



بسم الله الرحمن الرحيم

Shandi University



Faculty of Post Graduate Studies and Scientific Research

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Nursing.

Research title:

Mothers Awareness Regarding First Aids of Epistaxises at
AlmahasKutrang Village Rural ShargAlneel

(November 2017 to April 2018)

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قال تعالى :-

(وَذَكِّرْ يَا أَذْهَانَ نَادِي رَبِّهِ ، رَبِّهِ لَا تَذَرْنِي فَرْدًا وَأَنْتَ خَيْرُ الْوَارِثِينَ)

سورة الانبياء الآية (89)

صدق الله العظيم

Dedication

I dedicate my thesis to my family and friends

A special feeling of gratitude to my loving parent whose encourage me and
support me.

My sisters whose never left me.

Wifag,,

Acknowledgement

I would like to thank my god firstly, whose offering and allowing me to complete my thesis

I would like to thank Shandi University, faculty of post graduated studies and scientific research, and faculty of nursing sciences for giving me an opportunity to do research paper, and for all the efforts to provide me with the necessary knowledge and skill to conduct the study.

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List of content:

Subject	Page
Dedication	I
Acknowledgement	II
List of abbreviation	IV
List of tables	V
Abstract	VI
Abstract in Arabic	VII
Chapter one	
Introduction	1
Justification	3
Objectives	4
Chapter two	
Literature review	5
Chapter three	
Methodology	17
Chapter four	
Results	20
Chapter five	
Discussion	27
Conclusion	29
Recommendation	30
Chapter six	
Reference	31
Annex1. English version of questionnaires	

List of abbreviations

BSC	bachelor of science .
SPSS	statistical package for social science
ICA	internal carotid artery.
ECA	external carotid artery.
URI	upper respiratory infection.
NSAID	non steroid anti inflammatory drugs.
HHT	hereditary hemorrhagic tetangiectasia.
CBC	complete blood count.
INR	International normalized ratio.
PT	prothrombin time.
PTT	partialthromboplastin time.
CT	computed tomography.
MRI	magnetic resonance imaging.

List of table

NO of table	Title table	Page
1	distributions of participants according to their socio demographic data(age ,education level ,occupation status).	20
2	distributions of participants according to their knowledge of epistaxis.	21
3	distributions of participants according to their Knowledge about cause of epistaxis.	21
4	distributions of participants according to Knowledge about complication of epistaxis.	22
5	distributions of participants according to the treatment of epistaxis.	22
6	distributions of participants according to the right position.	23
7	distributions of participants according to the duration of child picking nose.	23
8	distributions of participants according to the nostrils bleeds not stopped.	24
9	distributions of participants according to their intervention when the child develop epistaxis at the home.	24
10	distributions of participants according to their prevention of the nose from bleeding again.	25
11	relationship between education level of participants and their knowledge about epistaxis .	25
12	relationship between occupation status of participants and their awareness about treatment of epistaxis at home.	26

Abstract

Background: Epistaxis is the commonest otolaryngological emergency affecting up to 60% of the population in their life time, with 6% requiring medical attention. aim of study to assess the mothers awareness regarding first aids of epistaxises at almahaskutrang village .**Methodology:** this descriptive cross sectional community based study was conducted from November 2017 to April A2018at almahaskutrang village rural shargalneel. The sample included 100 mothers who agreed to participate in this study.The data was collected using questionnaire which designed by researcher, the questionnaire divided into three parts demographic characteristics, mother's knowledge and mother's awareness regarding first aids of epistaxises. The data was analyzed by using computerize program statistical package for social science (SPSS version 21), and presented inform tables and p-value was used to test the association which be significant (p.value 0.05) **Result:** two third (67%) of participants were knowledgeable about definition of epistaxises. more than two third (74) of participants were knowledgable about causes and complication of epistaxises, more than two third of participants (73%) had fair knowledge about first aid of epistaxis . **Conclusion:** The results of current study revealed that: more than of participants had fair knowledge about first aid of epistaxis , the studyresult showed insignificant association between education level of participants and their knowledge about epistaxis (p.value 0.9), and show insignificant association between occupation status of participants and their awareness about treatment of epistaxis at home (p.value 0.2) .

الخلاصة

الرعاف هو الأكثر شيوعيا في حالات طوارئ الأنف والأذن والحنجرة يؤثر على ما يصل الى 60% من السكان في حياتهم ، مع 6% تتطلب عناية طبية ، أجريت هذه الدراسة في قرية المحس كترانج ريفي شرق النيل بهدف تقييم وعي الامهات عن الاسعافات الأولية للرعاف في الفترة من نوفمبر 2017 الى ابريل 2018 ، على 100 من اللأمهات ، تم الإختيار عشوائيا ، تم جمع البيانات بواسطة استبيانة صممها الباحث مكونة من ثلاثة اقسام البيانات الشخصية، معرفة الأمهات عن الرعاف ووعي الأمهات عن الإسعافات الأولية للرعاف ، تم تحليل المعلومات عن طريق حزمة البيانات الاحصائية للعلوم الاجتماعية (الاصدار 21) وعرض النتائج في شكل جداول واستخدمت p-value لأختبار العلاقة التي تكون مهمة (p-value 0.05) . كان ثلثا المشاركين (67%) على دراية بتعريف الرعاف ، أكثر من ثلثي المشاركين (74) كانوا على دراية بأسباب ومضاعفات الرعاف ، اكثر من الثلثين (73%) من المشاركين لديهم معرفة عادلة حول الأسعافات الأولية من الرعاف، نتيجة الدراسة الحالية كشفت أن اكثر من ثلثي المشاركين لديهم معرفة عادلة حول الأسعافات الأولية من الرعاف، وأظهرت أيضا إرتباط غير مهم بين مستوى تعليم المشاركين ومعرفتهم حول الرعاف (p.value 0.9)، وأيضاً إرتباط غير مهم بين مهنة المشاركين ووعيهم حول علاج الرعاف في المنزل (p.value 0.2).

Chapter one

1.1 Introduction

Epistaxis is a common otorhinolaryngological emergency worldwide. Epistaxis is defined as bleeding from the nasal cavity. It is a common condition and could present as a life-threatening emergency. Prompt and appropriate first-line management is important to minimize associated morbidity and mortality. in global About 60% of the general population would have experienced at least one episode of epistaxis in their lifetime but only 6% seek medical attention^[1].

The general incidence from most reports from Europe and America is about 10%-15% of the population. Although epistaxis may occur at any age or at any time and in any season, it is a common complaint in the pediatric age group and the winter months but has been shown to have bimodal age range presentation in reports from north America and Europe. It is a frequent otolaryngologic emergency, which in serious cases will need a full complement of resuscitative measures to stabilize the patient and prevent or address hypovolaemic shock⁽²⁾.

Bleeding occurs usually from anteroinferior portion of the cartilaginous nasal septum due to rich capillary vasculature in this zone (Kiesselbach's plexus), the common causes of epistaxis in children are major trauma ,nose picking ,and vigorous nose blowing or rubbing ⁽³⁾, Epistaxis can be unilateral or bilateral. Both external and internal carotid arteries supply the nose. These arteries intercommunicate in rich plexuses. There are two areas that are often implicated in nose bleeds - Kiesselbach's plexus in the little's area (giving rise to anterior bleeds) and Woodruff 's plexus (giving rise to

posterior bleeds). Anterior bleeding is usually easier to access and is therefore less dangerous unlike posterior epistaxis which is more difficult to treat as visualization and accessibility is more difficult.⁽¹⁾

Epistaxis may be recurrent and idiopathic (meaning there is no cause).the majority of cases are benign, but in children with bleeding disorders or other hematologic concerns, epistaxis should be further investigated and treated. The child with recurrent epistaxis or epistaxis that is difficult to control should be further evaluated for underlying bleeding or platelet concerns.⁽⁴⁾

1.2.Justification :

A accidental injures are major health problem in children , they are most common cause of death in children under 5 years ⁽⁵⁾

The research justification need to discuss this point to increase the awareness about epistaxis and it is complications.

1.3. research objectives:

1.3.1. General objective:

To assess the mother awareness regarding first aids of epistaxis at almahaskutrang village.

1.3.2. Specific objectives:

To assess the mother awareness about first aids of epistaxis .

To determine the mother awareness about the complications of epistaxis .

Chapter two

2. Literature review

2.1. Definition:

Epistaxis, or bleeding from the nose, is a common complaint. It is rarely life threatening but may cause significant concern, especially among parents of small children. Most nosebleeds are benign, self-limiting, and spontaneous, but some can be recurrent⁽⁶⁾ it is simply bleeding from the blood vessels in the nose, nose bleeds are common due to the location of the nose on the face, and the large amount of blood vessels in the nose⁽⁷⁾

2.2. Anatomy:

The nose has a rich vascular supply, with substantial contributions from the internal carotid artery (ICA) and the external carotid artery (ECA).

The ECA system supplies blood to the nose via the facial and internal maxillary arteries. The superior labial artery is one of the terminal branches of the facial artery. This artery subsequently contributes to the blood supply of the anterior nasal floor and anterior septum through a septal branch. The internal maxillary artery enters the pterygomaxillary fossa and divides into 6 branches: posterior superior alveolar, descending palatine, infraorbital, sphenopalatine, pterygoid canal, and pharyngeal.

The descending palatine artery descends through the greater palatine canal and supplies the lateral nasal wall. It then returns to the nose via a branch in the incisive foramen to provide blood to the anterior septum. The sphenopalatine artery enters the nose near the posterior attachment of the middle turbinate to supply the lateral nasal wall. It also gives off a branch to provide blood supply to the septum.

The ICA contributes to nasal vascularity through the ophthalmic artery. This artery enters the bony orbit via the superior orbital fissure and divides into several branches. The posterior ethmoidal artery exits the orbit through the posterior ethmoidal foramen, located 2-9 mm anterior to the optic canal. The larger anterior ethmoidal artery leaves the orbit through the anterior ethmoidal foramen⁽⁶⁾

2.3.EPIDEMIOLOGY:

There is limited evidence regarding the prevalence of nosebleeds in children. one 1979 study found that 30 percent of children younger than 5 years and 56 percent of children aged 6 to 10 years had at least one nosebleed ,the incidence of epistaxis declines in adulthood, but approximately one-half of all adults with epistaxis had nosebleeds during childhood ,epistaxis is rare in children younger than 2 years (approximately 1 per 10,000) and should prompt consideration of trauma (intentional or unintentional) or serious illness (eg, thrombocytopenia) some pediatric healthcare providers believe that when a young baby bleeds from the nose, or is reported to have had a nosebleed, that child abuse must be considered ,epistaxis that occurs in children younger than 10 years usually is mild and originates in the anterior nose⁽⁸⁾.

2.4.Pathophysiology :

Bleeding typically occurs when the mucosa is eroded and vessels become exposed and subsequently break, More than 90% of bleeds occur anteriorly and arise from Little's area, where the Kiesselbach plexus forms on the septum. ,TheKiesselbach plexus is where vessels from both the ICA (anterior and posterior ethmoidal arteries) and the ECA (sphenopalatine and branches of the internal maxillary arteries) converge. These capillary or venous bleeds provide a constant ooze, rather than the profuse pumping of blood observed

from an arterial origin. Anterior bleeding may also originate anterior to the inferior turbinate.

Posterior bleeds arise further back in the nasal cavity, are usually more profuse, and are often of arterial origin (eg, from branches of the sphenopalatine artery in the posterior nasal cavity or nasopharynx). A posterior source presents a greater risk of airway compromise, aspiration of blood, and greater difficulty controlling bleeding⁽⁶⁾.

2.5.Etiology:

Causes of epistaxis can be divided into local causes (eg, trauma, mucosal irritation, septal abnormality, inflammatory diseases, tumors), systemic causes, and idiopathic causes. Children usually present with epistaxis due to local irritation or recent upper respiratory infection (URI).

Trauma:

Self-induced trauma from repeated nasal picking can cause anterior septal mucosal ulceration and bleeding. this scenario is frequently observed in young children. nasal foreign bodies that cause local trauma (eg, nasogastric and nasotracheal tubes) can be responsible for rare cases of epistaxis⁽⁶⁾.

acute facial and nasal trauma commonly leads to epistaxis. if the bleeding is from minor mucosal laceration, it is usually limited. however, extensive facial trauma can result in severe bleeding requiring nasal packing.

Dry weather:

Low humidity may lead to mucosal irritation. epistaxis is more prevalent in dry climates and during cold weather due to the dehumidification of the nasal mucosa by home heating systems⁽⁶⁾.

Drugs:

Topical nasal drugs such as antihistamines and corticosteroids may cause mucosal irritation. especially when applied directly to the nasal septum instead of the lateral walls, they may cause mild epistaxis. medications such as non steroidalanti inflammatory drugs (NSAIDs) are also frequently involve .

Septal abnormality:

Septal deviations (deviated nasal septum) and spurs may disrupt the normal nasal airflow, leading to dryness and epistaxis. The bleeding sites are usually located anterior to the spurs in most patients. The edges of septal perforations frequently harbor crusting and are common sources of epistaxis⁽⁶⁾.

Inflammation:

Bacterial, viral, and allergic rhinosinusitis causes mucosal inflammation and may lead to epistaxis. Bleeding in these cases is usually minor and frequently manifests as blood-streaked nasal discharge, granulomatosis diseases such as sarcoidosis, tuberculosis, syphilis, and rhinoscleroma often lead to crusting and friable mucosa and may be a cause of recurrent epistaxis, young infants with gastroesophageal reflux into the nose may have epistaxis secondary to inflammation⁽⁶⁾.

Tumors:

Benign and malignant tumors can manifest as epistaxis. affected patients may also present with signs and symptoms of nasal obstruction and rhinosinusitis, often unilateral, juvenile nasal angiofibroma in adolescent males may cause severe nasal bleeding as the initial symptom.

Blood dyscrasias:

congenital coagulopathies should be suspected in individuals with a positive family history, easy bruising, or prolonged bleeding from minor trauma or surgery. examples of congenital bleeding disorders include hemophilia and von willebrand disease, acquired coagulopathies can be primary (due to the diseases) or secondary (due to their treatments). among the more common acquired coagulopathies are thrombocytopenia and liver disease with its consequential reduction in coagulation factors. even in the absence of liver disease, oral anticoagulants predispose to epistaxis⁽⁶⁾.

Vascular abnormalities:

Hereditary hemorrhagic telangiectasia (HHT; also known as Osler-Weber-Rendu syndrome) is an autosomal dominant disease associated with recurrent bleeding from vascular anomalies. the condition can affect vessels ranging from capillaries to arteries, leading to the formation of telangiectasias and arteriovenous malformations. pathologic examination of these lesions reveals a lack of elastic or muscular tissue in the vessel wall. as a result, bleeding can occur easily from minor trauma and tends not to stop spontaneously.

Various organ systems such as the respiratory, gastrointestinal, and genitourinary systems may be involved. The epistaxis in these individuals is variable in severity but is almost universally recurrent.

Other vascular abnormalities that predispose to epistaxis include vascular neoplasms, aneurysms, and endometriosis⁽⁶⁾.

Migraine:

Children with migraine headaches have a higher incidence of recurrent epistaxis than children without the disease, the Kiesselbach plexus, which is

part of the trigeminovascular system, has been implicated in the pathogenesis of migraine⁽⁶⁾.

Idiopathic causes:

The cause of epistaxis is not always readily identifiable. Approximately 10% of patients with epistaxis have no identifiable causes even after a thorough evaluation.⁽⁶⁾

2.6.Types

2.6.1.Anterior Nosebleed :

Affects lower part of wall that separates nostrils ,the wall or septum contains blood vessels ,these can be broken by blow to nose/fingernail ,the bleeding starts from front of nose ,it flows outward when patient is sitting/standing ,occurs during dry season/harsh winter .

2.6.2.Posterior Nosebleed:

The bleeding starts deep within the nose ,it flows down the back of the mouth & throat This happens even when the person is sitting/standing, occurs in old people/those with high BP/injuries ,this type of bleeding is severe/ requires medical help⁽⁹⁾.

2.7.Signs and Symptoms:

Bleeding usually occurs only from one nostril. if the bleeding is heavy enough, the blood can fill up the affected nostril and overflow into the nasopharynx (the area inside the nose where the two nostrils converge), causing simultaneous bleeding from the other nostril as well. blood can also drip into the back of the throat or down into the stomach, causing a person to spit up or even vomit blood.

Signs of excessive blood loss include:

- dizziness,
- weakness,
- confusion, and fainting.
- Excessive blood loss from nosebleeds does not often occur⁽¹⁰⁾.

2.8.Laboratory tests :

If a history of persistent heavy bleeding is present, obtain a hematocrit count and type and cross-match. if a history of recurrent epistaxis, a platelet disorder, or neoplasia is present, obtain a complete blood count (CBC) with differential. the bleeding time is an excellent screening test if suspicion of a bleeding disorder is present. obtain the international normalized ratio (INR)/prothrombin time (PT) if the patient is taking warfarin or if liver disease is suspected. Obtain the activated partial thromboplastin time (PTT) as necessary.

Other Studies :

Direct visualization with a good directed light source, a nasal speculum, and nasal suction should be sufficient in most patients. However, computed tomography (CT) scanning, magnetic resonance imaging (MRI) or both may be indicated to evaluate the surgical anatomy and to determine the presence and extent of rhinosinusitis foreign bodies, and neoplasms. nasopharyngoscopy may also be performed if a tumor is the suspected cause of bleeding. sinus films are rarely indicated for a nosebleed. Angiography is rarely indicated⁽⁶⁾.

2.9.Management :

2.9.1.First aid management for epistaxises :

are depends on severity and cause of bleeding but usually includes:-

- Placing the child in a upright position then leaning him/her forward to reduce venous pressure ,and asking the child to breathe gently through the mouth to avoid swallowing of blood.
- Compressing the soft part of nostrils using index finger and thumb for 5 to 10 minutes to keep pressure on the nasal septum and some first aid guidelines recommends that before apply the pressure to nostrils, to ask the child to blow his/her nose gently to reduce the amount of dried blood before bleeding stops⁽¹¹⁾ .
- As advanced procedure if the bleeding did not stop a cotton pledge soaked with a vaso-constricting agent then inserted in to each nostril ,and pressure is applied if the bleeding is not controlled by compression alone ,after 5 to 10 minutes ,the cotton is removed ,and the site of bleeding is recognized.
- In case of recurrent epistaxis further medical diagnostic measure and cares needed by referring child to medical facilities.⁽¹¹⁾

2.9.2.medical management:

Cautery (chemical or electrocautery):

Anterior epistaxis originating from prominent vessels on the anterior septum can usually be controlled by applying antiseptic cream to the nasal vestibule, or by cauterization.

The basic equipment required for nasal cautery with silver nitrate and for monopolar or bipolar electrocautery are Headlight, local anaesthetic / decongestant preparation, insulated and non insulated nasal speculainsulated bipolar forceps, insulated monopolar needle, dressing forceps, cotton wool and antibiotic ointment⁽⁶⁾.

Chemical cautery:

A cotton wool ball is soaked in a decongestant and local anaesthetic and is placed in the anterior nasal cavity for 10 minutes. cautery is done with a silver nitrate stick when silver nitrate comes into contact with a wet surface it form nitric acid which causes a chemical burn. paraffin jelly is applied to the upper lip to prevent a chemical burn and staining from silver nitrate mixed with nasal mucus spills on to the upper lip .the patient is asked to blow and clear the nose. initially cauterize the area surrounding the bleeding point to shrink vessels that supply it ;then cauterize the bleeding point⁽⁶⁾.

Apply silver nitrate for 5-10 seconds to each location to avoid a deep burn which may cause necrosis and a septal perforation. the parent / caregiver is instructed to apply antibiotic cream to the cauterized area for a week following cauterization⁽⁶⁾.

Electrocautery :

Bipolar or monopolar cautery may be used when chemical cautery fails to control anterior epistaxis on at least two occasions, it is generally done under general anesthesia in children⁽⁶⁾.

Complications of cautery :

- These include nasal adhesions and septal perforation.
- Avoid cautery to opposing areas of the septum at the same sitting to reduce the chance of a septal perforation occurring.
- A chemical burn presenting as discoloration of the skin of the nasal vestibule and upper lip can persist for up to a week .
- ; hence the need to protect the skin by applying Vaseline to the upper lip ⁽⁶⁾.

2.9.3.Surgical intervention:

This is considered if the former interventions fail to control anterior epistaxis, or with posterior epistaxis⁽⁶⁾.

2.10.Patient education :

The following measures are advised during the first few days following cauterization:

- Saline nasal spray .
- Antiseptic nasal ointment .
- Avoid blowing the nose hard .
- Avoid digital nasal manipulation picking the nose .
- Avoid aspirin and non steroidal anti inflammatory(NSAIDs) ⁽⁶⁾.

2.11.complications:

complications of epistaxis may include the following :

- sinusitis.
- Septal hematoma /perforation.
- External nasal deformity.
- Mucosal pressure necrosis.
- Vasovagal episode.
- Balloon migration.
- Aspiration ⁽⁶⁾.
- anemia
- nasal deformity
- recurrent epistaxis⁽¹²⁾.

2.12.Prevention :

- Most nosebleeds occur during the winter in cold ,dry climates. If a person is prone to nosebleeds, use a humidifier in the home .Petroleum jelly (Vaseline), antibiotic ointment ,or a saline nasal spray also may be used to keep the nasal passages moist .
- Try not to pick or blow the nose too vigorously.
- If the nosebleed is related to a underlying medical condition (example a chronic sinus) follow the health care practitioners instruction to keep these medical problems under control .⁽¹⁰⁾
- elevate the child head at 30 to 45 degrees.
- try to keep the head higher than level of the heart.
- eat foods rich in vitamin C and vitamin K.⁽⁷⁾

2.13.Nursing Assessment:

Explore the child's history for initiating factors such as local inflammation, mucosal drying, or local trauma (usually nose picking). Inspect the nasal cavity for blood.

2.14.Nursing Management:

The presence of blood often frightens children and their parents.

- The nurse and parents should remain calm.
- The child should sit up and lean forward (lying down may allow aspiration of the blood).
- Apply continuous pressure to the anterior portion of the nose by pinching it closed.
- Encourage the child to breathe through the mouth during this portion of the treatment.

- Ice or a cold cloth applied to the bridge of the nose may also be helpful.
- The bleeding usually stops within 10 to 15 minutes.
- Apply petroleum jelly or water-soluble gel to the nasal mucosa with a
- cotton-tipped applicator to moisten the mucosa and prevent recurrence.⁽¹³⁾

previous study:

Study was conducted in Nigeria found that a total number of 69 patients with epistaxis were seen out of which 57 with complete data was studied. Idiopathic causes of epistaxis accounted for 42.1% followed by trauma, associated hypertension, tumors, septicemia and anticoagulant therapy. The right nasal cavity was involved in 57.9%. Anterior bleeding accounted for 43 (75.4%). Majority of our patients were managed with anterior nasal packing. Surgical measures carried out included resection/clearance of nasal tumors⁽¹⁾.

Study was conducted in Tanzania found that a total of 104 patients with epistaxis were studied. The modal age group was 31-40 years. The commonest cause of epistaxis was trauma (30.8%) followed by idiopathic (26.9%) and hypertension (17.3%). Anterior nasal bleeding was noted in majority of the patients (88.7%). Complication rate was 3.8%⁽¹⁴⁾.

Chapter three

3. Research Methodology

3.1. Study design:

This descriptive cross sectional community based study , aim to assess the mother awareness about first aid of epistaxis in period extended from November 2017 to April A2018.

3.2. Study area :

The study was conducted at almahskutang ruralshargalneelKhartoum state , Is located 48 kilometers south Khartoum , have one health center ,and two school primary and secondary, it is contain 12 000 population.

3.3. study population: the study population is composed of mothers of Children with deferent age, educational level, socioeconomic and behaviors, during period of November 2017 to April 2018.

3.4. inclusion criteria: mothers of children.

3.5. Sampling:

Sample technique:

Cluster sampling technique .

3.6. Sample size :

Sample size was calculated by using following formula⁽¹⁵⁾.

$$n = N \sqrt{1 + \frac{D^2}{N}}$$

n : sample size .

N : number of population .

D : degree of precision(0.05).

$$n=12000/1+12000(0.05)^2=400$$

3.8.Data collection

3.8.1.data collection tool :

Data were collected by using questionnaire designed by researcher which depend on information in literature review .

The questionnaire content on three part :

part (1)collected information about socio demographic data which included three question.

Part (2) collected information about knowledge of epistaxis which included three question.

Part (3) collected information about awareness of epistaxis which included six question.

3.8.2 Data collection technique :

The questionnaire was filed by researches himself and every one on this study took about 10 to 15 minutes in times.

3.9.Data analysis technique :

The researcher entered the information by using computerized program(statistical package for social science SPSS version 21) ,and the data was organized and presented inform tables.

3.10.Ethical consideration :

Approval letter were taken from shandi university to the community manager and consent were taken from mother to inform them about the aim of study and to participate.

Chapter four

Results

Table (1): distributions of participants according to their socio demographic data(age ,education level ,occupation status):

(No=100)

Items	Frequency	Percentage
Mothers age		
19-24	20	20.0
25-29	16	16.0
30-34	17	17.0
35-39	14	14.0
more than 40	33	33.0
Education level		
Illiterate	12	12.0
Primary	24	24.0
Secondary	40	40.0
University	23	23.0
above university	1	1.0
Occupation status		
Employee	17	17.0
house wife	83	83.0

The above table showed that (33%) of participants age more than 40 years , (40%) of them secondary education and (83%) of them house wife .

Table (2): distributions of participants according to their knowledge of epistaxis :

(N=100)

Items	frequency	percentage
Fair 1-2	33	33%
Good 3-4	67	67%
Total	100	100%

The above table showed that (67%) of participants had good knowledge about epistaxis.

Table (3): distributions of participants according to their Knowledge about cause of epistaxis:

(N=100)

Items	frequency	percentage
Poor 0-1	25	25%
Fair 2-3	34	34%
Good 4-5	41	41%
Total	100	100%

The above table showed that (41%) of participants had good knowledge about the causes of epistaxis ,(25%) of participants had poor knowledge about the causes of epistaxis.

Table (4): distributions of participants according to their Knowledge about complication of epistaxis:

(N =100)

Items	frequency	percentage
Fair 1-2	38	38%
Good 3-4	62	62%
Total	100	100%

The above table showed that (62%) of participants had good knowledge about complications of epistaxis .

Table (5):distributions of participants according to their first aid of epistaxis :

(N=100)

Items	frequency	percentage
Fair 1-2	57	57%
Good 3-4	43	43%
Total	100	100%

The above table showed that (57%)of participant had fair awareness about first aid of epistaxis .

Table (6): distributions of participants according to their right position :
(N=100)

Items	frequency	percentage
Fair 1-2	73	73%
Good 3-4	27	27%
Total	100	100%

The above table showed that (73%) of participants had fair knowledge about right position of epistaxis .

Table (7): distributions of participants according to their duration of child picking nose:
(N=100)

Items	Frequency	Percent
5- 10mins	89	89.0
10-20mins	8	8.0
up to 20mins	3	3.0
Total	100	100%

The above table showed that (89%) of participants known the duration to picking the nose.

Table (8): distributions of participants according to their nostrils bleeds not stopped:

(N=100)

Items	Frequency	Percent
pinching the nose	8	8%
seeking medical care(reefers to ENT)	78	78%
Go to the emergency department	14	14%
Total	100	100%

The above table showed that (78%) of participants seeking medical care if bleeding not stopped.

Table (9): distributions of participants according to their intervention when the child develop epistaxis at the home:

(N=100)

Items	frequency	percentage
Poor 0-1	41	41%
Fair 2-3	49	49%
Good 4-5	10	10%
Total	100	100%

The above table showed that only (10%) of participants had good knowledge about intervention at home.

Table (10): distributions of participants according to their prevention of the nose from bleeding again :

(N=100)

Items	frequency	percentage
Poor 0-1	51	51%
Fair 2-3	31	31%
Good 4-5	18	18%
Total	100	100%

The abovetable showed that (51%) of participants had poor knowledge about prevention from recurrent epistaxis.

Table (11)relationshipbetween education level of participantsand their knowledge about epistaxis :

	Value	Asymp. Error(a)	Std. T(b)	Approx. T(b)	p-value
Pearson's R	-.134	.081		-1.337	.184(c)
Spearman Correlation	.010	.108		.100	.921(c)
N of Valid Cases	100				

The above table showed correlation between education level of participants and their knowledge about epistaxis(p.value 0.921).

Table (12): Relationship between occupation status of participants and their awareness about treatment of epistaxis at home:

	Value	Asymp. Error(a)	Std. Approx. T(b)	p-value
Pearson's R	.053	.041	.528	.598(c)
Spearman Correlation	-.118	.091	-1.177	.242(c)
N of Valid Cases	100			

The above table showed correlation between occupation status of participants and their awareness about treatment of epistaxis at home (p-value 0.242).

Chapter five

Discussion

The current study which conducted in almahaskutrang village in period extend from November 2017 to April 2018 aimed to assess mothers awareness about first aids of epistaxis .A result of study represented the following :

Regarding sociodemographic data of participant more than third (40%) of them with secondary education level and most of them (83%) were house wife's.

Regarding information about epistaxis two third (67%) of participants were knowledgeable about definition , and more than two third (76%) about causes and complications, this result agree with of level education of participants, because the study reflect that 40% of participants have secondary level ,and 24% have high degree (university), the study result showed insignificant association between education level of participants and their knowledge about epistaxis (p.value 0.9).

Regarding the first aid about epistaxis, more than half of participants (57%) had fair knowledge, while less than half (43%) had good knowledge ,this agree with study conducted in AL-najaf AL -shraf⁽¹¹⁾, which state that: placing the child in upright position, compressing the soft part of nostrils using index finger and thumb for 5 to 10 minutes to keep pressure on the nasal septum .also the study reflect that more than two third they seek medical care if bleeding not stopped by first aid management.

The current study determined that only (10%) of participants had good knowledge about the management of epistaxis at home (Ice or a cold cloth applied to the bridge of the nose)⁽¹³⁾ and (49) had average awareness, (41%) of participants using cold water to manage the epistaxis the study result

showed insignificant association between occupation status of participants and their awareness about treatment of epistaxis at home (p.value 0.2) .

Only (18%) of participants had good knowledge about prevention from recurrent epistaxis, this study agree with study done in www.medicinenet.com⁽⁷⁾state that elevation the child head at 30 to 45 degrees ,try to keep the head higher than level of the heart and eat foods rich in vitamin C and vitamin K.

Conclusion

The current study which conducted in almahaskutrang village in period extend from November 2017 to April 2018 aimed to assess the mothers awareness about first aids of epistaxis.

Based on finding result study concluded that:

The participants were knowledgeable about definition, causes and complications of epistaxis, had fair knowledge about first aid of epistaxis, also more than two third of participants were seeking for medical care when nostrils bleeding of their child not stopped, the study result showed insignificant association between education level of participants and their knowledge about epistaxis (p.value 0.9), and showed insignificant association between occupation status of participants and their awareness about treatment of epistaxis at home (p.value 0.2).

Recommendations

The current study which conducted in almahaskutrang village in period extend from November 2017 to April2018 aimed to assess the mothers awareness about fist aids of epistaxis .

The study recommended that :

- Encourage community nursing role to practice the health education in community by ministry of health.
- Feather research to cover the community.
- Mandatory courses for training mothers about first aid must be established byhosiptal.
- Using mass media and posters about first aid must be used as tools for education about first aid.

Chapter six

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Appendix

Shandiuniversity

Faculty of post graduated studies and scientific research

Questionnaire :

mothers awareness regarding first aids of the epistaxises

serial NO

section one:

socio demographic characteristics :

1)mother age :

2)Educational level:

1) illiterate	
2)primary	
3) secondary	
4) university	
5) above university	

3)occupation status:

1)employee	
2)house wife	

Section two:

Mothers knowledge about epistaxises in children :

4)knowledge about epistaxises:

1)bleeding from the nasal cavity.	
2) bleeds from both nostrils	
3)simple bleeding from the blood vessel in the nose.	
4)bleeding from one nostril	

5)knowledgea bout cause of epistaxis :

1)trauma	
2)dry whether	
3)drugs	
4) frequent picking of nose.	
5)nasal foreign body.	

6) knowledge about complication of epistaxis :

1-blood loss.	
2-anemia.	
3-nose deformity.	
-recurrent epistaxis4	

Section three :

Mothers awareness about first aid of epistaxis :

7)what do you do if your child develop epistaxis;

1) plugging or blocking the nostrils.	
2)direct pressure applied continuous at least five mins and up to 10 mins .	
3) holding the child head for word.	
) compressing the soft part of nostrils 4	

8)how should a child with epistaxis be positioned?

1-upright position.	
2-firmly pinch the entire soft part of nose just above the nostrils.	
3-sit and lean forward	
4- hold the child in same position 5 mins ,up to 10 mins.	

9)for how long minutes you pick the child nose?

1)5- 10 mins	
2)10-20 mins	
3)up to 20mins	

10)what do you do if the nostrils bleeds not stopped?

1) pinching the nose	
2) seeking medical care(reefers to ENT)	
Go to the emergency department.3)	

11-What the intervention when the child develop epistaxis at the home ?

1-By using cold water	
2-By using herbal substance	
Insert cotton 3-	
4-by using ice packs.	

12-how do you prevent the nose from bleeding again ?

1-elveate the child head at 30 to 45 degrees.	
2-try to keep the head higher than level of the heart.	
3-use a humidifier in the home .Petroleum jelly (Vaseline), antibiotic ointment	
4- Try not to pick or blow the nose.	
5- eat foods rich in vitamin C and vitamin K.	

بسم الله الرحمن الرحيم

جامعة شندي

كلية الدراسات العليا والبحوث العلمية

استبيان :

وعى الأمهاتبشأن الإسعافات الاولية من الرعاف :

الرقم التسلسلي:

القسم الاول : البيانات الشخصية :

1-عمر الام ؟

2-المستوى التعليمي:

امي	
اساس .	
ثانوي .	
الجامعة .	
فوق الجامعة .	

3-وظيفة الام ؟

موظفة .	
ربة منزل .	

القسم الثاني: معرفة الامهات عن الرعاف عند الاطفال :

4-المعرفة حول الرعاف:

	نزف من الانف.
	نزف من فتحتي الانف
	نزف من الاوعية الدموية في الانف.
	نزف من احدى فتحتي الأنف.

5-المعرفة حول سبب الرعاف عند الاطفال :

	اصابة .
	الطقس الجاف .
	الادوية
	التخلل المتكرر للأنف
	جسم غريب في الانف

6-معرفتك عن المضاعفات التي يسببها الرعاف :

	فقدان الدم.
	الانيميا.
	تشوه الانف.
	الرعاف المتكرر

القسم الثالث : وعي الامهات بشأن الاسعافات الاولية للرعاف عند الاطفال :

7- ما الي تفعيلينه اذا اصيب طفلك بالرعاف ؟

	سد وحجب فتحتي الانف .
	الضغط المباشر على الانف لمدة 5 الى 10 دقائق .
	إرجاع رأس الطفل الى الامام .
	ضغط الجزء الناعم من الانف.

8- في اي وضع يجب وضع الطفل اذا حدث له رعاف :

	وضع قائم .
	ضغط الجزء الناعم من الانف.
	الجلوس والميل الى الامام.
	بقاء الطفل في نفس الوضع لمدة 5 الى 10 دقائق .

9- ما الفترة الزمنية التي نضغط انف الطفل اثناء الرعاف ؟

	5 الى 10 دقائق .
	- 10 الى 20 دقيقة . 2
	اكثر من 20 دقيقة

10- ماذا تفعيلين اذا لم يتوقف الرعاف عند طفلك ؟

	ضغط الانف .
	البحث عن العناية الطبية (التحويل الى الانف والاذن والحنجرة) .
	الذهاب الى قسم الطوارئ.

11- ما التدخل عندما يحدث لطفلك رعاف في المنزل ؟

	1- باستخدام الماء البارد .
	2- باستخدام المواد العشبية .
	3- ادخال قطن
	4- باستخدام الثلج

12- كيف تمنع الانف من النزيف مرة اخرى ؟

	رفع راس الطفل 30 الى 45 درجة
	المحافظة على ان يكون راس الطفل في مستوى اعلى من مستوى القلب .
	استخدام مرطب في المنزل ،فازلين ،و مرهم مضاد حيوي .
	المحاولة الا تضغط على الانف .
	اكل اغذية غنية بفايتمينK وC

