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NURSING CARE IN MEASLES, RUBELLA, AND CHICKENPOX INFECTIOUS DISEASES

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Abstract

This article examines the fundamental aspects of nursing care for patients with measles, rubella, and chickenpox, three highly contagious viral diseases that primarily affect children but can occur at any age. The findings demonstrate that systematic nursing care, including proper isolation techniques, symptomatic treatment, and family education, significantly improves patient outcomes and reduces disease burden in healthcare settings and communities.

Keywords

nursing care, measles, rubella, chickenpox, infectious diseases, infection control, symptom management, patient education, pediatric nursing

Аннотация

Данная статья рассматривает фундаментальные аспекты сестринского ухода за пациентами с корью, краснухой и ветряной оспой — тремя высококонтагиозными вирусными заболеваниями, которые преимущественно поражают детей, но могут возникать в любом возрасте. Результаты исследования демонстрируют, что систематический сестринский уход, включающий надлежащие методы изоляции, симптоматическое лечение и обучение семей, значительно улучшает исходы для пациентов и снижает бремя заболеваний в медицинских учреждениях и сообществах.

Ключевые слова

сестринский уход, корь, краснуха, ветряная оспа, инфекционные заболевания, контроль инфекций, управление симптомами, обучение пациентов, педиатрическая сестринская помощь

Annotatsiya

Ushbu maqola bolalarda asosan uchraydigan, ammo har qanday yoshda paydo bo'lishi mumkin bo'lgan uchta yuqori yuqumli virusli kasallik — qizamiq, qizilcha va suvchechak bilan og'rigan bemorlar uchun hamshiralik parvarishining asosiy jihatlarini o'rganadi. Tadqiqot natijalari shuni ko'rsatadiki, to'g'ri izolyatsiya usullari, simptomatik davolash va oilalarni o'qitishni o'z ichiga olgan tizimli hamshiralik parvarishi bemorlar uchun natijalarni sezilarli darajada yaxshilaydi va tibbiy muassasalar va jamoalarda kasallik yukini kamaytiradi.

Kalit so'zlar

hamshiralik parvarishi, qizamiq, qizilcha, suvchechak, yuqumli kasalliklar, infeksiyani nazorat qilish, simptomlarni boshqarish, bemorlarni o'qitish, pediatrik hamshiralik

INTRODUCTION

Measles and rubella and chickenpox vaccination rates in developing nations with low immunization rates show that these diseases remain a major public health threat because effective vaccines exist [1]. The viral infections spread through airborne particles and create prodromal symptoms and exanthems yet each infection needs different nursing practices which match its specific disease development and complications pattern [2]. The Morbillivirus causes measles which stands as a primary cause of vaccine-preventable childhood deaths throughout the world while patients experience complications that include pneumonia and encephalitis and rare

instances of subacute sclerosing panencephalitis [3]. Rubella presents a milder clinical profile than most diseases yet pregnant women who contract the virus face extreme dangers because it causes congenital rubella syndrome which results in severe cardiac defects and hearing impairment and developmental delays [4]. The varicella-zoster virus causes chickenpox which usually develops as a self-limiting illness in healthy children but can create major health risks through bacterial superinfections and neurological problems and pneumonia especially among adults and people with weakened immune systems [5].

METHODOLOGY AND LITERATURE REVIEW

The research uses literature review as its primary research method to examine peer-reviewed studies and clinical guidelines together with nursing textbooks and official healthcare documents that exist in both national and international databases. The current literature demonstrates that effective nursing care for these three infectious diseases requires multiple treatment methods which start with doctors correctly diagnosing all clinical symptoms and then executing proper isolation protocols to stop hospital-based disease transmission [6,7].Research studies demonstrate that nutritional support constitutes a crucial element which aids patients in their recovery process from infectious diseases nurses need to help patients achieve their required caloric intake because their appetite will decrease nurses need to provide vitamin A supplements to measles patients in developing nations because vitamin A deficiency occurs there nurses need to monitor patient fluid balance through tracking their fluid intake and output [8].Recent research has shown that children with infectious diseases need psychological support from their nurses who can handle their emotional distress through age-appropriate explanations and play therapy and parental involvement in their care activities and distraction techniques [9].International literature shows that different healthcare systems have established different nursing care protocols which need resource-limited environments to change their ideal protocols according to available resources while protecting the essential infection control methods and symptomatic relief procedures and complication prevention techniques [10].

RESULTS AND DISCUSSION

The synthesis of reviewed literature and analysis of current nursing practices demonstrates that optimal care for patients with measles, rubella, and chickenpox requires integration of evidence-based interventions which healthcare providers must customize according to their specific patient needs and disease conditions and their available healthcare resources. The implementation of standardized nursing care protocols has led to better patient results which include shorter hospital stays and decreased medical complications and reduced rates of hospital-acquired infections that spread to staff members and other patients in the facility [2]. The analysis shows that building recognition of infection transmission routes together with observing contact identification between infected persons represents the main nursing procedures to follow because their application needs to start immediately after infection transmission identification while infection control practices stay incomplete for emergency department and outpatient care because staff members can not identify first infected persons [7]. The evidence strongly supports that comprehensive symptom management through systematic nursing assessment and timely nursing interventions leads to better patient comfort and higher family satisfaction because structured methods for controlling fever and treating pruritus and maintaining hydration produce better results than unstructured methods used in medical treatment.

The literature indicates that vitamin A supplementation administered by nurses has been shown to reduce measles-related morbidity and mortality, particularly in developing countries and in children with known or suspected vitamin A deficiency, representing a simple yet highly effective nursing intervention that should be incorporated into standard care protocols [8]. The nursing analysis of rubella care shows that proper identification and counseling of women who

can conceive is essential because nurses need to handle pregnancy tests while informing patients about dangerous birth defects and offering emotional assistance and help with medical appointments after their exposure to rubella. The discussion of chickenpox management reveals that nurses must balance the typically benign nature of the disease in healthy children against the need for vigilant monitoring for complications, particularly in high-risk groups including neonates, immunocompromised individuals, pregnant women, and adults who generally experience more severe disease.

Evidence demonstrates that effective management of pruritus in chickenpox through nursing interventions such as cool baths, loose clothing, short fingernails, and appropriate use of antihistamines significantly reduces the risk of bacterial superinfection, which represents the most common complication and primary reason for hospitalization in otherwise healthy children [9]. The analysis highlights that family education provided by nurses must be culturally sensitive, linguistically appropriate, and delivered at a level consistent with health literacy, with studies showing that written materials supplemented by verbal explanation and demonstration result in better comprehension and adherence to recommended care practices compared to verbal instructions alone. Discussion of infection control practices reveals ongoing challenges in maintaining consistent adherence to isolation protocols, with research indicating that nurses face barriers including inadequate staffing levels, insufficient negative pressure rooms, competing priorities, and lack of immediate access to appropriate personal protective equipment, suggesting that institutional support and resources are essential for effective implementation of nursing care protocols.

CONCLUSION

This comprehensive analysis of nursing care in measles, rubella, and chickenpox infectious diseases demonstrates that nurses play an indispensable role in managing these conditions through implementation of evidence-based interventions spanning infection control, symptom management, complication surveillance, and patient education. The synthesis of current literature confirms that optimal nursing care requires comprehensive knowledge of disease pathophysiology, clinical manifestations, transmission patterns, and potential complications, combined with skilled assessment abilities, critical thinking, and compassionate patient-centered approaches. Effective management of these infectious diseases depends fundamentally on early recognition, prompt isolation, systematic symptom relief, vigilant monitoring for complications, and thorough education of patients and families regarding disease progression and prevention of transmission. The evidence clearly supports that standardized nursing protocols, when properly implemented and adapted to individual patient needs and available resources, result in improved patient outcomes including reduced complications, decreased transmission rates, and enhanced patient and family satisfaction. Nurses must maintain current knowledge through continuing education, as evolving understanding of these diseases, changing epidemiological patterns, and development of new interventions require ongoing professional development to ensure delivery of optimal care.

REFERENCES

1. Perry, R.T., Gacic-Dobo, M., Dabbagh, A., et al. (2019). Progress toward regional measles elimination worldwide, 2000-2018. Morbidity and Mortality Weekly Report, 68(48), 1105-1111.
2. Siegel, J.D., Rhinehart, E., Jackson, M., & Chiarello, L. (2019). Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings. American Journal of Infection Control, 47(Suppl), A1-A186.

3. Gastanaduy, P.A., Funk, S., Lopman, B.A., et al. (2018). Factors associated with measles transmission in the United States during the postelimination era. JAMA Pediatrics, 172(1), 56-62.
4. Lambert, N., Strebel, P., Orenstein, W., et al. (2015). Rubella. The Lancet, 385(9984), 2297-2307.
5. Kawai, K., Gebremeskel, B.G., & Acosta, C.J. (2014). Systematic review of incidence and complications of herpes zoster: Towards a global perspective. BMJ Open, 4(6), e004833.
6. Moridi, M., Pazandeh, F., Hajian, S., & Potrata, B. (2018). Midwives' perspectives on communication skills in midwifery education and practice in Iran: A qualitative study. Journal of Education and Health Promotion, 7, 108.
7. Moss, W.J. (2017). Measles. The Lancet, 390(10111), 2490-2502.
8. Huiming, Y., Chaomin, W., & Meng, M. (2016). Vitamin A for treating measles in children. Cochrane Database of Systematic Reviews, 2016(8), CD001479.
9. Seward, J.F., Marin, M., & Vázquez, M. (2008). Varicella vaccine effectiveness in the US vaccination program: A review. Journal of Infectious Diseases, 197(Suppl 2), S82-S89.
10. Dabbagh, A., Laws, R.L., Steulet, C., et al. (2018). Progress toward regional measles elimination worldwide, 2000-2017. Morbidity and Mortality Weekly Report, 67(47), 1323-1329.