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APPENDICES

APPENDIX A

Teaching Plan

Teaching Plan I

Topic : Relaxation Skill Practices

Objectives : 1. The patients are able to practice relaxation skills.
2. The practices are designed to reduce the patients' anxiety.

Contents : - The advantages and disadvantages of anxiety.
- The benefit of practicing relaxation skills.
- The procedures in practicing relaxation skills.
- The knowledge about operations.
- The pre- and post-operative practices.

Learning/Teaching Activities :

- Greeting the patients and introducing himself/herself.
- Telling the patients about the objectives of coming to see the them, and giving them some moral support and advice.
- Telling the patients about the advantages and disadvantages of anxiety.
- Showing the patients the brochures of relaxation skill practices
- Advising the patients to practice relaxation skills
- Giving out the brochures for their self-practices.
- After practicing relaxation skills for 6-12 hours, the nurses asked the patients about their feelings by using the anxiety-measuring form.

Teaching media : 1. Brochures
2. Anxiety-measuring form

Assessment & Evaluation : - The results of the anxiety-measuring scores

Relaxation Skill Practices

1. Lying on one's back by using a pillow or a rolled towel to put under the small of the knees. Putting one hand on the chest, and the other one the abdominal.
2. Closing one's eyes, and focusing on breathing in and out with regular rhythms.
3. Taking deep breathing in and out 2-3 times and observing the hands on the chest and on the abdominal, moving up and down to the breathing rhythms.
4. Focusing the mind on breathing by taking in the deep breath through the nostrils and increasing the depth of the breath until the abdominal is bloating. Exhaling the air via the mouth slowly and lightly like a diminishing balloon.
5. Relaxing the muscles as much as possible by working from the feet, legs, buttock, arms, shoulders, a neck, a face. Take a deep breath to relax those muscles together with take a long breathing out.
6. Breathing in deeply and slowly, exhaling the air through the mouth slowly. Feeling the air going in and out through the nose to feel awake all the time. Repeating it again for 10 minutes. Releasing the thoughts that cross your mind out. Trying to relax the feeling of relaxation and regulating the mind, then you'll feel relaxed and comfortable.

Teaching Plan II

Topic : Preparing pre-operative patients

Time : 10 minutes

Objectives : The patients are able to prepare themselves for an operation.

Contents : Preparing physical readiness

Learning/Teaching Activities :

1. Explaining and displaying brochures of preparing the physical readiness to the patients.
2. Giving out the brochures to the patients for their self-study.
3. After instructing for 6-12 hours, then ask them about their pre-operative preparation.

Learning/Teaching media :

1. Brochures
2. Flipping papers
3. Anxiety-measuring form

Evaluation & Assessment :

- Observation
- The results of the anxiety-measuring scores

A Pre-operative Preparation

1. To prepare the skin before an operation, a nurse has to clean the operated area by shaving the skin hair, and then clean it again thoroughly with antiseptic. Cleaning the operated area will help decrease the inflammable condition of the operative wound. Besides this, the patients have to wash up, wash their hair, trim and manicure their fingernails. If they have

colorful fingernails, they should erase the color out with some solvent liquid so that the surgical nurses can observe the abnormal conditions resulting from a lack of oxygen during or after the operation.

2. An N.P.O. procedure must be strictly regarded. The patients mustn't drink or eat anything 6 hours before the operation to prevent vomiting and the food might fall into the respiratory tract during the anesthetic procedure. These conditions are very dangerous to the patients, and they might face the inflammable condition of the lung.
3. The patients have to do the thorough washing up in the morning of the operating day, and take out their false teeth, valuable accessories, glasses, lenses, and hearing aids.
4. If The patients smoke cigarettes, they should stop it at least 3 weeks before the operation because addicting to cigarettes will make some tissues less oxygen resulting in more phlegm which will be the cause of the deflating air sacs and post-operative infection. Besides this, the smoking patients may have a high risk of facing blood clotting in the veins.

Teaching Plan III

Topic : Post-operative practices

Time : 10 minutes

Objectives : The patients are able to prepare themselves well after the operation.

Contents : Post-operative practices

Learning/Teaching Activities :

1. Explaining how to do the self-practices after the operation.
2. Giving out the brochures to the patients for their self-studies.
3. After 12-24 hours of the instruction, ask the patients about their post-operative practices.

Evaluation & Assessment :

- Observation
- The results of the anxiety-measuring form.

Post-operative self-practices

Helping oneself after the operation is very important because it can prevent the post-operative complication conditions, such as atelectasis, pneumonopleuritis, flatulence, adhesion band, and a thrombosis, so the patients have to do the following practices:

1. They have to turn over the body from left to right in order to stimulate the blood circulation, to prevent a bedsore, to enhance the lung expansion, to quicken curing the operative wound, as well as to help the digestive organs to move better.
2. The steps of practicing breath taking are as follow:

- 2.1 Have the patients lie on their back, and bend their knees to make the abdominal muscles to slacken. If they can't lie on their back, have them lie on their side.
 - 2.2 Place one hand on the abdominal, and the other one on the chest.
 - 2.3 Take a long, deep breath in, so that the abdominal will be bloated.
 - 2.4 Take a long, slow breath out through the mouth as though whistling Press the abdominal lightly in order to push the air out of the lung.
 - 2.5 To take the breath by using the abdominal muscles, the patients can do it well no matter what position they are in. They might be sitting, lying down or half lying. They should practice it 5-10 times an hour, and have to do it immediately they recover from anesthesia.
3. Coughing should be done after the patients have finished practicing taking a deep and long breath. The steps of coughing are as follows:
 - 3.1 Have the patients sit down and tilt forward a little.
 - 3.2 Lace the two hands and put them on the operative wound to make it still while coughing.
 - 3.3 Take the breath in and out many times by using the abdominal muscles.
 - 3.4 Coughing to push out the phlegm which is in the lung, the patients have to take the breath in the lung fully, hold it for a while, and take a heavy cough twice by using a cloth to close the mouth and the nose. Then the phlegm in the lung will be pushed out. The patients have to practice it immediately they are removed from the operating theatre so that the lung can expand quickly.
4. The patients have to do the leg exercises while lying on the bed in order to stimulate the blood circulation, and to reduce deep vein thrombosis. It also helps the muscles to tighten more quickly, and the patients can turn over their bodies and get up from the bed more quickly. The steps are as follow:
 - 4.1 Have them lie on their back with the head a little higher and straight legs.
 - 4.2 Lift the top legs, bend the knees, lift the legs as high as possible and hold them for 2-3 seconds.

- 4.3 With straight legs, lower them down lowly.
- 4.4 Turn the ankles around in the clockwise direction.
- 4.5 Tip the ankles up and down.
- 4.6 Straighten and bend the toes.
- 4.7 Stretch up the toes from one another and hold them together

* The patients have to practice each step for 5-10 times every two hours.

Teaching Plan IV

Topic : The Post-operative self-care at home.

Objectives : The patients are able to look after themselves well.

Contents : The post-operative self-care at home.

Learning/Teaching Activities :

1. Explain to the patients about the ways to look after themselves at home after the operation.
2. Giving out the brochures to the patients for self-care.
3. Ask the patients again about the ways to look after themselves.

Learning media :

1. The brochures about the post-operative self-care at home.
2. The anxiety-measuring form

Evaluation & Assessment :

- Observation
- The results from the anxiety-measuring form.

The post-operative self-care at home

When the patients are discharged from the hospital, they have to do the following practices:

1. They have to keep their bodies clean, especially their skin, mouth and teeth.
2. They have to keep the operative wound dry if the stitches haven't been taken out, clean the wound every day at the nursing place near their house. If the stitches have been taken out, They have to avoid water on the first day. After that the wound can be wet, but they have to keep it clean and dry steadily by using cotton wool.

3. They have to see whether the wound is inflammable or painful up on pressing or not. Should any abnormal symptoms happen, they have to see the doctor. They have to bring their patient card with them carry time they come to hospital.
4. They have to take medicine due to the doctor's order, and shouldn't buy the medicine without the doctor's order.
5. They have to take a 4-6 week rest, and don't so hard work or lift heavy thing until the get better and stronger.
6. They should have well-balanced diets and avoid hot and spicy food.
7. They have to drink at least 3 litres of water in care of no restriction.
8. They have to take care of their regular excretion.
9. They have to see the doctor as schedule.

APPENDIX B

Questionnaire



Questionnaire English

The researcher made up the models based on Spiel Berger's ideas , which consisted of four parts namely

Part 1 The model consisted of the patients' personal data : gender, age, marital status, religion, educations, occupation, monthly family income, and disease diagnoses.

Part 2 The anxiety – measuring model, shows the levels of feeling on the basis of the 4 rating scales:

not at all	=	1 point
some what	=	2 point
moderately so	=	3 point
very much so	=	4 point

Part 3 The Post- operative complication check list consisted of 6 items, enquiring about the respiratory, digestive, blood circulating, urinary, operative wound and fever complications.

Part 4 The researcher made up the questionnaires enquiring about the patients' satisfaction toward the services of the operating room by applying 5 levels of rating scale namely :

Lowest	=	1 point
Low	=	2 point
Moderate	=	3 point
High	=	4 point
Highest	=	5 point

Part 1 Demographic Data

Explanation Please make the symbol \surd () in front of the answer that you choose and complete the blank space truthfully

		For the Researcher
1. Gender	() Male () Female	.....1
2. Age..... Year		.....2
3. Marital Status	() Married () single () Widowed	.....3
4. Religious	() Buddhism () Christ () Islam () Other, specify.....	.....4
5. Education level	() Primary school () High school () Diploma () Bachelor's degree or higher	.....5
6. Education	() Farmer/orchards () Government official () Employee () student () Commerce () Other, specify	.....6
7. Family income (baht / month)	() Less than 5,000 () 5,001 – 10,000 baht () 10,0001 – 15,000 baht () More than 15,000	.....7
8. Diagnosis	() Appendicitis () Gall stone/Cholecystitis	.....8
		.....9

Part 2 Self-evaluation questionnaire (State Anxiety Inventory)

Directions : A number of statement which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

Statement	not at all (1)	Somewhat (2)	moderately so (3)	very much so (4)	for the researcher
1. I feel calm					.....10
2. I feel secure					.....11
3. I feel tense					.....12
4. I feel strained					.....13
5. I feel ease					.....14
6. I feel upset					.....15
7. I am presently worrying over possible misfortunes					.....16
8. I feel satisfied					.....17
9. I feel frightened					.....18
10. I feel comfortable					.....19
11. I feel self- confident					.....20
12. I feel nervous					.....21
13. I feel jittery					.....22
14. I feel indecisive					.....23
15. I feel relaxed					.....24
16. I feel content					.....25
17. I feel worried					.....26
18. I feel confused					.....27
19. I feel steady					.....28
20. I feel pleasant					.....29

Part 3 The checklist for the Complication State after the surgery

The complication	Yes	No	For the researcher
1. The respiratory complication			.....30
2. The digestive complication			.....31
3. The blood circulation complication			.....32
4. The urinary tract complication			.....33
5. The surgical wound complication			.....34
6. The fever complication			.....35

Part 4 The questionnaire asking about the opinions toward the services of the operating room

Statement	Level of satisfaction					For the researcher
	Lowest (1)	Low (2)	Moderate (3)	High (4)	Highest (5)	
1. Were you satisfied to be able to easily contact the surgical personnel?						.....36
2. Were you satisfied with the surgical personnel' attention and verbal politeness?						.....37
3. Were you satisfied with the surgical personnel enthusiastic assistance?						.....38
4. Were you satisfied with the surgical personnel' s prompt services?						.....39
5. Were you satisfied when the surgical personnel provides you with the knowledge on diseases, the stages of an operation, the objectives of the operation, and the post-operative self-practices?						.....40
6. Were you satisfied when you were closely taken care of by the surgical personnel ?						.....41
7. Were you satisfied when the surgical personnel help you to reduce the pre – operative anxiety?						.....42

แบบสอบถาม
เรื่อง
การวัดความวิตกกังวลของผู้ป่วยขณะขอรับการผ่าตัด

คำชี้แจงในแบบสอบถาม

แบบสอบถามฉบับนี้ แบ่งออกเป็น 4 ตอนดังนี้

ตอนที่ 1 เป็นแบบสอบถามเกี่ยวกับข้อมูลส่วนบุคคลของผู้ป่วย

ตอนที่ 2 แบบวัดความวิตกกังวลของผู้ป่วย ซึ่งแบ่งออกเป็น 4 ระดับ และมีความหมาย ดังนี้

- | | | |
|---|---|----------------|
| 1 | = | ไม่รู้สึกละเลย |
| 2 | = | รู้สึกบ้าง |
| 3 | = | รู้สึกปานกลาง |
| 4 | = | รู้สึกมาก |

ตอนที่ 3 แบบสอบถามเกี่ยวกับภาวะแทรกซ้อนหลังผ่าตัด

ตอนที่ 4 แบบสอบถามความคิดเห็นเกี่ยวกับการบริการของห้องผ่าตัดอย่างเป็นระบบ แบ่งออกเป็น 5 ระดับ ดังนี้คือ

- | | | |
|---|---|------------|
| 1 | = | น้อยที่สุด |
| 2 | = | น้อย |
| 3 | = | ปานกลาง |
| 4 | = | มาก |
| 5 | = | มากที่สุด |

ตอนที่ 1 ข้อมูลส่วนบุคคลของผู้ป่วย

คำชี้แจง ให้ท่านทำเครื่องหมาย ลงใน () หน้าข้อความหรือเติมตัวเลขลงในช่องว่าง

1. เพศ	() ชาย () หญิง	เฉพาะเจ้า หน้าที่ .....1
2. อายุ	.....ปี	.....2
3. สถานภาพสมรส	() คู่ () โสด () ม้าย	.....3
4. ศาสนา	() พุทธ () คริสต์ () อิสลาม () อื่น ๆ	.....4
5. การศึกษา	() ประถมศึกษา () มัธยมศึกษา () อนุปริญญา ()ปริญญาตรี/ปริญญาตรีขึ้นไป	.....5
6. อาชีพ	() ทำนา ทำสวน () รับราชการ () รับจ้าง () กำลังศึกษา () ค้าขาย () อื่น ๆ ระบุ.....	.....6
7. รายได้ของครอบครัวต่อเดือน	() ต่ำกว่า 5,000 บาท () 5,001-10,000 บาท () 10,001-15,000 บาท () มากกว่า 15,000 บาท	.....7
8.ป่วยเป็นโรค	() ไข้ตั้งอีกเสบ () นิ้วถุงน้ำดี/ถุงน้ำดีอีกเสบ	.....8.....9

ตอนที่ 2 แบบวัดความวิตกกังวลของผู้ป่วย

คำแนะนำ ข้อความต่อไปนี้ เป็นข้อความที่แสดงถึงความรู้สึกต่างๆของบุคคล โปรดอ่านข้อความแต่ละข้อ แล้วทำเครื่องหมาย x ในช่องให้ตรงกับความรู้สึกของคุณ **ในขณะนี้มากที่สุด** ซึ่งหมายถึง **ความรู้สึกเดี๋ยวนี้** ไม่มีคำตอบใดถูกหรือผิด ไม่ต้องใช้เวลากับข้อความ ข้อใดข้อหนึ่งมากเกินไป แต่ขอให้เลือกคำตอบที่ตรงกับความรู้สึกของคุณในขณะนี้มากที่สุด

ความรู้สึก เมื่อนึกถึงการผ่าตัดครั้งนี้	ระดับความรู้สึก				เฉพาะเจ้าหน้าที่ ที่วิจัย
	ไม่รู้สึก เลย (1)	รู้สึกบ้าง (2)	รู้สึกปาน กลาง (3)	รู้สึกมาก (4)	
1. ข้าพเจ้ารู้สึกสงบ					.....10
2. ข้าพเจ้ารู้สึกมั่นคง					.....11
3. ข้าพเจ้ารู้สึกตื่นเครียด					.....12
4. ข้าพเจ้ารู้สึกกดดัน					.....13
5. ข้าพเจ้ารู้สึกสบายๆ					.....14
6. ข้าพเจ้ารู้สึกหงุดหงิด					.....15
7. ข้าพเจ้ารู้สึกกังวลกับเคราะห์ร้าย ที่ คิดว่าอาจจะเกิดขึ้น					.....16
8. ข้าพเจ้ารู้สึกพึงพอใจ					.....17
9. ข้าพเจ้ารู้สึกตื่นตระหนก					.....18
10. ข้าพเจ้ารู้สึกสุขสบาย					.....19
11. ข้าพเจ้ารู้สึกเชื่อมั่นในตนเอง					.....20
12. ข้าพเจ้ารู้สึกตื่นเต้นง่าย					.....21
13. ข้าพเจ้ารู้สึกตกใจง่าย					.....22
14. ข้าพเจ้ารู้สึกไม่กล้าตัดสินใจ					.....23
15. ข้าพเจ้ารู้สึกผ่อนคลาย					.....24
16. ข้าพเจ้ารู้สึกอึดใจ					.....25
17. ข้าพเจ้ารู้สึกกังวลใจ					.....26
18. ข้าพเจ้ารู้สึกสับสน					.....27
19. ข้าพเจ้ารู้สึกไม่หวั่นไหว					.....28
20. ข้าพเจ้ารู้สึกแจ่มใส					.....29

ตอนที่ 3 แบบตรวจสอบภาวะแทรกซ้อนหลังผ่าตัด

ภาวะแทรกซ้อน	เกิด	ไม่เกิด	เฉพาะเจ้า หน้าที่
1. ภาวะแทรกซ้อนทางเดินหายใจ			.....30
2. ภาวะแทรกซ้อนทางเดินอาหาร			.....31
3. ภาวะแทรกซ้อนไหลเวียนโลหิต			.....32
4. ภาวะแทรกซ้อนทางเดินปัสสาวะ			.....33
5. ภาวะแทรกซ้อนของแผลผ่าตัด			.....34
6. ภาวะไข้			.....35

**ตอนที่ 4 แบบสอบถามความคิดเห็นเกี่ยวกับการบริการของห้องผ่าตัดอย่างเป็นระบบ
แบ่งออกเป็น 5 ระดับ ดังนี้คือ**

ข้อความ	ระดับความคิดเห็น					เฉพาะ เจ้าหน้าที่
	น้อยที่ สุด (1)	น้อย (2)	ปาน กลาง (3)	มาก (4)	มากที่สุด (5)	
1. ท่านมีความพึงพอใจที่สามารถ ติดต่อกับเจ้าหน้าที่ผ่าตัดได้ สะดวก						.....36
2. ท่านมีความพึงพอใจที่เจ้าหน้าที่ ห้องผ่าตัดให้บริการด้วย ความเอาใจใส่ ใช้กริยาวจา สุภาพ						.....37
3. ท่านมีความพึงพอใจที่เจ้าหน้าที่ ห้องผ่าตัด กระตือรือร้นใน การช่วยเหลือ						.....38
4. ท่านมีความพึงพอใจที่ได้รับ บริการที่รวดเร็วจากเจ้าหน้าที่ ห้องผ่าตัด						.....39
5. ท่านมีความพึงพอใจที่เจ้าหน้าที่ ห้องผ่าตัดให้ความรู้เกี่ยวกับ โรค ขั้นตอนการผ่าตัด และ จุดมุ่งหมายของการผ่าตัด และการปฏิบัติตนหลังผ่าตัด						.....40
6. ท่านมีความพึงพอใจที่ได้รับ การดูแลอย่างใกล้ชิดจากเจ้า หน้าที่ห้องผ่าตัด						.....41
7. ท่านมีความพึงพอใจที่เจ้าหน้าที่ ห้องผ่าตัดช่วยทำให้ท่านลด ความวิตกกังวลเกี่ยวกับการผ่า ตัด						.....42

APPENDIX C

Brochure of the Health Education Program

4. Focusing the mind on breathing by taking in the deep breath through the nostrils and increasing the depth of the breath until the abdominal is bloating. Exhaling the air via the mouth slowly and lightly like a diminishing balloon.

5. Relaxing the muscles as much as possible by working from the feet, legs, buttock, arms, shoulders, a neck, a face. Take a deep breath to relax those muscles together with take a long breathing out.



6. Breathing in deeply and slowly, exhaling the air through the mouth slowly. Feeling the air going in and out through the nose to feel awake all the time. Repenting it again for 10 minutes. Releasing the thoughts that cross your mind out. Trying to relax the feeling of relaxation and regulating the mind, then you'll feel relaxed and comfortable.



On

to relaxation

before the surgery



Normally the general people tend to breathe shortly using the chest muscles mainly, causing the oxygen to feed the body less than it should be.

Especially, at the stress time we are more likely to breathe more frequent and shallower, causing the sighs periodically.

Training to breathe slowly and deeply using the diaphragm muscles at the abdomen can help the body to have more air to the lungs, increasing oxygen volume in the blood. This also helps to increase the strength of the abdomen muscles and the intestine as well.



Correct training of breathing can help the heart to beat slower, and the brain is bright because of receiving more oxygen. Slow exhalation will make you feel being released of the stress.



Stress causes the muscles to contract, which can be noticed from the frown face,

clenching hands, biting teeth. Tension of the muscles causing pains, e.g. neck pain, back pain, shoulder pain, etc.

Training to relax the muscles can help the muscle tension reduced, feeling better. When the body is comfortable the mind is relaxed and the stress reduced.

While training the mind must be concentrated with the relax of muscles, reducing the distraction and worry, so the mind has more concentration than before.



Training on the skill to relaxation

It has the following procedures

1. Lying on one's back by using a pillow or a rolled towel to put under the small of the knees. Putting one hand on the chest, and the other one the abdominal.



2. Closing one's eyes, and focusing on breathing in and out with regular rhythms.
3. Taking deep breathing in and out 2-3 times and observing the hands on the chest and on the abdominal, moving up and down to the breathing rhythms.



4. The patients have to do the leg exercises while lying on the bed in order to stimulate the blood circulation. It also helps the muscles to tighten more quickly, and the patients can turn over their bodies and get up from the bed more quickly. The steps are as follow:



- 4.1 Have them lie on their back with the head a little higher and straight legs.
- 4.2 Lift the top legs, bend the knees, lift the legs as high as possible and hold them for 2-3 seconds
- 4.3 With straight legs, lower them down lowly.
- 4.4 Turn the ankles around in the clockwise direction
- 4.5 Tip the ankles up and down.
- 4.6 Straighten and bend the toes.
- 4.7 Stretch up the toes from one another and hold them together

* The patients have to practice each step for 5-10 times every two hours.



Self-Care after the Surgery



On Staying Home

★ Keep the body clean, especially at the skin, mouth and teeth.

★ Keep the operative wound dry if the stitches haven't been taken out. If the stitches have been taken out, to avoid water on the first day. After that the wound can be wet, but they have to keep it clean and dry steadily by using cotton wool.

★ Have to see whether the wound is inflammable or painful up on pressing or not. Should any abnormal symptoms happen, they have to see the doctor.

★ Have to take medicine due to the doctor's order, and shouldn't buy the medicine without the doctor's order.

★ Have to take a 4-6 week rest, and don't so hard work or lift heavy thing until the get better and stronger.

★ Should have well-balanced diets and avoid hot and spicy food.

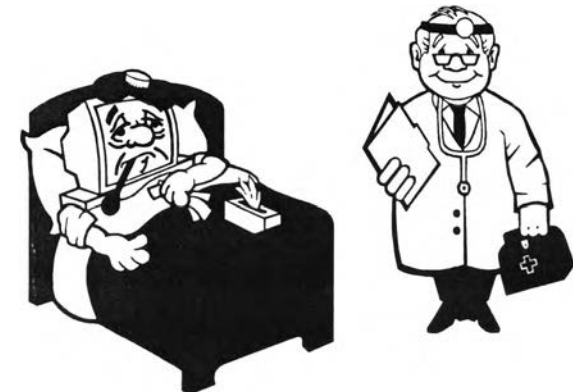
★ They have to drink at least 3 litres of water in care of no restriction.

★ They have to take care of their regular excretion.

★ They have to see the doctor as schedule.



How to Prepare yourself Upon receiving The Surgery



Preparations before the surgery

1. Prepare the skin before the surgery to reduce inflammation and infection of the operated wound by taking a bath, shampoo, and nails clipped. Remove the nail paint for observing the abnormality from lacking of the oxygen during or after the surgery.

2. Suspension of drinking water and food of all kinds at least 6 hours before the surgery to prevent from vomit.



3. Take a bath and clean the body on the morning of the operation day. Remove the dentures and body decorations of all kinds, glasses, contact lenses and hearing aids.

4. Stop smoking at least 3 weeks before the surgery. As the

patient that has been smoking

A long time, so the

tissue may have received less oxygen.



Preparations after the surgery

Helping oneself after the operation is very important because it can prevent the post-operative complication conditions, such as pneumonia, pleuritis, atelectasis, flatulence, adhesion band, and a thrombosis, so the patients have to do the following practices:

The practices are as follows:

1. Moving by turning to the left and to the right.

2. The steps of practicing breath taking are as follow:

2.1 Have the patients lie on their back, and bend their knees to make the abdominal muscles to slacken. If they can't lie on their back, have them lie on their side.

2.2 Place one hand on the abdominal, and the other one on the chest.

2.3 Take a long, deep breath in, so that the abdominal will be bloated.

2.4 Take a long, slow breath out through the mouth as though whistling. Press the abdominal lightly in order to push the air out of the lung.

2.5 To take the breath by using the abdominal muscles, the patients can do it well no matter what position they are in. They might be sitting, lying down or half lying.

They should practice it 5-10 times an hour, and have to do it immediately they recover from anesthesia.

3. Coughing should be done after the patients have finished practising taking a deep and long breath. The steps of coughing are as follows:

3.1 Have the patients sit down and tilt forward a little.

3.2 Lace the two hands and put them on the operative wound to make it still while coughing.

3.3 Take the breath in and out many times by using the abdominal muscles.

3.4 Coughing to push out the phlegm which is in the lung, the patients have to take the breath in the lung fully, hold it for a while, and take a heavy cough twice by using a cloth to close the mouth and the nose. Then the phlegm in the lung will be pushed out. The patients have to practice it immediately they are removed from the operating theatre so that the lung can expand quickly.



APPENDIX D

List of Expert / Funding

List of Expert

Dr. Charas Chantrakul	Director of Hospital and Surgeon of Thung Song Hospital, Nakhon Si Thammarat.
Dr. Aphichat Wachiraphan	Surgeon, Maharat Hospital, Nakhon Si Thammarat.
Dr. Rattanaphol Loprasertkul	Surgeon, Thung Song Hospital, Nakhon Si Thammarat.
Dr. Boonsiri Chansirimongkol	Psychiatrist, Suan Saranrom Hospital, Surat Thani.
Miss Prathum Sukmee	Psychiatric nurse, Thungsong Hospital, Nakhon Si Thammarat.

Budget: (From the Fund for Research Administration)

Group of material cost

- Costs of the printing paper and the questionnaires and reports	3,000 baht
- Costs of carbon paper and computer	3,000 baht

Group of expenses

- Cost of photocopies	3,000 baht
- Cost of report typing and preparations	2,000 baht
- Cost of making the health education media	5,000 baht
- Group of miscellaneous expenses	2,500 baht
Total	18,500 baht



CURRICULUM VITAE

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Education

1988 : Diploma in Primary Nursing and Midwife,
Nursing College, Nakhon Si Thammarat.

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