AND REGULATIONS

M.Sc. (NURSING)

Published by

INDIAN NURSING COUNCIL
8th floor, NBCC Center, Plot no. 2, Community Center Okhla Phase-I , New Delhi – 110020

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Philosophy

National Health Policy(NHP) 2002 emphasizes the need to prepare nurses to function in super-speciality areas who are required in tertiary care institutions, entrusting some limited public health functions to nurses after providing adequate training, and increase the ratio of degree holding vis a vis diploma holding nurses.

It is observed that there is an acute shortage of nursing faculty in under graduate and post graduate nursing programme in India

Indian Nursing Council believes that:

Post Graduate programme is essential to prepare nurses to improve the quality of nursing education and practice in India. .

Post graduate programme in nursing builds upon and extends competence acquired at the graduate levels, emphasizes application of relevant theories into nursing practice, education, administration and development of research skills.

The programme prepares nurses for leadership position in nursing and health fields who can function as nurse specialists, consultants, educators, administrators and researchers in a wide variety of professional settings in meeting the National priorities and the changing needs of the society.

This programme provides the basis for the post masteral programme in nursing. Further the programme encourages accountability and commitment to life long learning which fosters improvement of quality care.

Aim

The aim of the postgraduate program in nursing is to prepare graduates to assume responsibilities as nurse specialists, consultants, educators, administrators in a wide variety of professional settings

Objectives

On Completion of the two year M.Sc Nursing programme, the graduate will be able to:-

1. Utilize/apply the concepts, theories and principles of nursing science
2. Demonstrate advance competence in practice of nursing
3. Practice as a nurse specialist.
4. Demonstrate leadership qualities and function effectively as nurse educator and manager.
5. Demonstrate skill in conducting nursing research, interpreting and utilizing the findings from health related research.

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6. Demonstrate the ability to plan and effect change in nursing practice and in the health care delivery system.
7. Establish collaborative relationship with members of other disciplines
8. Demonstrate interest in continued learning for personal and professional advancement.

Other Staff (Minimum requirements)

(To be reviewed and revised and rationalized keeping in mind the mechanization and contract service)

• Ministerial		
a)	Administrative Officer	1
c)	Office Superintendent	1
d)	PA to Principal	1
e)	Accountant/Cashier	1
• Upper Division Clerk		2
• Lower Division Clerk		2
• Store Keeper		1
a)	Maintenance of stores	1
b)	Classroom attendants	2
c)	Sanitary staff	As per the physical space
d)	Security Staff	As per the requirement
• Peons/Office attendants		4
• Library		
a)	Librarian	2
b)	Library Attendants	As per the requirement
• Hostel		
a)	Wardens	2
b)	Cooks, Bearers, Sanitary Staff	As per the requirement
c)	Ayas /Peons	As per the requirement
d)	Security Staff	As per the requirement
e)	Gardeners & Dhobi (desirable)	Depends on structural facilities

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Eligibility Criteria/Admission Requirements:

1. The candidate should be a Registered Nurse and Registered midwife or equivalent with any State Nursing Registration Council.
2. The minimum education requirements shall be the passing of :

   B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing with minimum of 55% aggregate marks.
3. The candidate should have undergone in B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing in an institution which is recognized by Indian Nursing Council.
4. Minimum one year of work experience after Basic B.Sc. Nursing.
5. Minimum one year of work experience prior or after Post Basic B.Sc. Nursing.
6. Candidate shall be medically fit.
7. 5% relaxation of marks for SC/ST candidates may be given.

Entrance/Selection test

Selection of the candidates should be based on the merit of the entrance examination held by University or competent authority.

Regulations for examination:

Eligibility for appearing for the examination:

75% of the attendance for theory and practicals. However 100% of attendance for practical before the award of degree

Classification of results:

- 50% pass in each of the theory and practical separately.
- 50-59% Second division
- 60-74% first division
- 75% and above is distinction
- For declaring the rank aggregate of 2 years marks to be considered

If the candidate fails in either practicals or theory paper he/she has to re-appear for both the papers (theory and practical)

Maximum no. of attempts per subject is three (3) inclusive of first attempt. The maximum period to complete the course successfully should not exceed 4 years

Candidate who fails in any subject, shall be permitted to continue the studies into the second year. However the candidate shall not be allowed to appear for the Second year examination till such time that he/she passes all subjects of the first year M.Sc nursing examination

Practicals

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- 4 hours of practical examination per student.
- Maximum number of 10 students per day per speciality.
- The examination should be held in clinical area only for clinical specialities
- One internal and external should jointly conduct practical examination
- Examiner – Nursing faculty teaching respective speciality area in M.Sc nursing programme with minimum 3 years experience after M.Sc nursing.

Dissertation

Evaluation of the dissertation should be done by the examiner prior to viva
Duration: Viva-voce -minimum 30 minutes per student

Guidelines for Dissertation

Tentative Schedule for dissertation

S. No.	Activities	Scheduled Time
1.	Submission of the research proposal	End of 9th month of 1st year
2.	Submission of dissertation – Final	End of 9th month of IInd Year

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Note: - Administrative approval and ethical clearance should be obtained

A. Research Guides

a) Qualification of Guide

Main guide : Nursing faculty / nursing expert in the same clinical speciality holding Ph.D./M.Phil/M.Sc. Nursing with a minimum of 3 years experience in teaching in the Post Graduate Programme in Nursing.

Co-Guide : A Co-Guide is a nursing faculty/expert in the field of study (may be from outside the college but should be within the city.)

b) Guide – Students Ratio

Maximum of 1:4 (including as co-guide)

c) Research Committee

There should be a research committee in each college comprising of minimum 5 members chaired by the Principal, College of Nursing.

Duration

Duration of the course is 2 years for M.Sc. (N)

Available	52 weeks
Vacation	4 weeks
Examination	2 weeks
Gazetted holidays	3 weeks
Total weeks available	43 weeks
40 hours per week	1720 hours
Total hours for 2 years	**3440 hours**

Course of Instruction

	Theory (hrs)	**Practical (hrs)**
1st year		
Nursing education	150	150
Advance nursing practice	150	200
Nursing Research and statistics	150	100
*Clinical speciality –I	150	650

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Total	**600**	**1100**

II nd Year

Nursing Management	150	150
Nursing Research(Dissertation)		300
*Clinical Speciality-II	150	950
Total	**300**	**1400**

Educational visit 2 weeks

***Clinical Speciality** – Medical Surgical Nursing (Cardio Vascular & Thoracic Nursing, Critical care Nursing, Oncology Nursing, Neurosciences Nursing, Nephro-Urology Nursing, Orthopedic Nurisng, Gastro Enterology Nursing,)Obstetric & Gynaecological Nursing, Child Health (Paediatric) Nursing, Mental Health(Psychiatric) Nursing, Community Health Nursing, Psychiatric (Mental Health) Nursing etc.

Note: Students have to maintain log book for each activity during the course of study

Scheme of Examination

	Theory			**Practical**		
1st year	Hours	Internal	External	Hours	Internal	External
Nursing education	3	25	75		50	50
Advance nursing practice	3	25	75			
Nursing Research and statistics	3	25**	75*			
Clinical speciality -I	3	25	75		100	100
Total		**100**	**300**		**150**	**150**
II nd Year						
Nursing Management	3	25	75			
Dissertation & Viva					100	100
Clinical Speciality-II	3	25	75		100	100
Total		**50**	**150**		**200**	**200**

* Nursing research=50 and statistics=25

**Nursing research=15 and statistics=10

1. Minimum pass marks shall be 50 % in each of the Theory and practical papers separately.
2. A candidate must have minimum of 80% attendance (irrespective of the kind of absence) in theory and practical in each subject for appearing for examination.
3. A candidate must have 100% attendance in each of the practical areas before award of degree
4. A candidate has to pass in theory and practical exam separately in each of the paper.
5. If a candidate fails in either theory or practical paper he/she has to re-appear for both the papers (Theory and practical).
6. Maximum no. of attempts permitted for each paper is 3 including first attempt.

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7. The maximum period to complete the course successfully should not exceed 4 (four) years
8. A candidate failing in more then two subjects will not be promoted to the IInd year.
9. No candidate shall be admitted to the subsequent IInd year examination unless the candidate has passed the Ist year examination.
10. Maximum number of candidates for all practical examination should not exceed 10 per day.
11. Provision of Supplementary examination should be made.
12. All practical examinations must be held in the respective clinical areas.
13. One internal and One external examiners(outside the University) should jointly conduct practical examination for each student
14. An examiner should be M.Sc (N) in concerned subject and have minimum of 3 (three) years post graduate teaching experience.
15. One internal and One external examiners(outside the University) should evaluate dissertation and jointly conduct viva-voce for each student
16. For Dissertation Internal examiner should be the guide and external examiner should be Nursing faculty / nursing expert in the same clinical speciality holding Ph.D./M.Phil/M.Sc. Nursing with a minimum of 3 years experience in guiding the research projects for Post Graduate students of Nursing.

Admission Strength

Annual admission strength for M.Sc (N) Programme should have prior sanction/permission from the Indian Nursing Council on the basis of clinical, physical facilities and teaching faculty.

Health Services

There should be provisions for the following health services for the students.

(a) An annual medical examination.
(b) Vaccination against Tetanus, hepatitis B or any other communicable disease as considered necessary.
(c) Free medical care during illness and / provision of health insurance should be made.
(d) A complete health record should be kept in respect of each individual students. The question of continuing the training of a student, with long term chronic illness, will be decided by the individual college.

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NURSING RESEARCH AND STATISTICS

Placement: 1st Year

Hours of Instruction
Theory 150 Hours
Practical 100 Hours
Total : 250 Hours

Part-A : Nursing Research

Theory 100 Hours
Practical 50 Hours
Total : 150 Hours

Course Description:

The course is designed to assist the students to acquire an understanding of the research methodology and statistical methods as a basis for identifying research problem, planning and implementing a research plan. It will further enable the students to evaluate research studies and utilize research findings to improve quality of nursing practice, education and management.

General Objectives:

At the end of the course, the students will be able to:

1. Define basic research terms and concepts.
2. Review literature utilizing various sources
3. Describe research methodology
4. Develop a research proposal.
5. Conduct a research study.
6. Communicate research findings
7. Utilize research findings
8. Critically evaluate nursing research studies.
9. Write scientific paper for publication.

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Content Outline

Unit	Hours		Course Content
	Theory	Practical	
I	10		**Introduction:** □ Methods of acquiring knowledge – problem solving and scientific method. □ Research – Definition, characteristics, purposes, kinds of research □ Historical Evolution of research in nursing □ Basic research terms □ Scope of nursing research: areas, problems in nursing, health and social research □ Concept of evidence based practice □ Ethics in research □ Overview of Research process
II	5	5	**Review of Literature** □ Importance, purposes, sources, criteria for selection of resources and steps in reviewing literature.
III	12		**Research Approaches and designs** □ Type: Quantitative and Qualitative □ Historical, survey and experimental –Characteristics, types advantages and disadvantages □ Qualitative: Phenomenology, grounded theory, ethnography
IV	10	5	**Research problem:** □ Identification of research problem □ Formulation of problem statement and research objectives □ Definition of terms □ Assumptions and delimitations □ Identification of variables □ Hypothesis – definition, formulation and types.
V	5	5	**Developing theoretical/conceptual framework.** □ Theories: Nature, characteristics, Purpose and uses □ Using, testing and developing conceptual framework, models and theories.
VI	6		**Sampling** □ Population and sample □ Factors influencing sampling □ Sampling techniques □ Sample size □ Probability and sampling error □ Problems of sampling

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Unit	Hours		Course Content
	Theory	Practical	
VII	20	10	**Tools and methods of Data collection:** □ Concepts of data collection □ Data sources, methods/techniques quantitative and qualitative. □ Tools for data collection – types, characteristics and their development □ Validity and reliability of tools □ Procedure for data collection
VIII	5		**Implementing research plan** □ Pilot Study, review research plan (design)., planning for data collection, administration of tool/interventions, collection of data
IX	10	10	**Analysis and interpretation of data** □ Plan for data analysis: quantitative and qualitative □ Preparing data for computer analysis and presentation. □ Statistical analysis □ Interpretation of data □ Conclusion and generalizations □ Summary and discussion
X	10		**Reporting and utilizing research findings:** □ Communication of research results; oral and written □ Writing research report purposes, methods and style-vancouver, American Psychological Association(APA), Campbell etc □ Writing scientific articles for publication: purposes & style
XI	3	8	**Critical analysis of research reports and articles**
XII	4	7	**Developing and presenting a research proposal**

Activities:

- Annotated Bibliography of research reports and articles.
- Review of literature of selected topic and reporting
- Formulation of problem statement, objective and hypothesis
- Developing theoretical/conceptual framework.
- Preparation of a sample research tool
- Analysis and interpretation of given data
- Developing and presenting research proposal
- Journal club presentation
- Critical evaluation of selected research studies
- Writing a scientific paper.

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Method of Teaching

- Lecture-cum-discussion
- Seminar/Presentations
- Project
- Class room exercises
- Journal club

Methods of Evaluation

- Quiz, Tests (Term)
- Assignments/Term paper
- Presentations
- Project work

Internal Assessment

Techniques	**Weightage (15marks)**
Term Test(2 tests)	40%
Assignment	20%
Presentation	20%
Project work	20%
Total	**100%**

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Part –B : Statistics

Hours of Instruction
Theory 50 Hours
Practical 50 Hours
Total : 100 Hours

Course Description

At the end of the course, the students will be able to develop an understanding of the statistical methods and apply them in conducting research studies in nursing.

General Objectives

At the end of the course the students will be able to:

1. Explain the basic concepts related to statistics
2. Describe the scope of statistics in health and nursing
3. Organize, tabulate and present data meaningfully.
4. Use descriptive and inferential statistics to predict results.
5. Draw conclusions of the study and predict statistical significance of the results.
6. Describe vital health statistics and their use in health related research.
7. Use statistical packages for data analysis

Unit	Hours		Course Content
	Theory	Practical	
I	7	4	**Introduction:** □ Concepts, types, significance and scope of statistics, meaning of data, □ sample, parameter □ type and levels of data and their measurement □ Organization and presentation of data – Tabulation of data; □ Frequency distribution □ Graphical and tabular presentations.
II	4	4	**Measures of central tendency:** □ Mean, Median, Mode
III	4	5	**Measures of variability;** □ Range, Percentiles, average deviation, quartile deviation, standard deviation
IV	3	2	**Normal Distribution:** □ Probability, characteristics and application of normal probability curve; sampling error.

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Unit	Hours		Course Content
	Theory	Practical	
V	6	8	**Measures of relationship:** □ Correlation – need and meaning □ Rank order correlation; □ Scatter diagram method □ Product moment correlation □ Simple linear regression analysis and prediction.
VI	5	2	**Designs and meaning:** □ Experimental designs □ Comparison in pairs, randomized block design, Latin squares.
VII	8	10	**Significance of Statistic and Significance of difference between two Statistics (Testing hypothesis)** □ Non parametric test – Chi-square test, Sign, median test, Mann Whitney test. □ Parametric test – 't' test, ANOVA, MANOVA,ANCOVA
VIII	5	5	**Use of statistical methods in psychology and education:** □ Scaling – Z Score, Z Scaling □ Standard Score and T Score □ Reliability of test Scores: test-retest method, parallel forms, split half method.
IX	4	2	**Application of statistics in health:** □ Ratios, Rates, Trends □ Vital health statistics – Birth and death rates. □ Measures related to fertility, morbidity and mortality
X	4	8	**Use of Computers for data analysis** □ Use of statistical package.

Activities

- Exercises on organization and tabulation of data,
- Graphical and tabular presentation of data
- Calculation of descriptive and inferential statistics(chi square, t-test, correlation)
- Practice in using statistical package
- Computing vital health statistics

Methods of Teaching:

- Lecture-cum-discussion
- Demonstration – on data organization, tabulation, calculation of statistics, use of statistical package, Classroom exercises, organization and tabulation of data,

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- Computing Descriptive and inferential statistics; vital and health statistics and use of computer for data entry and analysis using statistical package.

Methods of Evaluation

- Test, Classroom statistical exercises.

Internal Assessment

Techniques	***Weightage 10 marks***
Test – (2 tests)	**100%**

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SYNOPSIS

COPIES

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website: https://www.narayananursingcollege.com

Recognized by Indian Nursing Council vide Lr. No. 18-916/2002/INC dt:08-11-2002

A.P. Nurses & Midwives Council Letter No. APNMC/CON/3973/2002, dated: 26.12.2002

Affiliated to Dr. N.T.R. University of Health Sciences, A.P. Vijayawada.

Date: 17.09.2024

To
The Registrar,
Dr. N.T.R. University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh.

Respected Mam,

Sub: **Narayana College of Nursing** (Code. No.N009), Nellore - Submission of synopsis of research dissertation of M.Sc. (N) I year students (2023-24) – Reg.

Ref: Dr. YSRUHS. Academic calendar for the academic year 2024.

*****

As per the reference cited above, herewith we are submitting the synopsis of research dissertation CD's of M.Sc. (N) I year (6) students for Dr. N.T.R. University of Health Sciences, M.Sc. Nursing examination March, 2025. The list of M.Sc. Nursing I year students name list specialty wise, Guide name and Topics of our students list enclosed herewith, kindly do the needful and favour.

Thanking you,

Yours faithfully,

Dr. B Vanaja Kumari

(Dr. B. Vanaja Kumari)
PRINCIPAL.

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Encl: 1. Name list of the students (6 students)
2. Synopsis CDs of each student 2 sets

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DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES VIJAYAWADA-8. 18 SEP 2024 EXAMS WING

NARAYANA COLLEGE OF NURSING

CHINTHREDDY PALEM, NELLORE

1 ST YEAR MSC (N) SYNAPSIS TOPICS

(2023-24) Batch

S. No	NAME OF THE STUDENT	Department	GUIDE NAME	TITLE
1.	KAAMADI RUKMINI	Medical Surgical Nursing	DR. LATHA A	QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF HEMODIALYSIS BUNDLE CARE ON QUALITY OF LIFE AMONG HEMODIALYSIS PATIENT IN SELECTED HOSPITAL AT NELLORE.
2.	MADDE SIREESHA	Obstetrics & Gynaecological Nursing	DR.V. KUMARI	A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF OKETANI BREAST MASSAGE ON BREAST FEEDING AMONG POSTNATAL MOTHERS IN SELECTED TERTIARY CARE CENTER ANDHRA PRADESH
3.	GOLLA SUSHMA	Community Health Nursing	DR.B. VANAJAKUMARI	A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ON FEMALE FOETICIDE AMONG PREGNANT WOMEN AT SELECTED URBAN AND COMMUNITY AREAS AT SELECTED NELLORE
4.	THIRUMALAKONDA VARALAKSHMI	Community Health Nursing	DR.B. VANAJAKUMARI	A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING WARNING SIGNS OF NON COMMUNICABLE DISEASES AMONG ADULTS IN SELECTED RURAL AREA AT NELLORE.
5.	RAYAPU DAYASMILEENA	Mental Health Nursing	Mrs. T. LALITHA KUMARI	A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVES NESS OF PULSING THERAPY ON DEPRESSION AMONG ELDERLY ATTEND PSYCHIATRIC OPD AT SELECTED TERTIARY HEALTH CARE CENTER NELLORE ANDHRA PRADESH.
6.	MUDURU KAMALA SWETHA	Mental Health Nursing	Mrs. T. LALITHA KUMARI	A CROSS SECTIONAL STUDY TO ASSESS PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF ONLINE GAMING AMONG ADOLESCENTS IN SELECTED COLLEGES OF NELLORE.

Dr. B. Vanaja

(Dr. B. Vanaja Kumari)
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" A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING WARNING SIGNS OF NON COMMUNICABLE DISEASES AMONG ADULTS IN SELECTED RURAL AREA AT NELLORE".

SUBMITTED BY

Ms.VARALAKSHMI

M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :

Dr.NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA.

In partial fulfillment for the requirement for the degree of 1st year Master of Sciences in Nursing

Under the Guidance of

Dr.Vanaja Kumari.B Ph.D(Nursing)

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CERTIFICATE BY GUIDE

This is certify that the dissertation entitled " A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING WARNING SIGNS OF NON COMMUNICABLE DISEASES AMONG ADULTS IN SELECTED RURAL AREA AT NELLORE". is a bonafide research work done by Ms. Ms.T.VARALAKSHMI (N)I Year and is submitted to the partial fulfilment for the requirement of the M.Sc(N) degree in Community Health Nursing

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"A CROSS–SECTIONAL STUDY TO ASSESS PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF ONLINE GAMING AMONG ADOLESCENTS IN SELECTED COLLEGES OF NELLORE ".

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ii

A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ON FEMALE FOETICIDE AMONG PREGNANT WOMEN AT SELECTED URBAN AND RURAL COMMUNITY AREAS AT NELLORE.

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ii

"A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF OKETANI BREAST MASSAGE ON BREAST FEEDING AMONG POST NATAL MOTHERS IN SELECTED TERTIARY CARE CENTER ANDHRA PRADESH".

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QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF HEMODIALYSIS BUNDLE CARE ON QUALITY OF LIFE AMONG HEMODIALYSIS PATIENT IN SELECTED HOSPITAL AT NELLORE.

SUBMITTED BY

Mrs.KAAMADI RUKMINI

Reg.No:61601220

M.Sc. NURSING 1ST YEAR

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In partial fulfillment for the requirement for the degree of 1st year Master of Sciences in Nursing

Under the Guidance of

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Signature of the Guide

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ii

"A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVES NESS OF PULSING THERAPY ON DEPRESSION AMONG ELDERLY ATTEND PSYCHIATRIC OPD AT SELECTED TERTIARY CARE CENTER NELLORE. ANDHRA PRADESH

SUBMITTED BY

Ms.R.DAYA SMILEENA

M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :

Dr.NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA.

In partial fulfillment for the requirement for the degree of 1st year Master of Sciences in Nursing

Under the Guidance of

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Respected Sir,

Sub: **Narayana College of Nursing** (College Code. No.N009), Nellore - Submission of Dissertations of Konde Haripriya, HT.No.20N301009004, M.Sc.(N) II year students 2020-21 batch- M.Sc. (N) Part-II examination Nov./Dec. 2024 - Regarding.

Ref: Dr. NTRUHS. Lr. No.120802/E5/M.Sc.(N)/2024-02, dates 06.08.2024.

*****

As per the reference cited above, herewith we are already submitted the Project Report Soft copies (2 CD's) of **Ms. Konde Haripriya, HT.No.20N301009004,** M.Sc. (N) II year students 2020-21 batch for Dr. N.T.R. University of Health Sciences, M.Sc. Nursing examination Nov./Dec.2024. In this connection the submitted office copy of the letter and dissertation payment details of the student and Annexure Proforma with 2 CDs (soft copy) herewith enclosed. kindly do the needful.

Thanking you,

Yours faithfully,

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"A CORRELATIONAL STUDY TO ASSESS THE LEADERSHIP STYLES AND JOB SATISFACTION AMONG STAFF NURSES AT SELECTED HOSPITAL, NELLORE".

SUBMITTED BY

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in partial fulfillment for the requirement for the degree of 1st year Master of Sciences in Nursing

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"A STUDY TO ASSESS THE EFFECTIVENESS MIDWIFE LED BUNDLE CARE AMONG ANTENATAL WOMEN ATTENDING OUT PATIENT DEPARTMENT AT SELECTED HOSPITAL, NELLORE".

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"A DESCRIPTIVE STUDY TO EXPLORE THE PREVALENCE OF SCHOOL ABSENTEEISM AMONG PRIMARY SCHOOL CHILDREN AT SELECTED RURAL AREA NELLORE".

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"A STUDY TO ASSESS THE EFFECTIVENESS OF MOUTH CARE WITH CHLORHEXIDINE ON ORAL HEALTH AMONG BEDRIDDEN PATIENTS AT SELECTED HOSPITAL, NELLORE".

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CHAPTER – I

INTRODUCTION

"The quality of life is more important than life itself "

Alexis's carrel

Oral care is important for health and wellbeing for a variety of reasons which comprise of teeth, tongue, lips, gums etc. and as whole termed as a mouth. the mouth is a vital for eating, drinking, taste, breathing, verbal and nonverbal communication.[1]There is also saliva which has antibacterial properties and is part of the body's defence against infection. Poor oral hygiene is well known to be associated with painful and unpleasant disease such as gingivitis, dental caries, halitosis, xerostomia, and more recently has been linked with some disease conditions related chest infections and pneumonia.[2]

The dental disease pattern and oral status is changing now. The general trends for reduction of edentulism and increase in the retention of natural teeth until later life. Attitude towards the dental health care changing too, in such way that tooth loss is considered less acceptable the impact of oral conditions on individual's quality of life can be profound.[3]Bedridden patients and resident experience the same Oro-dental problems as the general population has said that poor oral health may add an additional burden, whereas good oral health has real health gains in that it can improve general health, social acceptability, self-esteem and quality of life.[4]The primary step for oral care is screening. It will provide the base line data for planning dental services and oral health promotion strategies appropriate to the patient's needs.[5]Oral health assessment is recommended on admission to residential care using criteria which are client centred and which can be used by all

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grades of staff. An oral health assessment should be incorporated into routine assessment by care staff.[6]

The influence of diet and nutrition on oral and general health are issues which must be addressed. Good nutrition can have a marked effect on the health, happiness and independence of the patient whereas the poor oral status of institutionalised older people may contribute to eating problem, weight loss, dehydration and debility.[7]Basic principles of good infection control should be practiced by all health care professionals involved in oral care. The routine wearing of gloves for mouth care and handling dentures may help to overcome aversion reported by health care professionals.[8]There are many issues that need to be addressed in improving standards of oral health and quality of life for bedridden patients in continuing care, guideline for oral health must focus on the needs and demands of bedridden patients be non-discriminatory in practice and based on the principles of equal access to oral care, information services regardless of financial or other constraints one on them is persistent bleeding of gums for this persistent cause of bleeding a mouth rinse called chlorhexidine can be prescribed. [9]It is the most effective mouth rinse for removing the plaque and fighting gingivitis. It has a solution of chlorhexidine that control the growth and kill the bacteria which causes gum disease.[10]

Dental plagues biofilms colonized by respiratory pathogens in prolonged bedridden patients the goal of this study was determine the minimum frequency (once or twice a day) for chlorhexidine application necessary to reduce oral colonization by pathogens.[11]Nosocomial pneumonia is a significant cause of in hospital morbidity and mortality. Oral care interventions have great potential to reduce the occurrence of

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nosocomial pneumonia. The use of chlorhexidine for oral care would reduce the incidence of nosocomial pneumonia.[12]

NEED FOR THE STUDY

The prevalence of dental caries, periodontal problems, and tooth wear were 78.75%, 74.7%, and 72.3%, respectively. The mean number of overall affected teeth in the population by one dental problem is 16 ± 8.13. The mean Decayed, Missing and Filled Teeth (DMFT) score was 4.5. The risk factors that were significantly associated with the poor oral health status were age >31 years 2.88, education less than eighth grade 2.35, inadequate oral hygiene practices1.61, use of any form of tobacco 2.08, and alcohol consumption2.02. Only 185 (44.1%) participants perceived that they had a dental problem at the point of the survey and only 20 of them (10.81%) visited a dentist.[13]

The WHO estimated that globally close to 3.5 billion people approximately 50% of population suffers from one or the other from the diseases. Infect the global burden of oral disease exceeds the combined global burden of the next five most prevalent non communicable diseases in the year of 2022.[14]

The prevalence of oral pathology in elderly suffering from dementia, it emerged that 20.58% of the included patients had mucosal lesions or new mucosal formations (in most cases undiagnosed and therefore untreated).[15] The prevalence of periodontal disease was equal to 82.35% and a marked clinically detectable reabsorption of bone crests was found in almost all patients (88.23%). 24.13% of patients, who underwent the oral examination, had totally edentulous maxillaeor with retained roots, without prosthetic rehabilitations. The correlation index r showed the presence of a linear correlation (inverse relationship)

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between the degree of dementia and the state of health of the oral cavity of each patient. in Italian countries in the year of 2020.[16]

In India, prevalence of oral health is about 85% to 90% of adults have dental cavities, and in children 60% to 80% and few cases identified misaligned jaws and teeth.The oral health policy outlines objectives and suggests strategies to be followed and will therefore improve the effectiveness and efficiency of delivery of oral health care by adopting safe and effective disease preventive measures.Overall prevalence of dental caries was 54.16% (CI: 0.4966–0.5866), whereas age-specific prevalence was 62% in patients above 18 years and 52% among 3–18 years of age ($P < 0.0001$). Maximum overall prevalence was noted in mixed dentition (58%). Region wise prevalence was more in western India (72%) in 2021.[17]

A total of 328 subjects were included with a mean age of 69.7 years. The mean GOHAI (Geriatric/General Oral Health Assessment Index) score of dentate participants was 48.24 standard deviation [SD] 5.93. The overall prevalence of periodontal disease in the present study was 89.09% and mean caries experience was 10.85 (SD 9.36). There was a negative correlation between GOHAI scores and periodontal status and dental caries experience among the study participants. in 2019 south India.[18]

Out of a total of 464 subjects, 291 (62.70%) were males and 173 (37.30%) were females. Oral mucosal lesions seen in the study subjects were malignant tumours, leucoplakia, lichen planus, ulcerations, ANUG, Abscess and candidiasis. Leucoplakia was seen in 70 subjects (15%) and was present on buccal mucosa in the majority. A malignant tumour was seen in 7 subjects (1.5%) and commonly seen area is floor of mouth. In the year of 2021 new Delhi.[19]

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The population showed 35–44 and 65–74 years age group, 54.1% and 42.2% of poor oral hygiene status. At age 12 years, 51% of children had caries; mean decayed, missing, filled teeth was 3.24 in 35–44 years and 12.01 in 65–74 years. Extraction was the most required treatment (52.1%) for older people, pulp care therapy for 12 years old (16.5%) and 35–44 years old (23.2%). Community periodontal index score 2 was dominant in 12 years old (30.5%) and 35–44 years old (54.6%) and score 3 in 65–74 years (46.9%) population. Definite malocclusion was seen in 18% of 12 years old population. All the independent variables were related to caries and periodontal status ($P < 0.05$). in rural health population in 2020 Andhra Pradesh.[20]

The overall prevalence of caries in the study population was 45.91%.In rural population, 47.04% of children had caries and mean deft/DMFT was 2.637 where as in urban population, 40.52% had caries and mean deft/DMFT was 2.723.[21]Though the caries prevalence was more in rural population, DMFT scores was slightly high in urban study population when compared to rural study population, but it was not statistically significant. The decayed component contributed maximum to total DMFT Overall, caries was more prevalent among males and prevalence of dental caries was increasing with advancement of age. Regarding treatment needs, 50.32% of rural children and 45.52% of urban children required dental treatment for various reasons and it is in accordance with dental caries prevalence of different age groups. 2019 in Guntur district.[22]

Overall prevalence of dental caries and gingivitis was 39% and 35%, respectively, with <15% utilization of oral health care services. The main hurdle for this notably low utilization of oral health care services was that dental issues were not fatal or life-threatening.2022 in Nellore.[23]

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STATEMENT OF THE PROBLEM

A STUDY TO ASSESS THE EFFECTIVENESS OF MOUTH CARE WITH CHLORHEXIDINE ON ORAL HEALTH AMONG BEDRIDDEN PATIENTS AT SELECTED HOSPITAL, NELLORE.

OBJECTIVES

- To assess the level of oral health among bedridden patients.
- To evaluate the effectiveness of mouth care with chlorhexidine on oral health among bedridden patient.
- To find out the association between the effectiveness of mouth care with chlorhexidine among bedridden patient with selected socio demographic variables.

OPERATIONAL DEFINITION

EFFECTIVE NESS

Mouth care with chlorhexidine kills the germs effectively on the tongue and soft tissue.

MOUTH CARE

It is a process of cleaning the mouth with chlorhexidine to maintain oral hygiene. it will be given 2 times per day.

CHLORHEXIDINE

Chlorhexidine is chemical antiseptic. It is effective on both gram positive and gram negative bacteria.

ORAL HEALTH

Oral health refers to the health of the teeth, gums, and entire oral facial system that allows us smile, speak, and chew.

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BEDRIDDEN PATIENTS

Any individuals confined to bed for prolonged period more than 15 days.

HYPOTHESIS

NULL HYPOTHESIS:

$H0_1$- There is no statistically significant improvement in oral health of bedridden patients by using before and after mouth care with chlorhexidine.

$H0_2$- There is no statistically significant association between the effectiveness of mouth care with chlorhexidine among bedridden patients with their selected socio-demographical variables.

RESEARCH HYPOTHESIS:

H1- There will be a statistically significant improvement in oral health of bedridden patients by using before and after mouth care with chlorhexidine.

H2- There will be a statistically significant association between the effectiveness of mouth care with chlorhexidine among bedridden patients with their selected socio-demographical variables.

LIMITATIONS

- This study limited to bedridden patients.
- The sample size is 170.
- The study period will be 6 weeks

PROJECTED OUT COME

The finding of the study would help to improve the oral health among bedridden patients by using mouth care with chlorhexidine.

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CHAPTER – II

REVIEW OF LITERATURE

A literature review discusses the published information in a particular subject area, and sometimes information in a particular subject area within a certain time period.

PART –I REVIEW OF LITERATURE

SECTION: I Review of literature related to oral health among bedridden patients.

SECTION-II Review of literature related to mouth care with chlorhexidine among bedridden patients.

PART-II CONCEPTUAL FRAME WORK BASED ON MODIFIED OREM'S SELF –CARE DEFICIT THEORY

SECTION: I Review of literature related to oral health among bedridden patients.

A descriptive study was undertaken to assess the knowledge of oral hygiene among middle school students in selected School of Ranchi, Jharkhand. The objective of the study was to find the socio demographic profile of the subjects, to assess the knowledge of oral hygiene among the subjects, to find out the association of selected socio demographic variable with knowledge of oral Hygiene.Quantitative research approach was adopted and the research design implies descriptive research design.100 samples were selected by purposive sampling technique. The data was collected by questionnaires which were divided into two section, Section A- Sociodemographic variables and Section B- Knowledge on oral hygiene. The instrument was developed by the

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investigator and reliability was found to 0.86. The data were computed and analysed in terms of percentage and frequency distribution. The findings of the study reveals that majority of students 53% (n=100) had an average level of knowledge regarding oral hygiene; it indicates that middle school students have moderate level of knowledge regarding oral hygiene. The finding reveals that there is significant association, except "Resident" between age, gender, religion, family size, socioeconomic status. After the study the researcher concluded that majority of students were having average knowledge on oral hygiene and there was no significant association found between the Sociodemographic variables.[24]

An epidemiological study was carried out in the hospital wards with the aim of assessing the oral health status of the patients subjected to multiple medical treatments. The study was conducted at Fondazione IRCCS Policlinic scan Matteo (Pavia, Italy). A questionnaire was submitted to patients for the evaluation of oral hygiene devices used then a clinical examination was conducted to collect decayed missing filled teeth (DMFT) index, plaque index (PI), and marginal gingival index (MGI) values. Manual tooth brushes were used by a wide range of the sample study (65-100% among hospital wards) together with mouth wash (20-80%) interproximal aids were used by few patients. The lowest recorded value was 33.3%. the dental hygienists could be integrated into hospital wards as oral hygiene procedure instructors, for the improvement of oral health conditions of hospitalized patients.[25]

The pre experimental study was conducted in high school students of Kermanshah city in 2015. The questionnaire including questions about bad breath and other associated factors (demographic information, background diseases, oral and dental problems, decay-missing-filled

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(DMF) index, etc.) was completed by students or determined by the examiner. Organoleptic evaluation was conducted. Prevalence of organoleptic and self-reported halitosis and related factors was reported. The relationship between malodour and variables was evaluated and the most important factor was determined by multiple logistic regression analysis. The diagnostic agreement between self-perception and organoleptic halitosis was assessed using Kappa coefficient as well. The prevalence of halitosis in the organoleptic evaluation was 29.75% and higher in boys (32.6% male vs. 25.2% female) and 27.47% in self-perception (32.9% male vs. 19% female). The diagnostic agreement between organoleptic and self-perception halitosis was moderate or poor. Among the studied factors, the most important factor related to the organoleptic evaluation of halitosis was DMF≥4 ($P<0.001$ and $OR=2.253$).[26]

A cross- sectional descriptive study. To assess self-reported halitosis, oral hygiene practices, oral health conditions, general health problems, sociodemographic factors, and behavioural and psychological characteristics among workers in Ilala and Temeke municipals. Materials and Methods. Four hundred workers were recruited using a self-administered structured questionnaire. Results. Self-reported tooth brushing practice was 100%, tongue cleaning 58.5%, dental flossing 4.3%, gum bleeding on tooth brushing 79.3%, presence of hard deposits on teeth 32%, mobile teeth 15.3%, and self-reported halitosis (SRH) 48.5%. Tea users were 95%, coffee users 75.8%, smokers 21%, and alcohol consumers 47%. The SRH was significantly associated with bleeding gums, hard deposits, and mobile and mal aligned teeth. Tongue cleaning and regular change of toothbrush were associated with low prevalence of SRH (). Higher occurrence of SRH was significantly

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related to low education and smoking. Conclusion. Self-reported halitosis was prevalent among workers and was significantly associated with bleeding gums, hard dental deposits, mobile teeth, and smoking. All participants brushed their teeth and cleaned the tongue regularly but use of dental floss was extremely low. Oral health education and health promotion are recommended.[27]

A quasi experimental study on local delivery of chlorhexidine gluconate in patients with aggressive periodontitis. Eleven consecutive patients with aggressive periodontitis were recruited for this study. Two sites received Scaling and Root Planning (SRP) and placement of the chlorhexidine chip, and the other two sites received scaling and root planning only. The authors concluded that the adjunctive use of the biodegradable chlorhexidine chip resulted in greater reduction of periodontal pocket depth (PPD) in patients with aggressive periodontitis when compared to scaling and root.[28]

SECTION-II Review of literature related to mouth care with chlorhexidine among bedridden patients.

A experimental study on randomized controlled trail and meta-analysis of oral decontamination with 2% chlorhexidine solution for the prevention of ventilator associated pneumonia. The patients were randomized to receive oral decontamination with 2% chlorhexidine solution or normal saline solution until their endotracheal tubes were removed. The outcomes measures were the development of VAP and oropharyngeal colonization with gram-negative bacilli. The characteristics of the patients in the chlorhexidine group (n=102) and the normal saline group (n=105) were not significantly different. Oral decontamination with 2% chlorhexidine solution is an effective and safe

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"A STUDY TO ASSESS THE EFFECTIVENESS MIDWIFE LED BUNDLE CARE AMONG ANTENATAL WOMEN ATTENDING OUT PATIENT DEPARTMENT AT SELECTED HOSPITAL, NELLORE".

SUBMITTED BY

Ms.Y. TEJASWINI

M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :

Dr.Y.S.R UNIVERSITY OF HEALTH SCIENCES,

VIJAYAWADA.

In partial fulfillment for the requirement for the degree of

1st year Master of Sciences in Nursing

Under the Guidance of

Prof.B.Vanaja Kumari M.Sc.Ph.D(Nursing)

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Dr. B. Vanaja Kumari
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CHINTHAREDDY PALEM, NELLORE

CERTIFICATE

This is to certify that this project titled **"A STUDY TO ASSESS THE EFFECTIVENESS MIDWIFE LED BUNDLE CARE AMONG ANTENATAL WOMEN ATTENDING OUT PATIENT DEPARTMENT AT SELECTED HOSPITAL, NELLORE".** is a benefited work done by **Ms.Y.TEJESWINI** 1st year M.Sc. Nursing, Narayana College of Nursing, Chintharedypalem, Nellore-524003, and is submitted to the Dr.Y.S.R.UHS in partial fulfilment requirement for the award of the degree of M.Sc.(Nursing) degree.

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SIGNATURE OF THE PRINCIPAL

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Dr. B
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"A STUDY TO ASSESS THE EFFECTIVENESS OF MAGNESIUM SULPHATE (MgSo4) IN GLYCERINE SOLUTION DRESSING ON WOUND HEALING PROCESS AMONG PATIENTS WITH DIABETIC FOOT ULCER AT SELECTED HOSPITAL , NELLORE".

SUBMITTED BY

Ms.KAMBELLA NADIYA

M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :

Dr.Y.S.R UNIVERSITY OF HEALTH SCIENCES,

VIJAYAWADA.

In partial fulfillment for the requirement for the degree of 1st year Master of Sciences in Nursing

Under the Guidance of

Prof.B.Vanaja Kumari M.Sc.Ph.D(Nursing)

Principal

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CHINTHAREDDY PALEM, NELLORE

CERTIFICATE

This is to certify that this project titled **A STUDY TO ASSESS THE EFFECTIVENESS OF MAGNESIUM SULPHATE[$MgSO_4$] IN GLYCERINE SOLUTION DRESSING ON WOUND HEALING PROCESS AMONG PATIENTS WITH DIABETIC FOOT ULCER AT SELECTED HOSPITALS, NELLORE.** is a benefited work done by **Ms. KAMBELLA NADIYA** 1st year M.Sc. Nursing, Narayana College of Nursing, Chinthareddypalem, Nellore-524003, and is submitted to the Dr.Y.S.R.UHS in partial fulfilment requirement for the award of the degree of M.Sc.(Nursing) degree.

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"A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONG SELECTED RURAL POPULATION NELLORE".

SUBMITTED BY
Ms.P.NISSI
M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :
Dr.Y.S.R UNIVERSITY OF HEALTH SCIENCES,
VIJAYAWADA.

In partial fulfillment for the requirement for the degree of
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Under the Guidance of
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CERTIFICATE

This is to certify that this project titled **" A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONG SELECTED RURAL POPULATION NELLORE."** is a benefited work done by **Ms. P.NISSI,** 1st year M.Sc. Nursing, Narayana College of Nursing, Chintharedy palem, Nellore-524003, and is submitted to the Dr.Y.S.R.UHS in partial fulfilment requirement for the award of the degree of M.Sc.(Nursing) degree.

Dr. B [illegible]

SIGNATURE OF THE PRINCIPAL

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"A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE REGARDING EXPRESSION AND STORAGE OF BREAST MILK AMONG EMPLOYED POSTNATAL MOTHERS AT SELECTED HOSPITAL NELLORE, ANDHRA PRADESH".

SUBMITTED BY

Ms. T.PERSIS

M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :

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Under the Guidance of

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This is to certify that this project titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE REGARDING EXPRESSION AND STORAGE OF BREAST MILK AMONG EMPLOYED POSTNATAL MOTHERS AT SELECTED HOSPITAL NELLORE, ANDHRA PRADESH".** is a benefited work done by **Ms.T.PERSIS**, 1st year M.Sc. Nursing, Narayana College of Nursing, Chinthareddypalem, Nellore-524003, and is submitted to the Dr.Y.S.R.UHS in partial fulfilment requirement for the award of the degree of M.Sc.(Nursing) degree.

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"DESCRIPTIVE STUDY TO ASSES THE RISK FACTORS CONTRIBUTING TO PREGNANCY LOSS AMONG ANTENATAL WOMEN AT SELECTED HOSPITAL NELLORE DISTRICT, IN ANDHRA PRADESH".

SUBMITTED BY

Ms.K.REVATHI
M.Sc. NURSING 1ST YEAR

SYNOPSIS SUBMITTED TO :
Dr.Y.S.R UNIVERSITY OF HEALTH SCIENCES,
VIJAYAWADA.

In partial fulfillment for the requirement for the degree of
1st year Master of Sciences in Nursing
Under the Guidance of
Prof.B.Vanaja Kumari M.Sc.Ph.D(Nursing)
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CERTIFICATE

This is to certify that this project titled **"DESCRIPTIVE STUDY TO ASSES THE RISK FACTORS CONTRIBUTING TO PREGNANCY LOSS AMONG ANTENATAL WOMEN AT SELECTED HOSPITAL NELLORE DISTRICT, IN ANDHRA PRADESH"**. is a benefited work done by **Ms.K.REVATHI**, 1st year M.Sc. Nursing, Narayana College of Nursing, Chinthareddypalem, Nellore-524003, and is submitted to the Dr.Y.S.R.UHS in partial fulfilment requirement for the award of the degree of M.Sc.(Nursing) degree.

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DISSERTATION COPIES

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NELLORE

Date: 16.02.2024

To
The Joint Registrar (Examination),
Dr. Y.S.R. University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh.

Respected Sir,

Sub: **Narayana College of Nursing** (College Code. No.N009), Nellore - Submission of Dissertations of **7 (Seven)** M.Sc.(N) II year students 2021-22- M.Sc. (N) Part-II examination May. 2024 - Regarding.

Ref: Dr. YSRUHS. Lr. No.1675/E5/M.Sc.(N)/2024-01, dates 08.02.2024.

*****

As per the reference cited above, herewith we are submitting the Project Report Soft copies (CD- each 2) of **7 (Seven)** M.Sc. (N) II year students for Dr. Y.S.R. University of Health Sciences, M.Sc. Nursing examination May.2024. In this connection herewith I am enclosing the students list, Online payment Transaction no. **ZUR31752991905**, dated 15.02.2024 drawn in **ICICI Bank** for **Rs. 21,000/-** (Twenty one thousand rupees) towards Dissertation fee for **7 (Seven)** students along with filled Annexure Proforma herewith enclosed, kindly do the needful and favour.

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL
Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Encl: 1. Project Reports (2 CD each student)
2. Online payment receipt for Rs.21,000/-
3. Filled Annexure Proforma of 7 students

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Dr.YSR University of Health Sciences, Vijayawada.

Payment Recipet

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II M.SC.(N) 2021-22 BATCH - DISSERTATION

SI.NO	NAME OF THE EXAMINER	NAME OF THE CANDIDATE	REGD.NO	COLLEGE STUDIED	Speciality	Topic on which the candidate submitted the Dissertation
1	Mrs. Latha A	KANDE NEELIMA RANI	21N301009001	NARAYANA COLLEGE OF NURSING	Medical Surgical Nursing	A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ADHERENCE OF DRUG AND DIET AMONG TYPE II DIABETIC PATIENTS IN NARAYANA MEDICAL COLLEGE HOSPITAL AT NELLORE
2	Mrs. Latha A	PALLIBOYINA SREE DIVYA	21N301009002	NARAYANA COLLEGE OF NURSING	Medical Surgical Nursing	A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN SELECTED HOSPITALS AT NELLORE, AP.
3	Mrs. Latha A	TIRUPATHI NIKHITHA	21N301009003	NARAYANA COLLEGE OF NURSING	Medical Surgical Nursing	A STUDY TO ASSESS THE EFFECTIVENESS OF PEDAGOGY ON KNOWLEDGE AND PRACTICE ABOUT EATING PATTERN AMONG CKD PATIENTS IN SELECTED HOSPITAL, NMCH, NELLORE.
4	Dr. Vanaja Kumari B	BUSINENI NANDESWARI	21N302009001	NARAYANA COLLEGE OF NURSING	Community Health Nursing	A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF ANEMIA AMONG URBAN AND RURAL ADOLESCENT SCHOOL GIRLS IN NELLORE.
5	Dr. Vanaja Kumari B	J D SHAINY SWARUPA	21N302009002	NARAYANA COLLEGE OF NURSING	Community Health Nursing	A STUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENE AMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S SCHOOL AT NELLORE, ANDHRA PRADESH."
6	Dr. Vanaja Kumari B	PYNAM ESTHER JOEL	21N302009003	NARAYANA COLLEGE OF NURSING	Community Health Nursing	A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE
7	Dr. Vanaja Kumari B	SETTI RAJESWARI	21N302009004	NARAYANA COLLEGE OF NURSING	Community Health Nursing	A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION IN VENKATACHALAM AT NELLORE.

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Dr.YSR UNIVERSITY OF HEALTH SCIENCES::A.P::VIJAYAWADA – 520 008

Lr. No. 252/A8/Disser/M.Sc(N)/21-22 Dt:20-03-2023

To
The Principal
Narayana College of Nursing,
Chinthareddypalem,
Nellore -524 003.

Sir/Madam,

Sub:- Dr.YSR UHS – Academic – M.Sc (Nursing) Course 2021-22 – Registration of Dissertation Topics – Allotment of Registration numbers – Reg.

Ref:- 1. Your Lr.No. NIL, Dt.23-12-2022, from the Principal, Narayan College of Nursing, Nellore.
2. Admissions Approved List.

*****

With reference to your letters 1st cited above, I am by direction to inform you that the dissertation topics of the following M.Sc (Nursing) students for the year 2021-22 are registered with this University duly allotting the registration numbers as noted against their names and topics.

Sl. No	Candidate	Course	Topic	Reg. No
1	PALLIBOYINA SREE DIVYA	Medical Surgical Nursing	"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE OF CATARACT AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT A.P"	21N009301015
2	TIRUPATHI NIKHITHA	Medical Surgical Nursing	"A STUDY TO ASSESS THE EFFECTIVENESS OF PEDAGOGY ON KNOWLEDGE AND PRACTICE ABOUT EATING PATTERN AMONG CKD PATIENTS"	21N009301016
3	KANDE NEELIMA RANI	Medical Surgical Nursing	"A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ADHERENCE OF DRUG AND DIET AMONG TYPE II DIABETIC PATIENTS"	21N009301017
4	SETTI RAJESWARI	Community Health Nursing	"A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION "	21N009302010
5	PYNAM ESTHER JOEL	Community Health Nursing	"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN	21N009302011

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7	J D SHAINY SWARUPA	Community Health Nursing	"A STUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENE AMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S. SCHOOL AT ANDHRA PRADESH"	21N009302013
8	SUDHAKAR USHA PRIYA	Psychiatric Nursing	"ASSESS THE COPING MEASURES AMONG ADOLESCENT STUDENTS IN MANAGEMENT OF STRESS RELATED TO EXAMINATION IN SELECTED SCHOOLS"	21N009304006

For further correspondence the registration number of the dissertation must be quoted without fail.

The Principal is further informed to make a note of the following:

a) The pending topics if any, in respect of the students admitted prior to 2021-22 may also be sent to University for registration duly explaining the reasons for late submission.

b) All dissertation topics in respect of **Admission Approved** students whose admissions made in 2022-23 should be sent to University for registration within 03 months from the date of joining in to the course.

c) Each topic of a student should be recommended by HOD and to be forwarded by Principal. In case of any repetition of the topics, the concerned Principal / HOD will be held responsible.

d) It is here by informed that only one soft copy containing the following details: name of the student, specialty, topic i.e., (consolidated data of all dissertations topics) to be sent in one CD instead of multiple CDs for each individual for easy process of work in the University and avoid proper Names of College/Hospital in Dissertation Titles.

Yours faithfully,
Sd/-REGISTRAR

//ATTESTED//

21/03/2023

JOINT REGISTRAR(ACADEMIC)

21.3.23

Copy to the individuals ----- Through the Principal, **Narayana College of Nursing, Nellore.**

Copy to the Controller of Examinations, Dr. YSR UHS, Vijayawada.

Dr.B.Amy
Principal
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"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."

SUBMITTED BY

P. SREE DIVYA

21N301009002

M.Sc. NURSING II YEAR

DISSERTATION SUBMITTED TO

Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA, ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING,

FEBRUARY-2024

Principal
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Chinthareddypalem,
NELLORE - 524 003

"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."

CERTIFIED THAT THIS IS THE BONIFIED WORK OF

MS. SREE DIVYA

NARAYANA COLLEGE OF NURSING,

NELLORE, ANDHRA PRADESH

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR

THE DEGREE OF MASTER OF SCIENCE IN NURSING UNDER

DR. Y.S.R UNIVERSITY OF HEALTH SCIENCES,

VIJAYAWADA, ANDHRA PRADESH.

COLLEGE SEAL:

Dr. B. VANAJA KUMARI M.SC(N), Ph.D(N)

PRINCIPAL,

NARAYANA COLLEGE OF NURSING,

CHINTHAREDDY PALEM, NELLORE,

ANDHRA PRADESH

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2

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NELLORE - 524 003

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CHINTHAREDDY, PALEM, NELLORE

BONAFIDED CERTIFICATE

This project titled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."** was carried out by MS. P. SREE DIVYA, a bonafide M.Sc (N) II- year student of Narayana College of Nursing, Nellore during the academic year 2021-2022.

DATE:

Dr. B. VANAJA KUMARI M.Sc(N), Ph.D(N)

PRINCIPAL,

NARAYANA COLLEGE OF NURSING,

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CERTIFICATE BY PRINCIPAL

This is to certify that the dissertation entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."** is a bonafied research work done by Ms. P. SREE DIVYA M.Sc(N) II year, Narayana College of Nursing, Chintharedddy, palem, Nellore-524003 and is submitted to the Dr.Y.S.R University of Health Sciences in partial fulfillment for requirement of the M.Sc.(N) Degree in Medical Surgical Nursing.

Date:

Signature of Principal

Dr. B.Vanaja Kumari,M.Sc(N), Ph.D(N)

Place:

Principal,

Narayana College of Nursing,

Chintharedddy, palem,

Nellore, Andhra Pradesh

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This is to certify that the dissertation entitled "A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."is a bonafied research work done by Ms. P. SREE DIVYA M.Sc(N) II year, Narayana College of Nursing, Chintharedddy, palem, Nellore-524003 and is submitted to the Dr.Y.S.R University of Health Sciences in partial fulfillment for requirement of the M.Sc (N) Degree in Medical Surgical Nursing.

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I wish to acknowledge my heart full gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield and support throughout the endeavour of the study.

I offer note of thanks to **Dr.Narayana, GaruPh.D, Founder,** Narayana educational society, who gave this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my sincere thanks to **Mr. K. Puneeth,Garu** Chairman and **Dr.Sindhu,** Executive Director Narayana educational society, for permitting to conduct the study successfully.

I express my deep sense of heart full gratitude to the administrator of her excellence

Dr. B. VanajaKumari M.Sc(N), Ph.D(N),Principal, Narayana College of Nursing, who has helped me with her valuable expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I would like to express my sincere thanks to our Vice principal **Dr. V. KumariM.Sc(N),Ph.D(N),**who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I would like to express my sincere thanks to my beloved guru and research guide

Prof.A. Latha, M.Sc (N), HODMedical Surgical Nursing who helped me with deep insight, guided, encourage and supported me at every step of my research project.

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I would like to express my sincere thanks to my guru**Ms. G. Thejovathi HOD Nursing research M.sc (N),** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my whole thanks to **Dr.Udhyakumar HOD of Ophthalmology Department,** Narayana Medical College Hospital, helping me to conduct the study.

The statistical guidance always remains at the peak in any research project. When it comes to the quantum of help extended by **Dr. A. Merwyn, jasper D Reuben** statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project.

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I am privileged to thank Medical Superintendent and Nursing Superintendent, Narayana Medical College Hospital, Nellore for giving me permission conduct the study.

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My sincere thanks to **Mr. P. NagendraBabu, M.Tech, (Ph.D),** who helped me in binding the research study. My special thanks to Mrs.Sridevi for her to complete my dissertation work.

I pay my gratitude to **Mrs.Malathi,** for editing the manuscript in English and **Dr.Purushotham** for Telugu manuscript editing.

I express my heart full thanks to clients with cataract surgery who had participated in the research study.

I am gratefully thanks to my parents **Mr.P. Siva Prasad, and Mrs. P. Krishna Veni** brother **Mr. P. Eswarsai** for their constant love, motivation, emotional support, throughout the study.

The analogy will not complete if I doesn't mention the loving support of group members, for their constant prayer, love sacrifice, encouragement and support without which this study would not have been possible.

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"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."

INTRODUCTION: Cataract surgery is a procedure to remove the lens of the eye and, in most cases, replace it with an artificial lens. The procedure is termed "extracapsular" because the lens capsule is left in place. The first true cataract extraction was performed in 1747, in Paris, by the French surgeon Jacques Daviel. The global initiative for the elimination of avoidable blindness vision 2020, a joint programme of the International Agency for the Prevention of Blindness(LAPB) and the world health organization were instilled and promoted awareness programs for the prevention of cataract complications and blindness during Postoperative care.Cataract remains the leading cause of blindness and an important cause of visual impairment across the globe. The Vision Loss Expert Group (VLEG) estimates that over 17 million people are bilaterally blind from cataract in the world in 2020, representing 40% of all global cases of blindness.

OBJECTIVES

- To assess the level of knowledge on postoperative care among patients with cataract surgery
- To evaluate the effectiveness of ICT enabled Teaching on postoperative care among patients with cataract surgery.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENE AMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S SCHOOL AT NELLORE, ANDHRA PRADESH.

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I wish to acknowledge my heartful gratitude, to the Lord almighty who has given the wisdom, strength, guidance, direction, shield and support throughout the endeavor of the study.

I offer note of thanks to **Dr. P. Narayana Garu, Founder**, Narayana Educational society who gave opportunity to finish my master degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to **Mr. K. Puneet Garu, President,** Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my heartful gratitude to **Dr. B. Vanaja Kumari, Ph.D. Principal,** Narayana College of Nursing, and Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I express my heartful gratitude to **Dr. V. Kumari, Vice Principal, Narayana College of Nursing, HOD of Obstetrics and Gynecological Nursing** who supported me for successful completion of the dissertation.

I would like to express my sincere thanks to our research guide,

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Dr. B. Vanaja Kumari, Ph.D. Principal, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to our research guide, **Prof. A. Latha, M.Sc .(N), Co-ordinator, HOD of Medical Surgical Nursing** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to **Associate Prof.**

G. Thejovathi, HOD of Research department who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my deep sense of gratitude to all faculties of Narayana College of Nursing for their help throughout the study.

I express my heart full thanks to all the girls who had participated in the research study.

The statistical guidance always remains at the peak in any project. I acknowledge our gratitude to **Mr. Merwyn Jasper D Reuben, statistician** who helped in statistical analysis.

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My sincere thanks to **Mr. P. Nagendra**, who helped me in binding the research study.

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The analogy will not complete if I do not mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENE AMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S SCHOOL AT NELLORE, ANDHRA PRADESH."

INTRODUCTION:

Every month, 1.8 billion people across the world menstruate. Millions of these girls, women, transgender men and non-binary persons are unable to manage their menstrual cycle in a dignified, healthy way. The onset of menstruation means a new phase – and new vulnerabilities – in the lives of adolescents. Yet, many adolescent girls face stigma, harassment and social exclusion during menstruation. Transgender men and non-binary persons also face discrimination due to their gender identity, depriving them of access to the materials and facilities they need. Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services like toilets and sanitary products can all cause menstrual health and hygiene needs to go unmet.

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NEED FOR STUDY

In worldwide total and estimated 500 million lack access to menstrual products and adequate facilities for menstrual hygiene. In 2022, the adolescent population according to the Ghana demographic and health survey, about 22% of Ghana's population, 10,518 adolescents representing 25.5% of the area population are noted as having lack of menstrual hygiene.

The poor knowledge and understanding of menstruation may lead to unsafe hygienic practice that intern increases the risk of reproductive and genito- urinary tract infections, cervical cancer, school drop-out, poor academic performance and overall poor quality of life.

Menstrual hygiene management should be an imperative part of healthcare. The United Nations defines adequate menstrual hygiene management as "women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to

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dispose of used menstrual management materials." Particularly in poor countries, girls and women face substantial barriers to achieving adequate menstrual management.

According to National Family Health Survey in 2015, estimates that 355 million menstruating women in India about 121 million (only 36%) women are using sanitary napkins.

OBJECTIVES OF THE STUDY:

- To assess the knowledge of menstrual hygiene among early adolescence girls.
- To assess the attitude of menstrual hygiene among early adolescence girls.
- To evaluate the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls.
- To find out the association between the knowledge and attitude on menstrual hygiene among early adolescence girls with their selected socio demographic variables.

METHODOLOGY:

A quantitative research approach pre experimental one group pre

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test and post test research design was used to assess the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls. The data was collected from adolescence girls by using structured questionnaire and attitude scale from 13/09/2023 to 17/10/2023. 100 adolescence girls who meet the inclusion criteria was selected by non-probability convenience sampling technique. A brief introduction about the investigator and the purpose of the study was explained. Consent was taken from the participants. Confidentiality of the responses was assured. Pre-test was done by using structured questionnaire and attitude was measured through attitude scale followed by Virtual learning was given through the Instructed video on regarding knowledge and attitude of menstrual hygiene and post-test was conducted after 1week. Time spent for data collection in each participant was 30-40minutes. The collected data was tabulated and analyzed according to the objective of the study.

RESULTS:

Findings revealed pre test and post test scores of knowledge and attitude on menstrual hygiene among early adolescence girls. The

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pre test score of knowledge level was 13.6 with SD of 1.62 and the post test score of knowledge level was 24.3 with SD 2.09. The z value was 11.97. The pre test score of attitude level was 13.6 with SD 1.62 and the post test score of attitude level was 24.3 with SD 2.10. The z value was 10.37. Hence the null hypothesis was rejected and research hypothesis was accepted. There is a significant difference in pre test and post scores on knowledge and attitude on menstrual hygiene among early adolescence girls. So the virtual learning was very effective.

CONCLUSION:

The conclusion drawn from the study was to assess the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls. Post test knowledge levels was increased in adolescence girls. Hence the virtual learning was effective .The investigator identified that there was a significant need for virtual learning on menstrual hygiene among adolescence girls to prevent the complications and discomfort related to menstrual cycle in adolescence girls.

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"A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION IN VENKATACHALAM AT NELLORE."

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Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA,
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This project titled "**A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION IN VENKATACHALAM AT NELLORE.**" was carried out by "MS.S. RAJESWARI", a bonafide M.Sc.(N) II- year student, of Narayana College of Nursing, Nellore during the academic year 2022-2024.

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" I praise and thank God for his abundant blessing, constant love and guidance "

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I offer note of thanks to **Dr.Narayana, Garu PhD, Founder,** Narayana educational society, who gave this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my sincere thanks to **Mr.K.Puneeth,** Garu chairman Executive Director Narayana educational society, for permitting to conduct the study successfully.

I express my deep sense of heart full gratitude to the administrator of her excellence Prof. **Dr.B.Vanaja Kumari, M.Sc.(N), Ph.D.(N), Principal,** Narayana College of Nursing, Nellore, who has helped me

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with her valuable expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I would like to express my sincere thanks to my beloved viceprincipal **Dr.V. Kumari, M.Sc.(N),Ph.D.(N), HOD OF Obstetrical& Gynaecology** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

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I would like to express my sincere thanks to my beloved guru and research guide **Dr. B. Vanaja Kumari, M.Sc.(N), Ph.D.(N),** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

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"A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION IN VENKATACHALAM AT NELLORE."

Introduction:

Mosquitoes are a serious threat to global public health. Diseases like malaria, dengue fever, and chikungunya fever are being spread by mosquitoes, and their numbers are increasing due to climate change. Repellants containing DEET should be used, light-colored clothing should be worn, and long pants and shirts should be worn indoors. If to keep mosquitoes away, cover your beds with mosquito netting. The smell of citrus fruits and cloves repels mosquitoes. To avoid mosquitoes by cutting a lemon in half and insert cloves into each side. To repel insects, scatter plates of these clove-infused lemons throughout house. It is a natural remedy that is safe to use indoors and among the most effective home treatments for mosquitoes.

OBJECTIVES:

- To assess the knowledge regarding mosquito breeding control measures among rural population

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- To find out the association between knowledge regarding mosquito breeding control measures among rural population with their selected socio demographic variables

Materials methods:

A quantitative research approach descriptive research design was adopted to assess the knowledge regarding mosquito breeding control measures among rural population. The sample size was 100 age group between 20-50 years selected by nonprobability convenience sampling technique. The data was collected by structured questionnaire from 13.09.2023to 17.10.2023 It took 20-30 minutes for each sample. The data was coded, tabulated, organized, analysed, according to the objective of the study.

Result:

The study reveals that among 100 rural samples majority 48(48%) had 'B' grade (60-70%) knowledge regarding mosquito breeding control measures. The mean with standard deviation was 67.50& 45.49 regarding mosquito breeding control measures among rural population.

There was significant associated was observed for specific selected socio demographic variables like Age(C=10), Educational status(C=18.24), Occupation (C=12.2), Noof Garbage cleaning(C=10.24), Source of water

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supply(C=10.25), There was no significant association for selected Socio demographic variables like Gender(C=5.25), Religion(C=6.70), Income(C=10.24), Types of drainage system(C=5.89), Sources of information(C=14.2),

Conclusion:

In this study, most 48(48%)had 'B' grade adequate knowledge regarding mosquito breeding control measures. These findings suggested extensive health education programme were needed to bring awareness among rural population. So researcher need to encourage life style modification by organizing health education programmes on mosquito breeding control measures to bring down morbidity, mortality & to bring fruitful community.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF PEDAGOGY ON KNOWLEDGE AND PRACTICE ABOUT EATING PATTERN AMONG CKD PATIENTS IN SELECTED HOSPITALS NMCH, NELLORE".

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I express my heartfull gratitude to **Dr.B.VanajaKumari,PhD, Principal,** Narayana College of Nursing, and Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I express my heartfull gratitude to **Dr. V.Kumari,Vice Principal Narayana College of Nursing, HOD of Obstetrics and Gynecological Nursing** who supported me for successful completion of the dissertation.

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I express my thanks to **Mr.Lakshman,** computer technician, for his help in carrying out this project.

The analogy will not complete if I do not mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF PEDAGOGY ON KNOWLEDGE AND PRACTICE ABOUT EATING PATTERN AMONG CKD PATIENTS IN SELECTED HOSPITALS NMCH, NELLORE."

INTRODUCTION:

The kidney undergoes age-related changes, reaching full functionality after the age of 5years and suffering a slow but progressive decline in its regulatory range of function (e.g. matching sodium and potassium excretion to dietary intake), starting at the age of ~20years, as well as in function (e.g. glomerular filtration) starting at a higher age. Age-related decline in renal function is also a matter of gender, race and genetic background. Pathogenetically, mediators of chronic inflammation, oxidative stress and the renin-angiotensin-aldosterone (RAAS) system are relevant factors determining renal aging, due to an enhanced incidence cellular damage combined with reduced repair capacities. Eating pattern like(Higher intake of vegetables,fruits legumes, nuts, whole ,grains, whole grains, fish, and low fat dairy and lower intake of red processed meats, sodium, and sugar sweetened beverages).

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Worldwide the prevalence of CKD in adults aged 30 years or older is expected to increase from 13.2% for the period 1999-2010 to 14.4% in 2020, and 16.7% in 2030. Stage 3a was the most prevalent stage over the period of 1999-2010, and is expected to remain the most prevalent stage in 2020 and 2030.In India the approximate prevalence of CKD is 800 per million population and the incidence of end-stage renal disease (ESRD) is 150–200 The most common cause of CKD in population-based studies is diabetic nephropathy.

As compared to the Indian average of 10-15 per cent, chronic kidney disease of unknown etiology (CKD) cases Udaan region of Andhra Pradesh shows a high incidence rate ranging between 30-45% of the population been affected. It is being found there are high incidences of CKD prevalent in that region. The cause of these incidences is unknown.

CKD burden have also been reported from other districts in Andhra Pradesh, in particular, Nalgonda, Prakasam, and Nellore, suggesting this 'problem is likely more widespread than originally assumed by the investigator to assess the knowledge and practice about eating pattern among CKD patients in NMCH ,Nellore.

To assess the association between dietary patterns and CKD. MEDLINE, EBSCO and references from eligible studies were searched for relevant articles published up to 9 May 2020 that examined the association of common dietary patterns and CKD. The heterogeneity among studies was

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assessed by Cochran's Q test and I^2 methods.Seventeen eligible studies, involving 149,958 participants, were included in our systematic review and meta-analysis. The highest compared with the lowest category of healthy dietary pattern was significantly associated with a lower risk of CKD (OR=0.69; CI: 0.57, 0.84; *P*=0.0001). A higher risk of CKD was shown for the highest compared with the lowest categories of Western-type dietary pattern (OR=1.86; CI: 1.21, 2.86; *P*=0.005). There were evidence of a lower risk of CKD in the highest compared with the lowest categories of light-moderate drinking pattern (OR=0.76; CI: 0.71, 0.81; *P*< 0.0001) and heavy drinking pattern (OR=0.67; CI: 0.56, 0.80; *P*< 0.0001).

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"A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ADHERENCE OF DRUG AND DIET AMONG TYPE II DIABETIC PATIENTS IN NARAYANA MEDICAL COLLEGE HOSPITAL AT NELLORE."

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I express my gratitude to my father K.Srinivasulu my mother K.Jhansi Rani and my brother K.Sukumar for their constant prayer, love, sacrifice, encouragement and support in my entire life and carrier .

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ABSTRACT

"A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ADHERENCE OF DRUG AND DIET AMONG TYPE II DIABETIC PATIENTS IN NARAYANA MEDICAL COLLEGE HOSPITAL AT NELLORE."

INTRODUCTION:

Type II diabetes mellitus is the most common type of diabetes mellitus. Ninety percentage of diabetes mellitus cases are type II diabetes mellitus. Which also known as non-insulin dependent diabetes. By the year 2030, estimated that 439 million people would acquire type II diabetes mellitus. The risk factors associated with type II diabetes. They grouped into two categories. Modifiable and non-modifiable risk factors. Diabetic self-care encompasses self-monitoring of blood glucose, nutrition, physical activity, and compliance with medication. It also takes into consideration the interrelation between self-care practices and implementation of appropriate changes in the regular life cycle.

NEED FOR STUDY:

The diabetes mellitus from year to year increase according to the International Diabetes Federation, the world population suffering from diabetes mellitus covers about 463 million people, and with the death rate

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of about 4.2 million people. WHO predicts people with diabetes mellitus will be about 366 million people in 2030. Contributors increased the rate was developing countries, which experienced an increase in diabetes mellitus 150% of countries with diabetes mellitus most are India (35.5 million people), China (23.8 million people), the United States (16 million people), Russia (9.7 million people), and Japan (6.7 million people). Therefore, this study aims to find the extent of the level of knowledge regarding adherence to drug and diet among type II diabetic patients.

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge regarding adherence to drug and diet among type II diabetic patients.
2. To compare the level of knowledge regarding adherence to drug and diet among type II diabetic patients.
3. To find out association between the level of knowledge regarding adherence of drug and diet among type II diabetic patients with their selected socio demographic variables.

METHODOLOGY:

A quantitative approach with descriptive research design used to assess the I level of knowledge regarding adherence to drug and diet among type

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II diabetic patients in Narayana Medical collage Hospital. The sample for the present study is all type II diabetic patients who are attending to the OPD, the general ward ward at Narayana medical college and hospital at Nellore. Non-probability convenient sampling technique used to select the samples. Socio demographic data was collected from type II diabetic patients and the data collection done by structured questionnaires on knowledge regarding adherence to drug and diet.

RESULTS: The study results shown with relation to age 36 (36%) were between 51-60 years, depicts to gender 78 (78%) were males, in relation to habits 36 (36%) were having the habit of smoking, In consideration to family history 64 (64%) having history of diabetes in their family. Regarding adherence of drug majority 61(61%) were having B grade knowledge, Regarding adherence of diet majority 52(52%) were having B grade knowledge. Knowledge regarding adherence of diet mean score 15.19±4.2 which is higher than the knowledge regarding adherence of drug mean score 10.82 ± 4.8. The obtained Co relation "r" value is 0.67.

The study results showed that there was a statistically significant association between age in years, gender, marital status, education, occupation, Source of information is obtained from with knowledge regarding adherence of drugs among type II diabetic patients at $p<0.05$.

The study results showed that there was a statistically significant association between age, religion, marital status, education, habits, Presence of co morbid disease with knowledge regarding adherence of diet among type II diabetic patients at $p<0.05$.

RECOMMENDATIONS: Similar study can be conducted on large sample size. The study can conduct in different population as an experimental study and quasi-experimental study. A study can be conducted to assess the effectiveness of STP on knowledge on prevention and home care management of type II diabetes.

CONCLUSION: The study concluded that type II diabetic patients had "B" grade level of knowledge regrading drug and diet. Recognition of type II diabetes adherence to drug and diet and educational program for peoples with type II diabetes mellitus can be maintain glycemic control. The researcher found that there was a critical need for education programmes to create awareness on adherence to drug and diet of type II to diabetes.

KEY WORDS: Type II diabetic patients, levels of knowledge, adherence to drugs and diet.

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"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF ANEMIA AMONG URBAN AND RURAL ADOLESCENT SCHOOL GIRLS IN NELLORE".

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CERTIFICATE BY GUIDE

This is to certify that the dissertation entitled **"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF ANEMIA AMONG URBAN AND RURAL ADOLESCENT SCHOOL GIRLS IN NELLORE"** is a bonafied research work done by **Ms. B. NANDESWARI**, M.Sc(N) II year, Narayana College of Nursing, Chinthareddypalem, Nellore-524003 and is submitted to the Dr.Y.S.R University of Health Sciences in partial fulfillment for requirement of the M.Sc (N) Degree in community health nursing.

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Dr.B.Vanaja Kumari,M.sc(N),Ph.D(N)

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ACKNOWLEDGEMENT

"Work is a blessing, god has so arranged the world that work is necessary, and he gives us hands and strength to do it"

I wish to acknowledge my heart full gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield and support throughout the endeavour of the study.

I offer note of thanks to **Dr.Narayana Garu, PhD, Founder,**Narayana educational society, who gave this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my sincere thanks to **Mr. K. Puneeth Garu,** chairman and Narayana educational society, for permitting to conduct the study successfully.

I express my deep sense of heart full gratitude to the administrator of her excellence **Dr.B.VanajaKumari M.sc(N),Ph.D(N)Principal,** Narayana College of Nursing, Nellore, who has helped me with her valuable expert guidance, encouragement and support and was greatly instrumental in completing the present study.

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I express my deep sense of heart full gratitude to the administrator of her excellence **Dr.V.Kumari M.sc(N),Ph.D(N) Vice-Principal,** Narayana College of Nursing, Nellore, who has helped me with her valuable expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I would like to express my sincere thanks to my beloved guru and research guide.**DrB.VanajaKumari M.sc(N),Ph.D(N),**community health nursing who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my sincere thanks to **Prof.A.Latha M.Sc(N),HODof Medical Surgical Nursing** coordinator who helped me with her valuable guidance, encouragement and support .

I would like to express my sincere thanks to my guru **Mrs.G.Thejovathi HOD of Nursing Research** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

The statistical guidance always remains at the peak in any research project. When it comes to the quantum of help extended by **Dr. A. Merwyn, jasper D Reuben** statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project.

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I am indebuted to all my teachers for their motivation and valuable contribution to complete study.

I express my gratitude to **Ms.N. .Polamma, Librarian** and other faculty of library, Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the research study.

I express my whole hearted thanks to all the experts in **Narayana College of Nursing** who have validated the tool and contributed in constructive criticism and enlightening suggestions.

I am privileged to thank Head mistress of Z.P.HS school in rural area and kasturidevi high school, urban area Nellore for giving me permission to conduct the study.

My sincere thanks to **Mr. P. NagendraBabu, M.Tech, (Ph.D),** who helped me in binding the research study. My special thanks to Mrs.Sridevi for her to complete my dissertation work.

I pay my gratitude to **Mrs.Malathi,** for editing the manuscript in English and **Dr.purushotham** for Telugu manuscript editing.

I express my heart full thanks to adolescent school girls who had participated in the research study.

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I am gratefully thanks to my parents **Mr. B. Anjeneyulu, and Mrs. B. Chanamma** brother **Mr. Banuchandra**for their constant love, motivation, emotional support, throughout the study.

The analogy will not complete if I doesn't mention the loving support of group members, for their constant prayer, love sacrifice, encouragement and support without which this study would not have been possible.

My heartfelt and appreciation to my all well wishers, friends, relatives for their help and best wishes who helped me to carry out my study.

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ABSTRACT

"ACOMPARATIVESTUDYTOASSESSTHEPREVALENCEOF ANEMIAAMONGURBANANDRURAL ADOLESCENTSCHOOLGIRLSIN NELLORE"

Introduction: The term anemia from the ancient time is used for acondition that result from an inability of erythropoietin tissue to maintain a normal hemoglobin concentration on an account of inadequate supply of one or more nutrients leading to a reduction in the total circulating hemoglobin .It is a reduction in the number of RBC and hemoglobin content with a corresponding reduction in the oxygen carrying capacity of the blood .The incidence is more common in older adults and women and also common in whose nutrition is poor.

Methods: Quantitative approach descriptive research designwas done for a period of 6 weeks from 13.9.23 t0 17.10.23 among 100 adolescent school girls selected by simple random sampling technique at kasturidevi high school Dargamitta (urban area) Z.P.H.S venkatachalem (rural area) checklist based on signs and symptoms of anemia Sahlis method testing was used for Hb estimation.

Results: The prevalence of anemia among selected areas, moderate 96% and severe anemia was 4% in urban area and 32% moderate 68% severe in rural area among adolescent school girls. The overall prevalence of anemia was t value 8.683 r value 1.40 based on checklist among urban adolescent school girls,among in rural area t value 7.433

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r value 1.0 based on sahlis method estimation prevalence was more in rural area 55.84 than urban area 43.78 overall the severity of anemia was highest among rural adolescent school girls compared of urban adolescent school girls.

Conclusions: The study findings concluded that The prevalence of anemia was higher among rural girls compared to urban girls considering it to be a major health problem among the adolescent school girls in rural areas.

Keywords:, Adolescent girls, Anemia, Urban,Rural,Prevalence

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"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE."

SUBMITTED BY

Ms.P.ESTHER JOEL

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M.Sc. NURSING II YEAR

DISSERTATION SUBMITTED TO

Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA,

ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF

THE REQUIREMENT FOR THE DEGREE OF

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A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE.

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BONAFIDE CERTIFICATE

This is to certify that the dissertation titled **"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE."** Bonafide research work done by **Ms.P.ESTHER JOEL** of M Sc(N) II Year student Narayana College of Nursing, Chinthareddypalem, Nellore – 524003 and is submitted to the Dr Y S R UHS in fulfillment for the requirement of the M Sc (N)Degree

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CERTIFICATE BY PRINCIPAL

This is to certify that the dissertation titled "A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE "Bonafide research work done by Ms.P.ESTHER JOEL of M Sc(N) II Year student Narayana College of Nursing, Chinthareddypalem, Nellore – 524003, and is submitted to the Dr Y S R UHS in fulfillment for the requirement of the M.Sc (N)Degree.

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CERTIFICATE BY GUIDE

This is to certify that the dissertation entitled **"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON DENGUE FEVER AMONG WOMEN AT VENKATACHALAM, NELLORE."** is a bonafied research work done by **Ms. P.ESTHER JOEL,** M.Sc (N) II year Narayana college of nursing ,Chinthareddypalem, Nellore-524003 and is submitted to the Dr. Y.S.R University of Health Sciences in partial fulfillment for requirement of the M.Sc (N) Degree in Community Health Nursing.

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ACKNOWLEDGEMENT

I wish to acknowledge my heart full gratitude, to the lord almighty who has given the wisdom, strength, guidance, direction, shield and support throughout the endeavor of the study.

I offer note of thanks to **Dr. P. Narayana garu, Founder**, Narayana Educational society who gave opportunity to finish my master degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to **Mr. K. Puneet garu, President,** Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my heart full gratitude to **Dr. B. Vanaja Kumari, Ph.D, Principal,** Narayana College of Nursing, and Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I express my heart full gratitude to **Dr. V. Kumari, Vice Principal Narayana College of Nursing, HOD of Obstetrics and Gynecological Nursing** who supported me for successful completion of the dissertation.

I would like to express my sincere thanks to our research guide, **Dr.B.Vanaja Kumari, Ph.D, Principal,**who helped me with deep insight, guided meat every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to our research guide,

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Prof.A. Latha,M.Sc(N),PhD., Co-ordinator who helped me with deep insight, guided me at everys tepand was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to **Associate Prof. Thejovathi, HOD of Research department** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my deep sense of gratitude to all faculties of Narayana College of Nursing for their help throughout the study.

I express my heart full thanks to all type II women who had participated in the research study.

The statistical guidance always remains at the peak in any project. I acknowledge our gratitude to **Mr. Merwyn Jasper D Reuben, statistician** who helped in statistical analysis.

I express my gratitude to **Ms. Polamma, Librarian,** Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the study.

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The analogy will not complete if I do not mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

My sincere gratitude and thankfulness to myGrand parents,parents, my mother in law & father in law (Kezia &Titus) all my Well-wishers, my friends, and relatives for their help and best wishes which helped me to carryout mystudy.

(Ms.P.ESTHER JOEL)

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ABSTRACT

"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE."

INTRODUCTION:

Dengue is acutely infectious mosquito-borne disease characterized by episodes of "Saddle back" fever muscles and joint pain, accompanied by an initial erythema and terminal rash of varying morphology. It aedes mosquito an indoor vector of man. The disease is also called as break bone fever. It is characterized by abrupt onset of high fever lasting 3-7 days severe frontal headache, pain behind the eyes and muscle and joint pain. Other symptoms may include loss of appetite, nausea, vomiting and diarrhoea, blanching rash and sometimes minor bleeding (e.g. from nose and gums). The acute symptoms of dengue fever last up to 10 days. Some people may experience repeated episodes of fever. Full recovery may be slow and associated with weakness and depression.

NEEDFORSTUDY:

The world Health Organization (WHO) estimates that more than 2.5 billion people are at risk of dengue infection. the number of dengue cases reported to W.H.O increased over 8 fold over the last two decades, from 505,430 cases in 2000, to over 2.4 million in 2010, and 5.2 million in 2019. Reported death's between year 2000 and 2015 increased from 960 to 4032, affecting

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mostly younger age group. The total number of cases seemingly decreased during years 2020 and 2021, as well as for reported deaths.[7]For the past ten years, the number of dengue cases has gradually increased in 2017 india has been 11,832 cases were recorded.[7]The cases of dengue past five years 4925 in 2017, 4011 in 2018, 5286 in 2019, 925 in 2020, 4760 in 2021, 4754 in 2022,3026 in 2023 has been recorded.[8](In Nellore)the cases of dengue past five years 300 in 2017, 120 in 2018, 86 in 2019, 76 in 2020, 760 in 2021, 454 in 2022,306 in 2023 has been recorded. As per review of the investigator, the knowledge of women was poor regarding the dengue fever, so there is a need to enhance the knowledge regarding the dengue fever among women.

OBJECTIVESOF THESTUDY:

- To assess the level of knowledge about dengue fever among women.
- To compare the level of knowledge on virtual learning v/s interactive learning on dengue fever among women.
- To co-relate the level of knowledge on virtual learning v/s interactive learning on dengue fever among women.
- To find out the association on virtual learning on knowledge of dengue fever among women with their socio-demographic variables.
- To find out the association on interactive learning on knowledge of dengue fever among women with their socio-demographic variables.

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METHODOLOGY:

A quantitative research approach with comparative research design was used to a comparative study on virtual v/s interactive learning on knowledge of dengue fever among women.The sample was the women who are living in venkatachalem, Nellore. The using non-probability convenient sampling technique,used to select the samples.Socio demographic data was collected fromwomen and the data collection done by structured questionnaires on knowledge virtual v/s interactive learning on dengue fever.

RESULTS: The study results shown with relation the level of knowledge on virtual v/s interactive learning on dengue fever among women.In virtual 35(70%) gained 'B+' grade, In Interactive learning 32(64%) gained 'B+' grade, Knowledge on virtual v/s interactive learning the compare value is 10.9 and the obtained co-relation is 'r' value is 0.563.

RECOMMENDATIONS:

- The similar study can be conducted with a large number of sample in different setting.
- The study can be conducted in multiple setting such as selected area.

CONCLUSION:

In this study,virtual 35(70%) gained 'B+' grade, In Interactive learning 32(64%) gained 'B+' grade, Knowledge regarding dengue fever. These

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findings suggested extensive health education programmes were needed to bring awareness among women.so researcher need to encourage life style modification by organizing health education programmes on dengue fever. To bring down Morbidity and mortality rate.

KEY WORDS: Dengue fever, level of knowledge, Virtual and Interactive Learning.

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Date: 21.02.2023

To
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Respected Sir,

Sub: **Narayana College of Nursing** (College Code. No.145/ N009), Nellore - Submission of Dissertations of **17 (Seventeen)** M.Sc.(N) II year students 2020-21- M.Sc. (N) Part-II examination May. 2023 - Regarding.

Ref: Dr. YSRUHS. Lr. No.1323/E5/M.Sc.(N)/2023-01, dates 03.02.2023.

*****

As per the reference cited above, herewith we are submitting the Project Report Soft copies (CD- each 2) of **17 (Seventeen)** M.Sc. (N) II year students for Dr. N.T.R. University of Health Sciences, M.Sc. Nursing examination May.2023. In this connection herewith I am enclosing the students list, Demand Drafts bearing no. **514164**, dated 21.02.2023 drawn in **ICICI Bank** for **Rs. 51,000/-** towards Dissertation fee for **17 (Seventeen)** students along with filled Annexure Proforma herewith enclosed, kindly do the needful and favour.

Thanking you,

Yours faithfully,

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Encl: 1. Project Reports (2 CD each student)
2. Original D.D for (Rs.51,000/-)
3. Filled Annexure Proforma of 17 students

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ANNEXURE
PROFORMA

Name of the College: Narayana College of Nursing (N009), Nellore

M.Sc.(N) 1st & 2nd Year EXAMINATIONS

Particulars of the candidate submitting Dissertation.

Name of the candidate	Name of the Specialty	Regd. No. M.Sc.(N) 2nd Year	Name of the topic	Dissertation Fee Particulars	Remarks
A S PUSHPALATHA	Medical Surgical Nursing	20N301009001	A STUDY TO ASSESS THE EFFECTIVENESS OF PRONE POSITION IN INCREASE OXYGEN SATURATION AMONG ACUTE RESPIRATORY DISTRESS SYNDROME PATIENTS IN NMCH,NELLORE.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
B SUNITHA	Medical Surgical Nursing	20N301009002	A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON PREVENTION AND HOMECARE MANAGEMENT OF LUNG CANCER AMONG SMOKERS IN SELECTED VILLAGE, NELLORE	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
CHINTAPARTHI GIRISHA	Medical Surgical Nursing	20N301009003	"A STUDY TO ASSESS THE EFFECTIVENESS OF STEVIA POWDER IN CONTROL OF BLOOD SUGAR AMONG DIABETIC PATIENT ATTENDING DAIBETIC OUT PATIENT DEPARTMENT IN NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE."	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
LONDE HARIPRIYA	Medical Surgical Nursing	20N301009004	A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON POST HEMODIALYSIS CARE AMONG CAREGIVERS OF PATIENTS UNDERGOING HEMODIALYSIS AT NMCH, A.P	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
MADAGALAM MANASA	Medical Surgical Nursing	20N301009005	A STUDY TO ASSESS THE EFFECTIVENESS OF HOT WATER FOOT BATH THERAPHY ON QUALITY OF SLEEP AMONG ELDERLY AT NMCH, NELLORE .	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	

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Name of the candidate	Name of the Specialty	Regd. No. M.Sc.(N) 2nd Year	Name of the topic	Dissertation Fee Particulars	Remarks
ANITHA	Medical Surgical Nursing	20N301009006	A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUTCOME AMONG PATIENT WITH COPD AT NMCH , NELLORE .	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
ARAMALA MOUNIKA	Community Health Nursing	20N302009001	"A STUDY TO ASSESS THE KNOWELDGE REGARDING HOME CARE MANAGEMENT OF SELECTED CLIMATE CHANGE RELATED DISEASES AMONG NURSING STUDENTS IN SELECTED NURSING COLLEGES NELLORE, ANDHRA PRADESH."	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
ARNAPALLI RATHIBHA	Community Health Nursing	20N302009002	A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING EMERGING AND RE-EMERGING DISEASES AMONG ASHA WORKERS AT SELECTED PHCS AND SUBCENTERS IN NELLORE AP	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
REDDYPRIYA	Community Health Nursing	20N302009003	ASSESSMENT OF PERCEPTION OF NURSING STUDENTS TOWARDS UTILIZATION OF COMMUNITY HEALTH NURSING BAG AMONG STUDENTS IN SELECTED NURSING COLLEGES, NELLORE.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
URRAM KONDA HAVYA SREE	Child Health Nursing	20N303009001	A STUDY TO ASSESS THE EFFECTIVENESS OF CLUSTER CARE ON PHYSIOLOGICAL PARAMETERS AMONG PRETERM NEWBORN ADMITTED IN NICU AT NMCH, NELLORE".	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
HEELA R	Child Health Nursing	20N303009003	A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NICU AT NMCH NELLORE	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	

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Name of the candidate	Name of the Specialty	Regd. No. M.Sc.(N) 2nd Year	Name of the topic	Dissertation Fee Particulars	Remarks
K PADMAJA	Mental Health Nursing	20N304009001	"A STUDY TO ASSESS THE KNOWLEDGE ON DOCUMENTATION WHILE TAKING CARE OF MENTALLY ILL PATIENTS AMONG STAFF NURSES IN PSYCHIATRIC WARD AT SELECTED HOSPITAL, NELLORE."	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
GOLLA VELANGINI	Obstetrics & Gynecological Nursing	20N305009001	"A STUDY TO EVALUATE THE EFFECTIVENESS OF SELECTED INTERVENTION ON PAIN MANAGEMENT AMONG POSTNATAL MOTHERS WITH EPISIOTOMY AT NMCH, NELLORE."	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
KOMMA HIMAJA	Obstetrics & Gynecological Nursing	20N305009003	PRE EXPERIMENTAL STUDY TO ASSESS EFFECTIVENESS OF (BRICS)2 TEACHING ON KNOWLEDGE REGARDING PARTOGRAM AMONG IV - YEAR B.SC. NURSING STUDENTS IN SELECTED NURSING COLLEGES AT NELLORE.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
KONDETI CHAMANTHI	Obstetrics & Gynecological Nursing	20N305009004	A STUDY TO EVALUATE THE EFFECTIVENESS OF STP ON KNOWLEDGE ,ATTITUDE AND PRACTICE REGARDING MENSTRUAL DISCOMFORT AMONG ADOLESCENT GIRLS AT NARAYANA COLLEGE OF NELLORE .	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
MIGAMALA HARISHA	Obstetrics & Gynecological Nursing	20N305009005	A STUDY TO ASSESS THE EFFECTIVENESS OF DRUMSTICK LEAVES JUICE ON LEVELS OF HEMOGLOBIN AMONG ANTENATAL MOTHERS WITH ANEMIA AT NMCH, NELLORE.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
PELLURU ARUNA	Obstetrics & Gynecological Nursing	20N305009006	A STUDY TO EVALUATE THE EFFECTIVENESS OF STP ON KNOWLEDGE AND ATTITUDE REGARDING ANTENATAL CARE DUE TO COVID - 19 AMONG ANTENATAL MOTHER'S AT NMCH, NELLORE, A.P.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	

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Dr. YSR UNIVERSITY OF HEALTH SCIENCES : VIJAYAWADA - 08

ANNEXURE
PROFORMA

Name of the College: Narayana College of Nursing (N009), Nellore
M.Sc.(N) 1st & 2nd Year EXAMINATIONS

Particulars of the candidate submitting Dissertation.

Sl. No.	Name of the candidate	Name of the Specialty	Regd. No. M.Sc.(N) 2nd Year	Name of the topic	Dissertation Fee Particulars	Remarks
1.	A S PUSHPALATHA	Medical Surgical Nursing	20N301009001	A STUDY TO ASSESS THE EFFECTIVENESS OF PRONE POSITION IN INCREASE OXYGEN SATURATION AMONG ACUTE RESPIRATORY DISTRESS SYNDROME PATIENTS IN NMCH,NELLORE.	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
2.	B SUNITHA	Medical Surgical Nursing	20N301009002	A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON PREVENTION AND HOMECARE MANAGEMENT OF LUNG CANCER AMONG SMOKERS IN SELECTED VILLAGE, NELLORE	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
3.	CHINTAPARTHI SIRISHA	Medical Surgical Nursing	20N301009003	"A STUDY TO ASSESS THE EFFECTIVENESS OF STEVIA POWDER IN CONTROL OF BLOOD SUGAR AMONG DIABETIC PATIENT ATTENDING DAIBETIC OUT PATIENT DEPARTMENT IN NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE."	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
4.	KONDE HARIPRIYA	Medical Surgical Nursing	20N301009004	A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON POST HEMODIALYSIS CARE AMONG CAREGIVERS OF PATIENTS UNDERGOING HEMODIALYSIS AT NMCH, A.P	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	
5.	MADAGALAM MANASA	Medical Surgical Nursing	20N301009005	A STUDY TO ASSESS THE EFFECTIVENESS OF HOT WATER FOOT BATH THERAPHY ON QUALITY OF SLEEP AMONG ELDERLY AT NMCH, NELLORE .	Rs.3000, D.D. No. 514164, Dated 21.02.2023 ICICI Bank	

Cont 2

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"A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUTCOME AMONG PATIENTS WITH COPD AT NMCH, NELLORE".

SUBMITTED BY

T.ANITHA

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M.Sc. NURSING II YEAR

1986

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Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA, ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING,

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A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH .NELLORE

CERTIFIED THAT IS THE BONAFIED WORK OF

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CERTIFICATE

This is to certify that the dissertation titled "A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH .NELLORE". is selected by Ms.T.Anitha of M.Sc(N)II year Narayana College of Nursing, Chintharedddypalem, Nellore-524002 and is submitted to the Dr.YSRUHS in partial fulfilment of requirement for M.Sc(N) Degree.

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Signature of the Principal:

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This is to certify that the Dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH . NELLORE"** Bonafied research work done by Ms. T.Anitha of M.Sc (N) II year Narayana College of Nursing, chintharedypalem, Nellore-524002, and is submitted to the Dr. YSRUHS in fulfilment of requirement for M.Sc(N)degree.

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ACKNOWLDGEMENT

At outset, I wish to acknowledge my heart full gratitude to the lord Almighty who is the foundation of the wisdom, prudence and astuteness. God given me ample resilience, guidance exhortation and patronage throughout my study.

Momentous thanks to my beloved parents for their love, support and encouragement towards carrying this project.

I express my gratitude to the Vice Chancellor, Registrar, Director of R &D, And Registrar of Academic Section of **Dr. YSRUHS,** who gave me the golden opportunity to do this wonderful project.

With deep sense of colossal contemplate; I extend my whole hearted gratitude and deep sense of gratitude to our Founder, **Dr.P.Narayana Garu,** for giving me a great opportunity to be a part of this esteemed Institution.

I would like to express my deep sense of profound gratitude to our Chairman **Dr. Puneet, Narayana** Educational Society.

I extend my whole hearted gratitude to our propagator and harvester, Principal, Narayana college of Nursing, **Dr.Indira.S,Ph.D.** who has given

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treasured advice, herald inspiration, and highly instructive suggestions to accomplish my goal.

I thank to **Dr.V.Kumari,**Vice Principal, HOD of Obstetrics and Gynaecology Department for her great assurance of Validation of content and proper guidance throughout the research study.

I express our deep sense of gratitude to our esteemed professor and research guide. **Prof.Latha.A,M.Sc (N),** HOD of Medical Surgical Nursing department, Narayana College of Nursing, Nellore. Her unconditioned support, guidance valuable suggestions, untiring efforts, unwavering faith and co-operation has continually motivated us for the successful completion of his project. I have been extremely fortunate to have her as my guide. Her interest and endless patience and continuous encouragement has enabled me to complete this study.

I thank to **Ms.R.T.Grija Rani**, Assist. Prof, HOD of Nursing Research for her encouragement and valuable suggestion during the course of the project.

I express my grateful thanks to the HOD Statistics **Dr.Mervin,** for his valuable suggestions and co-operation towards carrying out this project

I thank **Ms. Polamma,** Librarian and Narayana Nursing College for providing good opportunities with excellent reference and journals.

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I express my sincere thanks to **Mr.P.NagendraBabu,M.tch, (Ph.D),Mrs.Sridevi** for computing the script clearly, legibly, effectively through his tremendous efforts and ideas.

I expressed my thanks to **Mr. Lakshman** computer operators Narayana College of nursing for his help in carrying out this project.

I would like to express my special thanks to Medical Superintendent, and Nursing Superintendent, Narayana Medical College Hospital for giving me permission to conduct study in Pulmonology ward.

I would like to thank my participants those who help me to conduct the study and for their precious time and valuable data.

Last but not the least, my friends who have always been there with my side. Without them, I could never had completed this Project.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS BUTEYKO BREATHING EXERCISESON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH NELLORE".

INTRODUCTION:

COPD is characterized by symptoms of breathlessness, wheeze, cough, sputum production and exercise intolerance. Breathlessness is principally an outcome of poor oxygen exchange. 235-330 million people worldwide affected by COPD in the year of 2015. And approximately 250,000-345,000 people die due to COPD. Although there is no permanent cure for COPD, the disorder can be managed by various therapies. The Buteyko method of breath is by normalizing the volume of air breathed in and out maximising oxygen exchange. The Buteyko Method, a breathing technique, has been found to be effective in individuals with who have condition of COPD patients.

THE NEEDFOR THE STUDY:

Chronic Obstructive pulmonary Disease is the third leading cause of death world wide, causing 3.23 million deaths in 2019.Nearly 90% of COPD deaths in those under 70 years of age occur in low-and middle -income

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countries. Early diagnosis and treatment, including smoking cessation support,is needed to slow the progression of symptoms and reduce flareups. COPD causes persistent and progressive respiratory symptoms, including difficulty in breathing, cough and phlegm production.

COPD in Indian studies was 4.46% in males and 2.86% in females were affected. Chronic obstructive pulmonary disease is a major cause of morbidity and mortality in India. Drug treatment alone does not optimize therapy. Pulmonary rehabilitation has been found to improve the physical efficiency of COPD patients. The benefits of pulmonary rehabilitation are improved exercise of lung capacity, reduced perceived sensitivity of breathlessness. Breathing exercises have been widely used worldwide as a non- pharmacological therapy to treat people with asthma. Breathing exercises aim is to control the symptoms of asthma and can be performed as the pap worth method, the Buteyko breathing technique, yogic breathing, deep diaphragmatic breathing or any other similar intervention that manipulates the breathing pattern.

Buteyko Breathing has been identified as a potent mechanism for reducing broncho constriction. It is suggestive of that Buteyko Breathing Exercises on Respiration outcome patients with COPD, may be a more effective pattern of breathing than natural breathing .However there are

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lack of studies and hence the need arises to measure the effects of Buteyko breathing on pulmonary function in COPD patients. This study given evidence of improving breathing pattern, improving saturation level after giving exercises.

Hence the investigator come across many patients with COPD .So the investigator interested to do this study as a part of my M.Sc(N) dissertation.

OBJECTIVES:

1. To assess the Respiration outcome among patients with COPD in experimental and control group
2. To determine the effectiveness of Buteyko Breathing Exercise on Respiration outcome among patients with COPD in experimental group
3. To find out the association between the effectiveness of Buteyko Breathing Exercise on Respiration outcome among patients with COPD, with selected socio demographic variables in experimental group and control group.

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HYPOTHESIS:

NULL HYPOTHESIS:

H_1.There is no statistically significance difference in Respiration out come with Buteyko Breathing Exercise among Patients with COPD .

H_2. There is no statistically significance association betweenthe effect of Buteyko Breathing Exercise on Respiration outcome among COPD patients with selected Socio demographic variables.

RESEARCH HYPOTHESIS:

H_1.There is a statistically significance difference in respiration out come with Buteyko Breathing Exercise among Patients with COPD .

H_2. There is a statistically significance association between the effect of Buteyko Breathing Exercise on Respiration outcome among COPD patients with selected Socio demographic variables.

METHODOLOGY:

The study was conducted in Narayana Medical College and Hospital after getting permission from institutional Ethics Committee of Narayana Medical College. Formal permission was obtained from the principal of Narayana College of Nursing, Medical superintendent of Narayana Medical College

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and Hospital, HOD of pulmonology department, incharge of Narayana Medical College and Hospital. Quasi experimental -non equalent control group design was adopted. The data was collected for 6 weeks from 08/07/2022 to 18/9/2022.

A total of 60 participants were selected by using convenience sampling technique. The samples was informed by the investigator about the nature and purpose of the study and written consent was obtained. Among 30 participants were assigned to experimental group, 30 participants to control group. The pretest was done by using modified Becker's score observational check list to assess the respiratory parameters for both experimental group and control group. The intervention was Buteyko Breathing Exercises for 6 days followup was done for 1 week ,post test was done on 7th day with the same tool to experimental group and control group. Data was tabulated, analyzed and interpreted by using descriptive and inferential statistical method according the objectives of the study.

RESULTS:

The finding of the study revealed that out of 60 participants in experimental group the pre-test17(56.7%) were Moderate Respiration outcome

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,13(43.3%) were poor Respiration outcome where as in post –test 21(70%) were normal Respiration outcome,9(30%) were moderate Respiration outcome .In control group Pre-test 20(66.7%)were moderate Respiration outcome 10(33.3%) were poor Respiration outcome where as in post test 20(66.7%), were moderate Respiration outcome ,7(23.3%) were poor Respiration outcome and 3(10%) were normal Respiration outcome. The pre test mean 13.8with SD 3.7.The post test mean 21.8 with SD 2.8.The calculated value 0.930and table value is0.86. P<0.05at the level of significance. Experimental group calculated value is greater than table value, so there is statistically significant difference on Buteyko Breathing Exercise on Respiration outcome among patients with COPD.Thus null hypothesis was rejected and research hypothesis was accepted.

CONCLUSION:

The conclusion of the study was that there was Buteyko Breathing Exercise shows the statistically significant to improved the effectiveness of Buteyko Breathing Exercise on Respiration out come among patients with COPD in experimental group as compared to the control group . The study shown 70% were normal Respiration out come out come, 30% were moderate Respiration out come.The pre test mean 13.8with SD 3.7.The post test mean 21.8 with SD 2.8.The calculated value 0.930and table value is0.86.

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P<0.05at the level of significance. Buteyko Breathing Exercise is more effective in improving the Respiratory outcome among patients with COPD, with this evidenced based practice can be implement in nursing practice to improved Respiratory outcome among COPD patients.

KEY WORDS: Buteyko Breathing Exercise, Respiration outcome, COPD

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"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NICU AT NMCH NELLORE".

SUBMITTED BY

SHEELA R

20N303009003

M.Sc. NURSING II YEAR

1986

DISSERTATION SUBMITTED TO

Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA

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THE REQUIREMENT FOR THE DEGREE OF

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"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE"

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

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BONAFIDE CERTIFICATE

This is to certify that the Dissertation entitled "A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE. is selected by Ms. R.Sheela M.Sc (N) II year Narayana College of Nursing, Chinthareddypalem, Nellore-524002 and is submitted to Dr.YSRUHS in partial fulfillment of requirement for M.Sc(N) Degree in Child Health Nursing.

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CERTIFICATE BY THE PRINCIPAL

This is to certify that the Dissertation entitled. "A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE. is selected by Ms. R.Sheela, MSc(N) II year Narayana College of Nursing, Chinthareddypalem, Nellore-524002 and is submitted to Dr. YSRUHS in partial fulfillment of requirement for MSc (N) Degree.

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CERTIFICATE BY THE GUIDE

This is to certify that the Dissertation entitled "A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE. is selected by Ms. R.Sheela, M.Sc(N). 2nd year Narayana College of Nursing, Chintharedypalem, Nellore-524002 and is submitted to Dr. YSRUHS in partial fulfillment of requirement for M.Sc(N) Degree in Child Health Nursing.

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ACKNOWLEDGEMENT

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I express my gratitude to the Vice Chancellor, Registrar, and Director of Research and development, And Joint Registrar of Academic Section of **Dr.YSR UHS**, who gave me the golden opportunity to do this wonderful project.

With deep sense of colossal contemplate; I extend my whole hearted gratitude and deep sense of gratitude to our founder, **Dr. P.NarayanaGaru**, for giving me a great opportunity to be a part of this esteemed Institution.

I would like to express my deep sense of profound gratitude to our president **Shri. PuneetKothappa,**Narayana Educational Society, for providing opportunity to conduct the study successfully.

I extend my whole hearted gratitude to our propagator and harvester, Principal, Narayana College of Nursing, **Dr. Indira.S, Ph.D.** who has given

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treasured advice, herald inspiration, and highly instructive suggestions to accomplish my goal.

I specially thank to **Mrs. P Shanmugavadivu Professor of Child Health Nursing** for her keen interest and valuable suggestions on my every stage of project made to complete study.

I thank specially to **Dr.V.Kumari**, Vice Principal,(Academic)HOD, of Obstetrics and Gynecology, Narayana College of Nursing, for her kind help and cooperation throughout the study.

I thank specially to **Mrs.VanajaKumari,**Vice Principal (admission), HOD of Community Health Nursing Department, for her kind help and cooperation throughout the study.

I thank to **Ms. R.T Girijarani,** Asst. Prof, HOD of Nursing Research for her encouragement and valuable suggestion during the course of the project.

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I express my grateful thanks to the HOD Statistics **Dr.Mervin,** for his valuable suggestions and co-operation towards carrying out this project.

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I express my sincere thanks to **Mr.P.NagendraBabu, M.Tech,(Ph.D), Mrs. Sridevi** computing the script clearly, legibly, effectively through his tremendousefforts and ideas.

Last but not least our sincere gratitude and thankfulness to all well wishers, parents, friends, relatives for their help and best wishes which helped us to carry out our study.

(Ms. R. SHEELA).

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ABSTRACT

A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE.

INTRODUCTION:

In newborns the pain is unexplainable and unavoidable during the invasive procedures. The nurse should know the feelings and behaviors of newborns during the painful procedures, by using the pain minimizing methods to control the baby and their parents. Non-pharmacological technique is easier and cost effective method to reduce the pain in newborns. So the researcher conducted this study to assess the effectiveness of swaddling technique on pain level during heel prick among newborns admitted in neonatal intensive care unit of Narayana Medical College Hospital at Nellore. A quasi experimental approach and post test only non equivalent control group design was used and conceptual framework for the study was based on Ludwig Von Bertalantly's General System Theory. The population of the study was newborn the age of 1-14 days had undergone heel prick procedures in Narayana Medical College Hospital Nellore. By using no n probability convenience sampling method the participants were

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selected and simple random method was used to assign the participants to experimental and control group with sample size of 60 randomly. Data collection tool is consist of demographic profile of the child and standardized pain assessment scale, NFCS- Neonatal Facial Coding System. The tool was given to five experts for validity. The reliability was tested (r = 0.9) using the integrator method. A pilot study was conducted to find out the feasibility to conduct the main study. Data collection procedure was conducted for six weeks. Data were analyzed by using descriptive and inferential statistics and the level of significance is 0.05. The result shows that the mean post procedure test pain score of the experimental group (4.10) significantly lower than the mean post procedure test pain score of the control group (5.93) during the procedures. The study concluded that swaddling technique was found to be very effective in reduction of pain level in newborn during the heel prick procedure.

NEED FOR THE STUDY:

Significant part of southeastern Europe (with a population of 76 million) has newborn screening programs (with heel prick) non-harmonized with developed European countries. Initial survey conducted in 2013/2014 among 11 countries.

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Swaddling is a common practice in health care setting includes neonatal intensive care unit to provide the warmth feeling for the baby as in womb. Newborns admitted in hospital are often exposed to painful interventions including blood sampling collection. Studies have shown that pain affects neural development and affects the subsequent response to painful stimuli and behavioral responds. Neonates born prematurely compromised with congenital abnormalities or with intrauterine adverse effects, typically spend the very beginning days of their life in the neonatal intensive care unit.

Swaddling has been suggested to reduce pain respond in neonates during heel prick. As swaddling is an effective non pharmacologic method help to reduce pain, researcher selected the study to assess the effectiveness of swaddling to control pain during heel prick procedure.

OBJECTIVES OF THE STUDY:

- To compare the pain level of neonates among experimental group and controlgroup during heel prick.
- To determine the effectiveness of swaddling in reducing the pain duringheel prick among experimental group neonates.
- To associate pain level of neonates with their selected socio-demographic variables.

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NULL HYPOTHESIS:

H_o1 - There will be no statistical significant difference on reducing pain level by swaddling among neonates undergoing heel prick between control group and experimental group.

H_o2 - There will be no statistical significant association with Socio demographic variables with level of pain among neonates undergoing heel prick.

RESEARCH HYPOTHESIS:

H1 - There will be a statistically significant difference on reducing level of pain by swaddling among neonates undergoing heel prick between control group and experimental group.

H2 - There will be a statistical significant association between socio demographic variables with level of pain among neonates undergoing heel prick.

METHODOLOGY

The study was conducted in Narayana Medical College hospital after getting permission from Institutional Ethics Committee of Narayana College Nursing. Formal permission was obtained from the Principal of Narayana College of Nursing, Medical Superintendent of Narayana Medical College Hospital, HOD of Pediatric department, in charge of NICU, Narayana

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Medical College and Hospital. Quantitative research approach was utilized for this study. Quasi experimental Non-equivalent control group design was adopted. The data was collected for 6 weeks from 08/07/2022 to 18/9/2022. 60 Newborn babies who were admitted in NICU who met inclusive criteria were selected by using convenience sampling technique. (6 babies who selected for pilot study were excluded in main study). A brief introduction about the investigator and the purpose of the study was explained to the parents (either mother or father). Informed consent was taken from either of the parent. 30 newborn babies undergoing needle prick procedure were assigned to experimental group, swaddling was provided, pain level was assessed during and after heel prick and 30 babies were assigned to control group, swaddling was not provided .Pain level was assessed by using neonatal facial coding system tool for all the 60 babies of both experimental and control group during and after 2 minutes of heel prick procedure. The data was collected and organized for statistical analysis.

RESULTS

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In context, all the study participants have pain score, in intra procedural pain score was mild pain(26.7%),moderate pain(66.6%),severe pain(6.7%) of newborns had in experimental group, and Mild pain(6.7%),moderate

pain(56.6%), severe pain (36.7%), of newborns had in control group. In context, post procedural pain score was mild pain (90%), moderate pain (10%) of newborns had in experimental group, and mild pain (56.7%), moderate pain (26.6%) of newborns had, severe pain(16.7%) of newborns hadin control group.

The mean and standard deviation of intra and post procedural test pain score revealed that the intra procedure mean of pain score was 4.10 with SD 1.02 in experimental group, and 5.93 with SD 1.33 in control group. The post procedure test mean of pain score was 2.03, with SD 0.76.in experimental group, and mean 2.10 with SD 0.48 The calculated value of paired' test was 7.87, and the table value was 2.05 in experimental group, and The calculated value of paired' test was 12.87 and table value was 2.05 The calculated value was more than the table value; **hence the null hypothesis was rejected, and the research hypothesis was accepted.** There was effectiveness in swaddling on management of pain level during heel prick among neonates admitted inNICU

Statistically there is no significant association of pain level with demographic variables of both experimental and control group at the level of $p < 0.05$

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RECOMENDATION:

Based on the study results, the investigator recommended that study can be conducted for a large group among different age groups of children, A study can be done to assess the knowledge, attitude and practice of non pharmacological management of pain among the staff nurses in the pediatric setting of the hospital. A similar kind of study can be conducted for children who had post operative pain

CONCLUSION:

Thus the research study concludes 2.03 pain score in experimental, group 3.10 pain score in control group that the newborns who received the swaddling technique during the heel prick procedure experienced less pain than the control group.

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"A STUDY TO ASSESS THE EFFCTIVENESS OF PROGRESSIVE MUSCLE RELAXATION VERSES ORAL INTAKE OF GINGER POWDER ON SELECTED SYMPTOMS OF DYSMENORRHOEA AMONG ADOLESCENT NURSING STUDENTS IN NARAYANA COLLEGE OF NURSING ,NELLORE, ANDHRAPRADESH".

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"A STUDY TO ASSESS THE EFFCTIVENESS OF PROGRESSIVE MUSCLE RELAXATION VERSES ORAL INTAKE OF GINGER POWDER ON SELECTED SYMPTOMS OF DYSMENORRHOEA AMONG ADOLESCENT NURSING STUDENTS IN NARAYANA COLLEGE OF NURSING ,NELLORE, ANDHRAPRADESH

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"I praise and thank God and my parents for their abundant blessings, constant love and guidance".

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I express my deep sense of gratitude to IEC members who gave opportunity to conduct the research study

I offer note of thanks to **Dr. P.Narayana, Founder**, Narayana Educational society who gave opportunity to finish my master degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to **Mr.K.Puneet, Chairman,**Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my heartfull gratitude to **Prof. Dr. Indira.S, M.Sc. (N), Ph.D, Principal,** Narayana College of Nursing, Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

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I express my heartful gratitude to **Prof. V. Jayanthi, Principal,Sree Narayana Nursing College,** HOD of **Obstetrics and Gynecological Nursing** who supported me for successful completion of the dissertation.

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The statistical guidance always remains at the peak in any project. I acknowledge our gratitude to **Mr.Merwyn Jasper D Reuben, statistician** who helped in statistical analysis.

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I express my gratitude to **Mrs.Ujwala, Librarian** and faculty of library, Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the study.

I express my heartful thanks to all adolescent girls who had participated in the research study.

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The analogy will not complete if i don't mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

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Last but not the least, my sincere gratitude and thankfulness to my parents, Mr.B.Chinnaiah and Mrs.B.Vani, my husband Mr.Durga Prasad, all well wishers, my friends, A.Sravanthi, P.Betty, SK.Asma, Litesh & relatives for their help and best wishes which helped us to carry out my study.

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ABSTRACT

STATEMENT OF THE PROBLEM:

"A Study To Assess The Effectiveness Of Progressive Muscle Relaxation Verses Oral Intake Of Ginger Powder On Selected Symptoms Of Dysmenorrhoea Among Adolescent Nursing Students In Narayana College Of Nursing ,Nellore"

OBJECTIVES:

- To determine the symptoms of dysmenorrhoea among adolescent Nursing Students.
- To evaluate the effectiveness of progressive muscle relaxation on symptoms of dysmenorrhoea among adolescent Nursing Students.
- To evaluate the effectiveness of ginger powder on symptoms of dysmenorrhoea among adolescent Nursing Students.
- To find the difference between the effectiveness of progressive muscle relaxation and ginger powder on symptoms of dysmenorrhoea among adolescent Nursing Students.
- To find the Association between effect of ginger powder on symptoms of dysmenorrhoea symptoms of with selected socio demographic & clinical variables among adolescent Nursing Students .

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- To find the Association between effect of progressive muscle relaxation on symptoms of dysmenorrhoea with selected socio demographic & clinical variables among adolescent Nursing Students

METHODOLOGY:

A quantitative research approach was utilized to assess the symptoms of dysmenorrhoea. The research design which was choOsen as most appropriate method for this study was quasi experimental two group pre test and post test design. After obtaining formal written permission from concerned authority,data collection was done from 06/03/21 to 14/04/21. 60 participants were selected by using Simple random sampling technique with lottery method. Data collection was carried out for 6 weeks, 2 participants Per day,10 participants Per week and 5 days in a week. The time spent for data collection in each participant was 30-45 minutes in Narayana College of Nursing, Nellore. Data collection tool consisting of socio demographic variables and Four point rating scale, Visual Analog Scale to assess the symptoms of dysmenorrhoea.The data was collected, analysed and interpreted by using descriptive and inferential statistical methods.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES IN NMCH, NELLORE".

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This is certify that the dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES NELLORE"** is a bonafied research work done by Ms. D.BHANU PRIYA of M.Sc. (N) II year Narayana College of Nursing, Chinthareddypalem, Nellore-524003, and is submitted to the Dr. NTR University of Health Sciences in partial fulfillment for requirement of the M.Sc.(N) Degree in Medical Surgical Nursing.

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TO THE PILLER OF MY LIFE

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I extend a note of thanks to **Dr. Narayana, Founder, Narayana Educational society** who gave this opportunity to finish my Master Degree in successfully with his blossoms of blessings.

I express my sincere thanks to **Mr. K. Puneeth, Chairman and Dr. P. Sindhu, Executive Director** and Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my cavernous gratitude to **Dr. Indira. S. PhD, Principal, Narayana College of Nursing, Nellore,** who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

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I express my whole hearted thanks to all experts in **Narayana college of nursing,** who have validated competency program on CPR and conducted with their judgment, constructive criticism and enlightening suggestions.

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I privileged to thank director, medical superintendent, nursing superintendent, nursing supervisors of Narayana medical college and hospital, Nellore, for giving me permission to conduct study.

I statistical guidance always remains at the peak in any research project. When it comes to the quantum of help extended by **Dr. MerwynJasper D Ruben**, statistician, I have abundant gratitude for providing extensive statistical assistance to me in this research project.

I express my gratitude to **MIS.SRUTHI, Librarian,** Narayana college of Nursing, for her cooperation in enabling me to collect literature of the research study.

My sincere thanks to **Mr. P. Nagendra** who helped me in binding the research study.I express my gratitude to Mrs.Sridevi who helped me in type work and suggestions.

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friend Miss.J.Vandana mark, Mr.Ashok for their constant love, motivation, emotional support throughout the study.

Last but not least my sincere gratitude and thankfulness to all well-wishers, friends and relatives for their help and best wishes which helped me to carry out my study.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES IN NMCH,NELLORE".

INTRODUCTION:

CPR cardiopulmonary resuscitation is an evolving lifesaving technique of modern medicine that comprises a series of lifesaving actions that improve the survival rates. Skills need to be used or practiced maintaining competency, and the ability to perform CPR is no exception. Yet nurses in many clinical settings rarely use their CPR skills and may only practice them at the time of course completion typically everyone to two years.

Objectives of study:

1. To assess the knowledge regarding CPR among staff nurses.
2. To find out the effectiveness of competency programmer on CPR among staff nurses.
3. To find the association between the competency programmer on CPR among staff nurses with their selected socio-demographic variables.

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METHODOLOGY: A Quantitative research approach, quasi experimental one group pre testpost test design was used to assess the effectiveness of competency programme on CPR among Staff nurses at NMCH, Nellore". 60 participants were selected by using nonprobability convenience sampling technique. The researcher provided competency programme to staff nurses working in general wards and ICUS on CPR. Post test was conducted and each sample.

RESULT: The result of this study reveals that the competency programme has effective on CPR among staff nurses.

In Pre-test majority of samples 54 (90%) possess D grade where as in post – test 25 (42%) possess A+ grade.

Through the competency programme on CPR in pre test majority of sample 54 (90%) possess had average skill, in post test 56 (90%)possess had very good skill.

There was a significant association between the competency programme regarding CPR among staff nurses with age, educational status, designation, total years of experience, and area of experience.

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CONCLUSION:

The conclusion drawn from the study was that by providing a competency programme on CPR shows the statistically significant of improved nurse knowledge and skills on CPR among the staff nurses working in ICU and general wards, with this evidence based practice it can be implemented in nursing practice to improve the level of practice on steps of CPR.

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"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWELDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE".

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CERTIFICATE BY GUIDE

This is to certify that the dissertation entitled **"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWELDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE."** is a bonafied research work done by Ms. KARETI.ASWINI M.Sc (N) II year and is submitted to the partial fulfilment for the requirement of the M.Sc (N) degree in Obstetrics and gynecological Nursing.

Date : 12/08/2020

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ACKNOWLEDGEMENT

I wish to acknowledge my heartfelt gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield & support throughout the endeavor of the study.

I am thankful & grateful to **Government of Andhrapradesh**, for providing an opportunity for further academic qualification.

I offer note of thanks to **Dr. Narayana, phD, Chairman,** Narayana educational society, who gave this opportunity to pursue my master degree successfully with blossom of blessing.

I offer note of thanks to **Mr. K. Puneeth, chairman, Dr. P.Sindu Executive director** of Narayana institutions, for providing this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my deep senses of heartfelt gratitude to the administrator of her excellence **Dr. Indira. S. M.sc (N), PhD, principal**, Narayana Nursing Institutions, Nellore, who had helped me with her expert guidance, encouragement & support & was greatly instrumental in completing the present study.

I would like to express my sincere thanks to my beloved Guru

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Dr. Rajeswari, MSc (N), PhD, Vice principal, HOD Mental health nursing who helped me with deep insight, guidance at every step and was a source of constant encouragement and support.

I would like to express my sincere thanks to my beloved guru and Research guide **As Mrs. Viji HOD, Department of Obstetrics and gynecological nursing** for her unconditional support, together with unwavering trust and confidence in me has motivated me for the successful completion of this dissertation.

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I Would like to express my sincere thanks to **Mrs. B. Vanajakumari, HOD CET department** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my whole hearted thanks to all the experts in **Narayana College of Nursing**, Nellore, who have validated the agility exercises on knee health status on osteoarthritis and contributed with their judgment, constructive criticism and enlightening suggestions.

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The statistical guidance always remains at the peak in any project. When it comes to the quantum of help extended by **Dr. A. Merwyn jasper D Reuban**, statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project.

I privileged to thank director, medical superintendent, nursing superintendent, nursing supervisors of Narayana medical college and hospital, Nellore, for giving me permission to conduct study

I express my gratitude to **Mrs. T.Ujwala**, librarian and faculty of library, Narayana College of Nursing, Nellore, for their co- operation in enabling me to collect literature of the research study.

My whole hearted gratitude to my father **Mr.K.VENKATARATNAM,** mother **Mrs. SARADA** and my beloved family member **Ms.BHAVANA** who supported me in all the matters and provided their assistance and moral support throughout the study.

My sincere thanks to **Mr. P. Nagendra,** who helped me in binding the research study.

I pay gratitude to **Mrs. Malathi**, for editing the manuscript in English

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I express my heart full thanks to samples, who had participated in the study.

The analogy will not complete if we doesn't mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

Last but not least our sincere gratitude and thankfulness to all well wishers, friends, relatives for their help and best wishes which helped us to carry out our study.

(KARETI.ASWINI)

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDÉO ASSISTED TEACHING ON KNOWELDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE,

INTRODUCTION:

Antenatal care is systemic supervision (examination and advice) of a women during pregnancy is called Antenatal care. The supervision is regular and periodic in nature according to the need of the individual, prenatal care is the care in continuum that starts before pregnancy and ends at delivery and the post partum period

Aim of antenatal care is to educate about physiology of pregnancy, provide ongoing pregnancy preventive health care, screen the high risk, entire risk assessment, prevent or detect and treat at earliest any complication and motivate couple about the need of family planning.

Safe motherhood means ensuring that all pregnant women have access to the information and services they need to go safely through pregnancy and childbirth. It includes education on safe motherhood, prenatal care (care during pregnancy) and counseling with focus on high risk pregnancies, promotion of maternal nutrition, adequate delivery

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assistance in all cases, provisions for obstetric emergencies including referral services for pregnancy, childbirth and abortion complications and postnatal care (care after child birth).

Safe Motherhood program commenced in the year 1997.[4] Safe motherhood are Common Causes of Maternal death, Antenatal care, Physical Examination, Nutrition in pregnancy, Rest and Sleep, Personal hygiene, Sex hygiene in pregnancy, birth preparedness and complication rediness. The woman can avail round "o" clock(24 hours) Primary Health Care services if she has not any of the following conditions, Identification of transportation facilities, Preparedness for blood donation and Postpartum clinic.

Safe motherhood ensures that all women have access to the information and services they need to go safely through pregnancy and child birth and also includes to reduce maternal mortality rate and neonatal mortality rate.

NEED FOR THE STUDY:

According to **WHO** (2018) it is estimated that 3,03,000 women died from pregnancy related causes, 2.7 million babies died during the first 28 days of life and 2.6 million babies were still born. Quality health care during pregnancy and child birth can prevent many for these deaths, yet

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globally only 64% of women receive antenatal (prenatal) care four or more times through out their pregnancy.

OBJECTIVES

- To identify the knowledge on aspects of safe motherhood among primi mothers.
- To evaluate the effectiveness of video assisted teaching on aspects of safe motherhood among primi mothers.
- To find the association between effectiveness of video assisted teaching on safe motherhood with selected demographic variables of primi mothers.

HYPOTHESES:

RESEARCH HYPOTHESIS:

- **H_1:** The mean post test knowledge of primi mothers regarding the safe motherhood will be statistically significantly differ from the pre test knowledge after administration of video assisted teaching programme.
- **H_2:** There will be statistically significant association between post test knowledge score with selected demographic variables of primi mothers.

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NULL HYPOTHESIS:

- **Ho_1:** The mean post test knowledge of primi mothers regarding the safe motherhood will not be statistically significantly differ from the pre test knowledge after administration of video assisted teaching programme.

- **Ho_2:** There will be statistically no significant association between post test knowledge score with selected demographic variables of primi mothers.

METHODOLOGY: A quantitative research approach was utilized to assess the knowledge on safe motherhood. The research design adopted for this study was Quasi experimental research design. After obtaining formal written permission from concerned authority, data collection was started according the given time in Obstetrics and gynecological OPD & IPD at Narayana Medical College & hospital. 60 participants were selected by using Simple random sampling technique. 30 participants allowed to experimental group and 30 participants allowed to control group. Pre test was conducted , then administered video assisted teaching to experimental group and routine care was given to control group. After 7 days post test was conducted with same structured questionnaire. Data was analyzed and tabulated according to the objectives and hypothesis of the study.

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RESULTS:

In experimental group the pre test mean is 16.90 with SD 4.242 and the post test mean is 33.5 with SD 4.006 and The calculated value of paired 't' test is 15.488 and table value is 14.34, in the pretest $P<0.05$ at the level of significance The calculated value is more than the table value; so the null hypothesis 1 is rejected and research hypothesis 1 is accepted.

In control group the pre test mean is 16.8 with SD 3.259. The post test mean is 23.3 with SD 7.585. The calculated value of paired' test is 3.853 and table value is 7.82 at the $p<0.05$ level of significance. The calculated value is less than the table value; so the null hypothesis 1 is accepted and research hypothesis 1 is rejected.

Association of Post test values of Experimental group and control group

- Pertaining to age in experimental group, 12 (40%) are between 20 – 25 years, where as in control group, 12 (40%) are between 20 – 25 years.

- Regard to education in experimental group, 11(37%) have secondary education, In control group, 11 (37%) have no formal education.
- With context to occupation, in experimental group, 09 (30%) were home makers, In control group 11(37%) were home makers.

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- Related to monthly family income in experimental group 12(40%) was earning income Rs.5,001 – 10,000/-. In control group 14(46%) was earning income Rs. 10,001 – 15,000/-.
- With context to experimental group 17(57%) lives in rural area. In control group 18(60%) lives in rural area.
- Related to family type in experimental group 08(27%) lives in joint family, In control group 18(60%) lives in nuclear family,
- With context to dietary pattern in experimental group, 16(53%) were non-vegetarian,. In control group, 18(60%) were non-vegetarian,
- Concern to source of information in experimental group 15(50%) get information from health professionals. In control group 10(33%) get information from health professionals.

CONCLUSION: The findings of the study shows that post test level of knowledge in experimental group 10(33%) had A+ grade (Excellent) knowledge and in control group 11(36%) had D grade (poor) knowledge. In experimental group the post test mean is 33.5 with SD 4.006. In control group the post test mean is 23.3 with SD 7.585. The calculated value of unpaired 't' test is 6.491 and table value is 0.250 $P<0.05$ at the level of significance. Hence the study concluded that video assisted teaching was effective in improving the knowledge level of safe motherhood among primi mothers.

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"A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE".

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Dr. NTR UNIVERSITY HEALTH SCIENCES, VIJAYAWADA, ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING,

JUNE - 2020.

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"A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE"

CERTIFIED THAT THIS IS THE BONAFIED WORK OF

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Date: 12/08/2020

Place: Nellore

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The statistical guidance always remains at the peak in any project. When it comes to the quantum of help extended by

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Dr.Merwyn Jasper D Ruben, statistician.I have abundant gratitude for providing extensive statistical assistance to me in this research project

I express my gratitude to **Mrs. Ujvala, Librarian** and faculty of library, **Narayana** College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the research study.

My sincere thanks to **Mr. P. Nagendra Babu**, who helped me in binding the research study.

My whole hearted gratitude to my father Mr. **Subbaraoyadav**, mother Mrs. Vijayanirmal yadav and my beloved brother Nagamalleswaraoyadav&, my friends for their constant love, motivation, emotional support throughout the study.

Last but not least my sincere gratitude and thankfulness to well wishers, friends, and relatives for their help and best wishes which helped me to carry out my study.

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ABSTRACT

"A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE"

INTRODUCTION:

Breast milk has been traditional food for new- born babies for centuries. It fulfils not only the physical need for optimum growth but also enhances emotional and intellectual development. It protects the baby from infections from infancy and from other disease in adulthood. Breast milk contains an ideal balance of nutrients for the complete growth of body and brain, more than a food it is a multipurpose medicine, rich in anti-infective factors which protect the baby.

Growth in the first year of life crucial not just for the time being but it has a lifelong implication for low birth weight infant because it gets an opportunity to recover it is growth deficit of intrauterine life in this period and to catch up with its normal birth weight siblings

NEED FOR THE STUDY

A study conducted on breast-fed children score higher on tests of cognitive function than do formula-fed children, some investigators have suggested that these differences are related to confounding covariables such as socioeconomic status or maternal education. This adjusted

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difference was significant and homogeneous. Significantly higher levels of cognitive function were seen in breast-fed than in formula-fed children at 6–23 months of age and these differences were stable across successive ages. Low-birth-weight infants showed larger differences than did normal-birth-weight infants suggesting that premature infants derive more benefits in cognitive development from breast milk than do full-term infants. Finally, the cognitive developmental benefits of breast-feeding increased with duration.

OBJECTIVES:

1. To assess the growth and development of breastfeed and non-breast feed low birth weight babies.
2. To correlate the breast feed and non-breast feed babies on growth and development among low birth weight babies.
3. To find out the association between the effect of breast feed babies vs non-breast feed babies on growth and development among low birth weight babies.

METHODOLOGY:

A Quantitative Research approach, descriptive research design was used. After obtaining formal written permission from concerned authority, data collection was started from 13-2-20 to 17-3-20 in NICU at Narayana Medical College & Hospital, Nellore. The purpose and nature of the study was explain to mothers of low birth weight babies. 60 neonate was

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selected by using purposive sampling technique. Neonates were divided into two groups on the basis of the type of feeding 30 were belongs to breast feed low birth weight babies and 30 were belongs to non-breastfeed low birth weight babies. Weight of the neonate was measured by digital weighing scale and length is measured by infantometer, head circumference and chest circumference was measured by using inch tape. Development was assessed by using Brazalton neurobehavioral development scale. Data was analysed and tabulated according to the objectives and hypothesis of the study.

RESULT:

The study results shows that effect of breast feed than the non-breast feed babies on growth and development. In regard to weight in breastfed babies,7(23.3%) were had poor growth, 9(30%) were had average growth, 9(30%) were had above average growth, 5(16.7%) were had adequate growth where as in non-breast feed babies 13(43.3%) were had poor growth, 9(30%) were had average growth, 6(20%) were above average growth and 2(6.7%) were adequate growth.

Related to neurobehavioural development among low birth weight babies of breastfeed babies is17(56.7%) 13(43%) had some response and 13(43%) had delayed response. Where as in non-breast feed babies 21(70%) had some response and 9(30%) had delayed response.

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The results shows that the mean and standard deviation of growth of breast feed and non-breast feed low birth weight babies is mean and SD is significant than the non-breast feed babies. The breast feed babies mean score is 32452.1 with SD is 3861.9.The non-breast feed babies mean is 29932.3 with SD is 5374.5 the non-breast feed low birth weight babies.

The results shows that themean and standard deviation effect of growth of breast feed and non-breastfeed scores among low birth weight babies. The breast feed growth mean score is 32452.1 with SD 3861.9. The non-breastfeed mean score is 29932.3 with SD 5374.5. The calculated value of paired 't' test is 77.6.Where as in breast feed development mean score is 23.2 with SD 4.1. The non-breastfeed mean score is 20.0 with SD 3.8. The calculated paired 't' test value is 65.5 and table value is 0.05. so the breast feed babies are more effective in growth and development than the non-breastfeed babies of low birth weight babies.

Correlation between the effect of breast versus non breast feed babies on growth and development .The values of correlation coefficient on growth is 0.1401 and table value is 0.349 and non-breast feed correlation coefficient is 0.0356 and table value is 0.349. Thevalue of correlation coefficient on development for breast feed is 0.1401 and table value is 0.349 and non-breast feed correlation coefficientis -

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0.178and table value is 0.349. So there is moderately positive correlation between the growth and development of breast feed vs non-breast feed babies. Hence breast feed is effective than non-breastfeed. Association between the effect of breastfeed and non- breast feed on growth and development among low birth weight babies with selected socio demographic variables such as age, gender, weight, height, gestational weeks ,birth order , APGAR score, head circumference, and chest circumference statistically significant at the level of<0.05

CONCLUSION

The conclusion drawn from the study was that there was a statistically significant improvement on growth and development on breastfeed low birth weight babies than the non-breastfeed low birth weight babies. Due to presence of breast milk contents, feeding patterns, amount of feed, latching of the baby, the fulfilments of hunger of the baby will affect the growth and development on the breast feed and non-breast feed babies of low birth weight babies. The neuro behavioural development is statistically significant improvement of reflex, social interaction and motor system development seen on breast feed babies than the non-breast feed babies among low birth weight babies.

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RESULT:

The calculated value of independent 't' test was 1.998 and table value was 1.699. The study shows that there is statistically significant reduction of symptoms among adolescents in oral ginger powder group compared to progressive muscle relaxation group.

CONCLUSION:

The conclusion drawn from the study was that there was significant reduction on dysmenorrhea symptoms with the intake of oral ginger powder compared to progressive muscle relaxation technique. This shows administration of ginger powder is more effective than progressive muscle relaxation technique for managing the symptoms of dysmenorrhea. Thus educating adolescent girls and providing them proper information on advantages of oral intake of ginger powder and progressive muscle relaxation can help them to be relieved of pain and discomfort at the time of menstruation.

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Doctor of Philosophy (Ph. D.)

in

Nursing

on

Elizabeth Jasmine

in recognition of fulfillment of the requirements for the said degree in accordance with the provisions of the UGC (Minimum Standards and Procedure for Award of Ph. D. Degree) Regulation 2009.

Research Topic: **"A STUDY TO ASSESS THE EFFECTIVENESS OF SIM ON KNOWLEDGE REGARDING FETAL DEVELOPMENT AMONG ANTENATAL MOTHERS IN SELECTED HOSPITALS, NELLORE."**

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This is certified that **Ms. Elizabeth Jasmine S** Do **Sh. Sadasivan M** registered as Ph.D. Scholar in the Faculty of **Nursing** on the research topic of " **A STUDY TO ASSESS THE EFFECTIVENESS OF SIM ON KNOWLEDGE REGARDING FETAL DEVELOPMENT AMONG ANTENATAL MOTHERS IN SELECTED HOSPITALS, NELLORE** ", has successfully completed all the requirements for the Award of degree of the **Doctor of Philosophy in Nursing**, in accordance with the provisions of the UGC (Minimum Standards and Procedure for award of Ph.D. Degree) Regulation 2009.

Her thesis on aforesaid topic has been accepted by the University on the recommendation of Ph.D. Viva-Voce Board, examination held on **06.08.2021**.

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Vijayawada

Date: 29.05.2024.

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CONTROLLER OF EXAMINATIONS

30/5/24

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Characters	58,975
Lines	2,413

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Statement of the problem:

"A STUDY TO ASSESS THE KNOWLEDGE REGARDING MOSQUITO BREEDING CONTROL MEASURES AMONG RURAL POPULATION IN VENKATACHALAM AT NELLORE."

SCHOLAR NAME : **MS.S.RAJESWARI**

II M.Sc.(N)

Reg.No : **21N302009004**

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Date: FEBRUARY.14.2024
Time :5.00 PM

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Card No:TN0198211

Words Statistics

Words	14805
Characters	67,004
Lines	4,413

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Statement of the problem:

"A STUDY TO ASSESS THE EFFECTIVENESS OF PEDAGOGY ON KNOWLEDGE AND PRACTICE ABOUT EATING PATTERN AMONG CKD PATIENTS IN SELECTED HOSPITALS NMCH, NELLORE".

SCHOLAR NAME : **Ms.T.NIKHITHA**

II M.Sc.(N)

Reg.No : **21N301009003**

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Card No:TN0198211

Words Statistics

Words	14,321
Characters	78,975
Lines	3,143

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Statement of the problem:

"A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING ADHERENCE OF DRUG AND DIET AMONG TYPE II DIABETIC PATIENTS IN NARAYANA MEDICAL COLLEGE HOSPITAL AT NELLORE."

SCHOLAR NAME : **Ms. K. NEELIMA RANI**

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Words	14805
Characters	57,004
Lines	2,413

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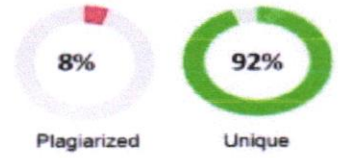

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Statement of the problem:

"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF ANEMIA AMONG URBAN AND RURAL ADOLESCENT SCHOOL GIRLS IN NELLORE."

SCHOLAR NAME : **Ms.B.NANDESWARI**

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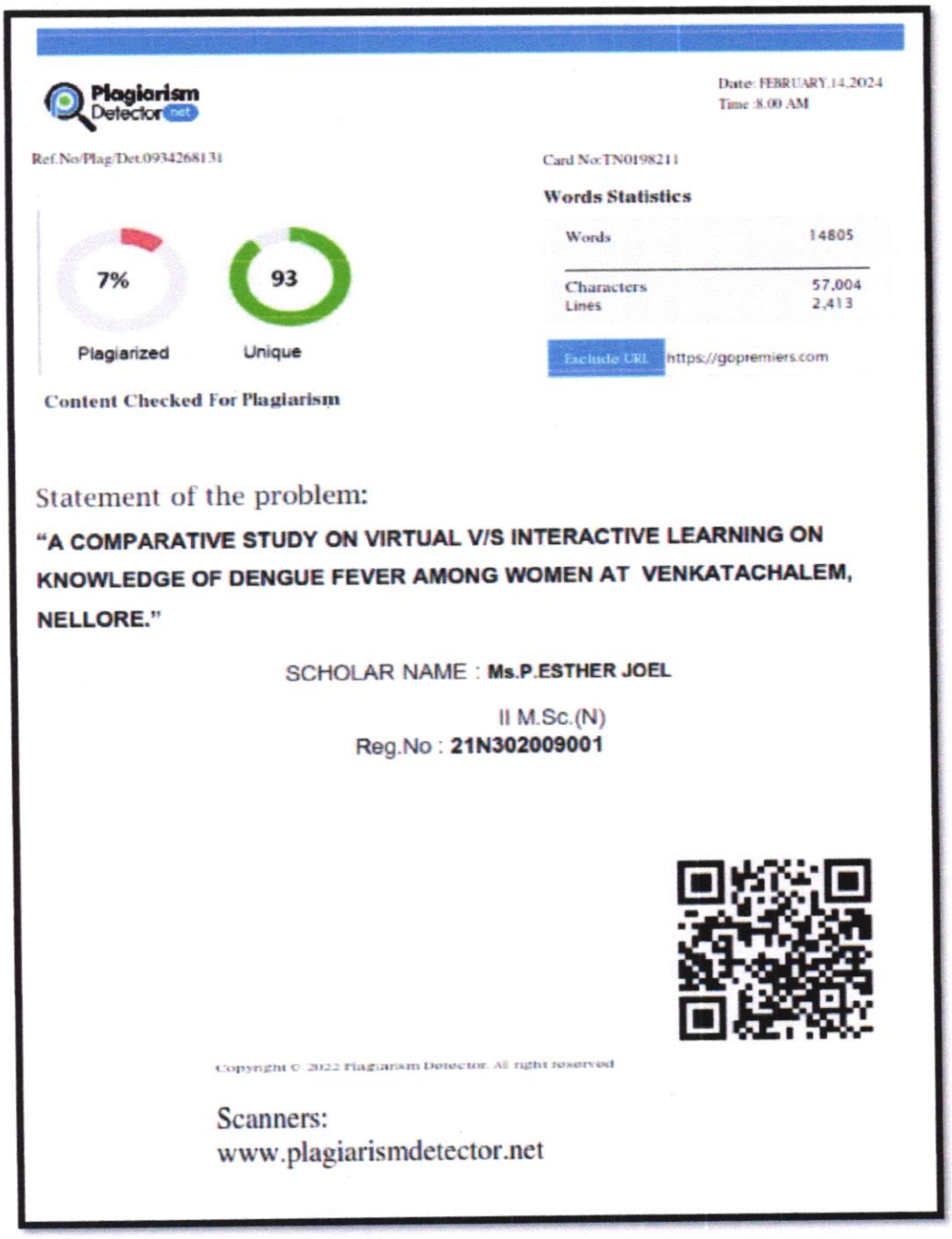

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Characters	57,004
Lines	2,413

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Statement of the problem:

"A COMPARATIVE STUDY ON VIRTUAL V/S INTERACTIVE LEARNING ON KNOWLEDGE OF DENGUE FEVER AMONG WOMEN AT VENKATACHALEM, NELLORE."

SCHOLAR NAME : **Ms.P.ESTHER JOEL**

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Card No:TR015688

Plagiarism Scan Report

Words Statistics

Words	17368
Characters	85788
Lines	2578

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Statement of the problem:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF SELECTED INTERVENTION ON PAIN MANAGEMENT AMONG POSTNATAL MOTHERS WITH EPISIOTOMY AT NMCH NELLORE."

SCHOLAR NAME : **Ms. G.Velangini**
IV M.Sc.(N)
College : Narayana College of Nursing
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Words Statistics

Words	18356
Characters	9457
Lines	2578

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Statement of the problem:

"A STUDY TO ASSESS THE KNOWLEDGEON PREVENTION AND HOMECARE MANAGEMENT OF LUNG CANCER AMONG SMOKERS AT SELECTED VILLEGES AT NELLORE"

SCHOLAR NAME : **Ms. B.SUNITHA**

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Words	17356
Characters	85788
Lines	2578

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Statement of the problem:

ASSESSMENT OF PERCEPTION OF NURSING STUDENTS TOWARDS UTILIZATION OF COMMUNITY HEALTH NURSING BAG AMONG STUDENTS IN SELECTED NURSING COLLEGES, NELLORE.

SCHOLAR NAME : **Ms. R.Reddypriya**
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Words Statistics

Words	17356
Characters	99457
Lines	2578

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Statement of the problem:

"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE."

SCHOLAR NAME : **Ms. R.SHEELA**

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Characters	99457
Lines	2578

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Statement of the problem:

" A Study to Asses the effectivness of Prone Position in incerasing oxygen Saturation among ARDS Patients at NMHC Nellore."

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Characters	95788
Lines	2578

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Statement of the problem:

"A STUDYTO ASSESS THE EFFECTIVESNESS OF PLANNED TEACHING PROGRAMME ON KNOWLDGE REGARDING EMERGING AND RE-EMERGING DISEASES AMONG ASHA WORKERS WORKING IN SELECTED PHCS AND SUBCENTERS IN, NELLORE , A.P."

SCHOLAR NAME : Ms. Prathibha
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College : Narayana College of Nursing
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Wordcount: 13650
Charactercount: 74010

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Characters	85788
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A STUDY TO ASSESS THE EFFECTIVENESS OF HOT WATER FOOT BATH THERAPY ON QUALITY OF SLEEP AMONG ELDERLY AT NARAYANA MEDICAL COLLEGE AND HOSPITAL , NELLORE".

SCHOLAR NAME : **Ms. M.Manasa**
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Words Statistics

Words	17356
Characters	99457
Lines	2578

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Statement of the problem:

"AN EXPERIMENTAL STUDY TO ASSESS EFFECTIVENESS OF KNOWLEDGE ON PARTOGRAM AMONG IV year B.Sc.(N)STUDENTS AT SELECTED NURSING COLLEGES, NELLORE."

SCHOLAR NAME : **Ms. K.HIMAJA**

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Lines	2578

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Statement of the problem:

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Characters	99457
Lines	2762

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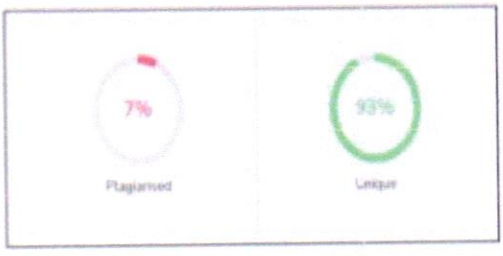

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"A STUDY TO ASSESS THE KNOWLEDGE ON DOCUMENTATION WHILE TAKING CARE OF MENTALLY ILL PATIENTS AMONG STAFF NURSES IN PSYCHIATRIC WARD AT SELECTED HOSPITAL, NELLORE."

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Words	18356
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Lines	2578

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Statement of the problem:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF 'STP' ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING MENSTRUAL DISCOMFORT AMONG ADOLESCENT GIRL'S AT NARAYANA COLLEGE OF NURSING,NELLORE".

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Lines	2578

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Statement of the problem:

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SCHOLAR NAME : **Ms. T.ARUNA**
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Statement of the problem:

'A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH .NELLORE".

SCHOLAR NAME : **Ms. T.ANITHA**

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Hypertension is a habitual condition of concern due to its life in the occasion of coronary heart ill. Hypertension is a systolic blood pressure of 140 mm of Hg (or) fresh and a diastolic blood pressure of minor than 90 mm of Hg. It's one of the major pitfall factors of cardiovascular mortality, which accounts for 20-50 per all deaths. The types of Hypertension are primary and secondary. Hypertension is classified as " essential " when the causes are generally unknown. Essential hypertension is the top frequency form of hypertension rationale for 90 percent of all cases of hypertension1. Hypertension is called as a silent killer because people who have Hypertension are hourly symptoms free. According to World Health Organization (WHO) 2019, an estimated1.13 billion people worldwide have Hypertension, top (two-thirds) living in low and middle- income countries. Hypertension is a major cause of unseasonable death worldwide. One of the global targets for transmittable illnesses is to reduce the frequency of Hypertension by 25 by 20252.
Peril factors of hypertension are smoking, dyslipidemia, diabetes, crabbed renal functions, fleshiness, physical inactivity, age (> 55 bits for men,> 65 bits for women), family history of cardiovascular distemper, atherosclerotic heart distemper, metabolic development, a sedentary life, and obstructive sleep apnea. The frequency is high in persons who have other cardiovascular conditions, including heart failure, coronary pike distemper, and stroke.2
The clinical icon of hypertension are severe headache, fatigue, confusion, vision problems, case pain, difficulty breathing, irregular nanosecond, blood in the urine. Retinal changes ditto as hemorrhages, exudates .(fluid accumulation), arteriolar narrowing, cotton fleece spots, severe hypertension papilledema2.
Complication of hypertension is Atherosclerosis, aneurysms, hematuria, uremia, pulmonary edema, myocardial infarction, left ventricular hypertrophy, hemorrhage, seizures, vascular aberration, papilledema.. Delving of hypertension are blood urea, electrolytes, creatinine, blood glucose, serum aggregate and HDL cholesterol2.

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Communication in health care is vital for transferring patient clinical information. It's important between babysitters throughout the continuum of care1. Babysitter bedside report administered on the unit is one strategy to amend patient safety children. Nursing bedside report makes both the coming and boon staff babysitters to assess the cases, examine for any patient safety debts, and allows the cases to be a part of their plan of care5. Hourly bedside reporting might be the first time the coming babysitter will have a chance to meet the case depending on the babysitter's case cargo and case delicacy. Staffing can be a challenge for legion health care organizations2.
The communication was used at change of shift between frontline babysitters, with cominginter-professional commission, effective associations with cases and family members with the ultimate bourne of amending multiple aspects of infirmary quality and safety5. Babysitter shift changes challenge the successful transfer of information between babysitters to forestall adverse events and medical debts. Cases can play a capacity to make sure these transitions in care are safe and effective3.
Communication, is extremely important for cinching that the handoff is safe and effective. Case and family engagement generate an medium where cases, families, clinicians, and sanatorium staff all work together as mates to help the quality and safety of sanatorium care4. Case and family engagement encompass behaviours by cases, family members, clinicians, and sanatorium staff as well the organizational methodologies and procedures that support these behaviours. Shift report is a clinical communication of engaging cases and families as essential mates in the health care team5. Allowing the case and family to be involved in nursemaid bedside shift report gives them the opening to hear what has did throughout the shift and the following route in their care. It also gives them the chance to ask questions and give input into the care process. Bedside shift report is an opening to make sure there's an effective communication between cases, families and staff sitters

Sources	Similarity
Bedside Reporting is a Key to Communication Often bedside reporting might be the first time the oncoming nurse will have a chance to meet the patient depending on the nurse's patient load and patient ... https://healthcare-communications.imedpub.com/bedside-reporting-is-a-key-to-communication.php?aid=21707	13%

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Characters	1987	Excluded URL	

8%	92%	1	12
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CHAPTER-1 INTRODUCTION:The birth of the baby is an important event in the family. It's so important for the mammies to have a healthy baby. Heart milk is the trim food for the babies as heart fed babies are healthier than formula fedbabies.Child birth and heart feeding are unique gests for women. Mortal milk is a remarkable and renewable resource, it can not be duplicated, has no relief and the heart is nature's paraphernalia for feeding the baby. Heart feeding is an art, in recognition of the immense momentousness of heart feeding, the Baby Friendly Hospital Initiative (BFHI) was launched by UNICEF/ WHO in 1991. Extending the rate of heart feeding results in dropped problems like as infections and like other medical problems to the mater as well as the baby.
Heart milk isn't only the trim but is also a need for thebabies.Exclusive heart feeding during first six months of life is important as it reduces the peril factors for the child mortality and the morbidity rate. WHO estimates that1.5 million of child's life can be saved each space through increased heartfeeding.Breast feeding is the most important thing for every mater, it's the unique experience to be cherished. Sometimes certain simple problems faced by the maters results in expiration of the heart feeding or started giving artificial milk or mass-market child formula feeds to the baby. Problems may be like the flat nipples, reversed nipples, heart engorgement, swelling, sore nipples or not enough milk. These problems are preventable if due care is taken from the gestation period to prepare for the heart feeding.1 The common and minor problems to establish breastfeeding are mastitis, Pain or cracks in the nipples, holdback of heart milk, badposture, bloody nipple and discharge, nipplesore, increased feeling of perceptiveness, associatedhardness, swelling around areola, and the other issues are, core feeding method, Improper latching, position, low measure of core milk, cadent smelling.

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Malnutrition is the prolonged shy or inordinate input of nutrients and/ or calories by the body. Malnutrition can lead to serious problems concerning proper health and development, some goods of malnutrition can not be entirelyreversed.However, malnutrition can lead to internal or physical disability, illness and indeed death, If undressed.1
Malnutrition is a serious condition that occurs when people are glutted if the diet doesn't give acceptable calories and protein for growth and conservation or unfit to metabolize the food. It'll affect physical health, mood, geste and numerous of the functions of the body.1
Encyclopedically, 50 percent of pregnant women are malnurised and at 120million women in under developed countries are light. Women's malnutrition can lead to increased rates of morbidity and mortality. In India51.4 women in reproductive age with malnutrition. Among 14 of ladies of reproductive age are thin or undernourished (BMI under18.5 kg/ m2), frequence is high among the poorest, uninstructed and reproductive women.

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Children are the most big-ticket bankroll. Nonage play is a really important business in our life. Through play, children are capable to express their conditions and heartstrings. It's the natural and consummate freely available approach for children, where also deliver enjoyment for them.1
Play is an essential constituent for children's development, assembling their confidence as they learn to explore, allow about problems, and relate to others. Children learn by leading their own play and taking part in play which is guided by grown-ups and they learn first – hand experience in conditioning. Play and delving promote brain development and fosters imagination and elasticity of the mind. Confidence and capability are developed through play. It gives occasions to explore their fear and anxiety. During play children's generalizations, skill postures, and achievement are extended.1
Educational games promote interest in children and loosen knowledge. Games help children to achieve good creativity, allowing capacity, and problem- doping expertise. The games hung on fitness will help the child to keep healthy and active.
School- age is the constructive period physically as well as mentally, metamorphosing the academy child into promising grown-ups. Health habits formed at this stage will be carried to grown-ups age, old age, and yea to the ensuing generation. So health education of academy children has a vital part. It also developed their interest towards knowledge habits for a life of good health for which academy- hung health promising programmed are the ideal way. To make the process of learning a satisfied exertion for children, there should be well integration of education and entertainment.
The innovative educational model of tutelage can be game- rested tutelage which can have the twin effect of unclogging and re informing child scholarship in a reflection- provoking and personality-motivating format. It can be one of the choices for training basics health.
A really important aspect of game- rested education is that scholars have the choice in what theylearn.However, it'll have scholarship benefits, If the children are made to play a certain game. Research validates this point because when scholars can choose what they learn, they take up an active rather than a unresistant task in their own education.
Health upgrade in the seminary is considered as one of the important exertion for the seminary children. The stereotype of health upgrade in seminary is to punctuate the weight of health among children and the community. The seminary seminar includes beginning health- related matters from primary academe onward to sensitized children about health.
Snakes and hierarchies game in which players move counters along with a series of places according to throws of a bones. A hierarchy provides a bystreet to a square nearer the finish and a snake obliges a player to return to a square nearer the children are the most dear coffers. Nonage play is a really important function in our life. Through play, children are competent to express their essentials and heartstrings. It's the natural and max freely available form for children, where also feed enjoyment for them.1
Play is an essential constituent for children's development, assembling their confidence as they learn to explore, allow about problems, and relate to others. Children learn by leading their own play and taking part in play which is guided by grown-ups and they learn first – hand experience in conditioning. Play and delving promote brain development and fosters imagination and limberness of the mind. Confidence and capability are developed through play. It gives breaks to explore their fear and anxiety. During play children's conceptions, skill carriages, and achievement are extended.1
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Modified early warning score are being inchmeal lodged in hospitals over the world due to their vow to reduce adverse events and to meliorate the outgrowths of clinical cases. A retrospective single centre experimental study was Conducted on Compared the National Early Warning Score (NEWS) and the Modified Early Warning Score (MEWS) for prognosticating admission and in- sanatorium mortality in older cases in the pre-hospital setting and in the exigency department in Japan. This meaning is to prognosticate admission and in sanatorium mortality in cases old than 65 spaces who were presented to the ED by ambulance. It has 664 beds, and about cases present to the ED annually and accepted about cases coming to the ED by ambulance annually. This study has demonstrated the low serviceability of the NEWS and the MEWS as predictors of admission and in- sanatorium mortality in older cases, whereas the NEWS and the MEWS prognosticated admission and in- sanatorium mortality more verbatim.

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"The children of moment are go adult citizens of future". School age is a significant period of mortal life. It's the part of life span that extends from age 6-12 ages. This is a time of incremental growth and development with steadier and another yea progress in both physical and emotional aspects1.
School age children are hourly frenzied about going academe and their new faults, children in this stage are really diverting. In academe age children it's important to set limits and let children know what is awaited from them. There are different airman aspects in academy children they are physical, social, emotional and intellectual development1.
Nonage chubbiness is defined as" the condition of abnormal extreme fat accumulation in adipose apkin to extent more than the normal according to the BMI, so the health may compromise" (WHO). Child is considered to be fat when his weight exceeds the slated weight for height and age by 20. Life style is considered to be an important determinant ofhealth and sickness. Some of the health problems are bedded in nonage habits and societies among them is a major problem2.
Fat in nonage is fast getting a major problem as a result of the legion life style changes takes place in the children in... rustic area and lower socio-remunerative groups. Changes in civilization and child parenting practices are contributing towards the Hormonal changes, eating habits (chocolates, sweets, sweets, snacks & ice creams), lack of out door play, extreme box watching, over self-protective parenting and inherited bias are the important factors. Other factors that lead to a sedentary life among children include limited time spend with parents in recreational exercise, limited finances and limited openings to partake in adulterineactivities2.

Sources	Similarity
Future Citizens: Cultural and Political Conceptions of Children ... by L Kong - 2016 - Cited by 23 — It does thorough analysis of the ways in which children were conceptualized as future citizens, future workers, future leaders and future adults ... https://academic.oup.com/tcbh/article/27/3/399/2451964	25%
LifeStyleP ractic esAmongAdoles cents GJRA-WorldWide Original Research Paper Life Sciences Medical Science Life style is considered to be an important determinant of health and sickness. It has also a great role in growth and development of children. style is considered to be an important determinant of health and sickness. It has also a great role in growth and development of children. https://www.worldwidejournals.com/global-journal-for-research-analysis-GJRA/article/life-style-practices-among-adolescents/M I A0MzY=/?is=1	9%

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School-age children makeup a considerable portion of the world's population and more than three quarters of children live in developing countries. School age and adolescence is considered as dynamic period of growth and development forming a strong foundation for good health and productive adult life. Appropriate dietary

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Burnout and occupational stress nowadays have received increasing research attention. The amount of time people spend on work related activities and the central importance of work to one's sense of identity and self worth, it is not surprising that occupational stress is regarded as a central area of study1. The burnout is to beyond the specific stresssource in the work place to emphasize the total life that affecting health2.

In original human services and educators these are emotional exhaustion ,depersonalization and reduced personal, accomplishment emotional exhaustion refers to the feeling of being emotionally over extended and drained by their todecline in once feeling of competence and successful achievement in once work with people. The burnout is more in men than women3. The consequences of burnout include lower willingness to lead, suboptimal quality of patient care, lower inpatient satisfaction ratings, more health - associated infections (HAI) and increased patient mortality ratio4. It is one of the sixdimensions of distress, has may negative implications on both a personnel and professional level. Professionally burnout can hinder the job performance, change how nurse view personally, and burnout affects demeanor, relationships and overall quality of life5.

The burnout of the health care providers is a major concern worldwide. Particular shortage of nurses and it will interferenational and international efforts to enhance health and wellbeing of the global population. So many of the nurses are burnout with realistic job expectation, poor conditions, and work demonstrated that exceeds resources poor collagenous relationships increased work hard6.

The nursing students are the more affected the burnout during the early stage of the training and worsens during practice with work environment stressors and increased workload being a huge contributing factor and mainly duringthe requirement and along their duties and writing their practical examinations7.

The nurses have heavy workload of the patient's side. The nurses are facing more tension, conflict, poorcommunication, stressors, and lack of staffing and they are changing their shifts

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CHAPTER I
Prologue
" MAN 'S SKINS HAVE MANY COLOURS BUT Natural BLOOD IS ALWAYS RED"
Normal function of body cells depends on regulation of the hydrogen ion immersion with in really narrow limits. If the hydrogen ion statuses exceed these normal function of body cells depends on regulation of the hydrogen or limits acid-base imbalances backfire and are recognised clinically as abnormalities of serum prospect of hydrogenPH. Because of acid- base imbalances may be caused by maladies of any body system. Their rareness in clinical settings is like high.1
Acid- base balance watched clinically through the senalized proportion of arterial blood pleasures (ABGS) among the parameters reported are PH, PACO2 and HCO3. These values may be used to determine the presence of type of acid base imbalances and valuate the standing of compensation. These ills aren't clinical opinion or ills in themselves rather, they're clinically progressions, associated with a wide variety of ills.1
Acidosis refers to any pathological process that causes a relative excess of acid in the body, acidemia is supernumerary acid in the blood. The presence of acidemia does needs confirm the pathological process technically. It's simply a laboratory chancing.1
The same distinction may be made between the terms alkalosis and alkalemia, alkalosis indicates a primary condition redounding in extra base in body and alkalemia refers more scarcely to elevation of serumPH.
Alkalosis or alkalemia is the term which refers to the condition of exorbitant bicarbonate ions (Bases) in the blood. This imbalance in the blood ph will either bring added problems as the normal body recovery process may also be chimedin.1
Measures the statuses of oxygen, carbon dioxide, paco2, oxygen tint, numerous different treats in oxygen-richblood.It's used to test the effectiveness of ventilation in cases treated in vehement careunit.During the clinical times in ICU the investigator plant that maturity of case's ventilation is being watched by ABG analysis in venom of uninterrupted inspector with throb – oximeter. Though the sitters take an active part in collecting ABG samples but their knowledge in interpreting ABG reports is wanting. Keeping investigators have justified the need to upgrade sitter's knowledge and practice regarding ABG analysis among ICU sitters.1
NEED FOR THE STUDY
The arterial blood treats is one of the most important research for assessment of clinical oxygenation and acid- base status in critically ill cases, it provides us with information about ventilation, oxygenation, and acid- base status.
AQuasi-experimental study was conducted to assess the Effectiveness of Structured Tutoring Program on Knowledge Regarding Arterial Blood Gas Analysis among Nursing Scholars of LMCTH (Lumbini Medical College and Teaching Hospital), Nepal. A whole of 65 querists were shared using Census index technique. Data was collected through structuredpre-tested (r – 0.7) questionnaire. The study revealed that duringpre-test, maturity of the querists (70.8) had average knowledge, only15.3 of querists had serviceable knowledge and13.9 had wanting knowledge whereas duringpost-test maturity of the querists (63.1) had serviceable knowledge,35.4 had average knowledge and only1.5 had wanting knowledge regarding Arterial Blood Gas analysis. The study was concluded that the meanpost-test knowledge score (28.36) was late as compared with thepre-test score (23.46). So, structured tutelage program was effective in perfecting the standing of knowledge on ABG analysis among nursing scholars.2
STATEMENT OF THE PROBLEM

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INTRODUCTION

Adolescents are the special population in a implicit community, having a part as the forefront of a country's progress and development in terms of profitable, social and health. Utmost of the adolescents spend their time mingling in the society1.

As an adolescent group, they should know further than 80 of cardiac apprehensions do while the case is at home. This means that it's more likely to use CPR chops to help someone life. It can not control everything that happens to someone but can do everything possible to be ready to help in case an exigency occurs1.

Cardio Pulmonary Resuscitation is a series of life saving conduct that ameliorate the chance of survival following cardiac arrest. Although the optimal approach to CPR may vary, depending on the deliverer, the victim and the available coffers, the abecedarian challenge remains1. CPR is an exigency procedure that combines condensing frequently with artificial ventilation in an trouble to manually save complete brain function until farther measures are taken to restore robotic blood rotation and breathing in a person who's in cardiac arrest 5 cm (2 elevation) and 6 cm (2.4 elevation) deep and at a rate of at least 100-200 per nanosecond. The deliverer may also give artificial ventilation by either exhaling air into the subject's mouth or nose or using a device that pushes air into the subject's lungs2.

New impact recommendations of new CPR help device on rate of return 2004 stated that place emphasis on early and high quality casket condensing over artificial ventilation. A simplified CPR system involving casket condensing is only recommended for untrained saviors. In children, still only doing condensing may affect in worse issues, because in children, the problem typically arises from a respiratory rather than cardiac problem. One of the sweats to ameliorate CPR capacity in adolescents is done through comforting that makes demonstration a literacy system. It's anticipated that this system can ease the adolescents to understand and observe directly the introductory life support performed by the model. It'll give them the occasion to act as observer CPR in the case of out of sanitarium cardiacarrest2.As a part of the medication for response to medical extremities both in the academy and at home. It's believed that on a long term base, children trained in CPR will contribute significantly to the number of grownups trained in any community. It's anticipated that this will have a direct benefit of adding the number of people trained to perform CPR, thereby adding the liability that a victim out of sanitarium cardiac arrest will instantly admit CPR3.

In addition, adolescents are likely to train family members and share accoutrements used in academy grounded programme at home which can further increase the yield of the programme in terms of the total number of members of the community trained per unit of class time3.

Consequently, numerous countries have initiated CPR programme for academy children and important exploration work has been done to support the defense of CPR trained in seminaries. Although numerous academy systems in other corridor of the world have with these transnational norms, numerous people suppose of CPR as a skill to have when dealing with senior or veritably sick family members. Although this is important, there's no age limit when it comes to who CPR can help. In fact, it's a great idea for new parents and caregivers of little bones to understand the principles of child and child CPR4.

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50%	50%	2	2
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Adolescence (from Latin adolescere, meaning 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of maturity-18) The World Health Organization (WHO) defines an adolescent as any person between the ages 10 and 20 years. Dysmenorrhoea refers to the pain with menstruation . Although not a serious medical problem, the term describes a adolescent girl with menstrual symptoms severe enough to keep her away from functioning for a day or two each month.1

Sources	Similarity
Adolescents	Peer Reviewed Journals Adolescence (from Latin adolescere, meaning 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier https://www.longdom.org/peer-reviewed-journals/adolescents-24334.html	25%
adolescence | Definition, Characteristics, & Stages | Britannica	The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of young people ... https://www.britannica.com/science/adolescence	25%

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Characters	1720	Excluded URL	

0%	100 %	0	13
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Polycystic ovary syndrome (PCOS) is a heterogeneous, multi factorial, complex genetic heritable and endocrine complaint characterized by menstrual, clinical and biochemical disturbances. National Institute of Health Stated that Poly cystic ovary course affects 6-10 of women in reproductive age.1

The most common poly cystic ovary courses symptoms are irregular days, a lack of ovulation and forestall the uterine buffer from molting every month. Some women with Poly cystic ovary course get lowest than eight days, heavy bleeding the uterine buffer builds up for a longer period of time so the days can be heavier than normal.2

Hair growth, another than 70 percent of women, hair will grown face and body including on back, belly, and box is called hirsute. Acne, manlike hormones can make the skin gushing than usual and create escapes on areas like the face, box, and upper back. Weight gain up to 80 percent of women with Poly cystic ovary course is full or full. Manlike pattern baldness like hair on the skull gets thinner and fall out. Dark patches of skin can form in body and increases in neck, groin, and under the bosoms. Hormone changes can drive headaches in some women.3

Conclusion of Poly cystic ovary course hung on the women at least two or three of the following symptoms like high androgen places, irregular menstrual cycles, carcinomas in the ovaries. Pelvic examination and blood tests for serum Luteinizing hormone places, serum AMH places, serum 17 dawn hydro progesterone, serum .testosterone standings, cholesterol, insulin, and triglyceride standings. May also be took an ultrasound examination to look for abnormal follicles and other problems with ovaries and uterus.

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Characters	1970	ExcludedURL	

0%	100%	0	14
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Depressionisawidespreadcerebralhealthproblemaffectingmanypeople.Thelifetimedangerofdepressioninmalesis812andinladiesit's2026.Depressionoccurstwiceasmuchinwomenasinmen1.
DepressionisknowntoHumanitysincegenerations.TheWorldHealthOrganization(WHO)hasgivendepressionfourthinalistofthemostburninghealthproblemworldwide.It'sprojectedthatdepressionwasthe2ndlargestkillerafterheartdistemperby2020andwasthealternativeleadingcauseofdisabilitydoctoredlifeyear2.
TheEtiologyofdepressionhasbeenbiologicallyattributedtoreviewsinneurochemical,inborn,endocrineandcircadiancadencefunctions,changesinbrainassay,psychosocialpropositions(lunaticreasonableproposition,behavioralproposition,cognitiveproposition,socialproposition)correspondingasnegativeexpectancesoftheenvirons,negativeexpectancesoftheconstitution,negativeexpectancesofthefuture,nogoodandrejectedbyothers2.
Inendocrinepropositionsordinarilythehypothalamicpituitary–adrenal(HPA)axisisasystemthatmediatesthestressresponse.Insomedepressedpeoplethissystemmalfunctionsandcreatescortisol,thyroidandhormonalabnormalities2.
HPAaxisisatermusedtorepresentstheintercoursebetweenthehypothalamus,pituitarygland,andadrenalglands.Itplaysanimportantplaceinstressresponse.Increasedbyexerciseinthehypothalamic-pituitaryAdrenal(HPA)Axisindepressionisviewedasthemostvulnerablefindinginalltheconsanguineouspsychiatry.AlongwithHPAAxis,majordepressivedistemperature(MDD)hasbeenassociatedwithsignificantchangesinthehypothalamic pituitarythyroidaxis3.
Thethyroiddistemperatureinit,polychromaticformarecommon,affectingsome5ofthepopulationseveralstudieshaveitalicizedthehighfrequencyofsymptomsanddistemperatureinthyroiddistemperature

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Hypertension is a habitual condition of concern due to its life in the occasion of coronary heart ill. Hypertension is a systolic blood pressure of 140 mm of Hg (or) fresh and a diastolic blood pressure of minor than 90 mm of Hg. It's one of the major pitfall factors of cardiovascular mortality, which accounts for 20-50 per all deaths. The types of Hypertension are primary and secondary. Hypertension is classified as " essential " when the causes are generally unknown. Essential hypertension is the top frequency form of hypertension rationale for 90 percent of all cases of hypertension1. Hypertension is called as a silent killer because people who have Hypertension are hourly symptoms free. According to World Health Organization (WHO) 2019, an estimated1.13 billion people worldwide have Hypertension, top (two-thirds) living in low and middle- income countries. Hypertension is a major cause of unseasonable death worldwide. One of the global targets for transmittable illnesses is to reduce the frequency of Hypertension by 25 by 20252.
Peril factors of hypertension are smoking, dyslipidemia, diabetes, crabbed renal functions, fleshiness, physical inactivity, age (> 55 bits for men,> 65 bits for women), family history of cardiovascular distemper, atherosclerotic heart distemper, metabolic development, a sedentary life, and obstructive sleep apnea. The frequency is high in persons who have other cardiovascular conditions, including heart failure, coronary pike distemper, and stroke.2
The clinical icon of hypertension are severe headache, fatigue, confusion, vision problems, case pain, difficulty breathing, irregular nanosecond, blood in the urine. Retinal changes ditto as hemorrhages, exudates .(fluid accumulation), arteriolar narrowing, cotton fleece spots, severe hypertension papilledema2.
Complication of hypertension is Atherosclerosis, aneurysms, hematuria, uremia, pulmonary edema, myocardial infarction, left ventricular hypertrophy, hemorrhage, seizures, vascular aberration, papilledema. Delving of hypertension are blood urea, electrolytes, creatinine, blood glucose, serum aggregate and HDL cholesterol2.

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Characters	1712	Excluded URL	

6%	94%	1	16
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The heart is a muscular pump that provides the force necessary to circulate the blood to all the towels in the body. Its function is vital because, to survive, the towels need a unbroken repertoire of oxygen and nutrients, and metabolic waste products have to be removed. Deprived of these requirements, cells soon sustain unrecoverable changes that lead to death. While blood is the transport medium, the heart is the organ that keeps the blood moving through the vessels.2
Oxygen is important for energy part of the natural body. Without oxygen the cells that makeup the body organs brain and other body tract will die. Heart action and respiratory troubles are absolute needs in transporting oxygen to the towels. The main organ to suffer from oxygen starvation is the brain, which sustains unrecoverable brain damage after above four shakes. The heart also fast losses the capability to maintain normal beat.3
Cardiac arrest is hourly caused by an abnormal heart beat called ventricular fibrillation (V.F). When VF develops, the heart shivers and does n't pump blood. The victim VF cardiac arrest needs Cardiopulmonary Rebirth (CPR) and delivery of a shock to the heart called Defibrillation. Defibrillation eliminates the abnormal VF heart beat and allows the normal beat to continue. Defibrillation isn't effective for all form of cardiac arrest but it's effective to treat VF. The most common cause of abrupt Cardiac arrest. CPR boiling point procedure used to treat victims of cardiac and respiratory arrest. It's done with great urgency to 4 to 6 eyeblinks without oxygen sounds and blood pressure, loss of palpable beat, and dilation of the pupils are clues of cardiac arrest

Sources	Similarity
training.seer.cancer.gov While blood is the transport medium, the heart is the organ that keeps the blood moving through the vessels.2 https://training.seer.cancer.gov/anatomy/cardiovascular/heart/	25%

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17%	83%	4	19
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INTRODUCTION Emotions add colours to life. As humans are experiencing different types of Emotions and feelings, emotions are valuable. It guides a person to connect others and it makes choices and gives information1. As Emotions is a feeling it may be positive as happiness, love, confidence, hope, joy or it may be negative like frustrations, guilt, jealousy, depression, fear, anger or hatred, which can be caused by the situation that are in or the people are with2. Intelligence is a cognitive process3. It gives humans the cognitive ability to learn, form concepts, understand and reason, including the capacities to recognize patterns, comprehend ideas, plan, solve problems & use language to communicate. Intelligence enables humans to experience and think4. Emotional intelligence has been defined as "the ability to monitor one's own and other people's emotions to discriminate between different emotions and label them approximately and to use emotional information to guide thinking and behaviour". Emotional intelligence is more important than one's intelligence (IQ) in attaining success in their lives and careers. Emotional intelligence is fundamental for nursing students to develop therapeutic relationship in clinical settings5. Clinical practice is a critical component and the largest part of nursing education, which helps nursing students to enhance their professional knowledge, skill and values6. Nursing students experience emotions in respond to precipitating conditions in clinical settings. When students recognize these emotions, they can develop skills from self reflective thinking and experiences. Through emotional intelligence, nursing students can learn to access their emotions and understand situations and facilitating healthy outcomes7. Strengthening emotional intelligence throughout the nursing education is one positive response to the increasing retention rates of nursing students. With emotional intelligence skills, nursing students will begin to develop the capacity to transition from the academic setting to clinical practice. Through the development of emotional intelligence, the students can improve personally a win-win situation for all involved8. NEED FOR STUDY Globally 1.8 million health students are there in more than 100 countries (world federation of Public Health Association 2018)9. Nursing students comprise more than half of all (health profession United States Bureau of Labor Statistics)10. A survey reports that 75% of students over all in B.sc Nursing, 51% in GNM and 13.9% in M.sc nursing (National League for Nursing 2016)11. Analysis summary of Magazine Nursing Standard (2016) in UK found that out of 16544 nursing students who are studying 3 year course in 55 universities,4027 discontinued the course due to bad experience in clinical, financial difficulties and academic pressure (www.the guardian.com /society/2018)12. A descriptive study was conducted on emotional intelligence among 300 nursing students at government and private college of nursing, kottayam, Kerala. Socio-personal data sheet, Mangal's emotional intelligence inventory and observation record were used to assess the demographic data, emotional intelligence and academic performance of nursing students. The findings revealed that emotional intelligence and academic performance were correlated (ρ =0.71, $p<0.01$). And no difference was found in the emotional intelligence of nursing students between government and private nursing colleges. Also there was significant difference in the academic performance of nursing students between government and private nursing colleges ($t=4.69$, $p<0.001$). Majority of the students had average emotional intelligence and found that emotional intelligence increases with academic performance. Integration of emotional intelligence in to the nursing curriculum provides nurses to enhance the quality of their clinical practice and thereby overall professional development13. A Qualitative study among 21 nursing students was done to find the experience in their clinical learning environment in Iran. The analysis revealed that educational confusion absence of evaluation procedures, limited education opportunities, inappropriate interactions with nursing staff, bullying and discrimination has affected their learning14. A Mixed method study explored the impact of psychiatric clinical courses in helping students to learn about distressed patients among 67 B.sc Nursing students. pre and post clinical experience were questioned focusing on individual with mental illness and how it affects them as a nurse. 90% students were no longer got frightened self

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8%	92%	2	23
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Breast milk has been traditional food for new born babies for centuries. It fulfils not only the physical need for optimum growth but also enhances emotional and intellectual development. It protects the baby from infections from infancy and from other disease in adulthood. Breast milk contains an ideal balance of nutrients for the complete growth of body and brain, more than a food it is a multipurpose medicine, rich in anti-infective factors which protect the baby.1 Low birth weight is defined by the World health organization as a birth weight of a infant of 2500gms or less irrespective of gestational age at birth are termed as low birth weight. Sub categories include very low birth weight which is less than 1500gms and extremely low birth weight which is less than 1000gms. The normal weight at term delivery is 2500-3500gms.2 Growth in the first year of life crucial not just for the time being but it has a lifelong implication for low birth weight infant because it gets an opportunity to recover it is growth deficit of intrauterine life in this period and to catch up with its normal birth weight siblings.3 in low birth weight babies, especially preterm babies and those without congenital anomalies, the growth is very fast in first year of life. But the low birth weight small for gestational age infants show less catch-up growth then that seen in appropriately for gestational age infants. Such low birth weight survivors demonstrate significant growth retardation as reflected by body weight, height, chest circumference, in comparison to normal disadvantages which hamper their growth and development in the most crucial years of life.4 In affluent populations, most infants with low birth weight are consequences of preterm delivery and are adequately grown for their gestational age. In contrast, in developing countries the majority of low weight births are full-term infants who have experienced growth retardation in utero, with the weight deficit reflecting stunted linear growth and/ or reduced deposition of soft tissue, notable fat.5 The human milk fed premature infant may experience improved health such as lower rates of infection and necrotizing enterocolitis, improved gastro intestinal function and better neurodevelopment. None of the substitute feeds can match the qualitative properties of human milk. Nature has modified the breast milk of the mother of a preterm baby so as to make it the ideal and best option for the low birth neonates.6 Formula feeding is defined as manufactured food designed and marketed for feeding to babies and infants less than 12 months of age usually prepared for bottle feeding from powder or liquid.7 Formula-fed babies produced harder, fouler stools and can be prone to constipation. Most formula milk is made from cow's milk and is harder for the baby to digest. While it contains the vital components for a baby's needs, it is not tailored to a baby's digestive system as well as breast milk. Infant and young child feeding is crucial for child health and survival.8 Based on well-established evidence, World health organization and United Nations children's fund recommended that mothers must feed within one hour of birth, breastfed infants exclusively for the first 6 months and continue to breastfeed for two years and beyond, together with nutritionally adequately, safe, age appropriate, responsive feeding solid, semisolid and soft foods starting in the sixth moth. There has been growing evidence of the significant impact of early initiation of breastfeeding, preferably within the first hour after birth, on reducing overall neonatal mortality.9

Sources	Similarity
Feeding Methods and Formula Formula feeding is a breastfeeding food designed and marketed for feeding to babies and infants under 12 months of age, usually prepared for bottle feeding or cup feeding from powder mixed with water (or liquid form) or without additional water). It indicates of artificial feeding https://www.slideshare.net/sofiealzaidi9480/feeding-methods-and-formula	4%
(PDF) Video show helps in improving HCP knowledge and practice... There has been growing evidence of the significant impact of early initiation of breastfeeding, preferably within the first hour after birth, on reduction of the risk of neonatal mortality. In these media campaigns, however, there are some places in Bangladesh where effectively haven't yet https://www.researchgate.net/publication/274179948_Video_show_helps_in_improving_HCP_knowledge_and_practice_Experience_from_rural_Bangladesh	4%

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Characters	4220	Exclude Url	

15%	85%	5	28
Plagiarism	Unique	Plagiarized Sentences	Unique Sentences

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CHAPTER-1 INTRODUCTION The respiratory system brings oxygen through the airways of the lungs in to the alveoli, where it diffuses into the blood for transport to the tissues. This process is so vital that difficulty in breathing is experienced as a threat to life itself. The respiratory system also has other essential functions like, elimination of co2, Filters and humidifies air that enters the lungs, trap the particulate matter in the mucous of the airways and propels it towards the mouth for elimination by coughing or swallowing, prevents the entry of inhaled pathogens by activating the immune system1. Bronchial asthma is one of the lower respiratory tract disorder, characterized by periods of reversible bronchospasm. Asthma is always called as a reactive disease. This complex disorder involves biochemical, immunological, endocrine, infectious, autonomic and physiological factors. Etiological factors may be hereditary and environmental factors interacted with the inherited factors to produce the disease. Risk factors may be having a blood relative, obesity , being smoker, exposure to exhaust smoke/fumes or other type of air pollutions. Clinical manifestations of asthma include nasal flaring, pursed lip breathing and use of accessory muscles. Cyanosis is a late complication. Auscultation of breath sounds usually may reveals wheezing, especially during expiration. Bronchospasm may lead to almost continuous coughing in an attempt to exhale and clear the airway2,3. Pranayama is a breathing technique, practicing of pranayama achieves the balance in the activities of these pranas, which result in healthy body and mind4. Respiratory parameters are used to assess the functioning of respiratory system, which include three types of parameters, volume parameters, respiratory physical parameters, parameters of gas metathesis within the lungs. Volume parameters [total lung capacity, tidal volume, functional remaining capacity] characterize potential and functionality of human body parts that respond for respiratory functions. Physical parameters are related to mechanical model of respiratory system. Respiratory rate is one of those parameters. Gas metathesis parameters are related to gas penetration into human body and exhausting from it when breathing. All the volume parameters, physical parameters, gas metathesis parameters are interdependent5. NEED FOR THE STUDY Bronchial asthma is the most common respiratory disorder which affects both children and adults irrespective of specific age group. Asthma has been recognized as a disease which results in increased morbidity. The magnitude of the problem of asthma has not been defined with certainty, despite several epidemiological studies conducted throughout the world. WORLD HEALTH ORGANIZATION [2017] stated that, between 100 to 150 million people around the globe roughly the equivalent of the population of Russian federation suffer from the asthma and this number is rising. Worldwide deaths from this condition have reached over 1,80,000 annually. In 2017, Around 8% of the Swiss population suffers from asthma in the age group of 25-30 yrs. In Germany there are an estimated 4 million asthmatics, In western Europe as a whole, asthma has doubled in 10 years according to the UCB institute of allergy in Belgium, In the United States the number of asthmatics has risen by 60% since the early 1980. And the deaths were doubled to 5000 per year, There about 3 million asthmatics in Japan of whom 7% have severe and 30% have moderate asthma, In Australia one child in six under the age of 16 is affected. Asthma is not just a public health problem in developed countries. In developing countries however, the incidence of the disease varies greatly. India has an estimated 15-20 million asthmatics, In the western pacific region of WHO, the incidence varies from over 50% among children in the Caroline islands to virtually zero in Papua New Guinea, in Kenya it appears 20%, in india rough estimates indicate prevalence of between 10% and 15% in 5-11 years old children6. The world health organization recognizes asthma as a major health problem. Still there is paucity of data on the prevalence of bronchial asthma in children in

Sources	Similarity

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6%	94%	1	16
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Chronic obstructive pulmonary disease, commonly referred to as COPD, is a group of progressive lung disease. It includes emphysema and chronic bronchitis. Cigarette smoking, cigars, infections, environment, long term exposure to chemical irritants can also lead to COPD. Respiratory parameters are a set of tests that measure of strength of the breathing muscles done for several times per day. Hypertonic saline solution has been extensively used in patients with respiratory problems as a method of bronchial changes through inhalation. It mainly acts as to clear the mucus secretions from the chest. Asthalin, inhaler which acts as bronchodilators that relaxes the respiratory muscles. The main action of asthalin is effects of relaxing air way smooth muscle, and increase air flow, provides rapid relief of respiratory problems. The Global Burden of Disease Study reports a prevalence of 251 million cases of COPD globally in 2016.It is estimated that 3.17 million deaths were caused by the disease in 2015 Andhrapradesh there is a severe trend of respiratory disease like chronic obstructive pulmonary disease (COPD) around 29,000deaths. A cohort study was conducted to estimate the leading cause of death in the world and its global burden is predicted to increased COPD. A subject aged >/45, COPD was diagnosed based on a pre bronchodilator obstructive spirometry. A prospective and strandazied was used to estimate the COPD. Objectives :To assess the respiratory parameters of patients with COPD ,To find out the effectiveness of hypertonic solution on respiratory parameters of patients with COPD Projected outcomes :This study would help to improve respiratory status by providing asthalin nebuliztion for COPD patients .Nursing conceptual frame work consist of grand theories that are more closely associated both conceptually and practically to the every activity of nurse educators, researchers, and care giver. RESEARCH APPROACH: Quantitative research approach was adopted for the present study RESEARCH DESIGN:Comparative research design was adopted for the present study CONCLUSION : The conclusion drawn from the study was that there was a significant improvement in asthalin nebuliztion

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Words	632	Date	June 26,2020
Characters	4247	Exclude Url	

7%	93%	2	26
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Swachh Bharat Abhiyan (SBA) or Swachh Bharat Mission (SBM) is a nation-wide campaign in India for the period 2014 to 2019 that aims to clean up the streets, roads and infrastructure of India's cities, towns, and rural areas. The campaign was officially launched on 2 October 2014 at Rajghat, New Delhi by Prime iMinister Narendra Modi1. It is India's largest cleanliness drive to date with three million government employees and students from all parts of India participating in 4,041 cities, towns, and rural areas. Modi has called the campaign Satyagrah se Swachhagrah in reference to Gandhi's Champaran Satyagraha launched on 10 April i19171. The objectives of Swachh Bharat include eliminating open defecation through the construction of household-owned and community-owned toilets and establishing an accountable mechanism of monitoring toilet use. Run by the Government of India, the mission aims to achieve an "open-defecation free" (ODF) India by 2 October 2019, the 150th birth anniversary of the Mahatma Gandhi. OBJECTIVES ¤ To assess the knowledge, attitude and practice on swachh bharat programme among householders at selected rural areas ¤ To find out the correlation and association between level of knowledge, attitude and practice of swachh bharat programme among householders with their selected socio demographic variables DELIMITATION:- The study is delimited to ¤ Householders in selected villages of Nellore only ¤ 100 householders only METHODOLOGY: The data collection was conducted for 4 weeks after obtaining formal written permission from concerned authority, in Dakkilivaripalem at Nellore district. 100 households were selected by using probability systemic random sampling technique. The data was collected with minimum of 5 participants per day between 9 am to 12pm. The Structure questionnaire, rating scale and observational checklist was used to evaluation of swachh bharat programme. The data was analyzed and tabulate by using and inferential statistics based on objectives of the study. RESULT The study shows that with regard to level of knowledge on swachh bharat programme among householders, 6(6%) had B+ grade, 6(6%) had B grade, 25(25%) had C grade and 63(63%) had D grade knowledge.Householders mean score 11.03 and standard deviation was 3.5. The study shows that with regard to level of attitude on swachh bharat programme among householders, 26(26%) had strongly agree, 33(33%) had agree, 25(25%) had neutral, 10(10%) had disagree and 6(6%) had strongly disagree. Householders mean score 42.26 and standard deviation was 7.9. The study shows that with regard to level of practice on swachh bharat programme among householders, 27(27%) had excellent, 20(20%) had very good, 27(27%) had good, 16(16%) had poor and 10(10%) had very poor. Householders mean score 17.3 and standard deviation was 3.8. The Pearson's correlation coefficient is shows a moderately positive correlation between level of knowledge, attitude and practice on swachh bharat programme among householders CONCLUSION Finding of the study was concluded that proportion of householders are disposing solid waste in community bins and using soap and water for hand washing was significantly higher practice among householders but the majority of the householder had D grade knowledge on swachh bharat programme.

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Words	297	Date	August 10,2020
Characters	1836	Exclude Url	

0%	100%	0	21
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Shows that the association between knowledge on gluten free diet among type-II diabetic patients with their socio demographic variables In association with age calculated value is 55.45 and table value is21.03. The calculated value is more than the table value, so there is statistical significance. With regard to gender calculated value is 27.37and table value is 9.49. The calculated value is more than the table value, so there is statistical significance. In context with Education calculated value is 87.69 and table value is 26.30. The calculated value is more than the table value, so there is statistical significance. With regard occupation calculated value is 32.49 and table value is 26.30. The calculated value is more than the table value, so there is statistical significance. In association with Marital status calculated value is 22.47 and table value is 21.03. The calculated value is more than the table value, so there is statistical significance . With regard to income calculated value is 20.77 and table value is 21.03. The calculated value is more than the table value, so there is statistical significance. In association with Type of family calculated value is 20.8 and table value is 15.51. The calculated value is more than the table value, so there is statistical significance. With regard Dietary pattern calculated value is 16.77 and table value is 21.03. The calculated value is less than the table value, so there is no statistical significance. In association with Duration of DM calculated value is 20.61 and table value is 21.03. The calculated value is less than the table value, so there is no statistical significance. In association with Usage of DM drugs calculated value is 22.6 and table value is 21.03. The calculated value is more than the table value, so there is statistical significance.

Sources	Similarity

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Characters	4231	Exclude Url	

20%	80%	7	28
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CHAPTER – I INTRODUCTION Worms are parasites that live in the gastrointestinal tract. They derive all their nutrients from their host. The parasites usually present in humans are pinworms, hookworms, thread worms, tapeworm, etc. Though most of the worms are small in size. tapeworm can grow up to about 25 feet in intestines. In children, thread worms are more common than the rest1 Worm infestation is one of the common problems in school children. It is a major cause of childhood malnutrition, anemia, stunted physical and mental growth, psycho-social problems. It also causes recurrent gastrointestinal and upper respiratory tract infection contributing to high morbidity and mortality in children.2 Human faeces can cause contamination if an infected person defecates near a forming field or water source, or if they use untreated feces as a fertilizer for crops a person can contract ascariasis by eating or drinking contaminated food or water, especially if they do not adequately wash the food or their hands . children may be contaminated by playing with soil or plants putting their hands in their mouths. Morbidity due to intestinal worm infestations, particularly STH, is a global health problem affecting nearly 2 billion people in more than 100 countries. A high prevalence intestinal worm infestation is an indicator of poor living conditions and lower standards of sanitation in a society.A person with intestinal worms may also experience dysentery. Dysentery is when an intestinal infections causes diarrhea with blood and mucus in the stool. Intestinal worms can also cause a rash or itching around the rectum or vulva.in some cases, you will pass a worm in your stool during a bowel movement. Hand washing with soap and regular nail clipping in children can reduce the chances of intestinal parasitic infection or infestation. Regular handwashing also significantly reduces the anemia in children.The children were provided the soap taught the correct method of handwashing and instructed to wash their hands before preparing and eating meals, after defecation,after playing on the ground,at any other time when their hands got uncleaned. Hand washing with soap also reduced the anemia prevalence by improving hemoglobin levels in children. Anemia was also reduced by weekly nail clipping but not to a significant extent. Handwashing along with dietary modifications improves the hemoglobin levels significantly. Good handwashing has been claimed to be the first line defense against the transmission of parasitic and other infections. Children should be properly educated about the correct technique of hand washing. It is preferable to wash hands with Luke worm water. Soap should be used and lathered for about 20 seconds especially between the fingers, below the nails and the wrists and then washed off with water. Once clean, the hands should be well dried with a clean towel. Regular handwashing with soap and weekly nail clipping in children can also reduce the spread infections in the community. This will have a huge impact on the overall health of the children in the community. Therefore, hand washing with soap and nail clipping should be promoted as a public health measures and instructions and education regarding the correct way of handwashing should be given. NEED FOR THE STUDY MARK SPIGT(2018): According to data from the UNESCO Institute for statistic, about 263million children. At the primary level, the out of school rate as barely moved at all over the past decades, with 9% of children of primary school age (about 6-11 years),or 63 million, out of school. India as made progress in increasing the attainment rate of primary education. In 2011, Approximately 75% of the population, aged between 7 and 10 years, was literate. As per the annual status of education report (ASER) 2012,96.5% OF all rural children between the ages of 6-14 were enrolled in school. This is the 4th annual survey to report enrollment above 96%.India has maintained an average enrollment ratio of 95% for students in this age group from year 2007 to 2014. As an outcome of the number of students in the age group of 6-14 who are not enrolled in school has come down to 2.8% in the year academic year 2018.

Sources	Similarity

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Words	974	Date	August 12,202
Characters	6547	Exclude Url	

13%	87%	6	40
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Review of Literature is a body of text aims to the critical points of current knowledge and methodological approaches on a particular topic, the role of the literature reviews is to formulate and the research problems to ascertain what is already known in relation problem of interest for developing a broad conceptual context facilitate cumulating of scientific knowledge for interpret result of the study SECTION- 1 REVIEW OF LITERATURE PART-A Studies related to prevalence of dysmenorrhea among adolescent girls. PART- B Studies related to effect of ginger on dysmenor among adolescent girls. SECTION- 2 CONCEPTUAL FRAME WORK PART-A Studies related to prevalence of dysmenorrhea A study was conducted to investigate the prevalence of dysmenorrhe female college students in North Sichuan Medical College at Hesanzh. 16 Menstruation related diary data were obtained. The study reveals that dysmenorrheal occurred in 56.4% of student 6.5% of dysmenorrhee students suffered from mild to bear cun bear-able) menstrual pain. Dysmenorrhea occurred on 37% of menstrual dates on average and was correlated to irregular by menstrual cycles. The percentages of students taking medicine with mild 4.0%, moderate 13.3% and unbearable 23.7% respectively) 7. A descriptive study was conducted to assess the preval dysmenorrhea among female adolescents. Pain mostly lasted for one to 3days (56.6%) adolescents, followed by less than 1day (23.9%) and more than 4days (14.9%) respectively. Several symp were observed including sweating, loss of appetite, head ache, distraction, nausea, vomiting, dizziness and fainting. School performance was negatively affected by dysmenorrhea. Findings research suggested that prevalence was high among female adolescents. The duration and intensity of pain adversely affected the social attitudes towards their families and friends 8. A stu conducted to evaluate the factors affecting the prevalence of dysmenorrhea in a group of Mexican students. A questionnaire was administered to 1152 high school students. The study finding showed that the dysmenorrhea was the cause of school absence from 24% of the affected students. Among them mild dysmenorrhoea 32.9%, moderate 49.7%, and severe 17.4%. 28% class physician and 60.9% self medicated. A cross sectional study was conducted to take the percentage distribution for the various degrees of severity of dysmenorrhoea in 100 girls. 28%, 43%, a of girls were experienced mild, moderate and severe dysmenorrhoea respectively. Nervousness and depression was identified as the most common type of dysmenorrhea related symptom followed by headache and dizziness 49% and 38% respectively. This study shows that dysmenorrhoea is very common among girls of the University of Hail. The prevalence of self medication form of NSAID's (43%), easily available over the counter was also found to be prevalent in our study. The correct approach to management of adolescent girls with dysmenorrhoea can reduc adverse impact of severe dysmenorrhoea on academic activities in the form of class absenteeism.20 A study was conducted to evaluate the prevalence of premenstrual syndrome and dysmenorrhea among 300 female medical students at SRM Medical college Hospital and Research centre Kanchipuram. Menstruation related questionnaire were administered. The study re showed that the prevalence of dysmenorrhea was 51% and that of the pre menstrual syndrome was 67% only 9.7% of the it udents consulted a physician or pharmacist 22.1% of students wit dysmenorrhea reported limitation of daily activities. The severity of dysmenorrhea is significantly associated with college absenteeism21. A study was conducted to determine the prevalence severity of dysmenorrhea among 100 young students at University of Hail city at mumbai. Self administered questionnaire was used. The study results showed that the mean age at menar found to be 12. to 15 yrs. The prevalence of dysmenorrhea was 100%. The percentage distribution of various degrees of severity of dysmenorrhea in 100 girls 20% had mild, 4.9% had moder 37% had severe dysmenorrhea respectively. Nervousness and depression was identified (70%) as the most common type of dysmenorrhea related symptoms headache 40% and dizziness study was conducted to determine the prevalence of dysmenorrhea in Ontario high school Himachal pradesh among 360 school girls. A self administered questionnaire was given to samples study findings showed that the over all 94% (n=380) of the participants had dysmenorrhea. It was mild in 27% (n=104) moderate in 41% (n=155) and severe in 12% (n=121). Dysmenorrhea was cause of limited sports activities in 81%, decreased class concentration in 15%, restricted home work in 59%, school absenteeism in 49%, limited social activities in 25%, and decreased acade performance in 8% of the affected students. Only 9% (n=70) had consulted a physician; 21% (n=80) self medicated, and 15% (n=210) took no action. The commonest drugs used were paraceta (n=60, 16%) ibuprofen (n=29.8%) and mefenamic acid (n=12.3%) There was no statistically significant correlation between dysmenorrhea and demographics and menstrual characteristics23. sectional study to assess severity of dysmenorrhea and associated factors at Sirsiaur. A total of 194 students aged 18to 21 years were selected and asked to complete a questionnaire and associated symptoms and impact of menstrual pain on working ability were obtained. The most prevalence menstrual symptoms were tiredness(47.9%) back pain (30.8%) and anger (34.5%) Prevalence of menstrual irregularity and dysmenorrhea was 11.9% and 78.3% and 6.7% of the participants had severe dysmenorrhea 74.6% of the dysmenorrheal girls reported that their wo ability was affected. It can be mentioned that prevalence of dysmenorrhea and irregularity among young females is high. Working ability is restricted to affected by menstrual pain. It could be to decrease menstrual discomforts by proper management and through awareness on treatment modalities24. PART- B Studies related to effect of ginger on dysmenorrhea among adolesce A study was conducted to compare the effect of ginger, Zinc Sulphate as placebo on the severity of primary dysmenorrhea among 150 high school students. The participants were divided in groups. The first group received ginger capsules, the second group received placebo capsules for 4 days.

Sources	Similar
(Dysmenorrhoea in pediatric and adolescent gynaecology)	
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https://www.researchgate.net/publication/324355441_Dysmenorrhoea_in_pediatric_and_adolescent_gynaecology	
Prevalence and Impact of Dysmenorrhoea among Female High School...	
Dysmenorrhoea was the cause of school absenteeism in 24%, restricted home work in 59%, school absenteeism in 49%, limited social activities in 25%, and decreased academic performance in 8% of the affected students. Only 9% (n=70) had...	5%
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[PDF] A Study to Assess the Effectiveness of Ginger Powder on...	
2018 Increased academic performance in 8% of the affected(23). A study was conducted to evaluate the prevalence of premenstrual syndrome and dysmenorrhea among 300 female medical students at SRM Medical college Hospital and Research centre Kanchipuram. Menstruation related questionnaire were administered. The study re...	3%
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Prevalence and Impact of Dysmenorrhoea among Female High School...	
only 8% (n = 16) had consulted a physician; 21% (n = 80) self-medicated, and 15% (n = 210) took no action. The commonest drugs used were paracetamol (n = 60, 16%), ibuprofen (n = 29.8%) and mefenamic acid (n = 12.3%). There was no statistically significant correlation between...	3%
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[PDF] Effectiveness of planned teaching programme on the...	
Prevalence of menstrual irregularity and dysmenorrhea was 11.9% and 78.3% and 6.7% of the participants had severe dysmenorrhea. 74.6% ... The dysmenorrheal girls reported that their working ability was affected. It can be mentioned that prevalence of dysmenorrhea and irregularity among young females is high. Working ability is restricted to affected by menstrual pain. It could be to decrease menstrual discomforts by proper management and through awareness on treatment modalities.24. PART- B Studies related to effect of ginger on dysmenorrhea among adolescents. A study was conducted to compare the effect of ginger, Zinc Sulphate as placebo on the severity of primary dysmenorrhea among 150 high school students. The participants were divided in groups. The first group received ginger capsules, the second group received placebo capsules for 4 days.	3%
https://www.researchgate.net/publication/321843665_Menstrual_problem_among_adolescent_women_their_coping_issue	

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Words	898	Date	August 10,2020
Characters	6072	Exclude Url	

11%	89%	0	43
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Research methodology refers to the study of procedure and methods used in the investigation of the variables. The researcher has organized the content related to the research methodology adopted for the present study under the headings of research approach, research design, variables, setting, population, sample, sampling technique, method of data collection, development of description of tool, validity, reliability of tool, pilot study and plan for data analysis. RESEARCH APPROACH: A quantitative research approach was utilized to assess the knowledge on fifth disease of newborns among staff nurses. RESEARCH DESIGN: The research design adopted for this study is Quasi experimental one group pretest post test research design. In this research design participants were recruited in the experimental group, a pretsest observation of the dependent variable were made before implementation of the structures teaching programme in the selected experimental group, the STP is administered and finally post test observation of dependent variable was carried out to assess the effect of STP on selected group of participants. Group Pre test Intervention Post test Quasi experimental one group pretest post test design 01 X 02 01- On day pretest was conducted to determine the knowledge among staff nurses about erythema infectiosum in newborns. X- Intervention , structured teaching programme on erythema infectiosum in newborns was given for five days and follow up. 02- On 5 th day post test was conducted to assess the knowledge regarding structured teaching programme on erythema infectiosum in newborns among staff nurses. SETTING: The study was conducted in Pediatric department of Narayana Medical College Hospital, Nellore, which is located in the urban area, Chinthareddypalem. It is a 1750 bedded hospital with two separate blocks-General block and Super speciality block with all the specialties. Pediatric department located at 1st floor of general hospital block consists of Neonatal Intensive Care Unit; Pediatric intensive care unit; 4 units of pediatric ward, pediatric emergency ward and pediatric out- patient department. Neonatal Intensive Care Unit and Pediatric intensive care unit consists of 45 nurses and is well equipped with radiant warmers, phototherapy, incubators, neonatal ventilators, cardiac monitors, infusion pump and syringe pumps, crash cart with all emergency medications and trays for procedures and trained personnel for all the procedures. It has other facilities like feeding room, hand washing room and examination room. Pediatric department is sanctioned with 120 beds and consists of 16 nurses. Pediatric unit average bed occupancy rate 100- 120. It consists of procedure room, demonstration room and play area. POPULATION: The population of the study includes all the staff nurses. TARGET POPULATION: Staff nurses who are working in paediatric department. ACCESSIBLE POPULATION: Staff nurses who are working at NICU,PICU, pediatric emergency, pediatric ward and pediatric OPD at NMCH, Nellore. SAMPLE: The sample of this study was staff nurses who were working at Narayana Medical College hospital and who fulfill the inclusion criteria. SAMPLING TECHNIQUE: Non probability convenience sampling technique was used for selecting the samples. SAMPLE SIZE: The sample size of the study was 60 participants. SAMPLING CRITERIA: Inclusion criteria: Who were working in Pediatric ward, NICU, PICU, Paediatric emergency, paediatric OPD at Narayana Medical College hospital. Who are willing to participate in the study. Both gender. Who can speak and understand English and telugu. Exclusion criteria • Student nurses posted in paediatric department. VARIABLES: Dependent variable: Knowledge of staff nurses. Independent variable: Structured teaching programme on fifth disease of newborn. DESCRIPTION OF TOOL: The tool consist of two parts Part A: socio demographic variables Age, sex, education, income, years of experience, NO of CNEs attended. Part B: Structured questionnaire to assess the knowledge of staff nurses regarding erythema infectiosum. Structured questionnaire consists of multiple choice questions related to meaning, causes & etiology, clinical manifestations, diagnostic findings , treatment and prevention of erythema infectiosum in newborns. THE SCORING INTERPRETATION: Scoring key: Grading score used to assess the level of knowledge. Knowledge levels: If scores Sl no Grade Level of knowledge (%) 1 A+ 91 – 100 2 A 81 – 90 3 B+ 71 – 80 4 B 61 – 70 5 C 51 – 60 6 D < 50 INTERVENTION PROTOCOL: Structured teaching programme includes: Definition & prevalence of erythema infectiosum Causes and risk factors for

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Words	894	Date	August11,2020
Characters	5686	Exclude Url	

12%	88%	9	34
Plagiarism	Unique	Plagiarized Sentences	Unique Sentences

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Achildisauniqueindividualeorsheisnotaminiatureadult,notalittlemanorwoman.Thechildhoodprocessisvitalbecauseofsocializationprocessbythetransmissionofattitude,customs,andbehaviorthroughtheinfluenceofthefamilyandcommunity.Somechildrenbecomesickandneedhospitalization.1Hospitalizationisstressfulforallthechildrenofallage,
duringaseriousofillness.childrenhaveagreatneedfortheirparentsandtoleratetheirabsenceonlyforshortperiodsthey
needtoknowthattheirparentswillbetherewhentheyneedthem,mostandthattheyareloveandmissed.1Anxietyisthegreateststressimposedbyhospitalizationduringearlychildhood.Asickchildneedshospitalcareanditisastressful
experienceforhim,wellthehospitalenvironmentandtherelatedproceduremakethefeelchildscaryofevenmoreHospital
carethusputssuchemotionaldrawbacksonthechild'sregularlife.Thechildisdisplacedfromdailyroutineofhomeand broughtintoplayisoneofthenon-
pharmacologicaltherapywhichactasanimportantpartoflifeandfosterthegrowthand
developmentofchild.Playalsoreducesanxietyofchildduringhospitalizationanunfamiliarsettingcausinglossofcontactwith
siblings,peersandrelatives.1Playisessentialpartofchildandimportantaspectsoffosteringgrowthanddevelopment.Toys arethetoolofplay.Playtherapyisaformofchildcounsellingforchildrenfrom3-
12yearsbecausethechildworldofplay.Clay
iscatharticinnatureasitallowstheindividualtoexpressanarrayofemotions.Catharsisallowsforthereleaseofpreviously
restrainedandinterruptedeffectivereleaseviaemotionalexpressionsuchaspoundingclay.Thereisnobetterm
omentthan
witnessingachild'sjoyastheysitatthepotter'swheelforthefirsttimeandplacetheirwethandsonslowlyspinningclay.Clay,anditsnecessitytobetouched,isatoncefamiliartochildren.Thesensoryexperiencestheyencounterare
numerousandas
theyexperiencethetextureandfeeloftheclay,thechildrenexpresswhattheyaresensingwithuninhibitedenthusiasm;"It's
cold,it'swetandsquishy,anditssoheavy!"Clayaskstobepoked,pinched,twistedandrolledandastheyhandleit,childrendevelopbothfineandmajormotorskillsandrealizethattheyhaveaneffectontheclayasitrespondstotheirmanipulation.
- Childrenvisuallyinspecttheclay'ssurfaceandcolour,theysmellitandtheylaughatthesoundsitmakeswhenit'swet.Clay therapyisastiff,stickyfine-
grainedearththatcanbemouldedwhenwetanddriedandbakedtomakebricks,potteryand
ceramics.Clayisatherapytoolwhichcanassistanchildreninachievingreleasefrominternalstress.

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Words	994	Date	August 19,2020
Characters	6970	Exclude Url	

0%	100%	0	41
Plagiarism	Unique	Plagiarized Sentences	Unique Sentences

Content Checked For Plagiarism

CHAPTER -IV DATA ANALYSIS AND INTERPRETATION The data collected during the study was organized, tabulated, analysed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were organized in 4 sections. SECTION-I Frequency and percentage distribution of socio-demographic variables of health care personnel's SECTION-II Frequency and percentage distribution of grades & levels on marital health literacy among health care personnel's SECTION-III Mean, standard deviation of grades & level of mental health literacy among health care personnel's SECTION- IV Association between the grades & level of mental health literacy among health care personnel's with their socio demo graphic variables SECTION –I Table 1: Frequency and percentage distribution of socio demo graphic variables of health care personnel's based on age (N=100) AGE IN YEARS FREQUENCY (f) PERCENTAGE (%) a)25- 35years b)36-45 years c)46-55 years 32 34 34 32% 34% 34% TOTAL 100 100% Table -1 : shows among health care personnel's with regard to age in years, 32(32%) belongs to 25-35 years and 34(34%) belongs to 36-45 years and 34(34%)belongs to 46-55 years Figure-3 Percentage distribution of health care personnel's based on age Table.2: Frequency and percentage distribution of based on based on health care personnel's on Gender. (N=100) GENDER FREQUENCY(f) PERCENTAGE(%) a)Female b)Male 54 46 54% 46% TOTAL 100 100% Table.2: reveals that in gender among health care personnel's shows that 52 (52%) were females and 48 (48%) were males. Figure 4: Percentage distribution health care personnel's based on gender. Table.3: Frequency and percentage distribution of health care personnel's based on Religion (N=100) RELIGION FREQUENCY(f) PERCENTAGE(%) a)Hindu b)Muslim c)Christian d)others 26 23 33 18 26% 23% 33% 18% TOTAL 100 100% Table.3: out line the findings related to religion among health care personnel's where 26(26%) are Hindu, and 23(23%) are Muslim, 33(33%) are Christian 18(18%) are others Figure - 5. Percentage distribution of health care personnel's based on religion Table 4: Frequency and percentage distribution based on educational status (N=100) EDUCATIONAL STATUS FREQUENCY (f) PERCENTAGE (%) a)Diploma b)Graduate c)Post graduate d)Doctorate 27 23 31 19 27% 23% 31% 19% TOTAL 100 100% Table-4: illustrates the educational level of health care personnel's where 27(27%) studied diploma, 23(23%) are graduate , 31(31%) are post graduate and 19(19%) holds doctorate Figure-6: Percentage distribution of health care personnel's based on Education Table 5: Frequency and percentage distribution of health care personnel's based on occupation (N=100) OCCUPATION FREQUENCY(f) PERCENTAGE (%) a)Nurses &midwives b)Medical officer c)Pharmacist d)Health educators 28 34 28 10 28% 34% 28% 10% TOTAL 100 100% Table-5: Depicts the occupation of health care personnel's were 28(28%) are nurses and midwives, 34(34%) of medical officer, 28(28%) pharmacist and 10(10%) health educators Figure-7: Percentage distribution of health care personnel's based on Occupation Table 6: Frequency and percentage distribution of health care personnel's based on monthly income (N=100) MONTHLY INCOME FREQUENCY(f) PERCENTAGE(%) a)Rs.25,000-50,000 b)Rs.50,000-75,000 c)Rs.75,000-90,000 d)Rs.90,000-1,00000 25 41 32 2 25% 41% 32% 2% TOTAL 100 100% Table-6: Illustrates the monthly income of health care personnel's 25(25%) earn Rs.25,000-50,000,41(41%) earn Rs.50,000-75,000, 32(32%) earn Rs.75,000-90,000,2(2%) earn Rs.90,000-1,00000 Figure-8: Percentage distribution of health care personnel's based on monthly income Table – 7:Frequency and percentage distribution of health care personnel's based on marital status (N=100) MARITAL STATUS FREQUENCY(f) PERCENTAGE(%) a)Single b)Married c)Widow d)Separated 24 34 35 7 24% 34% 35% 7% TOTAL 100 100% Table-7: displays the marital status of health care personnel's in which 24(24%) are single, 34(34%) are married , 35(35%) are widow and 7(7%) are separated Figure 9. Percentage distribution of health care personnel's based on marital status. Table 8:Frequency and percentage distribution of based on Type of family (N=100) TYPE OF FAMILY FREQUENCY(f) PERCENTAGE(%) a)Nuclear family b)Joint family c)Extended family 20 45 35 20% 45% 35% TOTAL 100 100% Table-8: Illustrates type of family among health care personnel's 20(20%) live in nuclear family, 45(45%) live in joint family, and 35(35%) live in extended family Figure 10. Percentage distribution of health care personnel's based on

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10%
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Date	2020-08-10
Words	793
Characters	5220

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Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis. This disease is Chronic obstructive pulmonary disease (COPD) is a type of obstructive lung disease characterized by long term breathing problem and poor air flow. The main symptom include shortness of breath and , wheezing, cough, fatigue, phlegm production, and chronic respiratory infections, which can range from mild to very severe, depending on the stage of the disease .1 Chronic bronchitis is an inflammation of the bronchial airways inside lungs. cilia (Tiny hair like structures) line, airways and sweep mucus up, keeping airways clean. When cilia are damaged, they can becomes harder for to cough up mucus. This can make airways swollen and clogged. These changes limit airflow in and out of lungs, making it hard to breathe. 2 Smoking is the primary cause of (COPD), long-term, cumulative exposure to other types of airway irritants and. These are also risk factors for developing COPD, along with age, socioeconomic status, and infections. COPD primarily prevented by avoidance of exposure to smoking (both active and passive) alcohol reduction, nutrition and physical exercises. 2 SNAP (Smoking cessation, Nutrition, Alcohol reduction, Physical activity) It is a more benefits for all the adults above the age group 20 years. The COPD symptoms are treatable and its progression can be delayed. The major goals of management are to reduce risk factors, manage stable COPD, prevent and treat acute exacerbations, and manage associated illnesses. The only measures that have been shown to reduce mortality are smoking cessation and supplemental oxygen. Stopping smoking decreases the risk of death by 18%. Other recommendations include: influenza vaccination once a year, pneumococcal vaccinations once every 5 years, and reduction in exposure to environmental air pollution.9 STATEMENT OF THE PROBLEM: A STUDY TO ASSESS THE IMPACT OF SNAP IN LIMITING THE RISK OF COPD AMONG ADULTS IN SELECTED RURAL AREAS, NELLORE. OBJECTIVES: • To determine the risk of COPD among adults • To determine the impact of SNAP in limiting the risk of COPD among adults. • To associate the impact of SNAP in limiting the risk of COPD among adults with their selected socio demographic variables RESEARCH HYPOTHESIS: H1:- There was statistically significant impact of SNAP in limiting the risk of COPD among adults. H2:- There was statistically significant association in the demographic variables of adults following SNAP and reduction in risk for COPD NULL HYPOTHESIS: HO1:-There was no statistically significant impact of SNAP in limiting the risk of COPD among adults HO2:-. There was no statistically significant association in the demographic variables or adults following SNAP and reduction in risk for COPD. METHODOLOGY after Formal permission from the Principal, Narayana college of Nursing, Panchayat secretary, and ethical Clearance committee. The data collection procedure was carried out for 6weeks i.e 21/1/20-28/2/20 in Thotapalli gudur in Nellore district. The purpose and nature of the study was explained to the adults and consent was taken from participants 60 Male adults was selected above the age group of 20 years by using simple random sampling technique. Pre test was done 1st day by using incentive spirometry observational checklist and it was taken 15-20 mint for each adult. Every day structure teaching programme on SNAP (Smoking cession, Nutrition, Alcohol reduction, physical activity.) intervention were provided from 9.am to 11am given to adults. Post test was conducted on 21st day to assess impact of SNAP to limiting the risk of COPD among same adults by checking risk level with same tool the obtained results was analyzed by using descriptive and inferential statistics. The collected data was analyzed by using descriptive and inferential statistics. 60 adults during pre test, 24(40%) had maintained poor spirometry parameters 31(51.7%) had maintained moderate spirometry parameter, 5(8.3%) had maintained normal spirometry parameters. Where as in post test with SNAP 35(58.3%) had maintained moderate spirometry parameters. 23 (41.7%) had maintained normal spirometry parameters. Mean and standard deviation of pre test and post test scores on incentive spirometry parameters. The pre test mean is 10.65 with SD 5.74. The post test mean is 13.85 with SD 7.47. The calculated value of paired't' test is 5.21

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INTRODUCTION Chronic kidney disease is also known as chronic kidney failure or end stage renal disease(ESRD). It affects the two fundamental parts of the kidney called glomerulus and tubules. Our body contains 70% of the water which will loose the water by breathing mechanism, excretion, peeping or by sweating. In hemodialysis, there is reabsorption takes place ,so excess loss of fluid take place in the body and cell volume decrease which cause the thirst. OBJECTIVES • To assess the level of thirst distress and compliance among patients with CKD undergoing hemodialysis. • To determine the effect of comprehensive nursing strategies of thirst distress and compliance among patients with CKD undergoing hemodialysis. • To find out the association between the thirst distress and • Compliance among patients with CKD undergoing hemodialysis with selected socio demographic variables. DELIMITATIONS: The study is delimited to • The patients with CKD undergoing hemodialysis at NIMCH, Nellore. • The sample size is 60 CKD patients. • 6 weeks of data collection period only METHODOLOGY:. RESULT Frequency and percentage distribution of on level of thirst distress during pre test and post test ,results during pre test, 3(5%) were having mild thirst,7(11.7%) were having moderate thirst ; 50(83.3%) were having severe thirst . Where as in post test,4(6.6%) were having no thirst, 23(38.4%) were having mild thirst,13(21.6%) were having moderate thirst and 20(33.4%) were having severe thirst. The result indicates that effectiveness of the comprehensive nursing strategies on thirst distress, mean and standard deviation of pre test and post test scores among patients with CKD undergoing hemodialysis There is a significant effectiveness of nursing strategies on dehydration among patient with CKD undergoing hemodialysis. Frequency and percentage distribution of visual analogue scale (VAS) for thirst distress during pre test and post test results Shows that. during pre test, .2(3.4%) were having neutral,9(15%) were thirsty, 34(56.6%) were very thirsty,15(25%) were as very very thirsty. Where as in post test, 17(28.4%) were having not thirst 13(21.6%) were not very thirst 14 (23.4%) were having neutral, 9(15%) were thirsty,4(6.6%) were very thirsty 3(5%) having very very thirst The result indicates that effectiveness of the comprehensive nursing strategies by visual analogue scale (VAS) on thirst distress, mean and standard deviation of pre test and post test scores among patients with CKD undergoing hemodialysis The pre test mean is 6.03 with SD 0.73 The post test mean is 3.98 with SD 1.71.The calculated value of 'Z' test is 8.57 and table value is 2.660 P<0.05 at the level of significance The calculated value is greater than the table value; so the null hypothesis is rejected and research hypothesis is accepted. There is a significant effectiveness of nursing strategies among patient with CKD undergoing hemodialysis CONCLUSION The conclusion drawn from the study was that there was statistically significant reduction on thirst distress among patient with CKD undergoing in pre test as compared to the post test. The study has shown nursing strategies are more effective in reducing the thirst distress among patient with CKD undergoing hemodialysis, with this evidence based practice can be implement in nursing practice to reduce the thirst distress .

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Words	467	Date	August 16,2020
Characters	2711	Exclude Url	

19%	81%	4	17
Plagiarism	Unique	Plagiarized Sentences	Unique Sentences

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CHAPTER – I INTRODUCTION "A PERSON EDUCATED IN MIND AND NOT IN MORALS IS A MENACE TO SOCIETY"- JUANITA KIDD A paediatric emergency is defined as a serious condition that threatens the life of an infant and child thus requires immediate medical attention. Paediatric emergencies can be caused a particular illness, an injury, or by ingesting a foreign object or poison1 Children are the future of every country and all societies strive to ensure their health and safety since India's independence, continuous efforts have been made to improve the status of children. In India, injury caused by minor burns, foreign body aspiration, falls, nose bleeding and cuts accounts for the second most common cause of death in the age group of 5-14 year.2, 3 Burns are leading cause of death in children. Approximately 1.2 million people require medical care each year. Burn related injuries are the second leading causes of the death in children less than 4 years of age. In general, burn related injuries in children account for 30% of all burn victims requiring hospitalization. 75% to 80% of burn injuries to children occur in the home, and most death related injuries are attributed to carbon monoxide poisoning or smoke inhalation. Scald burns are more common in the older under five age years as they become mobile, begin exploring the environment and are exposed to environment hazards with the home (e.g. hot liquids in the kitchen, hot water in the bathroom).4,5 Foreign bodies in the ear, nose, and airway sometimes occur in children. Foreign bodies refer to any object that is placed in the ear, nose, or mouth that is not meant to be there and could cause harm. Aspiration of foreign body can occur in adults and children of any age, but the incidence of foreign body aspiration increases in children less than 4 years of age.6,7 Falls are the most common cause of pediatric injury leading to emergency department visits, the most common cause of injuries in every age group. As babies and children start moving around more, they're more likely to have falls and bumps. Injuries to children often happen when parents don't expect it, because children grow and develop new skills so quickly. The best thing parents can do to keep parents children's safe is to watch the new skills they learning, and the new places they can reach and get to – and then adjust environment to suit. Children are at risk of falling. This is when they can't control their movements. If baby is on a surface like a change table or bed, always keep a hand on them. As they grow, we do not know he can roll over until he rolls off the bed or another piece of furniture. So it's safest to change baby on the floor.8

Sources	Similarity
A person educated in mind and not in morals is a menace to ... quotes by : juanita kidd stout	added by: mehedihasan007 posted 5 years ago	category : n/a. https://www.lookupquotes.com/quotes/a-person-educated-in-mind-and-not-in-morals-is-a-menace-to-s/19752/	10%
Approximately 1.2 million	Scribd approximately 1.2 million people require medical care each year, most shocking is 30% to 40% are younger than 15 years of age what burnschildren are not little adults rule of palm or nine...? the rule of palm's assumes that the palm size of the patient represents approximately 1% of the... https://www.scribd.com/presentation/13655679/Burns-How-To-Cool	10%

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Characters	3441	Exclude Url	

9%	91%	2	20
Plagiarism	Unique	Plagiarized Sentences	Unique Sentences

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Medical errors are a common occurrence in the neonatal intensive care unit. Neonates, especially very low birth weight babies, are particularly vulnerable to adverse sequelae of medication errors as they have a limited ability to "buffer" such mistakes. Nurses focus on providing error-free care. Research into human factors teaches us that dedication, training, and vigilance are not enough to prevent errors in complex systems. NEED FOR THE STUDY: Globally, medication errors cause at least one death every day and injure approximately 1.3 million people annually in the United States of America alone. In India, studies done in Uttarakhand and Karnataka have documented medication error rate to be as high as 25.7% and 15.34%, respectively, in NICU. In Andhra Pradesh, 52.7% of prescriptions were presented with medication errors in pediatric unit of a private hospital. OBJECTIVES: • To assess the knowledge regarding prevention of medication errors among nurses in Pediatric department. • To determine the efficacy of strategic module on prevention of medication errors on knowledge among nurses in Pediatric department. • To find out the association between the post-test level of knowledge scores on prevention of medication errors among nurses in Pediatric department with selected demographic variables. METHODOLOGY: A Quantitative Research approach, pre experimental one group pre-test and post-test design was used. After obtaining formal written permission from concerned authority, data collection was started from 20/1/20- 29/2/20 in pediatric department at Narayana Medical College & Hospital, Nellore. 60 nurses were selected by using non probability convenience sampling technique. For pretest 20 min was given to the participants for answering the questionnaire. A strategic module was provided in the form of book-let information regarding prevention of medication errors and given to all the 60 participants for 30 days. 20 min time was given to the participants to read the book-let information regarding prevention of medication errors once a day as an intervention. On the completion of intervention the next day onwards post test was conducted with the same structured questionnaire to determine the efficacy of strategic module on prevention of medication errors on knowledge among nurses in pediatric department at NMCH, Nellore. Data was analyzed and tabulated according to the objectives and hypothesis of the study. RESULTS: Among the 60 sample with context to pre test knowledge on prevention of medication errors 23(38.4%) had grade B+, 4(6.6%) had grade B, 33(55%) had grade C. Where as in post test 24(40%) had grade A+, 36(60%) had grade A. Regarding association between the post-test level of knowledge scores on prevention of medication errors among nurses in Pediatric department with selected demographic variables such as age, educational status, area of work, total years of working experience are statistically significant at the level of P<0.05 and age is not statistically significant at the level of P<0.05. CONCLUSION: The conclusion drawn from the study was that there was significant improvement on knowledge in prevention of medication errors among nurses in pediatric department after providing the strategic module on the form of book-let information it shows brightness on importance of continues nursing education programmes to update the knowledge to the current practice.

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Ph.D. Viva voce Examination- Dr. YSRUHS

NARAYANA
COLLEGE OF NURSING
NELLORE

Date: 21.02.2024

To
The Registrar,
Dr. Y.S.R. University of Health Sciences,
VIJAYAWADA - 520 008.
A.P.

Sir,

Sub: Narayana College of Nursing, Nellore – PhD Exams of Dr YSRUHS - Submission of the results and report of Mrs. Latha A, PhD viva-voce - Reg.

Ref: Ref: Dr YSRUHS File No.8647/E2C/PhD/2023, -DrYSRUHS, Dt.- 05.02.2024.

*****

Herewith, I am submitting the brief report, attendance, CCTV Footage (CD) and results of Mrs. Latha A, M.Sc. Nursing, Medical Surgical Nursing, PhD viva-voce at Narayana College of Nursing, Nellore, Andhra Pradesh on 21.02.2024. The viva-voce started at 11.00 am and completed at 1.00 pm.

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL
Principal
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Encl: 1. PhD Examiners Report
2. Participants details
3. CCTV Footage (CD)

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Ref: Dr YSRUHS File No.8647/E2C/PhD/2023

Date: 21.02.2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. I. Clement,** PhD, Principal, Sparsh College of Nursing, Bangalore appointed as External Examiner to conducted of offline viva-voce exam to Mrs. A. Latha (Reg. No. 201818) candidate of Ph.D thesis **"EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN AND FATIGUE, AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE"** under Dr. Y.S.R. University of Health Sciences, Vijayawada, on 21.02.2024 at Narayana College of Nursing, Nellore, Andhra Pradesh.

Thanking you,

(Dr. B. Vanaja Kumari)
PRINCIPAL

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Ref: Dr YSRUHS File No.8647/E2C/PhD/2023

Date: 21.02.2024

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This is to certify that **Dr. A. Indira,** PhD, Dean, Swathi College of Nursing, Nellore appointed as Internal Examiner/Guide to conducted of offline viva-voce exam to Mrs. A. Latha (Reg. No. 201818) candidate of Ph.D thesis **"EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN AND FATIGUE, AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE"** under Dr. Y.S.R. University of Health Sciences, Vijayawada, on 21.02.2024 at Narayana College of Nursing, Nellore, Andhra Pradesh.

Thanking you,

(Dr. B. Vanaja Kumari)
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Ref: Dr YSRUHS File No.8647/E2C/PhD/2023

Date: 21.02.2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. B. Hari Krishna,** Assoc. Professor of Physiology, Government College of Nursing, Kadapa appointed as Observer to conducted of offline viva-voce exam to Mrs. A. Latha (Reg. No. 201818) candidate of Ph.D thesis **"EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN AND FATIGUE, AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE"** under Dr. Y.S.R. University of Health Sciences, Vijayawada, on 21.02.2024 at Narayana College of Nursing, Nellore, Andhra Pradesh.

Thanking you,

(Dr. B. Vanaja Kumari)
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PROCEEDINGS OF THE VICE-CHANCELLOR
PRESENT: Dr. KORUKONDA BABJI, M.S, M.ch

File.No: 8647/E2C/Ph.D/2023 Date:05.02.2024

Sub:- Dr. YSRUHS - EXAMS - Ph.D - Appointment of External and Internal Examiners and Schedule for conduct of offline viva-voce exam to A.Latha Candidate of Ph.D course under Dr. YSRUHS - Regarding.

Ref:- Orders of the Vice-Chancellor, dated: 31.01.2024.

*****

The Vice-Chancellor is pleased to appoint the following professors as External/Internal examiners for conduct of the Ph.D Viva-Voce examination to A.Latha whose thesis **"EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN. FATIGUE, MUSCLE CRAMPS AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE "** is approved by three examiners.

EXTERNAL EXAMINER	**Dr.I. Clement PhD,** Principal, Sparsh College of Nursing, Bangalore, Mobile No - 09880786252 Email.clement nurse@yahoo.co.inEmail; clementnisha19@gmail.com
GUIDE/INTERNAL EXAMINER	Dr.A.INDIRA, Ph.D, Dean, Swathi College of Nursing, Nellore Cell No.9490166028, Email.indiraarumugam28@gmail.com

The Ph.D thesis evaluation reports of the examiners are enclosed herewith for the use of the above examiners of A.Latha. The Viva-voce examination is scheduled on **21.02.2024 (Wednesday) at 11.00 A.M and the venue of the examination** is Narayana College of Nursing, Nellore.

The Principal, Narayana College of Nursing, Nellore is requested to make necessary arrangements for conducting offline viva-voce Ph.D exam.

The Result/Report of the viva-voce exam shall be submitted to this University in a confidential sealed cover addressed to "The Controller of Examinations, Dr.YSRUHS, Vijayawada".

Further, it is informed that the remuneration shall be paid to conduct Ph.D Viva-Voce examination as per University regulations.

CONTROLLER OF EXAMINATIONS

Encl: 1. As stated above
2. Two copies of Viva-voce examination award proforma.

To:
1) The above concerned Examiners
2) The Principal, Narayana College of Nursing, Nellore.
3) A. Latha, Ph.D Scholar.

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr. YSR UNIVERSITY OF HEALTH SCIENCES::AP::VIJAYAWADA-8

Dr.CH.SRINIVASA RAO
CONTROLLER OF EXAMINATIONS
EMAIL:deputyregistrarexamspg1@gmail.com

Mobile No. 8978900836,8978900569

Ref.No. 8647/E2b/PhD/2023 Date: 05.02.2024

To
Dr. Hari Krishna
Associate Professor of Physiology ,
Government Medical College,
Kadapa .
Mobile No. 9052792108
Mail . hariphysiologist@gmail.com

Sir,

Sub:- Dr. YSR UHS – Exams – Ph.D Viva Voce Exam – Appointment of Special Observers – Reg.

******

I am by direction to inform you that you have been appointed as Special Observer to **Narayana College of Nursing, Nellore** for the Ph.D Viva- Voce Examination to Mrs. A. Latha, Ph.D Scholar on 21.02.2024 (Wednesday). The duties assigned to the observer are to visit examination center without any advance intimation and to observe all stages involved in the conduct of examination. You will paid T.A and Halting charges **Rs.1000/-** (DA+ Lodging charges) according to University rates and also observer's remuneration of **Rs.500/-** per day. Further, you have to submit the report in a sealed cover to the undersigned.

I request you kindly to accept this offer as special observer.

Note:- The Examination will be commenced from **11.00A.M.**

Contact details :
Dr.A.INDIRA, Ph.D,
Dean,
Swathi College of Nursing, Nellore
Cell No.9490166028,
Email.indiraarumugam28@gmail.com

CONTROLLER OF EXAMINATIONS

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE- 524 003

Dr. YSR UNIVERSITY OF HEALTH SCIENCES :: A.P:: VIJAYAWADA-8

Ph.D VIVA - VOCE OFFLINE EXAMINATION- February, 2024

CANDIDATE'S NAME : Latha. A

TITLE : Effectiveness of Cutaneous stimulation by Cryotherapy on Pain and fatigue among Chronic Kidney disease Patient with AV Fistula undergoing Hemodialysis at Narayana Medical College & Hospital Nellore

VENUE :

BOARD OF EXAMINERS' REPORT : Well Presented
Excellent & useful topic selection
Answered all the Questions asked.

1. REMARKS ON CANDIDATE'S PERFORMANCE IN VIVA- VOCE EXAMINATION : Well Presented & Asiswered all Questions asked.

Strongly Recommending Dr. YSR university to Award PhD degree in Nursing

2. RECOMMENDATION OF BOARD OF EXAMINERS TO THE DR. YSR UNIVERSITY OF HEALTH SCIENCES FOR THE AWARD OF PH. D DEGREE IN PhD in Nursing

A	HIGHLY COMMENDABLE
B	COMMENDABLE

A. Indira
Dr.A.INDIRA, Ph.D.
Dean,
Swathi College of Nursing, Nellore
Cell No.9490166028,
Email:indiraarumugam28@gmail.com

(THE PRINCIPAL)
Narayana College
of Nursing, Nellore

Dr.I. Clement PhD,
Principal,
Sparsh College of Nursing, Bangalore.
Mobile No - 09880786252
Email:clementnurse@yahoo.co.in
clementshisha19@gmail.com

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

PRINCIPAL
SPARSH COLLEGE OF NURSING
8, IDEAL Homes, HBCS Layout,
Rajarajeshwari Nagar, Bangalore - 560098

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA - 520 008

REPORT OF THE EXAMINER ON THE Ph.D THESIS

SUBMITTED BY CANDIDATES

Name of the Examiner : Dr. RAMESH SHANMUGAM,Ph.D.(N).
Professor, School of Nursing,
Dept.of Adult Health Nursing,
CHMS, Bule Hora University,
Bule Hora, Ethiopia,
P.O.B. 144. (Suro Road).

Address :

1. Name of Candidate : A.Latha
2. Regd. No : 1801101
3. Course / Subject : "Medical Surgical Nursing"
4. Topic on which the candidate Submitted the Thesis : "EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN, FATIGUE, MUSCLE CRAMPS AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE".

5. Report of the Examiner : Whether

a	Highly commendable	X
(b)	Commendable	✓
c	Revised	X
d	Rejected.	X

6. Remarks of the Examiner : NIL

13/9/2023

Dr. RAMESH SHANMUGAM,Ph.D.(N).
Professor, School of Nursing,
Dept.of Adult Health Nursing,
CHMS, Bule Hora University,
Bule Hora, Ethiopia,
P.O.B. 144. (Suro Road).

7. Signature and Official Seal :

No. of Corrections if any : NIL

13/09/2023

SIGNATURE OF THE EXAMINER

Dr. RAMESH SHANMUGAM,Ph.D.(N).
Professor, School of Nursing,
Dept.of Adult Health Nursing,
CHMS, Bule Hora University,
Bule Hora, Ethiopia,
P.O.B. 144. (Suro Road).

(1)

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA - 520 008

REPORT OF THE EXAMINER ON THE Ph.D THESIS

SUBMITTED BY CANDIDATES

Name of the Examiner : Dr. I. CLEMENT
PRINCIPAL

Address : SPARSH COLLEGE OF NURSING
8, IDEAL Homes, HBCS Layout,
Rajarajeshwari Nagar, Bangalore - 560098

1. Name of Candidate : A.Latha
2. Regd. No : ~~1801101~~ 201818
3. Course / Subject : "Medical Surgical Nursing"
4. Topic on which the candidate Submitted the Thesis : "EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN, FATIGUE, MUSCLE CRAMPS AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE".

5. Report of the Examiner Whether

Research thesis is accepted

a	Highly commendable	✓
b	Commendable	
c	Revised	
d	Rejected.	

6. Remarks of the Examiner : Excellent research work and presentation of thesis done by the Researcher. Problem selection, Statement of Problem, Hypothesis, objectives, literature review, Methodology, Data analysis and interpretation summary, conclusion, Major finding, Implications & References - Adequate, Appropriate & well explained with Figures and tables.

7. Signature and Official Seal :

No. of Corrections if any : Student Registration number needs to be corrected.

SIGNATURE OF THE EXAMINER

PRINCIPAL
SPARSH COLLEGE OF NURSING
8, IDEAL Homes, HBCS Layout,
Rajarajeshwari Nagar, Bangalore - 560098

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA - 520 008

REPORT OF THE EXAMINER ON THE Ph.D THESIS

SUBMITTED BY CANDIDATES

15978
14 NOV 2023
EXAMS WING
VIJAYAWADA-8

Name of the Examiner : Dr. Indira Arumugam

Address : Dean (Nursing)
Swathi College of Nursing,
Venkatachalam, Nellore. A.P.

1. Name of Candidate : A.Latha
2. Regd. No : 1801101
3. Course / Subject : "Medical Surgical Nursing"
4. Topic on which the candidate Submitted the Thesis : **"EFFECTIVENESS OF CUTANEOUS STIMULATION BY CRYOTHERAPY ON PAIN. FATIGUE, MUSCLE CRAMPS AMONG CHRONIC KIDNEY DISEASE PATIENTS WITH A.V. FISTULA UNDERGOING HEMODIALYSIS AT NMCH, NELLORE ".**

5. Report of the Examiner : Whether

a	**Highly commendable**
b ✓	**Commendable**
c	**Revised**
d	**Rejected.**

6. Remarks of the Examiner : very well explained all Chapters Data is analysed well & good & All Hypothesis are accepted

7. Signature and Official Seal : A. Indira

No. of Corrections if any: Nil

A. Indira
SIGNATURE OF THE EXAMINER

Dr. B
Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003.

Dr. YSR UNIVERSITY OF HEALTH SCIENCES :: A.P:: VIJAYAWADA-8

Ph.D VIVA - VOCE OFFLINE EXAMINATION- February, 2024

CANDIDATE'S NAME :

TITLE :

VENUE :

BOARD OF EXAMINERS' REPORT :

1. REMARKS ON CANDIDATE'S PERFORMANCE IN VIVA- VOCE EXAMINATION :

2. RECOMMENDATION OF BOARD OF EXAMINERS TO THE DR. YSR UNIVERSITY OF HEALTH SCIENCES FOR THE AWARD OF PH. D DEGREE IN_____

A	HIGHLY COMMENDABLE
B	COMMENDABLE

Dr.A.INDIRA, Ph.D,
Dean,
Swathi College of Nursing, Nellore
Cell No.9490166028,
Email.indiraarumugam28@gmail.com

(THE PRINCIPAL)
Narayana College
of Nursing, Nellore.

Dr.I. Clement PhD,
Principal,
Sparsh College of Nursing, Bangalore,
Mobile No - 09880786252
Email.clementnurse@yahoo.co.in Email;
clementnisha19@gmail.com

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING

CHINTHAREDDYPALEM NELLORE

Dr.Y.S.R University Health Science Vijayawada

Ph.D Viva VOCE CANDIDATE: MRS LATHA.A. M.Sc (N)

S.No	Name of the participents	Signature
1	Dr. B. Vanajakumari	
2	Dr. I.V. Manuelle	
3	P. Shanmugavadivu	
4	Kalpana Boddu	
5	N. Subhashini	
6	Mrs Thejavathi	
7	R.T. Girija Rani	
8	G. Velangini	
9	T. Lalitha Kumari	
10	D. Rajyalakshmi	
11	SK. Bhayu	
12	T. Chandana	
13	S. Suchithra	
14	m. Kamala Swetha	
15	N. Mary Sucarna Sulochana	
16	T. Sri lakshmi	
17	P. Nissi	
18	T. Persis	
19	M. Sireesha	
20	T. vijayalakshmi	
21	Veena Suresh	
22	Vasanda Vinod	
23	Sona chacko	
24	Tina K Tomychan	
25	Sreelakshmi vijayan	
26	DASARI HARITHA	
27	Aksa M. paul	
28	Amala Thomas	
29	Anjna Sahadevan	
30	Athy Abel. J.S	
31	Sona Anna Varghese	
32	Sreelakshmi.s	
33	B Nandeswari	
34	S Paicumari	
35	T. UShakiran	
36	Dr Anjani Devi. A	
37	DR. V. Kumari	
38	Prathima Vemuganti	
39	Dr. N. SIVA KUMAR	
40	D.V. RAMA RAO	
41	B. KOTESWARA RAO	
42	T. Esther Jyothi	
43	J.D. Shainy Swaroopa	
44	K. Neelima rani	
45	T. Nikitha	
46	Manasa.	
47	Sona santhosh	
48	Diya Sivan	
49	Aswathy Pankajakshan	
50	Jerena Jacy	
51	Sneha Shaji	
52	Anitta Jojan	
53	Ahamika K Shaji	
54		

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING

CHINTHAREDDYPALEM NELLORE

Dr.Y.S.R University Health Science, Vijayawada

Ph.D Public Viva Voce

Candidate Name: Mrs. A.Latha Date:21-02-2024

S.No	Name of the participants	Signature
55	Aswathy. k.s	
56	Anna Mathen	
57	Varsha thomas	
58	Sona p chacko	
59	Seem thomas	
60	Meenu Manoj	
61	Aysha Raju	
62	Ashly Abraham	
63	Nandana Renchi	
64	Archana s sabu	
65	Chinchulu ps	
66	Maneesha Manoj	
67	Anju Siji	
68	Aleena Raju	
69	Anitta Biju	
70	Sradha Mariam	

Internal Examinor

Observer

(Dr. B Harikirthna)
Associate Prof & Physician
Govt. Medical College,
Kadapa.

External Examinor

Dr. I. Clement

PRINCIPAL
SPARSH COLLEGE OF NURSING
8, IDEAL Homes, HBCS Layout,
Rajarajeshwari Nagar, Bangalore - 560098

Principal

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Date: 10.05.2024

From
Mrs. LATHA A
REGN NO-201818
Professor/HOD
Medical Surgical Nursing,
Narayana College of Nursing,
Chinthareddypalem,
Nellore.

To
Controller of Examination,
Dr.YSR University of Health Sciences,
Vijayawada,
AP – 520 008

//Through Proper Channel//

Respected Sir/Madam,

SUB: Dr.YSRUHS-EXAMS-PhD - Issuing Provisional certificate - Regarding.

REF: Letter No.8647/E2b/PhD/2023, DR.YSRUHS, Vijayawada, dated 15.04.2024.

****

I am Mrs. Latha A, Ph.D Scholar (Part-Time) University Registration No. 201818, working as Professor & HOD of Medical Surgical Nursing at Narayana College of Nursing, Nellore. As per the reference cited above, I am submitting herewith a copy of my PG degree certificate and Rs. 500/- (five hundred only) demand draft bearing no. 370605, dated 02.05.2024 drawn in Indian Bank towards fee for issuing provisional pass certificate of Ph.D in Medical Surgical Nursing (My Registered Hall Ticket No.1801101).

Hence, I kindly request you to issue my PhD Provisional Certificate at the earliest.

Thanking You

Yours faithfully,

Mrs. Latha A
(Regd. 201818)
HOD
Dept. of Medical Surgical Nursing
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

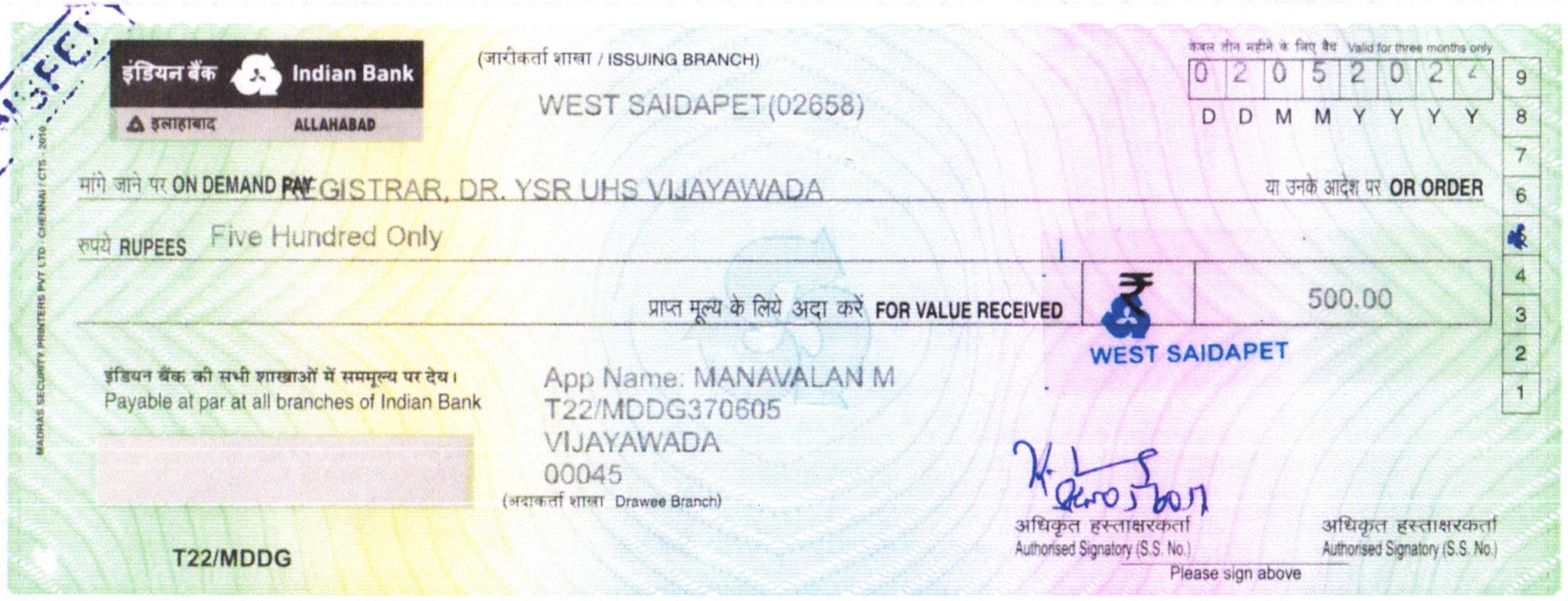
Encl:

1. Copt of M.Sc. (N) Degree certificate
2. Demand Draft Rs-500/- (370605)

Dr. Bathy forwarded to University

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

Dr Bathy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



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Principal
NARAYANA COLLEGE OF NURSIN
Chintharedypalem,
NELLORE - 524 003

The Tamil Nadu Dr. M.G.R. Medical University

CHENNAI

FACULTY OF NURSING

The Governing Council of **THE TAMIL NADU Dr. M. G. R. MEDICAL UNIVERSITY** hereby makes known that **LATHA A.** born on **21-May-1973** has been admitted to the Degree of **MASTER OF SCIENCE IN NURSING** in the Branch of **MEDICAL SURGICAL NURSING** ~~he~~/she having been certified by duly appointed Examiners to have qualified to receive the same at the Examination held in **MARCH 2004** with Registration No. **30022002**

Given under the Seal of the University.

CHENNAI
DATE OF CONVOCATION 29-JUNE-2005

REGISTRAR i/c

VICE-CHANCELLOR

Dr B Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Dr. B. Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING

Chintharedypalem, Nellore - 524003. A.P.

Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana_nursing@yahoo.co.in || principal.ncn@narayananursingcollege.com

website: https://www.narayananursingcollege.com

Recognized by Indian Nursing Council and A.P. Nurses & Midwives Council

Affiliated to Dr. N.T.R. University of Health Sciences, A.P. Vijayawada.

Date: 05.09.2024

To
The Registrar,
Dr. NTR University of Health Sciences,
Vijayawada – 520 008. AP

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore – Constitution of Doctoral Committee for Ph.D registered Candidate – Regarding.

Ref: 1. Dr. NTRUHS, Lr. No. 9057/E2b/Ph.D/2022, Dated 08.08.2024.
2. Joining report of Mrs. Kolluru Swapna on 30.04.2024.

****

As per the reference cited above herewith we are sending the Doctoral Committee for Mrs. Kolluru Swapna, PhD scholar department of Obstetrics and Gynecological Nursing at Narayana College of Nursing (PhD Center), Nellore for the academic year 2022-23 batch. The PhD scholar details is as follows.

1. Mrs. Kolluru Swapna (Reg. No. 202313) - Obstetrics and Gynecological Nursing

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Encl: Doctoral Committee list 1 (one) PhD Scholar

NARAYANA COLLEGE OF NURSING NELLORE 524 003

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING
Chinthareddypalem, Nellore - 524003. A.P.
Ph No: 0861-2317969 | Fax: 0861-2311968.
e-mail: narayana_nursing@yahoo.co.in || principal.ncn@narayananursingcollege.com
website: https://www.narayananursingcollege.com
Recognized by Indian Nursing Council and A.P. Nurses & Midwives Council
Affiliated to Dr. N.T.R. University of Health Sciences, A.P. Vijayawada.

From
Dr. V. Kumari
Vice-Principal &
HOD of Obstetrics and Gynecological Nursing
Narayana College of Nursing, Nellore

Date: 05.09.2024

To
The Registrar,
Dr. NTR University of Health Sciences,
Vijayawada – 520 008. AP

// THROUGH PROPER CHANNEL //

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore – Constitution of Doctoral Committee for Ph.D registered Candidates – Regarding.

Ref: 1. Dr. NTRUHS, Lr. No. 9057/E2b/Ph.D/2022, Dated 08.08.2024.
2. Joining report of Mrs. Kolluru Swapna on 30.04.2024.

*****

As per the reference cited above in the subject, **Mrs. Kolluru Swapna** (Reg. No. 202313), reported on 30.04.2024 in accordance with the Admission order (Ref. 1), by Dr. YSR University of Health Sciences, Vijayawada in the subject of "Obstetrics and Gynecological Nursing" on the topic **"Determination of Ovulatory period using microscopic examination of salivary fern pattern and its association with the hormonal indices of ovulation in women"** at Nellore for the academic year 2022-23.

As directed, I herewith constituting a Doctoral Committee with the following members.

1. Dr. V. Kumari, M.Sc. (N), PhD - Guide
   Vice-Principal &
   HOD of Obstetrics and Gynecological Nursing,
   Narayana College of Nursing, Nellore
   Email: kumarivelu1960@gmail.com
   Mob: 9677043530
2. Dr. Latha. A, M.Sc.(N), Ph.D - Member
   Professor & HOD of Medical Surgical Nursing
   Narayana College of Nursing, Nellore
   Email: manavalanlatha@gmail.com
   Mob: 9160887339
3. Dr. C. Megilin Bose, M.Sc.(N), Ph.D - Member
   Assoc. Professor
   Narayana College of Nursing, Nellore
   Email: megilinbose@gmail.com
   Mob: 98416 32791

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING NELLORE 524 003

(Dr. V. Kumari)
RESEARCH GUIDE

Dr. YSR UNIVERSITY OF HEALTH SCIENCES : AP : VIJAYAWADA – 08

No.1124/EA3/Ph.D/2022-23 Dt.25.04.2024

To
Ms.Kolluru Swapna
D.No.4/1329, Ramachandrapuram,
Nawabpet, Nellore-524001
8688808841
swapnamundllamudi@gmail.com

Sir/Madam,

Sub:- Dr. YSR UHS – Admissions into Ph.D. course for the academic year 2022-23 on FULL-TIME basis – Provisional Registration for admission – Intimation – Reg.

Ref:- 1. Application of the Individual
2. Minutes of the meeting of Ph.D. Screening Committee and Ph.D Sub Committee held on 20.12.2023, 09.01.2024, 18.03.2024 & 26.03.2024.
3. Your letter dt.15.04.2024 along with University Registration Fee.

.....

I am by direction to inform that, your application for Ph.D course in the subject of **Obstetrics and Gynecological Nursing** on the topic of **"Determination of Ovulatory period using microscopic examination of salivary fern pattern and its association with the hormonal indices of ovulation in women"** is approved for Provisional Registration for admission into Ph.D. Course as **Full-Time** for the academic year 2022-23.

The Commencement of the Ph.D. program is considered from **01.05.2024**. Further, you are informed to submit the project report once in every six (6) months to the Controller of Examinations, Dr. YSR University of Health Sciences, Vijayawada through concerned Guide and HOD of Institution, for necessary action, failing which or non-compliance of Ph.D Regulations, 2020-21 including the Rule-XIX(iv), the provisional admission will be forfeited without any notice.

3/7

The last date of joining the Ph.D. course is **01.05.2024**.

"This has got the approval of the competent authority"

Sd/- REGISTRAR

//ATTESTED//

JOINT REGISTRAR
(ADMISSIONS)

Copy to the Principal / Head of the Institution, College / Center of Ph.D. Work
Narayana College of Nursing, Nellore
=> with a request to submit compliance on the date of joining by the candidate.
Copy to the Guide,
Smt.V.Kumari, Prof. & HOD, Dept. of Obstetrics and Gynecological Nursing,
Narayana College of Nursing, Chintharedd y Palem, Nellore
=> with a request to constitute a Doctoral Committee for eacn registered candidate.
Copy to Joint Registrar(Academic), Dr. YSR UHS, Vijayawada.
Copy to Controller of Examinations, Dr. YSR UHS, Vijayawada.
Copy to PS to VC/PA to Registrar, Dr. YSR UHS, Vijayawada.

Principal
NARAYANA COLLEGE OF NURSING
Chintharedd ypalem,
NELLORE - 524 003

Dr.B.Principal
NARAYANA COLLEGE OF NURSING
Chintharedd ypalem,
NELLORE - 524 003

Dr.B.Principal
NARAYANA COLLEGE OF NURSING
Chintharedd ypalem,
NELLORE - 524 003.

DOCTORAL COMMITTEE MEETING – Dr.YSRUHS

NARAYANA
COLLEGE OF NURSING
NELLORE

To
The Registrar,
Dr. YSR University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh

Date: 06.04.2024

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore - Constitution of Doctoral Committee for Ph.D registered Candidates – Regarding.

Ref: 1. Dr. YSRUHS, Lr. No. 6802/EA3/Ph.D/2020-21, Dated 21.12.2022.
2. Joining report of Mrs. Pratima Vuyyuru on 24.12.2022
3. Joining report of Mrs. Pusarla Prasanthi on 24.12.2022.
4. Joining report of Mrs. Satyanarayana Bai K N on 24.12.2022.

*****

As per references cited above herewith we are sending the Doctoral Committee for the 3 (Three) PhD scholars department of Community Health Nursing at Narayana College of Nursing (PhD Center), Nellore for the academic year 2021-22 batch. The PhD Scholar name list is as follows.

1. Mrs. Prathima Vuyyuru (Reg. No. 202234) - Community Health Nursing Department
2. Mrs. Pusarla Prasanthi (Reg. No.202229) - Community Health Nursing Department
3. Mrs. Satyanarayana Bai K N (Reg. No. 202232)- Community Health Nursing Department

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL
Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA COLLEGE OF NURSING NELLORE 524 002

Encl: Doctoral list of 3 (Three) PhD Scholars

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA
COLLEGE OF NURSING
NELLORE

Date: 06.04.2024

From
Dr. B. Vanaja Kumari
Principal & HOD of Community Health Nursing
Narayana College of Nursing, Nellore
To
The Registrar,
Dr. YSR University of Health Sciences,
Vijayawada – 520 008. AP

// THROUGH PROPER CHANNEL //

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore – Constitution of Doctoral Committee for Ph.D registered Candidates – Regarding.

Ref: 1. Dr. YSRUHS, Lr. No. 6802/EA3/Ph.D/2020-21, Dated 21.12.2022.
2. Joining report of Mrs. Pratima Vuyyuru on 24.12.2022.

*****

As per the reference cited above in the subject, **Mrs. Pratima Vuyyuru**, reported on 24.12.2022 in accordance with the Admission order (Ref. 1), by Dr. YSR University of Health Sciences, Vijayawada in the subject of "Community Health Nursing" on the topic **"Effectiveness of three-component lifestyle intervention (Diet, Exercise, Healthy Habits) in physical and emotional well being with Polycystic Ovary Syndrome (PCOS) among adolescents and young women: A Randomized controlled Trail"** at Nellore for the academic year 2021-22.

As directed, I herewith constituting a Doctoral Committee with the following members.

1. Dr. B. Vanaja Kumari, M.Sc. (N), PhD - Guide
   Principal & HOD of Community Health Nursing,
   Narayana College of Nursing, Nellore
   Email: narayana_nursing@yahoo.co.in
   Mob: 9490894253
2. Dr. K. Kantha - Member
   Professor of Community Health Nursing,
   Narayana College of Nursing, Nellore
   Email: kanthanaren@gmail.com
   Mob: 9441633279
3. Dr. Anjani Devi. N - Member
   Assoc. Professor of Mental Health Nursing
   Narayana College of Nursing, Nellore
   Email: nelavalaanjani@gmail.com
   Mob: 7093655848

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

(Dr. B. Vanaja Kumari)
HOD

HOD
Dept. of Community Health Nursing
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

NARAYANA
COLLEGE OF NURSING
NELLORE

From
Dr. B. Vanaja Kumari
Principal & HOD of Community Health Nursing
Narayana College of Nursing, Nellore

Date: 06.04.2024

To
The Registrar,
Dr. YSR University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh

// THROUGH PROPER CHANNEL //

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore – Constitution of Doctoral Committee for Ph.D registered Candidates – Regarding.

Ref: 1. Dr. YSRUHS, Lr. No. 6802/EA3/Ph.D/2020-21, Dated 21.12.2022.
2. Joining report of Mrs. Pusarla Prasanthi on 24.12.2022.

*****

As per the reference cited above in the subject, Mrs. **Pusarla Prasanthi**, reported on 24.12.2022 in accordance with the Admission order (Ref. 1), by Dr. YSR University of Health Sciences, Vijayawada in the subject of "Community Health Nursing" on the topic **"Effectiveness of community based nursing interventions on a quality of life among tuberculosis clients in selected rural areas"** at Nellore for the academic year 2021-22.

As directed, I herewith constituting a Doctoral Committee with the following members.

1. Dr. B. Vanaja Kumari, M.Sc. (N), PhD - Guide
Principal & HOD of Community Health Nursing,
Narayana College of Nursing, Nellore
Email: narayana_nursing@yahoo.co.in
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2. Dr. V. Kumari
Professor & HOD of Obstetrics & Gynecological Nursing - Member
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Mob: 9677043530

3. Dr. Latha. A
Professor & HOD of Medical Surgical Nursing - Member
Narayana College of Nursing, Nellore
Email: manavalanlatha@gmail.com
Mob: 9160887339

Thanking you,

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

(Dr. B. Vanaja Kumari)
HOD
Dept. of Community Health Nursing
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003.

NARAYANA
COLLEGE OF NURSING
NELLORE

From,
B. Kalpana
Professor & HOD of Community Health Nursing
Sree Narayana Nursing College
Nellore

Date: 06.04.2024

To
The Registrar,
Dr. YSR University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh

// THROUGH PROPER CHANNEL //

Respected Madam,

Sub: **Narayana College of Nursing (N009),** Nellore – Constitution of Doctoral Committee for Ph.D registered Candidates – Regarding.

Ref: 1. Dr. YSRUHS, Lr. No. 6802/EA3/Ph.D/2020-21, Dated 21.12.2022.
2. Joining report of Mrs. Satyanarayana Bai K N on 24.12.2022.

*****

As per the reference cited above in the subject, Mrs. **Satyanarayana Bai K N**, reported on 24.12.2022 in accordance with the Admission order (Ref. 1), by Dr. YSR University of Health Sciences, Vijayawada in the subject of "Community Health Nursing" on the topic **"Exploration of the end of life care preferences and effectiveness of intervention package on selected physiological and psycho social variables among the terminally ill patients and their family members at selected rural areas, Andhra Pradesh"** for the academic year 2021-22.

As directed, I herewith constituting a Doctoral Committee with the following members.

1. Mrs. B. Kalpana, M.Sc. (N), PhD - Guide
   Professor & HOD of Community Health Nursing,
   Sree Narayana Nursing College, Nellore
   Email: kalpanamscb@gmail.com
   Mob: 9618643700

2. Dr. B. Vanaja Kumari, M.Sc. (N), PhD - Member
   Principal & HOD of Community Health Nursing,
   Narayana College of Nursing, Nellore
   Email: narayana_nursing@yahoo.co.in
   Mob: 9490894253

3. Dr. C. Megiline Bose - Member
   Professor of Obstetrics & Gynecological Nursing
   Narayana College of Nursing, Nellore
   Email: megibose@gmail.com
   Mob: 9841632791

Thanking you,

Dr B Vanaja
Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Yours faithfully,

B. Kalpana

(Dr. B. Vanaja Kumari)
PRINCIPAL

(Mrs. B. Kalpana)
HOD

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

NARAYANA
COLLEGE OF NURSING
NELLORE

Date: 03.04.2024

To
The Registrar,
Dr. YSR University of Health Sciences,
Vijayawada – 520 008.
Andhra Pradesh

Respected Sir,

Sub: **Narayana College of Nursing (N009),** Nellore - Submitting the Doctoral Committee members list for the Dep. Of Medical Surgical Nursing, Community Health Nursing and OBG Nursing – Regarding.

Ref: Dr. YSRUHS,Lr. No. 6802/EA3/Ph.D/2020-21, Dated 21.12.2022.

*****

As per PhD guidelines we are recommending for the following faculties to the Doctoral Committee for the departments of Medical Surgical Nursing, Community Health Nursing and Obstetrics and Gynecological Nursing at Narayana College of Nursing, Nellore. The list is as follows.

Sl. No	Name of the PhD Scholar	Department	Doctoral Committee
1	Mrs. Prathima Vuyyuru Reg. No. 202234	Community Health Nursing	1. Dr. Sharadha Ramesh Email: sharadharamesh@redifmail.com Mob: 9884251938 2. Dr. I. Clament Email: clement_nurse@yahoo.co.in Mob: 9880786252
2	Mrs. Pusarla Prasanthi Reg. No.202229	Community Health Nursing	1. Dr. B. Valli Email: bajjivalli1@gmail.com Mob: 9866167505 2. Dr. Jasmine Email: drjjasmine@gmail.com Mob: 9080699355
3	Mrs. Satyanarayana Bai K N Reg. No. 202232	Community Health Nursing	1. Dr. M. J. Kumari Email: kumara.mj@jipmer.edu.in Mob: 9894595420 2. Dr. Kanchana K Email: kanchana_khan@yahoo.co.in Mob: 9884046488

Thanking you,

Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003.

NARAYANA COLLEGE OF NURSING NELLORE 524 002

Yours faithfully,

(Dr. B. Vanaja Kumari)
PRINCIPAL
Principal
NARAYANA COLLEGE OF NURSING
Chintharedypalem,
NELLORE - 524 003

Copy to: Controller of Examination, Dr.YSRUHS