

## CLINICAL SPECIALTY – II

# PAEDIATRIC (CHILD HEALTH) NURSING

Placement : II<sup>nd</sup> Year

Hours of Instruction  
Theory 150 Hours  
Practical 950 Hours  
Total : 1100 Hours

### Course Description

This course is designed to assist students in developing expertise and in-depth understanding in the field of Pediatric Nursing. It will help students to develop advanced skills for nursing intervention in various pediatric medical and surgical conditions. It will enable the student to function as pediatric nurse practitioner / specialist. It will further enable the student to function as educator, manager, and researcher in the field of Pediatric nursing.

### Objectives

At the end of the course the students will be able to:

1. Apply the nursing process in the care of ill infants to pre adolescents in hospital and community
2. Demonstrate advanced skills/competence in nursing management of children with medical and surgical problems
3. Recognize and manage emergencies in children
4. Provide nursing care to critically ill children
5. Utilize the recent technology and various treatment modalities in the management of high risk children.
6. Prepare a design for layout and describe standards for management of pediatric units / hospitals
7. Identify area of research in the field of pediatric nursing.

## COURSE CONTENT

Unit	Hours	Content
I	5	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Current principles, practices and trends in Pediatric Nursing</li> <li>• Role of pediatric nurse in various setting-Expanded and extended</li> <li>• Legal aspects of child care</li> </ul>
II	40	<p><b>Medical Disorders among children :</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures) treatment modalities, recent advances and nursing process in selected pediatric medical disorders.</li> <li>• Child with respiratory disorders :             <ul style="list-style-type: none"> <li>- Upper respiratory tract : Acute Resp Tract Infection choanal atresia, tonsillitis, epistaxis, aspiration.</li> <li>- Lower respiratory tract : Bronchiolitis, Bronchopneumonia, Bronchial Asthma, Tuberculosis, cystic fibrosis</li> </ul> </li> <li>• Child with gastro-intestinal disorders :             <ul style="list-style-type: none"> <li>- Diarrhoeal diseases, gastro-esophageal reflux.</li> <li>- Hepatic disorders: Hepatitis, Indian childhood Cirrhosis, liver transplantation. Malabsorption syndrome,</li> </ul> </li> <li>• Child with renal / urinary tract disorders: Nephrotic syndrome, Nephritis, Hydronephrosis, hemolytic-uremic syndrome, kidney transplanation</li> <li>• Child with cardio-vascular disorders :             <ul style="list-style-type: none"> <li>- Acquired : Rheumatic fever, Rheumatic heart disease,</li> <li>- Congenital : Cynotic and acynotic</li> </ul> </li> <li>• Child with endocrine / metabolic disorders : Diabetes insipidus, Diabetes Mellitus – IDDM, NIDDM, hyper and hypo thyroidism, phenylketonuria, galactosemia’</li> <li>• Child with Neurological disorders : Convulsions, Meningitis, encephalitis, guillian – Barre Syndrome,</li> <li>• Child with oncological disorders : Leukemias, Lymphomas, Wilm’s tumor, nephroblastomas, neuroblastomas, Rhabdomyosarcoma, retinoblastoma hepatoblastoma, bone tumors</li> <li>• Child with blood disorders : Anemias, thalasseмии, hemophilia, polycythemia, ITP, thrombocytopenia, and disseminated intravascular coagulation</li> <li>• Child with skin disorders</li> <li>• Communicable diseases             <ul style="list-style-type: none"> <li>Diphtheria, Whooping cough</li> <li>Measles, chicken pox, mumps, rubella</li> <li>Poliomyelitis</li> </ul> </li> <li>• AIDS in children</li> <li>• Nutritional disorders             <ul style="list-style-type: none"> <li>Protein Energy malnutrition</li> <li>Vitamin deficiencies</li> </ul> </li> </ul>

Unit	Hours	Content
III	40	<p><b>Common Surgical Disorders among children (In relation to pathophysiology and management)</b></p> <ul style="list-style-type: none"> <li>• Gastrointestinal system : Cleft lip, cleft palate and conditions requiring plastic surgery, Tracheo esophageal fistula / atresia, Diaphragmatic Hernia, Hirschsprungs' disease / megacolon, , intestinal obstruction, duodenal atresia, gastrochisis, exomphalus, anorectal malformation, omphalocele, diaphragmatic hernia</li> <li>• Anomalies of the nervous system : Spina bifida, Neningocele, Myelomeningocele, hydrocephalus</li> <li>• Anomalies of the genito-urinary system : Hypospadias, Epispadias, Phimosis Torsion of testis, Undescended testes, Extrophy bladder</li> <li>• Anomalies of the skeletal system</li> <li>• Nursing management of with traumatic injuries</li> <li>• General principles of managing Pediatric, abdominal injury, poisoning, foreign body obstruction, burns &amp; Bites, accidents</li> <li>• Child with oncological disorders : Solid tumors of childhood, Nephroblastoma, Neuro blastoma, Hodgkin's / Non Hodgkin's Lymphoma, Hepatoblastoma, Rhabdomyosarcoma</li> <li>• Management of stomas, catheters and tubes</li> <li>• Management of wounds and drainages</li> </ul>
IV	20	<p><b>Intensive care/critical care for pediatric clients</b></p> <ul style="list-style-type: none"> <li>• Principles for critical care nursing</li> <li>• Planning and organization of Critical care nursing</li> <li>• Assessment, Resuscitation, &amp; monitoring of pediatric patients in critical care unit</li> <li>• Anatomical &amp; physiological basis of critical illness in infancy and childhood.</li> <li>• Care of child requiring long-term ventilation</li> <li>• Fluid and Nutritional management of critically ill child</li> <li>• Total parenteral nutrition</li> <li>• Legal and ethical issues in pediatric intensive care</li> <li>• Intensive care procedures, equipment and techniques</li> <li>• Management of pediatric emergencies <ul style="list-style-type: none"> <li>Resp conditions, Status asthmaticus</li> <li>Shock, Severe dehydration</li> <li>Status epilepticus</li> <li>CCF, Endocarditis</li> <li>Encephalopathy, Poisoning</li> <li>Trauma, Head injury</li> <li>Burns, accidents</li> </ul> </li> <li>• Documentation</li> </ul>
V	5	<p><b>Developmental disturbances and implications for nursing</b></p> <ul style="list-style-type: none"> <li>• Adjustment reaction to school,</li> <li>• Learning disabilities</li> <li>• Habit disorders, speech disorders,</li> <li>• Conduct disorders,</li> <li>• Early infantile autism, Attention deficit hyperactive disorders (ADHD), depression and childhood schizophrenia.</li> </ul>

Unit	Hours	Content
VI	5	<b>Challenged child and implications for nursing</b> <ul style="list-style-type: none"> <li>Physically challenged causes, features, early detection and management</li> <li>Cerebral palsied child,</li> <li>Mentally challenged child.</li> <li>Training &amp; rehabilitation of challenged children.</li> </ul>
VII	5	<b>Crisis and nursing intervention</b> <ul style="list-style-type: none"> <li>Terminally ill children and death during childhood</li> <li>Nursing intervention – counseling</li> </ul>
VIII	5	<b>Drugs used in Pediatrics</b> <ul style="list-style-type: none"> <li>Criteria for dose calculation</li> <li>Administration of drugs, oxygen and blood</li> <li>Drug interactions</li> <li>Adverse effects and their management</li> </ul>
IX	10	<b>Administration and management of pediatric care unit</b> <ul style="list-style-type: none"> <li>Design &amp; layout</li> <li>Staffing,</li> <li>Equipment, supplies,</li> <li>Norms, policies and protocols</li> <li>Practice standards for pediatric care unit</li> <li>Documentation</li> </ul>
X	10	<b>Education and training in Pediatric Care</b> <ul style="list-style-type: none"> <li>Staff orientation, training and development,</li> <li>In-service education program,</li> <li>Clinical teaching programs.</li> </ul>

## PRACTICAL

**Total = 960 Hours**  
**1 Week = 30 Hours**

- Clinical practice in pediatric medical, surgical, cardio-thoracic wards, neonatal intensive care unit, labour room, pediatric OPD, immunization, well baby clinic, child guidance clinics, school health centre, community health.
- Clinical presentation of a child-per week by each student
- Field visits: Child care center, Anganwadi, play school, Special schools for challenged children, Juvenile court, UNICEF, Orphanage, Creche, SOS village.

SN	Deptt. / Unit	No. of week	Total Hours
1	Pediatric Medicine ICU	4	120 Hours
2	Pediatric Surgical ICU	4	120 Hours
3	NICU	4	120 Hours
4	Pediatric OT	2	60 Hours
5	Pediatric medicine ward	6	180 Hours
6	Pediatric surgery ward	6	180 Hours
7	Emergency / Casualty	4	120 Hours
8	Field visits	2	60 Hours
	Total	32	960 Hours

### Student Activities

Clinical presentation	2 x 50 = 100
Case studies	2 x 50 = 100
NICU Report	50
Nursing care plan	2 x 25 = 50
Health education related to disease conditions	
Project work(Problem based)	50
Field Visits. Special schools for challenged children,	

## Juvenile court, Orphanage,

<b>Evaluation</b>	<b>Theory</b>	<b>Practical</b>
Internal	25	100
External	75	100
Int assessment	Midterm & Prefinal Exam	125 (50 & 75 resp.)
	Seminar	1
	Journal presentation	5

### **Essential**

#### **I. Procedures Observed :**

- Echo cardiogram
- Ultrasound head
- ROP screening (Retinopathy of prematurity)

#### **II. Procedures Assisted'**

- Advanced neonatal life support
- Lumbar Puncture
- Arterial Blood Gas
- ECG Recording
- Umbilical catheterization – arterial and venous
- Arterial B P monitoring
- Blood transfusion – exchange transfusion full and partial
- IV cannulation & therapy
- Arterial catheterization
- Chest tube insertion
- Endotracheal intubation
- Ventilation
- Insertion of long line

#### **III Procedures Performed :**

- Airway Management
- Application of Oro Pharyngeal Airway
- Oxygen therapy
- CPAP ((Continuous Positive Airway Pressure)
- Care of the Tracheostomy
- Endotracheal Intubation
- Neonatal Resuscitation
- Monitoring of Neonates – clinically & with monitors, CRT (Capillary Refill Time), assessment of jaundice, ECG
- Gastric Lavage
- Setting of Ventilators
- Phototherapy
- Assessment of Neonates : Identification & assessment of risk factors, APGAR Score, gestation age, Anthropometric assessment, Weighing the baby, Newborn examination, detection of life threatening congenital abnormalities,
- Admission & discharge of neonates
- Feeding – Management of breast feeding, artificial feeding, expression of breast milk, OG (Orogastric) tube insertion, gavage feeding, TPN, Breast feeding counseling.
- Thermoregulation – Axillary warmer, incubators, management of thermoregulation & control

- Administration of Drugs : I/M IV Injection, IV Cannulation and fixation infusion pump, Calculation of dosages, Neonatal formulation of drugs, use of tuberculin / insulin syringes, Monitoring fluid therapy, Blood administration.
- Procedures for prevention of infections: Hand washing, disinfections & sterilization, surveillance, fumigation
- Collection of Specimens
- Setting, Use & maintenance of basic equipment: Ventilator, O2 analyzer, monitoring equipment, Photo therapy unit, Flux meter, Infusion pump, Radiant warmer, incubator, Centrifuge machine, Bilimeter, Refractometer, laminar flow

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**CHILD HEALTH NURSING**  
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**PROFORMA & GUIDELINE FOR EXAMINATION AND ASSESSMENT OF NEW BORN**

८, ठपवकंनं वरिङ्ङल ंदक उवनीमत ०५ डंती

Name of the baby (if any) : Age:  
Birth weight : Present weight:  
Mother's name : Period of gestation:  
Date of delivery :  
Identification band applied :  
Type of delivery : Normal/ Instrumental/ Operation  
Place of delivery : Hospital/ Home  
Any problems during birth : Yes/ No  
If Yes explain :  
Antenatal history :  
Mother's age : Height: Weight:  
Nutritional status of mother :  
Socio-economic background :

९, म्मं उषदंनपवद वरिनीम ङ्ङल क ०५ डंती

Characteristics In the Baby Comparison with the normal

1. Weight
2. Length
3. Head circumference
4. Chest circumference
5. Mid-arm circumference
6. Temperature
7. heart rate
8. Respiration

१०, लमदमतंन इमीअपवतं दक वङ्गे मतअंनपवदे ०५ डंती

Color :  
Skin/ Lanugo :  
Vernix caseosa :  
Jaundice :  
Cyanosis :  
Rashes :  
Mongolian spot :  
Birth marks :  
Head :  
- Anterior fontanel :  
- Posterior fontanel :  
- Any cephalhematoma/ caput succedaneum  
- Forceps marks (If any) :  
Eyes : Face:  
Cleft lip/ palate  
Ear Cartilage :  
Trunk:  
- Breast nodule  
- Umbilical cord  
- Hands :  
Feet/Sole creases :  
Legs :  
Genitalia :  
Muscle tone :



7. Crawls or creeps
8. Thumb-finger co-ordination (Prehension)
9. Stands with support
10. Stands alone
11. Walks with support
12. Walks alone
13. Climbs steps
14. Runs

८८, "बलपंक्षाए मउ वजपवदंक्षा - कं दृहन्ं हम वमअमक्षावचउमदृनकं०१ डंती

Social & emotional development In Child Comparison with the normal

- Responds to closeness when held
- Smiles in recognition
- Recognizes mother
- Coos and gurgles
- Seated before a mirror, regards image
- Discriminates strangers
- Wants more than one to play
- Says Mamma, Papa
- Responds to name, no or give it to me
- Increasingly demanding
- Offers cheek to be kissed
- Can speak single word
- Use pronouns like I, Me, You
- Asks for food, drinks, toilet,
- Plays with doll
- Gives full name
- Can help put things away
- Understands difference between boy & girl
- Washes hands
- Feeds himself/herself
- Repeats with number
- Understands under, behind, inside, outside
- Dresses and undresses

८९, क्क्षांल ीं डंपने

०१ डंती

- Child's favourite toy and play:
- Does he play alone or with other children?

९०, ववपक्षामननतंपदृपदृहं

०१ डंती

- Is the child trained for bowel movement & if yes, at what age:
- Has the child attained bladder control & if yes, at what age:
- Does the child use the toilet?

९१, हननतपनपवदं

०१ डंती

- Breast feeding (as relevant to age)
- Weaning Has weaning started for the child: Yes/No If yes, at what age & specify the weaning diet. Any problems observed during weaning:

**Meal pattern at home** ०१ डंती

Sample of a day's meal: Daily requirements of chief nutrients :

Breakfast: Lunch: Dinner: Snacks:

८६६, ६३ उतन दृष्टुं नपवदुं नंनने - बीमकनननन वरिबवउवअमननपवदु वरिपउउनदृष्टुं नपवदु ०१ डंतरी

६७, न्नीअममव वंननमतदु

०१ डंतरी

How many hours does the child sleep during day and night?

Any sleep problems observed & how it is handled:

७, न्नीबरीववअपदुह

०१ डंतरी

Does the child attend school?

If Yes, which grade and report of school performance:

७८, वंनतमदुन बीपअकतमअंनपवदु पीपव

How much time do the parents spend with the child?

Observation of parent-child interaction:

७८६, म्गवअंनपदु वंनतमदुनंन तमंननपवदु नव फ्फनदुमी ंदुक पीवे वपनंनपुंनपवदु

७८७, वीपअकथे तमंननपवदु नव नीम फ्फनदुमी - पीवे वपनंन नमंन उ

७८८, फ्फनदुनपवबंनपवदु वरिदुममके वदु वतपवतपनन

७८९, ववदुवअनेपवदु

## XVI] Bibliography

म्नंननंनपवदु वतपननतपं कुी मे उमदुन वरिक्तवूनी

## PROFORMA & GUIDELINE FOR CASE STUDY

६, वंनपमदुनथे उपवकंनं

**Name, Age, Sex, Religion, Marital status, Occupation, Source of health care, Date of admission, Provisional Diagnosis, Date of surgery if any.**

### II] Presenting complaints

Describe the complaints with which the child has been admitted to the ward.

६६६, वीपअकथे वमते वदुंन कंनंन

- Obstetrical history of mother
- Prenatal & natal history
- Growth & Development (compare with normal)
- Immunization status
- Dietary pattern including weaning
- Nutritional status
- Play habits
- Toilet training habits
- Sleep pattern
- Schooling

६८, न्नीववपव मववदुवउपवबे नंनने वरिनीम पीउपअलकु

Monthly income, expenditure on health, food, education

८, म्पे नवतल वरिफ्फनदुमी

i) History of present illness – onset, symptoms, duration, precipitating/ aggregating factors

ii) History of past illness – Illnesses, hospitalizations, surgeries, allergies.

iii) Family history – Family tree, family history of illness, risk factors, congenital problems, psychological problems.

८८, वपंनदुवे वे कु. Provisional & confirm.

୮୯୯, **Description of disease:** Includes the followingsକ୍

1. Definition
2. Related anatomy and physiology
3. Etiology & risk factors
4. Path physiology
5. Clinical features

୯୦୦, ଚିଲି ପର୍ବଣା ଯାଁ ଡାକ୍ତରୀରୁ ବାହାରି ଯିବାରୁ

Clinical features present in the book present in the patient

### **IX] Investigations:-**

Date Investigation done Result Normal value Inference

୯୦୧, ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ

- Aims of management
- Objectives of Nursing Care Plan

୯୦୨, ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ

S.No  
Drug (Pharmacological name)  
Dose Frequency / Time Action Side effects & drug interaction  
Nurse's responsibility

୯୦୩, ଛକ୍ତି ପଦ୍ଧତି ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ ଡାକ୍ତରୀରୁ (Short Term & Long Term

Plans)Assessment Nursing Diagnosis Objective Plan of care Rationale Implementation  
Evaluation

୯୦୪, ଛକ୍ତି ପଦ୍ଧତି ପଦ୍ଧତି

Prognosis of the patient

୯୦୫, ଛକ୍ତି ପଦ୍ଧତି ପଦ୍ଧତି ପଦ୍ଧତି ପଦ୍ଧତି ପଦ୍ଧତି

୯୦୬, ଛକ୍ତି ପଦ୍ଧତି ପଦ୍ଧତି ପଦ୍ଧତି

୯୦୭, ଛକ୍ତି ପଦ୍ଧତି ପଦ୍ଧତି

### **EVALUATION CRITERIA FOR CASE STUDY**

(Maximum Marks – 50)

SN.	Item	Marks
01.	Introduction.	03
02.	History and assessment.	05
03.	Comparative finding with patients.	10
04.	Theoretical knowledge and understanding of diagnosis.	05
05.	Nursing Process.	15
06.	Follow up care.	05
07.	Summary and conclusion.	05
08.	Bibliography.	02
	Total	50

**Note :-** One Medical and One Surgical Pediatrics Case study. 50 Marks each.

## CHILD HEALTH NURSING

### PROFORMA & GUIDELINE FOR CASE PRESENTATION

೮, ಕೆಂಪಮದ್ದನ ಠಪಕೆಂ

**Name, Age, Sex, Religion, Marital status, Occupation, Source of health care, Date of admission, Provisional Diagnosis, Date of surgery if any.**

#### II] Presenting complaints

Describe the complaints with which the child has been brought to the hospital

೯೯, ಹೆಂಪಕೆಂ ಕೆಂಪೆ ವದ್ದೆಂ ಕೆಂಪೆಂ

- Obstetrical history of mother
- Prenatal & natal history
- Growth & Development, compare with normal (Refer Assessment Proforma).
- Immunization status
- Dietary pattern including weaning (Breast feeding relevant to age)
- Play habits
- Toilet training
- Sleep pattern
- Schooling

೧೦, ವಪವ ಮಬವದ್ದವತಪಬೆಂ ನೆಂನೆ ವೆಂನಿಂ ಿತಪಕೆಂಲಕೆಂ Monthly income, expenditure on health, food, education etc.

#### V] History of Illness

- i) History of present illness – onset, symptoms, duration, precipitating/aggravating factors
- ii) History of past illness – Illnesses, surgeries, allergies, medications
- iii) Family history – Family tree, history of illness in the family members, risk factors, congenital problems, psychological problems.

೧೧, ಖೆಂಹದ್ದೆಂ ಪೆಂಕೆಂ (Provisional & confirmed).

**Description of disease:** Includes the followings

2. Definition.
3. Related anatomy and physiology
4. Etiology & risk factors
5. Path physiology
6. Clinical features.

೧೨, ಹೆಂಪೆಂ ಪಬೆಂ ಸ್ತಂ ತಪದ್ದೆಂ ನಪವದ್ದೆಂ ವೆಂಕೆಂ ಕೆಂಪಮದ್ದನ ; ಕೆಂಪೆಂ - ತಪತಮದ್ದೆಂ

Physical examination: with date and time.

Clinical features present in the book

Present in the patient

#### VIII] Investigations

Date Investigation done Results Normal value Inference

೧೩, ತೆಂಹೆಂ ಹೆಂಪೆಂ ತಮದ್ದೆಂ . ; ತಮಕಪಬೆಂ ಹೆಂಪೆಂಹಪಬೆಂ

- Aims of management
- Objectives of Nursing Care Plan



**Personality aspects**

- 16. Professional grooming & turn-out
- 17. Able to think logically, alert, attentive and well informed
- 18. Communicates effectively
- 19. Enthusiastic & takes interest in clinical setting
- 20. Trust worthy and reliable
- 21. Courteous, tactful & considerate in all her dealings with colleagues, seniors, patients & family
- 22. Displays emotional maturity and leadership qualities.
- 23. Follows instructions & exhibits positive behavioral changes as and when required
- 24. Practices economy in relation to time, effort & material in all aspects of care
- 25. Complete assignments in time with self motivation and efforts.

Positive & Negative aspects. Signature of Student Signature of Clinical supervisor

**PROFORMA & GUIDELINE FOR HEALTH TEACHING.**

Topic Selected :-

- 1. Name of the Student Teacher.
- 2. Name of the Supervisor.
- 3. Venue.
- 4. Date.
- 5. Time
- 6. Group.
- 7. Previous knowledge group.
- 8. General objectives.
- 9. Specific objectives.
- 10. A. V. Aids. used.

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Sr. No. Time Specific objectives Content T/L A. V.Aids Evaluation.  
 activities  
 References.

**EVALUATION CRITERIA FOR HEALTH TEACHING.**

(Maximum Marks – 25)

SN	Criteria	Marks Allotted.	Marks Obtained
01.	Lesson plan.	6	
02.	Presentation.	5	
03.	Communication skill	3	
04.	A. V. Aids.	4	
05.	Relevance to the topic.	3	
06.	Group participation.	2	
07.	Bibliography /References.	2	
	Total	25	

Signature of Student

Signature of Clinical supervisor

# CLINICAL EVALUATION: CHILD HEALTH NURSING

## Area :- NICU (Maximum Marks – 100)

Name of the Student

Year:

**No**

Criteria 1 2 3 4

### KNOWLEDGE SKILL & APPLICATION.

1. Possess sound knowledge of principles of Paed Nsg and the modern trends and current issues in Paed Nsg practice
2. Is familiar with the NICU protocol for maintenance of asepsis and prevention of cross infection in NICU
3. Has knowledge and skill in assessment & care of New born
4. Possess knowledge and demonstrates skill in neonatal resuscitation
5. Has adequate knowledge, identifies needs and exhibit skill and efficiency in caring for the LBW infants
6. Makes relevant observations, maintains records & reports promptly & effectively
7. Has adequate knowledge regarding feeding and follows safe feeding practices
8. Able to calculate and administer medications to neonates accurately
9. Demonstrates ability to care for neonates in incubator and on ventilator.
10. Acts promptly in paediatric emergencies
11. Able to apply principles of paed nsg in the management of neonates under phototherapy.
12. Has knowledge of exchange transfusion
13. Able to identify early manifestations of common neonatal problems and manage accordingly
14. Identifies opportunities for health education and encourages parent participation in the care of the child
15. Demonstrates evidence of self learning by reading of current literature/seeking help from experts.

### PERSONALITY ASPECTS.

16. Professional grooming & turn-out
17. Able to think logically, alert, attentive and well informed
18. Communicates effectively
19. Enthusiastic & takes interest in clinical setting
20. Trust worthy and reliable
21. Courteous, tactful & considerate in all her dealings with colleagues, seniors, patients & family
22. Displays emotional maturity and leadership qualities.
23. Follows instructions & exhibits positive behavioral changes as and when required
24. Practices economy in relation to time, effort & material in all aspects of care
25. Complete assignments in time with self motivation and effort

### Positive & Negative aspects.

Signature of Student Signature of Clinical supervisor

### CHILD HEALTH NURSING

### PROFORMA & GUIDELINE FOR HEALTH TEACHING

Topic Selected :-

10. Name of the student teacher:
11. Name of the supervisor
12. Venue:
13. Date:
14. Time:
15. Group:
16. Previous knowledge of the group
17. AV aids used
18. General objectives
19. Specific objectives

अमे वद कसंद वित मंगनी नंगा  
 S. No. Time Specific  
 objectives  
 Content Teaching  
 Learning  
 Activities  
 A V Aids Evaluation

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**EVALUATION CRITERIA FOR HEALTH TEACHING**

(Maximum Marks – 25)

S.No. Criteria Total Marks 12345

Lesson Plan.  
 Presentation.  
 Communication skill.  
 Preparation & effective use of A V  
 Aids.  
 Group participation.

08  
 05  
 05  
 04  
 03

Total 25

अंगनंनपवद वतपनमतप कमं तपदंनपवद - १० मी तमदज विहमू इवतद

(Maximum Marks : 50)

S.N.	Item	Marks
1	Adherence to format	02
2	Skill in Physical examination & assessment	10
3	Relevance and accuracy of data recorded	05
4	Interpretation of Priority Needs Identification of baby & mother	06
5	Bibliography	02
Total		25

- तमअमअवततमदज ; हमू इवतद इंडल छे

(Maximum Marks : 50)

SN	Item	Marks
१७	।कीमतमदलम नवविततंन	०३
१७	॥ तपअपवद वीले पबंआ मंगं तपदंनपवद - १० मी तमदज	१०
३७	तमअमअदलम *दक *बबनतंबल वीकंनं तमबवतकमक	०५
४७	दलमतवतभनंनपवद वकमदलपपिबंनपवद वीहममके	०५
५७	तपइअपवहतंवील	०३
ववतंआ		३५