

# Clinical Journal of Nursing Care and Practice

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Research Article

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[Severe Atopic Dermatitis Treated by Wet Wrapping: An Observation at the Dermatology Hospital of Bamako \(Mali\)](#)

**Introduction:** Wet wrapping is a local care technique adapted to the treatment of severe forms of eczema. It is a good alternative for AD resistant to the usual local treatments. We report a case.

**Observation:** A 5-month-old infant, with a personal history of allergic rhinitis has been seen in a dermatological for diffuse skin eruption and pruritus evolving in flare-ups since 4 months, without improvement after several courses of dermocorticoids, anti-H1, and emollient from several doctors. Clinical examination revealed erythematous plaques surmounted by vesicles with a crumbled border located on the convexities and extension face of the limbs and in the folds behind the ears and diffuse skin xerosis. The examination of the other devices was unremarkable. The evaluated SCORAD was 59.8. We carried out the treatment by the wet wrapping technique, a clear regression of the cutaneous lesions and pruritus with the decrease of the SCORAD from 59.8 to 8.8 in 1 month of treatment.

**Discussion:** This observation further illustrates the effectiveness of the Wet wrapping technique in the management of recalcitrant atopic dermatitis. In resource-poor countries, Wet wrapping may be an alternative for recalcitrant forms of atopic dermatitis. For fostering critical nurse observation as a source of research topics, we propose four strategies. First, cultivating awareness through a culture of evidence-based practice and critical reflection on common practice. Second, stimulating persistence in addressing moral dilemmas concerning better care despite resistance. Third, facilitating interprofessional learning in an open culture, where diverse perspectives are valued, and it is psychologically safe to bring them in. Fourth, overcoming funding disparities and facilitating nurse-led research, acknowledging the underrepresentation of nurses in funding agencies. These measures aim to empower nurses to observe critically, use their unique perspectives, and bring in research topics.

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Case Report

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[Fostering Critical Nurse Observation as a Source of Research Topics: 'Listen to your Nurse'](#)

As healthcare systems develop, there is an explicit call towards interprofessional learning and working, valuing observations and perspectives of all disciplines. Such a multi-perspective is pivotal for innovation, leading to optimal and sustainable health care. In such an interprofessional work environment, it is obvious that the nurses engage in the formulation of research questions within clinical practice settings. This case report describes a case in which nurses observed important issues that no physician or midwife on the team would have noticed. In collaboration with other team members, the nurses subsequently engaged in research which resulted in new information to improve care. The aim of this paper is to explore strategies to promote nurse participation in at least the formulation of research questions based on their observation and perspectives.

For fostering critical nurse observation as a source of research topics, we propose four strategies. First, cultivating awareness through a culture of evidence-based practice and critical reflection on common practice. Second, stimulating persistence in addressing moral dilemmas concerning better care despite resistance. Third, facilitating interprofessional learning in an open culture, where diverse perspectives are valued, and it is psychologically safe to bring them in. Fourth, overcoming funding disparities and facilitating nurse-led research, acknowledging the underrepresentation of nurses in funding agencies. These measures aim to empower nurses to observe critically, use their unique perspectives, and bring in research topics.

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Research Article

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[Proportion of Risk of Stroke among Male Patients Attending Outpatient Department of a Tertiary Care Hospital, Ernakulam District, Kerala](#)

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**Aim:** A descriptive-analytical study was done to assess the proportion of the risk of stroke among male patients attending the outpatient department of a tertiary care hospital, in Ernakulam District, Kerala.

**Objectives:** The objectives of the study were to assess the proportion of the risk of stroke among male patients attending outpatient departments and to determine the association of stroke risk level with socio-personal variables.

**Methods:** The research approach of the study is a quantitative approach. The research design selected for the study is a descriptive-analytical design. The convenience sampling method was used for sample selection. The study was done in MOSC Medical College Hospital, Kolenchery among 288 male patients who met the inclusion criteria. Data collection was done using socio-personal proforma and stroke risk scorecards.

**Results:** Collected data were analysed by using descriptive and inferential statistics presented in tables and pie diagrams. The study findings revealed that out of 288 subjects, 43.4% have low stroke risk, 13.9% are in caution and 42.7% have high stroke risk. The findings also revealed that there is a significant association of stroke risk level with age, education, occupation, BMI and place of residence.

**Statement of the problem:** Proportion of risk of stroke among male patients attending outpatient department of a tertiary care hospital, Ernakulam district, Kerala. Proportion of risk of stroke among male patients attending outpatient department of a tertiary care hospital, Ernakulam district, Kerala.

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## Research Article

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[Factors Influencing Knowledge on the Completion of Treatment among Tuberculosis Patients under Directly Observed Treatment Strategy \(DOTS\) in a Selected Health Facility, the Bahamas](#)

**Objective:** To determine the factors influencing completion of DOTS in Tuberculosis treatment in the Bahamas.

**Methods:** A quantitative, descriptive cross-sectional survey. Tuberculosis patients aged 18 years and above were considered regardless of the site or the smear status of their TB. The sample size was 40. Data analysis and interpretation were done using the statistical package for the social sciences software (SPSS version 24), through the exploration and calculation of descriptive (frequencies, percentages, means, standard deviations, and inferential (Anova) statistical methods. Statistical significance was determined to be a  $p < 0.05$ .

**Results:** The mean age of the respondents, was 39.9 years, SD 11.65, and 73% of them were men. 63% of participants, 78% of whom were citizens of the Bahamas, reported having no annual income. Seventy-eight percent (31) of the participants said they had insufficient food and drink while they were unwell. More than half of the participants in the survey reported being on at least one pharmaceutical regimen, although 36% said they were not actively taking any of the prescription medications.

**Conclusion:** Less than a third were noncompliant with DOTS, this was influenced by factors such as annual income, no family support, marital status, employment status, and educational level.

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## Research Article

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[Social Implementation and Measurement Accuracy Verification of Non-contact Biological Monitors](#)

In this research, for the purpose of social implementation, we conducted a near-miss demonstration experiment using a car driving in the city and a drive-simulator. Next, we conducted a demonstration experiment to evaluate the reliability of biometric information measured on patients in a medical facility's recuperation ward and residents of a special nursing home. NBC-1100 emits radar waves from a distance of up to 3 meters from an object and uses the reflected waves to measure biological information such as pulse waves and breathing waves.

The multi-element pyroelectric effect was used to measure body temperature by detecting infrared radiation emitted from distant objects. This device is unique in that it can measure biological information without being restrained while wearing clothes.

In the demonstration test, simultaneous measurements were conducted on nine healthy men aged 45 to 65 using a pharmaceutically approved product (?BP-mp) and a prototype non-contact biological monitor (NBC-1100 manufactured by K&S Co., Ltd.).

The demonstration experiments at medical institutions and nursing care facilities were conducted with the consent of residents and their families and were conducted on 30 men and women between the ages of 70 and 94 who were undergoing treatment or in need of care.

The tests were conducted on residents with chronic diseases such as dilated gastrostomies, symptomatic epilepsy, hypertension, Alzheimer's disease, and progressive supranuclear palsy. The evaluation method was simultaneous measurement using a master meter (?BP-mp) and a test meter (NBC-1100).

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## Mini Review

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The Democratic Republic of Congo (DRC) grapples with a critical shortage of nurses, exacerbating disparities in healthcare access and outcomes. This mini-review examines the factors impacting the nursing workforce in the DRC and presents potential solutions to strengthen it. Decades-long regional conflicts have endangered the nursing workforce, resulting in an imbalanced distribution that disproportionately favors urban areas over rural regions. Inadequate healthcare funding, compounded by mismanagement, has led to resource scarcity and inequitable distribution, further hampering nursing efforts. Additionally, stagnant policy reforms and ineffective advocacy have hindered improvements in nurse employment, wages, education, and working conditions. Infrastructure deficiencies and medical supply shortages have also contributed to reduced incentives for nursing professionals. Therefore, we undertook a mini-review aimed at offering a succinct and targeted overview of nursing care in the DRC. This involved analyzing available literature and data concerning the nursing workforce with a particular focus on the DRC. We believe that addressing these interlinked challenges necessitates comprehensive strategies that prioritize establishing regional stability, responsibly allocating and increasing healthcare funding, incentivizing nurse recruitment and retention through policy adjustments, enhancing healthcare infrastructure and nursing education, and fostering both local and global collaboration. Investing in nursing is paramount for transforming healthcare delivery in the DRC, particularly considering nurses' pivotal roles in delivering preventive, therapeutic, and palliative care services. Strengthening nursing capacity and addressing systemic challenges are essential steps toward mitigating healthcare disparities and enhancing population health, aligning with the objectives outlined in the United Nations Sustainable Development Goals.

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**Research Article**

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[Medical Ethical Issues, an Islamic Perspective](#)

Morality is a unique human subject. It is affected by a number of cultural factors, such as history, tradition, education, and religious beliefs. Ethics is based on two basic concepts: one is a "value" and the other is the duties "must". In the Islamic faith Health and illness as life and death are not mere facts, they include many values that must be respected. The disease, for example, is not only a medical scientific fact like other physiological phenomena. Despite the rise of secular people most of the arabs are believers and religion remains a significant force in society. Diseases and physical suffering have a big impact on the Muslim's life. It tests endurance, faith, and submission to one almighty God, who has healing powers for all patients. How staff 'does' good medical ethics depends on this perspective.

To understand the Islamic contribution to medical ethics, five topics are discussed; first, obeying. God's commandments; second, categorising of commandments; third, the 5 guiding principles of Islamic Law (maqased); fourth, judging actions by intention and fifth, refers to a warrant belief in the divine decree and the predestination. In many Western countries multi-cultures and multi-religious textures are met including Muslim citizens and new immigrants. Medical Staff will be required at one point during their work to treat these Muslim patients; therefore, a minimum level of cultural awareness is a prerequisite for the delivery of care that is culturally sensitive. In this paper, there is the highlight of certain key teachings in Islamic medical issues and their applications. Hopefully, the insights gained will aid medical staff to better understand their Muslim patients and deliver care that pays due respect to their beliefs.

Muslims in the U.S. and in Europe come from diverse backgrounds. Understanding their beliefs and observances is crucial for providing culturally competent care. In bringing any religious perspective to bear on medico-moral issues, a willingness to listen and courtesy in the debate is necessary.

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