

Rajiv Gandhi University of Health Sciences,  
Karnataka, Bangalore

### The Emblem



The Emblem of the Rajiv Gandhi University of Health Sciences is a symbolic expression of the confluence of both Eastern and Western Health Sciences. A central wand with entwined snakes symbolises Greek and Roman Gods of Health called Hermis and Mercury is adapted as symbol of modern medical science. The pot above depicts Amrutha Kalasham of Dhanvanthri the father of all Health Sciences. The wings above it depicts Human Soul called Hamsa (Swan) in Indian philosophy. The rising Sun at the top symbolises knowledge and enlightenment. The two twigs of leaves in western philosophy symbolises Olive branches, which is an expression of Peace, Love and Harmony. In Hindu Philosophy it depicts the Vanaspathi (also called as Oushadi) held in the hands of Dhanvanthri, which are the source of all Medicines. The lamp at the bottom depicts human energy (kundalini). The script "Devahitham Yadayahu" inside the lamp is taken from Upanishath Shanthi Manthram (Bhadram Karnebhi Shrunuyanadev...), which says "May we live the full span of our lives allotted by God in perfect health" which is the motto of the Rajiv Gandhi University of Health Sciences.

RAJIV GANDHI UNIVERSITY  
OF HEALTH SCIENCES

Revised Ordinance Governing  
**BASIC B.Sc. NURSING DEGREE COURSE**  
Regulations and Curriculum - 2007

VOLUME II

Cumulative Record of Clinical Experience



*RAJIV GANDHI UNIVERSITY OF  
HEALTH SCIENCES KARNATAKA*

4th 'T' Block, Jayanagar, Bangalore 560041

Revised Ordinance Governing  
**Basic B. Sc. in Nursing Degree Course**  
Regulations and Curriculum - 2007  
Volume - II

[In conformity with Indian Nursing Council,  
Post Basic Bachelor of Nursing Syllabus and  
Regulations, 2001 year of Revision.  
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VOLUME II  
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# FOREWORD

## FOREWORD

In August 2009, RGUHS Published the record book to record cumulative professional activities carried out by the students of Basic B.Sc Nursing Course. In accordance with Indian Nursing Council revised syllabus & the recommendation of board of study of Nursing Faculty, the curriculum of B.Sc Nursing and cumulative record of clinical experience was revised. I am happy that this book for recording cumulative clinical experience was prepared under the expert guidance of senior Nursing Faculty.

Every Nursing student should realize the importance of this cumulative record which helps them to document the curriculum and accomplish their task step by step. Also, all the Nursing Faculty should recognize the importance of the clinical training and its monitoring through this record. At the time of University Examination the record is subjected to scrutiny by the examiners, enabling them to know the progress made by the student through out the course. Even this record book helps the appointing authority to know the practical experience gained by the individual nurse during the course. I am sure that this revised record which is comprehensive in its nature, will ensure quality nursing education & will be well received by the students & Nursing Faculty of this University.

**Dr. S Ramananda Shetty**

Vice-Chancellor

Rajiv Gandhi University of Health Sciences

Bangalore

02 August 2007

## THE NIGHTINGALE PLEDGE

*I solemnly pledge myself before God,  
And in the presence of this assembly,  
to maintain at all times,  
the highest standards of nursing care,  
and to professional conduct.*

*I will respect the religious beliefs of my patients,  
and will hold in confidence,  
all personal information entrusted to me,  
I will carry out the physicians orders,  
Intelligently and loyally,  
and in private life, will adhere to the standards of personal ethics,  
which will reflect credit upon my profession.*

*I will do my utmost,  
to fulfill the fundamental responsibility of a nurse,  
which is four fold,  
to promote health,  
to prevent illness,  
to restore health,  
and to alleviate suffering.*



*Miss Florence Nightingale  
Pioneer of Modern Nursing*



## CLINICAL EXPERIENCE RECORD

Name of the Student : .....

Register No. : .....

Age and Date of Birth : .....

Father's Name : .....

Date of Joining the Course : .....

Date of Completion : .....

Permanent address : .....

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Signature of the Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

College Seal



## General Objectives

During the clinical posting in the various areas of general, specialities, the nursing students will understand, comprehend and develop skills in performing the various procedures, strictly following the related scientific and rationale for every adopted.

## Contributory Objectives

### **During the clinical postings the student will :**

1. Systematically follow the steps of the procedure.
2. Correlate the Knowledge from other disciplines while performing the steps of the procedures.
3. Assemble all articles, required for the procedure
4. Demonstrate skills in performing the procedures accurately.
5. Develop skills in planning, implementing and evaluating the nursing care in different setups, i.e. Hospital and Community.
6. Assess the learning needs of clients, plan and implement the health education.
7. Develop an ability to record and report.

## Instructions for use of procedure Record

1. The purpose of maintaining a record of practical work is to ensure that the student nurse has been instructed in various type of Nursing procedures and to record whether or not she/he has performed the procedure to the satisfaction of the clinical instruction.
2. The Purpose of keeping the record in fulfilled only if entries are made regularly and with care. The student's record sheet should be marked every week after a discussion with the students.
3. It is desirable that all procedures should be demonstrated, in the class room before they are carried out in the ward.
4. All the procedures should be signed when the students has done it satisfactorily in classroom as well as in the ward by the respective clinical instructors. In cases which this is not possible, the procedure is signed after return demonstration in the class room only. In such cases the clinical instructor should indicate this by writing C.R. after her signature with a circle around the C.R.
5. No student should be permitted to do any prodecure independently unless she/he obtained a signature for the procedure.
6. Procedures are to be signed after sufficient practice in the clinical area.
7. The student is expected to take responsibility for her/his own learning by :
  - a. Requesting the Clinical Instructor to supervise a procedure she/he needs to have signature.
  - b. Volunteering for experience she/he needs.
  - c. Taking responsibility for obtaining a signature from the clinical instructor who has supervised the procedure, immediately following the successful completion of a procedure.
8. Evaluation of the students performance should be carried out periodically.
9. A student must have all the procedures signed, to be eligible for viva and practical examination for each year and should present the same to the examiner.

## NURSING FOUNDATIONS

Sl.No.		Nursing Procedures	Class Room / Lab Demonstration Date & Signature of the teacher		Clinical Demonstration by Student, Date & Sign of the supervisor	
			Date	Signature	Date	Signature
<b>1.</b>		<b>Universal Precautions</b>				
	a.	Hand Washing				
		Medical				
		Surgical				
	b.	Use of Mask				
	c.	Use of gloves				
	d.	Use of Gown				
	e.	Disposal of waste				
<b>2.</b>		<b>Bed Making</b>				
	a.	Unoccupied Bed				
	b.	Occupied Bed				
	c.	Operation Bed				
	d.	Fowler's Bed / Cardiac Bed				
	e.	Open Bed				
	f.	Amputation / Divided Bed				
	g.	Fracture bed				
	h.	Burn's Bed				
<b>3.</b>		<b>Vital Signs</b>				
	a.	Temperature				
		Oral				
		Axillary				
		Rectal				
	b.	Pulse				
	c.	Respiration				
	d.	Blood Pressure				
<b>4.</b>		<b>Admission</b>				
	a.	Prepare Unit for a new Patient				
	b.	Perform admission procedures				
<b>5.</b>		<b>Discharge Preparation</b>				
	a.	Planned discharge				

	b.	Abscond				
	c.	Leaving against medical advice				
	d.	Referrals				
	e.	Transfer				
<b>6.</b>		<b>Positions:</b>				
	a.	Dorsal recumbent				
	b.	Lateral ( Rt / Lt)				
	c.	Fowler's				
	d.	Prone				
	e.	Sims				
	f.	Trendelenburg				
	g.	Lithotomy				
<b>7.</b>		<b>Comfort Devices</b>				
	a.	Extra Pillows				
	b.	Back rest				
	c.	Cardiac Table				
	d.	Sand Bag				
	e.	Bed Cradle				
	f.	Trochanter rolls				
	g.	Cotton rings and hand rolls				
	h.	Air cushion				
	i.	Water & Air mattress				
	j.	Foot End Elevator				
<b>8.</b>		<b>Safety Devices</b>				
	a.	Restraints				
	b.	Protective Padding				
	c.	Hygienic Needs				
<b>9.</b>		<b>Hygienic Needs</b>				
	a.	Oral hygiene				
	b.	Bed bath & Perineal care				
	c.	Assisted bath				
	d.	Back care				
	e.	Hair care				
	f.	Bed Shampoo or Hair wash				
	g.	Pediculosis treatment				
<b>10.</b>		<b>Nutritional Needs:</b>				
	a.	Naso-gastric tube				
		Insertion				
		Aspiration				

		Irrigation				
	b.	Tube Feeding				
	c.	Gastrostomy feeding				
	d.	Parenteral feeding				
<b>11.</b>		<b>Elimination Needs</b>				
	a.	Giving and removing Urinal				
	b.	Giving and removing bed pan				
	c.	Urinary Catheterization				
	d.	Urinary Catheter care				
	e.	Condom drainage				
	f.	Bladder irrigation				
	g.	Insertion of flatus tube				
	h.	Insertion of suppository				
	i.	Bowl Wash				
<b>12.</b>		<b>Collection &amp; Observation of Specimen</b>				
	a.	Urine				
		Routine				
		Culture				
		24Hours				
	b.	Urine Test				
		Reaction				
		Specific Gravity				
		Albumin				
		Sugar - Strip / Glucometer				
	c.	Stool or faeces				
		Routine				
		Culture				
	d.	Blood				
		Routine				
		Culture				
		Peripheral smear				
		Sugar (strip / glucometer)				
	e.	Vomitus				
	f.	Throat swab				
<b>13.</b>		<b>Mobility &amp; Exercise</b>				
	a.	Range of motion exercises				
	b.	Changing position of helpless patient				
	c.	Transferring from bed to wheel chair, trolley & back				

	d.	Deep breathing & coughing exercises				
	e.	Chest Physiotherapy				
<b>14.</b>		<b>First Aid and Bandaging</b>				
	a.	First aid for shock				
	b.	First aid for fracture				
		Application of Splints				
		Application of Slings				
	c.	First aid in haemorrhage				
	d.	First aid in other emergencies				
	e.	Basic cardio pulmonary resuscitation				
	f.	Bandaging				
		Simple Spiral				
		Spica				
		Reverse spiral				
		Figure of eight				
		Head / capline				
		Eye, Ear, Jaw, Finger, Elbow, Knee				
		Use of triangular bandage				
		Use of binders				
<b>15.</b>		<b>Therapeutic Measures</b>				
	a.	Hot and Cold applications				
		Hot water bag				
		Sitz bath				
		Cold Compress Ice cap				
		Tepid sponge				
	b.	Oxygen administration				
		Nasal Canula				
		Nasal Catheter				
		Mask, tent, hood				
	c.	Medications				
		Oral				
		Intradermal injection				
		Subcutaneous injection				
		Intra muscular				
	d.	Assisting with intra venous Injection				
	e.	Assisting in Intra venous infusion				
	f.	Assisting in blood transfusion				
	g.	Administration of topical applications				

	h.	Steam inhalation			
	i.	Nebulization			
	j.	Instillation of drops			
		Eye,			
		Ear,			
		Nose			
	k.	Irrigation			
		Eye			
		Ear			
<b>16.</b>		<b>Pre &amp; Post Operative Care</b>			
	a.	Skin Preparation for Surgery-			
	b.	Preparation of Post operative Unit			
	c.	Pre & Post operative teaching and Counselling			
	d.	Pre & Post operative monitoring			
	e.	Care of the wound			
		Dressings			
		Suture care & Removal			
		Care of the drainage			
<b>17.</b>		<b>Care of Dying Patient</b>			
	a.	Terminal care of the Unit			
	b.	Caring and packing of the dead body			
<b>18.</b>		<b>NUTRITION</b>			
	a.	Oral Feeding			
	a.	Naso gastriz feeding			
	a.	Parental			
	a.	Gastrostomy feeding			

**REQUIREMENTS:**

Care Plans : 5  
Demonstration of Physical examination : 2  
Health Talk : 1

Remarks

Signature of Principal

Signature of Class Co-ordinator

**Practical Examination**

1. Nursing Foundation Practical

2. Signature of Internal Examines  
Date

Signature of external Examines

Repeat

Signature of Internal Examines  
Date

Signature of External Examines



## NURSING FOUNDATIONS - PRACTICAL

Name :

Ward :

Date :

Total Marks : 25 x 4 = 100

Key : 1. Unsatisfactory 2. Satisfactory 3. Good 4. Very Good

Sl. No.		1	2	3	4
<b>1.</b>	1.1 Take nursing history				
	1.2 Makes observations of patients condition				
	1.3 Identifies the basic health needs\ problems				
	1.4 Priorities the needs\ problems				
<b>2.</b>	<b>PLANNING</b>				
	2.1 Plans nursing care on the basis of priorities				
	2.2 Plans care according to patients Psychosocial needs				
	2.3 Involves patients & family in planning				
	2.4 Plans health teaching for patients				
<b>3.</b>	<b>IMPLIMENTATION</b>				
	3.1 Carries out plans based on priorities				
	3.2 Integrates scientific principles in giving care				
	3.3 Uses technical skill				
	3.4 Maintains accuracy in care				
	3.5 Controls the environment to provide safety				
	3.6 Demonstrates initiative in implementing nursing care				
	3.7 Records significant information accurately				
	3.8 Communicates significant information to appropriate personnel				
	3.9 Instructs the patients and family related to their learning needs				
<b>4.</b>	<b>EVALUATION</b>				
	4.1 Evaluates, the care given				
	4.2 Modifies the plan as indicated in the evaluation				
<b>5.</b>	<b>PROFESSIONAL BEHAVIOUR</b>				
	5.1 Grooming				
	5.2 Punctuality				
	5.3 Dependability				
	5.4 Interpersonal relations				
	5.5 Emotional stability				
	5.6 Professional and personal growth				
	<b>TOTAL</b>				

Signature of Clinical Instructor with date :

Signature of the student :

Signature of the HOD :

Signature of the Principal

# MEDICAL SURGICAL NURSING - I

Sl.No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, Date & Sign of the supervisor		
		Date	Signature	Date	Signature	
<b>1.</b>	<b>Pre - operative preparation</b>					
	<b>Setting of pre-operative unit</b>					
	Skin preparation					
	<ul style="list-style-type: none"> <li>• Local surgery</li> <li>• General Surgery</li> </ul>					
<b>2.</b>	<b>Post operative care</b>					
	<b>Setting of postoperative unit</b>					
	Post operative care					
	Recovery room					
	Ward					
	Surgical dressing					
	Care of the wound					
	Removal of sutures					
	Ambulation and exercises					
	<b>3.</b>	<b>Operation Theatre Technique</b>				
		Preparation & packing of articles for surgery				
		Disinfecting the OT				
		Surgical scrubbing				
Gowning and gloving						
Setting up of sterile trolley for surgery						
Assisting in anaesthesia						
Assisting in major surgery						
1.						
2.						
3.						
Assisting in minor surgery						
1.						
2.						
3.						
4.						
5.						
Equipments used in o.t						
monitering patients during surgical procedures						

Sl.No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, Date & Sign of the supervisor	
		Date	Signature	Date	Signature
<b>4.</b>	<b>Intensive Care</b>				
	Setting up of emergency trolley				
	Suctioning				
	Oropharyngeal				
	Endo tracheal				
	Assisting in endotracheal intubation				
	Assisting in ventilator care				
	Assisting in cardiac monitoring				
	Assisting in defibrillating				
	Assisting in monitoring pulse oximeter				
	Administration of drugs through infusion pump				
	Emergency drugs				
	Pain management techniques				
<b>5.</b>	<b>Observation of specific diagnostic and therapeutic procedures Preparation of patient for non invasive procedure</b>				
	<b>Vascular system</b>				
	IV canulation				
	Doppler studies				
	Central Venous pressure (CVP)				
	Administration of cardiac drugs				
	<b>Genito urinary system</b>				
	Thyroid function test - T3, T4, TSH				
	Catheterization				
	Bladder irrigation				
	Cystoscopy				
	Cystometrogram				
	Intravenous pyelogram (IVP)				
	Kidney, ureter, bladder (K.U.B.)				
	Assisting in peritoneal dialysis				
	Assisting in hemodialysis				
	Assisting in renal biopsy				
	<b>Chemical regulation</b>				
	Fasting blood sugar (FBS)				

Sl.No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, Date & Sign of the supervisor	
		Date	Signature	Date	Signature
	Post prandial blood sugar (PPBS)				
	Glucose tolerance test (GTT)				
	Administration of insulin				
<b>5.</b>	<b>Gastro Intestinal System</b>				
	Barium meal				
	Barium enema				
	Proctoscopy				
	Endoscopy				
	Cholecystography				
	Oesophago Gastro Dueodenoscopy (OGD)				
	Ostomy care				
	• Colostomy irrigation				
	• Ureterostomy				
	• Gastrostomy				
	Ostomy feeding				
	Gastrostomy feeding				
	Jejunostomy feeding				
	Liver biopsy				
	Liver function tests				
	Abdominal paracentesis				
	Endoscopic retrograde (ERCP) cholangio pancreatography				
<b>6.</b>	<b>Specific therapeutic procedure</b>				
	Assisting in ECG (Electro Cardio Gram)				
	Assisting in venous puncture				
	Assisting in abdominal paracentesis				
	Assisting in Thoracentesis				
	Assisting in lumbar puncture				
	Assisting in gastric lavage				
	Assisting in sternal puncture				
	Musculo skeletal system				
	Preparation & assisting application and removal of plastercast				
	Application of splint				

Sl.No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, Date & Sign of the supervisor	
		Date	Signature	Date	Signature
	Assisting in skin traction				
	Assisting in skeletal traction				
	Preparation of patient for bone surgery				
	Crutch walking				
<b>8.</b>	<b>Stump care</b>				
<b>9.</b>	<b>Burns &amp; scalds</b>				
	Assessment of burnt area				
	Calculation of fluid & electrolyte requirements				
	Administration of fluid & electrolytes				
	Assist in burns dressing				
	Preparation for reconstructive surgery & donor area				
<b>10.</b>	<b>Oncology</b>				
	Preparation & assist in biopsy				
	Assist in radio therapy				
	Assist in chemo therapy				
	Assist in brachithery				
	Assist in bone marrow aspiration				
	PAP smear				
<b>11.</b>	<b>Nutrition</b>				
	Therapeutic / modified diet				
	Bland diet				
	Salt restricted				
	Diabetes (low calorie)				
	High calorie				
	High protein				

### Nursing Care Plan

Sl. No.	Care Plan	Date	Signature
1.			
2.			
3.			
4.			
5.			

Signature of the class Co-ordinator

Signature of the Principal

## COMMUNITY HEALTH NURSING-I

Sl. No.	Nursing Procedures	Demonstration (Laboratory)		Demonstration (Clinical)	
		Date	Signature	Date	Signature
<b>1.</b>	<b>Conduct community survey &amp; report</b>				
<b>2.</b>	<b>Conduct family health survey &amp; report (1)</b>				
<b>3.</b>	<b>Demonstrate Bag Technique</b>				
<b>4.</b>	<b>(A) Comprehensive family Nursing care (Urban)</b>				
	a.				
	b.				
	<b>(B) Comprehensive family (Rural)</b>				
	a.				
	b.				
	<b>(C). Collection of Specimens</b>				
	Urine Store				
	Sputum Collection - (I)				
	Blood Smear				
	Thick Smear - (I)				
	Thin Smear - (I)				
<b>5.</b>	<b>(A) Blood Test</b>				
	a. Hemoglobin				
	b. Blood glucose				
	<b>(B) Urine Test</b>				
	a. Albumin				
	b. Sugar				
	<b>(C) Preparation &amp; Use of Audio Visual Aids</b>				
	a. Flannel graphs				
	b. Flash cards				
	c. Flip charts				
	d. Posters				
	e. Bulletin				
	f. Puppets show				
	<b>(D) Health Education</b>				
	a. Individual				
	b. Group				
	c. Communities				

Sl. No.	Nursing Procedures	Demonstration (Laboratory)		Demonstration (Clinical)	
		Date	Signature	Date	Signature
<b>6.</b>	<b>Teaching sessions</b>				
	a. Lecture				
	b. Demonstration				
	c. Group discussion				
	d. Seminar				
	e. Symposium				
	f. Panel discussion				
	g. Role play				
	h. Project				
	i. Work shop				
	j. Exhibition				
	k. Field trip				
<b>7.</b>	<b>a. Participate in family welfare programme</b>				
	b. Participate in PHC clinics				
	c. Participate in Immunization programme				
<b>8.</b>	<b>VISITS:</b>				
	a. Primary Health center				
	b. Sub center				
	c. Community Health center				
	d. Anganwadi				
	e. Post partum center				
<b>9.</b>	<b>Teaching learning Activities</b>				
	a. Preparation of lesson plan				
	b. Formulation of objectives				
	c. Class room management				

Signature of the class Co-ordinator

Signature of the Principal

# CLINICAL EVALUATION FORM FOR COMMUNITY HEALTH NURSING-I

Name of The Students:  
Group & Class :

Duration :  
Evaluator:  
Date of Submission:

		V. good (4)	Good (3)	Fair (2)	Poor (1)	Not done (0)
<b>I</b>	<b>OVER ALL EVALUATION</b>					
1.	Appearance					
2.	Uniform					
3.	Punctuality					
4.	Discipline					
5.	Team work					
6.	Attitude					
7.	Knowledge					
8.	Skill					
9.	Completing record book On time					
10.	Shows interest in Learning					
<b>II</b>	<b>PROCEDURE EVALUATION</b>					
11.	Census/Participates in Community survey					
12.	Does Home visit provides need based care					
13.	Follows of standing orders					
	<b>HEALTH EDUCATION</b>					
14.	Select and prepares Appropriate A.V. Aids					
15.	Uses A.V. Aids correctly / Timely gives Health education as per need					
16.	Individual					
17.	Family					
18.	Group / community					
19.	Respects the community Practices					
20.	Follows principles of Bag technique					



21.	Involves in community Health Activities					
22.	Brings out enervative ideas to improve community development					
23.	Records and Reports	(4)	(3)	(2)	(1)	(0)

### REMARKS TO STUDENTS:

+ Ve Points

1

2

3

- Ve Points to be Improved

1

2

3

Obtained Score (for 25):-

Student's Signature

Evaluator's Signature

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
<b>III</b>	<b>Growth &amp; Development Including Nutrition</b>				
1.	<b>Assessment of Growth &amp; Development</b>				
	Assessment of antenatal mother				
	Assessment of new born				
	Assessment of infant				
	Assessment of toddler				
	Assessment of preschooler				
	Assessment of schooler				
	Assessment of adolescent				
	Assessment of adult				
	Assessment of elderly				
2.	<b>Assessment of nutritional status in various groups</b>				
3.	<b>Diet planning for any age group</b>				
	Weaning diet				
	Diet for pregnant mother				
	Preparation of receipes				
	Barley water				
	Albumin water				
	Lime whey				

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
	Fluid diet				
	Egg flip				
	Dhal soup				
	Vegetable soup				
	Butter milk				
	Light diet				
	Toast				
	Porridge				
	Salads				
	Jelly				
	Arrow root				
	Boiled egg				
	Custard egg				
	Scrambled egg				
	Steamed fish				
4.	<b>Visits</b>				
	Postnatal ward, well baby clinic, crèche / preschool food preparation & preservation centre				

**REMARKS TO STUDENTS:**

+ Ve Points

- 1
- 2
- 3

-Ve Points to be Improved

- 1
- 2
- 3

Obtained Score (for 25):-

Student's Signature

Evaluator's Signature

## Comprehensive Family Health Care Provided

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Class Co-ordinator

Principal

## Practical Examination

### 1. Medical Surgical Nursing I

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

### 2. Community Health Nursing I

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

# I. MIDWIFERY INCLUDING MATERNITY & GYNAECOLOGICAL NURSING - I

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
1.	<b>Prenatal Care</b>				
	Prenatal assessment				
	Prenatal care				
	Preparation for non stress test (NST) & ultrasound				
2.	<b>Intranatal Care</b>				
	Setting up of newborn resuscitation unit				
	Perineal preparation for labour				
	Enema / suppository				
	Partogram				
	P.V. Examination				
	Normal delivery				
	Episiotomy & suturing				
	Apgar scoring				
	Resuscitation of newborn				
3.	<b>Postnatal Care</b>				
	Postnatal assessment				
	Postnatal Care				
	Perineal Light				
	Assisting with breast feeding				
	Postnatal exercises				
4.	<b>Newborn Care</b>				
	Appraisal of newborn				
	Cord care, eye care				
	Care of newborn				
	Baby bath				
	<b>Requirements</b>				
1.	Conducts antenatal examination - 30				
2.	Provides antenatal care - 5				
3.	Witness normal deliveries - 20				

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
4.	Conduct normal deliveries (Hospital & home) - 5				
5.	Episiotomy & suturing - 2				
6.	Provides postnatal care				
	Hospital - 20				
	Home - 3				

### ANTENATAL CARE PLAN / CARE STUDY

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

### POSTNATAL CARE PLAN / CARE STUDY

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Signature of the class Co-ordinator

Signature of the Principal

## MEDICAL SURGICAL NURSING - II

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
<b>II.</b>	<b>MEDICAL SURGICAL NURSING - II</b>				
1.	<b>Eye and Ent</b>				
	Instillation of drops				
	Application of ointment				
	Eye				
	Ear				
	Nose				
	Eye irrigation				
	Ear irrigation				
	Throat swab culture				
	Assist in removal of foreign bodies				
2.	<b>Cardio Thoracic</b>				
	Cardio Thoracic assessment				
	Electro cardiogram monitoring				
	Observe cardiac monitoring, pacing				
	Observe cardiac catheterization				
	Observe echo cardiogram				
	Observe stress test				
	Observe percutaneous transilluminial coronary angioplasty				
	Assist in collecting blood for cardiac enzymes				
	Assist for insertion of intercostal drainage				
	Assist for removal of intercostal drainage				
	Care of patient with intercostal drainage				
	Assist in pulmonary function test				
	Observe bronchoscopy				
	Observe bronchography				
	Preoperative preparation to cardiothoracic surgery				

3.	<b>Neuro &amp; Neuro Surgery</b>				
	Neurological assessment				
	Maintain glasgowcoma scale				
	Care of patient with cervical traction				
	Care of patient with head injury				
	Preparing patient for Electro encephalogram (EEG)				
	Magnetic Resonance Imaging (MRI)				

### **Nursing Care Plan / Care Study**

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

## III CHILD HEALTH NURSING

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
1.	<b>Admission of Children</b>				
2.	<b>Assessment of growth &amp; development</b>				
	• Newborn				
	• Infant				
	• Toddler				
	• Pre-schooler				
	• Schooler				
	• Adolescent				
	<b>Health assessment</b>				
	• History				
	• Developmental assessment				
	• Anthropometric assessment				
	• Head to toe assessment				
3.	<b>Weighing of children</b>				
4.	<b>Recording of vital signs</b>				
	• Temperature				
	• Pulse				
	• Respiration				
	• Blood pressure				
5.	<b>Use of restraints</b>				
	• Mummy restraint				
	• Elbow restraint				
	• Clove hitch restraints				
	• Jacket				
	• Restraining the limbs				
6.	<b>Assessment of degree of dehydration</b>				
7.	<b>Feeding</b>				
	• Assist in breast feeding / weaning				
	• Assist in spoon / glass feeding / Katori				
	• Orogastric feeding				
	• Nasogastric feeding				
	• Gastronomy feeding				
	• Jejunostomy feeding				



	• TPN				
8.	<b>Medication</b>				
	• Oral				
	• IM				
	• Subcutaneous				
	• Intradermal				
	• Intravenous				
	• Infusion pump				
9.	<b>Fluid Planning &amp; Calculation</b>				
	• Intravenous infusion				
	• Calculation of dosage				
	• Assist with administration of fluids with infusion pump				
10.	<b>Collection of specimen Sputum Specimen Blood Specimen Urine :</b>				
	• Female infant				
	• Male infant				
	• Urinary catheterization & drainings				
	• <b>Stool Specimen CSF</b>				
11.	<b>Care of ostomies</b>				
	• Colostomy irrigation				
	• Ureterostomy				
	• Gastrostomy				
	• Enterostomy				
12.	<b>Special procedures</b>				
	• Baby bath				
	• Bowel wash				
	• Steam inhalation				
	• Oxygen administration				
	• Nebulization				
	• Chest Physiotherapy				
	• Resuscitation				
	• Ventilator Care				
	• Phototherapy				
	• Incubator care				
	• Radiant warmer				
	• Exchange transfusion				
	• Endotracheal intubation				
	• Endotracheal suction				

	• Cardiopulmonary resuscitation			
	• Surgical dressings			
	• Suture removal			
13.	<b>Nursing care of Neonate</b>			
	• Normal Newborn			
	• Low birth weight			
	• Premature			
	• Neonates with Congenital anomalies			
14.	<b>Assist in play therapy</b>			
15.	<b>Planning special diet for children</b>			
	• Nephrotic syndrome			
	• Protein energy malnutrition			
16.	<b>Care during pediatric emergencies</b>			
	• Asphyxia			
	• Convulsion			
	• Head injury			
17.	<b>Immunization</b>			
18.	<b>IMNCI pre service training</b>			
19.	<b>Health / Nutritional Education</b>			
20.	<b>Visits :</b>			
	• Anganwadi			
	• Child Guidance Clinic			
	• Visit to centre for physically, mentally, Handicapped Certified school / remand home.			

### Nursing Care Plans

Sl. No.	Date	Topic	Signature
1.		Medical - (3)	
		1.	
		2.	
		3.	
2.		Surgical - (3)	
		1.	
		2.	
		3.	
3.		Communicable disease - (1)	
		1.	
4.		Normal newborn - (1)	
		1.	

Sl. No.	Date	Topic	Signature
5.		High risk newborn - (1)	
		1.	

### Case Study

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

### Clinical Presentation - 2

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

### Health Education

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Signature of the HOD

Signature of the Principal

# CLINICAL EVALUATION FORM CHILD HEALTH NURSING

Name of the Student :

Area of Clinical Experience :

Duration of posting :

Date:

From:

To:

Sl. No.	Criteria For Evaluation	4	3	2	1	0
<b>A</b>	<b>Professional Attitudes :</b>					
1.	Demonstrates leadership abilities					
2.	Punctual in reporting					
3.	Establishing good rapport with staff and other students.					
4.	Dependable and trustworthy					
5.	Demonstrates a good sense ethics in behaviour					
6.	Works independently					
7.	Accepts constructive criticism					
<b>B</b>	<b>Professional Competence :</b>					
8.	Identifies and collects various sources of Data from client & family					
9.	Performs physical & Mental status examination of the client					
10.	Collects other pertinent information					
11.	Analyses all the data collected					
12.	Accurately interprets and Synthesizes the Information.					
13.	Formulation of nursing diagnosis					
<b>C</b>	<b>Planning :</b>					
14.	Prioritizes the problem and needs					
15.	Plans the appropriate nursing interventions					
16.	Involves the child and family in the planning					
<b>D</b>	<b>Implementation / Professional skills :</b>					
17.	Implements nursing care applying the principles of child and family care					
18.	Establishes good rapport with child and family					
19.	Utilizes available resources in carrying out nursing care					
20.	Educates the child and family in accordance with their learning needs					

Sl. No.	Criteria For Evaluation	4	3	2	1	0
<b>E</b>	<b>Evaluation</b>					
21.	Evaluates the nursing care rendered					
22.	Revises of the nursing care plan when needed					
<b>F</b>	<b>Documentation :</b>					
23.	Records and reports promptly					
24.	Acts as a resources person in clinical settings					

**Maximum Marks : 100**

**Marks Obtained :**

<b>Key</b>	<b>Marks</b>
Consistent practice	04
Practice regularly with few errors	03
Practice sometimes with many errors	02
Practice rarely	01
Never practice	0

Signature of the Supervisor

Signature of the student

Date

Date

Comments

Comments

# MENTAL HEALTH NURSING

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
<b>III</b>	<b>Mental Health Nursing</b>				
1.	<b>Admission procedure</b>				
2.	<b>Discharge</b>				
3.	<b>Mental Status examination</b>				
4.	<b>Process recording</b>				
5.	<b>Nursing care of patient with</b>				
	• Psychotic disorder				
	• Neurotic disorder				
	• Organic conditions				
	• Character disorder				
	• Substance abuse				
6.	<b>Assisting in specific therapies</b>				
	Electro convulsive therapy				
	• Psychotherapy				
	• Individual				
	• Family				
	• Community				
	Occupational therapy				
	Behavioural therapy				
	Recreational therapy, play therapy				
	Milieu therapy, de-addiction therapy				
	Preparation of patients for activities of daily living				
7.	<b>Administration of psychotherapeutic drugs</b>				
8.	<b>Health Education</b>				
	• Individual				
	• Family				
	• Community				
9.	<b>Nursing care of child with</b>				
	Mental retardation				
	Conduct disorder				

10.	<b>Visits</b>				
	Community mental health centre, halfway home, de- addiction centre, certified schools, old age homes.				

### **Nursing Care Plan / Care Study**

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Signature of the class Co-ordinator

Signature of the Principal

**NURSING EDUCATION**

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
<b>III</b>	<b>Nursing Education</b>				
1.	<b>Preparation of teaching aids</b>				
	Charts				
	Posters				
	Flash cards				
	Transparencies				
2.	<b>Master rotation plan</b>				
3.	<b>Clinical rotation plan</b>				
4.	<b>Preparation of unit plan</b>				
	Preparation of lesson plan				
	Preparation of evaluation tool				
5.	<b>Conduct practice teaching classes</b>				
	Classroom				
	Clinicals				
6.	<b>Observation visit to school / college of Nursing &amp; presentation of reports</b>				
7.	<b>Teaching Method</b>				
	a. Lecture				
	b. Demonstration				
	c. Group discussion				
	d. Seminar				
	e. Symposium				
	f. Panel discussion				
	g. Role play				
	h. Project				
	i. Work shop				
	j. Exhibition				
	k. Field trip				



## Lesson Plans

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Signature of Class Co-ordinator

Signature of the Principal

## Practical Examination

### 1. Medical Surgical Nursing I

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

### 2. Midwifery including Maternity & Gynaecological Nursing- I

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

### 3. Child Health Nursing

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

# I. MIDWIFERY INCLUDING MATERNITY & GYNAECOLOGICAL NURSING - I

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
1.	<b>Prenatal Care</b>				
	Set up of antenatal & Post natal clinic				
	Set up of obstetric IUC (Eclampsia unit)				
	Care of high risk antenatal mother				
	Pre eclampsia				
	Eclampsia				
	Placenta praevia				
	Abruptio placenta				
	Gestational diabetes				
	Cardiac disease				
	Rh incompatibility				
	Preterm contraction				
2.	<b>Intranatal Care</b>				
	Induction of labour				
	Assist / witness obstetric procedures				
	Forceps delivery				
	Vacuum extraction				
	Assist / witness breech delivery				
	Assist / witness multifoetal delivery				
	Witness caesarean section				
	Assist evacuation, D& C				
3.	<b>Postnatal Care</b>				
	Care of high risk postnatal mothers				
	Perineal Care				
	Perineal Light				
4.	<b>Newborn Care</b>				
	• Assessment of preterm baby				
	• Care of high risk newborn				
	• Feeding				
	Tube				
	Spoon				

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
	Setting up & assisting exchange transfusion				
	Phototherapy				
	Care of baby in incubator				
	Care of baby with radiant warmer				
	Care of baby in ventilator				
	Administration of medication				
	Maintainance of neonatal records				
5.	<b>Family Welfare</b>				
	Motivation of planned parenthood				
	Assist / observe IUD insertion				
	Assist / observe Tubectomy				
	Assist / observe vasectomy				
	<b>Requirements</b>				
	Witness abnormal deliveries - (10)				
	Assist in abnormal deliveries - (5)				
	Motivation of planned parenthood - (2)				
	Attend antenatal & postnatal clinics- (1Wk)				
	Provide care to high - risk antenatal mothers - (5)				
	Provide care to high - risk neonates - (5)				
	Provide care to high - postnatal Mothers - (5)				
	Witness caesarean section - (5)				

Note : Number in brackets indicate minimum number of procedures to be witnessed or done.

### High Risk Antenatal Care Plan / Care Study

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

### High Risk Postnatal Care Plan / Care Study

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

### High Risk Neonatal Care Plan / Care Study

Sl. No.	Date	TOPIC	Signature
1.			
2.			
3.			
4.			
5.			

Signature of Class Co-ordinator

Signature of the Principal

## COMMUNITY HEALTH NURSING-II

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
1.	<b>Community Survey</b>				
2.	<b>Comprehensive Health Nursing Care Study (2)</b>				
3.	<b>Bag Technique</b>				
4.	<b>Dressing</b>				
5.	<b>Baby Bath</b>				
6.	<b>Demonstration of nursing care</b>				
	a. Care of fever patient				
	b. Oral Rehydration therapy				
7.	<b>Physical Examination</b>				
	(A) Assessing health needs and care of minor ailments				
	a. New Born				
	b. Infant				
	c. Pre-School				
	d. Adult				
	e. Antenatal mother				
	f. Postnatal mother				
	(B) Nutritional Assessment				
	(C) Immunization				
	(D) Diagnostic Technique				
	a. Preparing blood sugar				
	b. Preparing sputum smear				
8.	<b>Organsing and Assisting in</b>				
	a. Antenatal and Postnatal Clinic				
	b. Immunization				
	c. Family welfare				
	d. Scholl Health Programmes				
	e. Health Camps				
	f. In service education for PHC Staff				
9.	<b>Project work &amp; presentation of report</b>				
10.	<b>Records</b>				
	a. Family folders				
	b. Anecdotal records, Administrative Records				

Sl. No.	Nursing Procedures	Demonstration Date and Signature		Clinical Demonstration by Student, date and Sign. of the Supervisor	
		Date	Signature	Date	Signature
11.	<b>Health Education Rural</b>				
12.	<b>Participate in Mental Health Programme</b>				
13.	<b>Visits:</b>				
	a. School				
	b. Industry				
	c. Community Mental Health Center				
	d. National Family planning Association of India				
	e. National Institute of Tuberculosis				
	f. Red Cross				
	g. World Health Organization				
	h. UNICEF				
	i. Professional Bodies				
	1. TNAI				
	2. INC				
	3. KNC				
	<b>Observational visits</b>				
	a. Epidemics Diseases Hospital				
	b. Leprosorium				

## IV YEAR NURSING ADMINISTRATION

Sl.No.	Topic	Date of Instruction	Signature
	<b>Supervision</b>		
	Students		
	Staff		
	Ward Aids		
	<b>Preparation of duty roster</b>		
	<b>Preparation of work assignment</b>		
	• Students		
	• Staff		
	• Ward Aids		
	<b>Report</b>		
	a. Oral		
	• Morning		
	• Evening		
	• Night		
	b. Written		
	• Day		
	• Night		
	<b>Inventory</b>		
	Drugs		
	Articles		
	<b>Maintain census</b>		
	<b>Conduct nursing round,</b>		
	<b>Clinical teaching</b>		
	<b>Preparation of job description for different categories</b>		
	• Principal		
	• Nursing superintendent		
	• Clinical Instructor		
	• Ward Sister / Head nurse		
	• Staff nurse		
	• Ward Aids		
	<b>Preparation of Evaluation tool to assess the patient care</b>		
	<b>Educational tour to various institutions &amp; professional bodies &amp; submit the report</b>		

Class Co-ordinator

Principal

**PRACTICAL EXAMINATION FOR B. Sc (NURSING)  
DEGREE COURSE EVALUATION FORMAT**

**Name of the Examination: COMMUNITY HEALTH NURSING-II  
COURSE: B.Sc. (N), IV year**

Date:

No. of Students:

Sl. No.	Reg. No.	Assessment		Problems Need Identifi- cation	Plan of Action	IMPLEMENTATION				Evaluation	Viva	Total
		History Taking	Physical Examination			Nursing Care	Bag Technique	Health Education	Communi- cation Skill			
		2	2	2	3	5	3	3	1	1	3	25

Internal /  
External Examiner



# CLINICAL EVALUATION FORM FOR COMMUNITY HEALTH NURSING - II

GROUP & CLASS:  
Name of the student:

Duration:  
Evaluator:  
Date of Submission:

Sl. No.		V. Good	Fair	Fair	Note done very poor
<b>I</b>	<b>General</b>				
1.	Oriented to the allotted community area, population etc.				
2.	Know the responsibilities of community Health nursing in health				
3.	Able to assess the community, family & individual.				
4.	Respects the belief and culture of the people.				
5.	Knows to utilize the community resources.				
6.	Identifies the risk factors and try to solve them.				
7.	Compares the primary health care and National health programmers with in the community.				
<b>II</b>	<b>II. PHC</b>				
1.	Learns the organization set up & function of PHC				
2.	Participate as a health team member in providing community health Nursing services.				
3.	Participates in training programmers conducted by PHCs.				
<b>III</b>	Keeps the community health bag-neat, clean & aseptic.				
2.	Handles the bag appropriately and scientifically.				
3.	Follows safe disposal method				
4.	Does home visit				
5.	Provide home care as per the need.				
6.	Involves members in community activities.				
7.	Gives appropriate, planned health teaching.				
8.	Brings changes in health practices (EX) Diet, hygiene, exercise etc.				
9.	Submits the community case study & record book on time.				
10.	Prepare relevant statistics in their community area				
<b>IV</b>	<b>Maintains the following records appropriately</b>				
1.	Family folder				
2.	Obstetrical record (antenatal to family planning)				
3.	Pediatrics record (New born to under five)				
4.	Chronic illness record.				
5.	School Health record				

**Remarks to Students:-**

+ Ve

Points to improve

1

1

2

2

3

3

Student's Signature

Evaluator's Signature

**Practical Examination**

**1. Midwifery including Maternity & Gynaecological Nursing - II**

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

**2. Community Health Nursing - II**

Signature of Internal Examiner

Signature of External Examiner

Date :

Signature of Internal Examiner

Signature of External Examiner

Date :

## CLINICAL POSTING FOR THE (BASIC) B.Sc. NURSING STUDENTS

Month	First Year	Second Year	Third Year	Fourth Year	Any other
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
Signature of the Class Co-ordinator with date					

Principal