

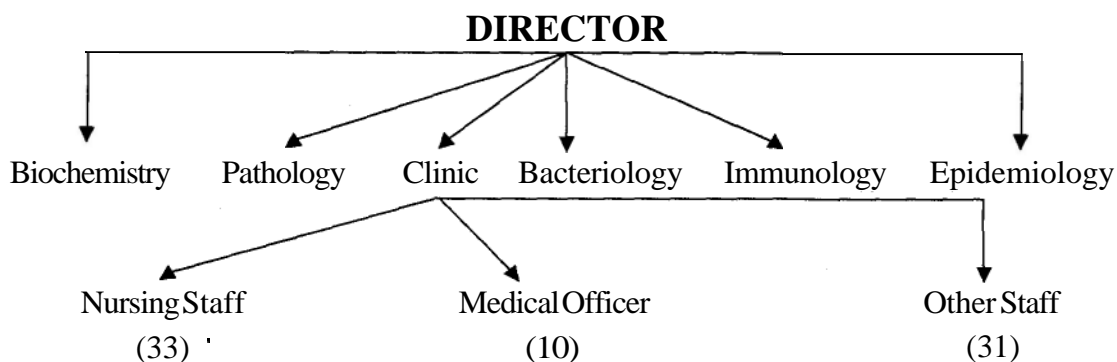
# NURSING ACTIVITIES OF (OUTPATIENTS) TB PATIENTS IN PUBLIC HEALTH SECTOR



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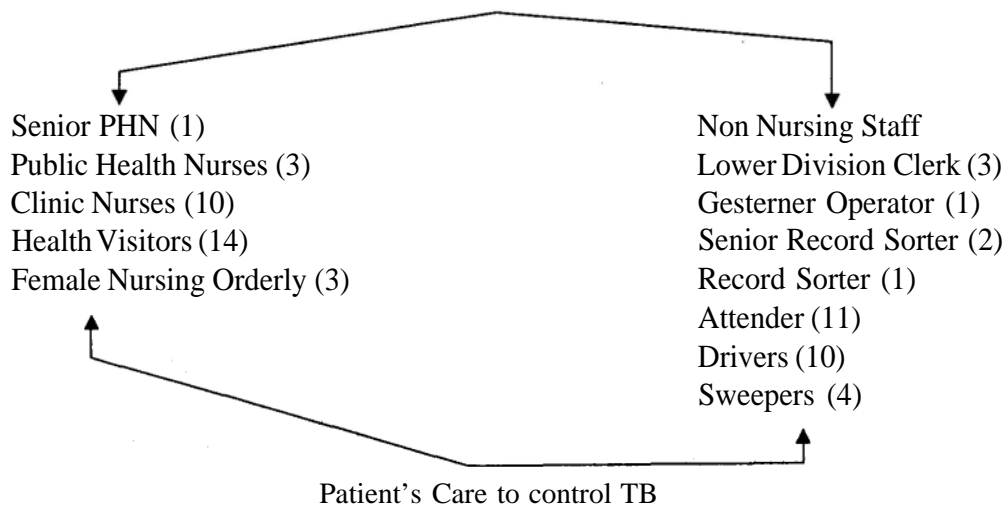
The ICMR (Indian Council of Medical Research) Tuberculosis Research Centre was established in 1956 under the joint auspices of the ICMR - Tamil Nadu, The World health Organisation and the British Medical Research Council (BMRC) for obtaining authentic information and the feasibility efficacy and safety domiciliary chemotherapy for pulmonary TB. Studies were undertaken with the government and non-government agencies. TRC-ICMR provided scientific understanding technologies needed to support fight against TB. It supports and promoted DOTS (Directly observe treatment short course therapy). In the RNTCP (Revised National TB control programme). Government of India is providing better tools and refining

existing tools for diagnosis and treatment and monitoring of TB through controlled clinical trials in scientific research. TRC recognizes its obligation to patients with TB and promotes and practices the highest standard of patient care in the course of its research activities. Initially our centre has done study of sanatorium vs home. Found out that treatment at home is just as effective in sputum positive patients as treatment in Sanatorium both in terms of immediate response from the infectious patients while he is being treated at home. The findings of the study revolutionized the approach in the treatment of T.B. and constituted the basis for the national tuberculosis programmes in India and in other developing countries with limited resources.



The strength of the clinical unit-infrastructure consisting of clinicians, Nursing staff, Social Workers, Health Visitors which is ideally geared for carrying out treatment trials in TB.

## NURSING OFFICER



Nursing officer is in charge of the 64 team members under Nursing 3 category of staff. Our nursing staff are very crucial to the smooth conduct of all T.R.C. studies. Our nursing staff render care adhering to the protocol for implementation in all studies. Mainly involved in Randomized Control Clinical Trails, sociological studies, experimental studies of the basic science department etc. They also play a vital role in managing all the investigations, procedures in helping with the blood collection, sputum collection etc. Not only in research activities but they also impart health education at all level and every possible way to the patient and their family members and non clinical Staff.

Proud to inform that our centre is the pioneer to start sub center drug supply for the patient in Tamil Nadu those who are residing around Chennai can get drugs from our sub centers, clinics situated at Government Saidapet, Royapettah, Ramakrishna Mutt Otteri, Pulianthope, Sembiam and VHS. Each team consists of

a Doctor, Clinic Nurse, Social Worker and attender going to all sub centers daily for distribution of Anti TB drugs. Nursing staff conduct and participate in the TB exhibitions at TRC. All staffs rendering services like maintaining good rapport with the patients and his family members by welcoming them warmly and talking and advising them regarding the diseases and investigations and importance of taking treatment regularly for the long run of two and half years and follow up. Counselling the family members regarding precautions against TB and HIV and advising them to get investigated if they have got any symptoms. All drugs are given under direct supervision. Patients who defaulted treatment were visited at home and motivated to attend. The first phase was strictly under direct supervision either at centre or subcentres.

Health Education is required for promotion management. The nurse has a creative role to improvise and support Nursing care in Hospital and at home environment. Health education is given about

the importance of diet and regular treatment, covering the mouth while coughing, disposal of sputum, motivating them to try and live day to day life normally.

### **ROLE OF NURSING OFFICER:**

1. Involving in the conduction of controlled clinical trials in both pulmonary TB and extra pulmonary TB and administration of all staff supporting for other studies like Biochemical and Immunological etc.,
2. Responsible for the Attendance, leave and substitute arrangements, preparing rotas for all staff monthly, weekly, daily and periodically for 64 staffs.
3. Facilitating patients care by supervising all staffs work and allotting vehicles for sick patients admission at other hospitals or at home.
4. Allotment of vehicle for visits to sub centers daily.
5. Arranging programme for visiting Nursing staff and Para Medical staff workers and training new staff.
6. Conducting meeting for Nursing and other staff. Training and orientation of the Nurses and para medical students.
7. Supervising the entire work at clinic for charge of all nursing staff, ancillary and accessory staff.
8. Maintenance of equipments, linen, furniture, accounts, participating in all study discussions regarding protocol, procedure and investigations in the clinical division of the centre.
9. Playing a key role in co-ordinating activities of clinical division. Liasoning with Different department staffs.

### **ROLE OF P.H.N**

1. Taking part in the investigations like drawing of blood and health education given to the patient and family members regarding awareness of Pulmonary TB treatments and preventive measures. Checking the case papers if all investigations are carried out daily.
2. Smooth running of the clinic. Supervising the patients to be seen by the doctor.
3. Arranging meetings of all clinic staff to discuss the patients problem cases.
4. Drug intending, issuing for the patients.
5. Arranging staff to all places and vehicles.
6. Supervising all clinic staff activities.

### **ROLE OF CLINIC NURSES:**

1. Working as a DOTS provider by supervision of swallowing the drugs. Dosage correction, reporting toxicity complaints to the Doctor.
2. Monitoring of treatment cards; Date, marking monthly review, re-attendance date, change of treatment dosage monitored. Marking holidays, sputum bottle issuing and collection etc.
3. Chart maintaining - The total number of patients admitted for study T.R.C. and other sub-centres are monitored. Failure for retrieval action taken promptly.
4. Operational activities: giving injection to the patient in case of breathlessness, fever, haemoptysis, oxygen, I.V. drip, giving Mantoux, recording, maintenance of drug, furniture and linen account etc.
5. Maintenance of records: All the investigation reports are collected and filed in the case papers. The case papers

and treatment cards are maintained appropriately.

### **ROLE OF HEALTH VISITORS:**

1. Home visit: Before admitting the patient for treatment health visitors visit the patient's house to confirm the given address and establish good rapport with the patient and family members to enable their cooperation in the long run.
2. Supervisory visits are made to check the drug intake during continuation phase.
3. Home visits are made to remind the patient to attend for monthly checkup. Social visits done once in a month to maintain good establishment and rapport with the patient and family members.
4. Sputum bottles are issued and sputum collected during the visits.
5. Surprise visits are done when the patient is in continuation phase to check about this intake of drug regularly and report to team doctor after entering in the case paper for further action.
6. Taking default retrieval action for patients in intensive manner. Daily record maintenance for home visits and giving account for total number of visits done for the month to the nursing officer. At the clinic-sputum collection, weight recording and urine collection is done. Maintenance of case papers like repairing and filing the forms.

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