BHTL-003

CERTIFICATE IN GENERAL DUTY ASSISTANCE (CGDA)

BLOCK 3

LOG BOOK

School of Health Sciences
Indira Gandhi National Open University
Maidan Garhi, New Delhi - 110068

CURRICULUM DESIGN COMMITTEE

Dr. Manju Vatsa
Principal, College of Nursing
AIIMS, New Delhi

Dr. A. T. Kora
Nursing Superintendent
St. Stephens Hospital,
New Delhi

Dr. Manju Chhugani
Dean, School of Nursing
Jamia Hamdard, New Delhi

Dr. Mahesh
Associate Professor
Hospital Administration,
AIIMS, New Delhi

Dr. Ashok Kumar
CMO (SAG), NDMC,
New Delhi

Mrs. Madhvi Verma
Associate Professor
Principal, College of Nursing,
ILBS, New Delhi

Dr. Reeta Devi
Assistant Professor (Sr. Scale)
SOHS, IGNOU, Maidan Garhi,
New Delhi

Dr. J.P. Kapoor,
Sr. CMO, LBHS Hospital,
New Delhi

Prof. T. K. Jena
SOHS, IGNOU
Maidan Garhi, New Delhi

Dr. Neerja Sood
Assistant Professor (Sr. Scale)
SOHS, IGNOU, Maidan Garhi,
New Delhi

Dr. Biplab Jamatia
Assistant Professor (Sr. Scale)
SOHS, IGNOU, Maidan Garhi,
New Delhi

Ms Laxmi
Assistant Professor (Sr. Scale)
SOHS, IGNOU, Maidan Garhi,
New Delhi

BLOCK PREPARATION TEAM

Prof. T. K. Jena
Project Director
Skill Training Cell,
SOHS, IGNOU

Dr. A. K. Sood
Senior Consultant,
Skill Training Cell,
SOHS, IGNOU

Ms Laxmi
Assistant Professor (Sr. Scale)
SOHS, IGNOU
Maidan Garhi, New Delhi

Dr. D C Jain, Senior
Consultant,
Skill Training Cell,
SOHS, IGNOU

EDITORIAL TEAM

Ms Laxmi
Assistant Professor (Sr. Scale)
SOHS, IGNOU
Maidan Garhi, New Delhi

Dr. A. K. Sood
Senior Consultant,
Skill Training Cell,
SOHS, IGNOU

Dr. Anu Gauba
Consultant,
Skill Training Cell, SOHS,
IGNOU

CO-ORDINATION

Prof. T. K. Jena
Project Director
Skill Training Cell,
SOHS, IGNOU

Dr. A. K. Sood
Senior Consultant, Skill Training
Cell, SOHS, IGNOU

Dr. Anu Gauba
Consultant,
Skill Training Cell, SOHS, IGNOU

Course Coordinator

Ms Laxmi
Assistant Professor (Sr. Scale)
SOHS, IGNOU
Maidan Garhi, New Delhi

MATERIAL PRODUCTION

Sh. Ajit Kumar
Section Officer (Publication)
School of Health Sciences, IGNOU

The curriculum has been adapted from the "Short term Training Curriculum Handbook for General Duty Assistance" prepared by MoHFW, 2017, whose Standards are based on the National Skills Qualifications Framework (NSQF), Ministry of Skill Development and Entrepreneurship (MSDE).

June, 2019

© *Indira Gandhi National Open University, 2019*

ISBN : 978-93-89200-63-8

All rights reserved. No part of this work may be reproduced in any form, by mimeograph or any other means, without permission in writing from the Indira Gandhi National Open University.

Further information on the Indira Gandhi National Open University courses may be obtained from the University's office at Maidan Garhi, New Delhi-110 068 or the website of IGNOU www.ignou.ac.in

Printed and Published on behalf of the Indira Gandhi National Open University, New Delhi, by Director, School of Health Sciences, IGNOU.

LaserTypeset by : Rajshree Computers, V-166A, Bhagwati Vihar, (Near Sector 2, Dwarka), Uttam Nagar, New Delhi-110059

Contents

Sr.No.		Page No.
6.	RECORD OF THE ACTIVITIES CARRIED OUT BY STUDENT	8
6.1	History Taking	8
6.1.1	Format for history taking	8
6.1.2	Record History of 5 Persons as per the above Format	13
6.1.3	Record History of 10 Persons As Per The Above Format	18
6.2	Visit to Hospital	19
6.3	Computer skills of taking print out, scanning document	20
6.3.1	Record of 5 Documents as per the above Format	21
6.4	Work sheet related to human body system	22
6.4.1	Record of 5 Documents as per the above Format	27
6.5	CPR practice on dummy	27
6.5.1	Record of 5 Documents as per the above Format	28
6.6	Care of ear	28
6.6.1	Record of 5 Documents as per the above Format	29
6.6.2	Care of nose	30
6.6.3	Record of 5 Documents as per the above Format	30
7.0	RECORD OF THE SUPERVISED ACTIVITIES CARRIED OUT BY STUDENT USING THE CHECK LISTS	31
7.1	Hygienic hand washing	31
7.2	CHECK LIST FOR HOUSE KEEPING SKILLS	32
7.2.1	Check list for making vacant bed/unoccupied bed	32
7.2.2	Check list for making an occupied bed	34
7.2.3	Check List for Preparation of Patient Unit	35
7.2.4	Record atleast 5 cases for each activity	36
7.3	RECORDING PULSE RATE RESPIRATORY RATE BLOOD PRESSURE AND TEMPERATURE CHECKING BY DIGITAL THERMOMETER	37
7.3.1	Recording of Pulse Rate	37
7.3.2	Recording of Respiratory Rate	37
7.3.3	Recording of Blood Pressure	37
7.3.4	Recording of Oral Temperature	37
7.3.5	Recording of Axillary Temperature	38
7.3.6	Record of Cases	38
7.3.7	Summary of the 10 Cases	48
7.4	ANTHROPOMETRIC MEASUREMENTS	49
7.4.1	Recording of Weight	49
7.4.2	Recording of Height	49
7.4.3	Record of Cases	49
7.4.4	Summary of the 5 Cases	54
7.5	PERSONAL HYGIENE & GROOMING SKILLS	55
7.5.1	PERFORMING BED BATH	55
7.5.2	Performing Mouth Care In Conscious	55
7.5.3	Performing Mouth Care In Unconscious	56
7.5.4	Performing Eye Care	56
7.5.5	Performing Hair Wash	56

7.5.6 Performing Nail & Foot Care 57
7.5.7 Back Case 57
7.5.8 Record of Cases 58
7.5.9 Summary of 5 Cases for Each Activity 68
7.6 SPECIMEN COLLECTION 69
7.6.1 Collecting Urine Sample 69
7.6.2 Collecting Stool Sample 69
7.6.3 Collecting Sputum Sample 69
7.6.4 Record Of Cases 69
7.6.5 Summary of 5 Such Cases 75
7.7 NUTRITIONAL, ELIMINATION & MEDICATION NEEDS 76
7.7.1 Feeding Bed Ridden Person/ Patient 76
7.7.2 Assist in Feeding Through Ryle's Tube 81
7.7.3 Steps for Providing Urine Pot 86
7.7.4 Providing Bed Pen 87
7.7.5 Condom DrainagE 88
7.7.6 Cleaning and Replacing Urinary Bag 89
7.7.7 Applying Suppository 95
7.7.8 Giving Enema 100
7.7.9 Record Atleast 5 Cases For Each Activity 105
7.8 CARE OF BED RIDDEN INDIVIDUAL: SPECIAL PROCEDURE 106
7.8.1 Giving hot water bottle 106
7.8.2 Giving sitz bath (hip bath) 107
7.8.3 Hydrotherapy 108
7.8.4 Application of Ice Bag 109
7.8.5 Steam Inhalation 110
7.8.6 nebulization 112
7.8.7 Check list for Various Positions 114
7.9 INFECTION CONTROL PROCEDURES 115
7.9.1 Gloving 115
7.9.2 Packing of instruments for sterilization 116
7.9.3 Cleaning and Disinfection of Equipmen 117
7.9.4 Check list for liquid spill management 119
7.9.5 Checklist for cleaning and replacing suction bottle and tubing's 120
7.9.6 Preparing a patient for OT(including part preparation) 121
7.9.7 Care of the Dead Body 121
7.10 RECORDING OF VARIOUS SKILLS 123
7.10.1 Record Atleast 5 Cases For Each Activity 123
7.10.2 Care of Bed Ridden Individual 124
7.10.2.1 Record Atleast 5 Cases For Each Activity 124
7.10.3 Caring for Differently Abled Persons 125
7.10.3.1 Record Atleast 5 Cases for each Activity125
7.10.4 Bandages and Splints 126
7.10.4.1 Record atleast 5 Cases for each Activity 126
7.10.5 Details of rhe Demonstrations Attended by Student 127
7.10.6 Details of the teleconference Sessions Attended by Student 128

1. IDENTIFICATION DETAILS OF THE STUDENT

Photo

Name of the student

Enrollment Number

Address

Email

Mobile

Signature of Student

Name & Signature of the Academic counselor

2. GENERAL INSTRUCTIONS TO STUDENTS

This log-book is a compulsory component of the Skills for General Duty Assistance (BHTL-003). You are required to maintain all the learning activities that you perform as a part of this course. You will have to maintain log book during self-practice at your work place, supervised practice at Work Centre/ Programme Study Centre. The self practice (Log Book) activities and competency assessment activities will carry 50% weightage i.e., 25 marks for log book and 25 marks for competency assessment. The counselor at the Programme Study Centre shall evaluate log book.

This log-book contains different activities. We have provided a record performa and some blank space for brief recording of activities performed.You are required to fill up the case record proforma at Program Study Centre (PSC)/Skill Development Centre (SDC) / Community Health Centre (CHC) as mentioned. You will fill up the log of activities in the space provided against the respective activities separately. Your supervisor will give remarks & sign.

3. OBJECTIVES

The objectives of the log-book are to:

- enable the counsellors to have a first hand information about the activities performed by you;
- assess the field/academic experience gained by you;
- help you in planning your activities in advance so that you could complete them within the time frame; and
- document your input towards the practical component at Program Study Centre (PSC)/Skill Development Centre (SDC) / Community Health Centre (CHC).

4. HOW TO USE THE LOG BOOK

You may refer to the practical skills mentioned in the programme guide that are expected to be learnt by you during your posting at Program Study Centre (PSC)/Skill Development Centre (SDC) / Community Health Centre (CHC). While performing each skill, you have to record them in this log- book.

Please ensure that whenever you carry out the activities, these should be countersigned by the respective counsellor under whom the activities had been carried out.

5. DETAILS OF THE POSTING UNDERGONE

You should make a list of all your posting with dates as mentioned in the table below. This will help you to keep a tab on your posting and accordingly getting a completion certificate signed at the end of the posting to enable you to appear in the term-end practical examination. Program Study Centre (PSC)/Skill Development Centre (SDC)/Community Health Centre (CHC).

S. No.	Place of Practical Postings	From	To	Signature by Supervisor/mentor	Remarks of the mentor/supervisor
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Signature of Mentor

Name and Designation

ignou THE PEOPLE'S UNIVERSITY

6. RECORD OF THE ACTIVITIES CARRIED OUT BY STUDENT

6.1 History Taking

Select two patients and take their history. Record as per the format keeping in mind general rules as per guidelines0

6.1.1 Format for history taking

I. Identification Data:

Name

Age/Sex

Marital Status

No. of family members

Education

Occupation

Address

Income

Religion

Alcoholic/Smoking

Vegetarian/Non Vegetarian

II. Chief complaints of the patient

Problems with ambulation	Yes/No
Fatigue	Yes/No
Usual sleep patterns	Regular/Irregular
Any help required to promote sleep	Yes/No, If yes (specify)
Presence of pain or discomfort while sleep	Yes/No
Foods generally avoided	
Likes, dislikes	
Vitamin or mineral supplements taken	
Problems with eating, tastes or smell	
Denture	

Recent changes in food-fluid intakes

Initial weight   Changes in weight (recent, long-term). Elimination:

Problems with urination

Bowel problems-

Constipation	Yes/No
Diarrhoea	Yes/No
Incontinence	Yes/No

Perception and coping:

Present concerns related to health or life events	Yes/No
Expected changes in life-style because of present health problem	Yes/No
Recent changes in feelings about self or body image	Yes/No
If yes, specify	
Spiritual practices or beliefs found helpful at present	Yes/No
Availability of significant others as supportive persons	Yes/No

ignou THE PEOPLE'S UNIVERSITY

III. History of present illness

IV. Past history of illness

Major illnesses if any — heart disease/blood sugar.

Injuries if any such as fracture, paralysis, surgery/amputation.

Medicine taken in the past Side effects/Allergies:

Any infectious disease

V. Family History of any disease :

VI. Social History:

Interaction with family, friends and relations/neighbours.	Yes/No
Visiting the temple for prayers	Yes/No
Any other social get together	Yes/No

Any other social interests

Religion, whether practicing or not, culture, beliefs and taboos.

Recreational activities such as reading, writing, listening music.

Signature of history taker

ignou THE PEOPLE'S UNIVERSITY

Format for history taking

I. Identification Data:

Name

Age/Sex

Marital Status

No. of family members

Education

Occupation

Address

Income

Religion

Alcoholic/Smoking

Vegetarian/Non Vegetarian

II. Chief complaints of the patient

Problems with ambulation	Yes/No
Fatigue	Yes/No
Usual sleep patterns	Regular/Irregular
Any help required to promote sleep	Yes/No, If yes (specify)
Presence of pain or discomfort while sleep	Yes/No

Foods generally avoided

Likes, dislikes

Vitamin or mineral supplements taken

Problems with eating, tastes or smell

Denture

Recent changes in food-fluid intakes

Initial weight Changes in weight (recent, long-term). Elimination:

Problems with urination

Bowel problems-

Constipation	Yes/No

ignou THE PEOPLE'S UNIVERSITY

Diarrhoea	Yes/No
Incontinence	Yes/No
Perception and coping:	
Present concerns related to health or life events	Yes/No
Expected changes in life-style because of present health problem	Yes/No
Recent changes in feelings about self or body image	Yes/No
If yes, specify	
Spiritual practices or beliefs found helpful at present	Yes/No
Availability of significant others as supportive persons	Yes/No

III. History of present illness

IV. Past history of illness

Major illnesses if any — heart disease/blood sugar.

Injuries if any such as fracture, paralysis, surgery/amputation.

Medicine taken in the past Side effects/Allergies:

Any infectious disease

V. Family History of any disease :

VI. Social History:

Interaction with family, friends and relations/neighbours.	Yes/No
Visiting the temple for prayers	Yes/No
Any other social get together	Yes/No

Any other social interests

Religion, whether practicing or not, culture, beliefs and taboos.

Recreational activities such as reading, writing, listening music.

Signature of history taker

ignou THE PEOPLE'S UNIVERSITY

6.1.2 Record History of 5 Persons as per the above Format

Case-1

I. Identification Data:

Name

Age/Sex

Marital Status

Education

Occupation

Indoor Id number/Address

II. Chief complaints of the patient

III. History of present illness

IV. Past history of illness

V. Family History of any disease :

VI. Social History:

Signature of history taker

Case-2

I. Identification Data:

Name

Age/Sex

Marital Status

Education

Occupation

Indoor Id number/Address

II. Chief complaints of the patient

III. History of present illness

IV. Past history of illness

V. Family History of any disease :

VI. Social History:

Signature of history taker

Case-3

I. Identfication Data:

Name

Age/Sex

Marital Status

Education

Occupation

Indoor Id number/Address

II. Chief complaints of the patient

III. History of present illness

IV. Past history of illness

V. Family History of any disease :

VI. Social History:

Signature of history taker

Case-4

I. Identfication Data:

Name

Age/Sex

Marital Status

Education

Occupation

Indoor Id number/Address

II. Chief complaints of the patient

III. History of present illness

IV. Past history of illness

V. Family History of any disease :

VI. Social History:

Signature of history taker

Case-5

I. Identfication Data:

Name

Age/Sex

Marital Status

Education

Occupation

Indoor Id number/Address

II. Chief complaints of the patient

III. History of present illness

IV. Past history of illness

V. Family History of any disease :

VI. Social History:

Signature of history taker

6.1.3 Record History of 5 Persons As Per The Above Format

Name, age, sex of patient/person	Key findings	Remarks	Signature of mento
1.			
2.			
3.			
4.			
5.			

ignou
THE PEOPLE'S
UNIVERSITY

6.2 Visit to Hospital

You are required to visit to hospital along with the mentor and there you have to observe the various department in the hospital and also the services provided in each department.

S. No.	Department of hospital	Equipment used	Yes	No	Observed the service provided	Yes	No
1	Registration counter						
2	Emergency						
3	Out patient department (OPD)	B.P App, Weighing machine: adult Weighing machine: Infant					
4	Pharmacy						
5	Laboratory	Test tubes Stand to carry sample Formats					
6	X Ray /ultra sound Department	Formats used					
7	Dressing and Immunization, Physio-therapy, plaster room						
8	Emergency	ECG machine Mobile x-ray machine Suction machine					
9	ICU	Oxygen cylinder or supply system Oxygen maskUrinary bagBed pan Urinal Vitals recording machine Ventilator etc.					
10	IPD/Wards Clinical Services Support Services	Duty room Patient bedsideI/ V stand					
11	Operation Theatre/ Labour Room/ Nursery	Operation table Hand washing areaGowning and gloving area					
12	Sanitation, Kitchen, Security, Stores, CSSD	Formats used					
13	Infection control methods	Yellow color pktRed color pkt White color pkt Blue color pkt					
14	Medical record section						

Remember : Signature of Teacher

6.3 Computer skills of taking print out, scanning document

Procedure of taking print out, and scanning document

1. **Open or create a Microsoft Word document.**
2. **Click on File**
3. **Click on Print.**
4. **Select your printing options.**
5. **Click on Print or OK.**

Steps of scanning the print document

1. Click the “Start” button.
2. Click “All Programs.”
3. Click “Windows Fax and Scan.”
4. Go to the “Toolbar,” and click “New Scan.”
5. Click the “Profile” list, and select “Photo.”
6. Click “Preview” to see what the document will look like.
7. Click “Scan” to start scanning the document.

ignou THE PEOPLE'S UNIVERSITY

6.3.1 Record of 5 Documents as per the above Format

Documnets	Key findings	Remarks	Signature of mentor
1.			
2.			
3.			
4.			
5.			

6.4 Work sheet related to human body system

Case 1

Information to be filled and worksheet refers to human body system as follows:

1. Patient Diagnosis ....

2. Concern Department of hospital based on diagnosis ....

3. Affected Human body system due to illness ....

4. List various organ of identified human body system ....

   ....

   ....

   ....

5. List the organs may be affected due to patients problem ....

   ....

   ....

   ....

6. Describe the function of identified organ ....

   ....

   ....

   ....

7 Note on patient condition ....

ignou THE PEOPLE'S UNIVERSITY

Case 2

Information to be filled and worksheet refers to human body system as follows:

1. Patient Diagnosis ....

2. Concern Department of hospital based on diagnosis ....

3. Affected Human body system due to illness ....

4. List various organ of identified human body system ....

   ....

   ....

   ....

5. List the organs may be affected due to patients problem ....

   ....

   ....

   ....

6. Describe the function of identified organ ....

   ....

   ....

   ....

7 Note on patient condition ....

ignou THE PEOPLE'S UNIVERSITY

Case 3

Information to be filled and worksheet refers to human body system as follows:

1. Patient Diagnosis ....

2. Concern Department of hospital based on diagnosis ....

3. Affected Human body system due to illness ....

4. List various organ of identified human body system ....

   ....

   ....

   ....

5. List the organs may be affected due to patients problem ....

   ....

   ....

   ....

6. Describe the function of identified organ ....

   ....

   ....

   ....

7 Note on patient condition ....

ignou THE PEOPLE'S UNIVERSITY

Case 4

Information to be filled and worksheet refers to human body system as follows:

1. Patient Diagnosis ....

2. Concern Department of hospital based on diagnosis ....

3. Affected Human body system due to illness ....

4. List various organ of identified human body system ....

   ....

   ....

   ....

5. List the organs may be affected due to patients problem ....

   ....

   ....

   ....

6. Describe the function of identified organ ....

   ....

   ....

   ....

7 Note on patient condition ....

Case 5

Information to be filled and worksheet refers to human body system as follows:

1. Patient Diagnosis ....

2. Concern Department of hospital based on diagnosis ....

3. Affected Human body system due to illness ....

4. List various organ of identified human body system ....

   ....

   ....

   ....

5. List the organs may be affected due to patients problem ....

   ....

   ....

   ....

6. Describe the function of identified organ ....

   ....

   ....

   ....

7 Note on patient condition ....

6.4.1 Record of 5 Documents as per the above Format

Name, age, sex of patient/person	Key findings	Remarks	Signature of mento
1.			
2.			
3.			
4.			
5.			

ignou THE PEOPLE'S UNIVERSITY

6.5 CPR practice on dummy

Steps of CPR

Look around to see if it is safe to approach

Tap the victim's shoulder and shout "Are you okay?"

Check to see if the victim is breathing by looking at their chest. If they are not breathing, or not breathing normally (only gasping), call 911.

Check the carotid pulse on the side of the neck closest to you for 5-10 seconds

If no pulse, start with 30 chest compressions on the lower half of the breastbone.

The rate should be at least 100 compressions per minute, but not more than 120.

Open the airway and give 2 breaths using a pocket mask or bag valve mask.

Continue 5 sets of 30 compressions and 2 breaths until the ambulance arrives to take over, the AED (Automated External Defibrillator) arrives, or you are too tired.

6.5.1 Record of 5 session as per the above Format

Documnets	Key findings	Remarks	Signature of mentor
1.			
2.			
3.			
4.			
5.			

6.6 Care of ear.

Steps of Procedure

1. Check doctor's order & identify the patient
2. Explain to the patient & collect articles.
3. Ensure privacy & position the patient.
4. Place the patient in lateral position with ear facing up or make the patient to sit in chair and stabilize the head
5. Place mackintosh and the towel under the patient's head
6. Wash & dry hands.
7. For adults gently pull the pinna up and outward and for children pull pinna down ward and backward
8. Wipe the external ear canal gently with cotton tipped applicator dipped in normal saline
9. When the ear is clean, repeat the same for the other ear and make the patient comfortable
10. Record the procedure with date, time & abnormal findings.

6.6.1 Record of 5 Documents as per the above Format

Name, age, sex of patient/person	Key findings	Remarks	Signature of mento
1.			
2.			
3.			
4.			
5.			

6.6.2 Care of nose

Steps of Procedure

Check doctor's order & identify the patient.

Explain to the patient & collect articles.

Ensure privacy & position the patient.

Place the patient in the dorsal recumbent

Place mackintosh and the towel under the patient's head

Wash & dry hands.

Wipe both nasal canal with cotton tipped applicator

Record the procedure with date, time & abnormal findings.

6.6.3 Record of 5 Documents as per the above Format

Name, age, sex of patient/person	Key findings	Remarks	Signature of mento
1.			
2.			
3.			
4.			
5.			

ignou THE PEOPLE'S UNIVERSITY

7.0 RECORD OF THE SUPERVISED ACTIVITIES CARRIED OUT BY STUDENT USING THE CHECK LISTS

7.1 Hygienic hand washing

Steps for Hygienic hand washing

1. Wet hands with clean (running) water or, if not available, from water in a bowl, apply cleanser and thoroughly lather with soap.Wash the hands for 10-15 seconds applying soap all over hand surfaces. Count.

2. Wash palms and fingers*

3. Wash back of hands*

4. Wash fingers and knuckles*

5. Wash thumbs*

6. Drying of hands*

* Give five strokes or count 1 to 5 .

Record of 5 Hand washing as per the above format

Handwashing Procedure	Key findings	Remarks	Signature of mentoc
1.			
2.			
3.			
4.			
5.			

* You can mention hand washing used with soap/cleaner or in ward/ICU.

7.2 CHECK LIST FOR HOUSE KEEPING SKILLS

7.2.1 Check list for making vacant bed/unoccupied bed

Steps for making vacant bed/unoccupied

1. Removing dirty sheets.
2. Wear gloves to keep from getting urine, bowel movement (BM), or other body fluids on your hands.
3. Lower the head of the bed so the bed is flat if you are changing a hospital bed. Raise the bed to a comfortable height to protect your back.
4. Check the bed for items such as the person's glasses and put them in a safe place.
5. Remove the pillowcases from the pillows.
6. Take the dirty sheets off the bed and put them in the plastic bag or laundry bag.
7. Do not shake the sheets to keep from spreading germs.
8. Making the bed.
9. Put the center fold of the bottom sheet in the middle of the mattress.
10. If the bottom sheet is fitted, fix the corners of the sheet on the side of the mattress nearest you.
11. If the sheet is flat, tuck the top part of the sheet under the mattress and do the following for the corners.
12. Lift the hanging top side of the sheet from the corner of the mattress.
13. Hold it at an angle of about 12 inches (30 cm) away from the mattress and form a triangle.
14. Pull the triangle with one hand and with a finger from your other hand form a corner.
15. Rest the part of the sheet with the triangle on top of the bed.
16. With both hands tuck the sheet hanging near the corner under the mattress.
17. Let the triangle hang straight on the side and tuck it under the mattress.
18. Repeat the above steps for the other corner.
19. Put the drawsheet (if used) with the center fold in the middle of the bed. Put the top of this sheet about 15 inches (38 cm) from the top of the mattress. Tuck the rest of the drawsheet under the mattress on both sides. This sheet is used to move the person in bed.
20. Put the top sheet with the center fold along the middle of the bed. Line up the wide hem of the sheet with the top part of the mattress.
21. Put the bedspread over the top sheet with the center fold along the middle of the bed.
22. Tuck the top sheet and the bedspread under the foot of the mattress.
23. Pull the top linens at the toes to make a pleat of about 3 inches (7.6 cm). This allows room for the person's feet to move and avoids skin sores or foot drop.
24. Change the pillowcases and fluff up the pillows.

25. After changing the bed
26. Lock the wheels of the bed if you unlocked them while changing the bed. Lower the bed enough so the person can safely get back in bed.
27. Take the dirty linens to the laundry area.
28. Remove and put away all other items used.
29. Other tips to make the person in bed comfortableMakes sure the sheets are soft and easy to wash. Old sheets are usually softer than new ones.
30. Use blankets and bedspreads that are not heavy and also easy to wash.
31. Use mild soaps to wash the bed linens.
32. Some people may be allergic to certain laundry soaps and fabric softeners.

7.2.2 Check list for making an occupied bed

Steps for making vacant bed/unoccupied bed

1. Two persons must work together when the patent is seriously ill or difficult to manage.
2. Wash hand before making occupied bed or occupied bed making.
3. Gather all equipment's at patient bed side and explain procedure to patient.Loosen the tucked linens at the foot part that covers all around the bed.
4. Remove pillow unless contraindication.
5. Place clean and dry top sheet over dirty top sheet and then remove the dirty linen one by one.
6. Leave one cover over the patient and maintain privacy by bed side screening.
7. Turn the patient on half of the bed on the other side of the bed and keep side rails up.
8. Place a pillow between patient and side rails.
9. Work on the unoccupied side of the bed and roll the draw sheet, mackintosh and bottom sheet if soiled.
10. Rolls the soiled linens toward patient back and tucks the roll slightly under the patient.
11. Covers dirty and moist areas of the soiled linen with a waterproof pad.
12. Place clean bottom sheet and tuck head part.
13. Place draw sheet over the mackintosh on near side of the mattress, with the center vertical fold at the center of the bed.
14. Place the patient on the clean side of the bed.
15. Work on the other side and remove dirty linens.
16. Make the other side of the bed and spread clean linens.
17. Tuck the head part of the bottom sheet, miter at the side.
18. Place patient to the center of the patient.
19. Place the pillow and make the patient comfortable.
20. Spread the top sheet and fold head part up to the patient chest.
21. Arrange blanket if necessary.

ignou
THE PEOPLE'S
UNIVERSITY

7.2.3 Check List for Preparation of Patient Unit

Steps for preparation of patient unit

1. **Ventilation**- sufficient air movement to favour changes within the skin
2. **Temperature and humidity** - adequate temperature that promote normal body function
3. **Lighting**-adequate lighting during the day and night time. Well light room enables to perform tasks without accidents and injury; patients should be able to control lights
4. **Odour**- empty and rinse bedpans, dispose of dressings and equipment; nothing odorous placed in the trash of patients room; remove old flowers
5. **Noise-**Minimal
6. **Neatness**- reasonable cleanliness of all surface and furnishing that the individual is likely to handle.
7. **Removal of dust**, injurious chemicals, place free from insects, animal pest, electric shocks, radiations, and poisons
8. **Privacy**- always knock before entering the patient room and close curtains for bathing, bedpan, or when privacy is needed.

7.2.4 Record atleast 5 cases for each activity

Name of the Activity sex of patient/person	Number of activities					Signature of mentor
	1	2	3	4	5	
Making unoccupied bed	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	
Making unoccupied bed	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	
Maintaining unit of patient care	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	Date : Unit : Remarks	

7.3 RECORDING PULSE RATE RESPIRATORY RATE BLOOD PRESSURE AND TEMPERATURE CHECKING BY DIGITAL THERMOMETER

7.3.1 Recording of Pulse Rate

Collect all the equipment, which include watch or clock with second's hand and recording sheet and pen. Explain the person what you are going to do i.e . checking the pulse. Have a watch which has second's hand in front of you. Wash your hands. Select the site of the pulse (normally radial pulse is taken). Make the person to sit or lie down. You can help him to rest the arm alongside the body with palm facing downwards or fore arm can rest at 90 degree angle across the chest. If the patient is sitting, forearm can be put across the thigh with palm of hand facing downward. Gently place the tips of 1st three fingers of your right hand above the wrist of the person on the side of his thumbs by putting your thumb on other side of wrist until you feel the pulse. If you cannot feel the pulse at the first attempt move your fingers slightly until you can feel it.***Never use your thumb to feel a pulse because there is a pulse in your thumb that you may mistake for the patient's pulse.*** Count the number of pulsations (beats for one minute) using a watch with a second's hand. Note the strength and regularity of the beats (i.e. interval between the two pulsations/beats) as you are counting the pulse. Record the pulse in the record sheet.

7.3.2 Recording of Respiratory Rate

Collect all the articles i.e. watch or clock with second's hand, record sheet and pen. Make the patient comfortable. Keep the person/patient in a comfortable position preferably in sitting or lying down position. You can observe (count respiration) after you have counted the pulse so that you will be able to record it accurately. In such situation you can place the arm of the patient across the chest.Observe/Watch the rise and fall of the chest . Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest). Record the rate of respiration in a record sheet).

7.3.3 Recording of Blood Pressure

Explain the procedure to the patient. Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed. To begin blood pressure measurement, use a properly sized blood pressure cuff. The length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm.Wrap the cuff around the upper arm with the cuff's lower edge one inch above the antecubital fossa. Lightly press the stethoscope's bell over the brachial artery just below the cuff's edge. Some health care workers have difficulty using the bell in the antecubital fossa, so we suggest using the bell or the diaphragm to measure the blood pressure. Rapidly inflate the cuff to 180mmHg. Release air from the cuff at a moderate rate (3mm/sec). Listen with the stethoscope and simultaneously observe the sphygmomanometer. The first knocking sound (Korotkoff) is the subject's systolic pressure. When the knocking sound disappears, that is the diastolic pressure (such as 120/80). Record the pressure in both arms and note the difference; also record the subject's position (supine), which arm was used, and the cuff size (small, standard or large adult cuff.

7.3.4 Recording of Oral Temperature

Inform the patient about the procedure. Wash hands. After washing hands rinse the thermometer in cold water. Shake thermometer with a quick flip of the wrist till the mercury goes down to 95.5° . Insert the thermometer under the tongue and instruct the patient to close mouth for 3 minutes. Hold the thermometer at the stem with your thumb and finger tips. Read the thermometer by rotating and Bring the thermometer to eye level . Rotate the thermometer until you can see the numbers and long and short lines. Turn the thermometer back and forth slowly until you can see silver (white) or (red) mercury line. Shake down the thermometer after use. Clean the thermometer with soapy swabs from stem to

bulb and rinse with water preferably running water under the tap. Put in a disinfectant solution or when thermometer is not in use, you can put it in a closed case after cleaning and drying. Make the patient comfortable. Record temperature.

7.3.5 Recording of Axillary Temperature

Collect all the articles. Explain the procedure to the person. Wash your hands. Rinse and dry the thermometer. Shake down the thermometer. Dry and wipe the axilla with a towel or tissue. Place bulb end of the thermometer in the center of the axilla. Help the patient to place the arm over the chest and hold the thermometer in place. In case the patient is not able to do it himself, you should hold the thermometer and the arm in place. Leave the thermometer for 3-4 minutes. Remove the thermometer. Wipe the thermometer from stem to bulb. Read the thermometer at eye level. Shake down the thermometer.Make the patient/person comfortable. Rinse and wash the thermometer and place it in disinfectant lotion. Wash your hands. Record the reading in record sheet. Report any abnormal temperature.

7.3.6 Record of Cases

Case-1

i. Pulse rate

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Site for recording the pulse rate

Pulse rate per minute

Interpretation & actions to be taken

Remarks of the mentor

ii. Recording of respiratory rate

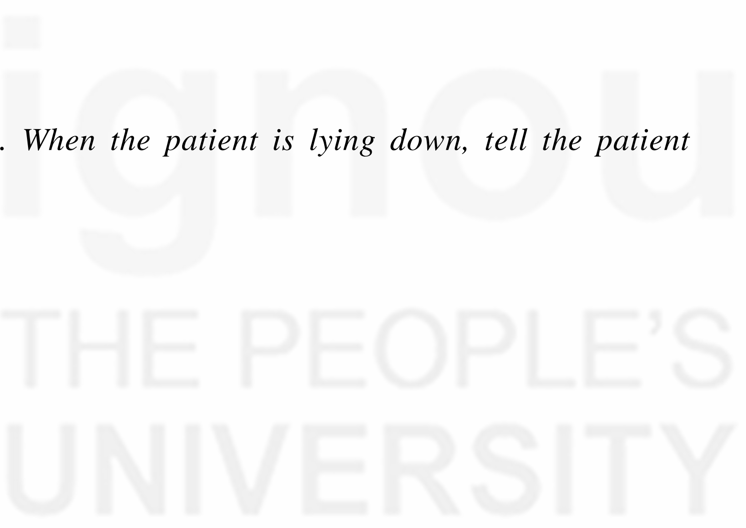
Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest)

Respiratory rate per minute

Interpretation & actions to be taken

Remarks of the mentor

iii. Recording of blood pressure


ignou
THE PEOPLE'S
UNIVERSITY

Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed

Position of the subject Sitting/Supine

Systolic pressure

Diastolic pressure

Interpretation & actions to be taken

Remarks of the mentor

iv. Recording temperature

Type of thermometer used Digital/mercury

Site for recording temperature Oral/Axillary/Anal specify

Temperature recorded in Centigrade

Interpretation & actions to be taken

Remarks of the mentor

Case-2

i. Pulse rate

Identification

*Data:*Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

ignou
THE PEOPLE'S
UNIVERSITY

Site for recording the pulse rate

Pulse rate per minute

Interpretation & actions to be taken

Remarks of the mentor

ii. Recording of respiratory rate

Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest)

Respiratory rate per minute

Interpretation & actions to be taken

Remarks of the mentor

iii. Recording of blood pressure

Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed

Position of the subject Sitting/Supine

Systolic pressureDiastolic pressure

Interpretation & actions to be taken

Remarks of the mentor

iv. Recording temperature

Type of thermometer used Digital/mercury

Site for recording temperature Oral/Axillary/Anal specify

Temperature recorded in Centigrade

Interpretation & actions to be taken

Remarks of the mentor

Case-3

i. Pulse Rate

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Site for recording the pulse rate

Pulse rate per minute

Interpretation & actions to be taken

Remarks of the mentor

ii. Recording of respiratory rate

Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest)

Respiratory rate per minute

Interpretation & actions to be taken

Remarks of the mentor

iii. Recording of blood pressure

Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed

Position of the subject Sitting/Supine

Systolic pressure

Diastolic pressure

Interpretation & actions to be taken

Remarks of the mentor

iv. Recording temperature

Type of thermometer used Digital/mercury

Site for recording temperature Oral/Axillary/Anal specify

Temperature recorded in Centigrade

Interpretation & actions to be taken

Remarks of the mentor

Case-4

i. Pulse Rate

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Site for recording the pulse rate

Pulse rate per minute

Interpretation & actions to be taken

Remarks of the mentor

ii. Recording of respiratory rate

Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest)

Respiratory rate per minute

Interpretation & actions to be taken

Remarks of the mentor

iii. Recording of blood pressure

Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed

Position of the subject Sitting/Supine

Systolic pressure

Diastolic pressure

Interpretation & actions to be taken

Remarks of the mentor

ignou
THE PEOPLE'S
UNIVERSITY

iv. Recording temperature

Type of thermometer used Digital/mercury

Site for recording temperature Oral/Axillary/Anal specify

Temperature recorded in Centigrade

Interpretation & actions to be taken

Remarks of the mentor

Case-5

i. Pulse Rate

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Site for recording the pulse rate

Pulse rate per minute

Interpretation & actions to be taken

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

ii. Recording of respiratory rate

Count the number of respirations (rise and fall) for one minute using a watch with second's hand (one respiration is equal to one rise and one fall of chest)

Respiratory rate per minute

Interpretation & actions to be taken

Remarks of the mentor

iii. Recording of blood pressure

Make her/him sit by a table to rest her/his arm. When the patient is lying down, tell the patient to put the arm on the bed

Position of the subject Sitting/Supine

Systolic pressure

Diastolic pressure

Interpretation & actions to be taken

Remarks of the mentor

ignou
THE PEOPLE'S
UNIVERSITY

iv. Recording temperature

Type of thermometer used Digital/mercury

Site for recording temperature Oral/Axillary/Anal specify

Temperature recorded in Centigrade

Interpretation & actions to be taken

Remarks of the mentor

7.3.7 Summary of the 10 Cases

Name, age, sex of patient/person	Pulse rate	Respiratory rate	Blood pressure	Temperature	Remarks
1.					
2.					
3.					
4.					
5.					

ignou THE PEOPLE'S UNIVERSITY

7.4 ANTHROPOMETRIC MEASUREMENTS

7.4.1 Recording of Weight

The weighing scale should be placed on a hard-floor surface (not on a floor which is carpeted or otherwise covered with soft material). If there is no such floor available, a hard wooden platform should be placed under the scale. Calibration should occur at the beginning and end of each examination. Heavy outer garments (jacket, coat, etc.) and shoes can be removed before checking the weight. The patient should stands in the centre of the platform, weight distributed evenly to both feet. Standing off-centre may affect measurement . Record the weight.

7.4.2 Recording of Height

Person is asked to remove their shoes, heavy outer garments, and hair ornaments. The person is asked to stand with his/her back to the height rule. The back of the head, back, buttocks, calves and heels should be touching the upright, feet together. The person is asked to look straight. Height is recorded to the resolution of the height rule (i.e. nearest millimetre/half a centimetre). If The person is taller than the measurer, the measurer should stand on a platform so that he/she can properly read the height rule.

7.4.3 Record of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Recording of weight

Weight in Kgs

Recording of height

Height in cms & in meters

Calculate BMI Body Mass index= Weight in Kgs/Square of Height in meters)

Interpretation & actions to be taken

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Recording of weight

Weight in Kgs

Recording of height

Height in cms & in meters

Calculate BMI Body Mass index= Weight in Kgs/Square of Height in meters)

Interpretation & actions to be taken

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Recording of weight

Weight in Kgs

Recording of height

Height in cms & in meters

Calculate BMI Body Mass index= Weight in Kgs/Square of Height in meters)

Interpretation & actions to be taken

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Recording of weight

Weight in Kgs

Recording of height

Height in cms & in meters

Calculate BMI Body Mass index= Weight in Kgs/Square of Height in meters)

Interpretation & actions to be taken

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Recording of weight

Weight in Kgs

Recording of height

Height in cms & in meters

Calculate BMI Body Mass index= Weight in Kgs/Square of Height in meters)

Interpretation & actions to be taken

Remarks of the mentor

ignou
THE PEOPLE'S
UNIVERSITY

7.4.4 Summary of the 5 Cases

Name, age, sex of patient/person	Weight in KG	Height/Length in cms & in meter	BMIW Weight in KGs/Height in Meters square	Remarks
1.				
2.				
3.				
4.				
5.				

ignou
THE PEOPLE'S
UNIVERSITY

7.5 PERSONAL HYGIENE & GROOMING SKILLS

7.5.1 PERFORMING BED BATH

Draw curtains, close doors and windows to maintain privacy and to prevent crossing of air. Keep a gap of 2 hours between meals and bath. Temperature of the water should be according to patient's comfort. Only a small portion of the body should be exposed and bathed at a time. Explain the procedure to the patient. Bring the patient to the edge of the bed near you. Draw curtains, close doors and windows. Remove extra pillows and blankets. Put a bed sheet or bath sheet over the patient to cover him. Remove top bed sheet and clothes of the patient from under the bed sheet. After you have prepared the patient as just described, wash your hands and wear a pair of gloves (necessary if the patient is suffering from infections). Mix hot and cold water in a bath basin or a small tub or bucket. Check the temperature of the water for tolerance by placing elbow or back of the hand in the water. The patient can also be made to do this, if his condition permits. Place the bath towel over the chest under the chin. Fold sponge cloth (small towel) around fingers of your hands. Immerse this in water and squeeze thoroughly. Wash patient's eyes with plain warm water. Soak eyelids with damp sponge cloth for 2-3 minutes to remove dry crusts on eye and then dry eyes thoroughly but gently. Ask patient if he/she wants to use soap on face. Using wet sponge cloth, clean and dry well forehead, cheeks, nose, neck and ears. Men may wish to shave at this point. Place the bath towel lengthwise under the farthest arm. Wrap sponge cloth in your hand, wet it, apply soap on it and clean the arm with it, followed by wet sponge cloth to remove the soap off skin. Cleaning should be done from the hand to axilla, using long strokes. You can place the basin on bed and immerse the patients' hand in water for 3-5 minutes. Clean between fingers and nails. Dry the arm, axilla with bath towel and repeat the same on other arm.Cover the patient's chest and abdomen with bath towel and fold the bed sheet to umbilicus in abdomen.Clean chest thoroughly with soapy and wet sponge cloth lifting the edge of the bath towel away from the chest. Clean skin folds under breasts in female patients. Dry well. Keep the chest covered between washing and rinsing. With towel remaining on the chest and abdomen, fold back the bath sheet down to the pubic region and clean the abdomen under the bath towel with soapy and wet sponge cloth. Dry well. Remove the bath towel and cover the patient with the bath sheet again. You can change the water in the basin at this point of time.Turn the patient to abdomen or side lying position. Place the towel lengthwise along the patients' back. Expose back and clean with soapy and wet sponge cloth using long and firm strokes. Clean the buttocks and anus also. Dry the back and massage the back with spirit or oil and powder in long circular movements.You can dress the patient in upper garments and cover with bath sheet. Expose the farthest legs, spread bath towel under the leg. Bend the knee and clean with soap and water using long and film strokes from ankle to knee and from knee to thighs. Dry well. Foot can be soaked in water for 3-5 minutes by placing the basin on the bed and then cleaned and dried paying attention between the toes and nails. Expose genitalia (private part) and clean the perineum the same way. The patient can do it himself if he is able to do so. Put on the lower garments, comb hair, cut nails.Remove bath sheet and cover with blanket or top sheet. Remove, clean, and replace articles. Leave patient comfortable. Wash your hands.

7.5.2 Performing Mouth Care in Conscious

Explain the procedure to the patient. Make the patient sit in bed by giving pillow support to the back. Place a rubber sheet with towel across the chest of the patient.Wash your hands and help the patient to rinse his mouth with water. Use a bowl to collect waste water. Wet the toothbrush, apply toothpaste and give it to the patient. Tell the patient to brush all sides of teeth, i.e. outer side, inner side, front teeth, sides of teeth, chewing surface. Brushing should be done from gum to enamel of teeth.When brushing is done, wash the brush and keep it. Help the patient to rinse his

mouth. Mouth wash solutions (as described earlier) or plain water can be used.Ask the patient to massage the gums with fingers. Help the patient to wash his face and teeth and wipe with a towel. With a cotton bud, apply glycerin or oil or cream on lips. Make the patient comfortable. Remove, clean and replace articles and wash your hands

7.5.3 Performing Mouth Care In Unconscious

Place the patient on his back with his head turned to your side or turn him to his side with his face facing you. Place a rubber sheet with towel under his head. Place the bowl to receive waste water close to the cheek of the patient. Wash your handsWrap a gauze piece around artery forceps. Ensure that the tips of the forceps are completely covered with the gauze. Wet the gauze and dip it in a cleaning agent and clean all the surfaces of the teeth. You can use as many gauze as required to clean the teeth. Take a spoon and depress the tongue with it and clean the inner and chewing surfaces of the teeth using the cleaning agent. Wet the gauze with mouthwash solution and plain water and clean the tongue and mouth thoroughly. **Do not pour water into patient's mouth.** Apply glycerin or cream or oil on lips with cotton bud. Leave the patient comfortable. Remove, clean and replace articles. Wash your hands.)

7.5.4 Performing Eye Care

Explain the procedure to the patient. Keep the patient on his back with a pillow under his back. Cover the pillow with rubber sheet and towel and keep the empty bowl on it.Wash hands always before and after the procedure. Pick up one cotton ball with a boiled spoon. Squeeze off the water from the ball by pressing it against the inner side of the bowl. Take the cotton ball between your thumb and forefinger without touching the spoon. Taking care that area of the cotton ball touched by the fingers do not come in contact with eyes, clean the eye from inside to outside angle of the eye. Throw the ball in dustbin/paper bag. Use one cotton ball for cleaning once.Continue cleaning using more cotton balls till eye is clean. If dry crusts are on the eye, keep a wet cotton ball on the closed eye until the crust becomes soft. Repeat the same for the other eye.Wipe the face with a face towel. Remove articles from bedside.Make the patient comfortable. Wash your hands with soap and water and dry them.

7.5.5 Performing Hair Wash

Explain the procedure to the patient. Collect all articles near the bed of the patient. Close doors, windows, draw curtains to provide privacy and to prevent crossing of air. Remove the blanket or top sheet of the patient and cover him with bed sheet or bath sheet. Remove pillows under the head, back etc. Place the patient on his back and bring his head and shoulders to the edge of the bed, placing him diagonal on the bed. Place the pillow under the shoulders so that head is slightly tilted back. Cover the pillow with rubber sheet. Take a newspaper, roll it into a horse shoe shape and place the rubber sheet flat on it. Roll the edge of the rubber sheet over the roll of the newspaper to form a rim. This device is placed under the head of the patient and the open flat end of the rubber sheet is received into the bucket so that flow of water poured over the hair can be directed into the bucket to receive dirty water. Plug ears with cotton balls and cover the eyes with a folded face towel. Wash hands and loosen and comb the hair.Mix hot and cold water in bucket or basin. Wet the hair by pouring water over the hair and scalp. Apply shampoo and make lather. Clean the hair and massage the scalp with fmgertips. Clean properly from front hairline to the back of the head. Rinse thoroughly with water to remove shampoo. Squeeze off water from the hair. Wrap the head in a bath towel. Dry face, neck etc. Dry hair and scalp. Remove the rubber sheet, cotton plugs from the ears. Make the patient comfortable. Put on blankets or top sheet etc. after removing the bath sheet. Wash and replace articles and wash hands.

7.5.6 Performing Nail & Foot Care

Wash your hands and arrange the articles at bedside. If possible, make the patient sit on a chair or bed. Spread the rubber sheet with towel on the bed or patient's lap.Keep the basin with warm water in it. The temperature of water should be checked by touching it with the back of the hand. The patient can also be made to do so. Dip the fingers of the hand of the patient in the water for 10-20 minutes.Now take a big bowl or tub of warm water. Check it's temperature the same way.Keep this big bowl or tub on floor lined with newspaper and ask the patient to dip his feet in it for 10-20 minutes. After 10-20 minutes, remove both the bowls and dry the fingers and the feet thoroughly. Cut the finger and toe nails and shape them with a file. Apply vaseline or cream to the hands and feet.Make the patient comfortable. Remove, clean and replace articles and wash your hands.

7.5.7 Back Case

Explain the procedure to the patient

Adjust light, temperature and sound within room

Close curtains around bed. Lower side rails and help the patient assume prone or side lying sim's position with back towards you

Expose the patient's back, shoulders, upper arm and buttocks.

Cover the remainder of the body with a bath blanket. Spread mackintosh and towel alongside the patient's back.

Wash your hands in warm water

Wash back with mild soap thoroughly from cervical spine to the coccyx, wash off the soap and dry.

Inform patient that lotion will feel cool and wet.

Apply hands first to sacral area massaging in circular motion. Stroke upward from buttocks to shoulders. Massage over scapulae with smooth, firmstrokes. Continue in one smooth stroke from upper back to arm and laterally alongside of back, down to iliac crests.Till the end of the procedure. Continue massage pattern for at least 3 min. (figure 2)(EFFLEURAGE)

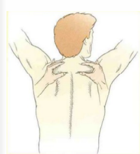


Figure 1

Do not take the hands off from patient's back

Knead skin by gently grasping tissue between your thumb and fingers, knead upward along one side of spine from buttocks to shoulders and around nape of the neck, knead downwards towards sacrum, repeat along other side of back for 3 min (PETRISSAGE)

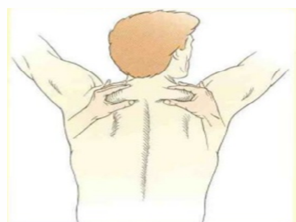


Figure 2

Perform tapotement (tapping movement with medial aspects of hands on side of spine from sacral region upwards) for 2 min.

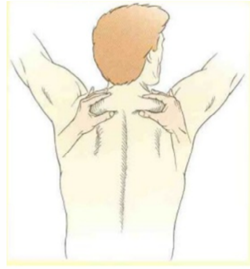


Figure 3

Wipe excess lubricant from patients back with bath towel/tissues. Re-tie gown or assist with pajamas. Help patient to comfortable position. Raise side rails as needed, lower bed and open curtains.

Apply talcum powder on the back

Remove the mackintosh and towel, put the patient's clothes and make him comfortable.

Dispose of soiled towel and wash hands

Record response to massage and condition of skin.

7.5.8 RECORD OF CASES

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving bed bath

List difficulties faced & their solutions while performing mouth care

List difficulties faced & their solutions while doing denture care

List difficulties faced & their solutions while giving eye care

List difficulties faced & their solutions giving hair wash & combing

List difficulties faced & their solutions while providing nail & foot care

List difficulties faced & their solutions while providing back care

List difficulties faced & their solutions while Assisting a Patient in Clothing

ignou
THE PEOPLE'S
UNIVERSITY

Date & time

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving bed bath

List difficulties faced & their solutions while performing mouth care

List difficulties faced & their solutions while doing denture care

List difficulties faced & their solutions while giving eye care

ignou THE PEOPLE'S UNIVERSITY

List difficulties faced & their solutions giving hair wash & combing

List difficulties faced & their solutions while providing nail & foot care

List difficulties faced & their solutions while providing back care

List difficulties faced & their solutions while Assisting a Patient in Clothing

Date & time

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving bed bath

List difficulties faced & their solutions while performing mouth care

List difficulties faced & their solutions while doing denture care

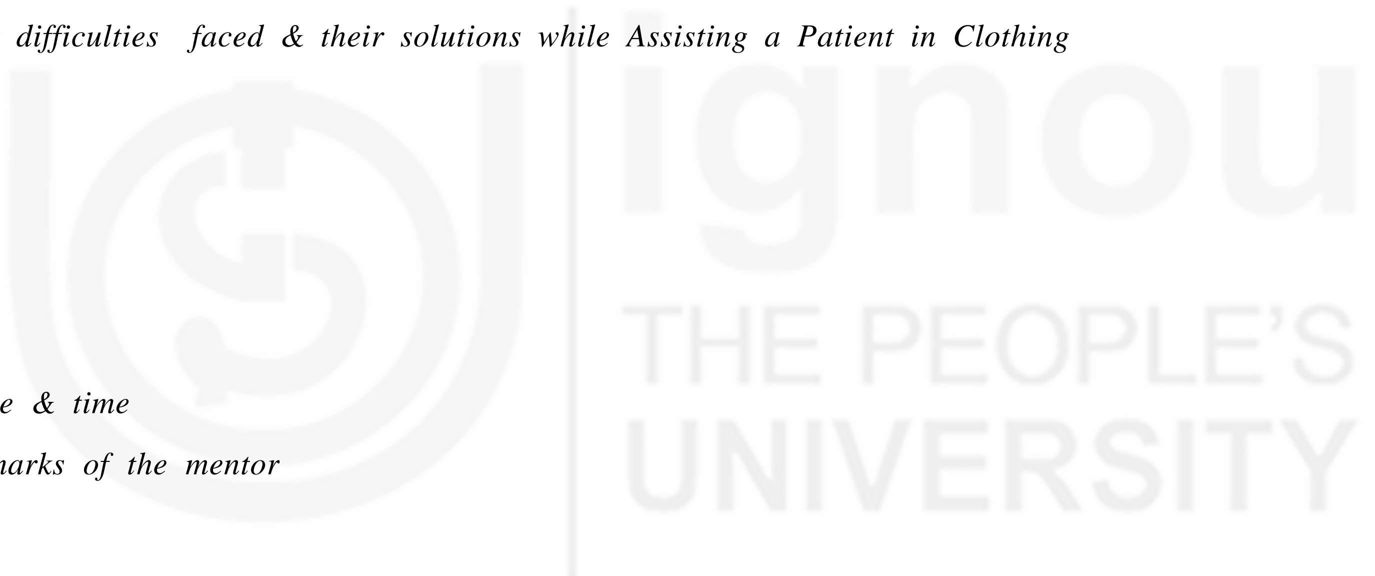
List difficulties faced & their solutions while giving eye care

List difficulties faced & their solutions giving hair wash & combing

List difficulties faced & their solutions while providing nail & foot care

List difficulties faced & their solutions while providing back care

List difficulties faced & their solutions while Assisting a Patient in Clothing



Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving bed bath

List difficulties faced & their solutions while performing mouth care

List difficulties faced & their solutions while doing denture care

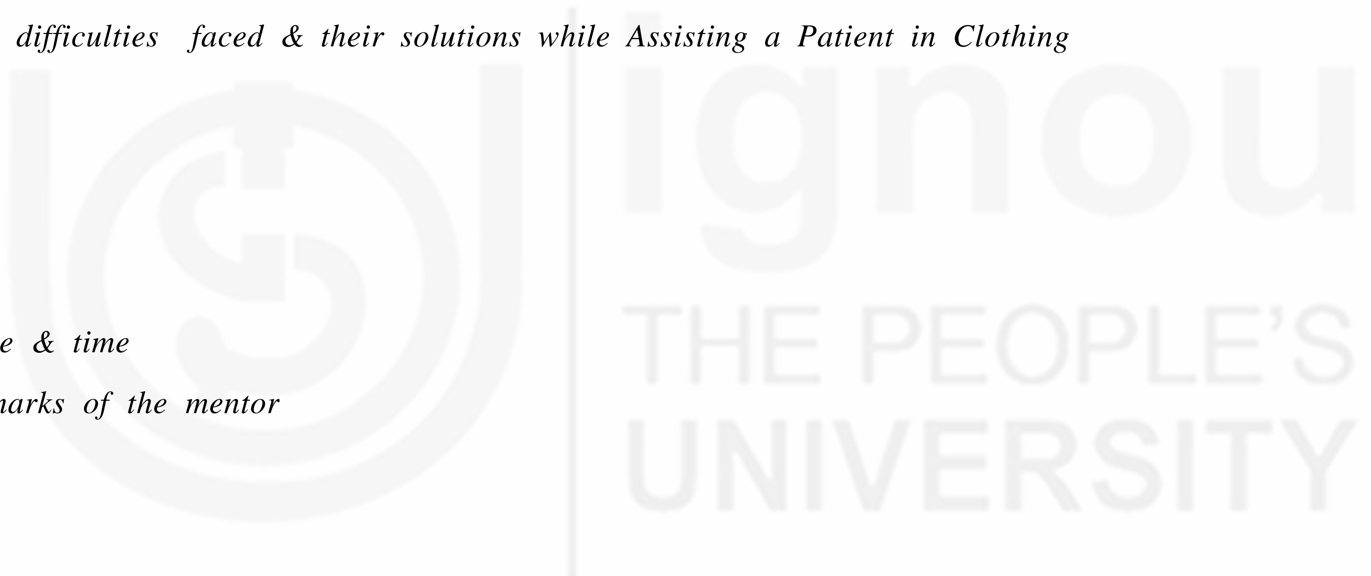
List difficulties faced & their solutions while giving eye care

List difficulties faced & their solutions giving hair wash & combing

List difficulties faced & their solutions while providing nail & foot care

List difficulties faced & their solutions while providing back care

List difficulties faced & their solutions while Assisting a Patient in Clothing



Date & time

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving bed bath

List difficulties faced & their solutions while performing mouth care

List difficulties faced & their solutions while doing denture care

List difficulties faced & their solutions while giving eye care

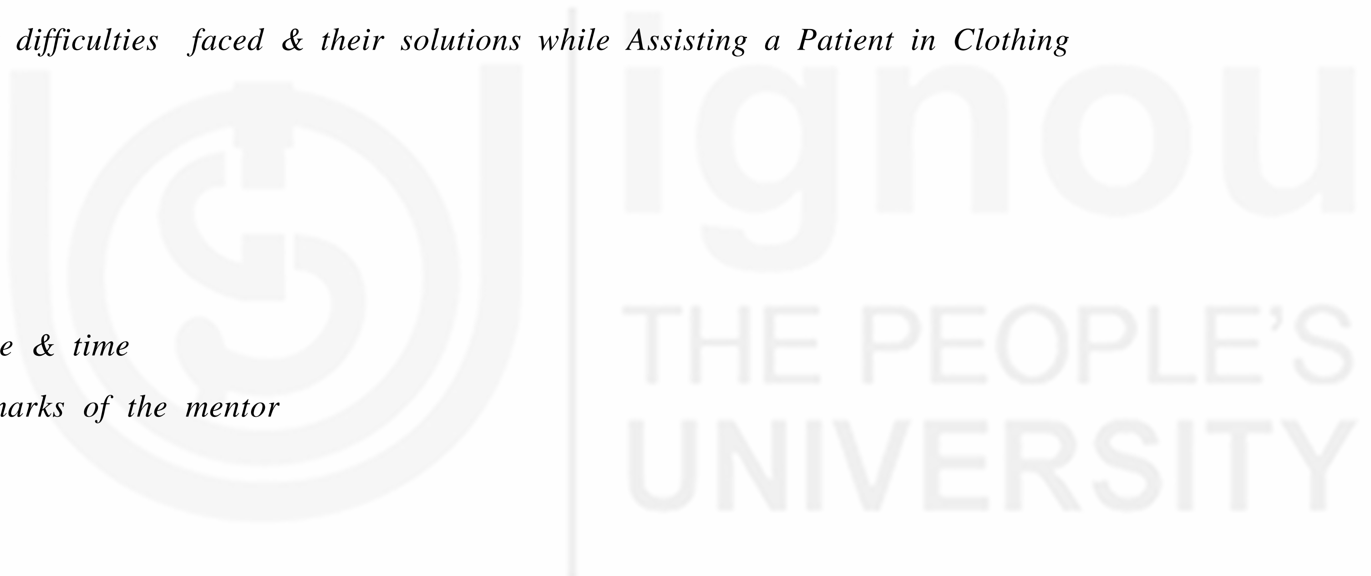
ignou THE PEOPLE'S UNIVERSITY

List difficulties faced & their solutions giving hair wash & combing

List difficulties faced & their solutions while providing nail & foot care

List difficulties faced & their solutions while providing back care

List difficulties faced & their solutions while Assisting a Patient in Clothing



Date & time

Remarks of the mentor

7.5.9 Summary of 5 Cases for Each Activity

Note: Mention Name, Age & Sex of Patient for each case

Name of activity /Person	I	II	III	IV	V	Remarks	Signature of mentor
Bed Bath							
Mouth Care & brushing							
Care of Dentures							
Hair Wash & combing							
Eye Care							
Foot and Nail Care							
Back Care							
Assisting a Patient in Clothing							

ignou THE PEOPLE'S UNIVERSITY

7.6 SPECIMEN COLLECTION

7.6.1 Collecting Urine Sample

Wash hands and wear gloves. Use specimen container with lead having wide mouth Give a bed pan to the bed ridden patient. Assist or allow the client to wash the private parts and collect the specimen. Ask the patient to pass some amount of urine and then collect sample in the middle. Once the patient stops passing urine, remove the bedpan, and make the patient comfortable. Replace the cap on the specimen container and remove the gloves.Label it with name, age, sex, nature of examination. Transport the specimen to the laboratory with in 15 minutes or immediately refrigerate. Record Date and Time of collection of specimen.

7.6.2 Collecting Stool Sample

Explain the procedure. Ask the client to pass stool. Instruct the client to defecate into clean dry bed pan. Wear gloves. With a clean wooden spatula lift up a portion of the stool from the center of the mass and place it into the labeled container. Remove the gloves.Wrap spatula in waste paper and discard properly. Send the specimen to the laboratory immediately. Make the client comfortable. Replace equipments after cleaning. Wash hands with soap and water.

7.6.3 Collecting Sputum Sample

Instruct the client to cough up the early morning sputum/specimen in the container after rinsing the mouth with plain water only to obtained overnight accumulated secretions. Help/encourage the patient to cough deeply to get lumps or thick sputum. Ask the patient to take deep long breath 2-3 times and then cough out deeply from the chest, collect the sputum in the mouth and then gently put it into it. Remove the lid and place sputum in it.- you can show to the patient how to open and close the container. Take care that the patient does not spoil the external surface or outer part of container. Send the labeled container to the laboratory as early as possible. Make the patient comfortable. Wash hand thoroughly.

7.6.4 Record Of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Collecting urine sample

Purpose of urine sample (routine examination, Microscopic examination, Urine culture)

Collection of urine specimen from Bed pan/from patient/catheter/24 hours collection

Date & time of sample collection

Remarks of the mentor

Collecting stool sample

Purpose of stool sample

Collection of stool specimen from Bed pan/from patient

Date & time of sample collection

Remarks of the mentor

Collecting sputum sample

Purpose of sputum sample (Microscopic examination for AFB/ Culture)

Collection of sputum specimen -fresh/24 hours collection

Date & time of sample collection

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Collecting urine sample

Purpose of urine sample (routine examination, Microscopic examination, Urine culture)

Collection of urine specimen from Bed pan/from patient/catheter/24 hours collection

Date & time of sample collection

Remarks of the mentor

Collecting stool sample

Purpose of stool sample

Collection of stool specimen from Bed pan/from patient

Date & time of sample collection

Remarks of the mentor

Collecting sputum sample

Purpose of sputum sample (Microscopic examination for AFB/ Culture)

Collection of sputum specimen -fresh/24 hours collection

Date & time of sample collection

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Collecting urine sample

Purpose of urine sample (routine examination, Microscopic examination, Urine culture)

Collection of urine specimen from Bed pan/from patient/catheter/24 hours collection

Date & time of sample collection

Remarks of the mentor

Collecting stool sample

Purpose of stool sample

Collection of stool specimen from Bed pan/from patient

Date & time of sample collection

Remarks of the mentor

Collecting sputum sample

Purpose of sputum sample (Microscopic examination for AFB/ Culture)

Collection of sputum specimen -fresh/24 hours collection

Date & time of sample collection

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Collecting urine sample

Purpose of urine sample (routine examination, Microscopic examination, Urine culture)

Collection of urine specimen from Bed pan/from patient/catheter/24 hours collection

Date & time of sample collection

Remarks of the mentor

Collecting stool sample

Purpose of stool sample

Collection of stool specimen from Bed pan/from patient

Date & time of sample collection

Remarks of the mentor

Collecting sputum sample

Purpose of sputum sample (Microscopic examination for AFB/ Culture)

Collection of sputum specimen -fresh/24 hours collection

Date & time of sample collection

Remarks of the mentor

ignou
THE PEOPLE'S
UNIVERSITY

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Collecting urine sample

Purpose of urine sample (routine examination, Microscopic examination, Urine culture)

Collection of urine specimen from Bed pan/from patient/catheter/24 hours collection

Date & time of sample collection

Remarks of the mentor

Collecting stool sample

Purpose of stool sample

Collection of stool specimen from Bed pan/from patient

Date & time of sample collection

Remarks of the mentor

Collecting sputum sample

Purpose of sputum sample (Microscopic examination for AFB/ Culture)

Collection of sputum specimen -fresh/24 hours collection

Date & time of sample collection

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

7.6.5 Summary of 5 Such Cases

Name, age & sex of person

Name of specimen /Person	I	II	III	IV	V	Remarks	Signature of mentor
Urine Routine							
Urine culture							
Stool							
Sputum							
Sputum culture							

7.7 NUTRITIONAL, ELIMINATION & MEDICATION NEEDS

7.7.1 Feeding Bed Ridden Person/ Patient

(Explain procedure to the patient. Check the physician orders for any specific precaution regarding diet. Position the patient in fowler's position and spread the mackintosh over patient's chest. Tell you patient that you are helping him/ her in feeding or if patient is able to eat him self then make sure that he eats well. Feed the patient slowly and in small amounts, encourage to chew and swallow. Give water in between if he/she wants. Help the patient to rinse his/her mouth, wash hands and dry them with towel.)

RECORD OF CASES

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Type of feed Solid/Liquid

Name & amount of the of the food items given

List difficulties faced & their solutions while feeding the bedridden patient

Date & time

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Type of feed Solid/Liquid

Name & amount of the of the food items given

ignou
THE PEOPLE'S
UNIVERSITY

List difficulties faced & their solutions while feeding the bedridden patient

Date & time

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Type of feed Solid/Liquid

Name & amount of the of the food items given

List difficulties faced & their solutions while feeding the bedridden patient

Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Type of feed Solid/Liquid

Name & amount of the of the food items given

List difficulties faced & their solutions while feeding the bedridden patient

Date & time

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Type of feed Solid/Liquid

Name & amount of the of the food items given

List difficulties faced & their solutions while feeding the bedridden patient

Date & time

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

7.7.2 Assist in Feeding Through Ryle's Tube

(Explain the procedure to the patient. Bring the collected articles to bedside. Put the patient in fowler's position or sitting position. Spread mackintosh and towel over the patient's chest / we could use a water proof apron. Clean the nostrils with wet swab sticks. Wash hands with soap and water and put or gloves. Remove the piston by pinching tube near the point of attachment of syringe so that air does not enter into the tube. Pour the feed into the barrel of syringe, let it flow freely; refill the syringes before it gets empty. Give 200m1 feed at a time. After the feed, give 10-20 ml water to flush out the tube to keep it clean. Clamp the tube and make the patient comfortable. Keep the head of bed elevated for 30-60 minutes after the feed.)

Record of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Name & amount of the of the food items given

List difficulties faced & their solutions while assisting in feeding through Ryles tube

Date & time

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

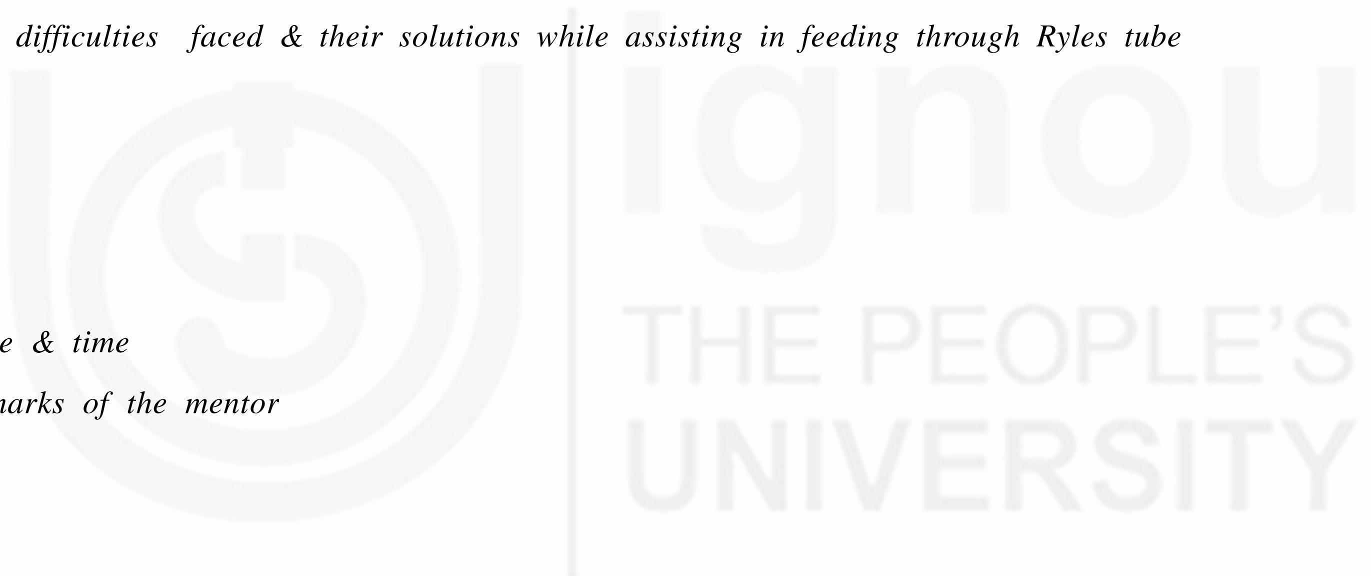
Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Name & amount of the of the food items given

List difficulties faced & their solutions while assisting in feeding through Ryles tube


ignou
THE PEOPLE'S
UNIVERSITY

Date & time

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Name & amount of the of the food items given

List difficulties faced & their solutions while assisting in feeding through Ryles tube

ignou
THE PEOPLE'S
UNIVERSITY

Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Name & amount of the of the food items given

List difficulties faced & their solutions while assisting in feeding through Ryles tube

Date & time

Remarks of the mentor

ignou
THE PEOPLE'S
UNIVERSITY

Case-5

Identification Data:

Name

Age/Sex

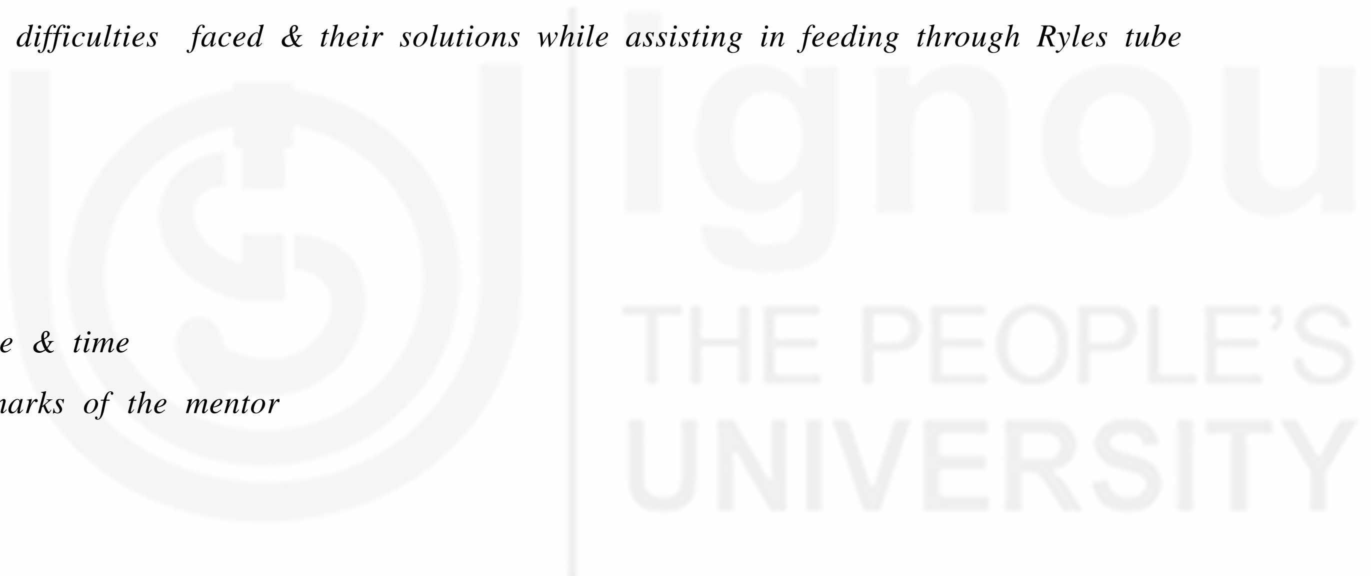
Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

Name & amount of the of the food items given

List difficulties faced & their solutions while assisting in feeding through Ryles tube



Date & time

Remarks of the mentor

7.7.3 Steps for Providing Urine Pot

Assesse the patients normal urinary elimination habits Palpate for distended bladder

Assess patients knowledge of using urinal

Wash hands and wear glovesProvide privacy by closing door and bedside curtain

Assist the patient to appropriate position·

Ask the patient to put the urinal between his legs if patient is unable to do then you assist in placing the urinal.

- Spread the patient's legs if he cannot do it himself.
- If the patient needs extra help, place his penis into the opening at the top of the urinal.
- Position the urinal in place and hold it while the patient urinates.

Carefully remove the urinal when the patient has done.

Provide wash cloth to the patient and advise him to clean and gently wipe between the legs.

Dry the area between the person's legs.

Provide him with a wet towel or cloth to clean the hands, if patient wishes to do so.

Ensure that the patient is comfortable

Measure the urine and inform to the assigned the nurse.

Wash the urinal with soap and water, dry it and keep in the utility room.

Remove gloves and wash hands thoroughly

7.7.4 PROVIDING BED PEN

Steps for Providing Bed Pen

Explain the procedure to the patient and tell him /her clearly that you are going to assist him in using the bedpan

Call for help if you are not be able to support the patient by yourself

Close the door and put curtains

Collect all the articles near to the bed side M

ake the bed flat by lowering the head end of the bed to help the patient to roll.

Ensure with the assigned staff nurse that making the patient in flat supine position is permitted by the doctor.

Put on the disposable glovesPut the side rails on the other side of the bed and assist the patient to gently roll to the other side of the bed holding the side rails. If the patient is not able to roll tell the other person to hold the patient from the other side.

Place the rubber sheet or waterproof disposable pad under the patient and ensure proper position.

Bring warm bedpan to patient rinsed it with warm water Place the curved end of the bedpan correctly under patient's buttocks.

To make sure that the bedpan has been rightly placed, ask the patient to spread the legs.

After positioning patient on bedpan, raise head of the bed

Cover patient with bed linen and permit patient to be alone with call bell within reach.

Elevate side rails When the patient is done, lower

The head of the bed, help the patient to turn his /her side by holding the side rails Remember to support the bedpan while the patient is turning.

Gently remove the bedpan and cover tit with the lid and place it under the bed.

Keeping the patient stay inside lying position clean the buttock and genital of the patients with wet towel or wipes and dry with tissue paper or towel.

Clean in between the legs also.

In female patients ensure that you clean from front to back to prevent ascending infection.

If the patient is able to clean by themselves then provide the cloth to the patient hand and encourage them to clean properly.

Remove the rubber sheet or water proof disposable padAllow the patient to return to a comfortable position as before.

Provide him with a wet towel or cloth to clean the hands, if he or she wishes to do so.

Ensure that the patient is comfortable and ask them whether them they want anything else before you leave.

Empty the contents in to the toilet and flush them away.

Clean the bedpan with soap and water and replace in the utility room

Remove gloves and wash hands.

7.7.5 CONDOM DRAINAGE

Explain the procedure to the patient and prepare him for the same.

Provide privacy by closing the door or providing a screen.

Assemble all the articles near to the patient's bed side.

Place patient in supine position. Fold down the bedcovers to expose the genital area and drape the patient with draping sheet

Wash hands and wear gloves (Use clean technique throughout)

Assess the skin of the penis, measure circumference of penis using measuring tape to ensure catheter is of correct size.

Wash penis with soap and water (If patient is uncircumcised, retract the foreskin and clean). Rinse and dry thoroughly. If patient has excess hair, trim with hair trimmer or razor carefully (unless contraindicated by policy or patient's condition).

Remove the gloves and dispose of in the kidney tray.

Wash hands and wear a new pair of gloves.

Apply skin prep to penis and let it dry.

Holding penis in non- dominant hand. With dominant and places the condom at the end of the penis and slowly unroll it up and along the shaft. Leave 1 to 2 inches (2.5 to 5 cm) between the tip of the penis and the drainage tube on the catheter.

Secure the condom onto the penis using adhesive tape.

Attach the catheter to the drainage bag. Ensure that there are no kinks or twists.

Secure drainage tube at patient's thigh using adhesive tape.Cover the patient.

Ask patient for any discomfort or itching.

Dismantle the tray, discard the waste following BMW protocol.

Remove the gloves. Wash hands and replace all the articles

7.7.6 CLEANING AND REPLACING URINARY BAG

Steps for Cleaning and Replacing Urinary Bag

Explain the procedure to the patient

Collect all the articles

Wash hands and wear clean gloves

Spread the sheet or tissue below the urine bag and keep the measuring jug over that.

Hold the drainage tap over the measuring jar. If the urine bag has valve then hold the stem of the drainage tap with one hand and pull downwards to open the valve and to drain the urine collection bag

Some bags may have opening at the top. In that case tilt the urine bag to drain urine in to the jug.

Pull upwards and lock the urine collection bag or close the tube with the cap.Don't touch the tip of the valve.

Show the urine amount to the concerned staff and ensure recording of the amount and characteristics

Remove and discard the gloves and wash hands

Wear new clean gloves

Pinch the Urinary Catheter using your fingers and remove the collection bag from the catheter without touching the ends of the connecting tube.

Wipe the end of the catheter tube with alcohol wipes and connect the new bag in to the catheter tip

Discard of the urine collection bag in the respective bin.

Remove gloves and wash hands thoroughly

Check that there are no kinks in the tubes and urinary bag

Tie the collection bag to the bed below the wait level of the patient. Ensure that the urine is draining properly.

Make the patient comfortable .Report the procedure and ensure documentation.

Record of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while provinding urine pot

List difficulties faced & their solutions while provinding bed bath

List difficulties faced & their solutions while provinding performing condom dranage

List difficulties faced & their solutions while provinding cleaning and replace urinary

Date & time

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while provinding urine pot

List difficulties faced & their solutions while provinding bed bath

List difficulties faced & their solutions while provinding performing condom dranage

List difficulties faced & their solutions while provinding cleaning and replace urinary

Date & time

Remarks of the mentor

ignou THE PEOPLE'S UNIVERSITY

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while provinding urine pot

List difficulties faced & their solutions while provinding bed bath

List difficulties faced & their solutions while provinding performing condom dranage

List difficulties faced & their solutions while provinding cleaning and replace urinary

Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while provinding urine pot

List difficulties faced & their solutions while provinding bed bath

List difficulties faced & their solutions while provinding performing condom dranage

List difficulties faced & their solutions while provinding cleaning and replace urinary

Date & time

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while provinding urine pot

List difficulties faced & their solutions while provinding bed bath

List difficulties faced & their solutions while provinding performing condom dranage

List difficulties faced & their solutions while provinding cleaning and replace urinary

Date & time

Remarks of the mentor

7.7.7 Applying Suppository

Check the general condition of the patient. Keep the required articles near bedside. Provide privacy by closing the door at the room (or) by pulling the curtain. Place a mackintosh with a towel under the patient's buttocks to protect the bed. Wash your hands thoroughly before and after the procedure. Assist patient in assuming left side lying position with upper leg flexed. Wear gloves.Remove suppository from its package and lubricate the rounded end with jelly. Lubricate your gloved index finger also with jelly. Ask patient to take slow deep breath through mouth and to relax anal sphincter. Separate the buttocks with the left hand and insert the suppository into the anus. Once it has gone inside the anus, push it further (at least 10 cm in adults & 5 cm in children) with the lubricant gloved index finger. Withdraw finger and wipe patient's anal area with tissue paper (or) clean cloth. Discard gloves turning them inside out.Ask patient to remain flat or on the side for 5 minutes. Make sure that the suppository is in place. Instruct the patient to retain the suppository as long as it is possible and comfortable(at least for 20-30 minutes).Help the patient to go to the toilet if s/he wants to pass stool or ask about relieve in pain.

Record Of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while applying supervisory

Date & time

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while applying supervisory

Date & time

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while applying supervisory

Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while applying supervisory

ignou
THE PEOPLE'S
UNIVERSITY

Date & time

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while applying supervisory

Date & time

Remarks of the mentor

7.7.8 Giving Enema

Assess the status of patient (last bowel movement, normal bowel pattern, abdominal pain and piles etc. Explain the procedure to the patient to get his cooperation. Provide privacy by closing the door (or) pull the curtain.Keep all articles near the bedside. Wash hands and wear gloves to prevent (or) reduce infection. Place the mackintosh under the patients hip. Position the patient in left side - lying with right knee flexed. Cover the patient with a bath sheet (or) bed sheet exposing only anal area. Keep the bed pan in an easily accessible position.Remove plastic cap from the tip of an enema pocket. Lubricate the tip with jelly if needed. The tip is already lubricated. Gently separate the buttocks and locate anus as done while inserting rectal thermometer also. Ask patient to relax by breathing through mouth. Insert tip of an enema pocket gently in to the rectum. Approximately 7.5 to 10 cm to be inserted if the patient is adult, in case of child 5 to 7.5 cm to be inserted. Squeeze the pocket until all the solution has entered in to the rectum and colon. Explain that the feeling of distension is normal. Instruct the patient to retain solution until an urge to defecate occurs. It occurs usually in 5 to 10 minutes. Place toilet tissue (or) cloth piece around the tube at anus and withdraw the tube. Discard the disposable items in proper container. Assist patient to go to the toilet (or) help to position on bed pan.

Record Of Cases

Case-1

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving enema

Date & time

Remarks of the mentor

Case-2

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions giving enema

Date & time

Remarks of the mentor

Case-3

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions giving enema

Date & time

Remarks of the mentor

Case-4

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving enema

Date & time

Remarks of the mentor

Case-5

Identification Data:

Name

Age/Sex

Indoor Id number/Address

Key findings of the case/ person

Status of patient: Ambulatory/ Bed ridden

List difficulties faced & their solutions while giving enema

Date & time

Remarks of the mentor

7.7.9 Record Atleast 5 Cases For Each Activity

Name, age & sex of person							
Name of activity /Person	I	II	III	IV	V	Remarks	Signature of mentor
Feeding helpless/bed ridden person/ patient	Date: Ward Unit: Name: Age: Sex:						
Feeding Through Ryle's Tube	Date: Ward Unit: Name: Age: Sex:						
Care for Elimmation need	Date: Ward Unit: Name: Age: Sex:						
Replacing Urine bag	Date: Ward Unit: Name: Age: Sex:						
Applying Suppository	Date: Ward Unit: Name: Age: Sex:						
Giving Enema	Date: Ward Unit: Name: Age: Sex:						

ignou THE PEOPLE'S UNIVERSITY

7.8 CARE OF BED RIDDEN INDIVIDUAL: SPECIAL PROCEDURE

7.8.1 Giving hot water bottle

Steps for Giving Hot-Water Bottle

1. Wash hands
2. Take the require amount of water in a jug.
3. Pour some water into the hot water bag and empty it.
4. Fill one-half to two-third of the bag with the hot water (do not pour boiling water).
5. Place the bag over the flat surface and expel the air, cork it tightly.
6. Dry the outside of the bag with duster and check for leakage.
7. Put on the cover or wrap in towel and take it to the bed side.
8. Apply the hot water bag over the area and cover it with sheet.
9. Keep the bottle in place for about 20-30 min and then change the position of the bag frequently.
10. Inspect the area for any redness or scalding.

ignou
THE PEOPLE'S
UNIVERSITY

7.8.2 Giving sitz bath (hip bath)

Steps for Sitz bath (hip bath)

1. Test the water in basin it should not be to warm.
2. Assist the client in position properly. The client should be able to sit in the basin or tub with the feet flat on the floor without any pressure on the back or thigh.
3. Wrap the blanket around the shoulder.
4. Monitor the client closely for signs of weakness and fatigue. Discontinue the bath if it occurs.
5. Do not leave the client alone in bath tub.
6. When the bath is completed assist the client to come out of the bath and dry well.
7. Client may feel sleepy after the bath, so care should be taken to prevent falling.
8. Record the procedure.

7.8.3 Hydrotherapy

Steps for Hydrotherapy

- ❖ Explain to the patient what you will be doing.
- ❖ The bath is ineffective if the patient is nervous or frightened.
- ❖ Record the temperature before beginning the bath.
- ❖ Gather the needed supplies: bath basin, several washcloths, towels and a bath sheet.
- ❖ Fill the bath basin with tepid water, 80 to 90 degrees Fahrenheit. You may need to refill the basin several times throughout the bath, to prevent the water from becoming too cool.
- ❖ Soak four washcloths in the tepid water and wring out the excess.
- ❖ Place one washcloth under each of the patient's arms and one on each side of his groin.
- ❖ The blood vessels are close to the skin in these areas, and this will help to cool the patient more effectively.
- ❖ At first, the patient will be chilled by this; allow several minutes for his body to adjust to the temperature of the water.
- ❖ Sponge each of the patient's limbs for five minutes.
- ❖ Keeping the lower half of the patient covered; begin sponging his arms and chest. Work your way to the legs, keeping the patient covered with a towel in the areas you are not bathing.
- ❖ Sponge the back and buttocks for ten minutes.
- ❖ This time is essential to lowering the temperature effectively.
- ❖ Continue to monitor the patient's temperature at intervals throughout the bath procedure. Replace the tepid water if chilled.
- ❖ If at any time the patient becomes chilled and begins shivering, stop the bath.
- ❖ Discontinue the bath once the temperature has reached a normal level. Cover the patient with the bath sheet.

ignou THE PEOPLE'S UNIVERSITY

7.8.4 Application of Ice Bag

Steps for Application of Ice Bag
Explain the procedure to the client.
Fill the ice bags with water and check for the leakage.
Empty the bag.
Fill the bag half to two third with crushed ice.
Sprinkle salt.
Keep the bag on flat surface and squeeze out the air.
Screw the cap tightly.
Apply on the area.
The ice bag is applied for 30 minutes and then it is discontinued for atleast 1 hour.
Wash hands
Record the body temperature after 30 minutes.

7.8.5 STEAM INHALATION

Steam inhalation is an application of moist heat either plain or medicated to the respiratory passages.

Procedure

- Wash hands
- Collect articles required
- Prepare the steam inhaler
- Take cold water in its capacity
- Warm the inhaler with little hot water by rinsing it with hot water
- Pour boiling water up to the lower level of the spout
- Cover the mouth pieces with a piece of gauze, put the cork. Plug the spout with a cotton swab
- Cover the inhaler with inhaler cover or with the big towel and place in a bowl
- Take it to the patients bed side
- Explain the procedure to the patient
- Put patient in a comfortable sitting position, and place the inhaler on the cardiac table in a way the spout points away from the patient. Remove cotton plug.
- Cover the patient's head, shoulders and inhaler with the blanket and ask the patient to inhale through the mouth piece for 15-20 minutes. Remove inhaler after the prescribed time
- Leave the cotton swabs, sputum mug and face towel within reach of the patient.
- After inhalation keep him well covered for fifteen minutes. Do not expose him suddenly to the atmosphere to prevent chills.
- Make the patient comfortable.
- Ask the patient to cough and bring out sputum (chest physiotherapy may be given if needed).
- Wash inhaler and mouth piece. Boil the mouth- piece for 3 minutes.
- Clean the tea spoon with spirit.
- Replace all articles.
- Record the duration and effect of the procedure on the patient's record.

- Wash hands.

Note: Switch off the fans, close the window before procedure. Special points to remember — during steam inhalation.

Special points to remember during steam inhalation

1. You can ask the patient to pass urine before steam inhalation.
2. During procedure if patient starts coughing or expectorating sputum, the spout may be closed with cotton balls to prevent escape of steam.
3. Never leave the patient alone during the procedure, inhaler may tilt and patient may get burns.
4. The level of water should remain below the spout to prevent burns.
5. Keep the patient warm before, during and after inhalation to prevent droughts and chilling.
6. Instruct the patient to close the eyes when any drug is used for inhalation.

ignou
THE PEOPLE'S
UNIVERSITY

7.8.6 NEBULIZATION

Nebulization is a process of adding medications or moisture to inspired air by mixing particles of various sizes with air. Adding moisture to the respiratory system through nebulization may improve clearance of pulmonary secretions. Medications such as bronchodilators, mucolytics and corticosteroids are often administered by nebulization (Fig. 6.6).

Nebulizers are used to treat

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD), and
- Other conditions where inhaled medicines are indicated. **Steps of using a nebuliser**
- Add prescribed medication to nebulizer.
- Make sure that he does not take more than two to three puffs every four hours, if required more consult the doctor.
- As orderedadminister the humidified oxygen by nasal cannula to ease breathing teach the patient and his family about diaphragmatic breathing pursed lip breathing
- If dysphonic, encourage patient to hold every 4th or 5th breath for 5-10 seconds.
- Monitor patient's pulse while on nebulization.
- When at home, parts of the nebulizer should be, rinsed after each use with clean water and air dried.
- Once in a week, nebulizer parts should be soaked in a solution of vinegar and water (one part vinegar to four parts of water) for 30 minutes rinsed thoroughly with clean water and air dried.

Part — 1

Nebulizers deliver a stream of medicated air to the lungs over a period of time.

Part 2 (a) and (b)

Assemble the nebulizer according to its instructions. Connect the hose to an air compressor.*

Part 3

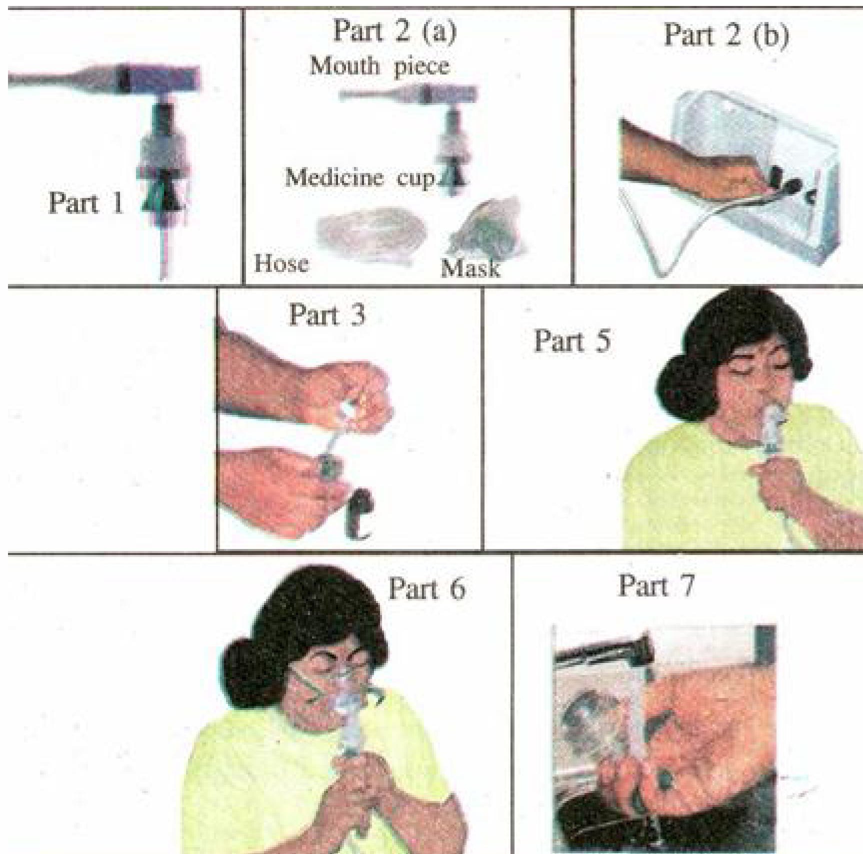
Fill the medicine cup with your prescription, according to the instructions.*.

Part 4

Attach the hose and mouthpiece to the medicine cup*

Part 5

Place the mouthpiece in your mouth. Breathe through your mouth until all the medicine is used, about 10-15 minutes. Some people use a nose clip to help them breathe only through the mouth.



Proceduree of Nebulisation

Part 6

Some people prefer to use a mask

Part 7

Wash the medicine cup and mouthpiece with water, and air-dry until your next treatment.

7.8.7 Check list for Various Positions

Steps for various positions

Supine/Dorsal Position

1. If it is a hospital bed, lower the head end of the bed so that it is flat.
2. Let the patient lie flat on his back.
3. Support head and shoulder by pillow or rolled towel.
4. Keep the upper arm straight with the body and support fore arm with a small pillow or rolled towel.
5. Keep an air cushion under the sacrum and small padded ring to prevent pressure over the bony area. Use a foot board to maintain feet in proper position.

Semi Supine/Semi Dorsal Position

1. Help the patient lie on his back with two or more pillows arranged in arm chair fashion.
2. Support head and shoulder with pillows.
3. Keep an air cushion under the sacrum and small padded rings to prevent pressure over the bony areas.
4. Use a foot board to maintain feet in proper position.

Fowlers (Semi-Sitting) Position

1. Help the patient to sit in the bed in semi-sitting position.
2. Support the head, shoulder and back with back rest and pillows.
3. Support the fore arm with pillows or rolled towel.
4. Raise the knees and support it with small pillow or folded towel.
5. Support the sacrum with air cushions, and heels with small padded rings.

Cardiac (Sitting) Position

1. Help the patient in sitting position.
2. Keep a small table with pillow across the upper legs.
3. Let the patient rest his/her head and arms on the table as h/she feels comfortable

Side lying (Lateral) Position

1. Help the patient roll smoothly either on right or left side as the case may be.
2. Bend both of the patient's knees and place a pillow or folded towel from the knees to the feet to prevent pressure. Upper leg is bent more than the lower.
3. Position the lower arm in such a way that the patient is not lying on the arm. Position the upper arm over the pillow.
4. Make sure the pillow under the head is smooth and the ear is flat.

Prone (Lying on abdomen) Position

1. Help the patient roll smoothly from supine
2. position to his/her abdomen at the centre of the bed.
3. Place a small pillow under patient's head and turn on one side.
4. Make sure the pillow under head is smooth and ear flat.
5. Position the arms at shoulder level with the elbows bent and palms flat on the bed.
6. Place a pillow under the lower leg from the knees to the feet.

7.9 INFECTION CONTROL PROCEDURES

7.9.1 Gloving

Gloving

Step 1 Open the inner glove packet that you previously dropped onto your sterile field

Step 2

- Pick up one glove by the folded cuff edge with your sleeve-covered hand.
- Pick up one glove by the folded cuff edge

Step 3

- Place the glove on the opposite gown sleeve facing palm down, with the glove fingers pointing towards you. The palm of the hand inside the gown sleeve must be facing upward toward the palm of the glove.
- Place the glove's rolled cuff edge at the seam that connects the sleeve to the gown cuff. Grasp the bottom rolled cuff edge of the glove with the thumb and index finger of the hand the glove is on top of.

Step 4

- While holding the glove's cuff edge with one hand, grasp the uppermost edge of the glove's cuff with the opposite hand.

Step 5

- Continuing to grasp the glove, stretch the cuff of the glove over the hand.
- Using the opposite sleeve covered hand, grasp both the glove cuff and sleeve cuff seam and pull the glove onto the hand. Pull any excessive amount of glove sleeve from underneath the cuff of the glove

Step 6

Using the hand that is now gloved put on the second glove in the same manner. Check to make sure that each gown cuff is secured and covered completely by the cuff of the glove

Step 7

- Adjust the fingers of each glove as necessary so that they fit appropriately

7.9.2 Packing of instruments for sterilization

Step-1 laying out the tools

Lay the surgical tools in the middle of the autoclave paper.The indicator card needs to be included with the tools. Space the tools out so they are not lying on top of one another. At this time, if there are any sharp or pointy tools such as sharp tweezers or scissors. Take a piece of gauze and lay it under the tip of the pointy tool. Then fold it over to the top so the points are not exposed.

Step- 2 first fold

To begin the folding process, take the corner that is on the bottom and pull up over the tools. Don't pull way over the tools or the package will become too loose.

Step -3 first tab

On the corner that was just folded, take the point of that corner and fold it down to create a tab. The tab is needed for when opening up the package to keep the items sterile.

Step – 4 second fold

Remember the paper is laid out in the shape of a diamond. Grab the left corner and fold it across to the right side. The goal is to get the package snug but not too tight otherwise the steam and pressure can't flow through the paper and sterilize the tools. The folding can start on either side but for tutorial purposes, I started with the left side.

Step -5 second tab

Just like the last fold, make a tab by folding the tip of the corner back. Again, this helps when opening the package to keep the tools sterile.**Step -6 third fold** Repeat step four but do the opposite for the right side.

Step -7 third tab

Step -8 final fold

All that is left to fold should be the top corner. By now the tools are covered up by the other folds. Take the top corner and fold over the package.In the image, we did fold from the bottom due to wrapping such small instruments. We want to keep them snug.

Step -9 continue final fold

Now wrap the top over. This may wrap around to the backside of the package. It should now look like an envelope. Do NOT make a tab with the corner.

Step -10 indicator tape placement

Finally, instead of making a tab, grab the indicator tape and tape down the corner that was just folded. Make sure it is taped down securely so it does not become loose while in the autoclave.

- Rinsing
- 2. Cleaning: manually or ultrasound washer
- 3. Drying: manually or in natural way
- 4. Inspection and assembly: Damaged item should be condemned, repairable should be repaired then assembled
- 5. Packaging: done with linen/draper after drying and assembling
- 6. Labeling: Done for identification. Date, contents, identification number, bar codes, initial of person who carried out sterilization, initial of packers are used·

7.9.3 Cleaning and Disinfection of Equipments

Endoscope

Pre-clean. Immediately after the procedure, wipe the endoscope with an approved enzymatic solution and flush out channels with a solution to lubricate and loosen debris. Wash the suction, air and water channels according to the manufacturer's instructions.

2. **Test for leaks.** Immerse the scope in water and test for leaks, following your manufacturer's instructions.
3. **Soak and clean.** Using the proper type and amount of enzymatic solution, fill the endoscope channels and soak for the prescribed time. While it is soaking, brush out the channels and clean the valve-ports, all valves, attachments and the exterior of the scope. After the soak, flush out the channels once again and clean behind the device's elevator. Repeat the process if necessary.
4. **Rinse.** Thoroughly rinse the exterior of the endoscope using clean water. Flush out all channels with the manufacturer-supplied adapters. Repeat this process and then purge channels with air to remove excess water.
5. **Disinfect.** Fill all channels with the proper disinfectant and then completely submerge the endoscope into the solution. Soak for the prescribed time.
6. **Rinse.** Completely submerge the endoscope in fresh water and again flush all the channels. Repeat the process if there are any traces of disinfectant on the endoscope.

Rubber

- Spread the mackintosh on the table or a flat surface and wet it with cold water
- Rub the upper surface with soap and water using a clean cloth or towel.
- Turn the other side and repeat the same process.
- Wash both the surfaces under running water 5) If strains are present to be removed.

For disinfection use Lyzol or Dettol 1:40

- Hang them on a horizontal cylindrical pole under shade
- If Both surfaces absolutely dry powder them.
- Store them flat or rolled, never folded.

Store them in a dark cool place.\

Care of Rubber Gloves:

- It is desired that the wearer of the gloves should wash them on their hands just before they are removed to prevent adherence of blood.
- After removing from the hands, they are washed with soap and cold water, first on the outside then invert and repeat on the inside.
- Rinse well with water both inside and outside
- Holes and tears are discovered by submerging the glove filled with air in the water. Separate the torn gloves.
- Hang them to dry.
- When outside is dry Turn inside out and dry · When both sides are dry, powdered inside and outside and packed in pairs of the same size , right and left gloves in a pair.
- Steam under pressure is the best method of sterilizing gloves. The pressure should be kept minimum to avoid melting.

ignou THE PEOPLE'S UNIVERSITY

Care of Rubber Tubes(catheters, rectal tubes, flatus tubes, ryles tubes, infusion sets)

- After use, wash them under running water
- A small quantity of organic matter may be lodged at the eye end. Remove them using a swab stick
- Clean them with the soap and warm water
- Wash them again under running water.
- Boil the tubes for 5 minutes by putting them in the boiled water.
- Dry it by hanging
- when dried, powdered and store them in air tight container, lengthwise.
- Re boil or autoclave them before use.

Care Of Air Cushion & Rubber Bed / Air Mattress

- To clean the air cushion and air bed, don't pour water into them. It is sufficient to clean the outside.
- During cleaning it should not be filled with air, as air filled items can crack easily by pressure.
- The valves of the air cushions or air beds should never be immersed in water, as it makes them rusted and damage the item.
- Store them after slightly inflating them to avoid the sticking of two surfaces.Care Of Hot Water Bottle & Ice Cap
- Empty the contents immediately after use.
- Wash and dry as of the other rubber goods.
- Hang the bags upside down to drain the water.
- The ice caps which cannot be hung are dried with a piece of cloth.
- When the bags are completely dried, inflate them with air and store in a cool, dry area.

Metal

- **Ways To Protect Against Corrosion**
- Avoid leaving any object made of steel or metal on the stainless steel surface (hairpins, paper clips, aerosol cans, etc.)
- Avoid letting seawater or excessively hard water sit on the surface
- Avoid leaving salt or salty foods to dry on the surface
- Fix any scratches in the surface (debris may collect in these preventing the surface from "healing")
- Do not leave water to evaporate as that may result in hard water stains.
- **To remove stubborn stains or to treat a scratch** : Use a synthetic, abrasive general purpose pad such as Scotch Brite® to apply stainless steel cleaner/polish. Carefully rub out the spot by rubbing in the direction of the grain. (Exception: High polish stainless steel surfaces should never come in contact with any abrasive brush, cloth or cleaning agent).

To remove dirt and debris apply one of the mild cleaners mentioned above using a soft cloth. Rinse the surface thoroughly with clean water followed by wiping dry with a clean soft cloth and stainless steel cleaner/polish.

7.9.4 Check list for liquid spill management

Steps for Liquid spill management

1. Wear protective gloves.
2. Using a pair of forceps and gloves, carefully retrieve broken glass and sharps if any, and use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container.
3. Cover spills of infected or potentially infected material on the floor with paper towel/ blotting paper/newspaper. Pour 0.5% freshly prepared sodium hypochlorite.
4. Leave for 30 minutes for contact
5. Place all soiled absorbent material and contaminated swabs into a designated waste container.
6. Then clean the area with gauze or mop with water and detergent with gloved hands.

7.9.5 Checklist for cleaning and replacing suction bottle and tubing's

Cleaning the catheter:

- Fill the 1st bowl approximately 1/3 full with tap water and 1 squeeze of dishwashing soap.
- Fill the 2nd bowl approximately 1/4 full with hydrogen peroxide.
- Fill the 3rd bowl approximately 1/4 full with sterile water. You can use homemade sterile water.
- Suction soapy water through catheter to clean the inside. You can dip the catheter in and out of the water to agitate the soap for more thorough cleaning.
- Rinse the outside of the catheter and wipe off any debris.
- Use the suction machine to suction tap water through the catheter and rinse the soapy water out.
- Suction a small amount of hydrogen peroxide through the catheter, then place catheter in hydrogen peroxide and soak for approximately 20 minutes.
- Suction sterile water though the catheter to rinse the hydrogen peroxide from the inside of the catheter, then place in the sterile water to rinse off the hydrogen peroxide from the outside of the catheter.· Suction air into the catheter to dry the inside and wipe the outside of the catheter with a clean towel. Store the dry catheter in a clean, dry container. Close the cover when not in use.

Cleaning & Suction bottle

- Wash and dry hands and gather supplies.
- Put on gloves and other personal protective equipment (PPE) as desired.
- Remove suction catheter and tubing from the collection bottles. Disconnect the canister from the machine
- Take the bottles into the bathroom.
- Remove the lid from the container and dispose of the collected secretions into the toilet.
- Flush the toilet. Rinse the collection canister and lid with hot water.
- Add soap and scrub the collection canister using hot water and bottle brush.
- Wash off the outside and lid of the canister with a soapy, wet washcloth or antibacterial wipes.
- Rinse off the lid and canister. Dry with paper towels.· Rinse off the reusable bottle brush. Wipe down the sink and discard used materials in trash bag.
- Remove gloves and other PPE worn and dispose of properly. Wash and dry your hands.
- Replace the lid onto the canister after taking it back into the room, and reconnect it to the machine. Reattach the tubing to reconnect it to the suction machine. Wipe off the remaining parts of the machine with an antibacterial cloth.
- Tip Never leave collection canister at the bedside when they contain matter and secretions; always remove, empty and clean before leaving the patient's room.

7.9.6 Preparing a patient for OT(including part preparation)

- Bathe or clean and
- possibly shave the area to be operated on.
- Undergo various blood tests,
- X-rays, electrocardiograms, or other procedures necessary for surgery.
- Sometimes a patient may be asked to take an enema the evening before surgery, to empty the bowels.

7.9.7 Care of the Dead Body

1) It is the function of the physician to declare the death of the patient. Patients are not legally dead until the physician has certified death and nothing should be done that would interfere with life. The physician fills the death certificate before the body is taken back home.
2) When the death occurs following certain communicable diseases, special attention should be given to prevent it.
3) Prepare the patient for family viewing:
   - Place dead body in supine position with the head on a small pillow; arms by the sides, palms down (or) with hands folded on the abdomen.
   - Close the eyes by gently holding the eyelids closed for a few moments.
   - Place denture in the mouth according to agency policy, otherwise remove it and close the mouth. If necessary close it with a roll kept under the chin.
   - Comb the hair.
   - Remove/cut the secure tubes, catheters, dressings and other equipment
   - Remove jewellery/ornaments from the dead body.
   - All the jewelleries are removed, listed and entrusted to the closest relative and receipt obtained for that delivery.
   - If rhyles tube was inserted for feeding the patient; remove it after aspirating the stomach contents.
   - If the oxygen was administered, remove it.
   - All comfort devices is used for the patient should be removed.
   - Adhesive marks are to be removed.
   - Place clean absorbent pads in case of any drainage.
   - Change the bed linens and gown as needed.
4) Close the door and pull curtains around the bed and screen the dead body.
5) Allow the family to spend time with the patient. Stay with family to provide support (or) if they wish, leave them alone with the patient.
   - Involve the family in doing after death care according to cultural needs.
6) If possible, hand over the personal articles and valuables to the family of deceased one.

7) Once the family leaves, the dead body pack it with dressing, absorbent pads.

8) Put gloves.

9) Remove the gown, wash body of any soiled areas (or) drainage. Assess appearance of skin & any marks.

   - Proper identification should be done such as patient's name, age, address, ward number, bed number, date and time, etc.

10) Cover the body with sheet. Check identification carefully and attain identification on toe, wrist or ankle according to agency policy.

11) Place identification tag on the outside of the sheet covering body.

12) Gently transfer the body to the morgue stretcher.

13) Remove gloves, wash hands, tidy room.

14) Hand over the dead body after 2 hours (according to policy) to the relative and sign the log book by the relative according to agency policy.

15) After the dead body is removed from the room, the room should be carbolised.

16) Record and report as appropriate:

   - Vital signs and time of absence of same.
   - Events leading to the death.
   - Any marks, wounds, bruises on the body before death (or) made during caring of body.
   - Removal (or) securing of drains and tubes.
   - Time of notification of family.
   - Removal of Jewellery (or) securing of items left on and removal (or) replacement of dentures.
   - Consent forms, release forms signed.
   - Time when body was handed over to the relatives.

ignou
THE PEOPLE'S
UNIVERSITY

7.10 RECORDING OF VARIOUS SKILLS

7.10.1 Record Atleast 5 Cases For Each Activity

Name of activity	Number of activities done	Remarks	Signature of mentor
Assistance in maintaining room of patient			
Care and maintenance of Rubber items			
Care and Maintenance of Linen			
Care and maintenance of furniture			
Hygienic hand washing			
Safe handling of needles and syringes			
Safe handling of spills			

ignou THE PEOPLE'S UNIVERSITY

7.10.2 CARE OF BED RIDDEN INDIVIDUAL

7.10.2.1 Record Atleast 5 Cases For Each Activity

Name, age & sex of person							
Name of activity /Person	I	II	III	IV	V	Remarks	Signature of mentor
Giving hot water bottle	Date: Unit Name: Age Sex:						
Hot packs	Date: Unit Name: Age Sex:						
Moist Application	Date: Unit Name: Age Sex:						
Cold packs	Date: Unit Name: Age Sex:						
Cool Sponge bath	Date: Unit Name: Age Sex:						
Steam Inhalation	Date: Unit Name: Age Sex:						
Nebulization	Date: Unit Name: Age Sex:						
Dressing &cleaning of wound	Date: Unit Name: Age Sex:						
Preparing a patient for O.T. including part preparation	Date: Unit Name: Age Sex:						
After death car	Date: Unit Name: Age Sex:						

7.10.3 CARING FOR DIFFERENTLY ABLED PERSONS

7.10.3.1 Record Atleast 5 Cases for each Activity

Name of activity	Number of activities done	Remarks	Signature of mentor
Supine/Dorsal Position			
Semi Supine/Semi Dorsal Position			
Fowler's (semi-sitting) position			
Cardiac (sitting) position			
Side lying (lateral) position			
Prone (lying on abdomen) position			
Shifting patient from bed to chair			
Shifting patient from chair to bed			

ignou THE PEOPLE'S UNIVERSITY

7.10.4 BANDAGES AND SPLINTS

7.10.4.1 Record atleast 5 Cases for each Activity

Name of bandaging/ Splints	**Number of activities done**	**Remarks**	**Signature of mentor**
head bandage			
Arm Sling			
elbow bandage			
bandage for cheek and ear			
Upper extremity splinting			
Lower extremity splinting			

ignou
THE PEOPLE'S
UNIVERSITY

7.10.5 Details of rhe Demonstrations Attended by Student

S. No.	Date	Place (PSC/SDC/CHC)	Activity Demonstrated	Signature of Student	Signatureof Counselor

ignou
THE PEOPLE'S
UNIVERSITY

7.10.6 Details of the teleconference Sessions Attended by Student

S.No.	Date	Place	Title of the session	Signature of Student	Signatureof Counselor

ignou THE PEOPLE'S UNIVERSITY