

Table (33):

The table determine distribution of study according to **clap the catheter**.

clap the catheter in disconnection

clap the catheter	Frequency	Percent
Done	27	96.4%
not done	1	3.6%
Total	28	100.0%

Table (34):

The table determine distribution of study according to **attach new caps aseptically**.

attach new caps aseptically

new caps	Frequency	Percent
Done	27	96.4%
not done	1	3.6%
Total	28	100.0%

Table (35):

The table determine distribution of study according to dialysis session.
perform dressing befor dialysis session

dialysis session	Frequency	Percent
Done	24	85.7%
not done	4	14.3%
Total	28	100.0%

4- Results

This study is cross sectional study in River Nile state (Atbara, Adamer, Berber, and Sheindy in hemodialysis centers) included 49 hemodialysis nurses 79.6% of whom were female , and 20.4% are male , their age range between 26-41 years , the majority of them held university bachelor degree 69.4% and 14%MSN and 16.3% nursing diploma most nurses 63.3% have more than 1-3 year experience in hemodialysis machine and vascular access care , the nurses that have knowledge the main type of central venous catheter are 98.0% and 2.0% they are not knowledgeable , and nurses who have knowledge the length of central venous catheter(temporal) usually 10-15CM 97.96% and 16% they not have knowledge , the femoral site is the best site of central vascular if the subclivian site can not be used knowledge are 61.2% and 36.7% they not have and 2.0% they do not know , the two common source of central venous catheter infection are from patien's skin flora and health care worker the 89.8% have knowledge and 8.2% are not have and 2.0 they are never know , the catheter should be inspected for sign of infection, and dressing perform at each dialysis treatment the 95.9% inspected and 4.1 are not inspected , the clinical diagnosis of catheter related to blood stream infections detected by clinical sign of inflammation at the site of catheter insertion , 85.7% are detected the sign of infection and 14.3% will not detected , pus, redness, or swelling of the vascular access site is events present in the local access infection 93.9 will assess and 6.1% will not assess , do not remove central venous catheter on the bases of the fever alone are 83.7% are do not remove and 16.3 are removed , the catheter is removed if any complicated infection appear (eg. thrombosis, or endocarditic) are 85.7% they are removed the catheter if any complicated infection appear and 14.3% they are not do that , the dressing of site of catheter are performed by registered nurses 89.8% they are know and 10.2% they are not know , dressing performed in the dialysis room

87.8% they have knowledge and 12.2% they not have , dressing the site of catheter only post dialysis 77.6% not dressing the site of catheter only post dialysis and 22.4% are dressing only post dialysis , knowledge about maturation of the fistula is about 6-12 weeks the 89% have knowledge and 10.2% do not have , nurses who are assessment the thrill before hemodialysis are 98.0% assess the thrill and 2.0 are not assessed , nurses who are document the procedure are 83.7% and 16.3% are not document the procedure.

The nurses who give the patients enough knowledge about vascular access care in home 95.9% and 4.1% they are not give patients knowledge

Chapter Five

5- Discussion

This study is cross sectional study in River Nile state (Atbara, Eldamer, Berber, and Shendi in hemodialysis centers) included 49 hemodialysis nurses 79.6% of whom were female, and 20.4% are male. Their age range between 26-41 years.

The majority of them held university bachelor degree 69.4% and 14%MSN and 16.3% nursing diploma most nurses 63.3% have more than 1-3 years, experience in hemodialysis machine and vascular access care.

The nurses that have knowledge the main type of central venous catheter are 98.0% and 2.0% they are not knowledgeable, and nurses who have knowledge the length of central venous catheter(temporal) usually 10-15CM 97.96% and 16% they not have knowledge.

The femoral site is the best site of central vascular if the subclavian site cannot be used knowledge are 61.2% and 36.7% they not have and 2.0% they do not know.

The two common source of central venous catheter infection are from patient's skin flora and health care worker the 89.8% have knowledge and 8.2% are not have and 2.0 they are never know.

The catheter should be inspected for sign of infection, and dressing perform at each dialysis treatment the 95.9% inspected and 4.1 are not inspected.

The clinical diagnosis of catheter related to blood stream infections detected by clinical sign of inflammation at the site of catheter insertion.

85.7% are detected the sign of infection and 14.3% will not detected. Pus, redness, or swelling of the vascular access site is events present in the local access infection 93.9 will assess and 6.1% will not assess.

Do not remove central venous catheter on the bases of the fever alone are 83.7% are do not remove and 16.3 are removed.

The catheter is removed if any complicated infection appears (e.g. thrombosis, or endocarditic) are 85.7% they are removed the catheter if any complicated infection appears and 14.3% they are not doing that.

The dressing of site of catheter are performed by registered nurses 89.8% they are know and 10.2% they are not know.

Dressing performed in the dialysis room 87.8% they have knowledge and 12.2% they not have.

Dressing the site of catheter only post dialysis 77.6% not dressing the site of catheter only post dialysis and 22.4% are dressing only post dialysis.

Knowledge about maturation of the fistula is about 6-12 weeks the 89% have knowledge and 10.2% do not have.

Nurses who are assessment the thrill before hemodialysis are 98.0% assess the thrill and 2.0 are not assessed.

Nurses who are document the procedure are 83.7% and 16.3% are not document the procedure.

The nurses who give the patients enough knowledge about vascular access care in home 95.9% and 4.1% they are not give patients knowledge.

5-1 Conclusion

The study conclude that the majority is female (79.6%) and they are have experience in the dialysis center.

In the period about 1 – 3 years.

Most of them held university bachelor degree (69.4%).

Study recommended the kidney dialysis units should have written policy about standardized nursing care that should be delivered to every patient.

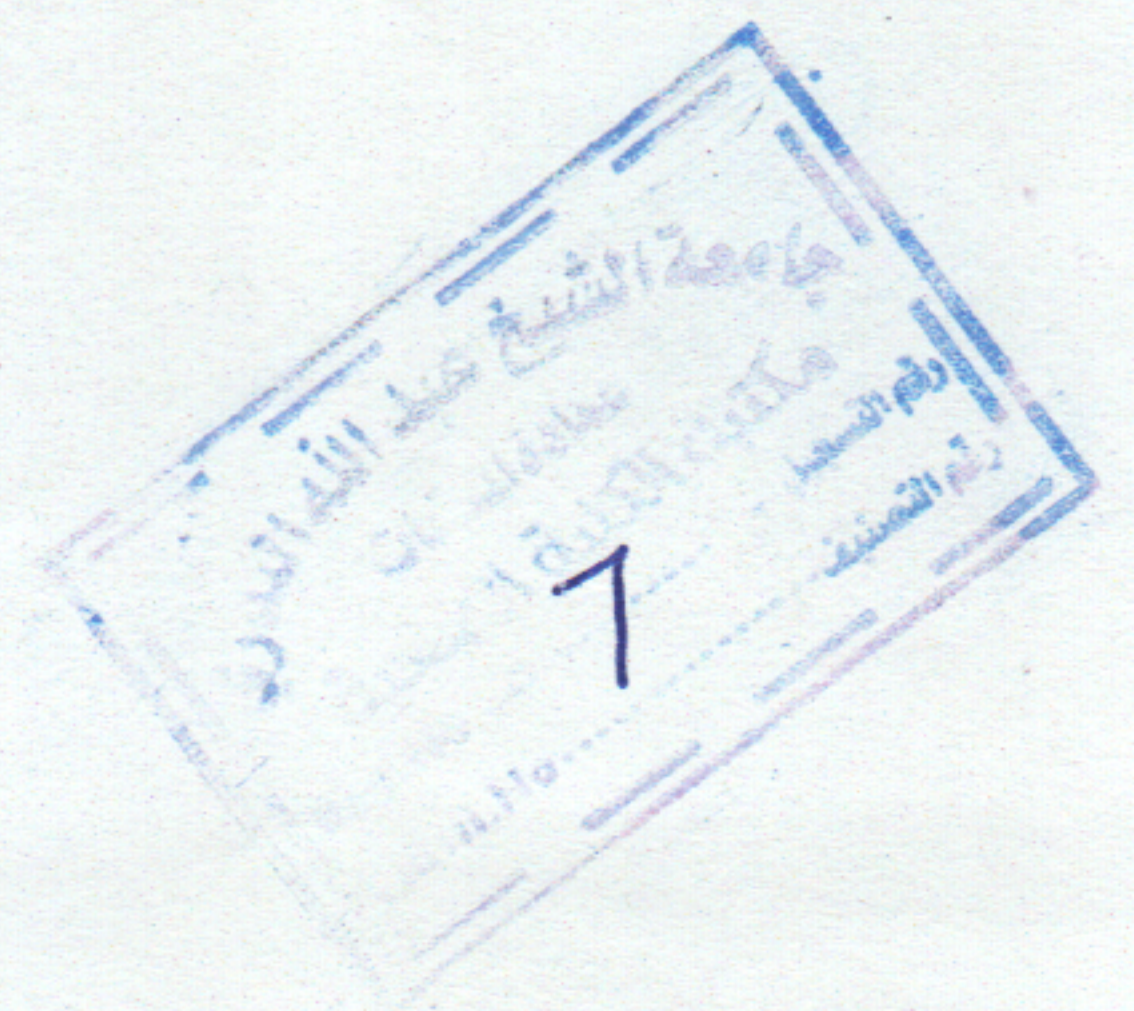
5 -2 Recommendation

- Study recommended to the ministry of public health for kidney dialysis units should have written policy about standardized nursing care that should be delivered to every patient.
- Study recommended to ministry of public health financial support to the dialysis center to enhancing practice and motivation the nurses.
- . Study recommended staff should be involved in vein preservation and monitoring of the vascular access.
- Study recommended Hand hygiene must be performed before and every episode of patient contact
- Study recommended periodic monitoring of the nurses' knowledge and practice to evaluate the level of nurses.
- Study recommended staff involved in handing vascular access or cannulation veins in renal patients should be adequately trained and be in continuous training scheme for access management.

5 -3 References

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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✓ This Questionnaire for scientific purpose only, which is about:

Assessment Of Nurses' Knowledge And Practice Regarding Care Of Dialysis Vascular Access (artriovenouse access) .

Section A: Demographic Data

1\Age:

- a. 1 26 – 30 () b. 31 – 35 () c. 36 – 41 () d. above 41 ()

2\Sex: Male () b. Female ()

3\Educational level:

- a. Nursing Diploma () b. BSN () c. MSN () d. PHD ()

4\Experience in dialysis:

- a. 1 – 3 years () b. 4 – 6 years () c. More than 6 years ()

Section B: Knowledge

1\ Do you know the main type of central venous catheter of hemo dialysis.

- a. Yes { } b. No { } c. I do not know { }

2\ the length of non tunneled CVC or (temporal) catheter usually from 10-15cm.

- a. Yes { } b. No { } c. I do not know { }

3\ the femoral site is the best site for a central vascular catheter if the subclavian site cannot be used.

- a. Yes { } b. No { } c. I do not know { }

4\ the two common sources of CVC infection are from patient's skin flora and health care worker.

- a. YES { } b. No { } c. I do not know { }

5\ the catheter should be inspected for sign of infection, and dressing perform at each dialysis treatment. a. Yes { } b. No { }

6\ the clinical diagnosis of catheter related blood stream infections detect by the clinical signs of inflammation at the site of catheter insertion.

a. Yes { } b. No { }

7\ Pus, redness, or swelling of the vascular access site is events present in the local access infection.

a. Yes { } b. No { }

8\ Do not remove CVCs on the basis of fever alone.

a. Yes { } b. No { }

9\ The catheter is removed if any complicated infection appear (e.g., thrombosis , endocarditic)

a. Yes { } b. No { }

10\ the dressing of site of catheter are performed by registered nurse.

a. Yes { } b. No { }

11\ Dressing performed in the dialysis room.

a. Yes { } b. No { }

12\ dressing the site of catheter only post dialysis.

a. Yes { } b. No { }

13\ Knowledge about maturation of fistula is about 6-12 week.

a. Yes { } b. No { }

14\ do you assessment of thrill.

Yes { } b. No { }

15\ do you document the procedure.

Yes { } b. No { }

16\ do you give the patients enough knowledge about the vascular access care in home.

a. Yes { } b. No { }

Section C: Practice

No	Procedure	Done	Not done
1	Hand hygiene performed		
2	Gown worn properly if required		
3	Mask worn properly if required		
4	New clean gloves worn		
5	Skin antiseptic applied appropriately		
6	Use of chlorhexidine as a skin preparation		
7	No contact with exit side (after antiseptic)		
8	Antimicrobial ointment applied		
9	Dressing applied aseptically		
10	Clam the catheter and remove caps		
11	Scrub catheter with antiseptic		
12	Connect catheter to blood lines aseptically		
13	Clamp the catheter in disconnection		
14	Attach new caps aseptically		
15	Perform dressing before dialysis session		