

# A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CARDIOPULMONARY RESUSCITATION (CPR) AMONG GNM STUDENTS OF AMT SCHOOL OF NURSING, GMC JAMMU, J&K UT INDIA

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## Abstract

**Introduction:** Cardiopulmonary resuscitation is a technique of the basic life support, which helps to maintain blood circulation in the victim's brain and heart during cardiac arrest or during the absence of pulse and breath. Adults are more active and long-time information delivers, but non-medical people are not having the knowledge regarding emergencies managements, hence this study was conducted to assess the knowledge and check the effectiveness of structured teaching programme regarding CPR among GNM students. **Aim:** To provide Knowledge about CPR to the students of GNM. **Objective:** To assess the knowledge of the GNM students about CPR. **Methodology** Sample was taken by universal sampling technique Sample size was 90 GNM students include male and female (all GNM students). A Self-structured questionnaire technique was used to collect the baseline data, and data for the knowledge of the students about CPR. **Result** showed that Maximum students (64%) were in age 21 years. Majority of students (77.6%) were females. Maximum students (50%) had below average knowledge regarding cardio pulmonary resuscitation. Only (40%) students had average knowledge regarding cardio pulmonary resuscitation. Maximum students (60%) had good knowledge regarding cardio pulmonary resuscitation. The study **concluded** that Only (40%) students had average knowledge regarding cardio pulmonary resuscitation and Maximum students (60%) had good knowledge regarding cardio pulmonary resuscitation.

**Keywords:** Cardio Pulmonary Resuscitation, Knowledge, Student, GNM, CPR.

## INTRODUCTION

The heart is the centre of cardiovascular system and it is vitally responsible for just about everything that gives body life ranging from the transportation of oxygen to the success of the immune system. However, the foods we eat and the amount of activity choose to take part in dramatically affect the overall health of the heart and the many other tissues that make up cardiovascular system. The heart is a muscular organ about the size of a closed fist that functions as the body's circulatory pump. It takes in deoxygenated blood through the veins

and deliver sit to the lungs for oxygenation before pumping it into the various arteries (which provide oxygen and nutrients to body tissues by transporting the blood throughout the body). Each year, a number of persons suffer with an accident or illness, severe enough to stop their breathing and leads to respiratory arrest. In a small number of these cases, it will even stop their heart beating and leads to cardiac arrest. Sudden cardiac arrest is a major cause of death in developed countries. Sudden death occurs when heartbeat and breathing stops. The other common causes of sudden death include heart attack, electrical shock, drowning, choking, suffocation, trauma, drug reactions, and allergic reactions. The best chance of ensuring their survival is to give them emergency treatment known as cardiopulmonary resuscitation (CPR). CPR can consist of many different things, but the initial, vital part is Basic Life Support (BLS). Cardio means “of the heart” and pulmonary means “of the lungs”. Resuscitation is a medical word that means “to revive” or bring back to life. Sometimes cardio pulmonary resuscitation (CPR) can help a person who has stopped breathing, and whose heart may have stopped beating, to stay alive. Despite advances in cardiopulmonary resuscitation (CPR) methods, including the introduction of the automatic electrical defibrillator (AED) and therapeutic hypothermia, only about 10 % of adult out-of-hospital cardiac arrest (OHCA) victims survive to hospital discharge, and the majority of survivors have moderate to severe cognitive deficits 3 months after resuscitation. Resuscitation from cardiac arrest is the ultimate whole body ischemia reperfusion (I/R) injury affecting multiple organ systems including brain and heart. In most cases, defibrillation and other means of advanced life support are not immediately available. In urban settings it takes an average of nearly ten minutes for professional help to arrive. During this time victims can only rely upon CPR provided by educated bystanders. Therefore, a substantial burden of responsibility lies on the shoulders of educators who need to pass on their knowledge and skills of CPR to their trainees in a way simple enough to be remembered and recalled rapidly in a highly stressful moment. It has been shown that correctly performed bystander CPR may positively influence short and long- term survival of cardiac arrest victim. Every nurse and physician should be skilled in CPR because cardiac arrest, the sudden cessation of breathing, and adequate circulation of blood by the heart, may occur at any time or in any setting. Resuscitation measures are divided into two components, basic cardiac life support and advanced cardiac life support. The American Heart Association establishes the standards for CPR and is actively involved in teaching BCLS and ACLS to health professionals. The American Heart Association recommends that nurses and physicians working with patients be certified in BCLS and ACLS. CPR alone is not enough to save lives in most cardiac arrest. It is a vital link in the chain of survival that supports the victim until more advanced help is available.

## REVIEW OF LITERATURE

**K. Tamizharasi, Nisha Joshi (2020)** conducted a pre-experimental study to Evaluate the effectiveness of Structured Teaching Programme on knowledge and skill regarding basic cardiac life support among basic B.Sc. (N) 1st year Students at Dehradun, Uttarakhand. A sample of 50 students were selected through convenience non-probability sampling technique. The data was collected through self-structured knowledge questionnaire and skill checklist on basic cardiac life support. The tool was developed in three parts, the first part deal with the 7 demographic variable, the part two consist of 32 knowledge questions on

basic cardiac life support and the third part consist of 18 steps of skill checklist. This concludes that the structured teaching program was effective in significant improvement of knowledge level and skill score regarding basic cardiac life support among study participants. Findings stress the need for such teaching and skill programs, which in turn may enhance the overall health standard and save the life of victims. **Prateeksha Gurung, Salakha Mishra, Kavita Chandrakar (2020)** conducted a Pre-Experimental Study to Assess the Effectiveness of STP on Knowledge Regarding Cardiopulmonary Resuscitation among B.Sc. Nursing Students among the degree students Dayananada Sagar College of Nursing Sciences, Bangalore. Study was conducted on 30 B.Sc Nursing student selected by random sampling.. Tool prepared consisted of demographic variables & self-structured knowledge questionnaire regarding Cardiopulmonary Resuscitation. The present study showed that the level of knowledge of student nurses revealed that 73.33% of students had inadequate knowledge, 26.66% had moderate knowledge in the pre-test whereas after administration of STP, 43.33% had inadequate knowledge, 40% had moderate knowledge and 16.67% had adequate knowledge in the post-test. Hence, there was a statistically significant difference between pre-test and post-test level of knowledge regarding Cardiopulmonary Resuscitation among the students at the level of pstructured knowledge questionnaire. Pre-test and post- test knowledge scores revealed that during pretest, the mean score  $8.6 \pm 3.07$  (SD) which is 43% of the total mean score, whereas in post-test, the mean score was  $15.13 \pm 2.26$  (SD) which is 75.65% of the total mean score depicting difference of 32.65% increase in mean percentage of score. **Marilyn H. Oermann et.al (2020)** conducted a study on Training interval in cardiopulmonary resuscitation lthough evidence supports brief, frequent CPR training, optimal training intervals have not been established. The purpose of this study was to compare nursing students' CPR skills (compressions and ventilations) with 4 different spaced training intervals: daily, weekly, monthly, and quarterly, each for 4 times in a row. Participants were nursing students ( $n = 475$ ) in the first year of their prelicensure program in 10 schools of nursing across the United States. They were randomly assigned into the 4 training intervals in each of the schools. Results was Although students were all certified in Basic Life Support prior to the study, they were not able to adequately perform compressions and ventilations at pretest. Overall compression scores improved from sessions 1 to 4 in all training intervals (all  $p < .001$ ), but shorter intervals (daily training) resulted in larger increases in compression scores by session 4. There were similar findings for ventilation skills, but at session 4, both daily and weekly intervals led to better skill performance. **Shalu Saju, Chandrashekar (2020)**, conducted A quasi-experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Skill Regarding Cardiopulmonary Resuscitation in Children among 3rd Year B.Sc. Nursing Students of a Selected College of Nursing at Mangaluru. Simple random technique was used to select 30 subjects. After the pre-test and assessment of skill and knowledge by observational check list and questionnaire, a STP was administered and CPR demonstrated to the subjects and on the seventh day post-test was conducted with the same questionnaire and observational checklist. Results of the study is the mean post-test knowledge scores obtained by the subjects (30.16) were higher than the mean pre-test knowledge scores (17.13). The mean post-test skill scores obtained by the subjects (16.03) were higher than the mean pre-test skill scores (7.6). Findings of the study showed that the knowledge score and skill score of the III-year BSc students were very less before the

introduction of STP and demonstration of CPR. The enhanced them to gain more knowledge and demonstration enhanced them to gain more skill regarding CPR. Hence, STP and demonstration of CPR was an effective strategy for providing information and to improve knowledge and skill of student nurses, which was well appreciated and accepted by student nurses. **Jaskiewicz et.al (2020)** conducted a observational study on Chest compressions quality during sudden cardiac arrest scenario performed in virtual reality Potential attributes of virtual reality (VR) can be a breakthrough in the improvement of sudden cardiac arrest (SCA) training. However, interference with the virtual world is associated with the need of placing additional equipment on the trainee's body. 91 voluntarily included in the study medical students participated twice in the scenario of SCA – Traditional Scenario (TS) and Virtual Reality Scenario (VRS). In both cases two minutes of resuscitation was performed. Virtual reality can be a safe and highly valued by medical students, method of hands-on CPR training. However additional VR equipment placed on the trainee's body may cause chest compressions harder to provide. If it is not preceded by traditional training, the use of VR may have an adverse impact on depth and full chest relaxation during the training. To make the best use of all the potential that virtual reality offers, future studies should focus on finding the most effective way to combine VR with traditional skill training in CPR courses curriculum. **Abhishek Kumar (2020)** publish an article on Cardiopulmonary Resuscitation: Recent Advances, Cardiac arrest is the most significant reason for mortality and morbidities worldwide. With a better understanding of the pathophysiology of cardiac arrest, simple adaptations in basic life support to upcoming modifications in post-resuscitation care have been proposed by various resuscitation councils throughout the globe. Role of point of care cardiac ultrasound during cardiopulmonary resuscitation (CPR) has been explored and its contribution for identifying reversible causes and its real time management has been explored. A higher blood and tissue oxygenation levels contributed to an increased rate of return of spontaneous circulation (ROSC) which has to lead us to explore more options to increase the oxygenation. Starting from the CPR training, the use of sensors for spirometric feedback in ventilation maneuvers can help improve the quality of CPR. High flow nasal oxygenation during CPR has shown promising results. Extracorporeal CPR is another entity that has shown survival benefits in a selected group of patients. The aim of the newer advances has always been to decrease the morbidity and improve survival outcomes in terms of neurological deficit as well. These guidelines are reviewed and updated regularly to improve knowledge and training based on the current evidence. This chapter shall focus on recent advances in cardiopulmonary resuscitation. **Sanela Pivač et.al (2020)** conducted a study on the impact of cardiopulmonary resuscitation (CPR) training on schoolchildren and their CPR knowledge, attitudes toward CPR, and willingness to help others and to perform CPR: mixed method research design. Research was conducted in 15 Slovenian public elementary schools offering cardiopulmonary resuscitation training. Data was collected with a structured questionnaire. The sample included 764 schoolchildren aged 12.5–14.5 years before cardiopulmonary resuscitation training and 566 schoolchildren after training. Results of study was Significant progress in cardiopulmonary resuscitation knowledge was noted after training implementation, with the greatest progress seen in the youngest age group (mean age 12.5). The greatest increase after training was seen for the variables Attitude toward helping others ( $p = 0.001$ ) and Self-confidence ( $p = 0.001$ ). Alaa O Oteir et.al (2019)

conducted a cross sectional study on Cardiopulmonary resuscitation level of knowledge among allied health university students in Jordan. 20 participants were selected. The survey had two sections, including demographics and knowledge questions. A total of 883 students completed the surveys and were included in the study. The mean age was 21 years ( $\pm 1.6$ ) and the majority were females (73.1%). A total of 693 (78.5%) students did not receive previous CPR training and the top barriers to receiving CPR training were unawareness of training opportunities and a lack of time. Participants had a mean CPR knowledge score of 3.9 ( $\pm 1.7$ ) out of 10 maximum potential points. Trained participants had a higher mean score compared with the untrained (4.6 ( $\pm 1.6$ ) vs 3.8 ( $\pm 1.6$ ), p nursing students) had good knowledge but still perfection is required to practice it whenever needed in emergency. **Mutlu Vural et.al (2017)** conducted a study on Cardiopulmonary resuscitation knowledge among nursing students: a questionnaire study. The questionnaire comprised of three parts about CPR knowledge: the first dealing with general questions to understand the importance of CPR in clinical practice; the second comprising the main goal and accuracy of CPR intervention; and the last consisting of questions targeting the indications, methods, and effectiveness of CPR. Results of the study was students had good knowledge about the importance of CPR in clinical practice and stood average in knowing its indications and effectiveness. 11% of them were completely aware about the universal compression ventilation ratio, 16.2% were aware of the current compression depth. In addition, 21.8% of participants have only indicated the order of CPR being compression, airway, and breathing. Conclusion of the study is Knowledge of CPR is good among the nursing students. However, skills of CPR have to be improved by current training programs at regular intervals. Their knowledge and practical approach have to be updated with the current guidelines in CPR. **Kaur Rajwinder, Jangwal Lalita, (2016)** conducted a pre-experimental study to assess the effectiveness of Structured Teaching Programme regarding Neonatal Resuscitation among G.N.M Interns students in selected Nursing College, Jalandhar, Punjab. The sample comprised of 60 G.N.M Interns by using convenience sampling techniques. The result showed that the mean post-test knowledge score (24.37) was higher than the mean pre-test knowledge score (13) and find to be non-significant with the calculated 't' value of pretest and post-test (pretest-0.885 and posttest-0.750).

### **Objectives**

To assess the knowledge score on Cardio Pulmonary Resuscitation among GNM students in AMT School of Nursing, Bakshi Nagar Jammu.

To improve the knowledge Status of the students regarding Cardio Pulmonary Resuscitation.

### **Material**

Quantitative research approach and Quasi experimental research design was adopted. Current study was carried out in the Govt AMT School, GMCH Jammu UT India. universal sampling technique was used to enrolled the participants in the study. Sample size was 90 GNM students who are willing to participate in the study. The study included who are available at the time of data collection and are willing to participate in the study Only GNM students was taken and both male and female. The Study excluded Those who are not willing to participate

in the study and who are not available at the time of data collection and all the students except GNM was excluded.

### Method

After taking Ethical and administrative permission the eligible sample was identified. Informed Written consent was taken and purpose of the study was explained to the study participants who fall in inclusion criteria of the study. Sample was selected by universal sampling technique (all students of GNM students). A structured questionnaire was use to collect the baseline data, and data for structured questionnaire for the knowledge of the students about CPR. The time taken to complete each participant data collection was about 15 to 25 minutes.

### DATA ANALYSIS

The analysis of the data was done on the bases of objectives by using descriptive and inferential statistics. The data was analysed by Sample size was calculated by students on the of effect size 0.3,  $\alpha=0.05$ ,  $\beta=0.2$

**Table. 1: Knowledge Regarding Cardiopulmonary Resuscitation (CPR)**

S.no	Question	Options	Responses
1.	When performing CPR, what is the correct rate of chest compressions per minute?	1. 30 compressions per minute 2. 60 compressions per minute 3. 100-120 compressions per minute 4. As fast as possible	1. 3.2% 2. 6.3% 3. 18.9% <b>4. 71.6%</b>
2.	How deep should chest compressions be when performing CPR on an adult?	1. 1/2" 2. 1" 3. At least 2" 4. At least 3"	1. 5.3% 2. 9.5% 3. 6.3% 4. 78.9%
3.	What is the most common obstruction in the airway?	1. Tongue 2. Food 3. Dentures 4. None of the above	1. 3.2% 2. 6.3% 3. 16.6% 4. 73.7%
4.	The recommended BLS sequence of steps according to the 2010 AHA Guidelines for CPR are:	1. Airway, Breathing, Chest Compressions 2. Chest compressions, Airway, Breathing 3. Airway, Breathing, Check Pulse 4. None of the above	1. 3.2% 2. 6.3% 3. 16.8% 4. 73.7%
5.	What is the correct	1. 30 Compressions for every 2 breaths 2. 30 Compressions for every 1 breaths	1. 3.2% 2. 6.3%

	compression-to-ventilation ratio when performing CPR alone for victims of any age?	<ol style="list-style-type: none"> <li>3. 15 Compressions for every 2 breaths</li> <li>4. 60 Compressions for every 2 breaths</li> </ol>	<ol style="list-style-type: none"> <li>3. 25.3%</li> <li>4. 65.3%</li> </ol>
6.	While performing CPR your chest compressions should be:	<ol style="list-style-type: none"> <li>1. Gentle and slow</li> <li>2. Hard and fast, with as few interruptions as possible</li> <li>3. Gentle but fast</li> <li>4. Hard but slow with frequent interruptions to check for a pulse</li> </ol>	<ol style="list-style-type: none"> <li>1. 3.2%</li> <li>2. 2.1%</li> <li>3. 7.4%</li> <li>4. 87.4%</li> </ol>
7.	To provide chest compressions to an infant, you should use:	<ol style="list-style-type: none"> <li>1. Two fingers placed just below the nipple line</li> <li>2. One thumb at the center of the chest</li> <li>3. One hand on the center of the chest</li> <li>4. All of the above</li> </ol>	<ol style="list-style-type: none"> <li>1. 21.1%</li> <li>2. 18.9%</li> <li>3. 14.7%</li> <li>4. 45.3%</li> </ol>
8.	What is the first link in the adult chain of survival?	<ol style="list-style-type: none"> <li>1. Preventing heart disease</li> <li>2. Early CPR</li> <li>3. Avoiding tobacco use</li> <li>4. Early recognition</li> </ol>	<ol style="list-style-type: none"> <li>1. 3.2%</li> <li>2. 15.8%</li> <li>3. 11.6%</li> <li>4. 69.5%</li> </ol>
9.	What mistake is most likely to cause gastric inflation during use of a bag-mask?	<ol style="list-style-type: none"> <li>1. There isn't a tight seal between the mask and the patient's face.</li> <li>2. Too much air is given in rescue breaths; the chest is visibly rising.</li> <li>3. The rescuer is delivering breaths too quickly or too forcefully.</li> <li>4. Every breath lasts longer than one second.</li> </ol>	<ol style="list-style-type: none"> <li>1. 12.6%</li> <li>2. 24.2%</li> <li>3. 53.7%</li> <li>4. 9.5%</li> </ol>
10.	Why is complete chest recoil good for CPR?	<ol style="list-style-type: none"> <li>1. It reduces rescuer exhaustion.</li> <li>2. It reduces the chance of fractured ribs.</li> <li>3. It increases the chest compression rate.</li> <li>4. It gives the heart a chance to fill with blood between compressions.</li> </ol>	<ol style="list-style-type: none"> <li>1. 20.0%</li> <li>2. 10.5%</li> <li>3. 29.5%</li> <li>4. 40.0%</li> </ol>
11.	How deep should chest compressions go when delivering CPR to a child?	<ol style="list-style-type: none"> <li>1. At least one quarter of the chest's depth (approximately 1.5 inches / 4 cm)</li> <li>2. At least one third of the chest's depth (approximately 2 inches / 5 cm)</li> <li>3. At least two thirds of the chest's depth (approximately 4 inches / 10 cm)</li> <li>4. At least three fourths of the chest's depth (approximately 4.5 inches / 12 cm)</li> </ol>	<ol style="list-style-type: none"> <li>1. 15.8%</li> <li>2. 7.4%</li> <li>3. 10.5%</li> <li>4. 66.3%</li> </ol>
12.	When using an	<ol style="list-style-type: none"> <li>1. You can use infant pads if there are no</li> </ol>	<ol style="list-style-type: none"> <li>1. 5.3%</li> </ol>

	AED on a child under 8 years of age, what size should the pads be?	<p>pediatric pads at hand.</p> <ol style="list-style-type: none"> <li>Cut adult pads in half if there are no pediatric pads at hand</li> <li>Use a single adult pad.</li> <li>Use adult pads and dose if there are no pediatric pads and dose attenuator at hand.</li> </ol>	<ol style="list-style-type: none"> <li>7.4%</li> <li>42.1%</li> <li>45.3%</li> </ol>
13.	A child has a pulse at a rate faster than 60 beats per minute, but isn't breathing. What should you do?	<ol style="list-style-type: none"> <li>Perform rescue breaths without chest compressions.</li> <li>Perform chest compressions without rescue breaths.</li> <li>Deliver both chest compressions and rescue breaths.</li> <li>Attach the AED pads to the child's chest and read the analysis.</li> </ol>	<ol style="list-style-type: none"> <li>24.2%</li> <li>23.2%</li> <li>27.4%</li> <li>25.3%</li> </ol>
14.	What is the compression-to-ventilation ratio for adult CPR involving 2 rescuers?	<ol style="list-style-type: none"> <li>5 to 1</li> <li>20 to 2</li> <li>15 to 2</li> <li>30 to 2</li> </ol>	<ol style="list-style-type: none"> <li>24.2%</li> <li>24.2%</li> <li>37.9%</li> <li>13.7%</li> </ol>
15.	What is the compression-to-ventilation ratio for adult CPR involving a single rescuer?	<ol style="list-style-type: none"> <li>15 to 2</li> <li>20 to 2</li> <li>30 to 2</li> <li>5 to 1</li> </ol>	<ol style="list-style-type: none"> <li>5.3%</li> <li>11.6%</li> <li>6.3%</li> <li>76.8%</li> </ol>
16.	If a person chokes on a foreign object and becomes unresponsive, the rescuer should send someone to activate the emergency response system and then immediately:	<ol style="list-style-type: none"> <li>Begin delivering CPR, starting with chest compressions.</li> <li>Call the choking victim's regular doctor.</li> <li>Open the victim's mouth and perform a blind finger sweep.</li> <li>Deliver abdominal thrusts.</li> </ol>	<ol style="list-style-type: none"> <li>6.3%</li> <li>2.1%</li> <li>12.6%</li> <li>78.9%</li> </ol>
17.	When should you provide CPR?	<ol style="list-style-type: none"> <li>When the patient has an upset stomach and chest pains.</li> <li>When the patient is unresponsive but breathing normally.</li> <li>When the patient has a pulse but is</li> </ol>	<ol style="list-style-type: none"> <li>9.5%</li> <li>2.1%</li> <li>12.6%</li> <li>75.8%</li> </ol>



		breathing with difficulty. When the patient is not breathing normally, has no pulse, and is not responding	
18.	In an infant, where can you find the brachial pulse?	<ol style="list-style-type: none"> <li>1. On the medial side of the upper part of the leg, close to the groin.</li> <li>2. On the inside of the upper arm, between the shoulder and the elbow.</li> <li>3. On the outside of the lower arm, close to the wrist.</li> <li>4. Near the trachea on the side of the neck.</li> </ol>	<ol style="list-style-type: none"> <li>1. 7.4%</li> <li>2. 7.4%</li> <li>3. 14.7%</li> <li>4. 70.5%</li> </ol>
19.	How soon should you start chest compressions after encountering a patient who needs CPR?	<ol style="list-style-type: none"> <li>1. 10 seconds</li> <li>2. 60 seconds</li> <li>3. 25 seconds</li> <li>4. 30 seconds</li> </ol>	<ol style="list-style-type: none"> <li>1. 12.6%</li> <li>2. 1.1%</li> <li>3. 18.9%</li> <li>4. 67.4%</li> </ol>
20.	What action should you take immediately after delivering a shock with an AED?	<ol style="list-style-type: none"> <li>1. Start CPR again with chest compressions.</li> <li>2. Check the victim for a pulse.</li> <li>3. Wait for the AED's instructions.</li> <li>4. Deliver two rescue breaths.</li> </ol>	<ol style="list-style-type: none"> <li>1. 5.3%</li> <li>2. 4.2%</li> <li>3. 11.6%</li> <li>4. 78.9%</li> </ol>

Table.1: Knowledge Regarding Cardiopulmonary Resuscitation (CPR)

## FINDINGS

Maximum students (64%) were in age 21 years. Majority of students (77.6%) were females. Maximum students (50%) had below average knowledge regarding cardio pulmonary resuscitation. Only (40%) students had average knowledge regarding cardio pulmonary resuscitation. Maximum students (60%) had good knowledge regarding cardio pulmonary resuscitation.

## DISCUSSION

The effectiveness of the structured teaching program regarding cardiopulmonary resuscitation among undergraduate students. Mean pretest and post- test knowledge scores were  $13.18 \pm 3.338$  and  $25.80 \pm 3.0778$  with the mean difference of 12.62, which was found to be statistically significant as evident from t value (19.327) at 0.001 level of significance and suggested that the effectiveness of structured teaching programme regarding cardiopulmonary resuscitation in term of increasing knowledge among undergraduates' students. It indicates that the post knowledge score is more homogenous in the sample. The study findings were supported by the study done by Owojuyigbe, et al among 68 dental students in Nigeria to check the impact of the basic life support training on the knowledge of the basic life support

results showed. students had knowledge score  $4.7\pm 1.47$  in the pre-test,  $8.04\pm 1.47$  in post test. Findings of the study were consistent with the study conducted by Lakshmi, et al to assess the knowledge and skills regarding CPR among 102 nurses. The mean score of the nurses' CPR skills before training was  $(9.42\pm 9.8)$ , indicating a low level of competence. Immediately following training, the post-test mean score increased to  $(78.31\pm 17.5)$ .

### RECOMMENDATIONS

The study can be replicated on large sample to validate and generalize its findings.

- The study can be conducted by including additional demographic variables.
- A study can be carried out to evaluate the knowledge regarding neonatal resuscitation.

### NURSING IMPLICATIONS

- The findings of this study can be utilized in all the domains of nursing i.e. nursing education and nursing administration and nursing research. The implications are:
- Nursing interventions should also be planned to improve quality of care among the patients that require cardio pulmonary resuscitation.
- Nursing education should prepare the nurses with potential for imparting information regarding knowledge and practice skills of Cardio Pulmonary Resuscitation to the students and help them out in choosing suitable methods for cardio pulmonary resuscitation and reduction of mortality rate.
- Administration should form the standard protocol for cardio pulmonary resuscitation for all intensive care units.
- In-service education programme should be developed to spread the awareness about the reduction of mortality rate regarding neonatal resuscitation.

### RESULT

Maximum students (64%) were in age 21 years. Majority of students (77.6%) were females. Maximum students (50%) had below average knowledge regarding cardio pulmonary resuscitation. Only (40%) students had average knowledge regarding cardio pulmonary resuscitation. Maximum students (60%) had good knowledge regarding cardio pulmonary resuscitation.

### SUMMARY

This study shows the knowledge and skills are important in the clinical field, so students must have knowledge and skills regarding Cardio Pulmonary Resuscitation to reduce the mortality rate and this knowledge and skills can be improved through in-service education programmes

### CONCLUSION

The study showed that Only (40%) students had average knowledge regarding cardio pulmonary resuscitation and Maximum students (60%) had good knowledge regarding cardio pulmonary resuscitation

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