

# **PREFACE**

*It is privilege to participate in this project. I began to ask myself about the inspiration to write this book. This book is for multipurpose Health Worker (Female) at 10+2 level students. The main objective of this book is to provide knowledge and skill related to performance of health care activation to have proper understanding of basic Nursing care to the sick. To attend on emergencies. This book presents the subject of fundamentals of Nursing. Unit –I - Presents concept of Nursing as health and community services. Concept of Nursing responsibilities of health worker. Either behaviour of health worker. Unit –II - Presents organization of health and Nursing services. Organizing care according to degree of illness and wellness. Unit –III - Presents maintenances of supplies and equipment and other facilities economy in the use of supplies including linen, breakages and reporting. Unit – IV - Presents different records maintained in the hospital. Purpose reporting and recording system. Unit – V - Presents maintaining health environment safety factors in the environment. Prevention from injures. Unit –VI - Presents communication skill in Nursing importance and barriers of communication at the end of the unit thought provoking question are given at the end of the book. Prefix – suffuse one given for making medical words. It is my mission and hope that this text book will help the students to better understanding the fundamentals of Nursing.*

*I extended my thanks to our faculty who helped in bringing this book to this shape. This book is dedicated to all the Nursing students.*

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# **FUNDAMENTALS OF NURSING**

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**UNIT -I****INTRODUCTION TO NURSING.**

Concept of Nursing as a health and community services.

Concept of Nursing. Health and Health problems.

Responsibilities of health worker.

Ethics and behaviour of health worker.

The Health team.

Nursing today is far different from nursing as it was 50 years ago and takes a vivid imagination to envision how nursing will change during the 21<sup>st</sup> century.

**HISTORICAL PERSPECTIVES**

Nursing has undergone dramatic change in response to societal needs and influences.

If we look at nursing's beginnings can reveal its continuing struggle for autonomy and Professionalization.

In recent decades a renewed interest in Nursing history has produced a growing amount of related literature.

**WOMEN'S ROLE:** Traditional female roles of wife, mother, daughter and sister have always included the care and nurturing of other family members.

From the beginning of time women have cared for infants and children. This nursing could be said to have its roots in " **the home**".

In general, the care provided by the nurse was related to physical maintenance and comfort. Thus the traditional nursing role has always entailed humanistic caring, nurturing, comforting and supporting.

**SOCIETAL ATTITUDES:-** Society's attitudes about nurse and nursing have significantly influenced professional nursing.

Before the mid 1800s there were no organizations education or social status.

The prevailing attitude was that a women's role was in the home and that no respectable women should have a career.

The role for the Victorian middle-class women was that of wife and mother, any education she obtained was for the purpose of making her a pleasant companion to her husband a responsible mother to her children.

**The guardian angel or Angel of mercy image** arose in the latter part of the 19<sup>th</sup> century, largely because of the work of Florence Nightingale during the **Crimean war**.

After nightingale brought respectability to the nursing profession, nurses were viewed as noble, compassionate, moral, religious dedicated, and self sacrificing.

During the past few decoder, the nursing profession has taken steps to improve the image of the nurse.

**NURSING LEADERS:** One among many leaders is "**Florence Nightingale**" 1820 – 1910 her contributions to nursing are well documented. Her achievements in improving standards for the care of war casualties in the Crimea earned her the title "**Lady with the Lamp**". Her efforts in reforming hospitals and in producing and implementing public health policies also made her an accomplished political nurse. She was the first nurse to exert political pressure on government.

Through her contributions to nursing education – perhaps her greatest achievement she is also recognized as first scientist – theorist for her work "notes on Nursing" what it is and what it is not.

### **NIGHTINGALE**

She was born to a wealthy and intellectual family. She believed she was "called by God to help others and to improve the well being of mankind".

She was determined to become a nurse, in spite of opposition from her family and the restrictive societal code for affluent young English women.

As a well traveled young woman of the day. She visited kaiserswerth in 1847, where she received 3 months training in nursing.

In 1853 she studied in Paris with the sisters of charity, after which she returned to England to assume the position of superintendent of a charity hospital for ill governesses.

When she returned to England from the Crimea Nightingale was given an honorarium of \$ 4500 by a grateful English

Public. Later she used this money to develop the Nightingale Training school of Nurses, which started in 1860.

The school served as a model for other training schools.

The school served as a model for other training schools. Its graduates travelled to other countries to manage hospitals and institute nurse training programs.

Viewing back 50 years, Definition of nursing is some what different from today's definition some common dictionary definitions eg. Still refer to the nurse as "a person, usually a woman trained to care for the sick"

As on today many men are choosing to become nurses, and nurses also provide preventive and health promoting care to well clients.

Florence Nightingale defined nursing over 100 years ago as " the act of utilizing the environment of the patient to assist him in his recovery"

Nightingale considered a clean, well ventilated and quiet environment essential for recovery.

Nightingale raised the status of Nursing through education.

Nurses were no longer untrained housekeeper but people educated in the care of sick.

One of the first modern nurses Virginia Henderson defined nursing in 1960 as " The unique function of the nurse isto assist the individual. Sick or well in the performance of those activities contributing to health or its recovery (or to

peaceful death) that he would perform unaided if he/ she had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible."

### **CONCEPT OF HEALTH AND HEALTH PROBLEMS**

" Health is not mainly an issue of doctors, social services and hospitals. It is an issue of social justice"

Health is a common theme in most cultures. In all communities have their concepts of health, as part of their culture.

Among definitions still used, probably the oldest is health is the "absence of disease".

Modern medicine is often accused for its preoccupation with the study of disease, and neglect of the study of health.

Health continues to be neglected entity despite lip service. At the individual, it cannot be said that health occupies an important place. It is usually subjugated to other needs defined as more important, eg, wealth, power, prestige, knowledge, security, health is often taken for granted and its value is not fully understood until it is lost.

During the post few decades there has been a reawakening that health is a fundamental human right and a world-wide social goal, that is essential to the satisfaction of basic human needs and to an improved quality of life, and that it is to be attained by all people.

**Changing Concepts:-** Health has evolved over the centuries as a concept from an individual concern to a world-wide social goal and encompasses the whole quality of life.

**WHO Definition** "Health is a state of complete physical mental and social well being and not merely an absence of disease or infirmity."

**New philosophy of health:**

**Health is a** fundamental human right.

Health is the essence of productive life, and not the result of ever increasing expenditure on medical care Health is intersectoral.

Health is an integral part of development

Health is central to the concept of quality of life.

Health involves individuals, state & international responsibility.

Health and its maintenance is a major social investment.

Health is world – wide social goal.

**Responsibilities of health worker:-**

The qualified nurse is prepared to give a generalized or multipurpose service in home school and in industry. She is responsible in the field of administration and supervision, education, training of personnel, health services and in research.

In India now it is necessary that one community health nurse is needed for every 2000 – people public health nursing combined skills of nursing public health and some phases of social assistance and functions as part of the total public health programs for the promotion of health, the improvement of conditions in the social and

physical environment, the prevention of illness and disability and rehabilitation.

It is concerned for the most part with the care of well families and with non-hospitalized sick persons and their families, with groups of people and with health problems that effect the community as a whole community health nursing functions vary according to the designation or which the nurse is employed and according to her education and experience.

The responsibilities include.: -

- A).Planning execution and evaluation before beginning work in a community school or home she studies each situation, problems, resources analyses its findings and then plans. She develops goals to meet the needs she develops a action programme, evaluates Progress and plans again as needed.
  
- b).Providing comprehensive health care to individuals, families and groups by teaching, counseling and providing guidance.
  
- c) Demonstrating and teaching of skilled nursing care of sick in the home.
  
- d) Providing supportive services to doctor such as early symptom detection and giving technical help.
  
- e) Assistance to the family in improving environmental conditions that affect health, she helps plan a safe environment in the home, school and industry.

- f) Helping in the adjustment of social and emotional conditions that affect health.
- g) Development and utilization of facilities such as other branches of health and welfare services for making referrals and for promotion of sound and adequate health programmes.
- h) Organizing planned group classes in health with emphasis on applied nutrition, sanitation child care and parent craft and family welfare services.
- i) Supervision of the work of mid-wives, dais and other nursing personnel.
- j) Epidemiologic investigation in the field of communicable diseases such as tuberculosis (TB) sexually transmitted diseases (STD), Leprously etc.,
- k) Coordination of her work with other members of the health team working in the community.
- l) Revising and revitalizing plans and programmes.
- m) Research and collection of vital statistics. Community Health work, it is necessary to plan on paper with the team to set up goals, to evaluate progress and revise the plan from time to time to fit into the changing needs of the community and work steadily and consistently towards a better standard of living through good health. It should be understood that nursing service must fit into the organization pattern of the agency where the community health Nurse has a unique and important contribution to make.

**ETHICS AND NURSES:** In the past nurses looked on ethical decision making as the physicians responsibility. However no one profession is responsible for ethical decisions, nor does expertise in one discipline such as medicine or nursing necessarily make a person an expert in ethics.

There is no legal binding for the acceptance of a particular ethic.

A recent revision in 1973 of the international council of nurse code of ethics has resulted in clearer and broader standards which can be applied in any culture and any where in the world.

The fundamental responsibility of the nurses is fourfold.

1. To promote health.
2. To prevent illness
3. To restore health
4. to alleviate suffering.

**PURPOSE OF ETHICS:**

1. Inform the public about the minimum standards of the profession and help them understand professional nursing conduct.
2. Provide a sign of the professions commitment to the public it serves.
3. Out line the major ethical consideration of the profession.

4. Provide general guidelines for professional behaviour.
5. Guide the profession in self regulation.
6. Remind nurses of the special responsibility they assume when caring for the sick.

Some of the standards given in the code of ethics for nurses and also stated in the Nightingale pledge.

### **THE NIGHTINGALE PLEDGE**

**" I solemnly pledge my self before God.  
And in the presence of this assembly  
To pass my life in purity  
And to practice my profession faithfully.  
I will abstain from whatever is deleterious.  
And mischievous and will not take.  
Or knowingly administer any harmful drug.  
I will do all in my power to maintain and elevate  
The standard of my profession  
And will hold in confidence all personal matters  
Committed to my keeping and all family affairs  
Coming to my knowledge in the practice of my  
calling.  
With loyalty, I will endeavor to aid the physician in  
his work, and devote my self to the welfare of those  
committed to my care"**

With loyalty, I will endeavor to aid the physician in his work, and devote my self to the welfare of those committed to my care"

The above pledge is named after Florence Nightingale.  
ICN ( International council of Nurses – 1973)

### **ICN CODE of ethics for Nurses (Ethics and behaviour)**

The fundamental responsibility of the nurse is four fold- promotive, preventive, restorative, alleviate.

The need for nursing is universal  
Inherent in nursing is respect for life dignity and rights of men.  
It is unrestricted by considerations of nationality race. Creed, color, age, sex, politics or social status we nurses render health services to the individual, the family, and the community and coordinate their services with those of related groups.

### **NURSES AND PEOPLE:**

The major change is in the terminology.

The earlier term " patient" has been replaced by that of " people". Which makes the nurses responsibilities broader and the area and scope of nursing extensive beyond the care of the sick institutions.

Further the code directs the nurses to respect a persons values, customs and religious beliefs.

Each county and different areas with in a country has certain values and customs. The nurse is expected to learn

the accepted patterns of behaviour of the community and should not insult the people knowingly or unknowingly by behaviour that is not acceptable to them. All personal information entrusted to the nurse must be held in confidence or shared only with careful judgment careless talk about a person is always unethical conduct the religious beliefs of a patient must be respected and spiritual beliefs of a patient must be respected and spiritual advisors should be provided whenever possible.

**NURSES AND PRACTICE:** The nurse must maintain at all times the highest standards of nursing care and of professional conduct.

She must maintain up –to- date scientific knowledge and skills and have the right attitude in using this knowledge and also while delegating responsibilities to those providing care according to their preparation and competence.

A nurse recognizes not only the responsibilities but the limitation of her/his professional functions, recommends or gives medical treatment without Medical orders only in emergencies and reports such action to the physician at the earliest possible moment. She is under an obligation to carry out the physicians orders intelligently and loyally and to refuse to participate in unethical procedures.

The public develop an opinion of the profession from what they see in the nurses behaviour. The people will think more highly of the nursing profession, when they see a high standard of ethical conduct in the nurses behaviour.

A nurse is entitled to just remuneration and accepts only such compensation as the contract, actual or implied provides. She should not permit her name to be used in connection with the advertisement of products or with any forms of self- advertisements.

**NURSES AND SOCIETY:-** A Nurse should participate and share responsibility with other citizens and other health professions in promoting efforts to meet the health needs of the Public – Local, state, national and international. She should recognize and perform the duties of citizenship and be well aware of Laws and regulations which affect the practice of medicines and nursing.

The code states the responsibility of the nurse for positive promotion of health for the community by both initiating and supporting action to meet the health and social needs". Social needs are often closely linked with health needs. Poor housing, sanitation, nutrition as also unemployment and illiteracy adversely affect the health of the people and therefore, the nurse has an important role to play in education and referral work.

**NURSES AND CO-WORKERS:** The nurse should cooperate with and maintain harmonious relationship with members of other professions and with her or his nursing colleagues.

The nurse is one member of the health team which is made up of all those who serve and meet the health needs of the people. She should understand her own responsibilities as they are related to those of others

serving on the health team (cooperative) relationship with coworkers pays rich dividends and enhances nursing service of a high order.

### **NURSING AND PROFESSION:**

The code points out the role of a nurse as a (1) leader and active participant. The nurse should take the leadership role in the setting up desirable standards of nursing education and practice.

(2) She should enlarge the care of professional knowledge and take interest in research. The third important aspect is setting up and maintaining fair social and economic working conditions in nursing.

### **HEALTH TEAM:-**

#### **THE NURSE AS A MEMBER OF THE HEALTH TEAM.**

The health team consists of a group of people who coordinate their particular skills in order to assist a patient or his family. The personnel who comprises a particular team depend upon the needs of the patient. The personnel commonly included in the health team are:

1. The physician
2. Number of nursing personnel (staff Nurse, Head nurse)
3. Dietitian
4. Physiotherapist
5. Occupational therapist
6. The paramedical technologists
7. Pharmacist
8. the Social worker
9. Non professional workers.(some times included.)

**INTERPERSONAL RELATIONSHIP IN NURSING**

The nurse is an important member of the health care team that must work in cooperation and harmony for the care of the patient.

**PRINCIPLES OF INTERPERSONAL RELATIONSHIP**

1. Learn every ones name
2. Respect every one's individuality
3. Do not impose anything on any body
4. Keep emotion under control
5. Don't be afraid to admit ignorance
6. Do not give and take personal favour
7. the team leader should not make any excuse regarding his/her responsibility.
8. Develop habits of listening and focus attention on the problem.
9. Do not do or say anything that will disturb others faith
10. Be impartial to others and practice justice.
11. The members of a team should be loyal honest dependable and willing to carry out the directions of the team leader.
12. The should be team spirit or we feeling amount the members
13. Mutual understanding to should be between members there should be willing to given and take correction.
14. there should be delegation of responsibility in a group and every member should carry out his/her responsibility to the satisfaction of the group.
15. Decency should be maintained with team members.
16. Teach the new comer about the job.
17. Help new comer to "feel at home"

18. Establish good rapport
19. Be familiar with organization plan and the policies of the group.
20. Keep up to date with the information that are going around.
21. Avoid arguments in the group.
22. Talk in terms of other man's interact
23. praise the slightest improvement made by others.
24. Have a smiling face.
25. Prepare your self martially to accept the worst if necessary.

## **UNIT – 1**

### **INTRODUCTION TO NURSING QUESTION**

- 1, Who was the founder of nursing ?
2. Who was titled as lady with lamp ?
3. According W.H.O. Define Health ?
4. Write the fundamental responsibilities of the Nurse.?
5. List the members of Health team?

**UNIT – II**  
**ORGANIZATION OF HEALTH AND NURSING**  
**SERVICES**

**PRINCIPLES ORGANISING CARE IN THE HOME,**  
**HEALTH AGENCIES, CLINCS, SCHOOLS, HOSPITAL.**

**Principles organizing care in the Home:-**

Home health care as all the services and products provided to clients in their homes to maintain restore, or promote their physical, mental, and emotional health.

- The Red Cross offers course in home nursing and first aid.
- The home nursing courses are for home makes and others interested on learning proper and safe methods for caring for sick at home.
- The Red Cross believes that one in every family should be able to carry out simple nursing skills under the direction of a physician.
- First aid courses teach what to do in case of accident and how to prevent accidents persons in all walks of life find these courses invaluable.
- The delivery of nursing services in the home or home care nursing and visiting nursing.
- Home nursing is provided chiefly by the visiting nurse association whose purpose is to give care to the sick at price which the patient can pay.
- Actual bedside nursing the visiting nurse teachers health and care during illness.

- Every nurse who enters a home should be prepared to give definition and suitable health instructions.
- Every nurse needs to have a knowledge of community organization for health and social problems.
- Every nurse is a teacher of health.
- Every nurse should be interested in the social needs of patients and must be conversant with agencies that can show the patient or his family how they can be helped.
- > The nurse should know where to find aid and be able to guide patients to the appropriate sources for sound advice.
- Home health nursing services might be provided in long term care facilities, residential hospices, residential shelters for abused women and children and the homeless and adult congregate living facilities.

**PRINCIPLES OF ORGANIZING CARE IN HEALTH AGENCIES**  
**INTERNATIONAL HEALTH AGENCIES**  
**WHO (WORLD HEALTH ORGANISATION)**

This is a health agency of the united nation with headquarters in Geneva, Switzerland it is open to all countries, each of which gives on annual contribution and receives the service and aid as each country needs. Through WHO the countries of the world help each other in raising health standards. In New Delhi there is a WHO head quarters for the south east Asia region. The services given by the WHO.

1. To strengthen and improve their health services.
2. Warning of epidemics and active help in controlling them.
3. Administration of international health regulations .
4. World health statistics.
5. Monthly journals and reports from technical experts.
6. Research on health problems

(2) **UNICEF:-** United nations international children emergency fund. It is now called UN children's fund but keeps the title UNICEF there is a regional office in New Delhi.

**UNICEF** aims to improve the health of mothers and children and to assist program which promote the health of children.

### **(3) IN INDIA THE SERVICE OF UNICEF:-**

1. **Education and Training :-** To improve the teaching of science subject, educational institutions to help to improve the training of medical students in community health and mother and child care. And helped with equipment for training of nurse.
2. **Control of communicable disease:-** Making of DDT to control malaria vaccine against small pox DPT vaccine. BCG vaccination programme to control tuberculoses.

3. **Nutrition**:- UNICEF some time donating milk powder or children and equipment for daily plants. To gather with FAO UNICEF has been helping with the applied nutrition program.
4. **Water supply**. UNICEF has supplied equipment to dig wells and improve water supply  
F A O. the food and agriculture organization head quarter in Rome.

Its aims are :

1. To help nations raise their living standards.
2. To help improve forming forestry and fisheries.
3. to better the conditions of rural people. To gather with UNICEF FAO. Has been helping India with applied nutrition programme.

5. **CARE**:- ( Co-operative for American relief every where) this was a stated in 1945 with the aim of sending food from American do nors to needy people in other countries.

**Aims are :-**

1. Providing mid-day free meal to school children.
2. Distributing deuced milk grains and cotton seed oil donated by the U.S. Government.
3. Construction of orphanages.
4. Introducing improved type of agricultural implements.
5. Literacy and vocational training.

**RED CROSS**:- The international at red cross is a non official organization stated in 1920 devoted to service of mankind in peace and war. It promotes international friendliness, understanding and co-operation.

**Activities:-**

1. Relief work in times of war and disasters such as floods, earthquakes and famine.
2. A red cross home at banglore for disabled (eg) Ex-servicemen.
3. Mental and child welfare services.
4. First aid and home nursing training could through st. John Ambulance Association.
5. The junior Red Cross trains boys and girls in schools and colleges in first aid nursing village uplift etc.

**6. VOLUNTARY AGENCIES: -**

The voluntary health sectors has an important role in the total health services of India.

Hospital:- in the last 100 years Christian and other religious, missions have started hospitals in areas where people we in need of medical care.

Christian institutions have developed usually in order to share Christ's love and compassion for the sick and suffering people.

Many of these institutions (Such as vellore CmC hospitals) have developed a high standard of medical nursing and Para medical training and carry on medical research which is valued in India and other countries.

7. The C.M.A. main aim is health services to the homes of village people (Primary health care) training of community health voluntaries women usually choices by the villages from among them selves. She may be illiterate, but she is given simple training and supervision so that she can give primary health care including teaching in her village. thus projects one at Jamkhed and at Beshamur. Other project is referred system by means of a community health centers, mini centers and health posts connected to a hospital with medical and surgical facilities.

**8. VOLENTARY HEALTH ASSOCIATION OF INDIA:-**

This organization with head quarters in New Delhi and full. Time agents in various states seeks to serve coordinate guide and encourage all voluntary health agencies, Christian and others. Many useful books on health subjects, and materials for training health personnel, health education aids and a monthly journal are produced by V.H.A.I.

2. Dispensaries have in many cases been stated as out reach programme of mission hospitals there may be a small resident staff or the dispensary may be set up in a barrowed building visited by a team from the related hospital once a week.

**9. HEALTH CENTRES;**- For community to help in the prevention of disease and promotion of health many hospitals now have a community health department stated and health centers and mini-centers to serve the people in rural areas not covered by the Government services.

**10. THE CHRISTIAN MEDICAL ASSOCIATION OF INDIA (CMAI)**

The CMAI helps the Christian hospitals in various ways, including community health and family planning programmes.

This association has two boards of nursing education, in south India and in mid India they have affiliation with recognition by Govt. of for the training of nurses and health workers (AHMS)

## **PRINCIPLES ORGANISING CARE IN SCHOOLS.**

### **SCHOOL:-**

- Promote growth and development of school children through health supervision.
- Prevent and control communicable diseases by conducting the immunization programmes and nutrition programmes.
- Promote health school living so that the school child may develop favorable attitudes towards health.
- The school health nurse should possess knowledge of child psychology health education and sociology in order to fit has or the tasks involved.
- The nurses is the coordinators and organizes of the school health programmes.
- Organizes the schools health clinic and meetings of the parent teaches association. And interprets.
- The school health programmer to the family.
- Nurses is a counselor and educator of health she plan the health talks to given in the schools she provides guidance to the teaches and parents in matter of health.
- Nursing can ensures that all the health records are properly filled in.
- Under take preliminary health check up like measurement of height, weight and arm circumference etc and identification of at risk children for a more complete examination by the medical officer.

- Nurse can prepare check list to identify at risk children.
- The school health nurse renders health services to promote and protect the health of the school child.
- Early detection of disease and promotion of health.
- Health teaching regarding immunization dental health, school sanitation, and first aid and school meal programmes.
- Follow up and refer a services.
- Maintenance of proper records, the school health committee (1961) in India a recommended an additional medical officer four ANMS. To carry out the school health programmes in every primary health center.

**CLINICS:-** the term can refer to a department inside or out side the hospital managed by a group of physicians or by nurses.

- Some may provide a specialized type of health services such as infant immunization and for child to protect from communicable disease.
- Doctors can give treatment according to their specialization.
- They can treat the patients as out patient advised some Medications and observed the remedy by the drugs on patient (improvement of the patient condition.)

**HOSPITAL:-**

Hospital are organized institutions for the care of the sick and injured

According to WHO "A" hospital is an integral part of a social and medical organization the function of which is to provide for the population, the complete healthcare both curative and preventive and whose out patient services reach out to the family and its home environment. .

The hospital is also a center for the training of health workers and for biosocial research.

**PRINCIPLES OF ORGANIZING CARE ACCORDING TO DEGREE OF ELLNESS AND ILLNESS.**

**WELLNESS:-** Wellness is a state of well being at means engaging in attitudes and behaviors that enhance quality of life.

**DEFINATION:-** (WHO) world health organization define health as a state of complete physical, mental and social well being and merely the absence of disease or infirmity.

**PHYSICAL:-** the ability to carry out daily tasks, achieve fitness, maintain adequate nutrition and proper body. fat avoid abusing drugs and alcohol or using tobacco products and generally practice positive life style habits.

**SOCIAL :-** the ability to interact successfully with people and within the environment of which each person is a part, to develop and respect and tolerance for those with different opinions and beliefs.

**EMOTIONAL:-** the ability to manage stress and to express emotion appropriately emotional wellness involves the ability to recognize, accept and express feelings and to accept ones limitations.

**INTELLECTUAL:-** the ability to learn and use information effectively for personal, family and cases development, intellectual wellness alveolus striving for continued growth and leaning to deal. With new challenges effectively.

**SPIRITUAL:-** the belief in some force (Nature science religion or higher power) that serves unite human beings and provide meaning and propose to life it includes a persons our moral values and ethics.

The five compo nuts can over lap to maintain health and wellness of the human beings of three is any impaisemens of above five components that would consider on illness.

> Wellness involves working on all aspects of the model.

### **BASIC CONCEPTS OF WELLNESS:-**

- Self responsibility an, ultimate goal, a dynamic growing process daily decision making in the areas of nutrition.

### **Diagram the Dimensions of wellness.**

- Wellness is a choice a decision you make to move toward optional health.
- Wellness is a way of life a life style you design to achieve yours highest potential for well being.
- Wellness is a process a developing, awareness that there is no end point-but-that–health and happiness are possible in each moment have and now.
- Wellness is an efficient channeling of energy received from the environment transformed within you and sent on to effect the world out side.

- Wellness is the integration of body mind and spirit – the appreciation that every thing you do, and think and feel and believe has an impact on your state of health.

**ILLNESS:** Illness is a highly personal state in which the persons physical, emotional intellectual, social development, or spiritual functioning is thought to be diminished.

For examples: A growth in the stomach and not feel it by the some token a person can feel ill that is feel uncomfortable.

**DISEASE:** can be described as an alteration on body functions resulting in a reduction or capacities of a shortening of the normal life span.

- > The patient believe some thing as wrong .
- The person looks unwell.
- They experience some symptoms such as pain, rash, cough , fever, or bleeding. The physical experience of symptoms.
- The cognitive aspect (the interpretation) of the symptoms on terms that have some to the person.
- The emotional response (eg: anxiety)
- When symptoms of illness persist or increase the person is motivated to seek professional help.

- If illness is present the patient have life threatening, they accept for diagnosis and may follows the prescribed treatment plan by the physicians.
- The nurse should take held responsibility in administration of medications and should follow the doctors prescriptions.
- Observe the response of treatment and condition of the patient.
- Nurse should take care of the patients skin who is unable to take care him self.
- If the patient is handicap should help in shaving, combing changing the clothes and while eating.
- Nurse should educate the patient and patient relatives regarding personal hygiene and How do they maintain cleanliness even as hospital and at home.
- Should teach the regulations of medication and periodical health checkups after discharged from the hospital if the patient is admitted in hospital even in out patient.

### **AMBULATORY CARE IN OUTPATIENT UNITS, DISPANSARIES CLINICS:-**

Ambulatory care in out patient units:

With the less ill and may be treated on out patient bases with the increasing acutely (severity) of illness.

- An out patient is a person who require health care but does not need to stay in an institution such as a hospital examples of services used by out patients are diagnostic tests minor surgical procedures medication.

- In some instances clients only require over night observation following minors surgery done in an ambulatory care center in this care the Client as admitted in the hospital. For 24 hrs to Monitored by Nursing staff..
- Most ambulatory care centeres have diagnostic and treatment facilities providing medical nursing laboratory and radiological services and they may or may not be attached to associated with an acute care hospital.
- Some ambulatory care center provide services to people who require minor surgical procedures that can be performed outside the hospital. After surgery the client returns home often the same day.

These centers offer two advantages.

- They permit the client to live at home while obtaining necessary health care.
- Nurses in ambulatory care centers may have specialized knowledge and skills to enable them to assist physician with procedures.
- The term ambulatory care center has replaced the term clinic. In many places. Traditionally a hospital clinic was called on out patient clinic.

### **INPATIENT CARE – INWARDS NURSING HOMES:-**

Who are acutely ill or whose illness and need for hospitalization. And admitted in the hospital and they need over night observation. In this case for 24 hours to be monitored by nursing staff.

All extended care facilities were called nursing homes.

- Extended care facilities now included skilled nursing facilities (intermediate care) and extended care facilities (long term care) that provide personal care for those who are chronically ill or unable to care for themselves without assistance.
- Traditionally, extended care facilities provided care to clients of all ages who require rehabilitation or custodial care.
- Long term illness occurs most often in the elderly long term care facilities are provided by the nurses like bathing , hygienic assist in daily activities, and some regular nursing care and medical attention.
- Nurses in extended care facilities assist clients with that activities, provided care when necessary and coordinate, rehabilitation activities.
- To help the doctors get necessary information from the patient regarding his illness.
- Avoid physical and psychological trauma be cautious and kind to the patient and his relatives.
- Deal with the patients belongings carefully provide healthy environment. The nurse that should be see every thing ready for the patient caring in ward. Like neat bed, temperature tray. Weighing machine to check the vital signs and weight.
- Bath trays if need personal hygnic and articles for physical examination according to the patient illness.
- Greet the patient and his relatives and introduce yourself to them.

- Introduce him to other persons in the ward so that the patient feels home life.
- Carry out the prescribed treatment and keep a record.
- Help the patient maintain personal hygienic and change in to hospital clothes
- Make general observation of the patient from head to foot record vital signs and weight and report to the ward doctors for any abnormality.
- Hand over the valuables of the patient to his relatives or the ward in charge for safe custody.
- Nursing history is taken to establish a database for the patient and utilize the data from nursing history to start the initial nursing care plan.

Some of the recreational facilities which can be provided books, magazines and news papers which reviews and refreshes mind as well as body physical and mental relaxation.

\* conversation with other and listening to others there also relaxes mind and body of the patient.

**DISPENSARIES:-** Out reach programmes there may be a small resident staff the dispensary may be set up in a borrowed building visited by a team from the related hospital once a week.

- the medical field according to the district wise you will see many types for example.

**TUBERCULOSIS DEPARTMENT:-** where the facility working in the department work out to identify the specific curative cases of tuberculosis by doing survey weekly or monthly.

They will cover total area in that particular district.

**FUNCTIONS FO D.T.B. CENTRES:**

- a. To Provide diagnostic and treatment services.
- b. Planning, implementing and supervising tuberculosis programme through out the district.
- c. To submit a monthly report to national T.B. institute regarding a No. o f cases newly diagnosed, no of cases under treatment and No. of cases testing.

**ESTABLISHMENT OF PERIPHERAL CENTERS:-**

It is the part of PHC run by general health services of the district staff at PHC in the multipurpose workers of the integrated general health services.

The main function of Dispensaries to treat the patients as outpatient and referral work. Ad they plan visit once in a week or once in a month they distribute the medications for a week or one month.

- They maintain the health records and made the investigations periodically for ex. T.B. cases, mental and leprosy cases.

**CLINICS:-**

- The term can refer to a department outside the hospital managed by a group of physicians and nurses.

- Health is identified by the absence of signs and symptoms of disease or injury to laypeople it is considered the state of not being sick.
- The doctors will make the investigations and diagnoses the disease condition and advise the treatment they can treat the patients as out patient.
- Advice for regular check ups.
- In clinics the specialized doctors can treat the patients according to their specialization.

Eg. Children's specialists:- they treat for children ,and they may provide immunization for child to protect from communicable disease.

**Physicians:** They can treat all types of people . if they found chronic cases they will refer the patients to hospital.

## **INPATIENT CARE FOR THE CRITICALLY ILL**

Seriously or critically ill patients are kept in critically care unit (intensive care unit) for specialized medical and nursing care.

**PURPOSE:** 1. To provide promote and best management to critically ill patients.

- To meet any emergency at time because of availability of all needed life solving equipments and supplies for examples suction, defibrillation , ventilators etc.

- To provide continuous skilled observation and concentrated care for maximum survival of the patients.
2. To centralize and make the best use of the costly life saving equipments.
  3. To make the best use of the service of technically competent staff in handling the sophisticated machines and equipment.
- > To provide quality serving care (comprehensive nursing care) to critically ill patients by the nursing personal who are professionally prepared to work for critically ill patients. All types of critically ill patients or likely to become critically ill needs the attention. Such as patient in coma.

- Severe burn case.
- Acute Poisoning
- Patient with cerebral vascular accidents (C.V.A)
- Patients with respiratory failure.
- Diabetic coma
- Kidney failure
- Heat failure
- Severe accidents with multiple injuries
- Patients with major surgery
- Acute myocardial infarction
- Premature babies
- Tetanus and other infections
- Head injures

➤ Shock (patients in shock)

All equipment should keep ready for emergency like, ECG and blood pressure apparatus, ventilators, Defibrillators.

Arrangements each bed O2 suction, B.P. apparatus

- Emergency tray and necessary drugs.
- Infusion and transfusion sets.
- Bed side monitors
- Incubator suction machine
- Pace makers to regulate heart beat
- Dressing facilities for burns and injuries
- Cardiac monitors and cardiac bed.
- Equipment of gastric lavage and gavage
- Drugs, syringes with needles
- Urinals, bed pans, kidney trays
- Nurses and doctors always be with the patients  
And constant observation of patients.
- Vital signs to check every 2<sup>nd</sup> hourly observed if there is any changes occur.
- Blood pressure it must be taken every 15-30 minutes to determine the conditions of all major surgical case for the 1<sup>st</sup> four hours less often for 1<sup>st</sup> 12 hours and other serious cases as needed.
- If the patient is unconscious the patient should be placed on one side.
- The foot of bed is to be slightly raised so that the head is little lower than the feet because the circulation of

the blood should increase in the brain by doing thus vomiting is reduced.

- Dentures must be removed, constant observation is necessary to determine any intervention in case of respiratory failure in case of head injury the head shall be slightly raised.
- In cardiac vesicular conditions check B.P. repeatedly and pulse and respiration regularly, circulatory failure is treated routine means under direction of a physician.
- Accident on medical legal cases may go through the police department of the civil hospital if they are admitted they must be reported to the police at once. Such cases requiring on laboratory test should be taken, directly to the x-ray department to avoid excessive movement the doctors is informed as soon as the patient arrives in the hospital blood grouping and cross matching is done immediately and the operation room staff is attached as to the possibility of surgery.

### **Other nursing responsibilities.**

- Cleaning of patient a way in the patients with respiratory diseases watch for any obstruction in the respiratory tract administer O<sub>2</sub> inhalation throat suction as and when required.
- Maintenance of fluid and electrolyte balance by intravenous fluid.
- Maintenance of vital signs , accurate recording of temperature , pulse, respiration, and blood pressure.

- Maintenance of intake output chart.
- Elimination of bladder and bowel for all patients with catheter which is passed with aseptic technique and secured in position and connected with glass and rubber tube to the drainage bottles.
- For constipation mild aperients such as liquid paraffin may be given by doctors orders.
- Proper hygienic care of the skin, mouth, eyes and hair .
- Changes positions of all patients every two hourly to prevent bed sores.
- Linen are kept dry and tidy back and pressure points are massaged with oil every 4 hourly to prevent bed sores.
- Passive and active exercise of the limbs or prevention from the thromboses formation.
- Breathing exercise for prevention of lung complications are to be encouraged.
- Health teaching to be started as soon as the conditions of the patient is improving.
- Nurse must observe very carefully to the actual condition of the patient such as general appearance of the patient, nose, ear and mouth for bleeding or discharge of any fluid, smell of breath, skin dry or cold and clammy, and record. Every 15 minutes vital signs should be checked.

- Pupils of the eye whether equal dilated or contracted.
- All reports must be given according to the doctor.

### **REHABILITATIVE CARE AND CONVALESCENCE CARE:-**

The term rehabilitation is defined as the treatment and the training of the patient to the end that may obtain attach his maximal potential for normal living physically thus the rehabilitation applies on all aspects of health.

- Rehabilitation is a process of restoring ill or injured people to optimum and functional levels of wellness.
- Rehabilitative care emphasizes the importance assisting clients to function adequately in the physical, mental social, economic and vocational areas of their lives.
- It is the restoration of the handicapped individual to a fuller life in the society by solving his physical, mental social and economic problems.
- The goal of rehabilitation is to help people move to their previous level of health (i.e. to their previous capabilities) or to the highest level they are capable of given thus current health status.
- Rehabilitation may begin on the hospital but will eventually lead client back out into the community or further treatment and follow up once health has been restored.
- The main objective of rehabilitation to return to those abilities which have been affected by illness to the highest level possible.

**Convalesce:-** the patient's recovery is established he is improving fast the patient recovers from illness.

**PRINCIPLES OF ORGANISING CARE ACCORDING TO  
NEED OF THE PATIENT, SERIOUSLY ILL,  
CHRONICALLY ILL, MODERATELY ILL,  
TERMINALLY ILL.**

Disease can be described as an alteration in body functions resulting on a reduction of capacities.

- Illness is a acute or chronic illness acute illness is typically characterized by severe symptoms of relatively short duration the symptoms of relatively short duration the symptoms often appears abruptly and subside quickly and depending upon the cause. May or may not require intervention by health care professionals.
- some acute illness are serious (for example appendicitis may require surgical intervention) but many acute illness such as colds, subside without medical intervention or with the help of over the counter medications.
- An acute illness most people return to their normal level of wellness.
- A chronic illness is one that lasts for an extended period usually 6 months or longer and often for the persons life, chronic illness usually have a slow onset and often have period of remission when the symptoms reappear. Example arthritis (heart and lung diseases and diabetes mellitus.
- Nurses are involved in caring for chronically ill individuals of all ages in all types of settings homes, nursing homes, hospitals, clinics and other institutions.

- Care needs to be focused on promoting the highest level of independence.
- Clients often need to modify their activities of daily living social relationships and perception of self and body image.
- Nurses have traditionally taken a holistic view of people and base their practice on the multiple causation theory of health problems.

### **PRINCIPLES OF ORGANISE CARE:**

- Assessment
- Planning
- Implementation
- Evaluation.

**ASSESSMENT:-** is the deliberate systematic and logical collection of data that are helpful to identify and define the problems of the patient before the nurse proceeds to plan his care.

- the assessment phase includes (1) Data collection (history, physical assessment). (2) Data analysis (actual and potential problems). (3) problem statement (Nursing diagnosis).
- the nurse to collect data from the patient interview method- interviews the patient by asking relevant questions.
- observation method – observes the patient by using her sense, sight, smell, hearing and touch observe head to toe.

- physical examination she makes use of inspection palpation, percussion, and auscultation.

**INSPECTION**:- (visual examination of the body is called inspection observation with the naked eyes.

**PALPALION**:- It is the feeling of the body or a part with the hands to note the size and positions of the organs.

**PERCUSSION**:- (by tapping with the fingers on the body to determine the condition of the internal organ by the sounds that are produced

**AUSCULTATION**:- (Listening to sounds within the body with the aid of a stethoscope, foetoscope , or directly with ear placed on the body.

- laboratory method (testing).
- once the nurse has collected data about the patient she, must analyses the data to find out the actual and potential problems present on the patient.
- A potential problem is one for which a patient has a high risk or that may occur on the future for example a patient with fracture of the head of the femur that actual problems may be pain and self care deficit due to restriction of movement etc.
- A problem is different from once
- A problem is an liniment need.
- After problem analyze the nursing diagnosis nursing diagnoses refer to the difficulty experienced by the patient due to that disease process.

**NURSING DIAGNOSES:-**

- SELF care deficit in feeding bathing, toileting.
- Activity intolerance.
- Divergent activity deficit.
- Bowel culminate constipation.
- Fluid volume deficit, excessive
- Air way clear one ineffective, anxiety.
- Skin inequity impaired.
- Nutritional alterations.

After nursing diagnoses according to the needs of the patient list out the problems and plan the care.

**Implementation of plan:-**

- the nursing activities (Nursing orders) may be carried out by the nurse.
- Implementation involves technical, communicative and intellectual skills
- During the time of implementation it is important for the nurse to assess the patient's needs and revise the plan of care accordingly.

**EVALUATION:-** evaluation is the process of determining to what extent the goals of nursing (expected patient outcome) have been attained as a result of evaluation.

**NURSES NOTES:** Provide information about the patient. Nurses record all her observations that she made on the patient.

The records what she did for a patient medical treatment, nursing care.

Nurse notes should contain the daily progress made by the patient

The five overlapping phases of the nursing process.

**NURSING CARE PLAN**  
**(For a patient with broncho-pneumonia)**

Nursing diagnosis (problem statement)	Nursing interventions	Expected patient out comes
Breathing ineffective (dyspnoca cynosis.)	Administer oxygen inhalation with nasal catheter  Appling suction and removing secretion.  Ensure good ventilation.  Observe the patient vital sign (BTPPR)	Patient breaths normally.  No secretions are found patient feel easy to breath.  Vital signs (blood pressure palse respiration)remains constant.  Patient is not cyanosed.
Skin integilty impaired policutial.	Maintain personal hygiene by daily bath cleaning of the skin. Changing the linen Care of pressure points 4 hourly.	<b>S</b> kin remains clean and intact.  There is no redness over the pressure points.
Anxiety	Assure the patient that best care will be provided  Make the patient feel that he is not left alone in his unit	Patient rests comfortable and he is wall relaxed.  Patient sleeps adequately without disturbance.
Self care deficit in feeling, bathing toileting.	Assist the patient with the activities of daily living . Encourage self care activities.	Patient has no difficulty in the bowel and bladder movement.
Comfort alterations fever, cough, insomnia	Ensure complete bed rest.  Provide a comfortable bed.	Patient sleeps comfortable or long duration.  Patient feels fresh when awake.
Nutrition alternations less then the body requirements	Provide small and frequent feeds.  Maintain oral hygienic of the patient.	Patient no abdominal discomfort.  Patient has normal appetite.

**PRINCIPLES OF ORGANISING CARE ACCORDING TO  
PATIENT AGE GROUPS CHILDREN AND ADOLESCENCE  
ADULTS AND THE ELDERLY.**

**CHILDREN:-** Children require special health care because a period of rapid growth and development.

- Health assessment and promotion of health .
- Promotion health and illness such areas a accident prevention.
- Toilet training
- Good dental hygiene
- Measuring weight, length (height) and vital sign to know the growth and development.
- Dental cares occur frequently during toddler period often as result of the excessive intake of sweets for prevention of dental care health teaching should give to minimize the sweets and wash mouth after eating.
- Vision and hearing screening if there is any problem consent with the specialized doctors to give treatment to prevention of problems. Supplementation of vitamins to promote the health of the children.
- Immunization containing DPT. OPV measles mumps, rubella (MMR) to protect from communicable disease.

**Health problems of children's:**

Children have as many communicable diseases. Dental caries and accidents occur.

- Homicide and violence can also be problems. Scabies, impetigo, and lice are also more prevalent at this age.
- In addition, alcohol and drug abuse occur.

**HEALTH ASSESSMENT AND PROMOTION: -**

- During the assessment interview, the child .
- Responds to questions from the parent or other caregiver, gives appropriate feedback and tends to encourage and support.
- The nurse also demonstrated interest in the child and enthusiasm for the child's strengths.

Assessment guidelines for growth and development of the school-age child.

- Promoting health and wellness includes dental hygiene and regular dental examinations.
- Safety measures to prevent accidents, promoting physical fitness, supporting autonomy and self-esteem, and hygienic measures to prevent infection for additional
- Annual physical examinations.
- Immunizations

## **ADOLESCENCE (12 TO 18YEARS)**

The period during which the person becomes physically and psychological mature.

- Adolescence or teenage is a turbulent period in ones life. Thus is a period of rosy dreams advantage love and romance.
- They dislikes parental authority. He becomes fully aware of social values and norms.
- Many health care provides feel that adolescents can be treated as adults.
- The physical appearance and physiology adolescents are more like adults them children.
- Adolescents do have special needs although they expect to be treated as adults an adolescent on care and encouraging.
- Personal responsibility for health is extremely important.
- Assessment guidelines for growth and development of the adolescent height and weight should check.

Adolescents are usually self- directed in meeting their health needs, because of maturation changes.

- They need teaching and guidance in a number of healthcare areas.

- Promoting health and wellness includes. Screening for tobacco, alcohol and drug use and for sexual practices and checking blood pressure.
- Immunization as recommended such as adult tetanus diphtheria, and hepatitis vaccine to protect from communicable diseases.
- Screening for tuberculoses.
- Periodic vision and hearing screenings
- Regular dental assessment to protect from dental causes and advice them to minimize the sweets and regular mouth washes.

**ADULTS YOUNG** :- Adults the person is mature and more balanced the physical and mental characteristics are fully developed.

- Adult hood may also be indicated by moving away from home and establishing ones own living arrangements yet this independence.
- Young adults are typically busy people who face many challenges, they expected to assume new roles at work in the home and in the community, and to develop interests, values, and attitudes.
- Learning to live with a partner.
- Starting a family
- Rearing children
- Managing a homepc getting started in an occupation
- Taking on civic responsibility.

**HEALTH PROBLEMS:** - Young adulthood is generally a health time of life

- Health problems that do occur and are common in this age group include accidents.
- Adolescents taking responsibility for using motor vehicles safely.
- Parents , keeping lines of communication open and being alert to signs of substance abuse and emotional disturbances in the adolescents.
- Nutrition values should provide high portion diet and health value diet should be given.
- Encouraging adolescent to establish relationships that promote discussion of feeling, concerns and fears.
- Parents encouraging adolescent peer group activities that promote appropriate moral and spiritual values.
- Parents providing a comfortable home environment for appropriate adolescent peer group activities.

Suicide, substance abuse, hypertension, sexually transmitted disease, abuse of and certain malignancies.

### **HEALTH ASSESSMENT AND PROMOTION.**

Assessment guidelines for the growth and development of the young adult.

- Young adults are usually interested in meeting their health needs, because of the many stresses and changes occur.
- The nurse needs to offer teaching and guidance in several health areas.

- The nurse may wish to discuss some or all of the health promotion.
- Routine physical examination.
- Breast self examination monthly, one week after onset of period in females.
- Professional breast examination every 1-3 years to identify the malignancy.
- Papanicolaou smear examination .

Screening for cardiovascular disease (cholesterols test, blood pressure to detect hypertension baseline electro cardiogram at age 35 years.

- Testicular self examination every month for male to know the scrotal cancer.
- Importance of adequate iron in take in diet.
- Nutritional and excurse factors that may lead to cardiovascular disease (eg. Obesity cholesterol. And fat intake, lack of vigorous exercise).
- Encourage personal relation ships the promote discussion of feelings, concerns, and fears.
- Setting short and long term goals for work and career choices.

**Middle aged adults (40-65 years)**

A number of changes take place during the middle years.

- Both men and women experience decreasing hormonal production during the middle years.
- Menopause refers to the so called change of life in women.
- The menopause usually occurs anywhere between age 40 and 55. At this time ovarian activity declines until ovulation ceases.
- Common symptoms are hot flashes, chilliness, a tendency of the breasts to become smaller and flabby, a tendency to gain weight, insomnia and headaches also occur with relative frequency.
- The menopause can produce anxiety.
- The changes of life in men sexual activity decreases.
- Androgen levels decrease very slowly.
- The psychological problems that men experience are gradually related to the fear of getting old and retirement, boredom, and finances.
- Appearance in adult age group: - Hair begins to thin and gray hair appears
- Subcutaneous fat decreases and wrinkling occurs. Resulting in fat deposits in the abdominal area.
- Blood vessels lose elasticity and become thicker.
- Visual acuity declines, especially for near vision (presbyopia)

- Metabolism slows resulting in weight gain.
- Decrease in tone of large intestine and leads to constipation.
- Hormonal changes take place in both men and women.

### **HEALTH PROBLEMS IN ADULT AGE GROUPS**

- motor vehicle and occupational accidents.
- Chronic disease such as cancer and cardiovascular disease.
- Chronic respiratory problems lung cancer, and liver disease due to smoking and excessive alcohol consumption.
- Overeating can result in obesity diabetes mellitus atherosclerosis and its associated risk for hypertension and coronary artery disease.

### **HEALTH ASSESSMENT AND PROMOTION:**

- Routine physical examination.
- Screenings for cardiovascular disease (blood pressure measurement, electrocardiogram and cholesterol test as directed by the physician).
- Screening for breast, cervical, uterine and prostate cancer.
- Screening for tuberculosis every 2 years.

- Health teaching regarding motor vehicle safety, reinforcement, especially when arriving at night.
- Encourage to take adequate protein, calcium and vitamin D in diet.
- The nurse may choose to discuss some or all of the health promotion topics with the middle aged adults.
- Nurse may teach about retirement planning (financial and possible divers ional activities), with partner if appropriate.

### **ELDERLY AGE GROUP: OR OLDER ADULTS (OVER 65 YEARS)**

It is difficulty to say when old age begin it is a gradual process marked by decline in physical power and acuity of sense organ old age is marked by certain physiological changes such as impaired memory rigidity of outlook, irritability, bitterness, inner withdrawal and social maladjustments.

- the old age never causes a disease but the old people are very susceptible to certain disease.

### **HEALTH PROBLEMS:**

- Disorders and accidents.
- Decline of vision, hearing.
- Deterioration of teeth.
- The bones will become brittle and tend to break more easily.
- Arthritis.

- Weakening of the supportive tissues lead to hernia, prolepses of the internal organs (eg. Prolapse of the uterus, rectum etc)
- Atherosclerosis, myocardial infaction,
- Cerebro vascular accident (stroke)
- Diabetes mellitus.
- Hypertension.
- In most people a going has little affect upon mental powers.

### **HEALTH ASSESSMENT AND PROMOTION:**

- Regular medical check up
- Adequate nutrition.
- Providing adequate time for rest and sleep.
- Assistance in meeting the activities of daily living.
- Passive and active exercises.
- Participation in the house hold work.
- Participation in the outdoor and in door games.
- Provide leading materials according to the patients interest.
- Arrange or audio-visual aids (radio T.V, tape record.
- Provide recreational facilities.
- Prevention from falls.
- Arrange for pension if the patient was in employment and retread

- Arrange for part time job of patient has enough health.

### **HEALTH OR MEDICAL PROBLEMS PATIENT WITH FEVER UNCONCIOUS PATIENT, PATIENT FOR SURGERY**

**Patient with fever:** - Pyrexia (fever) defined as a rise in the body temperature above 99" (37.2c)

Causes of fever – infections, certain malignant neoplasm's.

- Blood disease such as leukemia embolism and thrombosis, heat stroke from exposure to hot environments, dehydration.
- Surgical trauma, and injuries.
- Skin abnormalities that interfere with heat loss allergic reactions to foreign poisons and poisons etc.
- In fever all the systems of the body are affected at may vary with the nature of the diseases .
- Respiratory system –shallow and rapid breathing circularly system increased pulse rate and palpitation.

**Alimentary system:** dry mouth, coated tongue loss of appetite indigestion, nausea, vomiting constipation or diarrhea.

**Urinary system:** Diminished urinary output burning maculation high colored urine.

**Nervous system:** Head ache, restlessness, irritability insomnia, convulsions, delirium.

Muscle skeletal system meal use, fatigue, body pain joint pain.

Integumentary system; heavy sweating hot flushes, goose, flush shivering or rigor.

### **Nursing care in fever.**

- **The room should be well ventilated.**
- The room should be maintained as a comfortable temperature.
- The blanket and excess clothing should be removed but prevent the patient from getting droughts.
- Exposure to cool are by an elective fan .
- Administration of cool drinks.
- Application of cold appliances and ice bags.
- Cold sponging and cold packs.
- Cold bath.
- Ice cold ravages and enemas
- Use of hypothermic blankets or mattresses.

### **MEETING THE NUTRITIONAL NEEDS.**

The cathular metabolism is greatly increased during fever.

≥ A high calorie diet is indicated. In fevers since the digestive process is slowed down the diet should be easily digestible and palatable most of the patients prefer fluid diet unless it is contraindicated the patient with fever, loses a large amount of fluid through swatting if nausea, vomiting or diarrhea is present.

- The fluid Intake is increased to 300ml in 24 hours to prevent dehydration.
- If there is burning sensation encourage the patient to take plenty of fluids.
- Intake output chart to be maintained.
- The patient who tolerate solid diet should be given small and frequent feeds.

### **PROVIDING REST AND SLEEP.**

All the patients having fever should be asked to take complete bed rest.

\* To insure rest and sleep provide a unit which is calm, quiet without bright lights and noises. Change the positions clothing should be light loose cotton garments should use.

### **MAINTENANCE OF PERSONAL HYGIENE:-**

Care of mouth is very essential for patients having fever for many days. Mouth care is given every frequently.

Care of the skin is very important because patient who suffering with fever having profuse sweating is present frequent sponging is essential.

### **OBSERVATION OF THE PATIENT:**

Patients with fever need constant unintelligent observation by the nurse, the vital signs are to be checked frequently to know the progress or regression of the disease.

## **UNCONCIOUS PATIENT**

The term unconsciousness implies to a state of the mind on which the individual is not able to respond to any of the stimuli the patient is not able to express his needs.

>Airway clearance and breathing infective. (Mucus discharge from mouth and nose. Noise respiratory cyanoses laboured breathing.

- Nutrition alteration less than body requirement signs of fluid and electrolyte imbalance.
- Skin integrity impaired potential for bed side.
- Communication impaired patient is unconscious
- Continuous drainage to be maintained to protect the spoiling of bed clothes.
- Tepid sponging or bed bath should be given and mouth care every 4<sup>th</sup> hourly so the patient feels fresh and comfortable.
- Observe the patient very closely and note any deviations and uniform to the physicians and carry out the orders as prescribed by the physician never ignore.
- If the patient mobility impaired development of foot drop, muscle wasting development of thrombophelabities.
- Nurse can provide a foot rest to maintain the position.
- Provide passive exercises to the limbs to prevent stiffness

- Knowledge deficit relations are ignorant of the care to be given to the patient.
- Teach the relatives about the characteristics of the disease and the treatment given to the patient.

### **NURSING CARE OF THE UNCONCIOUS PATIENT:-**

According to patient problems the nurse can assist the patient.

Position the patient in side lying position apply suction to remove excess secretion and much to clear the nose and respiratory passages.

- Introduce on airway in to the mouth to keep the airway patent.
- Administer oxygen through nasal catheter .
- Ensure adequate fluid intake orally or intravenous fluids as per physician prescribed to maintain electrolyte in balance and maintain intake output chart.
- Feeding should give through nasal catheter to supplementation of the nutrition
- Keep the patient clean and dry change the wet linen with dry clothes.
- Examine the body daily for redness to decrease pressure on the body parts

- Teach them about the precautions to be taken in carrying for the patient especially in case of communicable diseases.
- Tell the relatives about the hospital rules.
- Re assurance the relatives that the patient is on the hands of competent people and no harm will occur.

### **PATIENT FOR SURGERY.**

To prepare the patient for surgery physically and mentally.

**MENTAL PREPARATION:** All operative cases should be mentally prepared the nurse should make all possible efforts to remove or minimize the worry and fear of her patient by talking and reasoning him and give him confidence in his doctors. The relatives should be informed as to the type of operation must be obtained by having responsible person sign before the operation

**PHYSICAL PERPARATION:-** The ward nurses are responsible to carry in out laboratory work, blood, urine and stool examination reports.

- Temperature, pulse, respiration of the patient should be taken and record if there is fever to be reported.
- Symptoms of a cold or chronic cough should be reported.
- Blood pressure checked twice before operation.
- Preparation of the site of operation.

**PREOPERATIVE CARE FOR SURGERY PATIENTS:-**

- preparation for surgery as for the doctor as decided.
- Psychological preparation to be given regarding investigation, anesthesia, equipment and also purpose of surgery.
- Routine investigations should be done like urine examination blood, stool, x-ray examinations.
- Blood transfusion may be given if necessary.
- Improve the general condition of the patient by giving high protean, vitamins and iron etc.
- Encourage exercises such as coughing deep breathing contracting and relaxing of the muscle.
- Pre anesthesia check up should be done before surgery.
- Skin preparation should be done and through bath is given and shaving the area.
- Remove all artificial dentures armaments handover to the relatives.

High diet is given on the previous day and keep the patient fasting (NBM) from midnight and in the morning.

- Enema should be given in the night or in the morning.
- Sedation is must to be given to the patient in the night before the operation so that the patient may have peaceful rest.

- On the morning bath is given and the part is cleaned with spirit and put a sterile dressing.
- Record vital signs and keep a preoperative chart regarding vital signs and time of premeditation whether the dentures all remove or not.
- Consent should be taken and attached to the case sheet.
- Lab reports X-ray ECG, blood, urine reports and previous admissions if any also to be collect and attached to the care sheet.
- Pre medications Administered half an hour before sending the patient to the patient to the operation theater.
- The patient should void before sending to operation to prevent urinary incontinence due to muscle relaxation during operation.

### **POST OPERATIVE CARE:-**

1. A Post operative bed is kept ready as soon as the patient comes from the theatre.
2. check the level of consciousness and transfer him to the post operative ward.
3. check the vital signs for every ½ hourly check for proper flow of I.V. fluids, dean age of catheters, I.C.D drainage, rylestube aspiration etc.

4. Check for any hemorrhage.
5. foot end is elevated.
6. turn head to one side to prevent regurgitation.
7. watch for regaining of consciousness.
8. observation is needed and reports the doctors for any abnormal symptoms.
9. change the position every 4<sup>th</sup> hourly.
10. encourage deep breathing coughing exercise  
bottle ventilation of lungs.
11. maintain the intake output chart to correct the electrolyte imbalance.
12. check the conditions of the patient if the condition persists wash his face hands and mouth care to be given, permit his family members to see him.
13. watch for normal bowel movements usually occurs four to five days of surgery.
14. check the sutures if it dry or wet if there is any wound observed and inform to physician used prescribed medication.
15. Administered medications as per doctor prescription and maintain medicine chart timings to be maintained.
16. the sutures and removed on the discharged day.
17. Advise him to come for check up after 2 weeks of discharge.

18. Explain the importance of treatment rest diet hygenic care and exercise.
19. the doctor will decide when to resume his occupation.

### **ASSESSING NEEDS AND PRIORITIES:-**

- According to the patient needs the nurse can setting the riorities to assessment and establishing to the patient.
- Each problem that has been identified is assigned a plurality rating some needs are of greater importance than others.
- The problem that can endanger the life of the individual should be given priority thus requires nursing judgment mastous his archly of needs may be helpful in salting priority for examples
  1. Physiology needs – food, air water, temperature regulation, climination, rest, pain avoidance.
  2. stimulation needs: Sex activity , exploration manipulation novelty.
  3. Safety and security needs-safety , security protection.
  4. Need for love and belongingness – love belonging ness intimaty.
  5. Esteem needs self esteem, esteem of others .
  6. need for self actualization.

From the above list it can be that physiology needs take the priority it is also called survival needs once the physiological needs are met than the other needs can assume a higher priority.

### **ESTABLISHING GOALS (OBJECTIVES)**

A Goal or objective is stated in terms of anticipated patient outcomes. Goals must be realistic in terms of patients potentials and nursing ability. They should be as specific possible for a particular patient.

### **DETERMINING RESOURCE PERSONNEL:-**

Once the problems are identified, priorities have been set and the objective have been stated it is necessary to assign the right personnel to carry out the plan. Other than the nurses the members of the other health team, family members etc are able to help the patient as and when required.

### **NURSING INTERVENTIONS (NURSING ORDERS)**

Nursing interventions are the nursing orders which will state the precise actions that will help the patient to achieve the objectives.

**QUESTION****ORGANIZATION OF HEALTH AND NURSING SERVICE.**

1. List the International Health agencies ?
2. Write the functions of W.H.O.
3. Write the objectives of UNICEF?
4. What are the functions of D.T.B.  
(District Tuberculosis centre)?

## **UNIT – III**

### **MAINTENANCE OF SUPPLIES EQUIPMENTS AND OTHER FACILITIES.**

#### **FOR HEALTH ORIENTED FACILITEIS:-**

**Providing Nursing care to patients:-** The speed of recovery depends upon the nursing care they receive. A patient seeks an admission in the hospital because of some physical and mental illness. They have their own personality traits and social positions.

They have a right to receive nursing care as well as the treatment and supportive care that will help them to get cured at the earliest moment nursing care involves attention to the body, mind and spirit as well. The basic needs of love. The maintenance of dignity and social relationships need to be met. The nursing care is directed to maintain all physical and mental functions of the individual and to restore the lost functions Eg. TB, Mental, Cancer, CD.

**Environment:-** Among the factors contributing to the patients speedy recovery are those from the environment. In change set example and standard for her staff to approach and treat the patient with concern and understanding, respectfulness and encouragement.

The Environment has another asset and that is physical aspect cleanliness, peace orderliness, neatness, ventilation and lighting an important aspects of physical environment.

The effect of environment on patient care is great, the nurse has major responsibility to provide conducive environment which will contribute to place and recovery.

The modern hospital provides more privacy for the patient that it was in (ancient) old days.

Provide more quietness and rest for one or two in small units than in the open wards. Attention is given to pleasing effects of colors of walls, floorings furnishing and linen.

The arrangement of beds and furniture has give lots of importance. More attention is paid now a days to provide hospital environment safe comfortable and convenient for its workers too so that it promotes their efficiency and promptness in patient care.

**Cleanliness:-** cleanliness leads to the safety of the patients and personal. A clean environment provides clean equipment clean units, chair floors and walls which are relatively free from pathogenic organisms.

From unclean contaminated equipment, it is possible to transmit infection from one patient to another.

House keeping department may be responsible for cleaning but since it is nurse's responsibility for patient total care and she is also held responsible for that.

The incharge nurse must see that all the areas of the ward are perfectly clean through frequent cleaning.

**ORDER LINES:** - The beds furniture, . Trolley, cupboard etc. should be kept neatly and in orderly way.

All the equipment required for patient care should be assembled in orderly way.

Cleanliness and orderliness go together ward or unit must be not only clean but also in order.

Any kind of waste such as dressing, paper, peelings of the fruits should not be thrown on the floor.

The whole surrounding should be kept neat and tidily to give the appearance of restful, relaxed atmosphere. Which helps for the patients quickly recovery from illnesses.

The nurse station and any other areas of work should also be kept clean, neat and orderly so that no time is wasted in searching for the equipment.

**VENTILATION AND LIGHTING:** -

Maintenance of proper ventilation is very important for the comfort and health of the patients.

Ventilation includes maintenance of temperature exchange of air and humidity of the air. The best way to control the temperature and humidity is to provide air conditioner.

The number of people in a room or unit also effects temperature and humidity.

Restricting the number of visitors helps to keep the atmosphere more comfortable.

Bad orders can be prevented by changing and properly disposing soiled linen and dressing, proper cleaning of sanitary urinary, bedpans and urinals.

Good bathing and mouth care of the patient changing dressing will prevent many bad orders.

The kitchen should be quite away from the wards that which may create nausea while cooking in some patients.

**NOISE:** A sick person is usually very sensitive to noises a peaceful atmosphere is conducive to relaxations and rest to the patient constant yet low noise may increase nervous tensions and pain. The nurse should set an example by speaking in low tone.

**WELL FUNCTIONING EQUIPMENTS:** The staff has responsibility to note in functioning equipment and have them repaired or replace promptly. Defective equipment may be hazardous to patient or persons. All equipment needs to be kept in good working order and to be kept where it is easily available to all.

**SOCIAL ENVIRONMENT:-** It should be remembered by every one in the hospital that the patient in the hospital is a social being who needs to communicate with society.

The patient wants to be in touch with family members and with community to maintain his place.

The patients in the ward and social workers should be invited to meet them and converse with them.

The patient also may be in need of satisfying his spiritual needs. So the nurse must make arrangement with spiritual advisor to support patients should be allowed to give expressions for their feelings and emotions.

### **FOR DISEASE ORIENTED FACILITEIS:-**

Providing Nursing care to patients:- The speed of recovery depends upon the nursing care they service. A patient seeks an admission in the hospital because of some physical and mental illness. They have their own personality traits and social positions.

They have a right to receive nursing care as well as the treatment and supportive care that will help them to get cured at the earliest moment. Nursing care involves attention to the body, mind and spirit as well. The basic needs of love. The maintenance of dignity and social relationships need to be met. The nursing care is directed to maintain all physical and mental functions of the individual and to restore the lost functions. Eg. TB, Mental, Cancer, CD.

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Other patient's in the ward and social workers should be invited to meet them and converse with them.

The patient also may be ill need of satisfying his spiritual needs. So the nurse must make arrangement with spiritual advisor to support patients should be allowed to give expressions for their feelings and emotions.

Examples: Tuberculosis: Since this a infectious Disease all the T.B. patients are admitted in one hospital. With the required staff and are treated accordingly.

**Cancer:-** There is a special cancer hospital, only cancer cases are seen and are admitted. The staffs who are working in this hospital are special units as radiation room, X-ray room. Treatment room. Take care of them selves by wearing led aprons. To protect their eyes they wear glasses.

**Mental Hospital:** People who are having psychological problems are admitted in this hospital. Drug addiction cases are also admitted and are treated accordingly. Electro convulsive therapy is given. Patient are taken care after this therapy in separate room.

**Communicable Diseases:-** for example Diarrhea , Hepatitis, enteric fever, tetanus, Diphtheria, Rabies, chicken pox measles all these cases are treated in special hospital known as corantive hospital. Special care and treatment is given accordingly.

### **ECONOMY IN THE USE OF SUPPLIES EQUIPMENT INCLUDING LINEN:-**

There must e well functioning equipment and adequate supplies to provide optimum nursing care:

Each hospital should set up a method where by a sister or a head nurse can put a requisition for necessary equipment repairs and maintenance.

All the equipment should be so kept that it is easily available and as near as possible to the place where it will be required for use.

Lause constantly moving the place for keeping articles. Confusion and waste of time, the keys must be kept in at a fixed place carefully as certain things have to be kept in locked cupboards or store rooms.

The keys must be always available in the ward at all times and all the staff members should also know about the availability of keys.

In sufficient and ill functioning equipment results in increased work and waste of time by the staff and may even prove danger to patients life.

If this practice is not followed there will be difficulties and time wasted at the time of emergencies.

Some hospitals maintain a central supply of equipment and supplies. This helps to reduce the total amount needed in the hospital. However there should be good system for the wards to avail of them and return them.

The charge nurse is responsible to keep an adequate amount of equipment and supplies on the ward. To see it in good conditions repair and conveniently located.

All the personnel on the wards should clearly know who may use the articles or equipment and who assumes responsibility for it.

The head nurse must watch for and prevent waste or misuse by educating the staff in economical and appropriate use of all equipment and materials. Arrange a ward class to enable the staff to know the cost of the equipment.

There are three steps to be taken to ensure an adequate stock of available supplies on the ward.

1. Set a standard for the quantity of each item to be maintained on the ward all the time.
2. Have a satisfactory system for replacement of broken or worn out equipment.
3. make regular inventories of all the items. She should draw a regular program for inventories.

**Standard of quality and quantity of equipment:-  
Factors that serve as guides in getting the standard equipment include.**

1. The number of bed in the unit.
2. The type of service given on the unit.
3. The age of the patients
4. The sex of the patients
5. The severity and types of diseases
6. The cost of the item
7. Durability of the item
8. The period of time between ordering and receipt of new stock.

Some articles need to be equal to the number of beds where as others in adequate proportion.

Certain articles as per number of beds such as bed mattresses lockers and beds are required.

Other articles such as bed pans may be one for three or four patients.

Different items are required in different ward as such in medical , surgical and children's and elderly patients. Unconscious patient will require rail beds.

Expensive articles are in emergency wards eg. Respirators and Defibrillators. And these can be shared by other units where required.

Perishable articles will have to be kept in greater number in stocks and the articles which can be used once such as dressings Foleys catheters, will need to be stocked in large quantity of numbers.

**INVENTORY:-** An inventory is a list of all the articles on the ward. This list should give details description of every articles and the quantity amount or number that should be in the ward.

Grouping o the articles eg. Linen, furniture or dead stock metal ware, glass ware, perishable articles.

Dead stock can be counted once or twice a year Eg. Mattresses and furniture.

Glass ware item can be counted daily Eg. Thermometers, syringes, needles and instruments.

The regular checking o the stock helps to store articles in their

1. proper places.
2. To return borrowed articles
3. To note damaged

4. Broken or lost articles and to get rid of excess or unnecessary articles from stock and to keep the stock up to date.

**CARE OF LINEN:** Care of linen is important, as it is our expensive item in the running of a hospital. It cost much to buy and much to launder it.

Spoiling and wastage of linen will be avoided if the following rules are observed

1. The linen cupboard should be kept in perfect order.
  - Different items stocked separately and labeled to prevent confusion and loss of time.
  - Lock the cupboard when it is not in use.
  - Watch the patients during discharge time to avoid linen being taken home.
  - Check the shock that regular internals, any looses report promptly.
  - All items should be used accordingly with purpose they made.
  - Torn linen should be sent or mending.
  - Soiled linen should not be placed on the floor.
  - Damp linen should be dried.
  - If the linen is soiled because of urine or stool rinse them properly to remove the stains. If stains are present remove them with appropriate stain removers.

- If staining is unavoidable old linen should be used.
- The linen used for infectious patient, should be disinfected first before they are sent to the laundry.
- Use the mackintosh where ever it is necessary.

The stains from the linen is removed accordingly ex;  
1. blood stains can be removed by washing in cold water immediately and after wards with hot water.

Rust marks: Apply salt and lime juice and expose it the sunlight.

Perspiration: Wash them with soap and hot water containing a few drops of ammonia and bleach them in the sunlight.

Paints and varnish: these are removed with turpentine alcohol or either.

### **BREAKAGE AND REPORTING:** -

It is important to select a hard glass that is resistant to heat and mechanical shock. To facilitate cleaning the glass ware should have a hard smooth surface.

Brush and abrasives of all sorts are to be avoided in cleaning glass as they cause streaking.

Exposure of the glass to sudden variation of temperature is likely to cause crack in the glass.

When the glass ware is sent for boiling or autoclaving they should be adequately padded to prevent breakage by rubbing with hard surfaces.

Its important to rinse the piston and barrel after use to prolong the life of syringes.

Some syringes are interchangeable, others have the same number on the barrel and the piston in order that they can be easily matched.

Never put glass in boiling water but put the glass ware in cold water and bring to the boiling point.

As such glass ware is a breakable item in the hospital each unit must have a record of all inventory which includes breakable articles.

Thermometer are to be used carefully while shaking the thermometer see that you don't hit the cot or the tray or any instrument which is near by.

Always check the temperature for an unconscious patient by Axilla, because there is a tendency that if you take orally the patient may bite.

After checking the temperature be careful in replacing the thermometer in the bottle which contains 5% dettol lotion. At the bottom of the bottle keep sufficient cotton.

B.P. Apparatus must be handled carefully never leave the apparatus on the edge of patients bed to prevent the breakage care fully.

Owner glasses are used for administration of abdication carefully and after cleaning replace them in their place.

**REPORTING:** In every unit there is a inventory book. As well as breakage book too. All the broken articles are entered in the book along with date, time, the came of article and by whom it is broken. Report to concerned ward sister in charge and also medical officer.

During condemnation time. All broken & condemned the articles are front to the commuters responsible for condemnation and replacement. Since breakable articles do not have repair only thing is replacement.

**OBTAINING OF REPLACEMENT:-**

The departments and person from whom new articles are obtained should be clearly known by all staff members. There should be regularized method for ordering the equipment and supplies.

Some items last for many years and require to be replaced after a long period.

The frequency of ordering new supplies is very important there must be regular system for replacing certain items when they are broken. Perished or no longer in use.

The usual system followed in almost all hospitals is getting in old or irreparable articles condemned before the new articles are supplied.

The broken or useless articles are presently before the person or a committee for condemning and issuing new ones.

**KEEPING RECORDS OF USAGE:** To estimate future needs a record of past experience in the use of facilities. Equipment and supplies is helpful eg. Utilization of a conference room a record might be kept over a specified period of time as a basis for determining whether more or less conference space and time are needed.

If these records are not obtainable or are in a form that is not useful. The director of nursing and the head of the department concerned can usually get together and work out a system that will be useful. Records from the accounting department on patient charges. For eg. The number of charges made for disposable catheterization trays on a particular unit might also be a source of information.

Longevity is not necessary all important of the equipment is designed to last the life of its efficiency effectiveness. If it does not last that long it was a poor purchase and should be replaced accordingly.

Medical technology creates more technology but the development or the availability of the equipment always lag behind technology. As equipment is developed it is almost always more expensive than what it has replaced.

Under worst conditions equipment should be capable of being replaced with a minimum of disruption.

At least equipment should be designed so that it can be modernized.

**Maintenance of ward inventory:**- an inventory is a detailed list of articles on the ward. Their specifications , standard number of quality. When inventory is taken it provides a good chance to determine the condition of articles to order repair or replacement if necessary.

It is also an ideal time to return articles to its proper place. Frequent counts are an aid in maintaining and tracing equipment. Such articles are flash lights. Scissors, syringes and needles , B.P. apparatus may require daily count since these items may disappears and are also easily broken so early discovery of loss makes taking the articles easier.

Equipment which is out of order or not were after use is more trouble some that if it was missing at together. Eg. A situation is which the nurse, the doctor and the patient are ready for a treatment. And then the light will not work, or the stove fails to heat, or a clamp will not hold and scissors refuse to cut.

The situation is not only embarrassing but is wasting of time also. To prevent such occasions, the articles are checked early and sent for repairs if necessary. If repairing is not possible. Replacement should be done.

**Question**

1. How will you take care of linen used for infections patient?.
2. How will you remove the blood stain. Rust mark perspiration, paints and varnish.?
3. How will you take care of rubber goods thermometers. ?

## **UNIT-IV**

### **RECORDS AND REPORTS.**

#### **Records**

**Definition of the record:** - A record is a permanent written communication that documents information about a patient and his medical and nursing management.

**Purpose of the patient's record:-**

- the main purpose of the patient's record is the communication, in writing of essential facts, in order to maintain a continuous history of events, for a period of time.
- It is a valuable source of information for the nurse in planning a nursing care plan for the patient.
- It is a legal document and is admissible as evidence in court.
- Patient's records provide material for research and gives the statistical information.
- Another use of patients record is the education of students in medical and nursing fields.

**General Rules for recording :-**

1. Keep separate records or charts for each individual patient.

2. It is a legal document, write it, in English, clearly accurately, appropriately and legibly.
3. Name, age, ward, date and in patient number should be written on each page.
4. All entries should be signed by the individual who makes the entry.
5. It should be reliable and accurate.
6. Use only standard abbreviations.
7. Concise data are easy to under stand.
8. Nursing should maintain confidentiality of patient's record.
9. Do not use blank space in the record keep it crossed.

**Types of records:-**

Hospital records:- which starts from out patient department. This will contain the bio data of the patient, diagnosis, family history, medical examination, investigation and treatment.

**Admission record:-** which is maintained by the nurses. This date of admission, time of admission, register number, bed number, name of the unit and name of the doctor, etc,.

**Diet register**: - According to the patient's disease condition and doctor's prescription, the type of diet is provided to the patients, for example, salt free diet, sugar free diet, soft diet, high protein and low protein diet, plain milk, bread and milk and full diet etc.

**Indent books**: - Drugs indent, linen indent, stationery indent and buy and supply indent books, which are maintained by the ward incharge or staff nurse.

**Statistical records**: - To maintain the statistics, certain registers such as registers for the births, and deaths, register for operations, and deliveries, census register, register for the admissions and discharges.

**Doctor's order sheet**: - For patient purpose: - The doctor's orders (prescriptions) regarding the medication investigation, diet, etc., may be written on separate sheets.

**Graphic charts of T.P.R.** :- On this, the temperature, pulse and respiration are written in a graphic form so that a slight deviation from the normal can be noted at a glance.

Reports of the laboratory examinations.

Consent form for operations and anesthesia.

Intake and output charts.

½ hourly pulse charts.

**Health records should be properly maintained the records should contain:-**

- a) Identifying data – name, date of birth and address Past health history.
- b) Records of findings of a physical examination and screening.
- c) Record of services provided.

Every institution keeps some kinds of records. The hospital is no exception. The patient's clinical record is a brief account of the personal and medical history of the patient, results of diagnostic test, finding of medical examination, treatment. And nursing care daily progress notes and advice on discharge.

### **Value of records**

Record provides an accurate and detailed account of treatment and care given to the patients.

Therefore it serves as a guide for follow up of the course of disease and future care.

Records provides an accurate information of the result of medication and treatment given to the patient. So, through the records the physician gets an accurate information about the patient conditions from day to day.

A record of illness and treatment saves duplication of work in the future care especially when the patient is transferred from one department to another or from one institution to another. In such situation it helps the patient to get prompt treatment.

A well written records has legal value.

Records serve as a reference material for research work.

### **Essential requirement of records:**

They should be complete in details.

They should be accurate

Written in such away that the minimum of clerical work is involved.

They should be kept confidential. They should not be shown or discussed with personal other than those providing health care.

Care to be taken not to make any errors.

#### Cumulative records

Cumulative records contain information gathered over a period of time in respect of each patient in different situations. When completed the cumulative record (eg. Immunization card, school health record) reveal the whole health history of persons.

#### **Types of records:-**

The kinds of records which are normal kept will vary with the activities. They include the following:

1. Village record
2. Family folders, household and family records and individual health cards.
3. Eligible couple records.
4. Maternal and child health records (including antenatal care, postnatal care, child care, nutrition, immunization)
5. Tuberculosis (T.B) card
6. Leprosy record
7. School health record
8. Birth and death registers.
9. Outdoor attendance register
- 10 Operation register
- 11.Indoor patient register

12. Records of medical care.
13. Stock registers
14. Monthly reports
15. Daily diary.

### **MEDICAL RECORDS, USE OF DIARIES BY HEALTH WORKERS**

#### **MEDICAL RECORDS**

Good records keeping is an essential and important duty of all health personnel. This is because memories are short and information collected from memory can never be reliable. Therefore records must be accurately made at the time of the event and should be available when required. Records are designed to encourage high standards of health care.

The need for medical records which are better has arisen for a number of reasons.

- a) Growing number of specialties and referred system.
- b) Faster decision making in diagnosis and treatment.
- c) Perspective follow-up pattern of health status of individual and group.
- d) The need for a more systematic approach to the storing of information.
- e) Sharp increases in the amount of clinical investigations.

- f) To provide data needed for the planning of health care services.
- g) To facilitate clinical and epidemiological research.
- h) To provide a discipline which plays an essential role in the medical education.
- i) Audit of medical care utilization.

Hence there is growing interest and more widespread recognition of the potential for improving the quality of collection and utilization.

### **The data base**

This term is used for the information about a worker that is needed to relate wider number of variable in clinical decision making the greater the number of relevant information available the better would be the clinical judgment.

#### **Essential information in the data base include:**

- 1) Name, age sex and address.
- 2) Occupation-past & present, nature of hazards exposed to;
- 3) Allergies and hyper sensitivities
- 4) Previous illness, accidents and operation
- 5) Positive relevant family history, inherited illness.
- 6) Habits –smoking, alcohol, food habits.
- 7) Social details –family size, housing

- 8) Personal profile
- 9) Immunization details
- 10) Physical data – height, weight, chest and other relevant details, blood pressure
- 11) Laboratory investigation data
- 12) Clinical data
- 13) Treatment particulars
- 14) Sickness absence data.
- 15) Periodic updating of related details.

### **Administrative problems**

Practical difference are its maintenance, unsatisfactory updating absence of audit. The health worker male / female needs special skill in maintenance.

### **Use of diaries**

The health worker male or female maintains a daily which helps them to perform their function and which also serves as an evident of the work which they have performed.

- They write everything in the daily regarding the area and the number of houses they have visited and rendered their services.
- The diaries are similar to records.
- They serve as an effective means of communication.
- The health worker can organize his work and make the best use of his time.

- They also serve as a connecting link between two health personnel.

### **Records and reports**

**Records:** Health records layer to forms on which information about an individual and family is noted. They may include information about socio-economic, psychological and environmental factors. Records are a practical and indispensable aid to the doctor, nurse and paramedical personnel in giving the best possible service to individual, family and to the community.

An effective health records shows the health problem and other factor in the home that effect individual and his ability to carryout orders, it tells what the family believes. What has been done and what is being done about health condition, and also what the family wants or plans to do and of medical and nursing service being given.

Each record should show essential aspects of service in such logical orders that a new worker may be able to maintain continuity if service to individuals, families and communities.

**REPORTS:-** A Report summarizes the service of the nurse and or the agency of reports may be in the form of an analysis of some aspect of a service. Report are usually written daily, weekly monthly and yearly

**PURPOSES:-**

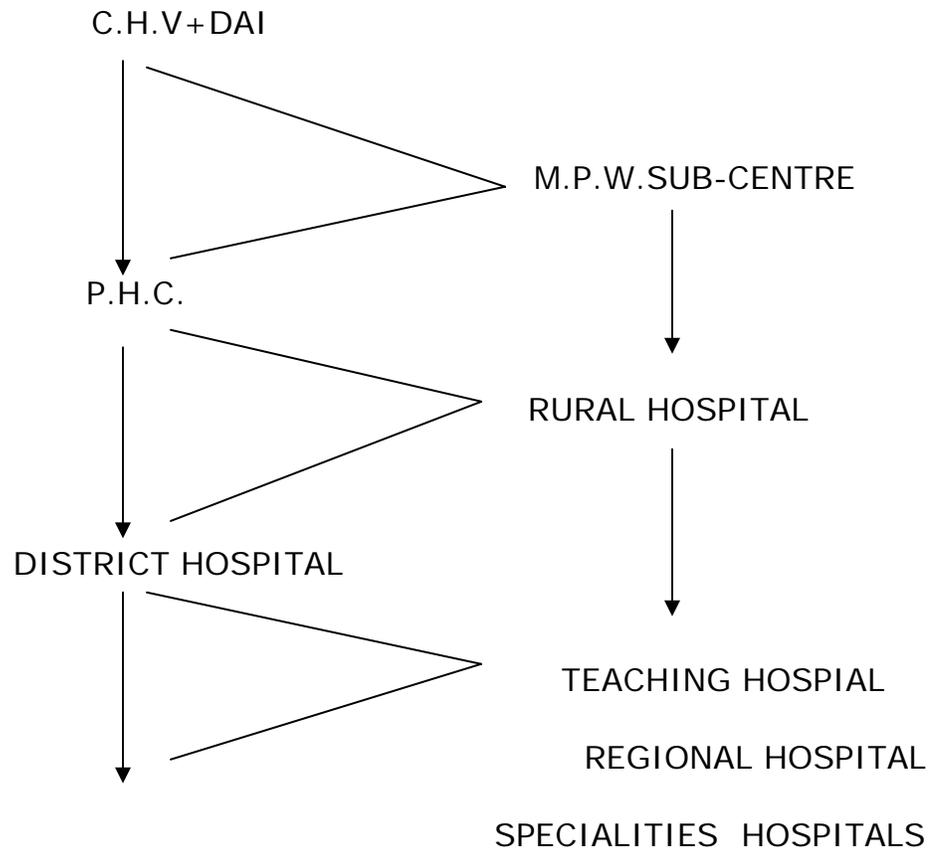
Reports are written: -

- a) To show the kind and amount of service rendered over a specified period.
- B) To illustrate progress in teaching goals.
- c) As an aid in studying health condition.
- d) As an aid in planning.
- e) To interpret the service to the public and to the other interested agencies.

**REFERRAL SYSTEM.**

A good referral system is an essential component of health care system. As more and more paramedical workers are employed in the health industry. It becomes necessary to establish a sound referral system.

The figure shows the linkage in the referral system in India. However, a sound referral system is yet to be put into operation.

**TRIAGE SYSTEM:-**

The question arises as to which sort of patient are to be referred. According to the triage system, patients are grouped in to 3 categories.

Category 1 : Fatal condition: life cannot be saved even with treatment

Category 2 Serious conditions: life can be saved but only with immediate Treatment.

Category 3. Minor conditions: Life is not threatened and referral can be safely delayed.

**REFERENCE SLIPS:** -

A references slips should contain the following minimum information.

**Reference slips**

1. Patient name and address and identification number.
2. present complaint.
3. Treatment given , if any.
4. Reasons for referral.
5. Name and designation of person making the referral.
6. Name of PHC making the reference.
7. Date and time of reference.

## **FAMILY CARE RECORDS**

**HEALTH RECORDS:** Health records, refer to forms on which information about an individual and family is noted. They may include information about socio-economic, psychological and environmental factors. Records are a practical and indispensable aid to the doctor, Nurse and paramedical personnel in giving the best possible service to individual family and to the community.

An effective health records show the health problem and other factors in the home that affect individual and the ability to carry out orders if it tells what the family believes. What has been done and what is being done about health condition and also what the family wants or plan to do and at medical and nursing services being given.

**FAMILY CARE RECORDS:** the basic unit of the family and so the central records unit should also be family unit. In practice, because of difficulty in defining "family" the unit as to "household" one coming the group of people who live together and share on cooking facility.

Separate records form may be needed for different types of services, such as TB, Malignancy, infant and pre-school, school and individual one family maybe making use of any one or all at her types of services, such forms provided space. To make notes at the time of each visit in order to describe symptoms, report observation. On further following visits and refer the patient your help or consultation to another worker.

The usual have centers provide combination of such types of service.

All the records with relate to the members of one family should be placed in a single family folder only in the way the doctor and health worker can see the total situation and give affective, economical service to he family on a what this as another basic principal of records keeping in a health center.

The family yielder with contain all the individual records of one family, has all the family data, please observation about the general, social and environmental factors. Factors that effect health in the family on it. There may also be summery of the health statue. Of the family, with space for period evaluation, here can be included the immunization status of all the individual in the individual in the family

Record forms are generally printed. The nurse should see that they are completed and accurately filled it.

### **SECURING RECORD INFORMATION:-**

1. Records are started in the center or in the home at time when the individual is seeking some. service or when the health worker recognize the need for service. The nurse and the individual should be comfortable sealed in a prevent quite area so that confindantel information can be given and kept at professional level.
2. Economic and social information may be difficulty to obtain as people are often. Reluctant to talk about personal miller don't pres the person for such information until the gives at truly.

3. The individual or and family cooperation in making out the records in important explain the reason for making the record, how the record will be used and the confidential nature of resource.

1. Ask question in a friendly but definite and direct manner when securing data about food habit, ask question such as. " what did you, yield the baby yesterday" How long do you boil the water look at the choice vaccination scar and ask when was the child vaccinated.

5. Discuss the condition and records attached in quotation if passable. For example: I have never given other children anything except the biscuit why should I give the child extra food? " the baby taken breath when she us hungry " Ram was vaccinated 2 years ago" sea food .

6. Write brief notes of every visit showing

1. Reason for the visit.
2. Particular cuff observation made.
3. what was done
4. attitude of the individual and the family toward help.
5. Evidence of change to family.
6. Plan for next visit.
7. referral records if made.

### **RECORDS FILING:-**

Correct filling of records is essential hours of time and affect are saved when record ,are setup and maintained in a systemic planned and organized manner.

Some agencies. File records alphabetically and use numerical system. In villager geographical system as preferable.

Experience has shown that patient is leer to preserves and bring with them a card with shows their clinic number. This sever much time.

### **DESCRIPTION FOR FILLING OUT AND USING THE FAMILY FOLDER:-**

The single family yielder is designed to give basic information about the position and negative personal and environmental. Factors that affect each person in a family unit. The yielder provides space for more than one observation. when the records is properly filled out and used the worker should be able to identify the health situation in the home without loss of time or effort.

The information includes: -

- Name of head of the house hold print last name
- Address
- Family names and health service.
- Sanitation: to fill this section at the form at a necessary to see each condition an listed. Write the date at initial and subsequent observation using blue ink and on the data condition has changed is red.

- Diet and eating habits: use a check "X" to indicate when the food is obtained and how the food is cooked.
- Major health problems space on the sample your is limited.

**The records maintained at the every PHC are: -**

- Antenatal registration records
- Under fields clinics records
- Immunization programme
- Child birth records
- School health records
- Birth rate records
- Death rate records
- Specific death rate records
- Infant mortality records
- Neonatal mortality records
- Expectation of life records
- General fertility records
- Maternal mortality records
- Perinatal mortality records
- Under fives mortality records
- House held survey records
- General health records
- Diagnostic lab records
- Drug maintenance records.

**Question.**

1. Write the values of records?
2. What are the essential requirements of records?
3. What is the purpose reports?
4. Write the types of records maintained in the hospital for the patient purpose?

## **UNIT – V**

### **MAINTAINING HEALTHY ENVIRONMENT**

**Cleanliness of unit and the sick room, cleanliness of furniture floors, work space and surface, doors and windows storage space.**

**UNIT:** is the surroundings of a person under treatment which include patients bed, bedside locker, accessories and the environments.

The patient must be free from dust dirt and unpleasant odour.

**CLEANING:** A cleaning is the removal of all foreign materials, such as soil and organic material from objects.

Generally cleaning involves use of water and mechanical action with or without detergents.

There is a definite difference between hospital cleanliness and domestic cleanliness because many pathogenic organisms grow in the hospital so it is very essential to maintain cleanliness in the hospital. The nurse must know how to clean each and everything in the hospital they should also know the purpose of cleanliness.

#### **PURPOSE OF CLEANLINESS:-**

1. To avoid the spread of infection.
2. To prevent pathogenic organism from gaining entrance to surgical wounds or spreading to other patients.

3. To remove all dust and dirt, bad odors and to make the hospital environment clean.
4. To maintain the asthmatic sense.
5. To attain a high standard of nursing and to get first class healing of wounds with a rapid recovery of the patient and it is also possible through thorough cleanliness.
6. To prolong the life of the articles.
7. Cleanliness also trains a nurse in habits of thoroughness planning her work quickness quietness and doing a work in a purpose full way, and in care and economy of equipment and supplies.

#### **PRINCIPLES OF CLEANLINESS:-**

1. plan your work of cleanliness to avoid wastage of your energy and time.
2. Dust after sweeping only.
3. Dust with a clean duster.
4. Dusting should be done from top to bottom.
5. There should dry dusting and damp dusting.
6. Dusting should be done with a firm and even shokes.
7. use covered dustbins to collect the dust and waster material.
8. Clean all equipments used for dusting.
9. use brush when cleaning a grooved surface.
10. wash hands after dusting.

**CLANLENESS OF FURNITURE.**

1. Wood work all plain wood work is cleaned with the soap and water and rinsed. Clean off soap water with duster or brush rinsed in clean water.
2. Special solutions for cleansing glasses is extent when available
3. Dry with a clean dry cloth.

**CLEANING OF LOCKERS:**

1. Remove rubbish from the lockers.
2. empty and wipe properly daily's with wet clean mop.
3. Rinse it in lotion and dry with a dry mop.
4. Inner portion must be emptied and wiped with wet clean mop daily.
5. Clean it with soap and water once a week removing all the stains.
6. Continue down the ward in this way and always leave beds lockers and stools in a straight. Line.

**WINDOWS:**

All windows should be washed with soap and water and rinsed.

1. Clean off soapy water with duster in rinsed clean water.

2. special solution for cleaning glass is excellent when available.
3. dry with a clean dry cloth.

### **PROVISION FOR CLEAN EQUIPMENT CLEANING OF EQUIPMENT**

**1. Natural** 

2. Moist heat - Boiling, Steam pasteurization.

3. Chemical (a) liquids

- Dettol 5 to 15 minutes.
- Phenol 5% drains, floors
- Creasol
- 5% - 10% Mixed with soap
- Formalin
- Chlorine
- Lysol 5%

(b) Solids - Bleaching powder or Chlorinated Lime cheap disinfectant.

(c) Gases formaldehyde, Ethylene, OXIDE

(D) Detergents. – Centrimide savlon.

(E) Oxidizing agents – Hydrogen peroxide.

(F) Heavy metals - mercurochrome

(G) Miscellaneous - Alcohol 70%

- Methylated spirit skin antiseptic
- Formalin liquid room disinfects.
- Acetone

- Ether
- Dyes – gentian violet
- Acreflaven.

( h) Halogens – chlorine, iodine.

### **SAFTY FACTORS IN THE ENVIRONMENT**

IN nursing education is a major health protection strategy in preventing accidents.

When planning to meet softly needs of patient, Nurses need to consider physical factors. In the environment and psycho logic and physiologic state of the individual.

- accidents area major cause of death among individuals of all ages in India.
- Nurses need awareness of what constitutes a safe environment for specific individuals and for groups of people . in the home community and work place.
- Hazards to safety occurs at all ages and vary according to the age and development of the individual.
- Measures to ensure the safety of people of all ages focus on.
- Observation of situation on that are harmful.
- Patient education that empowers to safe guard them selves and their families from injury.
- Modification of the environment of often necessary to make it safe.

Majors nursing assessment on risk for accidents injury can be categorized as

- Risk for injury.
- With the 4 sub categories
- Risk for trauma
- Risk for poisoning
- Risk for suffocation
- Risk for aspiration

I and Nurses must be familiar with the fine procedure in the health agencies.

In the event of fire the nurse must.

- protect a patient from injuries
- Report to the authorities.
- Put out the fire.

II. Falls are common cause of injury among the very young, the elderly and the ill or injured.

**To prevent falls.**

The nurse must provide constant surveillance for infants and young children and carefully assess older clients. For safety and used side rails, hand rails protect hospitalized patients from falls restraints keep patients from trolling.

III. Major reason for poisoning in children are in adequate supervision and improper storage of house hold toxic substance.

IV. Suffocation can occur when foreign objects are swallowed or inhaled cutting off the persons oxygen supply.

V. Prolonged exposure to excessive noise can produce hearing loss.

\* Faulty electric equipment and improper grounding pose health hazards in the hospital and the home.

\* Prevention: by using grounded outlets and plugs, putting protective covers over outlets keeping appliances in good repair, and making sure that electric wiring and circuits meet safety standards.

In hospitals, radio active substances are used for diagnostic and treatment purpose, agencies policy should be followed. To safe guard patient and staff from un safe exposure.

### **SAFETY FACTORS:-**

1. Mechanical injury can be avoided by keeping floor dry to prevent slipping, by using stretchers and wheel chairs securely while transferring patients. And by using rails or guards on beds and windows.
2. Be vigilant while giving hot water bags. It will prevent burns.
3. Strong chemicals and discorfectous should not be kept in the patient's room. It should be kept under lock and key.

4. Patient should be protected from radiation hazards by having trained operators.
5. Measures for prevention cross infection should be taken.
6. Don't expose the patient to allergens.
7. Building should be rat proof.
8. Poisonous materials should not be kept in the patient room.
9. Use mosquito nets or mosquito mats.

### **DISPOSAL OF REFUSE AND EXCRETA**

Refuse is any kind of waste material excreta means human urine and faeces, improper disposal of these wastes is an important cause of ill-health in the community.

- a) Type of refuse, and Health hazards refuse may be dry or wet.

Dry refuse or solid refuse, consists of the following:

1. Garbage, kitchen waste, left over food.
2. Rubbish, waste paper, broken glass, bottles and tins, bits of metal plastic and rags.
3. Ashes from burning wood, charcoal and cow dung fuel.
4. Animal dung.
5. Street sweeping.
6. Fallen leaves.
7. Dead animals.

**Wet refuses or liquid waste in a rural community consists of:**

1. Waste water from houses after bathing, washing clothes, utensils, vegetables etc.
2. Waste from public wells and washing places.
3. waste from cattle sheds and market places.
4. waste from cottage industries such as dying and weaving.

**Excreta:** - the Problems of diseases spread from faeces to mouth is very great in India . In rural areas it is common for people to pass motion on the ground and leave it unattended.

Improper disposal of human excreta lead to the spread of disease in the following ways.

1. Flies can convey germs and worms ova from faeces to food.
2. Drinking water may be contaminated by infected faeces.
3. Food may be contaminated by inadequate hand-washing after defecation.
4. Wet ground may be heavily infected with hookworm larvae from exposed faeces.
5. Wounds or cracks in the skin may get infected with tetanus from the faeces of man or animals in soil.

The following diseases are spread by improper disposal of excreta:

1. Bacterial diseases , Cholera, typhoid and paratyphoid fevers, bacillary dysentery.
2. Parasitic diseases: Amoebiasis, intestinal worms such as hook worm round worm and tapeworm.
3. Viral diseases: polio myetitis and infectious hepatitis.

### **METHODS OF DISPOSAL OF DRY REFUSE**

Refuse should never be thrown on the ground nor swept into a corner. If it cannot be properly disposed of immediately, it must be put into a bin.

1. **Feeding to animals:** Left over food and vegetable waster may be fed to animals such as pigs. A separate bin may be kept for this purpose.
2. **Burning:** By this method bacteria will be killed and refuse reduced to a small amount of ash. It should be carried out away from houses to avoid smell and smoke.
3. Burying in a pit or trench 3 feet deep to prevent dogs or rats from getting at the refuse. Each time refuse is dumped it must be covered with some soil.
4. **Composting :-** In rural areas this is a very useful method.
5. Incineration is a form of burning which is the safest method of refuse disposal, especially for hospital refuse such as dirty dressings , but glass and tins should not be included.

6. **Dumping on land** : This is a method which can be used to fill up low-lying land, but is not without health hazards.
7. Disposal of the dead depending on custom and religious practice, the following methods are used.

(a). **Burying** : Christians and Muslims prefer this method. Graves are dug 3-5feet deep. The burial ground should be on sandy loam soil, not too close to houses. There should be a wall around and trees planted.

(b). **Cremation or burning**: Hindus and Buddhists usually cremate their dead on the open prey. Less land is required , but fuel is needed.

The modern method of cremation by the use of a furnace is quicker and uses less space.

### **METHOD OF DISPOSAL OF WET REFUSE AND EXCRETA:**

#### **Disposal of sullage water** :

If waste water collects, it has to be drained away to a safe place.

Drains should be well planned for free flow of water, and checked frequently for any blockage. The water must not be allowed to flow into a clean source of water.

Papaya and banana trees are good for using up waste water and good food for the family.

Soakage pit: this is made as follows:

1. Select a place near the house where waste water runs out of the house.
2. Dig a pit 2mts deep and 1 ½ mt is diameter.

3. Fills the lowest 1/3 of pit with stones and bricks of  $\frac{3}{4}$  size.
4. Fill the middle 1/3 of pits with stones or bricks of  $\frac{1}{4}$  size.
5. The waste water should flow into the soakage pit through a pipe.

Cover the top layer of the pit with a layer of earth to above ground level. The soakage pit should not be used in the rainy season.

#### **Disposal of Excreta:-**

In urban areas there is water carriage system. Large pipe called sewers collect from house drains and carry away for treatment the excreta together with sullage water and rain water, called sewage.

#### **TYPES OF LATRINES:**

a). **Service type latrine**: This type needs someone to collect and empty the buckets of night soil. It is not recommended except in case of sickness, when a commode or bedpan is needed.

b). **Sanitary latrine**: this is one which does not cause nuisance due to sight or smell, the excreta is not left exposed, and it does not pollute the soil.

c). **Simple latrine**: for a camp, especially where there is shortage of water or for a family where a sanitary latrine cannot be constructed, this type of latrine is suitable.

The latrine should be kept clean by careful use and washing down when necessary.

Biogas plant in India the use of bio-gas plant is being promoted. The principle is that night – soil passes from latrine to a large covered container where decomposition takes place. Animal waste such as cow dung is added and the resulting gas can be piped into the building for use with a gas cooking plate.

**Sewage purification:** Large quantities of sewerage from a total community is offensive in smell and contains millions of bacteria. It has to be purified to protect the health of the community.

**Other methods of sewerage Disposal are:**

1. Oxidation pond: this is a cheap and suitable method for a small community. It is an open pool 3-5 feet deep with an inlet and an outlet.
2. Land treatment of sewerage: This method is used in some towns. After screening grit removal and primary sedimentation, the effluent is used for cultivation certain food crops such as plantains and other fruit trees, and of some vegetables.
3. Sea outfall sewage gets diluted and gradually oxidized in the sea, but there is a chance of solid matter getting washed back. If this method is used the sewage should be carried well out into a deep water.

**DUSTING:-**

Plan your work of cleanliness to avoid wastage of your energy and time and dust clings to the moist surfaces there fore dusting can be done best by a damp duster or by an oiled cloth. A dry duster seatlers the dust.

2. Dusting is done after sweeping only.
3. Dust with a clean duster.
4. Soap and water are used for cleaning because soap emulsified the lower surface tension of the water and water act as a good solvent friction and in mechanical cleaning use brush when cleaning a groomed surface.
5. Dusting should be done with a firm and even stroke.
6. Abrasives are harmful to the painted and polished surface.
7. Use covered dust bins to collect the dust and waste material.
8. Clean all equipment used for dusting.
9. Equipment suitable for the purpose for which it is used and in good condition conveniently located and arranged to save time, material and energy.
10. The cleaned article is stored in a place meant only for that purpose leave the unit neat and tidy always.
11. Wash hands after procedure.

### **DISINFECTING**

A continuous battle goes on health care institutions to prevent the spread of pathogens . this battle is called medical asepsis.

In spite of the best efforts of hospital personnel there are always some harmful micro organisms around us they can be made harm less however by ordinary

cleanliness procedures. And we can keep our selves clean by bathing and frequently hand washing. We can keep the institutions and its equipment clean with soap and water. Also there are two very important methods for killing microorganism or keeping them under control. This methods are :- (1) Disinfections and (2) Sterilization.

Disinfections is the process of destroying as many harmful organisms as possible.

It s also means slowing done the growth and activity of the organisms that can not be destroyed.

Sterilization is the process of killing all micro organisms including spores in a certain area.

Spores are bacteria that have formed hard shells around them selves as a defense. These shells are like a protective suit of arm or spores are very difficult to kill. Some can even live in boiling waited spores caw be destroyed however by, by going exposed to pressurized steam at a high temperature machines called autoclave can produces this high temperature, pressurized steam. Autoclave are used to kill spores and other disease producing bacteria.

**Disinfections:**- Killing of infectious agents out side the human body by direct exposure to chemical or physical agents.

Disinfections or articles is carried out by two ways.

1. Concurrent
2. Terminal

**Concurrent Disinfection:**- it is immediate disinfection of all contaminate articles and badly discharge during the illness.

1. It is carried out as follows cleaning of room daily with disinfectant.
2. Disinfection of all articles.
  - A). Urinals and bed pans after emptying clean with brush soak in carbolic solution 1:40 for 10 minutes.
  - b). Sputum mugs is collect the sputum in a sputum mug with disinfectant lotion it should be with lid when the container is full it needs to be boiled or burned enamel ware stainless steel articles.

Rinse in cold water first then in hot water and boot for 10 minutes.

3. **LINEN**:- keep the linen in a carbolic solution for 4 hrs, rinse dry and send to laundry.
4. **BLANKETS**: - Autoclaving is the best or keep in direct sunlight for 6hours.
5. **MATTRESSES AND PILLOWS**: Place indirect sunlight for 6hours for two consecutive days.
6. **THERMOMETERS**:- Wash in soapy water dry well soak in dettol 1 percent for one hour or 5% dettol (solution for 20 minuets).
7. **MACKINTOSH**:- soak in Lysol 1:40 or phenol 1:40 for 4 hours. Wash in soapy water rinse well hang and dry in shade.
8. **PAPER, COTTON SWABS BOOKS**: Burn in incinerator.
9. Disposal of all wastes by incineration.
10. **DISPOSAL OF EXCRETA**:- Especially for interic isolation. The urine and stool should be mixed with equal quantity of freshly prepared lime and allowed to stand for two to four hours. Then it is disposed by burial.

In hospital, disinfectant must be added before discarding the stool in the septic tank.

**TERMINAL DISINFECTION:-**

It means disinfection of the patients unit and all articles after the discharge transfer or death of the patient from the hospital.

- Usually fumigation is used for this purpose.
- Fumigation it is the disinfections by exposure to the fumes or gases to destroy organisms.

The following disinfectants are mostly used for the fumigation.

1. Sulphur.
2. Formaldehyde gas (formal in.)

**Fumigation with formalin:-** formalin is more effective than sulphur. For every 100c feet of room space that is to be disinfected, take 140 grams of potassium permanganate crystal and 250ml of formalin, mix it and place them in a metal bowl. The heat produced by the chemical action evaporates the formaldehyde.

The room sealed for 12 to 24 hours.

Before fumigating the room, the windows and doors must be closed, and the cracks must be filled with wet newspapers.

After finishing the stated time, the doors and windows must be opened.

**STERILIZATION:-** Sterilization is the process by which an object becomes free from microorganisms. Pathogenic and non pathogenic organisms are

destroyed by sterilization. There are various methods of sterilization eg. Physical chemical, natural etc.

**METHODS OF STERILIZATION:**

1. Natural – sunlight.
2. Physical – boiling, auto calving.
3. Chemical – various chemicals.
4. Radiation.

**NATURAL METHOD OF STERILIZATION:-**

This method is used for contaminated linen and bedpans direct sunlight will have an effect on acid fast micro-organisms. Place the linen or bedpans in direct sunlight for 6hours for two consecutive days.

**2. PHYSICAL METHOD OF STERILIZATION:**

Heat kills all types of bacteria boiling is the most commonly used method in day to day working. But spore forming bacteria and Aids viruses are not killed by boiling

a) **Boiling:-** Boiling for 10 minutes will kill most of the pathogenic organisms but spore forming bacteria and viruses are resistant to boiling. So it is not the best and safest method of sterilization.

**PRECAUTIONS TO BE TAKEN:**

1. Immerse the articles fully in the water.
2. Close the sterilizer lid tightly.
3. Note the time after the water has started to boil
4. Boil it for 7 to 10minutes.
5. Remove the articles with chttels forceps.

**b). Steam under pressure or Auto calving:-**

Auto calving is the best, safest and effective methods of sterilization. it destroys the spore forming micro organisms .it must be used in all surgical procedures, for sterilizing syringes and needles, dressing material and all types of articles. In this method high temperature, pressure and humidity is used to destroy the bacterial life. For effective sterilization, the steam in the auto calve should b at 15ibvs/ inch<sup>2</sup> (1.05kg 1cm<sup>2</sup>) pressure at 121<sup>0</sup> temperature should be maintained for 30 minutes.

**PRECAUTIONS:-**

1. All articles must be clean and dry.
2. The wrapper and container should allow penetration of the steam into the article.
3. The drum should not be too full nor the contents arranged too compactly.
4. cans or jars must be opened and turned to their sides so that steam can penetrate the contents.
5. The temperature and pressure of the steam must be 121<sup>0</sup> and 1.05 kg/cm<sup>2</sup> so that it will kill all types of microorganisms.
6. The destruction of bacteria depends upon the length of time the articles are exposed to steam under pressure. The minimum time is 30 minutes. If the pressure is increased the exposure time can be reduced.
7. While operating an auto calve, all the air in the inner chamber must be driven out and replaced by steam. Otherwise although the gauge may

show a pressure of 15 lbs, this pressure would be caused by a mixture of steam and air and the temperature would be lower than that of the steam alone, and autoclaving will not be satisfactory.

**Working of an Auto calve:-**

The steam is used in the auto calve for following reasons:

- a) When steam is held in the closed container, it is compressed, the temperature rises for above that of the boiling point of water.
- b) Steam is able to penetrate. Porous materials very rapidly, provided that, it is not impeded by unsuitable wrappers or by air trapped with fabrics or hollow instruments.

An autoclave consists of an outer chamber and inner chamber. Inner chamber is tightly closed by a safety lock. The steam is introduced first into the outer chamber until the required temperature is reached. At this point the stem is turned into the inner chamber which is packed with articles that are to be sterilized.

As the steam enters the inner chamber, the air is forced out through the valves the forced out through the valves the steam is kept flowing into the inner chamber until the desired temperature is reached. At this time note the temperature and pressure of the inner chamber. When the desired levels are reached it should be maintained to the desired length of time i.e. temperature 121<sup>0</sup>. c pressure 1.05 kg/cm<sup>2</sup> and exposure time 30 minutes.

The air removed from an autoclave during the sterilization for two reasons.

a). Air left in the center of a pack will prevent the steam from coming into the direct contact with the center of the pack. So the pack will not be sterile.

b). Air mixed with steam reduces the temperature of the steam. At the end of the period the steam supply is shut off but the door is not opened until the pressure gauge is at zero and the temperature has fallen to 100<sup>0</sup>.c. so that the packaged goods will be dry.

c). **Hot air oven**:- high temperatures and comparatively long exposure times are required, various types of powders, glass materials etc. are sterilized by this method. The inner temperature of the oven is above. 160<sup>0</sup>. to 170<sup>0</sup>c. So all types of micro organisms including spores are killed by this method so it is safest but costly method of sterilization.

### 3. **CHEMICAL METHOD OF STERILIZATION:**

It is also called as cold sterilization or disinfections by the disinfectants.

A chemical disinfectant acts by coagulating the bacterial protein or by changing the composition of protein so that it is no longer existing in the same form.

Following things are to be kept in mind when using chemical disinfectants:-

1. Type of bacteria to be killed.
2. The Strength of the solution.
3. The type of articles.
4. Length of exposure.

5. The article should be fully submerged in it.
6. The article should be thoroughly cleaned to remove organic material. Which will protect the bacteria against the action of disinfectants.
7. Instrument soaked in germicide must be adequately rinsed with sterile water before being used.

#### **4. RADIATION OF ULTRA VIOLET LIGHT STERILIZATION:-**

This method is expensive. But now-a-days it is used for the sterilization of plastic items such as disposable saline sets, catheters, Ryles tubes, disposable syringes etc. which will not withstand heat sterilization and sharp instruments such as hypodermic needles and scalpel blades. In this method the articles can be packed before sterilization in individual sealed plastic packs, so that there is no re-contamination after sterilization.

**QUESTIONS**

1. What are the diseases caused by in proper disposal of hummers?
2. How will you dispose wet refuse and excrete?
3. Write the meaning of (1) Burying (2) Cremation?

## **UNIT – VI**

### **THEORY – 20 HRS.** **COMMUNICATION SKILLS IN NURSING.**

**COMMUNICATION:** The word communication comes from the Latin word “ Communicare” which means to share, to impart, to partake etc. It can be regarded as a two way process of exchanging or sharing idea, feelings and information.

The term communication has various meanings, depending on the context in which it is used.

To some communication is the interchange of information between two or more people, in other words, the exchange of ideas or thoughts. This kind of communication uses method such as talking, listening writing and reading. However painting, dancing, story telling are also methods of communication. In addition thoughts are conveyed to other not only by spoken and written words but also by gestures and body actions.

Communication is the term used to mean transmitting and giving and receiving message between people. It is the some total of all behaviortral at events, both conscious and unconscious that occur when people come together.

Communication, an art as well as science helps to establish a degree of oneness and good rapport. The process of communication is enhanced when there is a free, frank and friendly atmosphere.

Communication may have a more personal connotation than the interchange of ideas or thoughts. It can be a transmission of feelings or more personal and social interaction between people. Communication is any means of exchanging information or feelings between two or more people. It is the basic component of human relationships. Including Nursing.

Communication is essential to all human association. Our ability to influence others depends on our communication skills eg. Speaking, writing listening, reading and reasoning. These skills are much needed by the health workers in order to promote health and welfare of the community.

The intent of any communication is to elicit a response. Thus communication is a process. It has two main purposes, to influence others and to obtain information.

### **The communication process:-**

**Senders- ideas – en coding – channel – Receiver - Decoding.**



Communication which is the basis of human interaction is a complex process. It has the following elements.

1. sender (source)
2. Receiver ( audience)
3. Message (content)
4. Channels (medium)
5. Feed back ( effect)

**1. Sender:-** The sender (communication) is the originator of the message. To be an effective communicator he must know.

- his objectives, clearly defined.
- His audience their interest and needs.
- His message
- channels of communication
- his professional abilities and limitations.

**2. Receiver:** - All communication must have an audience this may be a single person and a group of people. The audience may accept and reject the message remember it or forget it.

**3. Message:-** A message is the information which the communicator transmits to his audience to receive understand accept and act upon. It may be in the form of words pictures and signs. A good message must be

- in line with the objectives.
- Meaning full
- Based on felt needs
- Clear and understandable
- Specific and accurate
- Interesting
- Culturally and socially appropriate.

**4. Channels of communication:-** A channel is the media of communication used between the sender and the receiver. Common channels of communication are T.V. Radio, telephone, books news papers, personal contact etc.,

**5. Feed back:-** It is the reaction of the audience to the message. Feed back is necessary to make sure that the audience has received the message and understood

it in the same sense as the sender wants. Feed back is generally obtained through attitude surveys and interviews. It can rectify transmission errors.

**Essentials of a good communication:**

1. The sender and receiver uses the same language and express the ideas is simple words. The ideas should be expressed in commonly understood words with brevity and completeness.
2. Avoid technical words and abbreviations that are not in use.
3. There should be clarity in the expression of ideas. The sender clearly states what, why, how, when, who where etc of any specific event without these people make assumptions. Make sure that the receiver received the same message by appropriate questioning.
4. Pay attention to the non-verbal message accompanying the verbal messages. Non verbal messages are much closes to the truth than verbal messages.
5. There should be adjustability and adaptability spoken messages need to be altered according to the behavioral pattern of the receiver, which may change hour-by-hour and day-to-day.
6. The sender should have a thorough knowledge of the subject being discussed and the information that are given by her should be accurate in order to create confidence in others.

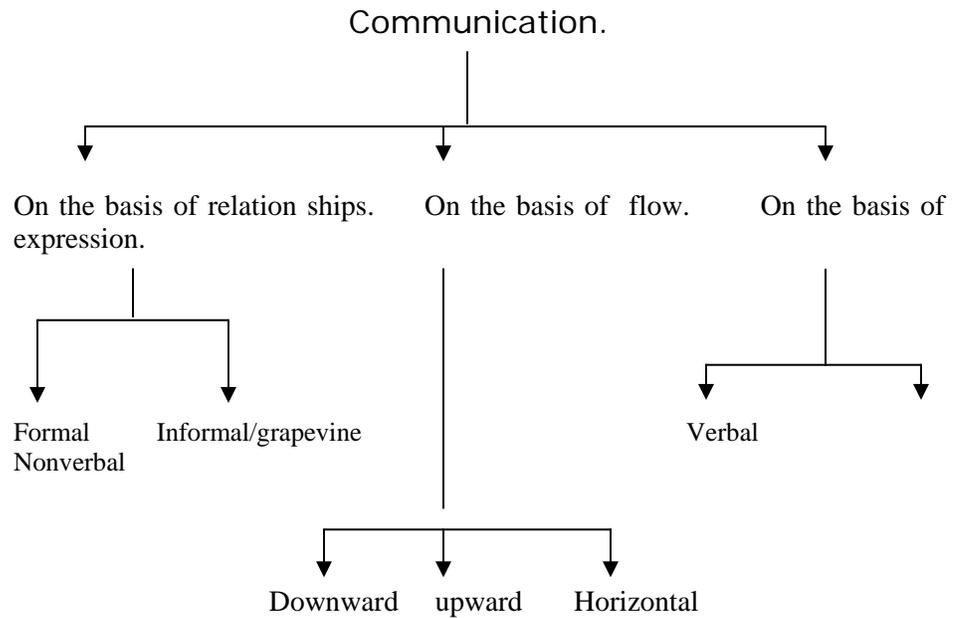
7. To be really helpful, a Nurse continuously develop her skills of effective communication by listening, problem solving and self disclose.

Listing involves attending to the “whole person” in addition to the hearing of the spoken words it is important to consider the non verbal messages that accompany them. To be a good listener.

- Face the person who talks.
- Maintain good eye contact.
- Maintain a natural, well relaxed posture that indicates your interest e.g. leaning forward towards the other. If the listener repeatedly looks at the watch indicates that she is neither interested in the talk nor relaxed.

8. Getting and giving feed back is essential for effective communication.

## METHODS OF COMMUNICATION



### Formal / official channel of communication:-

As the very name implies it is the deliberately created flow of communication between various positions in the organization. It is concerned with work related matters. This line of communication is meant for the transmission of official messages. With in or outside the organization. The line of authority and unit of command are maintained. This is what is commonly referred to "through proper channel" . It is a deliberate attempt to regulate the flow of organizational communication so as to make it orderly and there by to ensure that information flows smoothly, accurately and timely to reach the person to which it is intended.

It also ensures that information does not flow unnecessarily. The formal communication flow is in three directions, downward, upward and lateral (horizontal) between departments.

### **INFORMAL COMMUNICATION / GRAPEVINE/ RUMOUR.**

Informal communication is the method by which people carry on social, non programme activities within the formal four boundaries of the organization. Though it is the speedier channel of communication sometimes the messages communicated are so erratic that any action based on these may lead to difficult situation in the organization. In this type of communication it is difficult to assign the responsibility to any one for spreading false information's. Each person conveying the message may add, subtract, or change the original message, therefore the word.

"Rumour" is used as synonym for the whole informal communication.

### **VERBAL COMMUNICATION:-**

Verbal communication consists of words only whether spoken or written. The non verbal communication involves the unspoken events and circumstances that accompany and affects the communication. This includes the facial expression body posture, touch and eye contact.

### **ORAL COMMUNICATION:-**

In this type of communication information's, instructions, directives, suggestions etc. are conveyed through the spoken words. This may be done through "face to face" conversations, telephone, interviews, lectures, conferences and other medias. Oral communications suffer from the disadvantage of absence

of any permanent record of communication. There is also possibility of misunderstanding when the words are not clearly heard and understood.

**WRITTEN COMMUNICATION:** -

Can take the form of orders instructions letters, memos reports, statement, posters, hand books and manuals, grievances bulletin and notice boards. The main difficulty is to maintain the secrecy of the matter communicated. If the language is not clear to the understanding personnel, it creates confusion and misunderstanding.

One way communication: (Didactic Method) The flow of communication is "one Way" from the communicators to the audience. The familiar example is the lecture method in the class room.

- The draw back of this method are : there is no feed back.
- Learning is passive.
- There is no participation of the receiver in the learning Process
- Does not influence human behavior.

**TWO WAY COMMUNICATION (SOCRATIC METHOD).**

In this method both the communicator and the audience take part. In audience may raise the questions and add their own information, ideas, and opinions. The process of learning is active and "democratic" it is more

likely to influence behavior than one way communication.

**VISUAL COMMUNICATION:-**

The visual form of communication comprises charts, and graphs, pictograms, tables, maps, posters etc.

**TELE COMMUNICATIONS AND INTERNET:-**

Telecommunication is the process of communicating over distance using electromagnetic instruments designed for the purpose. Radio, T.V. and internet etc are mass communication media. Telephone, telex and telegraph are known as point to point telecommunication system. The point to point system are closer to interpersonal communication which is also known as face to face communication.

**Importance of Communication:-** Communication is essential to all human association. One ability to influence other depends on our communication skills eg. Speaking, writing listening, reading and reasoning.

1. Communication is important for the nurse to understand to exchange ideas to the patient and their relatives the doctors and other member of the health team and also other members in the community.
2. It reduces the interpersonal tensions and improves interpersonal relationship.
3. Poor communication results in poor patient care and poor interpersonal relationship.
4. Good communication helps the nurse to modify her

behavior and at the same time, she will be able to influence the behavior of those whom she deals with.

5. Good communication prevents disorder in the community and in any organization.

A nurse who communicate effectively are better able to initiate change that promotes health, establishing a trusting relationship with a client and support persons and prevent legal problems associated with nursing practice.

Effective Communication is essential for the establishment of a Nurse –Client relationship.

### **BARRIERS OF COMMUNICATIONS:-**

The existence of an organization depends upon its communication system. Effective communication might be the result of accurate transmission of information ideas by the sender and its receipt and correct understanding by the receiver. Very often communication may be blocked and distorted causing undesired effects. Therefore one has to reduce the barriers in communications. The barriers to communication may be the following.

1. Barriers arising from the linguistic capacity of the sender and the receiver.

- Badly expressed messages.
- Faulty translation
- Faulty assumptions
- Use of technical language.

2. Barriers arising from the emotional and psychological status of the sender and receiver.

- immaturity
- Inattention
- Prejudice, jealousy, anger, anxiety.
- Poor retention.
- Antagonism, grief, lack of interest.
- Failure to communicate.
- Phobias

**3. Barriers arising with in the organizational structure.**

- Complexity with in the organizational structure. Involving a number of managerial levels.

Organizational policies not supportive to flow of communication.

- Organizational rules and regulations not supportive to the flow of communication
- Poor facilities for communication.

**4. Barriers arising from the individuals:-**

- Unwillingness to communicate
- Lack of time.
- Lack of confidence
- Fear of being criticized.
- Perceptual variations
- Disorder of the sense organs.

5. **Barriers arising from the environmental factors:-**

- Geographical distance.
- Mechanical / Electricity failure.
- Noise.
- Physical obstructions.

**Question**

1. What are the essential of communications?
2. List out the methods of communications?
3. Write the barriers of communication?

## GLOSSARY

Achiorhydria contents	-absence of hydrochloric acid in the stomach
Acidosis	-reduced alkalinity of the blood
Adenoma	-tumor of glandular tissue
Adhesion	-abnormal joining of parts-one to the other
Angioma	-tumor composed of blood vessels
Anomaly	-deviation from ordinary or normal
Anorexia	-lack of appetite
Anoxemia	-lack of oxygen in blood
Anoxia	-oxygen deficiency
Antihelminthce	-drug which destroys or expels worms
Antihstamine	-Drugs used for neutralized the effect of histamines such as urlicava hay fever, nausea
Antipyretic	-drug which reduces fever
Anticeptic	-substance which inhibits the growth of bacteria
Antiviral	-drugs used for viral infection
Anuria	-failure to secrete urine
Apnoea	-Cessation of respiration following forced respiration
Arthymia	-any variation from normal rhythm of heart beat
Ascietes	-accumulation of fluid in abdominal cavity
Ascpsis	-free from bacteria, and putrefaction
Atelectasis	-collapse of air passages (alveoli)
Antony	-loss of tone(muscle, etc.)
Atrophy	-wasting or diminution of size
Auscultation	-act of listening to sounds produced by organs of the baby, especially lungs and heart.
Ballooning	-distension of cavity a by air or fluid
Benign	-not malignant, non cancerous
Biopsy	-Examination of tissue removed from living subject
Bradycardia	-abnormally slow rate of heart beat
Bronchiectasis	-dilation of bronchi or bronchioles
Bronchitis	-inflammation of the musoucts membrane lining the bronchial tubes which drugs used for relaxation of

	bronchodilators, bronchial muscles to increase the vital capacity for inhalation e.g. Amino phyllil, deriphyllil.
Caries	-molecular decay of bone or teeth
Carminat	-relieving flatulence or causing expulsion of gas
Catha	-drug to move bowel; purgative
Catheterizaion	-passage of a catheter into the bladder for removal of urine (or heart or blood vessels to sample blood)
Cellulitis	-inflammation of cellular connective tissue
Cerumen	-wax in external auditory canal
Cheyne	-stokes respiration-a type of breathing in which Respiration gradually increases in depth, then decreases and finally ceases half a minute and begins again
Chorea	-nervous disorder with involuntary and irregular movements; (St. Vitus dance)
Cirrhosis	-interstitial inflammation
Clysis	-cleaning out; injection of fluid for absorption
Colic	-server gripping pain in bowels.
Colitis	-inflammation of colon
Collapse	-complete prostration of vital powers or facting together of parts or layers of organs.
Coma	-a profound stupor
Communicable	-contagious
Congenital	-existing at birth, acquired in intrauterine life
Conjunctiva	-a muscous membrane covering of eyeball and lining of eyelid
Convulsion	-a general involuntary parxysm of muscular contraction
Coryza	-acute nasal catarrh
Counter	-irritant-application of an agent to the skin for relief of congestion in underlaying tissues
Cretin	-underdeveloped being, due to congenital lack of thyroid secretion
Crisis	-sudden change; turning point in a disease of fever
Cyanosis	-blueness of skin due to lack of oxygen
Cyst	-cavity containing fluid and surrounded by a capsule

Cyctocele	-hernial protrusion of bladder into vagina
Cystography	-X-ray of bladder
Cystoscopy	-examination of bladder with cystoscope
Decubitus	-pressure sore (bed sore)
Diaphoretic	-drug to induce perspiration
Dicrotic	-a kind of pulse characterized by a double beat
Disinfectant	-substance which kills bacteria
Diuretic	-drug to induce flow of urine
Dorsal	-pertaining to the back; dorsal position-lying on back
Douche	-a jet of water or solution entering a cavity of the body or directed against a part
Dropsy	-a collection of fluid in the tissues or cavities of the body
Dysphagia	-difficult swallowing
Dyspnoea	-difficult breathing, forced respiration
Dysuria	-painful micturition
Eclampsia	-Convulsive attack, especially in toxemia of pregnancy
Ectopic	-outside or misplaced, e.g., a pregnancy outside of uterus (in fellopean tube)
Effervescent	-giving off bubbles off gas
Embolism	-obstruction of blood vessel by a clot or plug
Emesis	-act of vomiting; vomitus
Emollient	-soothing, softening substance
Emphysema	-air, gas, abnormally present in tissue pulmonary emphysema in dilation of alveoli in lungs with loss of elasticity
Empyema	-pus in cavity (as in lung cavity)
Encephalitis	-inflammation of the brain
Encephalogram	-X-ray of brain (with suitable injection)
Enema	-injection of fluid into rectum
Enteroclysis intestines	-a washing out of waste material from the
Enuresis	-incontinence of urine

Epidemiology	-science of epidemic disease
Epistaxis	-nose-bleeding
Eructation	-belching
Erythema	-redness of skin
Erythrocyte	-red blood cell
Escharotia	-drug destroying tissue
Etiology	-cause of disease
Euphoria	-sound health and physical well-being
Excision	-cutting out of a part
Excoriation the skin	-removal of piece of epidemis abrasion of
Excreta	-waste product discharged from the body
Exudates	-morbid secretion
Foetide odour	-foul in odour
Fibroma	-tumor of connective tissue.
Fibromyona	-fibroma with tumor or muscle tissue
Fistula	-abnormal opening between tow parts of the body
Flatus, flatulence	-presence of gas in the intestines
Gangrene	-death of a portion of tissue
Gastritis	-inflammation of the stomach lining
Gastrostomy	-incision of stomach to establish a fistula
Gavage	-feeding by tube
Genitals	-organs of reproduction; especially external
Genu-pectoral	-pertaining to knees and chest
Germicide	-substance which destroys germs
Glaucoma	-excessive pressure within eye ball causing harness, blindness
Glycosuria	-sugar in urine
Gonorrhoea-	G.C.-contagious venereal disease, due to gonococcus organism
Gynaecology	-the science of disease peculiar to the reproductive organs of women.

Hhaematemesis	-vomiting of blood
Haemo	-pertaining to blood
Hemiplegia	-paralysis of one side of the body
Haemoptysis	-spitting up of blood
Haemorrhagic	-pertaining to haemorrhage
Hydrotherapy	-treatment by the use of water
Hyper	-excess, more than normal
Hyperemesis	-excessive vomiting
Hyperemia	-excess of blood in any part of the body
Hyperglycemia	-sugar in blood in excess
Hyperpnea	-exaggerated rapid breathing
Hyperpyrexia	-excessively high fever
Hypertonic	-greater tension than the blood
Hypertrophy	-abnormal increase in size
Hypodermic	-subcutaneous
Hypodermoclysis	-hypodermic injection of fluid into tissue.
Hypotensive	-to decrease Depin B.P. in Egi. Aldomat,
Endopa	
Icterus	-jaundice, deposits of bile pigments into tissue of body
Idiosyncrasy	-abnormal reaction of individual to a drug
Incontinence	-involuntary evacuation of urine, faces
Infection	-communication of germs of a disease
Inflammation	-the body's reaction or defence against injury or infection usually redness and swelling
Infusion	-fluid flowing by gravity into the body through a tube
Insomnia	-inability of sleep
Intermittent	-temporary cessations of activity at intervals
Isotonic	-same tension as human red blood cell

Labia	-folds of female external genitals-inner and outer-lips
Laminectomy	-operation on vertebral(excision of posterior arch of vertebra)
Laparotomy	-surgical incision through the addominal wall (abdominal operation)
Lavage	-irrigation or wasing out of a cavity e.g., of the stomach
Leucorrhea	-whitish, muco-purulent discharges from vagina
Lochia	-vaginal discharge following childbirth
Lumen	-space in the interior of a tubular structure
Lysis	-gradual drop of temperature
Malaise	-uneasiness, feeling of discomfort
Mania	-a form of insanity marked by exaggerated nervous action
Manipulation	-skilful treatment by the hands
Mastitis	-inflammation of mammary glands
Mastoiditis	-inflammation of mastoid
Meatus urinarius	-the external opening of the urethra
Metastasis	-transfer of disease from one organ to another
Minim	-a drop, 1/60 <sup>th</sup> of the fluid dram 1/15 of a cc
Mortality	-death rate
Mucous	-viscid liquid secretion of mucous membrane
Muco	-purulent-mucous and pus present
Necropsy	-post-mortem examination
Necrosis	-death of tissue
Neonatal	-pertaining to the newborn
Nephritis	-inflammation of the kidney
Narcotic	-drug killing pain, producing sleep in presence of pain
Neuralgia	-pain in nerve
Neuritis	-inflammation of the nerve

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Nocturia	-increased secretion of urine at night.
Non-pathogenic	-not capable of producing disease
Obstetrics	-branch of medicine dealing with pregnancy, labour, puerperium
Occlusion	-state of being closed
Occupational therapy	-treating disease by employment of occupation
Oedema	-swelling due to excess of fluid present in tissue
Oliguria	-small amount of urine secreted
Orthopedics	-pertaining to the correction of deformity of bones
Orthopnoea	-inability to breathe except in upright position
Palpation	-the act of feeling with the hands for diagnostic purpose
Paralysis	-loss of sensation of voluntary motion
Parotitis	-inflammation of the parotid gland (mumps)
Pathology	-science of disease
Pediatrics	-pertaining to children's disease
Perineum	-body of muscle between vagina and rectum
Peristalsis	-undulating movement of the intestines
Phlebitis	-inflammation of vein
Physio-therapy	-treatment by means of natural or physical forces
Pleurisy	-inflammation of the lining of the chest, the pleura
Polyp	-small pedunculated growth (tumor with a stem)
Proctoclysis	-irrigation of rectum, putting fluid into rectum
Prognosis	-prediction of probable course and duration of disease
Psychiatric	-pertaining to medicine dealing with mental disorders

Psycho	-somatic-pertaining to mind and body
Psychotherapy	-mind cure by changing impressions and changes of thought
Puerperium	-the period following delivery of a child
Remittent	-alternately abating and returning
Resection	-excision of a portion
Retention	-retaining, failure to pass
Rehinitis	-inflammation of mucous membrane of nose
Rigor mortis	-state of stiffness in death
Rigor mortis	-state of stiffness in death
Rubefacient	-causing redness
Salpingitis	-inflammation of Fallopian tubes
Sanguineous	-bloody
Septicaemia	-pathological bacteria in blood causing poisons
Sero-sanguineous	-serious and blood-like
Serous	-serum-like
Shock	-marked lowering of vital activities from surgery or injury
Sinapism	-mustard plaster
Stenosis	-contraction of a duct, canal
Sterilization	-destruction of micro-organisms, making barren of reproductive powder
Stertorous	-snoring respiration
Subcutaneous	-same as hypodermic, under the skin
Suppression	-failure to secrete
Tachycardia	-abnormal rapidity of heart beat
Therapy	-treatment of disease
Thoracentesis	-withdrawing fluid from chest cavity
Tinnitus auricus	-ringing in ear
Tracheotomy	-incision of trachea to make artificial opening
Tympanites	-abdominal distention with gas, air

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Tranquilliser	-drugs to reduce nervous tension e.g., librium, diazepam valium
Uremia	-toxic condition due to lack of urine elimination
Urticaria	-hives, rash or skin eruption with itching
Venereal	-disease spread by sexual intercourse
Venoclysis	-injection of fluid into vein
Vesicant	-substance producing a blister
Vesication	-blistering
Vesicle	-small blister, bladder
Omited	-mater vomited.