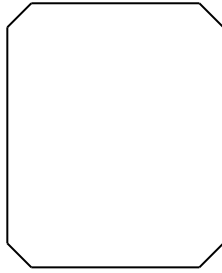


CLINICAL EXPERIENCE RECORD



- 1. Name of the student : _____
(In Block letters)
- 2. Register No. : _____
- 3. Age and Sex : _____
- 4. Father's Name : _____
- 5. Date of joining the course : _____
- 6. Date of completion : _____
- 7. Local Guardian Address : _____

- 8. Permanent Address : _____

Signature of HOD

Date

Signature of Principal

Date

College Seal

GENERAL OBJECTIVES

Students of nursing develop skill in applying nursing process in the care of Patients in variety of clinical setting and they develop skill in performing various Procedures, strictly following the related scientific principles and rationale for the Steps followed.

CONTRIBUTORY OBJECTIVES

1. Follow systematically the steps of the procedures.
2. Correlate the knowledge from other disciplines while performing the steps of the procedures.
3. Assemble all articles, required for the procedures.
4. Demonstrate skill in performing the procedures accurately.
5. Develop skill in assessment 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 health education
7. Develop ability to record and report.

INSTRUCTION FOR USE OF PROCEDURE RECORD

1. The maintenance of practical record ensures that the student has received Instruction on Nursing Procedure and also aids in recording whether student has performed the procedure to the satisfaction or not.
2. The practical events must be entered carefully and the record sheet should be marked after every discussion.
3. It is desirable that all procedures should be demonstrated in the classroom before they are carried out in the ward.
4. Procedures should be signed by the clinical instructor, when student has Performed the procedure satisfactorily.
5. No student should be allowed to perform procedure without demonstrating it in the classroom.
6. Procedures are to be signed after sufficient practice in the clinical area.
7. The student must take responsibility for obtaining a signature from the respective clinical instructor.
8. Evaluation of student performance should be carried out periodically.
9. A student must complete all the procedures and update practical record at the end of each academic year.

1st Year Basic B.Sc. Nursing
NURSING FOUNDATION

| SN | Nursing Skills | Demonstration | | Clinical demonstration by student | |
|----|--------------------------------|---------------|-----------|-----------------------------------|-----------|
| | | Date | Signature | Date | Signature |
| 1 | Admission of patient | | | | |
| 2 | Transfer of patient | | | | |
| 3 | Discharge of patient | | | | |
| 4 | Personal Hygiene | | | | |
| | a) Bath in bed | | | | |
| | b) Assisted bath | | | | |
| | c) Hair care | | | | |
| | d) Pediculosis treatment | | | | |
| | e) Oral hygiene | | | | |
| | i) Helpless Patient | | | | |
| | ii) Unconscious Patients | | | | |
| | f) Care of hand & feet | | | | |
| 5 | Prevention of bed sores | | | | |
| | a) Back care | | | | |
| | b) Care of pressure points | | | | |
| | c) Bed Sore dressing (minor) | | | | |
| | d) Use of special mattress | | | | |
| 6 | Bed making | | | | |
| | a) Bedmaking without Patient | | | | |
| | b) Bedmaking with Patient | | | | |
| | c) Cardiac bed | | | | |
| | d) Operation bed | | | | |
| | e) Divided bed | | | | |
| | f) Fracture bed | | | | |
| | g) Renal bed | | | | |
| | h) Other | | | | |
| 7 | Positioning | | | | |
| | a) Recumbent | | | | |
| | b) Semi recumbent | | | | |
| | c) Fowler's | | | | |
| | d) Prone | | | | |
| | e) Lateral | | | | |
| | f) Sim's | | | | |
| | g) Lithotomy | | | | |
| 8 | Comfort Devices | | | | |
| | a) Air cushion | | | | |
| | b) Back rest | | | | |
| | c) Bed cradle | | | | |
| | d) Foot Boards | | | | |
| | e) Sand bags | | | | |
| | f) Bed blocks | | | | |
| | g) Cardiac table | | | | |
| | h) Ringpads | | | | |

| | | | | | |
|----|----------------------------------------|--|--|--|--|
| 9 | Lifting & Moving of Patient | | | | |
| | a) From bed to chair & back | | | | |
| | b) From bed to trolley & back | | | | |
| | c) From trolley to chair & back | | | | |
| 10 | Nutrition | | | | |
| | a) Preparation of fluid diet | | | | |
| | b) Preparation of soft diet | | | | |
| | c) Preparation of normal diet | | | | |
| | d) Serving patients | | | | |
| | e) Feeding Helpless patient | | | | |
| | f) Artificial feeding | | | | |
| | g) Insertion of N.G. tube | | | | |
| 11 | Bandaging | | | | |
| | a) Simple spiral | | | | |
| | b) Reverse spiral | | | | |
| | c) Figure of eight | | | | |
| | d) Simple spica | | | | |
| | e) Stump bandage | | | | |
| | f) Eye bandage | | | | |
| | g) Ear bandage | | | | |
| | h) Shoulder bandage | | | | |
| | i) Finger bandage & Thumb bandage | | | | |
| | j) Breast & chest bandage | | | | |
| | k) Sling & Triangular bandage | | | | |
| | l) Abdominal bandage & T binder | | | | |
| | m) Collar bandage | | | | |
| | n) Jaw bandage | | | | |
| | o) Splinting | | | | |
| 12 | Elimination | | | | |
| | a) Giving & Removing bedpan | | | | |
| | b) Giving & Removing urinal | | | | |
| | c) Perineal Care | | | | |
| | d) Care of incontinent patient | | | | |
| | e) Catheter Care | | | | |
| | f) Enema | | | | |
| | g) Glycerin Enema | | | | |
| | h) Bowel wash | | | | |
| | l) Colonic irrigation | | | | |
| | j) Passing flatus tube | | | | |
| | k) Suppositories | | | | |
| | l) Others | | | | |

| | | | | | |
|----|---------------------------------------------------|--|--|--|--|
| 13 | Observation, Recording, Reporting | | | | |
| | a) Temperature-Oral / Axillary | | | | |
| | b) Pulse | | | | |
| | c) Respiration | | | | |
| | d) Blood pressure | | | | |
| | e) Weight / Height | | | | |
| | f) Intake / Output chart | | | | |
| | g) Oral report | | | | |
| 14 | Collection of Specimen | | | | |
| | a) Urine - routine | | | | |
| | - Midstream & C/S | | | | |
| | b) Feces routine | | | | |
| | - for occult blood | | | | |
| | c) Vomitus | | | | |
| | d) Sputum | | | | |
| | e) Throat Swab | | | | |
| | f) Wound Swab | | | | |
| 15 | Urine Testing | | | | |
| | a) Sugar | | | | |
| | b) Albumin | | | | |
| | c) Sp. Gravity | | | | |
| | d) Reaction | | | | |
| 16 | Preparation of patient | | | | |
| | a) General physical exam | | | | |
| | b) Eye, Ear & Throat | | | | |
| | c) Rectal | | | | |
| | d) Vaginal | | | | |
| 17 | Therapeutic measures | | | | |
| | a) Cold compress | | | | |
| | b) Ice cap | | | | |
| | c) Cold/tepid sponge | | | | |
| | d) Cold pack | | | | |
| | e) Ice collar | | | | |
| | Hot applications | | | | |
| | <input type="checkbox"/> Hot water Bag | | | | |
| | <input type="checkbox"/> Fomentations - Medicated | | | | |
| | <input type="checkbox"/> Non-Medicated | | | | |
| | <input type="checkbox"/> Sitz bath | | | | |
| 18 | Administration of Medicine | | | | |
| | a) Calculating strength | | | | |
| | b) Preparation of lotion | | | | |
| | c) Calculation of dosage | | | | |
| | d) Administration of Oral Medicines | | | | |
| | e) Topical Applications of Medicines | | | | |
| | Ear - Application of drops | | | | |
| | Eye - Application of ointment | | | | |
| | - Instillation of drops | | | | |
| | - Eye irrigation | | | | |

| | | | | | |
|----|---------------------------------------------------|--|--|--|--|
| | Throat - Gargles | | | | |
| | - Painting | | | | |
| 19 | Inhalation | | | | |
| | a) Medicated | | | | |
| | b) Dry | | | | |
| | c) Moist-steam | | | | |
| | d) Oxygen (prongs, mask) | | | | |
| | e) Nebulisation | | | | |
| | f) Use of spirometry | | | | |
| 20 | Care of equipment | | | | |
| | a) Bed linen | | | | |
| | b) Blanket | | | | |
| | c) Furniture & Fittings | | | | |
| | d) Instruments | | | | |
| | e) Rubber goods | | | | |
| | f) Sanitary utensils | | | | |
| | g) Glass articles | | | | |
| | h) Stainless steel articles | | | | |
| | i) Plastic articles | | | | |
| | j) Kitchen utensils | | | | |
| | k) Sharp articles | | | | |
| | l) Enamel | | | | |
| 21 | Prevention of cross infection | | | | |
| | a) Hand washing | | | | |
| | b) Isolation Technique | | | | |
| | c) Use of gown, gloves, mask, cap | | | | |
| | d) Disinfection of linen | | | | |
| | e) Disinfection of instruments | | | | |
| | f) Disinfection of Rubber goods | | | | |
| | g) Disinfection of glass items | | | | |
| | h) Disposal of infected dressing faces /sputum | | | | |
| 22 | Miscellaneous | | | | |
| | a) Deep breathing & coughing exercises | | | | |
| | b) Active & Passive ROM Exercises | | | | |
| | c) Basic Life Support-CPR | | | | |
| | d) Care of the dead | | | | |

NURSING CARE PLAN

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator

Principal

Practical Examination Nursing Foundation

Signature of Internal Examiner

Signature of External Examiner

Date

Signature of Internal Examiner

Signature of External Examiner

Date

Clinical Posting the Basic B.Sc. Nursing Students

| Month | First Year |
|-----------|------------|
| September | |
| October | |
| November | |
| December | |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |

Signature of the class coordinator

Date:

Principal

Certified by

First year / Class Teacher _____

Date: _____

Signature and Seal of Principal

Signature

(Internal Examiner)

(External Examiner)

Date: _____

Date: _____

IInd year Basic B.Sc. Nursing

MEDICAL SURGICAL NURSING-1

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|-----------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Pre-operative preparation | | | | |
| 2 | Post operative care | | | | |
| | Setting of postoperative unit | | | | |
| | Post operative care | | | | |
| | Recovery room | | | | |
| | Ward | | | | |
| | Surgical dressing | | | | |
| | Removal of sutures | | | | |
| 3 | Operation Theatre Technique | | | | |
| | Preparation & packing of articles for surgery | | | | |
| | Disinfecting the OT | | | | |
| | Surgical scrubbing | | | | |
| | Gowning and gloving | | | | |
| | Setting up of sterile trolley for surgery | | | | |
| | Assisting in major surgery | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | Assisting in minor surgery | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |

| | | | | | |
|---|----------------------------------------------------------------------|--|--|--|--|
| 4 | Parenteral administration of drugs. | | | | |
| | a) Subcutaneous | | | | |
| | b) Intra dermal | | | | |
| | c) Intra muscular | | | | |
| | d) Intra venous | | | | |
| | e) Blood transfusion | | | | |
| 5 | Intensive Care | | | | |
| | a) Setting up of emergency trolley | | | | |
| | b) Suctioning | | | | |
| | c) Oropharyngeal | | | | |
| | d) Endo tracheal | | | | |
| | e) Tracheostomy care | | | | |
| | f) Assisting in endotracheal intubation | | | | |
| | g) Assisting in ventilator care | | | | |
| | h) Assisting in cardiac monitoring | | | | |
| | i) Assisting in defibrillation | | | | |
| | j) Assisting in monitoring pulse oxymeter | | | | |
| 6 | Observation of specific diagnostic and therapeutic procedures | | | | |
| I | Vascular system | | | | |
| | a) IV cannulation | | | | |
| | b) Doppler studies | | | | |
| | c) Central Venous pressure (CVP) | | | | |

| | | | | | |
|-----|----------------------------------------|--|--|--|--|
| II | Genito urinary system | | | | |
| | a) Catheterization | | | | |
| | b) Bladder irrigation | | | | |
| | c) Cystoscopy | | | | |
| | d) Cystometrogram | | | | |
| | e) Intravenous pyelogram (IVP) | | | | |
| | f) Kidney, ureter, bladder (K.U.B.) | | | | |
| | g) Assisting in peritoneal dialysis | | | | |
| | h) Assisting in hemodialysis | | | | |
| | i) Assisting in renal biopsy | | | | |
| III | Endocrine System | | | | |
| | a) Fasting blood sugar (FBS) | | | | |
| | b) Post prandial blood sugar (PPBS) | | | | |
| | c) Glucose tolerance test (GTT) | | | | |
| | d) Thyroid function Test - T3, T4, TSH | | | | |
| IV | Gastro Intestinal System | | | | |
| | b) Barium enema | | | | |
| | c) Proctoscopy | | | | |
| | d) Endoscopy | | | | |
| | e) Cholecystography | | | | |
| | f) Oesophago,gastrodueodenoscopy(OGD) | | | | |
| V | Ostomy care : | | | | |
| | 1. Gastrostomy | | | | |
| | 2. Colostomy | | | | |
| | 3. Enterostomy | | | | |
| | a) Ostomy feeding | | | | |
| | f) Pancereatiography (ERCP) | | | | |

| | | | | | |
|---|-----------------------------------------------------------|--|--|--|--|
| 7 | Orthopedic Nursing | | | | |
| | a) Assessment of Orthopaedic Patient | | | | |
| | b) Preparation & assisting in application of plaster cast | | | | |
| | c) Application of splints | | | | |
| | d) Assisting in skin traction | | | | |
| | e) Assisting in skeletal traction | | | | |
| | f) Assisting in application and removal of prosthesis | | | | |
| | g) Preparation of patient for bone surgery | | | | |
| 8 | Cardio Thoracic Nursing | | | | |
| | a) Cardio Thoracic assessment | | | | |
| | b) Electro cardiogram monitoring Interpreting ECG | | | | |
| | c) Performing cardio pulmonary resuscitation(CPR) | | | | |
| | d) Assisting in Cardiac Catheterization | | | | |
| | e) Stress Test | | | | |
| 9 | Respiratory Nursing | | | | |
| | a) Postural Drainage | | | | |
| | b) Chest Physiotherapy | | | | |
| | c) Assisting in Thoracocentesis | | | | |
| | d) Care of Chest Drainage | | | | |

Miscellaneous

| |
|------------------------------------------|
| a) Liver biopsy |
| b) Liver function tests |
| c) Abdominal paracentesis |
| d) Endoscopic retrograde cholangiography |
| e) Liver biopsy |
| f) Liver function tests |
| g) Abdominal paracentesis |

II Year Basic B. Sc. Nursing

COMMUNITY HEALTH NURSING - 1

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|--------------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Conduct home visit | | | | |
| 2 | Conduct community survey & report | | | | |
| 3 | Conduct family health survey & report | | | | |
| 4 | Demonstrate bag technique | | | | |
| 5 | Comprehensive family care | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |
| 6 | Participate in family welfare programmes | | | | |
| 7 | Participate in PHC clinics | | | | |
| 8 | Assisting in immunization programme | | | | |
| 9 | Health teaching | | | | |
| | Individual | | | | |
| | Group | | | | |
| | Mass | | | | |
| 10 | Biomedical waste management | | | | |
| | 1. Segregation (color coding) | | | | |
| | 2. Collection | | | | |
| | 3. Transportation | | | | |
| | 4. Disposal | | | | |

Visits:

1. Primary health centre
2. Sub centre
3. Community health centre
4. Anganawadi
5. Post partum centre
6. Indian Population Project centre (IPP)

Nursing Care Plan

| SN | Date | Topics | Signature |
|-----------|-------------|---------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Co-coordinator**Principal**

Practical Examination

Medical Surgical Nursing I

Signature of External Examiner

Signature of Internal Examiner

Date:

Clinical Posting the Basic B.Sc. Nursing Students

| Month | Second Year |
|-----------|-------------|
| September | |
| October | |
| November | |
| December | |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |

Signature of the class coordinator

Date:

Principal

Certified by

Second year / Class Teacher _____

Date: _____

Signature and Seal of Principal

Signature

(Internal Examiner)

Signature

(External Examiner)

Date: _____

Date: _____

III rd year Basic B.Sc. Nursing

MEDICAL SURGICAL NURSING-II

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|--------------------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Eye and ENT | | | | |
| | a) Perform examination of Eye and ENT | | | | |
| | b) Assist with diagnostic and therapeutic procedure | | | | |
| | c) Assist in Irrigation | | | | |
| | d) Performing tracheostomy care | | | | |
| | e) Bandaging Eye, Ear and Nose | | | | |
| | f) Assist with removal of foreign body | | | | |
| 2 | Neurology | | | | |
| | a) Perform Neurological examination | | | | |
| | b) Use of Glasgow Coma Scale | | | | |
| | c) Assisting in diagnostic and therapeutic procedure | | | | |
| 3 | Gynecology | | | | |
| | a) Assist with Gynaecological examination | | | | |
| | b) Assisting with diagnostic and therapeutic procedure | | | | |
| | c) Teaching Breast self examination | | | | |
| | d) Assist with PAP smear collection | | | | |

| | | | | | |
|---|-----------------------------------------------------------|--|--|--|--|
| 4 | Burns and Scalds | | | | |
| | a) Assessment of Burns Patient | | | | |
| | b) Percentage of burns | | | | |
| | c) Degree of burns | | | | |
| | d) Fluid & Electrolyte replacement therapy | | | | |
| | e) Care of burn wounds | | | | |
| | f) Bathing | | | | |
| | g) Dressing | | | | |
| | h) Preparation for reconstructive surgery & donor area | | | | |
| 5 | Oncology | | | | |
| | a) Assist with diagnostic procedures | | | | |
| | b) Biopsies | | | | |
| | c) Pap smear | | | | |
| | d) Bone marrow aspiration | | | | |
| | a) Participate in Various modalities of treatment | | | | |
| | f) Chemotherapy | | | | |
| | g) Radiotherapy | | | | |
| | h) Pain management | | | | |
| | i) Hormonal therapy | | | | |
| | j) Immuno therapy | | | | |
| | k) Gene therapy | | | | |
| | l) Alternative therapy | | | | |
| | m) Participate in Palliative care | | | | |

| | | | | | |
|---|---------------------------------------|--|--|--|--|
| 6 | Critical Care | | | | |
| | a) Monitoring of patients | | | | |
| | b) Maintaining flow sheet | | | | |
| | c) Care of patient on ventilator | | | | |
| | d) Performing Endotracheal suctioning | | | | |
| | e) Collection of specimen | | | | |
| | f) Interpretation of ABG analysis | | | | |
| | g) Assist with arterial puncture | | | | |
| | h) Maintaining CVP line | | | | |
| | i) Administration of drugs | | | | |
| | j) Infusion pump | | | | |
| | k) Epidural | | | | |
| | l) Intra thecal | | | | |
| | m) Intra cardiac | | | | |
| | n) Providing chest physiotherapy | | | | |
| | o) Providing total parenteral therapy | | | | |

NURSING CARE PLAN

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator

Principal

III rd year Basic B.Sc. Nursing

CHILD HEALTH NURSING

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|----------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Admission of children | | | | |
| 2 | History taking | | | | |
| 3 | Physical assessment | | | | |
| 4 | Growth & development | | | | |
| 5 | Recording of vital signs | | | | |
| | a) Temperature | | | | |
| | b) Pulse | | | | |
| | c) Respiration | | | | |
| | d) Blood Pressure | | | | |
| 6 | Collection of Urine for investigation | | | | |
| | a) Female infant | | | | |
| | b) Male infant | | | | |
| 7 | Assessment of degree of dehydration | | | | |
| 8 | Feeding | | | | |
| | a) Assisting in breast feeding | | | | |
| | b) Assisting in spoon / glass feeding | | | | |
| | c) Nasogastric feeding | | | | |
| 9 | Fluid Planning & Calculations | | | | |

| | | | | | |
|-----------|-------------------------------------------|--|--|--|--|
| 10 | Medications | | | | |
| | a) Oral | | | | |
| | b) Injections: | | | | |
| | c) Intradermal | | | | |
| | d) Intramuscular | | | | |
| | e) Subcutaneous | | | | |
| | f) Intravenous | | | | |
| | g) Intravenous infusion | | | | |
| | h) Calculation of dosage | | | | |
| 11 | Steam Inhalation | | | | |
| 12 | Oxygen administration | | | | |
| 13 | Nebulization | | | | |
| 14 | Use of restraints | | | | |
| | a) Mummy restraints | | | | |
| | b) Elbow restraints | | | | |
| | c) Jacket | | | | |
| | d) Restraining the limbs | | | | |
| 15 | Assisting in special procedures | | | | |
| | a) Lumbar puncture | | | | |
| | b) Resuscitation | | | | |
| | c) Phototherapy | | | | |
| | d) Incubator care | | | | |
| | e) Radiant warmer | | | | |
| | f) Exchange transfusion | | | | |
| 16 | Assisting in play therapy | | | | |
| 17 | Planning special diet for children | | | | |
| | a) Nephrotic syndrome | | | | |
| | b) Protein energy malnutrition | | | | |

| | | | | | |
|-----------|------------------------------------------------------------|--|--|--|--|
| 18 | Care during Paediatric emergencies | | | | |
| | a) Asphyxia | | | | |
| | b) Convulsion | | | | |
| | c) Head injury | | | | |
| 19 | Participation in immunization | | | | |
| 20 | Health teaching | | | | |
| 21 | Visits | | | | |
| | a) Visit to centre for physically, Mentally handicapped | | | | |
| | b) Certified school / remand home | | | | |

NURSING CARE PLAN / CARE STUDY

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator

Principal

III rd year Basic B.Sc. Nursing
MENTAL HEALTH NURSING

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|--------------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Admission procedure | | | | |
| 2 | Discharge | | | | |
| 3 | Mental status examination | | | | |
| 4 | Process recording | | | | |
| 5 | Nursing care of patient with | | | | |
| | • Psychotic disorder | | | | |
| | • Neurotic disorder | | | | |
| | • Character disorder | | | | |
| | • Substance abuse disorder | | | | |
| 6 | Assist in specific therapies | | | | |
| | 1. Electro convulsive therapy | | | | |
| | 2. Psychotherapy: | | | | |
| | 3. Individual | | | | |
| | 4. Family | | | | |
| | 5. Community | | | | |
| | 6. Occupational therapy | | | | |
| | 7. Behavioral therapy | | | | |
| | 8. Recreational therapy, play therapy | | | | |
| | 9. Milieu therapy, de-addiction therapy | | | | |
| 7 | Administration of psychotherapeutic drugs | | | | |
| 8 | Health Education | | | | |
| | 1. Individual | | | | |
| | 2. Family | | | | |
| | 3. Community | | | | |
| 9 | Nursing care of child with; | | | | |
| | 1. Mental retardation | | | | |
| | 2. Conduct disorder | | | | |
| 10 | Visits | | | | |
| | 1. Community mental health centre, | | | | |
| | 2. Halfway home, | | | | |
| | 3. De-addiction centre, certified schools, | | | | |
| | 4. Old age home | | | | |

NURSING CARE PLAN / CARE STUDY

| SN | Date | Topics | Signature |
|-----------|-------------|---------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator

Principal

IIIrd year Basic B.Sc. Nursing
MIDWIFERY & OBSTETRICAL NURSING – I

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----------|-------------------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Antenatal Care | | | | |
| | 1. Prenatal assessment | | | | |
| | 2. Antenatal examination | | | | |
| | 3. Prenatal care | | | | |
| | 4. Preparation for non stress test (NST) & ultrasound | | | | |
| 2 | Intra natal Care | | | | |
| | a) Assessment of women in labor | | | | |
| | b) Per vaginal Examination and interpretation | | | | |
| | c) Monitoring and caring of woman in labor | | | | |
| | d) Maintenance of partograph | | | | |
| | e) Conducting Normal delivery | | | | |
| | f) New born assessment and immediate care | | | | |
| | g) Resuscitation of Newborn | | | | |
| | h) Episiotomy and suturing | | | | |
| 3 | Postnatal Care | | | | |
| | a) Postnatal assessment | | | | |
| | b) Postnatal care | | | | |
| | c) Perineal care | | | | |
| | d) Assisting with breast feeding | | | | |
| | e) Baby bath | | | | |
| | f) Post natal exercises | | | | |

| | | | | | |
|---|-------------------------------------------|--|--|--|--|
| 4 | Newborn Care | | | | |
| | a) Newborn assessment | | | | |
| | b) Admission of Neonate | | | | |
| | c) feeding at risk neonates | | | | |
| | d) Administering Medications | | | | |
| | e) Phototherapy | | | | |
| | f) Care of baby on ventilators | | | | |
| | g) Assisting with exchange transfusion | | | | |
| | Requirements | | | | |
| 1 | Conducts antenatal examination - 30 | | | | |
| 2 | Provides antenatal care - 05 | | | | |
| 3 | Witnesses normal deliveries - 20 | | | | |
| 4 | Conducts normal deliveries - 05 | | | | |
| | (Hospital & home) | | | | |
| 5 | Episiotomy & Postnatal care | | | | |
| | Hospitalized - 20 | | | | |
| | Home - 03 | | | | |

ANTENATAL CARE PLAN / CARE STUDY

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class coordinator

Principal

POSTNATAL CARE PLAN / CARE STUDY

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Co-coordinator

Principal

Practical Examination

I. Medical Surgical Nursing II

Signature of External Examiner

Date

Signature of Internal Examiner

Signature of Internal Examiner

Date

Signature of External Examiner

II. Mental Health Nursing

Signature of Internal Examiner

Date

Signature of External Examiner

Signature of Internal Examiner

Date

Signature of External Examiner

III. Child Health Nursing

Signature of Internal Examiner

Date

Signature of External Examiner

Signature of Internal Examiner

Date:

Signature of External Examiner

Clinical Posting the Basic B.Sc. Nursing Students

| Month | Third Year |
|-----------|------------|
| September | |
| October | |
| November | |
| December | |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |

Signature of the class coordinator

Date:

Principal

Certified by

Third year / Class Teacher _____

Date: _____

Signature and Seal of Principal

Signature

(Internal Examiner)

Signature

(External Examiner)

Date: _____

Date: _____

IV th year Basic B.Sc. Nursing
MIDWIFERY & OBSTETRICAL NURSING

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|----------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Prenatal Care | | | | |
| | a) Set up of antenatal & postnatal clinic | | | | |
| | b) Set up of obstetric IUC (Eclampsia unit) | | | | |
| | c) Care of high risk antenatal mother | | | | |
| | d) Pre eclampsia | | | | |
| | e) Eclampsia | | | | |
| | f) Placenta previa | | | | |
| | g) Abruption placenta | | | | |
| | h) Gestational diabetes | | | | |
| | i) Cardiac disease | | | | |
| | j) Rh incompatibility | | | | |
| | k) Preterm Contraction | | | | |
| 2 | Intra natal Care | | | | |
| | Assisting / Witness obstetric procedures | | | | |
| | a) Forceps delivery | | | | |
| | b) Vacuum extraction | | | | |
| | c) Assisting / witness breech delivery | | | | |
| | d) Assisting / witness multi foetal delivery | | | | |
| | e) Witness caesarean section | | | | |
| | f) Assist evacuation, D & C | | | | |

| | | | | | |
|---|---------------------------------------------------|--|--|--|--|
| 3 | Postnatal Care | | | | |
| | a) Care of high risk postnatal mothers | | | | |
| | b) Perineal Care | | | | |
| | c) Perineal light | | | | |
| 4 | Newborn Care | | | | |
| | a) Assessment of preterm body | | | | |
| | b) Care of high risk newborn | | | | |
| | c) Feeding | | | | |
| | -Tube | | | | |
| | - Spoon | | | | |
| | a) Setting up & assisting in exchange transfusion | | | | |
| | b) Phototherapy | | | | |
| | c) Care of baby in incubator | | | | |
| | d) Care of baby with radiant warmer | | | | |
| | e) Care of baby in ventilator | | | | |
| 5 | Family Welfare | | | | |
| | a) Motivation of planned parenthood | | | | |
| | b) Assisting / observe IUD insertion | | | | |
| | c) Assisting / observe tubectomy | | | | |
| | d) Assisting / observe vasectomy | | | | |
| 6 | Requirements | | | | |
| | Witness abnormal deliveries - (10) | | | | |
| | Assist in a abnormal deliveries - (5) | | | | |
| | Motivation of planned parenthood - (2) | | | | |
| | Attend antenatal & postnatal clinics -(1 Wk) | | | | |
| | Provide care to high-risk antenatal mothers -(5) | | | | |
| | Provide care to high-risk neonates -(5) | | | | |
| | Provide care to high-risk 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

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

HIGH RISK POSTNATAL CARE PLAN / CARE STUDY

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

HIGH RISK NEONATAL CARE PALN / CARE STUDY

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator
Basic B.Sc. Nursing

Principal IV th year

COMMUNITY HEALTH NURSING - II

| SN | Nursing Skills | Demonstration | | Clinical Demonstration by students | |
|----|-------------------------------------------------|---------------|------|------------------------------------|------|
| | | Date | Sign | Date | Sign |
| 1 | Community Survey | | | | |
| 2 | Comprehensive family health care | | | | |
| 3 | Organizing & assisting in; | | | | |
| | a) Antenatal & postnatal clinic | | | | |
| | b) Immunization | | | | |
| | c) Family welfare | | | | |
| | d) School health programmes | | | | |
| | e) Health camps | | | | |
| | f) In service education for PHC staff | | | | |
| 4 | Project work and presentation of reports | | | | |
| 5 | Records | | | | |
| | a) Family folders | | | | |
| | b) Anecdotal records | | | | |
| 6 | Health Education | | | | |
| | ➤ Urban | | | | |
| | ➤ Rural | | | | |
| 7 | Participate in national health programme | | | | |

| | Visit | | | | |
|---|--------------------------------------------------|--|--|--|--|
| 1 | School | | | | |
| 2 | Industry | | | | |
| 3 | Community mental health center | | | | |
| 4 | National family Planning Association of India | | | | |
| 4 | National Institute of Tuberculosis | | | | |
| 6 | International: | | | | |
| | World Health Organization | | | | |
| | UNICEFF | | | | |
| | Red Cross | | | | |
| 7 | Professional bodies like TNAI, INC. | | | | |
| 8 | MNC | | | | |
| 9 | Observational visit to : | | | | |
| | Epidemic Diseases Hospital | | | | |
| | Leprosy Sanatorium | | | | |

COMPREHENSIVE FAMILY HEALTH CARE

| SN | Date | Topics | Signature |
|----|------|--------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Class Coordinator

Principal

IV th year Basic B.Sc. Nursing

Nursing Administration

| SN | Topic | Date of Instruction | Signature |
|----|--------------------------------------------------------------------------------------|---------------------|-----------|
| 1 | Supervision | | |
| | Students | | |
| | Staff | | |
| | Ward Aides | | |
| 2 | Preparation of duty roster | | |
| | Preparation of work assignment | | |
| | Student | | |
| | Staff | | |
| | Ward Aides | | |
| 3 | Report | | |
| | Oral | | |
| | Morning | | |
| | Evening | | |
| | Night | | |
| | Written | | |
| | Day | | |
| | Night | | |
| 4 | Inventory | | |
| | Drugs | | |
| | Articles | | |
| 5 | Maintain census | | |
| 6 | Conduct nursing round, clinical teaching | | |
| 7 | Planning and organizing In-service education | | |
| 8 | Preparation of job description for different categories | | |
| | Principal | | |
| | Nursing superintendent | | |
| | Clinical Instructor | | |
| | Ward sister / Head nurse | | |
| | Staff nurse | | |
| | Ward Aides | | |
| 9 | Preparation of Evaluation tool to assess the patient care | | |
| 10 | Educational tour to various institutions & professional bodies and submit the report | | |

Practical Examination

I. Midwifery and Obstetrical Nursing II

Signature of Internal Examiner

Date:

Signature of External Examiner

Signature of Internal Examiner

Date

Signature of External Examiner

II. Community Health Nursing II

Signature of Internal Examiner

Date

Signature of External Examiner

Signature of Internal Examiner

Date

Signature of External Examiner

Clinical Posting the Basic B.Sc. Nursing Students

| Month | Fourth Year |
|-----------|-------------|
| September | |
| October | |
| November | |
| December | |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |

Signature of the class coordinator

Date:

Principal

**INTERNSHIP
(INTEGRATED PRACTICE)**

| SN | Subject | Practical | | Assignment |
|----|------------------------------------------------|-------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Hours | Wks | |
| 1 | Midwifery and obstetrical nursing | 240 | 5 | <ul style="list-style-type: none"> ➤ Provide comprehensive ➤ Care to mothers & neonates ➤ Completion of case book recordings |
| 2 | Community Health Nursing-II | 195 | 4 | <ul style="list-style-type: none"> ➤ Provide comprehensive care to individual family and community ➤ Integrated Practice and group project 1 in each rural and urban. |
| 3 | Medical Surgical Nursing (Adult and Geriatric) | 430 | 9 | <ul style="list-style-type: none"> ➤ Provide comprehensive care to patients with medical and surgical conditions including emergencies. ➤ Assist with common operations. |
| 4 | Child Health Nursing | 145 | 3 | <ul style="list-style-type: none"> ➤ Provide comprehensive care to children with medical and surgical conditions. ➤ Provide intensive care to neonates. |
| 5 | Mental Health Nursing | 95 | 2 | <ul style="list-style-type: none"> ➤ Provide comprehensive care to patients with mental health problems. |
| 6 | Research Project | 45 | 1 | <ul style="list-style-type: none"> ➤ Research project on any one interested topics. |
| | Total hours | 1150 | 24 | |

Certified by

Fourth year / Class Teacher _____

Date: _____

Signature and Seal of Principal

Signature

(Internal Examiner)

Signature

(External Examiner)

Date: _____

Date: _____

Clinical Experience Record