

Evaluation of the use of oral rehydration therapy in the management of diarrhoea among children under 5: knowledge attitudes and practices of mothers/caregivers

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Abstract (Full text available online at www.tandfonline.com/ojfp)

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Introduction: Dehydration from diarrhoea and vomiting has remained a threat to the lives of children under 5 years old especially in developing countries. Oral rehydration therapy (ORT) administered by caregivers is lifesaving but evidence shows unsatisfactory implementation of this.

Methods: A descriptive cross-sectional study involving 377 systematically recruited caregivers was conducted. A face to face questionnaire was used to measure the level of ORT knowledge, attitudes, practices, and responses to diarrhoea and vomiting in children. The data collected were analysed by the use of descriptive statistics, the chi-square test, and Fisher's exact test. The main outcome measures were the level of ORT knowledge of mothers/caregivers, attitudes, practices, and responses to diarrhoea.

Results: In total, 88.3% of caregivers were biological mothers. Only 53.3% were aware of the importance of initiating ORT at home with the onset of diarrhoea, and 4% administered traditional remedies. Some 66% of the caregivers had used ORT, 18.3% knew that it prevents dehydration, and 33.7% were able to prepare a correct recipe. Knowledge and attitudes correlated with the ability to initiate ORT at home ($p = 0.0000$).

Conclusion: Unsatisfactory uptake of ORT appears to be due to caregivers' lack of knowledge concerning the perfect mixture, function, and appropriate quantity of ORT administration. Mothers have heard of ORT, but some still believe that traditional remedies are better in treating diarrhoea.

Keywords: attitudes, caregivers, knowledge, ORT, practices

Profile and management of the firework-injured hand

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Background: Numerous studies internationally highlight the devastating effects of firework-related injuries and the costs involved in treating these injuries, in addition to the calls to alter legislation to prevent these injuries from occurring. There has, however, been a paucity of research studies in the South African context that describes the complexity of the injuries sustained. The aim of this study was thus to profile the firework-injured hand and to review the management from a surgical and rehabilitation perspective.

Methods: A retrospective file audit was conducted on patients who had sustained firework injuries between 2009 and 2014 ($n = 65$) in two hospitals in KwaZulu-Natal (KZN), South Africa.

Results: The firework-injured hand has a varied profile, which appears to be dependent on the blast capacity. The thumb, index and middle fingers were predominantly affected at the level of the distal phalanges and distal interphalangeal joints resulting in amputation due to severe soft tissue injury and resultant fractures. Hand Injury Severity Scores indicated a large percentage of cases within the severe category. Medical and surgical interventions occurred within the first three to six hours post-injury and involved washout, cleaning, debridement and suturing. Formalisation of amputation was the predominant course of action. Rehabilitation was focused on assessment and hand therapy to ensure functional outcomes.

Conclusions: From this study, the authors conclude that the firework-injured hand should be managed according to the resultant diagnosis, be it an amputation, fracture, or soft tissue injury, whilst managing the symptoms of oedema, pain and stiffness, which will all impact on hand function outcomes.

Keywords: hand function, hand rehabilitation, hand therapy, soft tissue injuries, traumatic amputation