

The present study, carried out in 1997, aimed at evaluating the newly devised flowsheet for the patients

with eclampsia. The main purpose of developing a flowsheet was to promote nursing documentation system in critical obstetric condition like, eclampsia and to improve the assessment skill in Nurses.

Specifically, the objectives of the study were to develop the flowsheet for the patients with eclampsia, assess the quality of newly devised flow sheet and assess the utility of flowsheet in terms of its use in eclampsia unit.

The justification was based on the fact that the eclampsia is a critical condition of obstetric science and one of the major causes of maternal mortality, which requires continuous assessment in written form to provide continuity of treatment. Since the Nurses are taking care of the patient round the clock they have ample opportunities to nurse such patients and can utilize documentation devices for care.

Review of literature indicates that structured flowsheet or format is not available to record the care provided to eclampsia patients, documentation is viewed as a vital part of professional practice and to communicate information among health team. Thus, an attempt was made to develop flowsheet for the patients with eclampsia and to strengthen the documentation system.

The study was undertaken within the conceptual framework of System Model based on Open System Model. Input was concerned with the introduction of newly devised

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[At the time of writing this article]

DEVELOPMENT OF FLOW SHEET FOR THE PATIENTS WITH ECLAMPSIA (ADMITTED IN ECLAMPSIA UNIT OF A SELECTED HOSPITAL) SUNITA LAWRENCE

flowsheet in system; through put referred to recording and evaluating the flowsheet and output referred in terms of—Improvement in quality care that is highly accepted for use in eclampsia unit, improved assessment skill of Nurses and prevent duplication of data.

Evaluation Research design was used. The flowsheets were used by Nurses on eclampsia patients who were admitted in eclampsia unit of a selected hospital. The subjects were selected by convenience sampling technique. The tools used for data collection were—a) flowsheet for patients with eclampsia, b) non-participant observation check list and c) opinionnaire of acceptability for Nurses who used flowsheets. Tools were developed by extensive review of literature and consulting the experts from the field of Nursing and obstetrical science.

Flowsheet involved the 'identification' 'obstetric and medical history', 'investigations' 'socio-economic status', 'assessment of eclampsia', 'nursing and medical intervention' labour and delivery notes', 'postnatal and transfer notes' and lastly 'evaluation'. Based on these headings flowsheet was developed avoiding the narrative form of writing and duplication of data. The tool was tried out on five samples. Non participant observation quality assessment check list was developed to assess clarity, completeness, non repetition and signatures were incorporated in the tool. Opinionnaire of acceptability was prepared for the Nurses who used the flowsheet.

The data was analysed by using

descriptive statistics in terms of percentage, mean and standard deviation. The overall quality of

flowsheet was found as of high quality (87.35%). The overall findings towards acceptance by Nurses was revealed as moderately accepted (75%). It gave an idea to the investigator that they do not value documentation as essential professional responsibility due to lack of knowledge and shortage of Nurses according to INC, Nurse patient ratio, and also they are over loaded with non nursing functions.

Based on findings the implications in the field of Nursing, were on Nursing education and Nursing administration, in terms of promotion of inservice education, introduction of modern documentation system and short term courses. The study also discusses the implications for Indian Nursing Council and planners of MCH to include Community Nursing and health workers in assessment of high risk pregnancies. These personnel are to be taught to maintain proper documentation for referral. The implication for clinical nursing is given as need for promoting the nursing documentation system among the nurse practitioners. Latest development in computerized documentation is to be learnt by nurses. The same implications were made for Nurses, education, INC and Nursing administration.

Recommendations have been made to prepare standardized flowsheet for patients with eclampsia on large number of subjects, in different settings for longer duration, study can be made to estimate the relationship between use of the flowsheet and time spent for direct patient care.

