



Chirayu College of Nursing

SOUVENIR 2022



ENVISIONING NURSING FOR A POST PANDEMIC WORLD



CHIRAYU COLLEGE OF NURSING, BHOPAL
(A unit of Chirayu Charitable Foundation)

Chirayu Medical College & Hospital Campus, Bhopal-Indore Highway, Near Bairagarh, Bhopal (M.P.)-462030
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ABOUT COLLEGE:

Chirayu College of Nursing belongs to the Chirayu Charitable Foundation that was established in the year 2001. The society marched its step towards accomplishment of their vision with Medical College and Hospital. The society further added their feathers with a College of Nursing in the year 2012 with two programs B. Sc. Nursing and Diploma in Nursing and Midwifery. Chirayu College of Nursing has taken its growth gradually by offering another two programs: M.Sc. Nursing and P.B.B.Sc. Nursing from the academic year 2016-17. Our college is affiliated to Barkatullah University and Madhya Pradesh Medical Science University, Jabalpur and recognized by Indian Nursing Council and Madhya Pradesh Nursing Registration council.

Our college is committed in providing nursing education and services standard knowledge and skills blended with desirable attitude our goal is to prepare students to take up any situation and manage skilfully with sound knowledge base.

VISION

The college of Nursing's vision is to strive for outstanding educational outcomes exemplified by graduates whose actions, discoveries and voice strengthen and advance the health of individuals, families and communities worldwide.

MISSION

1. Advance health through excellence in nursing and interdisciplinary teaching, research, practice and service.
2. Provide quality patient care based on our strong commitment to practice, education, innovation and collaboration.
3. Inspire students to become passionate healers who demonstrate integrity, caring and excellence.
4. Train nursing aspirants for leadership to cater the health care needs of the society.
5. Promote professionalism by quality and value driven education with a global outlook.
6. Demonstrate desirable values and attitudes towards, self, others and profession.

CORE VALUES

In pursuit of its mission Chirayu College of Nursing Will:

- Develop human resources to serve the nation.
- Nurture integrity, creativity and academic freedom
- Retain a willingness to experiment with new paradigms.

PHILOSOPHY

The college believes that the progress of the nation is very much depends upon the health of its citizens and the educational preparation of nurses contributes tremendously towards pursuing this goal. The college believes in training professional nurses from all states of India to meet the great demand in the field of Nursing.

Professional nursing is a lifelong service to the people. College prepares its students to develop ability to analyze situations and problems critically and take responsibility for their higher education to maximize professional effectiveness throughout their career. College believes that degree course in nursing prepares nurses for first level position both in the hospital and in the community. Our concept of health as per WHO i.e "Health is a state of complete physical, mental and social well being and not merely absence of disease or infirmity."



Chirayu Medical College & Hospital

CHIRAYU MEDICAL COLLEGE & HOSPITAL (A unit of Chirayu Charitable Foundation)



Dr. Ajay Goenka
CMD
Chirayu Charitable Foundation

MESSAGE

I am pleased to hear that Chirayu College of Nursing is bringing out the sixth issue of e-Souvenir 2022 with the theme "Envisioning nursing for a post pandemic world". This sixth edition is a milestone that marks institution growth, unfolds the novice and experienced writers imagination and gives life to thoughts and aspirations.

The coronavirus pandemic has exerted enormous pressure on society and forced to change how we live and work. But those pressures have ebbed and flowed with the outbreak's progress. I appreciate that Chirayu College of Nursing has contributed to a great extent towards the society during pandemic and post pandemic period.

The theme selected is the contemporary focus around the world and I believe we need to focus on different priority areas in order to achieve meaningful transformation in our nursing education, administration and services. The COVID-19 pandemic has had a significant impact on public mental health. Therefore, monitoring and oversight of the population mental health during crises such as pandemic is an immediate priority.

My best wishes to the Principal and editorial committee members for a spectacular work in molding this souvenir. I shall assure that I will continue to support you as usual and wish you all to reach pinnacle in the future.

Dr. Ajay Goenka M.D.,
CMD
Chirayu Charitable Foundation
Bhopal

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Chirayu Medical College & Hospital

CHIRAYU MEDICAL COLLEGE & HOSPITAL

(A unit of Chirayu Charitable Foundation)



Mrs. Neelam Goenka
Treasurer
Chirayu Charitable Foundation

MESSAGE

It gives me immense pleasure that Chirayu College of Nursing is giving out its sixth e-souvenir-2022 is entitled with the theme "Envisioning nursing for a post pandemic world". I send my delighted greetings to Madam Prof. Dr. Pramila R. Principal and her team of faculty members for untiring efforts to bring changes and do something new and innovative every year in the area of knowledge and practice in nursing.

The theme chosen is apt for current situation as shifting nursing education curriculum will help better prepare new nurses to be adaptable in practice setting, thereby improving nursing care, clinical outcomes and well-being of the communities that nurses serve. I am sure that souvenir is providing opportunities to students and faculty members for their active participation by contributing wide range of articles and research materials. It also throws light on quality of education being imparted.

The COVID-19 pandemic has changed the world : the way we live, work , socialize communicate with each other and the way we deliver nursing care. It has raised the visibility of nurses like never before and proved that nurses are backbone of every health care services. I wholeheartedly praise the Principal, Editorial Team Members and students for their tremendous efforts in bringing out the souvenir. I extend my regards for the success of this souvenir.

Mrs. Neelam Goenka
Treasurer
Chirayu Charitable Foundation

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Chirayu Medical College & Hospital

CHIRAYU MEDICAL COLLEGE & HOSPITAL

(A unit of Chirayu Charitable Foundation)



Dr. Amarnath Seth
(Medical Director)
Chirayu Medical College
and Hospital, Bhopal

MESSAGE

It gives me immense pleasure to know that Chirayu College of Nursing, Bhopal is bringing out the college souvenir in the year 2022 too, with the theme, "Envisioning nursing for a post pandemic world".

It's praiseworthy that the editorial committee has decided to publish the college Souvenir with the theme: "Envisioning nursing for a post pandemic world". I hope the distinguished writers of the souvenir will enrich the knowledge pool of the institute, which will bring about a positive impact on the society and Nursing Profession.

It will develop and support nurses to work to their optimal scope of practice. It will also empower nurses to develop their role as part of a multidisciplinary team. Publications are lifeline to all institutions. It reflects diversity of thought process and manifestation of creativity of individuals, let this publication be one among those ventures that can instil a spark of innovation among its readers.

I wish the Principal of the College, the editorial team, authors and well-wishers, who are promoting this souvenir, a grand success.

Dr. Amarnath Seth
Medical Director
Chirayu Medical College and Hospital, Bhopal

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Chirayu Medical College & Hospital

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Dr. Ashutosh Mangalgi
Medical Superintendent
Chirayu Medical College and Hospital,


Message

It gives me immense pleasure to know that Chirayu College of Nursing, Bhopal is bringing out the college souvenir in the year 2022 too, with the theme, "Envisioning nursing for a post pandemic world". I send my delighted greetings to Madam Prof. Dr. Pramila R. Principal for her continuous efforts to bring changes and do something new and innovative every year in the area of knowledge and practice in nursing.

I also congratulate the efficient faculty members and students and for their great work. Nurses were the frontline healthcare professionals, who worked across acute care hospitals, long-term care agencies, nursing homes, schools, community, and government healthcare agencies. The multiple roles and functions played by nurses were particularly important during this COVID-19 pandemic. A vision for future health care is transformation to health care and supporting nurses to leverage a better health system. The future nurses will certainly inhabit a very different practical environment that will upgrade later on only due to transition in nursing field- which truly justifies the souvenir theme.

I greatly appreciate the initiative taken by the college of nursing for releasing such an efficient souvenir of 2022. My best wishes are with you always in the future endeavors too.

I extend my wishes for the success of souvenir.


Medical Superintendent
Chirayu Medical College & Hospital
Bhopal (M.P.)
Dr. Ashutosh Mangalgi
Medical Superintendent
Chirayu Medical College and Hospital,
Bhopal

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Chirayu Medical College & Hospital

CHIRAYU MEDICAL COLLEGE & HOSPITAL

(A unit of Chirayu Charitable Foundation)



Aakriti Ajay Goenka
Secretary,
Chirayu Charitable Foundation

Message

The covid-19 pandemic has changed the world. It has underlined that nurses are indispensable to health care and are the backbone of health care services. However, the Covid-19 pandemic has also exposed the issues that still need to be addressed within the healthcare industry. Some suggest that reimagining nursing education, care and role of nurses within the healthcare system might help in determining the future of healthcare. It would be interesting to read how this souvenir book answers some of the pressing questions.

Aakriti Ajay Goenka
Secretary

Chirayu charitable foundation, Bhopal

Chirayu Medical College & Hospital
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TAMIL NADU NURSES AND MIDWIVES COUNCIL

(Constituted Under Tamil Nadu Act III & XXVI of 1926 & 1960)

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All communications to be addressed to the Registrar and not to Name



MESSAGE

It gives me great pleasure in sending this message to the Souvenir'2022 that is being published by the Chirayu College of Nursing, Bhopal, with the theme "Envisioning Nursing for a Post Pandemic World." Souvenir is the tribute to the past and an expression of grateful thanks to those who had untiringly laboured to make the Institution great and honour those who contributed to its greatness.

Nursing education will look different from its pre-pandemic profile in the future. Lessons learned during the pandemic point to gaps in nursing education, particularly related to disaster and public health preparedness, health equity, and technology. For the future, nursing education and practice must collaborate to ensure that students and practicing nurses are prepared to address emergencies and pandemics, as well as the needs of vulnerable populations.

I have no doubt that the College will continue with its good work, meeting the aspirations of our community. I wish the Principal, Teachers and students success in their endeavor.

I extend my sincere appreciation and Best Wishes for the Success and wide reception of the Souvenir.

Prof. Dr. (Mrs) S. Ani Grace Kalaimathi
RN, RM, Ph.D., MBA., BGL.,
Registrar, TNNMC, Chennai.

To

The Principal,
Chirayu College of Nursing,
Bhopal.



Dr Usha Ukande, RN RM, PhD (N)
President, Nursing Honour Society (India)
Editor-in-Chief, Indian Journal of Nursing Studies.
Chairperson Research, TNAI, M.P. Branch.

MESSAGE

It gives me great happiness to know that Chirayu College of Nursing once again is bringing out the Annual Souvenir, 2022.

In the recent years, we have seen tremendous change in the way nurse educators and nurse practitioners are viewing their own work. Now nursing educator are focusing their attention not only the academic excellency but also on competencies and outcome as the end product of their teaching learning pursuits. This is achieved through faculty-student collaborative learning process, that provides lot of scope for innovation, collectively by teachers and the students. Similarly, the nurse practitioners in clinical settings have started accepting innovative strategies resulting from research studies done by nursing faculty and nursing research scholars as the end-product of their research work. Win-win-situation for both academicians and practicing nurses.

Time is ripe for involving nurse clinicians in the interventional research projects which need to be carried out in clinical areas for making nursing care more efficient and cost effective.

Besides the devastating impact of Covid Pandemic on all the aspects of life, it has taught us many lessons and one of them is, think afresh on health care scenario with available data & evidence, and prepare ourselves for any such disaster that could come up unexpectedly any time. Clinical nurses have learnt to be updated with such evidence based knowledge. Today we need "a new kind of nurse", who finds herself prepared for the challenges of the present scenario in the health care systems, and is fully prepared to face future challenges too.

The articles on research projects conducted in the college and other material that is going to be included in the forthcoming souvenir will provide useful information for students, faculty and the clinical nurses. The variety of topics included will make this issue of the souvenir very interesting and educative for all nurses as a volume for reference.

My best wishes for its successful publication and dissemination.

Dr Usha Mullick Ukande
Editor-in-Chief, Indian Journal of Nursing Studies,
President, Nursing Honor Society, India.
Consultant Midwife, MOM.



GEM Institute of Nursing Education & Research

(A Unit of GEM Hospital)

Affiliated to: The Tamil Nadu Dr. MGR Medical University, Chennai

Recognized by: The Indian Nursing Council, The Tamil Nadu Nurses & Midwives Council & The Tamil Nadu Govt, Chennai



Prof. Lizzie Raveendran, M.Sc(N) RN RM
Principal



MESSAGE

It gives me an immense pleasure to know that Chirayu College of Nursing is coming up with yet another e-souvenir. I appreciate the efforts taken by the Principal and faculty. The content of the souvenir seems to be quite interesting. It has research studies on much needed topics, useful nursing articles and other thought provoking activities. On the whole it is a collage of various methods to kindle the interest and to bring out what a person perceives and understands. It gives a platform to the faculty and students to exhibit their talents. I believe that its purpose will be understood by everyone who reads it.

Once again I congratulate the organising team and wish them good luck for the successful release of the souvenir.

L. Raveendran
DR. LIZZIE RAVEENDRAN
PRINCIPAL
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Dr. A.F. Annie Raja Ph.D, RN
Principal
St. Isabel's College of Nursing,
Chennai.

MESSAGE

Health issues are everyday's challenge Round the clock nursing at all developmental stage Knowing what not to fear is courage The only power when put into use is knowledge Caring, empathy, problem solving skills a nurse harbour Self-aware, ethics, innovation, strategic thinking, we contour An escape route for the client stress is sense of humour A wise nurse with mercy heart and rules of luck can favour.

Life isn't about finding yourself with truth and wisdom
The secret of happiness is courage leading to freedom
Beginner Nightingale succeeded with bicentennial earldom
Raising every nurse in COVID season as stardom
A disciplined troop of dedicated nurses carved out a mighty fiefdom
There is no end for the nursing profession kingdom
Wishing the faculty and students lots of luck



Prof Navneeta Khrist ,
I/C Principal, Arogyam Nursing College, Roorkee
Midwife consultant,
Janani Jagriti Vibhag
(Antenatal clinic in Arogyam Hospital ,Roorkee)
SOMI –Active member Uttarakhand state,
TNAI- Vice President- Uttarakhand state

MESSAGE

Many changes in the health care environment are impacting professional nursing practice in a variety of settings and providing new opportunities for expanding the role and function of a nurse. Professional nurses shall need to balance clinical outcomes, functional outcomes, quality of care, patient satisfaction and financial outcomes in traditional and non-traditional settings for rendering quality patient care.

I strongly believe that the nursing students are responsible and accountable for quality nursing practice and hence they need to be appropriately trained by nursing college, properly oriented with curriculum and directly supervised in clinical setting by qualified and experienced faculty. Education is the soul of a society as it passes from one generation to another and it can be acquired through simple and humble attitudes with great respect for teachers. Nothing is simpler than greatness; indeed, to be simple is too great. So I Appreciate to chirayu college of nursing, Bhopal for their dedication towards nursing fraternity and also believe that college will enhance at a massive approach and touch great heights leading to its effective productivity.



MAR BASELIOS COLLEGE OF NURSING

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MBCON/22/50

To

Dr R Pramila,
Principal,
Chirayu College of Nursing, Bhopal.

Dear Madam,

Greetings to you and your hardworking and energetic team!

Let me congratulate you for taking every step possible to see that learning goes uninterrupted even during the pandemic days. My heartiest wishes for the sixth e-souvenir entitled with the theme "Envisioning nursing for a post pandemic world". The articles included inside reflect your commitment to the field of Nursing Practice, Nursing Education and Nursing Research.

Wish you all the very best.

With regards,

DAISY THOMAS

Prof. Daisy Thomas

Principal

Mar Baselios College of Nursing
St. Thomas Campus, G-Sector
Ayodhya Nagar, Bhopal-41



Chirayu College of Nursing

A Unit of Chirayu Charitable Foundation

Chirayu Medical College & Hospital

Recognized by Indian Nursing Council, New Delhi and State Nursing Council & Affiliated to Barkatulla University, Bhopal and MPMSU, Jabalpur

Ref. No. 223/CCON/PO/

Date: 04.05.2022



Prof. Dr. Pramila R.
Principal

Chirayu College of Nursing
Chirayu Medical College & Hospital Campus
Bhopal-Indore Highway, Near Bairagarh
Bhopal (M.P.) 462080

Principal's Message

Chirayu college of Nursing is laying another milestone with the release of sixth e-souvenir. The theme is "Envisioning nursing in the post pandemic world". It articulates that the fundamental notion that the pandemic has revealed is that many of our health services are not fit for the purpose, and the bigger picture is that unless there is a drastic reset of policies, practices and possibilities, they will not enable us to deliver health care. We have learned a great deal from this pandemic and we require to reset our health systems and our society so that they work to address inequalities between different groups in communities, men and women, young and old, the rich and poor, the healthy and unhealthy, those with different abilities and those in minority and majority communities. Research studies postulates that team work and communication, flexibility and critical thinking, leadership and advocacy are the key characteristics for shifting curriculum so as to prepare aspirant nurses to accommodate in the practice settings.

This platform was granted to all faculty members and students of our college. It steered the research skills of faculty members and creativity of students. This time we have instilled the ideas of presentation in the form of cross word puzzles, quiz, and identify personalities and so on which helped the students to exercise their critical thinking skills.

Many thanks to all my faculty members and students who have contributed to this souvenir.

Wishing good luck to all and I wish to disclose that there are innumerable activities is on the way!

Pramila R.
Principal

Prof. Dr. Pramila R.

Principal

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Message from Editor-in-Chief

An editorial team was formed on 18 January 2022. This year also we decided to release e-Souvenir based on the outcome of last year. We are proud to convey that last year souvenir has reached 10,000 plus viewers and 1000 downloads as well. The vision of publishing the souvenir is to reach the farthest and I believe that we are trying to accomplish that. The challenge was huge to come out with this souvenir along with other activities. Swami Vivekanadha says 'If hard work is your weapon, success will be your slave'. With this inspiration, we marched ahead. The theme 'Envisioning nursing in a postpandemic world' was formulated with perseverance, will power and courage. The theme chosen is corroborated with the present scenario. Now it is time that we require to explore various options to sustain nursing education and service through modalities with modifications. The lessons taught by the pandemic remains as the skeleton for the change required.

My faculty members and students have shared their elevated knowledge in the form of articles, crossword puzzles, quiz, and so on. This has given a marvelous shape to the e-Souvenir. My heartfelt gratitude is expressed to each one of the Editorial team members who were co-operative, resilient, genuine and liable. Their patience, accountability, sincerity during editing requires immense recognition, appreciation and indebtedness. Their team effort and hard work could be evidenced in this e-souvenir.

My gratitude is expressed exceptionally, outstandingly and remarkably to Dr. Ajay Goenka M.D., our Chief Patron, Chirayu Charitable Foundation, for his invariable support and motivation in every event of our college of Nursing. He is a great inspiration for us always. Thank you, Sir.

Many thanks to the photographers, Graphic designer who helped us to add charm to this e-Souvenir and for timely assistance. All the members who have directly or indirectly contributed to this e-Souvenir come into my respect.

Prof. Dr. Pramila R
Editor-In-Chief

Editorial Committee



Editor in Chief
Prof. Dr. Pramila R.

On left.

Prof. Thamarai Selvi
Mrs. Sherin Annie Varghese
Ms. Jyoti Majumdar

On Right.

Mr. Pratheesh PT.
Mrs. Monika Sehgal
Mrs. Vandana S. Dewar

Chirayu College of Nursing, Bhopal Index

S.No	Title	Names	Page No
Research Abstract			
1	Trials of experience among staff nurses caring for Covid -19 patients.	Prof. Dr. Pramila R.	1
2	Effectiveness of comprehensive nutritional rehabilitation on Malnutrition among under-five children.	Mrs. ThamaraiSelvi.M	2
3	Effectiveness of structured teaching programme on knowledge regarding prevention of child abuse among rural mothers.	Mr. John Sundar	3
4	Effectiveness of information booklet on knowledge and attitude regarding intellectual disability among parents	Ms.Jyoti Majumdar	4
Nursing Article			
5	Baby Duck Syndrome	Prof. Grace Mary	5-6
6	Broken Heart Syndrome	Prof. Sherin Annie Varghese	7-8
7	Introduction to Clinical care pathway	Mr. Elby.K.Paul	9-10
8	Tassa Fever a threat to the world	Mr. Pratheesh P T	11-12
9	Angelman Syndrome	Mrs. TintuTomy	13-15
10	Sr.Mary Joseph nodule	Mrs. S. L. Shivashinkari	16-17
11	Tips to reduce postnatal back and neck pain	Mrs. Pratibha Thakur	18-19
12	Challenges faced by Nurses in India	Mr. Rahul Meena	20-21
13	Education, WhatsApp and Post - Covid World	Ms. Jyoti Majumdar	22
14	Cardiopulmonary Resuscitation (CPR) & Advanced Life Support. (ALS)	Varsha NageleP.B.B.Sc II Year	23-24
15	A Guide to Wound Care	Irene Chinnazau PBB.Sc II Year	25-26
16	Technological Nursing Care	Saurabh A PathadeB.Sc IV Year	27-29
17	Future of Nursing Technology is exciting	Unnati Chowdhary B.Sc IV Year	30
18	Zoom	Kalash B.Sc IV Year	31
19	Futuristic Nursing	Durgesh D Bayar B.Sc IV Year	32-34
20	Technological and futuristic advancement in Nursing	Aman Qureshi B.Sc IV Year	35-36
21	Emergency technologies that will change the practice of nursing	Roshni Varma B.Sc IV Year	37-38
22	Artificial Intelligence Tools	Sagar D. Bayas B.Sc, IV Year	39-40
23	Robotic Nursing	Anilamol CA B.Sc. IV Year	41-42



24	Important Technological Advancements in Nursing	Priyanka RB.Sc IV Year	43-44
25	Surviving the First Year of my college	SumitKumar B.Sc III Year	45
26	Evolution and History of Medical Surgical Nursing	Vinita Kori B.Sc III Year	46
27	Importance of lamp lighting in nursing	Aniket Jiwane, PBBSc I Year	47
28	Empowerment of women can reduce Atrocities on them	Krishna Kant B.Sc III Year	48
29	Brush up Nursing	HritikJain B.Sc III Year	49

Identify the personality

30	Identify the Personality: Psychiatry	MuskanSahuB.Sc III Year	50
31	Great Personality in the field of Nursing	Kumari Alka BSc III Year	51
32	Identify the Personality: Nursing Foundation	Komal BarmarsheB.Sc III Year	52
33	Identify the Personality: Community Health Nursing	Poonam Dwivedi BSc. III Year	53

Multiple Choice Questions

34	Aspects of Microbiology	HariomDangi. B.Sc II Year	54
35	Cardio Vascular System	Necraj Kumar B.Sc II Year	55-56
36	Cardio Vascular Diseases	BhumeekshaII & Vikas Khelwal GNM II Year	57-58
37	Respiratory System	Raj Gahlod B.Sc II Year	59-60
38	Art of Nursing Process	Nancy Yadav B.Sc II Year	61-62
39	Pharmacology at a Glance	Simran and Suhani Meena B.Sc II Year	63-65
40	Multimedia - Birth of New Techniques in Nursing	Sanjay Malviya B.Sc II Year	66-67
41	AIDS- The life threatening illness	RamlakhanYadav B.Sc II Year	68-69
42	Signs: Assessing Vitals	Mohini KanarjeeB.Sc II Year	70-71
43	Physiological Active Substance: Autocoids	Sukun Sneha BSc II Year	72-73
44	MCQs- Psychology	Sumitra Bhuriya & Yashfeen BSc II Year	74-76
45	MCQs- Community Health Nursing	Rohit Kumar BSc II Year	77-78
46	Specimen collection & testing	Meenu Yadav BSc II Year	79-80
47	Overview on Lymphatic System	Nikita Sagar B.Sc II Year	81-82
48	Recapitulation of Nervous System	Neelam Gidiyab.Sc II Year	83-84
49	Brief Overview of Sociology	TejasviBopcheB.Sc II Year	85



50	Environmental Pollution	Saloni Rajkwar GNM II Year	86-87
51	Review of Anatomy & Physiology	Nitesh Vishvkarma GNM II Year	88-89
52	Glance into Nursing Education	RituparnaBijoli GNM II Year	90-91
53	Visualization of Orthopedics	Chinmay Pissude GNM II Year	92

Quiz

54	Review Of Mobility and Body Mechanics	Mukul Raj Karan B.Sc II Year	93
55	Let's Play with Microorganisms	Geetanjali Mewada B.Sc II Year	93
56	Healthy Body with Good Nourishment	Neelam Wajge B.Sc II Year	94
57	Science Of Social Relationship	Twinkle Singh and Swati Verma B.Sc II Year	95
58	Medicines Restoring Normal Health	Suman Shah B.Sc II Year	95
59	Basic Knowledge of Nursing	JagritiVerma B.Sc II Year	96
60	Science The Logical Knowledge	Nandita Tiwari GNM II Year	96
61	Basics In Paediatric Nursing	Shekhi Suniya B.Sc III Year	97
62	Cancer - Taking Lives	Kusumita Mondal GNM II Year	97
63	Covid 19	Nabamita Maiti, GNM II Year	98
64	Human Body	Abhishek Verma B.Sc II Year	98
65	Nursing Foundation	Usha Shah B.Sc III Year	99
66	Respiratory System	Akshatha Shakya B.Sc II Year	100

Cross Word

67	Basics in Nursing	Rikita Hazra and Koyal Parmanik GNM I Year	101
68	General Knowledge	Urvashi Gawhade BSc.I Year	102
69	Knowledge to be shared	Vanshika Yadav B.Sc I year	103
70	Let's solve the health crossword	Hanshu Mankar B.Sc I Year	104
71	Miscellaneous	Vaishnavi, Urvashi, Neha GNM I year	105
72	Nature	Tisha Naidu BSc. I Year	106
73	Nursing a Retrospective View	Sheela Dangi, Kuhelika and Pooja Dangi GNM I Year	107
74	Solar system	Supriya Pandey B.Sc I Year	108
75	What am I?	Twinkle Singh and Swati Verma B.Sc II Year	109

Articles of Non-Teaching Staff

76	Importance of Education	Ravi Sen	110
	Answer Key		
	Identify the personality		111-112
	MCQ		113-114
	Quiz		115
	Cross Word		116-118
	College Report		119-127
	Batch Wise Photograph		127

College Committee Photograph

		128
--	--	-----

List of Toppers

		129
--	--	-----



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TRIALS OF EXPERIENCE AMONG STAFF NURSES CARING FOR COVID-19 PATIENTS

Introduction: Novel Corona Virus is contemplated to be the reason of murderous disease¹. Nurses are always on the frontline and are responsible for providing holistic care for all types of patients. Their role in treating patients with COVID-19 involves critical roles in expanding care services and dealing with relatives². The **objectives** of the present study were to :i) assess the challenges experienced by staff nurses . ii) correlate the aspects of challenges experienced by staff nurses and iii) associate aspects of challenges with selected demography variables. **Methodology:** A descriptive study was chosen for the present study using quantitative approach. Permission was sought from seven hospitals. The tool was distributed to the staff nurses after explaining the purpose of the study. The calculated sample size was 244, however, 270 nurses completed the self reports. The questionnaire was tested for reliability using cronbach's alpha for each aspect and it ranged from 0.71 to 0.82. Questionnaire consisted of 36 items in total and 7 aspects. **Results:** The findings of the study showed that majority 72.6% of staff nurses self reported to have faced the challenge of physical exhaustion and mental stress and the least reported challenge 22.2% was the aspect of fear and anxiety. With further computation, it was found all the seven aspects fear and anxiety, caring aspects, physical, exhaustion and mental stress, Personal sacrifice, facilities and resources, availability of supports and ethical challenges were correlated at 0.01 level. With regard to association, not all aspects were found to have significant association. **Conclusion:** The present findings of the study indicates that a profound understanding of these challenges can help health care organizations to resolve these challenges and provide evidence based information and implement psychological interventions.

Key words: Experience, challenges, staff nurses, COVID-19

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EFFECTIVENESS OF COMPREHENSIVE NUTRITIONAL REHABILITATION ON MALNUTRITION AMONG UNDER FIVE CHILDREN

Introduction: World's greatest resource for healthy lives is the children of today. Today's children's are tomorrow's citizens and leaders. The resources spend on the care, un keep and health of the young ones from investment for the future. Adequate nutrition is essential in early childhood to ensure healthy growth, proper organ formation and function, a strong immune system, and neurological and cognitive development^{1,2}. Economic growth and human development require well nourished population who can learn new skills, think critically and contribute to their communities. Child malnutrition impacts cognitive function and contributes to poverty through impeding individuals ability to lead productive lives. In addition, it is estimated that more than one-third of under-five deaths are attributable to under nutrition. The most glaring nutritional disorder in India is protein energy malnutrition³. The **objectives** of the present study were: 1. To assess the degrees of malnutrition among under five children in experimental and control group. 2. To evaluate the effectiveness of Comprehensive nutritional rehabilitation on malnutrition among under five children in experimental group. 3. To find out the association between malnutrition and selected demographic variables of under five children in experimental and control group. **Methods:** A quantitative evaluative approach using pre-test post-test control group design of experimental type was adopted in the study. The study was conducted among malnourished children in selected rural areas, Nainital. Non-Probability purposive sampling technique was used. And 20 each in experimental and 20 control group was segregated. The tool consisted of two parts: Part I: Demographic variables of children and parents. Part II: Assessment of malnutrition by anthropometric measurement. Prior permission was obtained from Chief Medical Officer to obtain data. In pre test children were identified with degrees of mal nutrition then divided into experimental and control group. Experimental group received two months nutritious laddu which is made up of equal quantity of bengal gram, ground nut, jaggery, and ragi. Post test was conducted after two months. The data was collected in 2020-21. **Results:** The pre-test results revealed that the prevalence of malnourished children in experimental group were 85 % in degree I and 15 % in degree II. After intervention the prevalence was reduced to normal (70 %) and degree I (30%). The prevalence of malnourished children in pre and post test for control group were 85 % in degree I, and 15 % in degree II. There was a statistically significant increase in mean scores of weight from 12.80 to 13.58 in experimental group at 0.001 level. The data analysis revealed that there is significant association with education of mother and religion. And remaining variables were found non significant. **Conclusion:** Children with mild to moderate malnutrition are best managed in their own homes and kept under surveillance so as to find out improvement or deterioration in their nutritional status. The parents of such children can enlighten about the inadequacy in child's intake and guided how to correct it. Domiciliary treatment brings most of the times gratifying results and it also reduces unnecessary hospitalization and in addition enlightens family members regarding nutritional importance.

Key words: Malnutrition, Under five children, Nutrition.

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ABSTRACT

A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF CHILD ABUSE AMONG RURAL MOTHERS IN SELECTED AREAS AT KARUR DISTRICT.

Introduction: "Child abuse or maltreatment constitutes all forms of physical and or emotional ill-treatment like sexual abuse, neglect, negligent treatment, commercial exploitation or other exploitation, resulting in actual or potential harm to the child's health, survival development or dignity, in the context of a relationship of responsibility, trust or power" In the United States, approximately 15% to 25% of women and 5% to 15% of men were sexually abused when they were children.^{2,3} The objectives of the study were to: ¹. Assess the pre-test and post- test level of knowledge on prevention of child abuse among mothers in both experimental and control group.². Administer the structured teaching programme on prevention child abuse among mothers in experimental group.³. Find out the effectiveness of post-test level of knowledge of mothers on prevention of child abuse between the experimental and control group.

Methodology: Quasi experimental was adopted. 30 mothers were selected for experimental and 30 in control group. Purposive sampling technique was used to select the samples in both experimental and control group. The data was analyzed by using descriptive and inferential statistics. Part- I deals with 10 demographic variables, Part: II comprises of 30 multiple choice questionnaire which consist of questions regarding child abuse. Result: In experimental group 23[77%] had adequate knowledge, 07[23%] had moderate knowledge, 00 [00%] had inadequate knowledge about prevention of child abuse. Mothers had moderate knowledge about in physical abuse 4[13%], sexual abuse 6[20%], emotional abuse 2[7%], and neglect 2[7%]. And adequate knowledge physical abuse 4[13%], sexual abuse 5[17%], emotional abuse 4[13%], and neglect 3[10%]. None of them had inadequate knowledge based on classification of child abuse. The chi-square was used to find the association between knowledge regarding child abuse among rural mothers and with selected demographic variables. The results show that there is a significant association between knowledge child abuse in experimental group ($\chi^2 = 25.49$), control group ($\chi^2 = 12.10$).

Conclusion: Mothers should recognize the potential role of prevention of child abuse. Based on public information, campaigns against child abuse, teaching future professional about child abuse, mandatory reporting code in cases of suspected abuse such occurrences and lead them to channelize their energies to a more knowledge about child abuse.

KEYWORDS: Child abuse, Prevention, Structured Teaching Programme, knowledge

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A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION BOOKLET ON KNOWLEDGE AND ATTITUDE REGARDING INTELLECTUAL DISABILITY AMONG PARENTS IN MANOVIKAS VISHESH VIDYALAY, AGHANPUR, DHARAMPURA

Introduction: Intellectual disability is a biggest challenge for any country, because children are future of any nation, they built a better nation by proper education and talent, their health should be the priority. Overall, India has a prevalence of 10.50/1000 in ID. Urban population has slightly higher rate (11/1000) than rural (10.08/1000). According to census there are 21 million people with disabilities in India who constitute 2.1% of the total population. In Chhattisgarh total disabled persons are 6,24,737, out of which 33,171 are intellectually disabled¹. **Objectives:** 1) To assess the knowledge and attitude regarding intellectual disability among parents of intellectually disabled children 2) To evaluate the effectiveness of information booklet on knowledge and attitude of intellectual disability among parents of intellectually disabled children 3) To find out the correlation between knowledge and attitude regarding intellectual disability among parents of intellectually disabled children 4) To find out the association between knowledge and attitude regarding intellectual disability among parents and selected demographic variables. **Methodology:** The research design adopted for the present study is pre-experimental- one group pre-test – post-test type. The study was conducted among parents of Manovikas Vishesh Vidyalaya. Non probability convenient sampling technique was used among 50 parents of intellectually disabled children². The tool had 3 sections: I Demographic variable, II Self Structured knowledge Questionnaire and III Modified attitude scale with 40 items. The duration of data collection was 4 weeks and prior permission was obtained to collect data. **Results:** The findings reveals that the pre and posttest mean score of attitudes is 36.4 and 81.42 with SD 3.60 and 4.23, and also shows pre and posttest mean percentage in knowledge level is 34.8% and 39.4% respectively. This signifies that there has been a consistent increase in posttest when compared to pretest after administering information booklet to parents of intellectually disabled children. **Conclusion:** Intellectual disability is the major challenge faced by the major population in the world, primary caregivers especially parents should take care of them adequately. so that they can live a quality life, for that it is very much important that parents should have adequate knowledge regarding intellectual disability, which will help them to have positive attitude.

Keywords: - Intellectual disability, Information booklet, knowledge, attitude

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BABY DUCK SYNDROME

Introduction: The term "duck syndrome" has been used to describe students' abilities to appear superficially calm while suppressing any distress, depression, or anxieties of self-doubt. It is commonly observed among adolescents and college students, particularly those in high-achieving environments.¹

At Stanford the term "Duck Syndrome" describes students struggling to survive the pressures of a competitive environment while presenting the image of relaxed California chill.

Meaning / Definition

Duck syndrome, also referred to as the Stanford duck syndrome or ugly duckling syndromes not formally recognized as a mental illness but refers to a phenomenon that has primarily been described in college students.²

The term "duck syndrome" originates from the idea that a duck can look calm and mild-mannered while gliding on the surface of the water yet is paddling frantically just below the surface to stay afloat. We can't see the intense, constant work of paddling, just the calm gliding. Some people experience this feeling. They may appear calm and seem to be gliding through their life and effortlessly meeting their demands, but in reality, they are frantically trying to keep up and stay afloat. This is sometimes called "duck syndrome." Duck syndrome is not a mental illness, nor is it a formal mental health diagnosis. However, the feeling of "paddling frantically" while maintaining a calm external demeanor can be very real.³

Symptoms of "Duck Syndrome"

These are symptoms that people may feel when they experience overwhelming stress but are trying to put on "a brave face" or even one that looks like everything is perfect and effortless.

Other Symptoms of stress include:

1. Feeling overwhelmed or like things are spiraling out of control.
2. Difficulty relaxing and quieting the mind.
3. Feeling bad about yourself, lonely, or comparing yourself to others and believing that everyone else is doing better.
4. Feeling nervous.
5. Physical symptoms include low energy, difficulty sleeping, muscle tension, clenched teeth, nausea, or dry mouth.
6. Cognitive symptoms include constant worrying, forgetfulness, racing thoughts, difficulty focusing, and poor judgment.
7. Behavioural changes include changes in appetite, procrastination, increased use of substances such as alcohol or drugs, or nervous behaviours like fidgeting or nail-biting.

Treating "Duck Syndrome"

"Duck syndrome" does not have specific treatments. Still, there are very effective treatments and strategies for addressing stress, time management, responsibilities, anxiety, depression, and more concerns college students may face.

A good first step is to approach the concerns rather than avoid them. So, instead of continuing to "paddle furiously beneath the surface," acknowledging the problems and seeking support, rather than pretending to glide by effortlessly, can be a productive place to start.

Licensed mental health professionals can diagnose this mental health disorders with very effective treatments such as therapy, medication, behavioural changes, or a combination. And if a student does not have a mental health disorder but is facing other emotional challenges, mental health services can be very helpful as students seek support and healthy ways to learn to feel better.

Self-Care Tips

1. Time management strategies.
2. Minimize academic stress, and even learn more effectively. Smart studying Skills



4. Regular meals made up of healthy, nourishing foods can help you feel better.
5. Start the conversation about how a person is feeling.³

Underwater, the duck's feet are paddling furiously – against the terrifying possibility that it may sink or even worse be revealed as trying too hard. This duck syndrome is coined by Stanford University, seems to be running rampant at many colleges as well as high school children as they think of a duck gliding along the water, where they look very serene, calm and pleasant. If looked under the water they are paddling frantically.

The duck paddles, because that's how it goes places. In the end, the paddling duck is not the struggling duck. The duck was designed for paddling, and thus, it is not a struggle for the duck. Similarly, do not fall into the trap of comparing your struggles to the successful highlight reel of another person. You were designed to face your challenges in your own way. If you want to "be like a duck", be! Be to your environment, like a duck is to its own environment: at ease, floating, and paddling (not like the dickens) but steadily, in the direction of your choice.

Nowadays, many of the teens who suffer from the Duck Syndrome in college were "big fish in a small pond" at their high schools. Most want to maintain that persona and to be popular these days means that you can do it all. High school students staying up until ridiculously late hours doing homework, always wanting the A, playing on one if not two sports teams, and expecting to go out every weekend to party.⁴

All this can lead to anxiety, depression, and unhealthy habits. When they get to college, being a big fish is not so easy anymore. During college, the classes (typically) are more difficult, with more homework, papers and tests. If students see their peers staying out late and still getting good grades, they feel the peer pressure to attain the same and compete with the best students in popularity and perfection.

All the while, they fail to realize that they probably all are victims of the same syndrome and that the cycle never ends.

Nurses Role:

1. Nurses should observe and analyse such problems among children and adolescents.
2. Rule out the family history and personal physical problems such as, indigestion, sleep disturbance, cold and clammy extremity, disturbance in abdomen etc.
3. Record psychological responses such as irritability, inability to concentrate and their activities or performance.
4. Ask the specific adolescent or person to express and verbalize their feeling with parents or health team members.
5. Give proper guidance, advisory services and counselling.
6. Nurses need to teach the teens that by setting limits for themselves never mean failure. It means a healthy and happy life with realistic and attainable goals.
7. Parents are the best role models for teens to see this in action - because paddling frantically is literally for the birds.
8. Explain them, as a duck has its own habits, born to paddle, float in water, and this emphasizes it is not a struggle, it is a way of survival and it was made to stay afloat.

Conclusion

A duck appears to glide calmly across the water, while beneath the surface it's an entirely different picture: The duck is frantically paddling its little legs to stay afloat and keep up. Watching everyone else gliding effortlessly through life-achieving professional success, thriving socially, and looking fabulous-is making to feel worse about their own difficulties.

The Duck Syndrome - too many students on the outside appear calm, cool, and collected while on the inside they are completely stressed out. It's a "fake it till they make it" mentality. For many, they want to be the great student, the great athlete, and well-liked by peers. According to Michael Caine, "You see someone sailing along effortlessly? He's in fact really working very hard to stay afloat. And to move ahead. Working like the dickens." Also called Baby Duck Syndrome.

The stress and pressure to succeed is immense, everywhere, no matter where you go or what you do.

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BROKEN HEART SYNDROME

Introduction: Throughout history, mankind has had an intuitive understanding of the connection between emotional stress and the heart. Descriptions of "heartache" and "dying from a broken heart" have appeared in the literary works of diverse cultures for centuries¹. Similarly, the medical literature is replete with descriptions of sudden death and myocardial infarction (MI) in the setting of fear, anxiety, and bereavement. The syndrome got the name because of the ballooning of the lower part of the left ventricle (apex). During contraction (systole, this bulging ventricle resembles a tako – tsubo, a pot used by Japanese fisherman to trap octopus.) The syndrome was first described in Japan in 1990.

Definition: Broken Heart syndrome otherwise known as stress cardiomyopathy, Takotsubo cardiomyopathy and apical ballooning syndrome is a temporary heart condition that is often brought on by stressful situations and extreme emotions.

Incidence: Research shows that more than 135,000 women and men who were diagnosed with Takotsubo syndrome between 2006 and 2017². Women are diagnosed more frequently than men, the results also revealed that diagnoses have been increasing at least 6 to 10 times more rapidly for women ages 50 to 74 than for any other demographic. (Cheng et al)

Causes

- The exact cause is not known
- Increase in stress hormones
- Loss of loved ones
- Some emergency medications
- Financial loss fierce argument
- Intense fear
- Public speaking
- A surprise party or other sudden surprise

Studies shows that 70 % of patients have increased serum catecholamine level. Other Studies shows that the higher density of beta-adrenergic receptors is located in apical heart, so the circulating catecholamine excessively influences this segment which results in apical negative cardiac myocyte inotropy. (Lyon AR, 2008)³

Signs and Symptoms

- Chest Pain
- Shortness of breath
- ECG abnormalities that mimic those of a heart attack
- Movement abnormalities in left ventricle
- Ballooning of the left ventricle

Contrast ventriculography during diastole⁴ (A) and systole (B) in a patient with broken heart syndrome. Note the akinesis of the apex and midventricle with normal contractility of the base.

Some researchers says that the common symptom is acute chest pain which resembles myocardial infarction. Patients may also have dyspnea, pulmonary oedema and sometimes cardiogenic shock. Clinical symptoms are always with transient left ventricular dysfunction. (Leonardo & Davide et al)⁴

Pathophysiology

In Takotsubo cardiomyopathy, severe stress produces ballooning of the left ventricle. In 75% to 80% of patients, this occurs at the apex of the left ventricle, producing the classic appearance of Takotsubo cardiomyopathy reminiscent of the aforementioned Japanese octopus traps. In 10% to 20% of patients, midventricular ballooning occurs. In rare cases, basal, biventricular, or focal ballooning have been observed. Ventricular ballooning produces



transient ST-segment elevation on ECG, increased levels of troponin and B-type natriuretic protein (BNP), and a reduced ejection fraction resulting in acute systolic heart failure⁵.

Investigations

- No evidence on an angiogram of blockages in the coronary arteries
- A rapid small rise in cardiac biomarkers
- An echocardiogram shows abnormal movement in the walls of the left ventricle
- An X ray of the left ventricle shows apical ballooning

Management

There is no standard treatment for Broken Heart Syndrome. Cardiologist recommends heart failure medications such as Beta blockers, ACE inhibitors and diuretics.

Prognosis

Abnormalities would clear up in one to four weeks. Patients will recover within two weeks.

Complications

Broken heart syndrome cause death very rarely. 20% of patient would have heart failure. It will occur again after stressful events.

- Arrhythmias
- Obstruction of blood flow from left ventricle
- Backup of fluid into the lungs (pulmonary edema)
- Low blood pressure (hypotension)
- Blood clots forming within the heart due to the weakened heart muscle
- Rupture of the ventricle valve

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INTRODUCTION TO CLINICAL CARE PATHWAYS

Introduction: - Care pathways are also known as Clinical or Critical pathways. A care pathway is a multidisciplinary healthcare management tool based on healthcare plans for a specific group of patients with a predictable clinical course, in which the different tasks or interventions by the professionals involved in the patient care (physicians, nurses, pharmacists, physical therapists, social workers etc.) are defined, optimised and sequenced either by hour (ED) or day (acute care). Outcomes are tied to specific interventions. Different systematization tools were being used for clinical processes. The oldest and most known are medical and nursing protocols. Over the last years other tools were introduced, such as clinical practice guidelines and standardized nursing care maps. The main goal of care pathways is based on the improvement of the following areas: quality in healthcare, coordination / cooperation among professionals, efficiency and patient satisfaction. Thus, the purpose of pathways is the enhancement of care processes in three areas: quality, safety and efficiency.

Care pathways are a powerful tool for care process management, since they permit to check the compliance of all the interventions included in the healthcare plan, fix care standards and introduce clinical audits as a part of the process. Likewise, pathways are very useful to identify improvement areas in these standardised care processes, under the umbrella of the culture of Continuous Quality Improvement (CQI). Developing and Implementing Clinical Care Pathways: The development and implementation of a care pathway involves a change in the organizational culture at any setting. This process may involve overcoming of some hurdles in its way of implementation. Following are some of the activities to be done to develop and implement a care pathway.

1. Preparing multidisciplinary documents
2. Reviewing the process by all the concerned staff
3. Holding care pathway meetings to facilitate the exchange of opinions about patient care by different professionals
4. Conducting periodic reviews to monitor some defined indicators
5. Analysing variances or deviations
6. Preparing common record documents for all the staff

Some barriers in developing and implementing a pathway are identified: the heterogeneity of patients and diagnosis, the common reluctance among organizations and professionals to change. These barriers must be considered by hospital managers since they may threaten a successful implementation of care pathways.

Methodology

The methodology of any project for care pathways implementation is divided in four phases:

- a) Selection,
- b) Development,
- c) Implementation
- d) Evaluation.

In this article all the steps will be comprehensively explained and some key points will be clarified in each one of these phases in order to help anyone who may be involved in such projects.

a) Selection

This is a phase in which the consensus is reached on care procedure to be followed in care pathway. Pathways should be designed for frequent and important (high risk / high cost) care procedures with an expected clinical course. What should be the selection criteria? **In order to standardize the process, following recommendations need to be considered:**

1. Multidisciplinary implementation
2. Non-explained variability
3. Outcomes far from standard
4. Motivation by professionals to work on a specific condition
5. Evidence-based Medicine, recommendations of good professional practices and professional references
6. Possibility to reach a professional agreement at the hospital

b) Development

This is the phase in which the care pathway is designed and the consensus is reached. The goals of this phase are the constitution of a multidisciplinary team as a 'Care Pathway Committee' (with motivation and ability of agreement) and the design of all the documents for a specific care pathway.

Requirements for developing a care pathway

1. Formation of the Care Pathway Committee by the Project Committee



2. Initial risk assessment by hospital managers
3. Examine the previous clinical audit of the process with retrospective data collected from medical histories
4. Evaluation of existing evidence and external practices (considering clinical practice guidelines)
5. Definition of the starting and ending point
6. Define objectives for each care pathway
7. Description of inclusion and exclusion criteria
8. Agenda of meetings with the Care Pathway Committee

The formation of the care pathway multidisciplinary teamwork ('Care Pathway Committee') is essential and the members should be very involved with the care pathway development. It is important to stress the need of consensus meetings. Professionals of the multidisciplinary team should reach agreements through the critical analysis of the different activities of the care process and the improvements to be introduced.

c) Implementation

This is the phase in which pathway is implemented. The procedures required for a right implementation are as follows:

1. Final approval to the pathway matrix and the rest of accompanying documentation by the multidisciplinary team
2. Approval by medical and nursing managers
3. Education and training for all the rest of professionals involved in the care pathway who did not participate in the Care Pathway Committee
4. Development of the 'Implementation Plan':
 - I. Decision of the start date for the care pathway new documents
 - II. Availability of the new record documentation
 - III. Appointment of a responsible person for each care pathway
 - IV. New pre-implementation risk assessment
 - V. Internal communication
 - VI. Training and education
 - VII. Initial testing phase (usually two months is sufficient)
 - VIII. Review of the new documentation after this pilot phase
 - IX. Official start of the care pathway implementation after this first review of the documentation.

Hospital top managers (medical and nursing managers) should ensure that each of these care pathways project is included in the hospital strategy planning and demonstrate their leadership from the beginning to the end. I always suggest them to attend the first care pathway committee meetings to show their personal commitment and interest in the project. At the same time, managers should promote the clinician management of care pathways to enhance the commitment of clinicians with pathways from the start. Evidence-based care pathways' is the ambitious term used for any care pathway, but in fact you do not always find evidence for any procedure. Therefore we must search the best practice as a reference to design a care pathway.

d) Evaluation / Follow-up

In this phase, the care pathway should be controlled, analysed and updated. Pathways are dynamic tools to be periodically reviewed and adapted, not documents to be left in the drawer.

In this last phase, the first activity should be the appointment of a responsible person for the care pathway follow-up. Who is suited for the job, a doctor or a nurse? Involvement of professionals from both medical and nursing fields are recommended in order to not discontinue the pathway compliance by all concerned physicians and nurses.

The next steps should be:

1. Establish dates for periodic reviews (recommended the first review after 6 months post-official implementation and then every 12 months)
2. A systematic and ongoing audit
3. Follow-up of the completion of the new record documentation (very useful in the first 12 months as a reminder for all the professionals)
4. Monitoring of variances with a fixed periodicity
5. Assessment and evaluation of the outcomes from the information recorded in the care pathway documentation
6. Analysis of the impact of the care pathway implementation on the care process
7. Feedback to managers and staff regarding the follow-up of indicators / outcomes and variances (essential to incentive staff to continue working on care pathways).

Conclusion: Clinical care pathways are tools used to guide evidence-based healthcare. Clinical care pathways should be developed based on the best available evidence, such as clinical practice guidelines. Successful Clinical care pathways uptake and implementation is a complex process and requires careful consideration about facilitators and barriers in order to change provider behavior.

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LASSA FEVER: A THREAT TO THE WORLD

Introduction: On 9 February 2022, WHO was informed by the United Kingdom Public health service of two laboratory established instances and one probable case of Lassa fever. As of 18 February, three manifestation have been confirmed and one demise has been detailed. These were the first outlined Lassa fever manifestations in the United Kingdom from 2009, and constitutes the second known case of secondary transmission of Lassa fever in Europe.

The first case moved to Mali by the end of 2021, where Lassa fever was endemic. After returning to the United Kingdom, the individual presented symptoms of fever, fatigue and loose stool, and was subsequently hospitalized. The first case was then recovered. The second and third cases were family members of the first case and did not move to Mali. Both were admitted to the hospital and the third case has sadly died.

On 8 February, samples from both the cases were laboratory confirmed positive for Lassa virus by PCR. The third case was initially provided care as a probable case of Lassa fever and the diagnosis was confirmed on 9 February.

Background information on Lassa Fever: Lassa fever, also known as Lassa hemorrhagic fever (LHF), is a type of viral hemorrhagic fever caused by the Lassa virus. Many of those infected by the virus do not develop symptoms. When symptoms occur they typically include fever, weakness, headaches, vomiting, and muscle pains. Less commonly there may be bleeding from the mouth or gastrointestinal tract. The risk of death once infected is about one percent and frequently occurs within two weeks of the onset of symptoms. Of those who survive, about a quarter have hearing loss, which improves within three months in about half of these cases.

The disease is usually initially spread to people via contact with the urine or feces of an infected multimammate mouse. Spread can then occur via direct contact between people. Diagnosis based on symptoms is difficult. Confirmation is by laboratory testing to detect the virus's RNA, antibodies for the virus, or the virus itself in cell culture. Other conditions that may present similarly include Ebola, malaria, typhoid fever, and yellow fever. The Lassa virus is a member of the Arenaviridae family of viruses.

There is no vaccine. Prevention requires isolating those who are infected and decreasing contact with the mice. Other efforts to control the spread of disease include having a cat to hunt vermin, and storing food in sealed containers. Treatment is directed at addressing dehydration and improving symptoms. The antiviral medication ribavirin has been recommended, but evidence to support its use is weak.

Descriptions of the disease date from the 1950s. The virus was first described in 1969 from a case in the town of Lassa, in Borno State, Nigeria. Lassa fever is relatively common in West Africa including the countries of Nigeria, Liberia, Sierra Leone, Guinea, and Ghana. There are about 300,000 to 500,000 cases which result in 5,000 deaths a year.

Epidemiology: There are about 300,000 to 500,000 cases which result in 5,000 deaths a year. One estimate places the number as high as 3 million cases per year. Estimates of Lassa fever are complicated by the lack of easy-available diagnosis, limited public health surveillance infrastructure, and high clustering of incidence near high intensity sampling. The infection affects females 1.2 times more than males. The age group predominantly infected is 21–30 years.

Cause: Lassa virus is a member of the Arenaviridae, a family of negative-sense, single-stranded RNA viruses. Specifically it is an old world arenavirus, which is enveloped, single-stranded, and bi-segmented RNA. This virus has both a large and a small genome section, with four lineages identified to date: Josiah (Sierra Leone), GA391 (Nigeria), LP (Nigeria) and strain AV. Lassa virus commonly spreads to humans from other animals, specifically the Natal multimammate mouse or African rat, also called the Natal multimammate rat (*Mastomys natalensis*). This is probably the most common mouse in equatorial Africa, common in human households and eaten as a delicacy in some areas.

The multimammate mouse can quickly produce a large number of offspring, tends to colonize human settlements, increasing the risk of rodent-human contact, and is found throughout the west, central and eastern parts of the African continent. Once the mouse has become a carrier, it will excrete the virus throughout the rest of its lifetime through feces and urine creating ample opportunity for exposure. The virus is probably transmitted by contact with the feces or urine of animals accessing grain stores in residences. No study has proven presence in breast milk, but the high level of viremia suggests it may be possible.

Individuals who are at a higher risk of contracting the infection are those who live in rural areas where *Mastomys* are discovered, and where sanitation is not prevalent. Infection typically occurs by direct or indirect exposure to animal excrement through the respiratory or gastrointestinal tracts. Inhalation of tiny particles of infectious material (aerosol) is believed to be the most significant means of exposure. It is possible to acquire the infection through broken skin or mucous membranes that are directly exposed to infectious material. Transmission from person to person has been established, presenting a disease risk for healthcare workers. The virus is present in urine for between three and nine weeks after infection, and it can be transmitted in semen for up to three months after becoming infected.



Signs and symptoms: Symptoms typically occur 7 to 21 days after contact. In 80% of those who are infected few or no symptoms occur. These mild symptoms may include fever, tiredness, weakness, and headache. In 20% of people more severe symptoms such as bleeding gums, breathing problems, vomiting, chest pain, or dangerously low blood pressure may occur. Long term complications may include hearing loss. In those who are pregnant, miscarriage may occur in 95% of child bearing women. Lassa fever can be difficult to distinguish clinically from other viral hemorrhagic fevers, such as Ebola virus disease. A combination of pharyngitis, pain behind the sternum, presence of excess protein in the urine and fever can indicate Lassa fever with higher specificity.

In cases in which death occurs, this typically occurs within 14 days of onset. About 1% of all Lassa virus infections result in death. Approximately 15%–20% of those who have required hospitalization for Lassa fever die. The risk of death is greater in those who are pregnant. A "Swollen baby syndrome" may occur in newborns, infants and toddlers with pitting edema, abdominal distension and bleeding.

Diagnosis: A range of laboratory investigations are performed, where possible, to diagnose the disease and assess its course and complications. The confidence of a diagnosis can be compromised if laboratory tests are not available. One comprising factor is the number of febrile illnesses present in Africa, such as malaria or typhoid fever that could potentially exhibit similar symptoms, particularly for non-specific manifestations of Lassa fever. In cases with abdominal pain, in countries where Lassa is common, Lassa fever is often misdiagnosed as appendicitis and intussusception which delays treatment with the antiviral ribavirin. In West Africa, where Lassa is most common, it is difficult to diagnose due to the absence of proper equipment to perform testing.

The FDA has yet to approve a widely validated laboratory test for Lassa, but there are tests that have been able to provide definitive proof of the presence of the LASV virus. These tests include cell cultures, PCR, ELISA antigen assays, plaque neutralization assays, and immunofluorescence essays. However, immunofluorescence essays provide less definitive proof of Lassa infection. An ELISA test for antigen and Immunoglobulin M antibodies give 88% sensitivity and 90% specificity for the presence of the infection. Other laboratory findings in Lassa fever include lymphocytopenia (low white blood cell count), thrombocytopenia (low platelets), and elevated aspartate transaminase levels in the blood. Lassa fever virus can also be found in cerebrospinal fluid.

Treatment: Treatment is directed at addressing dehydration and improving symptoms. All persons suspected of Lassa fever infection should be admitted to isolation facilities and their body fluids and excreta properly disposed of.

Medications: The antiviral medication ribavirin has been recommended, but evidence to support its use is weak. Some evidence has found that it may worsen outcomes in certain cases. Fluid replacement, blood transfusions, and medication for low blood pressure may be required. Intravenous interferon therapy has also been used.

Prognosis: About 15–20% of hospitalized people with Lassa fever will die from the illness. The overall case fatality rate is estimated to be 1%, but during epidemics, mortality can climb as high as 50%. The mortality rate is greater than 80% when it occurs in pregnant women during their third trimester; fetal death also occurs in nearly all those cases. Abortion decreases the risk of death to the mother. Some survivors experience lasting effects of the disease, and can include partial or complete deafness. Because of treatment with ribavirin, fatality rates have declined.

Prevention: Control of the *Mastomys* rodent population is impractical, so measures focus on keeping rodents out of homes and food supplies, encouraging effective personal hygiene, storing grain and other foodstuffs in rodent-proof containers, and disposing of garbage far from the home to help sustain clean households. Gloves, masks, laboratory coats, and goggles are advised while in contact with an infected person, to avoid contact with blood and body fluids. These issues in many countries are monitored by a department of public health. In less developed countries, these types of organizations may not have the necessary means to effectively control outbreaks.

Vaccine: There is no vaccine for humans as of 2019. Researchers at the United States Army Medical Research Institute of Infectious Diseases facility had a promising vaccine candidate in 2002. They have developed a replication-competent vaccine against Lassa virus based on recombinant vesicular stomatitis virus vectors expressing the Lassa virus glycoprotein. After a single intramuscular injection, test primates have survived lethal challenge, while showing no clinical symptoms.

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ANGELMAN SYNDROME

INTRODUCTION:

Angelman syndrome (AS) is a rare neuro-genetic disorder that occurs in one in 15,000 live births or 500,000 people worldwide. It is caused by a loss of function of the UBE3A gene in the 15th chromosome derived from the mother. AS shares symptoms and characteristics with other disorders including autism, cerebral palsy and Prader-Willi syndrome. Due to the common characteristics, misdiagnosis occurs often. People with AS have developmental problems that become noticeable by the age of 6–12 months.¹ Other common signs and symptoms usually appear in early childhood like walking and balance disorders, gastrointestinal issues, seizures and little to no speech. Despite these symptoms, people with AS have an overall happy and excitable demeanor. An individual with AS will light up a room with their smile and laughter.²

HISTORY OF ANGELMAN SYNDROME

Angelman syndrome was first identified by Dr. Harry Angelman, an English physician at Warrington General Hospital. Before the diagnosis they called the disorder "Happy Puppet Disorder" because of the way the person moved their arms and hands, and the way they smiled. It looked as if the person's arms were being held up with puppet strings.

Dr. Angelman first observed three children who were unrelated but showed similar symptoms of severe intellectual delay, stiff, jerky gait, lack of speech, seizures, motor disorders and a happy demeanor. Dr. Angelman published a paper in 1965 that described what he called "puppet children". In 1986, Dr. Williams started the Angelman Research Group (ARG) for facilitating research and education of Angelman syndrome. A few years later, in 1990, the ARG became the Angelman Syndrome Foundation.³

DEFINITION

Angelman syndrome is a complex neurogenetic disorder that primarily affects the nervous system. Once termed as 'happy puppet', AS is a neurogenetic disorder characterized by developmental delay, severe intellectual disability, absent speech, exuberant behavior with happy demeanor, motor impairment, and epilepsy, due to deficient UBE3A gene expression that may be caused by various abnormalities of chromosome 15.³

GENETICS BEHIND ANGELMAN SYNDROME

There are different levels of AS but no level is hereditary based. Most cases of Angelman Syndrome are not inherited. It is usually caused by a deletion in the maternal chromosome 15 or by paternal unipaternal disomy (UPD). UPD is when there is 2 copies of the father's chromosome 15 and the mother's copy is missing. In some cases the father's copies are silenced so you cannot tell at birth that the child has AS.⁴

CAUSES

- AS can also be caused by a chromosomal rearrangement called a translocation, or by a mutation or other defect in the region of DNA that controls activation of the UBE3A gene.
- In these genetic changes it can inactivate the UBE3A or other genes on the maternal side.
- Imprinting: Genomic imprinting refers to a process whereby the maternal copy of a gene can be marked or "imprinted" differently than the paternal copy of the same gene.⁵
- Deletion: Absence of a segment of DNA; may be as small as a single base or as large as one or more genes. The method used to detect a deletion depends on the size of the deletion.⁵

Class I: Class I deletion is the smaller deletion. Kids with a Class I deletion often have earlier milestones, stronger skills, milder epilepsy.

Class II: A larger deletion and stronger side effects.

SIGNS AND SYMPTOMS

Developmental delays, including no crawling or babbling at 6 to 12 months

- Intellectual disability

- No speech or minimal speech
- Difficulty walking, moving or balancing well
- Frequent smiling and laughter
- Happy, excitable personality
- Sucking or feeding difficulty
- Trouble going to sleep and staying asleep⁶

People who have AS may also show the following features:

- Seizures, usually beginning between 2 and 3 years of age
- Stiff or jerky movements
- Small head size, with flatness in the back of the head
- Tongue thrusting
- Hair, skin and eyes that are light in color
- Unusual behaviors, such as hand flapping and arms uplifted while walking
- Sleep problems
- Curved spine (scoliosis)

DIAGNOSIS

A definitive diagnosis can almost always be made through a blood test. This genetic testing can identify abnormalities in your child's chromosomes that indicate AS.

A combination of genetic tests can reveal the chromosome defects related to AS. These tests may review:

- Parental DNA pattern. This test, known as a DNA methylation test, screens for three of the four known genetic abnormalities that cause Angelman syndrome.
- Missing chromosomes. A chromosomal microarray (CMA) can show if portions of chromosomes are missing.
- Gene mutation. Rarely, Angelman syndrome may occur when a person's maternal copy of the UBE3A gene is active, but mutated. If results from a DNA methylation test are normal, your child's doctor may order a UBE3A gene sequencing test to look for a maternal mutation.⁷
- Standard chromosomal analysis

TREATMENT

There's no cure for Angelman syndrome. Research is focusing on targeting specific genes for treatment. Current treatment focuses on managing the medical and developmental issues. A multidisciplinary team of health care professionals will likely work with you to manage your child's condition. Depending on your child's signs and symptoms, treatment for Angelman syndrome may involve:

- Anti-seizure medication to control seizures
- Physical therapy to help with walking and movement problems
- Communication and speech therapy, which may include sign language and picture communication
- Behavior therapy to help overcome hyperactivity and a short attention span and to aid in development
- Medications and sleep training to manage sleep issues
- Dietary changes and medications to help with gastrointestinal issues such as feeding difficulties and constipation.⁸

PROGNOSIS AND LIFE EXPECTANCY

Some symptoms of AS improve as individuals get older. Sleep issues and seizures tend to become less severe or infrequent. Because of mobility issues, obesity and scoliosis can develop in adolescence.

The life expectancy of people with AS is normal. AS itself does not cause death. However, there can be severe complications due to some of the symptoms of the syndrome, such as seizures and aspiration pneumonia.⁹ There is also the possibility of accidents due to walking and balance issues and attraction to water that can cause severe injury.⁹ Individuals with AS will require life-long care, but can live long, happy lives.¹¹

COMPLICATIONS ASSOCIATED WITH ANGELMAN SYNDROME

- Feeding difficulties
- Hyperactivity
- Sleep disorders
- Curvature of the spine (scoliosis)
- Obesity



PREVENTION

In rare cases, AS may be passed from affected parent to child through defective genes. If you're concerned about a family history of AS, or if you already have a child with AS, consider talking to your doctor or a genetic counselor for help planning future pregnancies.¹⁰

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SISTER MARY JOSEPH NODULE

INTRODUCTION: This sign was first identified by Sister Mary Joseph (1856-1939) who as a surgical assistant to Dr William James Mayo drew attention to the presence of a hard umbilical nodule in a patient being prepared for surgery in 1928. Sir Hamilton Bailey coined the term "Sister Mary Joseph nodule" in the 11th edition of his textbook "Demonstrations of Physical Signs in Clinical Surgery" in 1949. In 1949 the English surgeon Sir Hamilton Bailey coined this term after Sister Mary Joseph (1856-1939), a superintendent nurse at St. Mary's Hospital in Rochester, Minnesota, USA, who was the first to observe the association between the umbilical nodule and intra-abdominal malignancy. The nodule usually presents as a firm, indurate often vascular swelling which may be fissured or ulcerated and may have serous, mucinous, purulent or bloody discharge. The nodule has been described as white, bluish violet and brownish red and is occasionally pruritic. In medicine, the Sister Mary Joseph nodule or more commonly node, also called Sister Mary Joseph sign, refers to a palpable nodule bulging into the umbilicus as a result of metastasis of a malignant cancer in the pelvis or abdomen. Sister Mary Joseph nodules can be painful to palpation.⁴

DEFINITION

The Sister Mary Joseph nodule or more commonly node, also called Sister Mary Joseph sign, refers to a palpable nodule bulging into the umbilicus as a result of metastasis of a malignant cancer in the pelvis or abdomen. Sister Mary Joseph nodules can be painful to palpation.¹

ETIOLOGY

The etiology of Sister Mary Joseph's nodule remains unclear and the proposed hypothesis includes direct extension of tumour to the umbilicus, lymphatic, or haematogenous spread.

The primary malignancy in women is usually ovarian, endometrial, gastric, or pancreatobiliary tree cancer.

An 82-year-old woman presented to the GP with a 4-week history of an umbilical nodule. This was suspected to be a neoplastic lesion and she was referred to the dermatology department for further assessment. She was otherwise asymptomatic. She had a past medical history of type 2 diabetes mellitus, essential hypertension, and anaemia due to chronic kidney disease. On examination, she looked well with no abdominal discomfort. There was a 3 cm umbilical nodule and bilateral inguinal lymphadenopathy. The working diagnosis was a Sister Mary Joseph's nodule with underlying internal malignancy.²

THE DIFFERENTIAL DIAGNOSIS

- Primary umbilical neoplasm
- Umbilical and paraumbilical hernia
- Umbilical endometriosis
- Keloid
- Omphalith
- Pyoderma gangrenosum
- Foreign body

SYMPTOMS

- Epigastric Pain
- Abdominal Distension
- Weight Loss
- Nausea
- Ascites
- Bleeding Per Rectum.

MANAGEMENT

The finding of a Sister Mary Joseph's nodule (or a suspicious looking umbilical nodule) in primary care should



prompt urgent referral to secondary care for further assessment. Patients who are debilitated by their illness may require hospital admission for investigation and management. Biopsy of the umbilical nodule provides a convenient way of obtaining tissue sample for histological diagnosis of the disease. Imaging with CT and/or MRI scan will establish the extent of the malignancy.

TREATMENT

- Sister Mary Joseph's Nodule Usually Represents Widespread Metastasis.
- Palliative.
- Radiotherapy.
- Surgery With Adjuvant Therapy

PROGNOSIS

The presence of a Sister Mary Joseph nodule verified histological signifies advanced metastatic carcinoma and a poor prognosis with a survival time of 10 months (range 2-17 months) and inoperability.³

CONCLUSION

Sister Mary Joseph's nodule of the umbilicus is not rare in our environment and often represents manifestation of a variety of advanced intra-abdominal malignancies. The majority of the patients present at a late stage and many with distant metastases. The patient's survival is very short leading to a poor outcome. Early detection of primary cancer at an early stage may improve the prognosis.³

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TIPS TO REDUCE POSTNATAL BACK AND NECK PAIN

Introduction

Experiencing back and neck pain is very common after you give birth, at the clinic, we treat these kind of conditions all the time. If you are experiencing pain or discomfort on your back and neck, do not worry, you are not the only one, more than 50% of woman have it. The extra weight from your growing bump causes you to change how you hold your body. After pregnancy, your body will be trying to get back to its pre baby posture. In addition, you will now be doing activities such as bending.

It is very important to allow your body time to recover, but equally important to be proactive in strengthening it to allow you to make the most out of this time with your new born.

Causes and factors that leads to postnatal back and neck pain

- Poor posture
- Breastfeeding for hours
- Mental states
- Anemia
- Wrestling with strollers, car seats and others
- Carrying your baby for long periods of time
- Muscle laxity from pregnancy
- Leaning over
- Muscle weakness or imbalance from pregnancy
- Lack of sleep
- Muscle weakness or imbalance from giving birth

What produces back and neck pain?

During the first year after giving birth, all these repetitive activities performed over and over again create micro-tears in your muscles and ligaments. As a result, they will suffer inflammation, pain and instability. As these movements are repetitive, your body is under constant physical stress and never has the chance to heal properly.

Are there other postnatal conditions?

Other conditions that you may also have during the first year after giving birth are: headaches (six weeks after delivery some women reported them), nagging stiffness and off course pain in other areas of your body.

How can I release pain in my back and neck?

All the above can easily be corrected with physiotherapy or osteopathy through posture advice, a tailored strengthening and exercising program, so you will be more comfortable and enjoying your baby is going to be easier.

Tips to prevent pain at home:

- When breastfeeding try not to look down at the baby the whole time because this posture can strain your neck.
- Relax your shoulders while breastfeeding or carrying your baby, high tension can lead in injuries over time. Trying out a remedy for neck and shoulder pain can also do wonders.
- Use a pillow under your elbow and keep your back comfortably supported, this will ensure good posture while breastfeeding.
- Drink enough water, it allows your muscles to repair faster and your blood flow stays strong.
- Equally distribution of weight when lifting something.
- Book a massage therapy. You will notice positive impact on your back and neck pain. Massages release your muscles from staying stiff and tense. At the clinic we have the best specialists.
- Do the bridge every day. This exercise will strengthen your lower back muscles and buttocks. Just lie on your back and bend your knees so that your feet are flat on the floor. Then lift your hips off the floor and squeeze your buttocks. Repeat ten times.
- Practice Pilates, it has great exercises to strengthen your core. Look for a certified place and also specialized in postpartum exercises.

Tips to reduce postnatal back and neck pain

1. Understand that you are not alone.

Many women struggle with the dramatic physical changes that are associated with bringing a brand new person into this world. Being a Mom is hard work! It is normal to feel this way and you will get through it. There are plenty



of new Mom groups and support spaces if you ever are feeling like you need someone to connect with in your community.

2. Invest in the care you need.

Your body deserves a little love! A skilled practitioner, such as a chiropractor, massage therapist, acupuncturist, or naturopath can help you address the specific physical challenges associated with motherhood and get you functioning, moving, and feeling better. Find what type of care (or combination of care) works best for you and stick with it, even when you start to feel good again. Make sure you find someone who is familiar with the intricacies of working with the post-natal population.

3. Make home-care a priority.

I repeat: taking time to look after yourself does not make you selfish. Make time in your day to stretch, eat well (and often), and stay active. Try a Mom and Baby yoga class, go for a swim, or try a new hike. Get your family involved and create a habit of being healthy together. At AltaVie, we can help create a home-care plan with customized exercise rehab that accomplishes your goals and fits your lifestyle.

4. Pay attention to your posture.

Take some time to think about your body position. For many "Mommy" postures, such as breastfeeding or sleeping, there is usually an alternative that is just a little bit easier for your back. Just being aware of sitting up straight and keeping your shoulders relaxed is a great first step. Use pillows. Check in with yourself. Try a variety of positions. Make sure you are taking full breaths (and not breathing shallow).

5. Drink up! ... Water that is

Water affects every organ and cell within your body. Dehydration is a huge contributor to headaches and chronic pain. It has been estimated that over 75% of North Americans are dehydrated.

It's easy to invest the world in your baby and prioritize their safety, health, and happiness above all else. It's good too! But it is not good to let yourself suffer. I can't emphasize enough the impact it will have on your entire family if YOU are happy and healthy. A thriving, pain-free, well-fed mom will guide and raise an exceptional family. What's best for baby is mom at her best. So take a deep breath, check in with your posture, and take care of you.²

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CHALLENGES FACED BY NURSES IN INDIA

INTRODUCTION: Nursing is a very noble profession. Nurses have always played a very crucial role in the Health care team. But as we talk about India where in more about nurses: Nursing as a profession. Firstly, India, economically speaking, class system with a huge difference in income levels. This creates an automatic bias in society. Secondly, those people that actually become nurses in India are usually not from the higher classes as they are paid terribly in comparison to physician. This also leads to a certain bias towards this career. Thirdly, social stereotype as well as the lack of proficient English skills in most nurses that are seen in hospital in India, cause their reputation to take a huge hit.

Challenges faced by nurses at workplace

Workplace mental violence

Workplace violence is widespread in healthcare settings. Huge amount of workload and responsibilities on the staff can often lead to disturbed mental peace which will ultimately lead to less efficient care. Multiple tasks can pose a problem in a healthcare unit. Workplace mental violence can be also in the form of threats, verbal abuse, hostility and harassment, which can cause psychological trauma and stress. In 2013, 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients. Other incidents were caused by visitors, co-workers, or other people. At many instances' workplace violence is under-reported.

Shortage of staff

Deficient Manpower leads to unmanageable patient load and disparity in the Nurse: Patient ratio. Nurse: Patient ratio needs to be well maintained as it highly affects the patient care delivery system. When nurses are forced to work with high nurse-to-patient ratios, patients die, get infections, get injured, or get sent home too soon without adequate education about how to take care of their illness or injury. So, they return right back to the hospital, often sicker than before. When nurses have fewer patients, they can take better care of them.

Workplace health hazards

Nurses confront a high risk of developing occupational health hazards if not taken proper precautions and care. Nurses are confronted with a variety of biological, physical, and chemical hazards during the course of performing their duties.

Long working hours

Short staffing pattern in a health care unit often results in long working hours and double shifts of staff nurses. It is evidently affecting the health of the nurses. It is quite difficult for a nurse to provide efficient nursing care with exhausted state of mind and body.

Lack of recognition

Hospitals must be safe places for sick folks and their nursing services carry responsibilities that are not always recognized. There is no support system for nurses and hence their performances are usually not projected well. During inspections conducted in Hospitals by Medical Council of India and Indian Nursing Council, nurses play a vital role in all facilitations, and at the culmination of the inspections, the outcomes are not shared with them and they are not acknowledged for the work performed.

SOLUTIONS TO CURB THE CHALLENGES

All the listed challenges are somehow interlinked and interdependent. It is necessary for us to look deep within these problems and to reach to the core of these challenges in order to find resolutions for the same.

Positive practice environment

Work environment: Work environment plays a large role in the ability of providing quality care. It impacts everything from the safety of patients and their caregivers to job satisfaction. There needs to be employer friendly work environment. Safety and security of the nurses should be given importance. To maximize the contributions nurses, make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace.⁵ A Healthy



Work Environment is one that is safe, empowering, and satisfying. A culture of safety is paramount, in which all leaders, managers, health care workers, and ancillary staff have a responsibility as part of the patient centered team to perform with a sense of autonomy, professionalism, accountability, transparency, involvement, efficiency, and effectiveness.

Equipment/materials: The availability and adequacy of samples of equipment and consumable supplies is often a matter of concern. Usually staff report that they are crippled by unavailability and inadequacy of certain equipment and supplies. The problems ranged from the inadequacy of life saving supplies and equipment including IV drugs adrenaline, oxygen and autoclaves to relatively cheap supplies including gauze and cotton wool. The hospital management should ensure at regular basis that the supplies and equipment are adequately available for the smooth functioning of the hospital.

Positive team work: A team needs to be taught about importance of team work and a good team can always conquer the goal of effective and quality patient care. It can also accelerate the focus on curative care of the patients.

Recruitment/retention policy: A proper and well-planned policy for recruitment and retention has to be included in an organization in order to enhance the manpower for better support and care.

Workload balance (quality/quantity): Workload often leads to unwanted hassles and loss of mental peace which ultimately leads to less efficient care. An organization should try to balance the workload by distributing it equally among all the health care members so as to get the desired results out of a health care team.

Evidence based practice: Nurses should also deviate a part of their focus towards evidence-based practice. Various practices have related researches which can be read by the nurses to see if that practice is actually effective or not. Regular reading of research articles and studying various experimental studies can improve the knowledge and practice of nurses and thus can have a huge positive effect of patient health care and curative care too.

CONCLUSION

Patient and the public have the right to the highest performance from the healthcare professionals and this can only be achieved in a workplace that enables and sustains a motivated and well-prepared workforce. Catering to the needs of nurses and combating their challenges can make nurses empowered, encouraged, challenged and affirmed to continue doing what they do best without any barriers.

Nurses are the backbone of health care system

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EDUCATION, WHATSAPP & POST- COVID WORLD

In the post-COVID era, the world of education has undergone a drastic change. From March 2020, several schools, universities, and other learning institutes had to temporarily close their doors to meet the mandatory requirements related to national lockdowns and social distancing. According to UNESCO, in the first week of April 2020, the pandemic had negatively affected almost 1.3 billion learners worldwide. As of July 2021, around 31 million learners are still out of the classroom and lacking access to in-person instruction. These unprecedented trends increase the need for newer, more innovative, and "virtual" ways of learning.

The use of WhatsApp in education is already making waves in the sector. In the coming years, WhatsApp in education will help democratize learning and empower educators and educational institutions to disseminate knowledge to more learners than would ever be possible with the traditional, in-person education system.

WhatsApp for Education: Disseminating Learning in Low-Connectivity Locations

WhatsApp enables seamless, anytime communication between students and teachers. It is ideal for use in low-Internet areas and schools with the necessary digital resources for online teaching. WhatsApp is also a fundamental tool for teachers who only have essential smartphones without support for modern Internet-based collaboration or communication tools like Zoom or Google Meet. Through the app's user-friendly, familiar interface, they can run online classes through WhatsApp to meet their teaching goals and help students meet their learning goals. Thus, even amid technological limitations, the use of WhatsApp in education ensures that student learning continues and that schools can keep their doors open – figuratively, if not literally!

Community-based Teaching and Learning with WhatsApp

In addition to offering a highly accessible, easy-to-use, and low-connectivity platform for teachers, WhatsApp is also an excellent tool for community-based learning. Around the world, non-profit groups leverage WhatsApp to disseminate free learning resources to marginalized children. Unlike traditional classroom learning, which is often one-way and reactive, WhatsApp is much more dynamic and proactive. Learners can not only listen to, watch and learn from their teachers from the safety of their own homes; they can also access numerous resources and materials in real-time to solidify their learning.

Other Compelling Advantages of WhatsApp for Education

Teachers can leverage WhatsApp for online teaching to deliver lectures in a virtual environment. To support their teaching objectives and enhance students' learning and retention, they can provide videos, audio clips, PPTs, notes, assessments, and other resources to ensure that students continue to learn, even outside the physical boundaries of the traditional classroom.

WhatsApp for Teachers' Professional Development

As we have already seen, WhatsApp is changing the face of education all over the world. But in addition to creating beautiful opportunities (and results) for students, WhatsApp is also beneficial for training (or re-training) teachers, particularly in the post-pandemic era. They have also facilitated rich discussions where teachers (and teachers' teachers) shared knowledge, experiences, best practices, and learnings to make them better educators for the students in their charge.

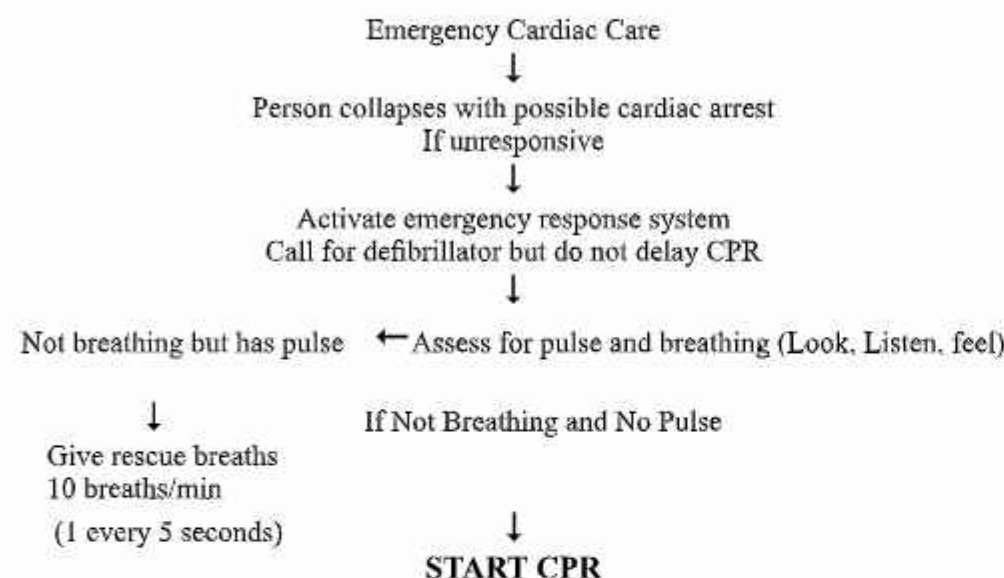
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P.B.B.Sc IIInd Year

CARDIOPULMONARY RESUSCITATION (CPR) & ADVANCED LIFE SUPPORT



- I. Pulse hard (at least 2 in (SCM)) and fast (100-120) compressions/ minute.
- II. Allow complete chest recoil between each compression
- III. Give oxygen as available
- IV. Attach monitor / defibrillator as soon as possible when available.
- V. Do cycles of 30 compressions: 2 breath every minute.

Introduction

Advanced life support (ALS): - Advanced life support (ALS), also referred to as Advanced Cardiac Life Support (ACLS), is a set of life-saving Protocols and skills that extend beyond basic life support (BLS). It is used to provide urgent treatment to cardiac emergencies such as cardiac arrest stroke, myocardial infarction, and other conditional ALS is one of the vital steps in the American Heart Association's chain of survival, which is a frequency of actions that can increase survival rates of sudden cardiac arrest (SCA) and other emergencies.

The five critical actions include: -

- I. Immediate recognition of cardiac arrest and activate of the emergency response system.
- II. Early high-quality CPR with emphasis chest compressions
- III. Rapid defibrillations.
- IV. Effective advanced life support
- V. Integrated post-cardiac arrest care

What Equipment do you need to provide ALS: -Key equipment that trained advanced cardiac life support professions should have on hand in the case of a cardiac emergency include.

- I. Monitor / Defibrillator.
- II. Impedance Threshold Device (ITD)
- III. Ventilator

CPR Dashboard Providers: -

1. A CPR Idle timer so you know how long patient has been without blood flow. The idle timer start's after 3 second without compressions
2. A numeric display of the death and rate of compression



See-Thru CPR: -

In see- Thru CPR, ECG, signal processing extracts CPR artifact from the ECG. Below is an actual wave from generated during CPR, one of the many collected while validating this technology. The rafted signal shows that there is an underlying, organized rhythm and if a pulse is present, CPR Can now be stopped / Zoll recommends that rescuers stop CPR to confirm the rhythm is shakable prior to shocking.

□ X Series for hospital transport: - Transporting a critically ill patient through the hospital requires a light weight device with extensive monitoring capabilities. And that's exactly what you get with the x series monitor, plus defibrillation and real-time CPR feedback in one compact device.

Rescore system: - The rescore system is a CPR adjust that consists of two synergistic devices – the respond ITDIC (Impedance threshold device) and the Res QPUMP ACD- CPR device. Together they increase the like likelihood of survival, A major clinical study of more than 1600 patients showed a 49% increase in one- year survival from cardiac arrest.

The res QPOD ITD 16 return more blood to the heart (Preload) and lowers intracranial pressure by regulating airflow during CPR to increase the vacuum in a patient's chest during chest wall recoil.

The resQPUMP ACD- CPR device Rather increases blood return by responding the chest with a life force of up to 10 kg.

What is mainstream capnography: - Mainstream capnography is most commonly used for mechanically ventilated patients and incubated patients who require intensive monitoring, MAINSTREAM devices can also be used on – intubated patients, but require a mouthpiece or a mask. With mainstream capnography, the airway adapter is placed directly in the breathing circuit in between ventilator “y” and the elbow adapter.

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A GUIDE TO WOUND CARE

INTRODUCTION:

- Assess tissue condition, wounds drainage and pressure injuries.
- Cleanse and irrigate wounds.
- Apply a variety of wound dressings. Obtain a wound culture specimen.
- Use appropriate aseptic or sterile technique.
- Explain procedure to patient. Adapt procedures to reflect variations across the life span.
- Recognize and report significant deviations in wounds.
- Document actions and observations.

DEFINITION

WOUND

An injury to living tissue caused by a cut, blow, or other impact, typically one in which the skin is cut or broken.

SURGICAL OR WOUND DRESSING

Sterile dressing covering applied to a wound or incision using aseptic technique with or without medication.

PURPOSES

1. To promote wound granulation and healing.
2. To prevent undue contamination of wound.
3. To decrease purulent wound drainage (dressing material absorbs the drainage).
4. To apply medication to the wound.
5. To provide comfort.

PRINCIPLES FOR WOUND DRESSING

1. Use Standard Precautions at all times.
2. When using swab gauze to cleanse a wound, work from the clean area out towards the dirtier area.
3. When irrigating a wound, warm the solution to room temperature, preferably to body temperature, to prevent lowering of the tissue temperature. Be sure to allow the irrigate to flow from the cleanest area to the contaminated area to avoid spreading pathogens.

TYPES OF DRESSING

- Gauze dressings
- Non antiseptic dressing
- Antiseptic dressing
- Pressure dressing
- Self- adhesive transparent dressing

PRELIMINARY ASSESSMENT

- Level of consciousness and understanding of the patient.
- Vital signs
- Allergy to tape or cleaning solutions.
- Bleeding tendencies
- Doctor's order
- Bleeding or drainage from wound site.
- Condition of the wound.

PREPARATION OF THE ARTICLES

STERILE TRAY CONTAINING

- Artery forceps
- Scissors
- Small bowel
- Safety pin
- Non- toothed thumb forceps
- Cotton balls
- Gauze pieces
- Pads



- Gloves, mask, gown

OTHER ARTICLES

- Cleaning solution prescribed.
- Sterile saline
- Prescribed solution for dressing wound.
- Adhesive or non- allergic tape.
- Sterile gloves (pair)
- Plastic bag for waste disposal
- Pad drum with sterile dressing pads and gauze pieces
- Towel or pad and mackintosh.
- Kidney tray
- Cheatle forceps.

PREPARATION OF THE PATIENT AND WARD

- Identify the patient and explain the procedure to win the confidence and cooperation.
- Provide privacy with curtains and drapes.
- Apply restraints, in case of children.
- Offer bedpan or urinal prior to the dressing.
- Give some analgesics to patient who is in pain before dressing an extensive wound.
- Ensure that sweeping and mopping of ward is completed.
- All articles should be assembled at patient's bed side.
- Proper lighting of the ward.
- Switch off fan.
- Check the agency protocol about using cleaning solutions.
- Fix disposable plastic bags in holders on the trolley. Place within reach for disposal of soiled dressing.

PROCEDURE

- Position the patient comfortably
- Wash hand thoroughly
- Put on gown, gloves, mask etc, as necessary
- Open the sterile tray. Spread the sterile towel around the wound
- Pickup the dissecting forceps and remove the dressing and put it in the paper bag.
- Discard the dissecting forceps in the bowl of lotion.
- Note the type and amount of drainage present
- Ask the assistant to pour small amount of cleansing solution into the bowl.
- Clean the wound from center to periphery, discarding the used swab after each stroke.
- After cleaning, dry the wound with dry swab.
- Apply medication if ordered.
- Apply sterile dressings gauze piece first then cotton pads.
- Remove the gloves and discard it.
- Secure the dressing with bandage or tapes.

AFTER CARE OF PATIENT AND ARTICLES

- Help the patient to dress up and to take a comfortable position in the bed. Change the garments if soiled with drainage.
- Replace the bed linen.
- Remove the mackintosh and towel.
- Take all articles to utility room. Discard the soiled dressings into a covered container and send for incineration.
- Remove the instruments and other articles from the disinfectant solution and clean them thoroughly.
- Dry them. Re-set the tray and send for autoclaving. Replace all other articles to their proper places.
- Wash hands.
- Return to the bedside to assess the comfort of the patient. Special instructions in the care of the wound to be communicated to the patient.
- Tidy up the bed of the patient.

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TECHNOLOGICAL NURSING CARE

Introduction:

The use of technology in nursing is too earlier, in fact nurses have become capable of utilizing and familiarizing complex technology into caring nursing practice for years, at least since the time of Florence Nightingale in the United Kingdom and even past, when Jeanne Mance (1606-1673) founded the first hospital in Montreal, Canada in 1642. Various procedures of machinery such as ventilators and physiological monitors were first used in intensive and critical care settings, and are now presently used in adapting form in less acute areas, even in home care.

1.1.eHealth services

The use of information and communication technologies (ICTs) for health, referred to as eHealth represents a means to support health care delivery. These technologies change how nurses plan, deliver, document, and review clinical care; this will only continue as technology advances. The process whereby nurses receive and review diagnostic information, make clinical decisions, communicate and socialize with patients and their relatives, and implement clinical interventions will be fundamentally modified with further integration of ICTs into nursing practice. There are many different forms that eHealth can take. It can involve: A telephone consultation between patient and a health care provider to triage symptoms, deliver instruction, monitor vital signs and provide guidance on the use of medication telephone or text on health promotion advice and management or appointment reminders patient-submitted health information using a mobile device for example, a mobile phone or hand-held computer applications resulting in A referral or consultation appointment a remote consultation between a patient and doctor using video conferencing patient started interaction with practitioners local internet based support group with a chat room, blog or social network for sharing information with other users.

1.2.Technology in nursing education:

The role of digital technology in higher education teaching and learning over the near term. Working with trajectories is an admission that we cannot predict the unexpected factors and developments that might affect the trajectory, quickening it or maybe derailing the trajectory entirely. Digital technology is the very fabric of nearly everything associated with teaching and learning. A core trajectory of digital technology in higher education is the shift away from thinking of it as Information Technology (IT) infrastructure and toward conceiving it as a digital learning engagement environment.

1.3.Technology and its Impact on Nursing Education

Nursing educators have to prepare clinicians to promote health and increase wellbeing, but the basics of nursing education need to be redesigned in many countries as technology, science, and the demands of the public for effective and responsive health care, become more complex. In some countries and regions nursing curricula are outdated, not preparing nurses for further practice. The technology has many benefits, but there are huge gaps in technology access and training in nurse education and health settings, and challenges regarding the nature, cost, and high turnover of technology used in teaching-learning spheres. Other challenges include understandings about how technology influences on the wellbeing of patients, clinicians, learners, and educators. Technological innovation and improved globalization are closely interlinked, and nursing education has to respond in a measured and carefully executed way, if it is to be relevant.

1.4.The technological challenges for nursing education

With the health care system in a state of flux, nursing education faces many challenges. Nursing faculty must design a dynamic curriculum that deals with the explosion of information, the complexity of the healthcare system, and optimal patient outcomes while addressing the diverse expectations of learners. Inclusion of information management and interactive technology facilitates learner engagement, promoting critical thinking and improving clinical judgment. Fundamental to inclusion of technology in nursing education is information literacy and informatics. To prepare nurses for the challenge of the complex, dynamic healthcare environment, the faculty envisioned curricula infused with technological innovations. Multiple interactive technologies such as personal



response systems (PRS), human patient simulation (HPS) personal digital assistants, web conferencing, podcasting, and course management systems were integrated within the curriculum.

II. The Impact of Emerging Technology on Nursing Care

There are many emerging technologies that will change the practice of nursing in the coming decade.

2.1 Genetics and Genomics

The American Cancer Society (2011) suggests that genetic testing is already being used for many reasons. Future applications of genetics and genomics will transform the health care system even further. Carroll (2011) suggests that by the year 2020 the health care system will have transitioned from one which fixed people after they were sick with one of preventive, diagnostic, genomic-based medicine where patients will be treated for conditions, we know they are likely to develop. Despite these concerns, there is no doubt that Geno-typing and genetic sequencing will continue to significantly improve diagnostic and Interventional medicine. Gene therapy is expected to make significant inroads in curing cancer and preventing birth defects within the next two decades.

2.2 3-Dimensional (3D) Printing

Bioprinters, using a "bio-ink" made of living cell mixtures can build a 3D structure of cells, layer by layer, to form human tissue and eventually human organs for replacement. Healthcare is just beginning to explore the limits of this technology. There are limits to the materials which can be used for printing and materials science is a laggard in 3D printing

2.3 Robotics

Robotics can provide improved diagnostic abilities; a less invasive and more comfortable experience for the patient; and the ability to do smaller and more precise interventions. In addition, robots can be used as adjunct care providers for some physical and mental health care provision.

2.4 Less Invasive and More Accurate Tools for Diagnosis

There are several different types of less invasive meters being developed for monitoring blood glucose. One of these includes a sort of nano-tattoo, and Symphony® CGM System. It was developed by a medical device company with expertise in advanced skin permeation technology.

2.5 Biometrics

Biometrics is the automated recognition of individuals based on their behavioural and biological characteristics. It is a tool for establishing confidence that one is dealing with individuals who are already known (or not known) and consequently that they belong to a group with certain rights (or to a group to be denied certain privileges).

2.6 Electronic Healthcare Records (EHR)

Healthcare providers have access to critical patient information from multiple providers, literally 24 hours a day, 7 days a week, allowing for better coordinated care.

2.7 Computerized Physician/Provider Order; Entry (CPOE) and Clinical Decision Support

CPOE and clinical decision support fundamentally change the ordering process resulting in lower costs, reduced medical errors, and more interventions based on evidence and best practices.

2.8 Nursing Skill Sets Needed to Appropriately Respond to Emerging Technologies –

- Being able to use technology to facilitate mobility, communication, and relationships
- Having expertise in knowledge, information, acquisition, and distribution
- Understanding and using genomics in nursing.

III. Impact of technology on nursing practice

Information and communication technologies (ICTs) embody all digital technologies that support the electronic capture, storage, processing, and exchange of information in order to promote health, prevent illness, treat disease, manage chronic illness, and so on. In the health sector ICTs refers to a set of projects or services that allow for remote nursing care (Tele-health), interdisciplinary clinical support, as well as knowledge transfer.

IV. Technologies that changed nursing forever

4.1 Electronic IV monitors



Drip detects sensor AS introtek's optical technology, non-invasive designed sensor measures the instantaneous drip rate by accurately outputting a pulse for each drop of liquid, the drip detects sensor is designed to be utilized as a technique for monitoring media flow rate during patient Iv infusion. The sensor can be used to enhance and improve processes in the following applications.

- IV infusion administration system
- Liquid dispensing
- Pharmaceutical manufacturing
- Clinical laboratory

4.2 The Sphygmomanometer

The accurate measurement and control of blood pressure are key elements in the prevention of cardiovascular disease and stroke. Mercury Sphygmomanometers, first developed over 100 years ago and largely unchanged since, are used in both hospital and ambulatory settings. They have been considered the gold standard blood pressure measuring devices from which treatment guidelines are developed

4.3 Information management

The health information management (HIM) profession is dedicated to the effective management of the patient information and health care data needed to deliver quality treatment and care to the public. The basic duties of the HIM professional continue to evolve over time, as patient records become less paper-based and increasingly electronic. HIM professionals play a critical role in the successful implementation of electronic health records and ensure that providers, healthcare organizations and patients have access to the right health information when and where it is needed while maintaining the highest standards of confidentiality and security.

4.4 The portable defibrillator

Electrical defibrillation is the only effective therapy for cardiac arrest caused by ventricular fibrillation or pulseless ventricular tachycardia. Scientific evidence to support early defibrillation is overwhelming, being delayed from collapse to delivery of the first shock the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported. The chance of a favourable outcome declines at a rate of about 10% for each minute cardiac defibrillation is delayed.

Conclusion:

The use of technologies in nursing is not recent, these technologies change how nurses plan, deliver, document, and review clinical care; this will only continue as technology advances. The technology has many benefits, but there are huge gaps in technology access and training in nurse education and health settings, and challenges regarding the nature, cost, and high turnover of technology used in teaching-learning spheres. To prepare nurses for the challenge of the complex, dynamic healthcare environment, the faculty envisioned curricula infused with technological innovations.

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THE FUTURE OF NURSING TECHNOLOGY IS EXCITING

Introduction

Technology continues to revolutionize health care and we have entered an exciting new frontier of state of the art gadgets and high-tech.

Some of these changes are made possible by our growing ability to utilize big data to improve outcomes through the field of health informatics, others by inspiring advancement in medical science, telecommunication and even robotics.

VEIN FINDING TOOL

EchoNous vein is designed for nurses inserting peripheral IV catheters by providing an immediate and clear image of veins using just two button controls. The easy device also includes optimized setting for use with adults and pediatrics.

As it is often times, the first interaction a patient has with care providers, failed IV insertion not only hokes up care from the beginning, but can impact a patient's satisfaction. For both adults and pediatrics, the new vein finding tools are designed to help reduce 'hardsticks' and improve patient's satisfaction.

STETHEE "SMART" STETHOSCOPE

The newly launched, FDA-cleared Stethee Pro features technology to capture and analyze.

Heart and lung sound and data via bluetooth operating around smartphone application for both apple ios and google android devices.

The Stethee system has the potential to transform healthcare. We are on the fore front of a new era in healthcare driven by artificial intelligence and its ability to significantly improve our ability to care for patients. This innovative technology can significantly help drive efficiency and productivity and empower healthcare provider worldwide by providing real time data and clinical interpretation.

CHIP MONITOR'S BLOOD SUGAR LEVEL

The company Admetsys has created a solution that can constantly monitor blood sugar level in real time. Its artificial intelligence algorithm triggers its software to either administer glucose or insulin via the drip that a patient is connected to, the drip is connected to a screen. The screen shows the metrics for the patients.

This device was suggested by nurses. The nurses' workload is astronomical. They need to be doing other things that are more appropriate for them, than running in and manually doing a glucose or drawing blood.

CONCLUSION

The technology involved in nursing today would likely surprise even the most devoted gadget freak. Nurses must increasing master a host of complex technologies, from 'smart' medical devices. Technology continues to revolutionize health care as we have entered an exciting new frontier of state of the chart gadget and high-tech communication system.

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ZOOM

Introduction

Zoom is a cloud-based video communication app that allows you to set up virtual video and audio conferencing, webinars, live chats, screen sharing and other collaborative capabilities.

You don't need an account to attend a zoom meeting and the platform is compatible with Mac, windows, Linux and Android which means anyone can access it.

How to get Zoom?

Once you have decided on a plan, it is simple to download it whether on your computer or your mobile device. The platform is available for iPhone, iPad and Android devices through the App Store and Google Play Store, respectively.

Getting started with Zoom meetings

Once you've downloaded and installed Zoom, you are ready to get started.

If you don't have an account and just want to join a Zoom meeting, you can do this a few different ways.

- Through a Zoom meeting link provided by the host. All you need to do is click that link, and you'll be brought to the meeting.
 - Or you can click "Join" on Zoom's homepage, and enter the Meeting ID manually.
 - Alternatively, if you don't have access to the mobile app or desktop, Zoom supports dial-in calling.
- Zoom offers varying levels of tools to enhance your video call. Take note of these core features.
- In-meeting chat:** with this feature, you're able to send messages privately to an individual or to the group within a meeting.

Recording: Every version offers the option to record your meetings, which you can start manually or automatically.

Screen-sharing: Whether it's for a marketing presentation or a classroom lecture, sharing your screen is an easy way to show others your work.

Breakout rooms: This allows you to split a single call into individual groups so participants can then have their own conversations.

More tips and tricks

If you are looking to get more out of Zoom, you may be interested in a few more settings and features.

Virtual backgrounds: One of the platform's more lively features, virtual background allows you to display and image or video as your background.

Raise your hand: Zoom has a feature that lets you virtually "raise your hand", which notifies the meeting organizer that you have a point to make or question to ask, without disrupting the flow of the class or conference.

Remote support: A helpful feature that allows you to take control of another participant's screen.

Personal meeting ID: Only available for pro accounts or higher, a personal meeting ID will make your meetings more secure, while also making it easier for your friends and colleagues to connect.

Waiting room: A feature that lets you control when participants join a meeting.

The takeaway:

Zoom can be simple to use, but difficult to master. Even with these guides, take time to explore the app on your own, and discover everything it has to offer.



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FUTURISTIC NURSING

Introduction -

Many new trends in nursing are likely to develop in the near future. Some can predict with certainty while others may be unexpected their trends of the future will result from very rapid changes take place in all area of life. You will have to make a constant effort to keep informed through all available sources. It is the only way which will help you to know what is happening at present and what may come in the near future.

Modern Nursing –

The art of using the latest technology and science to promote quality of life as defined by patient and families through out their life experience from birth to the end of life.

Aspects Of Future of Nursing-

- 1) Nursing education
- 2) Nursing services.

Nursing education –

Future directions for nursing education-

In 1993, three major organization issued statement and reports about nursing education for the twenty first century. Their reports addressed the new direction of nursing education needed to face in the future. Although the three organization's advocate form what emerged in their reports common emphasis included the following eight points.

These eight areas of emphasis remain as important today as they first identified in 1993-

- 1) Schools should recruit diverse students and facilities that reflect the multicultural of society.
- 2) Curricula and learning activities should develop students critical thinking skills.
- 3) Curricula should emphasize student's abilities to communicate from interpersonal families and inter disciplinary colleagues.
- 4) The number of advanced practice nurses should be increased and curricula should emphasize health promotion and health maintenance skills for all nurses.
- 5) Emphasis should be placed on community-based care increased accountability state of the art clinical skills and increased information management skills.
- 6) Cost effectiveness of care should be focus in nursing curricula.
- 7) Faculty should develop programme that facilitate problem articulation and career mobility.
- 8) Continuing faculty development activities should support excellence in practice teaching and research.

Future direction for medical education-

The university of Queensland hosted the first Australian National Medical Education Colloquium in august 2005 the priority directions of medical education identified by plenary speakers where: student center learning.

- 1) Adaptive curriculum
- 2) Teaching innovations
- 3) System approach
- 4) Fitness to practice
- 5) Medical education

Student center learning-

Harden highlighted the importance of students center us been pivotal to thinking about learning and



teaching the suggested that medical institutions include a bank of learning object's (e.g., X-ray image) curricula maps, virtual patients.

Adaptive curriculum-

An adaptive curriculum modifies and personal learning by designing teaching and learning experience in response to the specific needs of the individual student.

Teaching innovations –

Innovations in medical education to curriculum technology assessment and profession. the curriculum model of the future should be Student centered problem and traced based, inter professional, community based and elective driven with case and student selected components.

System approach-

The need for medical education program to prepare graduates who are responsible to both the need to the health system in which they will currently medical students spend most time in teaching hospitals but they will eventually work in community, where most patients prevent and are treated.

Fitness to practice-

According to Walton, fitness to practice is an issue with which all medical schools are currently grappling overall, we are probably handling the issues of knowledge and clinical skills quite well.

Medical education research-

In order to validate the effectiveness of new teaching approach's medical education research meet emphasis appropriate methodology.

NURSING SERVICES

By the year 2020, less than 15 years from now a study from occupational health and safety administration predicts that the need for registered nurses in nursing homes will increase 66 percent. For licensed practical and vocational nurses by 74 percent and the need for certified nursing existents will increase by 69 percent

Onsite nurse in senior housing:

Many seniors don't need round the clock nursing supervision. Senior housing communities often have an on-site nurse who is available in case of emergency. The nurse will also often consult with doctors to help and manage any medical care they need

Reagents blue ribbon task force on the future of nursing:

In April 2001, New York state board of regents named a blue-ribbon task force on future of the nursing. The reagents blue ribbon task force has a critical role in addressing the current nursing shortage. The task force has released their findings and recommendations for resolving those looming health care crises. The task force recommends the following solutions to the nursing shortage.

Recruitment: Expand the nursing workforce by the recruiting additional numbers of men, non-practicing nurses and recent high school graduates.

Education: Provide additional academic and financial support systems to increase and pool of nursing school graduates and creates career leaders.

Technology: Increase the application of labor saving technology to eliminate unnecessary, duplicative paper work and communication of patient information, thereby improving conditions.

Data collection: Develop a reliable central force of data on the future need for nurses in the workforce upon which employees, policy makers, researchers and legislators may bare public policy and resource allocation.

FUTURE OF NURSING CAREER

Predictions are that in 10 to 20 years it will look nothing like it does today! With new technologies and drugs, changes in insurance and health care policies and the shortage in nurses, the profession will have to reinvest itself. Many nursing functions will be automated such as documentation and updating patient records, smart beds to monitor vital signs and voice activated technology. This would give nurses more



time to provide a human touch to their patients.

As a result, nursing shortage:

Health care facilities will be forced to use their nurses judiciously. Nurses will spend more time at the bedside as educators and care need to know how to access knowledge and transfer it to the patient and their loved ones.

As technology and research progresses nurses would focus more on preventing the illness rather than treatment. The nursing shortage and rising health care costs will also put pressure on the health care system to change from an illness model to a wellness and prevention model.

Conclusion:

Future of nursing is of great scope. The nurses can make use of the great scope for their professional advancements and to safeguard their lives.

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TECHNOLOGICAL AND FUTURISTIC ADVANCEMENT IN NURSING

All algorithm that more efficiently and accurately sort through data to provide better diagram, robots that help in seams perform medical tasks ,and technology that helps nurse the rules feel more released in their jobs are just a fees of the for reaching application of all and robotics.

Nurses help to administer lifesaving medical care to patients across the country and the world on a daily based. They also interact and communicate with patients to help ensure they feel comfortable and at ease during their health treatment. As such medical expertise and a good bedside manner are crucial to a nurse's success in this field.

Technology in nursing is also helping to drive medical professional's success. Advanced digital tools and devices facilitate a nurse's job and help ensure that patients receive the best medical treatment possible. As Technology has evolved throughout the decades so far, its application and importance in nursing. Nurses' use and encourage various types of technology for treating patients cataloging patient information and maintaining positive health outcomes even after patients leave a healthcare facility.

The art of using the latest technology a science to promote quality of life as object by patient and families throughout their life experiences from birth to the end of life.

Future issues:

- Multiple settings
- Critical thinking
- Ampler specialized practice

Causes of changes in nursing education:

- Changing demographics.
- Technological explosion.
- Globalization.

Shift to population-based care & increase complexity of patient care.

Loss of health care & challenge of managed care impact of health policy.

Collaboration practice

Nursing shortage

Significant advance in nursing science & research.

In 1993, three major organization issued statements and reports about nursing education for the twenty first century. Their report addressed the new direction of nursing education needed to take in the future.

Education health record (EHRs) are portraits of an individual health. They help to ensure that practitioner comprehend the scope of a patient's medical states and enable patients to understand their current health state.

EHRs bring numbers benefits are as a nursing technology that helps both patients and providers. A patient may visit a health clinic in their neighborhood and learn that they need to consult with a specialist at a state hospital many miles away. The state hospital staff may use an HER system that is different from the smaller health clinic's system making it more difficult to transfer records efficiently.

Electronic health records can help guide the type of treatment a patient should receive as well as provide information about an individual's health history. At the same time robotics and artificial intelligence (AI) are impacting how nurses and practitioners deliver health care.

Technology continues to revolutionize healthcare and use have entered an exciting new frontier of state-of-the-art gadgets and high-tech communication systems. Telecommunication and even robotics.

Vein Finding tools:

Echo noising is designed for nurses inserting peripheral catheter by providing an immediate and clear image of veins using just two-button control. The easy-to use-device also includes optimized settings for use with adults and pediatrics.

As it is often times the first interaction a patients has with care provides a field IV insertion not only holds up

care from the beginning but can impact a patient satisfaction surgery. Critical care nurses understand the value of not only quickly locating a but receiving reliable information about used quality. So, we look forward to hear their direct feedback how our vascular access tool does both with the ease of few screen touches.

Statehood 'Smart stethoscope:

The newly launched FDA-cleared Steth pro features technology to capture and analyze heart and lung sounds and data is Bluetooth, operating around smart phones application for both apple iOS Google android devices.

The stetho system has the potential to transform health care. We are on the forefront of a new era in healthcare. Driven by artificial intelligence and its ability to significantly improve our ability to care for patients. This innovative technology can significantly help device efficiency and productivity and empower health care providers worldwide by providing real time data and clinical interpretation.



Roshni Varma,
(B.sc Nursing IV Year)

EMERGENCY TECHNOLOGIES THAT WILL CHANGE THE PRACTICE OF NURSING

What is Nursing Technology?

Nursing technology is medical technology designed to help RNs, LPNs and other Nursing Professionals care for their patients more effectively with examples ranging from mail Mobile devices to automate medication delivery systems. Nursing technology is a broad category. It only takes a quick glance around any medical facility to see how prevalent health care technology has become.

Advantages and disadvantages of Nursing technology:

Faster communication: Thanks to mobile technology and online resources, nurses find it easier than ever to coordinated with their team member, update patient charts, and relay up to the minute information to the doctor responsible for determining treatment plans.

Increased efficiency

From checking vital signs to monitoring IV flow rates to keeping up with rates to keeping up with Medication schedules, many of the most tedious nursing activities can now be automated with Specialized equipment. The automation of routine, task helps reduce instances of human error and accidental oversights.

Improve access to patient records:

Rather than reaching for and keeping up with paper medical charts- not to mention trying to decipher the handwriting of multiple individuals nurses who work for facilities that use electronic medical histories and make updates instantly.

Disadvantages of Nursing Technology Implementation challenges

Medical technology is designed to make health care more efficient, but its implementation can often be a point of contention for nurses and medical staff responsible for patient care during the integration process. While the end result may be positive, the introductory phase can cause frustration.

Steep learning curves

After new medical technology is installed and ready for use. Nurses need to be train on its proper usage. The training period can be frustrating, as it requires nurses to learn a new way to do processes they were already comfortable doing another way.

Equipment malfunction technology is great –

When it works with nursing technology equipment problems can be even more frustrating and consequential because optimal patient care depend on it.

EMERGING TECHNOLOGIES THAT WILL CHANGE THE PRACTICE OF NURSING

There are many emerging technology that will change the practice of nursing in the coming decade, seven are discussed here genetics and genomic less invasive and treatment and genomics: less invasive and more accurate tools for diagnosis and treatment 3-D Printing, robotics, biometrics, electronic health reward, and computerized physicians Providers order entry and clinical decision supports.

Technology	Benefits	Challenges
1. Genetic And Genomics	The majority of disease risk, health conditions and the therapies used to treat condition, have a genetic and or genomic element influenced by environmental, lifestyle and other factors they are impacting the entire nursing profession.	Many Nurse currently in practice know little about genetics and genomics and lack the competence needed to effectively counsel and teach patient in this regard.
2. Less invasive and more accurate tools for diagnostic and treatment	Non- invasive and mini molly invasive for diagnostics and treatment generally results in lower patient risk and rest.	The rate at which non-invasive and mini molly incursive tools are being introduced makes on going competency regarding their use a challenge for nurses.
3. 3-D Printing	Bio printers, using a "bio lint" made of living cell mixtures can build a 3D structure of cells layer by layer, to form human tissue organ for replacement.	Health care is just beginning to explore the limit & of this technology. There are limit to the materials which can be used for printing and materials science is a laggard in 3-D Printing.
4. Robotics	Robotics can provide improved diagnostic abilities a less invasive and more comfortable experience for the patient and the ability to do smaller and more precise intervention, In addition robotics can be used as adjunct care provider for some physical and mental health care prevision.	More research is needed on comparative effectiveness of robotics and human care providers. Many health care providers have expressed concern about the lack of emotion that will never replace human caregivers.
5. Biometric	Biometric increase the security of confidential health care information and eliminate the costs managing lost passwords	The measurement of biometric makers may occur in less than ideal situations in health care setting and in a rapidly changing work force cost may become an issue.
6. Electronic health care record (EHR)	Health care presides have access to critical patient information from multiple providers literally 24 hours a day 7 days a week allowing for better coordinated care.	Implementation costs getting computer to talk to each other and debates about who wins the data in the EHR continue required implementation
7. Computerized physician provider order Entry (POE) and Clinical decision support	CPOE and clinical decision support fundamentally change the ordering. Process resulting in lower costs. Reduced medical errors, and more intervention based on evidence and best practices.	The introduction of CPOE and clinical decision support required pervades to alter their practice. Resistance is common due to the time spent on order entry. Implementation and training costs are often significant.



Sagar D Bayas,
(B.Sc Nursing IV Year)

ARTIFICIAL INTELLIGENCE TOOLS

Introduction

Artificial Intelligence (AI) is an umbrella term for several different technologies and methodologies that contribute to many advances in health care today. Nurses should have a basic understanding of AI so they may be informed users and contribute to their development.

Definition

According to Merriam- Webster, artificial intelligence (AI) is defined as a machine's capacity to intake intelligent human behaviours, such as reasoning and problem solving. In healthcare, AI frequently refers to computer software programs designed to interpret data (for eg. Patient records, Administrative claims, medical imaging and data from mobile devices).

Defining tools in detail

In health care, we typically define AI as tools (such as machine learning, deep learning, and other applications) that autonomously transform clinical data into knowledge used patients, clinicians, and family members to take decisions that otherwise couldn't be efficiently accomplished.

AI Definitions

Machine learning, deep learning and neural networks are at the heat of artificial intelligence (AI). These terms are sometime used interchangeably.

Machine learning

Machine learning is a type of AI that user algorithms to analyze raw data and develop computer instructions to achieve objectives such as making predications recognizing speeches translating text playing games.

Much of the type around AI in Healthcare is due to the potential of machine learning simply put machine learning refers to the use of a computer program to autonomously learn from data to perform a certain task. The learning refers to software self-adjustment that fine-tunes an AI algorithm over time increase accuracy.

The goal of machine learning tool, and the data it has access to, is determined by its developer but how the program user the data isn't known this inherent uncertainty is called the "black box".

Similarly to any data depended tool, a machine learning tools faction and use are only as good as its data sources.

FOR EXAMPLE :- Rong and colleagues developed a tool to predict fall severity to assists in preventing injury in high risk patients. This algorithm used data point such as age sex race bone density procedural data and diagnoses to develop a risk score for the likelihood of having a fall with severe injury the researchers used retrospective data to train the model, allowing it to learn and create an accurate prediction score Next phase of research require nurses to evaluate the tool's practical use this example of machine Learning shows the positional for creating risk prediction scores that couldn't be feasible with manual calculations or EHR integrated flow sheets.

Nurses using AI & EHR data also have gained a sophisticated ability to read and translate signals into precision patient monitoring. For Example. The super alarm ap application developed by HU. Patterns or concurrences of individual alarm (such as arrhythmia alerabs' and hemodynamic monitoring) to predict impending cardiopulmonary arrests. Hu demonstrated the ability to achieve 90% sensitivity in predicting when critical care patients could need resuscitation.

Deep Learning

Deep learning a subfield of machine learning, advancer nursing using neural networks for advanced pattern recognition, which has helped machine learning extend to new sources of data including speech recognition and image analysis By integrating data from many sources, AI can be used to tailor treatments precisely to patients, specific gens, lifestyles & treatment preferences.

Deep learning application can help nurses indentify at risk patients who could benefit from clinical intervention to prevent adverse health event such as sepsis or hospital readmission

For example :- Duke university researchers thrilling and colleagues created sepsis watch, which is trained via deep learning to analyze over 32 million data point to crest a potient's risk for developing sepsis. If the finding call for action, the hospital's rapid response team is automatically alerted and guided through the first 3 hours of care administration.

Nurses may not be the primary users of imaging technology but it significantly impacts patient treatment imaging advances using deep learning include detection (such as early or automated detection of neurologic abnormalities or cancer) characterization (staging or diagnosis) and monitoring (tumor changes over time) many or these tolls are as accurate as (or sometime) even more accurate than) human and have potential for growth and increased adoption.

NLP (natural language processing)

NLP is the analysis of EHR text data rather than numbers or other countable elements. It can be used alone or in conjunction with machine learning methods and may contribute to other AI areas. For example, Sentiment analysis could be used to determine how positive or negative a clinician or patient feels about a prognosis. Of all AI application, NLP usually is cited as being the most difficult to adopt because of a lack of formal data in take and reporting however several promising application currently in use affect patient care and health outcomes. In nursing valuable source of text data comes from nursing notes which frequently are rich with clinical in formation. A wide variety of application have been developed using nursing notes, including predicting emergency department patient disposition uncovering patient financial barriers and predicting falls.

In addition to research application and subsequent decision support, NLP also may refer to voice recognition, such as that found in sire or alexia. In health care voice recognition may help with note writing information retrieval ant chart navigation. Speech recognition programs convert languages to text but NLP advancement may provide more sophisticate option.

Shaping the future of care

AI has the potential to help nurses improve the quality and efficiency of care benefiting patients and clinicians feeling some angst during the expansion of AI is natural and reasonable but as AI continuers to mature nurses will need to participate in angling open dialogise about sits development and uses in health care nurses will be the key to helping organizations implement and adopt to AI technology transformations as they participate in the development and evaluation of new applications that will shape the future of patient care.

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Anila Mol,
(Anilamol C.A, B.Sc Nursing IV year)

ROBOTIC NURSING

Introduction: Human nurses can have peace of mind. Their jobs are secure but a little help has come to the rescue to do most of the boring nursing tasks for them. Robot nurse helps nurses in hospitals. She has face recognition (camera), voice recognition (microphone) arms and hands. She talks with the patient, Doctor and nurses in 8 human languages. Another responsibility is talking with those patients who do not have any visitors. She gives them company and carry on the conversation and make them happy.

The nursing robot system is designed to serve bedridden patients by performing simple services such as operating electrical appliances or bringing patient's bedside according to the patients spoken request. The nursing robot, however, is not supposed to apply any medical treatment to the patient. The workplace of such a robot would be usually confined to one room, either in a hospital or in the patient's room. The definition is important since the constant presence of the patient as a supervisor for the robots activity greatly facilitates.

What is robot?

A reprogrammable, multifunctional, manipulator designed to make material, parts, tools or specialized devices through various programmed motion for the performance of a variety of tasks.

Characteristics of Robot

Mobility – It possesses some form of mobility

Programmability – it can be programmed to accomplish a large variety of tasks. After being programmed, it operates automatically

Sensors – able to sense the environment and give the useful feedback to the device

Mechanical capability – Enabling it to act on its environment rather than merely functions as a data processing or computational device

Flexibility – It can operate using a range of programs and transports material in a variety of ways

Application of Robot

- Industry
- Animatronics
- Safety
- Space
- Healthcare

Robotics in health care

By 2050 one in four people in the world will be over the age of 65. The NHS will be unable to cope with the likely increases in chronic illness.

To meet these challenges, health and local authority services must reconfigure, placing greater emphasis on community care and the effective use of technology, one promising technology in robotics.

Robotics

Robotics is the engineering science and technology of robots, and their design, manufacture, application and structural deposition. Robotics is related to electronics, mechanics and software. The term robotics was coined by Issac Asimov in 1942.

Advantages

- Addressing cognitive decline- For example reminding patient to drink, take medicine or of an appointment
- Enabling patients and caregivers- To interact thereby reducing the frequency of personal visits
- Collecting data and monitoring patients- Emergencies is such as heart failure and high blood sugar level, could be avoided.



- **Assisting people with domestic tasks** – May give up independent living because of arthritis
- **Accuracy** – Robot once instructed can perform a task without fatigue and with accuracy, even after long hour of operation.
- **Help with heavy lifting** – Care giver injuries are common and lead to missed work for the caregiver and sometimes leaves an older adult without a caregiver.

Disadvantages

Cost of them- Like anything else, with good comes bad. The few disadvantages the nurseBots have are what ultimately make them such a work in progress that won't hit mass production for a little while longer, one disadvantage of nursebots is the cost of them. NurseBots are not being produced in multiples anywhere yet.

Surveillance – this surveillance could lead to ethical issues of privacy. Moreover, what if the patient agreed to take the medicine, and then forgot? Many people will most likely have an issue with these robots monitoring a person's daily activities on something very similar to a surveillance camera.

Comparison with human – many people feel robot will never compare to a human

Use of robotic in health care

- Surgery
- Procedure
- Treatment
- Planning
- Simulation
- Guiding

New tools to develop new technology

- Serve as a communication tool
- Provide reminders
- Help with monitoring
- Preserve dignity
- Promote independence
- Decrease burden on family and friends
- Fill care gaps
- Offer endless patience
- Provide companionship

Conclusion

The development of medical welfare robot is not necessarily harmful than it can be promoted since it used in providing health care services are beneficial to people with disabilities and incurable diseases. It is an important issue in nursing practice to recognize and live with advanced sciences.

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Priyanka .R,
(B.Sc IV Year)

IMPORTANT TECHNOLOGICAL ADVANCEMENTS IN NURSING

INTRODUCTION : The evolving technological advances in nursing are the wave of the future in healthcare. Emerging new technologies in EHRs, AI, Apps Software development are becoming increasingly popular as more hospital and Faculties integrate them into their health system. All algorithms that more efficiently and accurately sort through data to provide better diagnoses, robots that help clinicians perform medical tasks, and technology that helps nurses themselves feel more relaxed in their jobs are just a few of the far-reaching application of robotics.

FUTURISTIC NURSING : Many new trends in Nursing are likely to develop in the near future. Some can be predicted with certainty while other be unexpected. These trends of the future will result from very rapid changes take place in all areas of life. You will have to make constant errors to keep informed through all available sources. It is the only way which will help you to know what is happening at present and what may come in the near future.

IMPORTANT TECHNOLOGICAL ADVANCEMENTS FOR NURSES:

1.Enhanced communication

When nurses received pagers back in the 1980-1990s, they were able to increase patient care. Fast forward nearly 20 years and each nurse carries a cell phone with the ability to order a pizza and medicine all at the same time. Most hospital have advanced healthcare software to enable communication between medical staff and patients.

2.Electronic health records

EHRs are portraits of an individual's health history that are maintained and catalogued digitally. They help to ensure that Practitioners comprehend the scope of a patients medical status and enable patients to understand their current health state.

Benefits of EHRs in Health care

Patient :-

- Fewer form to fill out
- Interactive patient portals
- Electronic referrals and prescription refills

Healthcare organization and practitioners

- Easy access to patient's complete medical records
- More coroneted informed treatment decisions
- Precise billing and coding information

Insurance companies

- Faster claims processing
- Accurate patient insurance information
- Large-scale health data collection and analysis

Pharmacies

- Cost saving form automation and reduced paperwork
- Direct, secure communication with doctors
- Reduced risk of medication errors and drug interaction

3. GPS Tracking

Hospital efficiency has been increased through GPS tracking. Tagging and tracking medical equipment is much easier than it was before. Radio frequency identification tags help nurses find the nearest blood pressure machine or another place of equipment, it sound like a simple matter, but being able to centrally monitor equipment has increased bed Management and incredibly.

4. Enhanced Diagnostic devices

Most of the technological advancements are to help doctors, nurses, and the patient's take for instance diagnostic

These can now be performed non-invasively. There are more Options for nurses and doctors to choose from rather than the old -School tests and treatments. Not only does it improve the cost-effective nature of testing but it also lowered the risks of infection. Hand hold biosensors have the ability to direct all sorts of diseases.

5.Drug delivery

Numerous hospital have implemented drug delivery system that come in an implantable advice form. These devices release medication into the patients at the required times. An RN can schedule the closing and make sure that their patient ingest the medication and make sure that their patient gets the medication they need, in the correct dosing at the appropriate time. This reduce the chance of patient error ,potation law suits , and also allow the nurses to focus on other areas that need their attention.

6.Smarter Alarm Systems

Go in any hospital across the country and there will be the sound of beeps coming from the patients' room. These beeps keep the nurses from running from room to room, trying to see what is going on. However many times these alarms are false or a machine is just beeping to be reset. It is knows "alarm fatigue". These beeping devices take the nurse's attention away from important task for things that are not of trivial matter.

7.Lifting Patients With Ease

According to the veteran's in administration, each year more than 2,400 nurses are injured by lifting their patients. Most of the injuries are debilitating and cause the nurse to lose work time and money. If the patient is of a larger size and the nurse smaller, it can be a real challenge to safely move them about.

How Robotics And AI Are Improving Nursing Care?

Advancements in health technology are making it easier for nurses to obtain comprehensive training, work more efficiently, and in turn provide better care.

•Virtual reality simulations

Can help train nurses to respond more effectively in emergency situations, such as when patients are in cardiac arrest.

•Robot "assistant"

Can now perform routine nursing tasks such as measuring vital signs, allowing nurses to focus more of their time on treatment.

•Artificial intelligence tools

Are Automating the process of collecting and analyzing medical data in real time, helping infection, and anticipate risk Factors.

CONCLUSION

It is vital to agree that new Nursing technologies have changed the Nursing industry by creating safer, efficient, and improved health care services. However, even through nursing technologies continues to advance some of the fundamentals of health care will remain. These principles include supporting patient monitoring the healing process of patient, and most significantly providing them with care as human beings. As new technologies continue to emerge, Nurses will have to embrace the benefits as well as challenges that come along with them.

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Mr. Sumit Kumar,
(B.Sc Nursing III Year)

SURVIVING THE FIRST YEAR OF MY COLLEGE

College is a place where we can go to study after leaving the secondary school. After leaving secondary school there were many fears, doubts in my mind regarding college. First-year of college is crucial because it's the phase when we move from school life to an upper stage. College is a different environment with new life style, where we have to study more, get notes by ourselves and the study materials are also more intensive. This is why the first year at college can be a bit tough.

The first thing that can be difficult to adapt is the hostel. For the first time I am staying away from my parents. Like me, many of my friends also fail to live this experience because they get scared when they find themselves new in this society. However, to survive the first year, we should be social and get engaged with people like talking to classmates, teachers, and people on the campus. This helps to get rid of anxiety, get to know the environment and to get an idea about the courses. Find time to study, relax, exercise, sleep and socialize.

After passing two months in my first year, I came to know that this course is not all about class rooms studying and lab sessions. It's the involvement of curricular and co curricular events. Getting involved in college events is absolutely helpful. It shows the active participation and enthusiasm. Never think that in nursing we can skip classes and get good marks in exams. All the subjects are interconnected, if we miss any one subject it will be difficult for us to relate with others. So it is very important to attend classes regularly and submitting assignments on time. It shows our punctuality and the determination to study hard.

Likewise clinicals are also important. We should be very careful and polite with the patients. First time in clinicals I was assigned a patient with cirrhosis of liver and I have to check the vitals of the patient. The patient was restless because of ascitis, I went to the patient and told him I am going to check your temperature, pulse and respiration. The patient was very restless and he did not allow me to take his vitals. I did all my other works in the ward and my duty timing were over. Next day, I went to him, smiled and asked how are you feeling now, had your breakfast? Then he answered me. And shared his history with me. Patients love talking with nursing students because they may not be able to interact with other health care team members. They really love the attention that we provide to them. It is truly life-changing one.

The first year of my college life was very interesting with many ups and downs, but I had many new learnings, got new friends and many more.



Krishna Kant
(B.sc Nursing III Year)

EVOLUTION AND HISTORY OF MEDICAL SURGICAL NURSING

1.Father of Medical Surgical Nursing.



Sushruta

2.Famous Nurse in the world.



Florence Nightingale

3.Famous Medical Surgical Nurse Educator.



Credits: www.history.museum and as.uk/biographies/Nightingale.html

4.First Black Nurse.



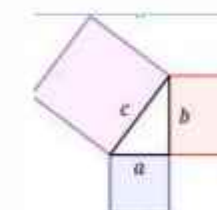
Mary Eliza Mahoney

5.Father of Medicine.



Hippocrates

6.PythagoreanTheory.



Pythagorean Theory

7.First Medicine.



Morphine



Aniket Jiwane,
(PBBSc I Year)

IMPORTANCE OF LAMP LIGHTING IN NURSING

Nursing care as a source of reliability, Good will, warm regardless time and place. It is an international symbol of nursing. It symbolizes a lit lamp used by Ms. Florence Nightingale while caring for injured soldiers during the Crimean War resembles the uniqueness of nursing profession.

The lamp lighting ceremony held as a tribute to Ms. Florence Nightingale. "The Lady with the Lamp". It is an auspicious occasion in every nurse's life. The lamp lighting ceremony formally declares the student's entry into the nursing profession. Every budding nurse student has to be made to understand the importance of nursing care.

The attitude the nursing students should develop towards nursing the sick and the commitment in caring the humanity as a whole to provide nursing services for which skill development and adequate training is the foundation.

"No man, not even a doctor, ever gives any other definition of what a nurse should be than this devoted and obedient. I attribute my success to this. I never gave or took any excuse. I think one's feeling waste themselves in words, they ought all to be distilled into action which bring results. The very first requirement in a hospital is that it should do the sick no harm. To understand God's thought, one must study statistics. The measure of its purpose. There is no part of my life upon which I look back without pain". -Ms. Florence Nightingale

The Lamp was a symbol of the care and devotion, the nurse administers to the injured and sick during her/his practice as a nurse. Today the lamp is also a representation of Nightingale's "Round at Night" and her dedication to her patients and the field of Nursing. The lighting of the lamp by nursing instructors symbolizes the knowledge that is passed from instructor to budding nurses.



Krishna Kant
(B.sc Nursing III Year)

EMPOWERMENT OF WOMEN CAN REDUCE ATROCITIES ON THEM

"It has been well said by Swami Vivekananda: There is no chance for the welfare of nation until the condition of woman is improved. It is not possible for a bird to fly on only one wing.

'Every now and then we come across news related to atrocities on woman. At that moment we feel pity for the victim. But on the very next moment, we forget what had happened. We forget the same mistake of ignoring those incidents. Are we waiting for our turn to come?

It is crystal clear that empowering the girl child to lot of extent can reduce atrocities on them.

Today in this jet age where man has reached moon and is sending rockets and satellites in space, doctors are experimenting on operating distant patients through internet.

We are still facing problems related to women.

It is said by society that girls are no way inferior to boys.

But are they not getting what they deserve from their society?

A whole range of discriminatory factors including female feticide, female infanticide, early marriage, dowry, death, acid attacks, domestic violence, etc.

There is no doubt that women have played very important role in nation building but still some people are not in favour to give them due powers. The example is that woman reservation bill for 30% reservation for woman in state assemblies and parliament has not been made "law" so far.

Women Empowerment is not a thing to be brought about by enforcement of any law. It has to come from within. Simply doing hunger strike and candle marches will not change the force.

If we really want to contribute something to our society to women, will help to upgrade the morality of younger generation so that they can learn to respect women.

On the other hand, women also should have very much confidence about their position in the society.

Please Don't sit with a begging bowl for the men folk to throw some crumbs of reservation.

Your greatest self has been waiting for you whole life.

Don't make it wait any longer be the first one to raise voice against the atrocities on you.

Men who see Women as inferior must not forget "A hand that rocks the cradle can rule the world as well"

"Wake Up!"



Mr. Hritik Jain,
(B.Sc Nursing III Year)

BRUSH UP NURSING

NURSING TERMINOLOGY.

DIAGNOSIS

Blood pressure (BP): Blood pressure measures the amount of force placed on a patient's artery walls with each heartbeat. This is one of the standard vital signs nurses monitor for patients.

Chart: The medical documentation that follows a patient throughout a healthcare facility. It includes medical history, diagnosis, test results, dosage and timing of medications, and other relevant information.

Code blue: A medical emergency, often cardiac arrest, that requires immediate attention from a team of healthcare providers. Healthcare workers may shorten code blue to "coding."

Vital signs: Basic indicators of a patient's health that typically includes heart rate, respiratory rate, body temperature, pain level and blood pressure.

NURSING ACRONYMS

ABC: This is the simple way to remember "airway, breathing, circulation," which is the order in which nurses assess and prioritize a patient who is unresponsive or unconscious.

CAB: Following the CAB acronym helps nurses remember "chest compressions, airway and breathing" as the correct order for performing CPR.

CPR: Cardiopulmonary resuscitation is an emergency procedure commonly used when a patient has stopped breathing.

DNR: Do Not Resuscitate is an end-of-life health directive given by patients who do not wish to be revived if they stop breathing or go into cardiac arrest.

COMMON MEDICAL TESTS AND PROCEDURES

CT scan: An imaging procedure that uses X-rays and computer technology to produce highly detailed images.

EKG: A test that checks for signs of heart disease (electrocardiogram).

IV therapy: An IV is used to deliver fluid, such as medication or rehydration fluids, directly into a patient's veins.

Spinal tap: Also called a lumbar puncture, this is a procedure that uses a needle to remove fluid from a patient's spinal column for diagnostic purposes.

Ultrasound: An imaging procedure that uses high-frequency sound waves.

Urinalysis: A common urine test that can detect and diagnose a variety of illnesses, such as urinary tract infections, or assess kidney function.

Vaccination: A minor medical procedure that reduces the risk of contracting and spreading contagious illnesses.

X-ray: An imaging procedure that uses electromagnetic waves, which is a type of radiation.

NURSING TOOLS

Catheter: Any flexible, hollow tube used in medical procedures; most often refers to a tube used to drain urine from the bladder.

Pulse oximeter: A small device that clips to a patient's finger or toe to measure the amount of oxygen in their blood. Nurses can often use a pulse oximeter to determine which patients need to take priority in an emergency department setting.

Sharps container: A hard plastic container used as a trash receptacle for any type of biomedical waste—anything that's been used to puncture human skin—such as needles or IV catheters.

Stethoscope: An audio device that allows nurses to hear a patient's pulse or take their blood pressure.

Tourniquet: A tight band used to control bleeding after an injury, surgery or other medical procedure.



Muskan Sahu,
(B.Sc Nursing III Year)

IDENTIFY THE PERSONALITY: PSYCHIATRY

1. Identify the founder of psychiatric nursing?



a) August Comte, b) Hildegard Peplau, c) Florence Nightingale

2. Identify the father of modern psychiatry?



a) Philippe Pinel, b) Wilhelm Wundt, c) Louis Pasteur

3. Identify the first mental health nurse?



a) Dorothea Orem, b) Virginia Henderson, c) Linda Richards

4. Identify the father of Indian Psychiatry?



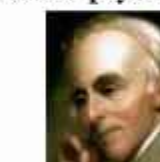
a) M. Sarada Menon, b) Dr. B.M. Hegde, c) Chanakya

5. Identify the first female psychiatrist?



a) Ida Jean Orlando, b) Helen Boylce, c) Martha Rogers

6. Identify the first psychiatric text book and was the father of American psychiatry?



a) Dr. B.R. Ambedkar, b) Dr. Benjamin Rush, c) Sir Joseph William Bore

7. Identify the father of psychoanalysis?



a) August Comte, b) Sushruta, c) Sigmund Freud

8. Identify the first psychiatric nursing textbook?



a) Sister Callista Roy, b) Faye Abdellah, c) Harriet Bailey

Note: Please check your answers on the answer key on the page Number...111



Kumari Alka,
(B.sc Nursing III Year)

GREAT PERSONALITIES IN THE FIELD OF NURSING

1. Who served as a nurse on the battlefields during the Crimean war but was discriminated against because of her skin colour?



Florence Nightingale, Philippe Pinel, Mary Jane Seacole

2. Who is the founder of the Frontier Nursing Service (FNS) after introducing her system during her work in Kentucky?



Mary Carson Breckinridge, Helen Fairchild, Virginia Lynch

3. Which English nurse cared for and helped soldiers escape during world war I and was eventually arrested by the Germans?



Edith Cavell, Margaret Sanger, Dorothea Dix

4. Who advocated for birth control in the early 1900s and later founded Planned Parenthood?



Virginia Henderson, Margaret Sanger, Lillian Wald

5. Also known as the "Lady with the Lamp" who served as a nurse during Crimean war and later opened the first nursing school?



Hazel Johnson Brown, Florence Nightingale, Edith Cavell

6. Who was the founder of American Red Cross?



Lillian Wald, Clara Barton, Pearl McIver

7. Who is known as the "first lady of nursing" and created a detailed list of when nurses are needed?



Hazel Johnson Brown, Florence Nightingale, Edith Cavell

8. Who was an early advocate and pioneer of forensic nursing and is sometimes called the "Mother of Forensic Nursing"?



Helen Boyle, Virginia Lynch, Helen Fairchild

9. Who was the first African American nurse and co-founded the national association of colored graduate nursing?



Florence Blake, Martha Minerva Franklin, Mary Carson

10. A nurse who earned the nickname "Angel of the battlefield" during the civil war?



Dorothea Dix, Clara Barton, Linda Richards

Note: Please check your answers with the answer keys given at page number....111



Komal Barmarshe,
(B.sc Nursing III Year)

IDENTIFY THE PERSONALITY: NURSING FOUNDATION

1. Who gave the theory that involves care and helps through which the client attains total self care is?



Pearl McIver,



Florence Nightingale,



Virginia Henderson

2. Nursing theorist who explained the nurse patient relationship concepts like orientation, identification, exploitation and resolution?



Hildegard Peplau,



Clara Barton,



Edith Cavell

3. A system model that focus on the response of the client system to actual or potential environmental stressors was developed by:



Betty Neuman,



Pearl McIver,



Virginia Henderson

4. Four conservation principles, energy, structural integrity, personal integrity and social integrity was described by:



Myra Estrin Levine,



Florence Nightingale,



Edith Cavell

5. The "Humanistic science of nursing" was explained by:



Carl Rogers,



William Wundt,



Sigmund Freud

Note: Please check your answers with the answer keys given at page number....112



Poonam Dwivedi,
(B.Sc Nursing III Year)

COMMUNITY HEALTH NURSING

1. Who founded Community health nursing ?



Lillian Wald,



Florence Nightingale,



Pearl McIver

2. Who is the father of Community health nursing ?



Saul Alinsky,



Sigmund Freud,



William Wundt

3. Who is the Director-General of the World Health Organization since 2017 ?



Tedros Ghebreyesus,



Henrietta Fore,



Gail J. McGovern

4. Who is known as father of Modern Epidemiology ?



John Snow,



Sigmund Freud,



Carl Rogers

5. Social medicine was first introduced by :-



Joseph Lister,



Edward Jenner,



Jules Guerin

Note: Please check your answers with the answer keys given at page number....112



Hariom Dangi,
(B.Sc Nursing II Year)

ASPECTS OF MICROBIOLOGY

1. The oldest eukaryotic organisms are considered to be.....

- a) Diplomonads like Giardia
- b) Archaea
- c) Fungi
- d) Animals

2. The phospholipids present in cytoplasm membrane of eubacteria is mainly.....

- a) Phosphoglycerides
- b) Polyisoprenoid
- c) Phospholipoprotein
- d) None of these

3. Which were the investigators lived at the same time?

- a) Koch and Pasteur
- b) Darwin and Woese
- c) Van Leeuwenhoek and Ricketts
- d) Berg and Hooke

4. Mycoplasmas are different from the other prokaryotes by.....

- a) Presence of chitin in cell walls
- b) Presence of murein in cell walls
- c) Presence of proteins in cell walls
- d) Absence of cell wall itself

5. Gram stain was introduced by.....

- a) Christian gram
- b) Alfred gram
- c) Robert cook
- d) Louis Pasteur

6. Which of the following is considered the most unifying concept in biology?

- a) Taxonomy
- b) Anatomy
- c) Genetics
- d) Evolution

7. Various bacterial species can be subdivided into.....

- a) Subspecies
- b) Biovarieties
- c) Serovarieties
- d) All of the above

8. Mycoplasmas, rickettsia and chlamydiae are.....

- a) Types of fungi
- b) Small bacteria
- c) Species of protozoa
- d) Forms of viruses

9. Which of the following structure is absent in eukaryotic cells?

- a) Mitochondria
- b) Chloroplasts
- c) Golgi structure
- d) Mesosomes

10. Which one is not studied in microbiology?

- a) Bacteria
- b) Animal behaviour
- c) Fungi
- d) Algae

Note: Please check your answers with the answer keys given at page number....113



Neeraj Kumar,
(B.Sc Nursing II Year)

Cardiovascular System

- The first branch of the human aorta is.....
 - Left subclavian artery
 - Brachiocephalic artery
 - Coronary artery
 - Left common carotid artery
- Hepatic portal system originates from
 - Kidney
 - Diaphragm
 - Liver
 - Different parts of the alimentary canal
- Least blood pressure is present in
 - Aorta
 - Capillary
 - Vein
 - Vena cava
- The function of the spleen in adults is
 - Phagocytosis of old RBCs
 - Secretion of hormones
 - Formation of blood
 - Development of macrophage
- A person has blood group A means he/she has.....
 - A antigen in RBC
 - A antigen in Plasma
 - B antigen in RBC
 - B antigen in Plasma
- A person has blood group B means she / he has
 - A antigen in RBC
 - A antigen in Plasma
 - B antigen in RBC
 - B antigen in Plasma
- Extracellular fluids are rich in the following except.....
 - K⁺
 - HCO₃
 - Na⁺
 - Ca²⁺
- The velocity of flow in blood vessels is determined by.....
 - Calibre of blood vessels
 - Viscosity of blood
 - Pressure difference between two ends of blood vessels
 - All listed
- The left border of the heart is formed by.....
 - Right ventricle
 - Left atrium
 - Left atrium and left ventricle
 - Left ventricle
- Immunoglobulin which crosses placenta is
 - IgG
 - IgD
 - IgM
 - IgE



- For blood clotting fibrinogen is changed into fibrin with the help of.....
 - Thrombin
 - Platelets
 - Vitamin K
 - Antithrombin
- A blood clot inside the blood vessels is known as.....
 - Thrombus
 - Fibrinolysis
 - Thrombosis
 - Clot
- The thickest layer in the heart is.....
 - Endocardium
 - Myocardium
 - Epicardium
 - Pericardium
- What among these does not open in the right atrium ?
 - Middle cardiac vein
 - Anterior Cardiac Vein
 - Superior vena cava
 - Coronary Sinus
- What is the function of platelets ?
 - Aid in coagulation of blood
 - Digest Bacteria
 - Carry haemoglobin
 - Transport CO₂
- The uterine artery is a branch of
 - Common iliac artery
 - External iliac artery
 - Internal iliac artery
 - Descending aorta
- Which of the following vitamin has the closest relationship with blood.....
 - A
 - D
 - K
 - E
- The blood grouping is important for
 - Diagnosis of blood disease
 - Blood transfusion
 - Detection of AIDS
 - Blood donation
- Aorta pierces the diaphragm at the level of.....
 - T8
 - T12
 - T10
 - C6
- Bleeding can be due to all of the following causes except.....
 - Deficiency of white blood cells
 - Decrease in calcium
 - Thrombocytopenia
 - Deficiency of coagulation factor

Note: Please check your answers with the answer keys given at page number....113



Bhumeeksha H. Shreshtha
(GNM II Year)



Vikas Khelwal,
(GNM II Year)

MCQ: Cardiovascular Diseases

1. Which of the following is the most common primary tumor of heart in adults?

- a) Myxoma
- b) Rhabdomyoma
- c) Fibroma
- d) Hemangioma

2. Most common tumor of the cardiac valve is:

- a) Lipoma
- b) Papillary fibroelastoma
- c) Sarcoma
- d) Cardiac metastasis

3. The most common cause of death of patients with myocardial infarction is:

- a) Cardiogenic shock
- b) Arrhythmia
- c) Cardiac free wall rupture
- d) Constrictive pericarditis

4. Pulmonary hypertension is most severe in which untreated valvular disease?

- a) Pulmonary stenosis
- b) Aortic stenosis
- c) Mitral stenosis
- d) Mitral insufficiency

5. Which of the following is most commonly associated with an increased risk for the development of torsades de pointes?

- a) Decreased PR interval
- b) Decreased QRS duration
- c) Increased QT interval
- d) U waves

6. Which congenital heart disease is most likely to have hypertrophic and dilated bronchial arteries as a compensatory mechanism?

- a) Tetralogy of Fallot
- b) Aortic Stenosis
- c) Atrial Septal Defect
- d) Ventricular Septal Defect

7. Atherosclerosis means:

- a) Dilatation of arteries
- b) Softening of arteries
- c) Hardening of arteries
- d) None of these

8. What is Dextrocardia?

- a) Heart situated in the right side
- b) Heart situated below diaphragm
- c) Heart situated above the sternum



d) Heart rate is abnormal

9. Intra Aortic Balloon Pump (IABP) is most often used in the management of:

- a) Congestive heart failure
- b) Cardiogenic shock
- c) Pulmonary edema
- d) Aortic insufficiency

10. Treadmill test and stress test are used to detect:

- a) Congestive heart failure
- b) Arrhythmias
- c) Myocardial Infarction
- d) Ventricular Septal Defect

11. Which of the following blood tests is most indicative of cardiac damage?

- a) Lactate dehydrogenase
- b) Complete blood count
- c) Troponin I
- d) Creatine kinase

12. After an anterior wall myocardial infarction, which of the following problems is indicated by auscultation of crackles in the lungs?

- a) Left sided heart failure
- b) Pulmonic valve malfunction
- c) Right sided heart failure
- d) Tricuspid valve malfunction

13. Which of the following classes of medications maximizes cardiac performance in clients with heart failure by increasing ventricular contractility?

- a) Beta-adrenergic blockers
- b) Calcium channel blockers
- c) Diuretics
- d) Inotropic agents

14. Which of the following heart muscle disease is unrelated to other cardiovascular diseases?

- a) Cardiomyopathy
- b) Coronary Artery Disease
- c) Myocardial Infarction
- d) Pericardial effusion

15. Which of the following actions is the first priority of care for a client exhibiting signs and symptoms of coronary artery disease?

- a) Decrease anxiety
- b) Enhance myocardial oxygenation
- c) Administer sublingual nitroglycerin
- d) Educate the client about his symptoms

Note: Please check your answers with the answer keys given at page number...113

**Raj Gahlot,**

(B.Sc Nursing II Year)

RESPIRATORY SYSTEM

1. **Asthma is caused due to inflammation of.....?**
 - a. Bronchi and bronchioles
 - b. Alveoli
 - c. Trachea
 - d. Pharynx
2. **Which of the following diseases can be found in workers working in a mill?**
 - a. Emphysema
 - b. Occupational respiratory disorders
 - c. Bronchitis
 - d. Asthma
3. **Low oxygen supply to tissue is scientifically known as.....**
 - a. Bronchitis
 - b. Emphysema
 - c. Asphyxia
 - d. Hypoxia
4. **Cigarette smoking causes.....**
 - a. Bronchitis
 - b. Fibrosis
 - c. Emphysema
 - d. Asthma
5. **Swelling and itching in bronchi is a symptom of.....**
 - a. Bronchitis
 - b. Asthma
 - c. Fibrosis
 - d. Asphyxia
6. **Emphysema is marked by.....**
 - a. Inflammation of nasal passage
 - b. Twisting of trachea
 - c. Filling of mucus in lungs
 - d. Damage of alveolar walls
7. **What changes may be observed due to increase in carbon dioxide and hydrogen ions body?**
 - a. Decrease in breathing rate
 - b. Increase in breathing rate
 - c. No change in breathing rate
 - d. Increase in lung volume
8. **Suffocation is caused due to**
 - a. Increase in carbon dioxide
 - b. Decrease in oxygen
 - c. Decrease in hydrogen ions
 - d. Increase in oxygen
9. **What causes increase in respiratory rate?**
 - a. Increase in body temperature
 - b. Decrease in carbon dioxide
 - c. Decrease in blood pressure
 - d. Increased oxygen
10. **Fibrosis may be caused due to.....**
 - a. Cigarette smoking
 - b. Snoring



- c. Inflammation of alveoli
 - d. Dust particles
11. **Trachea bronchi and bronchioles are all supported by.....**
 - a. Incomplete cartilaginous rings
 - b. Complete cartilaginous rings
 - c. Cartilaginous rings
 - d. Bones
12. **In which respiratory part does the diffusion of gas take place?**
 - a. Alveoli
 - b. Bronchi
 - c. Bronchioles
 - d. Trachea
13. **At which thoracic vertebrae does the trachea branch?**
 - a. Sixth
 - b. Fourth
 - c. Fifth
 - d. Second
14. **How is COPD treated?**
 - a. Bronchodilators
 - b. Inhaled corticosteroids
 - c. Supplemental oxygen
 - d. All of the above
15. **In earthworms the process of respiration is through**
 - a. Skin
 - b. Head
 - c. Lung
 - d. Pores on its anterior end

Note: Please check your answers with the answer keys given at page number....113



Nancy Yadav,
(B.Sc Nursing II Year)

MCQ: ART OF NURSING PROCESS

1. The systematic problem solving approach toward providing individualized nursing care is known as:
 - a) Nursing care plan
 - b) Nursing process
 - c) Nursing practice act
 - d) Nursing method
2. _____ is performed to identify a life threatening problem.
 - a) Initial assessment
 - b) Focus assessment
 - c) Emergency assessment
 - d) Critical assessment
3. Information verbalized or stated by the client is:
 - a) Objective data
 - b) Subjective data
 - c) Visible data
 - d) Observed data
4. Name the assessment process that collects data about a problem that has already been identified and determines if the problem still exists.
 - a) Focus assessment
 - b) Initial assessment
 - c) Emergency assessment
 - d) Non-invasive assessment
5. Certain physiologic complications that nurses monitor to detect their onset or changes in the patient's status:
 - a) Variance
 - b) Collaborative problem
 - c) Clustered syndrome
 - d) Signs of death
6. Constipation related to insufficient fluid intake manifested by increased abdominal pressure. What is the defining characteristic?
 - a) Constipation
 - b) Insufficient fluid
 - c) Increased abdominal pressure
 - d) Related to
7. After establishing a database and before the identification of nursing diagnosis, what does a nurse do?
 - a) Documentation of database
 - b) Analysis of database
 - c) Filing of database
 - d) Acquiring a database of information
8. The nurse is monitoring the client's laboratory values. Which laboratory report is diagnostic for a Urinary Tract Infection (UTI)?
 - a) Hemogram
 - b) Urinalysis



- c) Urine culture
- d) Metanephries

9. When planning nursing care for a client, objectives should be SMART (Specific, measurable, action-oriented, realistic and timely). Which example best describes an outcome that is measurable?

- a) The client will verbalize feelings about her diagnosis
- b) The client will ambulate to the end of the hallway within 2 days
- c) The client will have control of his back pain
- d) The client's family will agree to the methods of treatment

10. The result of a nursing assessment is:

- a) Prescription of treatment
- b) Documentation of the need for a referral
- c) Client's physiologic status
- d) Formulation of nursing diagnosis

Note: Please check your answers with the answer keys given at page number..113



Simran Bamniya,
(B.Sc Nursing II Year)



Suhani Meena,
(B.Sc Nursing II Year)

PHARMACOLOGY AT A GLANCE

1. Which is an example of absorbable suture?

- a) Silk
- b) Catgut
- c) Nylon
- d) Linen

2. Which of the following drug is used in bipolar disorder?

- a) Imipramine
- b) Chlorpromazine
- c) Haloperidol
- d) Sodium Valporate

3. What is the action of Vinca?

- a) Expectorant
- b) Antiemetic
- c) Anti Malaria
- d) Antineoplastic

4. Which of the following is a minor tranquilizer?

- a) Risperidone
- b) Lithium
- c) Lorazepam
- d) Fluoxetine

5. Which of the following drug is used in methanol poisoning?

- a) Disulfiram
- b) Rabepazole
- c) Clothrimazole
- d) Fomepizole

6. In which condition the Cinnarizine is used?

- a) Vertigo
- b) Peptic ulcer
- c) Pain
- d) Cough

7. Most drugs have a molecular weight between:

- a) 1-10
- b) 10-100
- c) 100-500
- d) Greater than 500

8. The rate of drug absorption is greatest in:

- a) Stomach
- b) Large intestine
- c) Gallbladder
- d) Small intestine

9. Which one of the following analgesic drug lacks anti-inflammatory action?

- a) Piroxicam
- b) Diclofenac sodium
- c) Paracetamol
- d) Ibuprofen

10. What is the chemical name of aspirin?

- a) Acetic Salicylic Acid



- b) Acetyl Salicylic Acid
- c) Acetone Salicylic Acid
- d) Amide Salicylic Acid

11. An example of a synthetic narcotic includes all the following except:

- a) Dilaudid
- b) Leritine
- c) Morphine
- d) Talwin

12. Which of the following is not an example of opioid?

- a) Nalorone
- b) Pethidine
- c) Heroine
- d) Morphine

13. Antibiotics are used or administered for the purpose:

- a) To relieve Pain
- b) To reduce edema
- c) To Prevent infection
- d) To Relieve Fever

14. Persistent dry cough and hyperkalemia are side effects associated with which of these drugs:

- a) ACE inhibitors
- b) PDE 5 Inhibitors
- c) Nitrates
- d) Loop Diuretics

15. Pernicious anemia results from the deficiency of which of these vitamins?

- a) Vitamin C
- b) Vitamin D
- c) Vitamin B12
- d) Vitamin B9

16. Which of these drugs is an effective treatment option for patients with gonorrhea?

- a) Ceftriaxone
- b) Cefazolin
- c) Cefpodoxime
- d) Cefdinir

17. Which of the following drugs works as a protease inhibitor?

- a) Bortezomib
- b) Nilotinib
- c) Infliximab
- d) Filgrastim

18. N-acetyl-P-benzoquinone imine levels rise in response to what state of drug toxicity?

- a) Codeine
- b) Acetazolamide
- c) Acetaminophen
- d) Diazepam

19. All these antihypertensive drugs are safe in pregnancy except:

- a) Labetalol
- b) Ramipril
- c) Nifedipine
- d) Mehtyldopa

20. Which of these drugs is an effective treatment option in patients with Familial Mediterranean Fever (FMF)?

- a) Siponimod
- b) Azathioprine
- c) Methotrexate
- d) Colchicine

21. Pyridoxine is an effective antidote for which of the following drugs?

- a) Methotrexate



- b) Aniticholinergics
- c) Isoniazid
- d) Benzodiazepines

22. According to the Vaughan-williams classification of antiarrhythmic drugs, which class works as potassium-channel blockers?

- a) Class I
- b) Class II
- c) Class III
- d) Class IV

23. Levodopa- Carbidopa absorption is reduced when taken with meals high in which nutrient?

- a) Carbohydrates
- b) Protein
- c) Fat
- d) Minerals

24. Which of these drugs should be avoided 48-hours before/after use of IV contrast media?

- a) Phenytoin
- b) Metformin
- c) Voriconazole
- d) Pyridostigmine

25. All these drugs are classified as SSRIS except:

- a) Escitalopram
- b) Sertraline
- c) Venlafaxine
- d) Fluvoxamine

Note: Please check your answers with the answer keys given at page number....113



Sanjay Malviya
(B.Sc Nursing II Year)

MCQs: Multimedia - Birth of New Techniques in Nursing

1. Which one of the following is appropriate in respect of teacher student relationship?

- a) Very informal and intimate
- b) Limited to classroom only
- c) Cordial and respectful
- d) Indifferent

2. For optimizing learning outcomes which of the following factors have been identified as most effective in terms of research evidence in the global context?

- a) Home related factors
- b) School related factors
- c) Teacher related factors
- d) Supplementary technological devices related factors

3. Which of these is a planned performance of an occupational skill, scientific principle or an experiment?

- a) Jigsaw method
- b) Problem solving
- c) Synthetic method
- d) Demonstration

4. Which method is required to teach an occupational skill?

- a) Group discussion method
- b) Didactic method
- c) Demonstration method
- d) Analytical method

5. Which of the following is a project aid?

- a) Blackboard
- b) Globe
- c) Diorama
- d) Epidiascope

6. are useful for working on and displaying flannel graph?

- a) English
- b) Word
- c) Card board
- d) Board

7. Which of the following is NOT an audio- visual aids and used by a teacher in classroom for teaching learning process?

- a) Television
- b) Films
- c) Computer assisted instructions
- d) Graphs

8. A sequence of chart bound together by a ring, hook or a bracketed is called:

- a) Flannel board
- b) Flip chart
- c) Posters
- d) Graphs

9. Which type of models are used to explain the process involved?



- a) Working models
- b) Replica models
- c) Specimens
- d) Photographs

10. What is most important while writing on blackboard?

- a) Good writing
- b) Clarity in writing
- c) Writing in big letters
- d) Writing in small letters

11. The use of teaching aids is justified on the grounds of:

- a) Attaching students' attention in the classroom
- b) Minimizing indiscipline problems in the classroom
- c) Optimizing learning outcomes of the students
- d) Effective engagement of students in the learning task

12. What is the use of audio visual teaching aids:

- a) Student become active in classroom learning
- b) Teacher becomes active in teaching
- c) Teaching becomes effective
- d) All of the above

13. The selection of teaching aid depends largely on the:

- a) Age of the student
- b) Interest of the student
- c) Age and motivation of student
- d) Educational level and age of student

14. Which of these is not the characteristics of good teaching aid?

- a) It should be very small
- b) It should be accurate in every respect
- c) It should be easy portable
- d) It should be up to date

15. Time should be used to:

- a) Make teaching more useful
- b) Make teaching impressive
- c) Provide concrete examples
- d) Facilitate learning

Note: Please check your answers with the answer keys given at page number....113



Ramlakhan Yadav
(B.Sc Nursing II Year)

MCQS: AIDS- THE LIFE-THREATENING ILLNESS

1. AIDS was first reported in?

- a. Russia
- b. France
- c. Germany
- d. USA

2. AIDS can be transmitted by following means?

- a. Blood transfusion
- b. Courtship
- c. Infected needles
- d. All of the above

3. AIDS is caused by:

- a. Blood cancer
- b. Human T-Cell leukaemia virus
- c. Bacterium
- d. Human Immunodeficiency Virus (HIV)

4. HIV virus has a protein coat and a genetic material which is?

- a. Double stranded DNA
- b. Single stranded RNA
- c. Double stranded RNA
- d. Single stranded DNA

5. What kind of disease AIDS is?

- a. Endemic
- b. Epidemic
- c. Pandemic
- d. Sporadic

6. HIV belongs to which of the following families of virus?

- a. Provirus
- b. Lentivirus
- c. Togavirus
- d. Adenovirus

7. The causative agent for AIDS was first of all identified in 1984 and was named as?

- a. HIV-1
- b. HIV-2
- c. LAV
- d. HTLV III

8. The confirmatory test used to diagnose AIDS is?

- a. ELISA
- b. Western blot
- c. ESR
- d. PCR

9. AZT is used for the treatment of?

- a. Malaria
- b. AIDS
- c. Whooping cough
- d. Kala azar

10. When was HIV first recognised in US?

- a. 1970



- b. 1975
- c. 1981
- d. 1986

11. Which of these is a symptom of HIV infection?

- a. Swollen lymph nodes
- b. Fever
- c. Tiredness
- d. All of the above

12. HIV attacks a certain kind of cell in the immune system what is it?

- a. Red blood cells
- b. White blood cells called T cells
- c. Platelets
- d. Epithelial cells

13. What is the best way to protect yourself against HIV?

- a. Get yourself vaccinated for HIV
- b. Use birth control pills
- c. Use a latex condom during sexual intercourse
- d. Both B and C

Note: Please check your answers with the answer keys given at page number...113



Mohini Kanarjee
(B.Sc Nursing II Year)

MCQS: SIGNS: ASSESSING VITALS

1. The average oral Fahrenheit temperature is:

- a. 95.8 degree
- b. 98.6 degree
- c. 101.4 degree
- d. 103.6 degree

2. The health care worker who is responsible for taking vital signs is the:

- a. Nursing assistant
- b. Charge nurse
- c. Physician
- d. Team leader

3. If a patient has been drinking hot coffee how long should you wait before taking the temperature orally?

- a. 5 min
- b. 20 min
- c. 15 min
- d. 30 min

4. Which site would you select for taking the temperature of an unconscious patient?

- a. Oral
- b. Rectal
- c. Axillary
- d. Groin

5. How frequently should vital signs be assessed for the most seriously ill or injured patients in order to properly assess trending component?

- a. Every 2 min
- b. Every 5 min
- c. Every 10 min
- d. Every 15 min

6. What are the 4 main vital signs?

- a. B.P. 02 stat, temp, pulse
- b. B.P. resp, temp, pulse
- c. B.P. resp, temp, 02 stat
- d. B.P. resp, pulse, pain

7. Hypotension is blood pressure that is less than:

- a. 90/60 mm Hg
- b. 100/70 mm Hg
- c. 120/80 mm Hg
- d. 140/90 mm Hg

8. Temperature is the:

- a. Measurement of core body heat
- b. Measurement of balanced body heat
- c. Measurement of heat loss of body
- d. None of the above

9. What is the colour of rectal probe?

- a. Blue
- b. Green
- c. Red
- d. Yellow



10. Which of the below is an example of vital signs?
- Blood pressure
 - Temperature
 - Pulse, breathing
 - All of the above

Note: Please check your answers with the answer keys given at page number...113



Sukun Sneha
(B.Sc Nursing II Year)

PHYSIOLOGICAL ACTIVE SUBSTANCE : AUTOCOIDS

- Which of the following is a drug used to decrease prolactin hormone from pituitary by stimulating d2 receptor?
 - Clemastine
 - Bromocriptine
 - Ergometrine
 - Losartan
- Which of the following is a hormone produced from serotonin?
 - Testosterone
 - Growth hormone
 - Vasopressin
 - Melatonin
- A 40 year old male with a diagnosis of moderate to severe asthma is placed on zileuton, what is the mechanism of action of zileuton?
 - Inhibition of cytokine production
 - Inhibition of muscarinic receptor action
 - Inhibition of mediator release
 - Inhibition of leukotriene production
- A new born infant is being prepared for surgical repair of a patent ductus arteriosus, which of the following agents may be administered preoperatively?
 - Misoprostol
 - Alprostadil
 - Zafirlukast
 - Timolol
- Which of the following is a drug selective 5ht1a agonist used in insomnia?
 - Ketanserin
 - Pizotifen
 - Tegaserod
 - Buspirone
- Which of the following is a drug used to prevent nausea and vomiting associated with surgery and cancer chemotherapy by blocking 5ht3 receptor?
 - Lisuride
 - Gyproheptadine
 - Pizotyline
 - Ondanestron
- Sumatriptan succinate is effective for the treatment of acute migraine headaches by acting as:
 - An inhibitor of prostacyclin synthase
 - selective antagonist at histamine(h1) receptors
 - selective agonist at 5 hydroxytryptamine 1d (5htd) receptors
 - An antagonist at b1 and b2 adrenergic receptors
- Which of the following is antihistaminic pro drug when administrated with inhibitors cause arrhythmia?
 - Fexofenadine
 - Levocetirizine
 - Terfenadine
 - Cetirizine
- Which of the following is an antihistaminic drug used in Meniere's disease?
 - Clemastine
 - Hydroxyzine
 - Meclizine
 - Betahistine



10. Which of the following is an antihistaminic drug used in insomnia due to strong sedative effects?

- a. Mizolastine
- b. Loratadine
- c. Activastine
- d. Doxycimine

11. Which of the following is an h2 receptor antagonist with anti-androgenic effects?

- a. Betahistine
- b. Ranitidine
- c. Cimetidious
- d. Cetrizine

12. A 29 old female has a 10 year history of migraine headaches. She can usually sense onset. Which of the following agents is the drug of choice for countering acute onset of her headaches?

- a. Methysegide
- b. Ergotamine
- c. Pseudoephedrine
- d. Propanolol

13. Which of the following is a substance released from mast cell during anaphylactic reaction?

- a. Cytokines
- b. Leutotrienes
- c. Histamine
- d. All sections

14. Which of the follwing is an h2 receptor antagonist?

- a. Sumtraiptan
- b. Cyproheptadine
- c. Ondansectron
- d. Cimetidine

15. Antimetic agent with least side effects?

- a. Chlorpromazine
- b. Beauty rophenones
- c. Ondanestron
- d. Diphenylramine

Note: Please check your answers with the answer keys given at page number....113



Sumitra Bhuria
(B.Sc Nursing II Year)



Yashfeen Qureshi
(B.Sc Nursing II Year)

PSYCHOLOGY

1. Who is the Father of Psychology?

- a. Sigmund Freud
- b. William James
- c. Ivan Pavlov
- d. Wilhelm Wundt

2. Which of the following is the scientific method of psychology?

- a. Introspection Method
- b. Observation Method
- c. Experimental Method
- d. Interview Method

3. What is Introspection?

- a. SelfMotivation
- b. SelfObservation
- c. SelfInterest
- d. SelfLearning

4. Mental experiences operate on different level of awareness, the level that best portrays one's attitudes, feelings and desires in the:

- a. Conscious
- b. Unconscious
- c. Pre Conscious
- d. Fore Conscious

5. Which of the following deals with the study of how person's actions, feelings or thought are influenced by others?

- a. Social Psychology
- b. Clinical Psychology
- c. Educational Psychology
- d. Health Psychology

6. Which among the following is the basic unit of the nervous system?

- a. Brain
- b. Neuron
- c. Spinal Cord
- d. Axon

7. Which brain structure located in the center of the brain has a role in emotions?

- a. Cerebellum
- b. Limbic System
- c. Pituitary
- d. Caudate Nucleus

8. The following plays an important role in long term storage of information:

- a. Hypothalamus
- b. Thalamus
- c. Hippocampus
- d. Amygdala

9. How many chromosomes does a zygote contain?

- a. 2
- b. 23
- c. 46
- d. 92

**10. Attitudes are:**

- a. Innate
- b. Unlearned
- c. Acquired
- d. Learned

11. The basic emotional task for the toddler is:

- a. Trust
- b. Industry
- c. Identification
- d. Independence

12. The ability to tolerate frustration is an example of one of the function of the:

- a. Id
- b. Ego
- c. Superego
- d. Unconscious

13. A common type of perceptual error found in a psychiatric patient is:

- a. Illusion
- b. Hallucination
- c. Delusion
- d. Thought Disorder

14. The first stage of memory is:

- a. Encoding
- b. Storage
- c. Retrieval
- d. Imagination

15. The average IQ range is:

- a. 90-110
- b. 80-90
- c. 70-80
- d. Below 70

16. When the mental age of chronological age is same then IQ is:

- a. 95
- b. 98
- c. 110
- d. 100

17. The word "psychology" comes from:

- a. Latin
- b. Spanish
- c. Greek
- d. Italian

18. Psychology is defined as the scientific study of:

- a. People And Things
- b. Emotions And Beliefs
- c. Perception And Religion
- d. Mind And Behaviour

19. According to the text, the lower level of explanation corresponds to _____ process

- a. Social
- b. Cultural
- c. Biological
- d. Interpersonal

20. A psychologist exploring the impact of a new drug on activity in the brain is working on the level of:

- a. Lower
- b. Middle
- c. Upper
- d. All of the above

**21. Freud emphasized the role of _____ in shaping people's personality.**

- a. Free will
- b. Unconscious Desires
- c. Hormones
- d. Group Influence

22. Evolutionary psychology has its roots in:

- a. Behaviourism
- b. Collectivism
- c. Functionalism
- d. Structuralism

23. Most human behaviour:

- a. Can Be Easily Explained
- b. Has Multiple Causes
- c. Steps From Unconscious Desires
- d. Depends On Social Influence

24. Another term for reinforcement is:

- a. Stimulus
- b. Reward
- c. Response
- d. Condition

25. The behaviorists reject introspection because:

- a. It was too slow
- b. It invaded people's privacy
- c. It yielded too much
- d. It was too subjective

26. Watson and skinner both contributed to which school of psychology?

- a. Functionalism
- b. Cognitive
- c. Social-Cultural
- d. Behavioural

27. Which field of psychology would be most likely to study the influence of socialization?

- a. Personality
- b. Cognitive
- c. Clinical
- d. Social

28. A psychologist studying what makes people laugh in different countries around the world is working on the _____ level of explanation.

- a. Lower
- b. Middle
- c. Higher
- d. None of the above

29. Which Greek philosopher believed that knowledge is acquired through experience and learning?

- a. Archimedes
- b. Rousseau
- c. Plato
- d. Aristotle

30. Which of following was most closely associated with the structuralize school of psychology?

- a. Titchener
- b. James
- c. Descartes
- d. Watson

31. Freud championed _____ Psychology.

- a. Psychodynamic
- b. Cultural
- c. Conscious
- d. Biodynamic

Note: Please check your answers with the answer keys given at page number...113



Rohit kumar
(B.Sc Nursing II Year)

Community Health Nursing

1. _____ is not a characteristic of good teaching aid.
 - a. It should be very small
 - b. It should be accurate in every respect
 - c. It should be easily portable
 - d. It should be up to date
2. The selection of teaching aid depends largely on the:
 - a. Age of the student
 - b. Interest of student
 - c. Age and motivation of student
 - d. Educational level and age of student
3. Which of following is a partially 3d full size replica of scale model a landscape typically showing historical events, nature scenes etc for purpose of education or entertainment ?
 - a. Realia
 - b. Artifacts
 - c. Diorama
 - d. Globe
4. What is most important while writing on blackboard?
 - a. Good writing
 - b. Clarity in writing
 - c. Writing in big letters
 - d. Writing in small letters
5. _____ are useful for working on and displaying flannel graph.
 - a. English
 - b. Word
 - c. Card board
 - d. Board
6. _____ are models used to explain the process involved.
 - a. Working models
 - b. Replica models
 - c. Specimens
 - d. Photographs
7. Most effective teaching aid is:
 - a. Non projected
 - b. Direct experience
 - c. Projected
 - d. None of these
8. Time should be used to:
 - a. Make teaching more usefull
 - b. Make teaching impressive
 - c. Provide concrete examples
 - d. Facilitate learning



9. If teaching is viewed as a continuum, which of the following modality involves active give and take between the teacher and learner?
 - a. Training
 - b. Conditioning
 - c. Instruction
 - d. Indoctrination
10. Teaching of EVS while using audio visual aids it should keep in mind that:
 - a. It should be topic specific
 - b. It should be practically
 - c. It should related to principles / topic of daily life
 - d. Both a and b
11. In order to teach about various type of pulses in the classroom, which type of teaching aid or strategy should be used?
 - a. Charts containing pictures of different pulse
 - b. Real objects
 - c. Flash cards
 - d. Tape recorder
12. Use of audio visual aids helps in achieving the desired learning experiences in EVS. The main hindrance in using them for teaching EVS is:
 - a. Lack of training facilities for teachers
 - b. Cost of audio visual aids
 - c. Failure of electricity
 - d. All of the above
13. In teaching of evs a teacher has to teach about leaves of trees. The best method is:
 - a. Explaining the leaves and its function with the help of model
 - b. Explaining orally about the leaves
 - c. By giving lecture on leaves
 - d. by taking the student to garden
14. Which one of the following is appropriate in respect of teacher student relationship?
 - a. Very informal and intimate
 - b. Limited to classroom only
 - c. Cardial and respectfull
 - d. Indifferent

Note: Please check your answers with the answer keys given at page number...114



Meenu Yadav,
(B.Sc Nursing II Year)

Specimen Collection and Testing

1. What type of swabs are most commonly used for collection of specimens for bacteriological culture?
 - a. Cotton
 - b. Gauze
 - c. Dacron
 - d. Silk
2. Stool culture can be ordered to detect enteric pathogens such as:
 - a. Eschericia Coli
 - b. Paragoimus
 - c. Worms
 - d. Prions
3. How much amount of urine will be sufficient for the usual urine test?
 - a. 50-70 ml
 - b. 100 to 120 ml
 - c. 150 to 180 ml
 - d. 10-30 ml
4. Which type of container is used for collection of sputum and stool specimen?
 - a. Steel Cups
 - b. ACD tube
 - c. Plastic Cups
 - d. Waxline cups
5. Why preservatives are added to the urine?
 - a. To separate urea from urine
 - b. To prevent decomposition & multiplication of bacteria
 - c. To kill the bacteria present in urine
 - d. For oxidation of urea
6. Which test is used for sugar analysis?
 - a. Rothera's test
 - b. Smith's test
 - c. Ketone strip test
 - d. Benedict's test
7. A routine specimen should be collected at:
 - a. 7 am
 - b. First time when the client wakes
 - c. Anytime
 - d. Before a meal
8. Choose the possible consequences of thoroughly cleaning the venipuncture site before blood culture collection:
 - a. True pathogen is not detected in the presence of flora.
 - b. To minimize the amount of blood drawn from patient.
 - c. Blood will turn black.
 - d. Blood will smell like ketchup.
9. A sputum specimen is collected to determine problems in the:
 - a. Digestive system
 - b. Respiratory system
 - c. Excretory system
 - d. Lymphatic system
10. A stool that is black in color might indicate the presence of:
 - a. Bacteria
 - b. Plasma



- c. Dehydration
 - d. Blood
11. The maximum amount of time allowed between collection and separation of cells from plasma or serum is:
 - a. 30 minutes
 - b. 1 hour
 - c. 2 hours
 - d. 4 hours
12. A patient donating his/her own blood for future use is called:
 - a. Therapeutic donation
 - b. Voluntary donation
 - c. Autonomous donation
 - d. Autologous donation
13. Transport of bilirubin should be:
 - a. On Ice
 - b. In an amber-colored tube
 - c. In a pre-warmed tube with a heel warmer
 - d. No special transport measures are needed.
14. Which of the following specimens would automatically be rejected (QNS) if the tube is not filled completely?
 - a. A CBC in a purple tube
 - b. Electrolytes in red tube
 - c. Glucose in gray tube
 - d. Prothrombin in light blue tube
15. The most common light sensitive test is:
 - a. Lactic acid
 - b. ABG
 - c. Cryofibrinogen
 - d. Bilirubin

Note: Please check your answers with the answer keys given at page number..114



Nikita Sagar,
(B.Sc Nursing II Year)

OVERVIEW ON LYMPHATIC SYSTEM

1. What organ belongs to the lymphatic system?

- a. Heart
- b. Spleen
- c. Stomach
- d. Lungs

2. What is the shape of the lymph node?

- a. Oval
- b. Circle
- c. Semicircle
- d. Square

3. What is lymph made of?

- a. Red blood cells
- b. White blood cells
- c. Calcium
- d. Sodium

4. What does bone marrow do for the lymphatic system?

- a. Make red blood cells
- b. Make lymphocytes
- c. Support the body
- d. Metabolise lactic acid

5. What system does the lymphatic arise from in embryonic development?

- a. Digestive
- b. Integumentary
- c. Skeletal
- d. Circulatory

6. Where are most of the lymph nodes located?

- a. The neck, Armpit and groin
- b. The arms and legs
- c. Hands and feet
- d. The finger nails

7. Lymphocytes provide an adoptive or specific defense known as the:

- a. Phagocytic response
- b. Adoptive defense
- c. Immune response
- d. Inflammation of tissue

8. The primary function of the lymphatic system is:

- a. Circulation of nutrients
- b. The transport of hormones
- c. Circulation of gases
- d. Defending the body against both environmental hazards and internal threats

9. Most of the lymph returns to the venous circulation by:

- a. Right lymphatic duct
- b. Litzome chyli
- c. Hepatic portal vein
- d. Plural sinus

10. Small organs associated with lymphatic vessels are termed as:

- a. Lymphatic follicles
- b. Lymph nodes

- c. Axillary nodes
- d. Cisterne chyli

11. Which of the following would not be classified as a lymphatic structure?

- a. Pancreas
- b. Spleen
- c. Tonsils
- d. Peyer's patches of the intestine

12. The distal portion of the small intestine contains clumps of lymph follicles called:

- a. Islets of langerhans
- b. Peyer's patches
- c. Rugal
- d. Villi

Note: Please check your answers with the answer keys given at page number..114





Nelam Godiya ,
(B.Sc Nursing II Year)

RECAPITALATION OF NERVOUS SYSTEM

- Which of the following is the main thinking part of the human brain?
 - Hind- brain
 - Cerebrum
 - Mid- brain
 - None of the above
- Dendrites and Axon are part of which cell?
 - Red blood cell
 - Neuron
 - Nephron
 - White blood cell
- What controls the involuntary activities like coughing and sneezing?
 - Medulla
 - Brain
 - Pons
 - Cerebellum
- Centre for heat, touch, cold and pressure are in:
 - Frontal lobe
 - Occipital lobe
 - Parietal lobe
 - Frontal as well as occipital lobe both
- Which one of the following organs will not feel any pain on being pricked by a needle?
 - Skin
 - Brain
 - Heart
 - Eye
- Blind spot in human eye can be located at the:
 - Left and ciliary muscles
 - Junction of the optic nerve and the retina
 - Centre of eye lens
 - Both ends of cornea
- Neuroglial cells support and provide nutrition for the:
 - Nephron
 - Muscles
 - Glands
 - Neurons
- Somatic nervous system is made up of
 - Relay neurons
 - Associate neurons
 - Sensory neurons
 - Motor neurons / sensory both



- How many cranial nerves are present in the body?
 - 12
 - 11
 - 10
 - 14
- How many pairs of the spinal nerve are found in human?
 - 12
 - 13
 - 31
 - 33
- What is a common neuro transmitter?
 - Acetylcholine
 - GABA
 - Serotonin
 - All of the above
- How do neurons communicate with one another?
 - Electrically
 - Endemically
 - Through walk radio wave like impulses
 - None of the above
- Which cranial nerve is responsible for tounge movement?
 - Vagus
 - Hypoglossal
 - Spinal accessory
 - Gloss pharyngeal
- The surface of the cerebrum has convolutions known as:
 - Crayons
 - Sulci
 - Gyri
 - Gloss pharyngeal
- 5th cranial nerve of frog is:
 - Vagus
 - Trigeminal
 - Ol factory
 - Facial

Note: Please check your answers with the answer keys given at page number...114



Tejasvi Bopche,
(B.Sc Nursing II Year)

BRIEF OVERVIEW OF SOCIOLOGY

- Sociology is a:**
 - Natural science
 - Social science
 - Applied science
 - Physical science
- What is the reason of origin of society?**
 - Evolution
 - God's will
 - Evolution
 - Competition
- 'Sociology is a science for scientific development', this definition of sociology was given by:**
 - G.D Mitchell
 - Mac Iver & Page
 - Marc weber
 - Carl Marcs
- In sociology the word 'society' is used for:**
 - Friendship
 - The person of same religion
 - The system of social relationship
 - Group of people
- Who is the father of sociology?**
 - Auguste Comte
 - Spencer
 - Cooley
 - Tonnies
- Man is a social animal because:**
 - Man's nature and need make him so
 - Society was boen with him
 - It makes social contact easy
 - He has been living in society
- Language is important to society because:**
 - Without language men cannot exist in society
 - It makes social contact easy
 - It satisfy man's need of expression
 - Man is a social animal
- The unity and stability of the Indian society depends upon:**
 - Class system
 - Caste and religion
 - Religion and culture
 - Culture
- Man's behavior in society is determined mainly by:**
 - Formal and informal forces
 - Natural and unnatural forces
 - Physical and social forces
 - Community
- A group of people organized for a particular purpose is known as:**
 - Community
 - Society
 - Association
 - Crowd

Note: Please check your answers with the answer keys given at page number...114



Saloni Rajkwar,
(B.Sc Nursing II Year)

ENVIRONMENTAL POLLUTION

- Heavily polluted city in India is:**
 - Chennai
 - Delhi
 - Mumbai
 - Calcutta
- Which of the following is not an air pollutant?**
 - Co₂
 - So₂
 - Nh₃
 - O₂
- Taj Mahal is affected by:**
 - Air pollution due to Mathura refinery
 - Decomposition of marble
 - Pollution of Yamuna
 - All of the above
- Chief air pollutant is:**
 - So₂
 - Co₂
 - N₂
 - Co₂
- Which of the following gas is responsible for higher rate of transpiration?**
 - O₂
 - O₃
 - N₂
 - Co₂
- Which of the following is an indicator of water pollution?**
 - Thermal energy plant
 - Automatic vehicles
 - Nuclear power energy plant
 - Hydroelectric project
- Which of the following disease is caused by water pollution?**
 - Malaria
 - Diabetes
 - Jaundice
 - Blood cancer
- Highly polluted river in India is:**
 - Ganga
 - Yamuna
 - Gomti
 - Hugli
- Pollution in larger cities is controlled by:**
 - Wide roads
 - Industries away from cities
 - Sanitation and use of insecticide
 - All of the above
- Pollution can be defined as:**
 - Presence of unwanted and toxic substances in the environment
 - Removal of upper surface of soil



- c. Energy conservation
d. All of the above
- 11. Cause of water pollution is:**
a. 2-4 D insecticides
b. Smoke
c. Automatic engines
d. Aeroplanes
- 12. Which of the following source of energy is gradually decreasing?**
a. Solar energy
b. Coal
c. Fossil Fuel
d. Water
- 13. Cause of acid rain is:**
a. SO₂ Pollution
b. Co
c. Insecticides
d. Dust
- 14. Greenhouse effect is due to:**
a. X-rays
b. UV rays
c. Green rays
d. Infra-red rays
- 15. Most hazardous metal pollution of automobile exhaust is:**
a. Mercury
b. Cadmium
c. Lead
d. Copper
- 16. Effect of pollution is first marked on:**
a. Microorganisms
b. Vegetation
c. Food crops
d. None of the above
- 17. 5th June is celebrated as:**
a. World forest day
b. World red cross day
c. World environment day
d. World food day
- 18. Pollution caused by persistent pesticides is more hazardous to:**
a. Herbivores
b. Producers
c. First level carnivores
d. Top carnivores

Note: Please check your answers with the answer keys given at page number...114



Nitesh Vishwakarama,
(GNM IInd year)

REVIEW OF ANATOMY & PHYSIOLOGY

- 1. What is blood?**
a. Gland
b. Water
c. Connective tissue
d. Organ
- 2. The first milk of the mother is called:**
a. Baby milk
b. Colostrum
c. Placental milk
d. After birth milk
- 3. The basic functional unit of human kidney is:**
a. Nephridia
b. Henle's loop
c. Nephron
d. Pyramid
- 4. Autoexcitable organ of the human body:**
a. Liver
b. Heart
c. Kidney
d. Eye
- 5. The level of which hormone increases during pregnancy:**
a. Aldosterone
b. Insulin
c. Cortisol
d. Progesterone
- 6. Stomach stores food for:**
a. 1 hour
b. 6-7 hours
c. 30 minutes
d. 4-5 hours
- 7. Cyanosis is caused in case of:**
a. lack of water
b. lack of oxygen
c. lack of blood
d. lack of glucose
- 8. Life span of RBCs in body is:**
a. 120 days
b. 110 days
c. 140 days
d. 90 days
- 9. Cranium of human contain:**
a. 6 bones
b. 14 bones
c. 12 bones
d. 8 bones
- 10. Shoulder joint is joint**
a. Hinge
b. Pivot
c. Ball and socket
d. Fibrous

**11. Antibodies are produced by:**

- a. bone marrow
- b. lymphocytes
- c. plasma cell
- d. erythrocyte

12. Structural and functional unit of brain is:

- a. nephron
- b. pyramid
- c. neurons
- d. none of them

13. The body organ which regenerate itself if it damaged is:

- a. brain
- b. lungs
- c. heart
- d. kidney

14. Part of digestive system where maximum digestion occurs is:

- a. mouth
- b. large intestine
- c. small intestine
- d. stomach

15. When CO₂ concentration in blood increases breathing becomes:

- a. shallower and slow
- b. slow and deep
- c. faster and deep
- d. none

16. Which vitamin is helpful in wound healing:

- a. Vitamin C
- b. Vitamin E
- c. Vitamin A
- d. Vitamin D

17. Osteoporosis is a disease of :

- a. Respiratory system
- b. Bones
- c. Blood
- d. Kidney

18. Enzymes that converts proteins into amino acids is:

- a. Pepsin
- b. Amylase
- c. Lipase
- d. Maltase

19. Blood cells are produced by:

- a. Lymphocytes
- b. Bone marrow
- c. Thymus
- d. Spleen

20. The most common complication in low birth weight baby:

- a. iodine deficiency disorder
- b. heart problem
- c. respiratory diseases
- d. difficulty in sucking milk

21. Which bone is known as beauty bone :

- a. clavical
- b. frontal
- c. zygomatic
- d. none of them

Note: Please check your answers with the answer keys given at page number...114



Rituperna Bijoli,
(GNM IIInd year)

GLANCE TO NURSING EDUCATION**1. Bartholin glands are located on which aspects of vaginal wall?**

- a. Anterior
- b. Middle
- c. Posterior
- d. None of these

2. Which of the following is used to determine the hemoglobin content of blood?

- a. Emythyrometer
- b. Hemoglobinometer
- c. Fibroblasts
- d. Atrocities

3. A Brusting open splitting or gaping by divengence of parts is called:

- a. Dehiscence
- b. Fistula
- c. Hamatoma
- d. Conicature

4. Juxtaglomerular apparatus of kidney secreats:

- a. Vasophessin rehin
- b. Renin
- c. Secnetin
- d. Glomenulin

5. The glomenbulus is network of:

- a. Antenies
- b. Veins
- c. Capillanies
- d. Sinus

6. The Father of Microbiology is:

- a. Eduin John Butler
- b. Fendinans Cohn
- c. Robert Koch
- d. Antoni Van Levuwenhock

7. Which among the following are "spinocheters"?

- a. Streptomny pallidum
- b. Treponema pallidum
- c. Spinillum volutars
- d. Dorune bactenium disphteniatic

8. The respiratory chain of bacteria is associated with the:

- a. Cytoplasmic membrane.
- b. Cell wall
- c. Cytoplasm
- d. Mitochondrial membrane

9. Gycolysis can occur in:

- a. Aerobic cells
- b. Anaerobic Cell
- c. Both aerobics cells and anaerobic cells
- d. Neither aerobic and and anaerobic cell

10. Phosphorus is essential component of:

- a. Phospholipids
- b. Teichoic acid
- c. Nueleotiders
- d. All of the above



11. Which of the following factors is not affecting the healing process?

- a. Foreign bodies
- b. Age
- c. Colours of the skin
- d. Hormonal influence

12. Which type of shock occurs due to failure of the heart pump?

- a. Cardiogenic
- b. Septic
- c. Hypovolemic
- d. Neurogenic

13. What is the other name of gas gangrene?

- a. Diabetic foot
- b. Candidiasis
- c. Septicemia
- d. Clostridial myositis

14. Tuberculin reaction is an example of:

- a. Anaphylactic reaction
- b. Cytotoxic reaction
- c. Immune complex reaction
- d. Cell mediated reaction

15. If bacteria spread from local site into the blood stream is known as:

- a. Septicemia
- b. Secondary infection
- c. Toxins
- d. Bacteraemia

Note: Please check your answers with the answer keys given at page number...114



Chinmay Pissude,,
(GNM IIInd year)

VISUALIZATION OF ORTHOPEDICS

1. Which is not a principle of compound fracture treatment?

- a. No tendon repair
- b. Aggressive antibiotic
- c. Wound debridement
- d. Immediate wound closure

2. Medial meniscus is more vulnerable to injury because of:

- a. Its fix to tibial collateral ligament
- b. Its semicircular shape
- c. Action of adductor magnus
- d. Its attachment to fibrous capsule

3. Injury to popliteal artery in fracture lower end of femur is often due to:

- a. Distal fragment pressing the artery
- b. Proximal fragment pressing the artery
- c. Tight plaster
- d. Hematoma

4. In transverse fracture of the patella the treatment is:

- a. Excision of small fragment
- b. Wire fixation
- c. Plaster cylinder
- d. Patellectomy

5. Monster type of dislocation of the hip is:

- a. Anterior
- b. Posterior
- c. Central
- d. Dislocation with fracture of the shaft

6. March fracture affects:

- a. Neck of 2nd metatarsal
- b. Neck of 1st metatarsal
- c. Body of 2nd metatarsal
- d. Fracture of lower end of tibia

7. Commonest complication of extracapsular fracture of neck of femur is:

- a. Non union
- b. Ischemic necrosis
- c. Malunion
- d. Pulmonary complication

8. Internal fixation is done in all fractures except:

- a. Multiple
- b. Open multiple
- c. Elderly person
- d. Compound fracture

9. Myositis ossificans is commonly seen at which joint:

- a. Hip
- b. Knee
- c. Elbow
- d. Shoulder

10. The most important factor in fracture healing is:

- a. Good alignment
- b. Organization of blood clot
- c. Adequate calcium intake
- d. Immobilization

Note: Please check your answers with the answer keys given at page number...114



Neelam Wajge,
(B.Sc. Nursing II Year)

QUIZ: HEALTHY BODY WITH GOOD NOURISHMENT

- All of the following are nutrients found in food EXCEPT:
 - Plasma
 - Proteins
 - Carbohydrates
 - Vitamins
- Food passes through the stomach directly by:
 - The large intestine
 - The small intestine
 - The heart
 - The pancreas
- A mineral that the body needs to work properly is:
 - Calcium
 - Silver
 - Gold
 - Lead
- Which of these are NOT considered as a nutrient?
 - Vitamins
 - Minerals
 - Fiber
 - Fats
- Citrus fruits are an excellent source of:
 - Calcium
 - Vitamin C
 - Vitamin B
 - Calories
- Which food contains the most fat?
 - Graham crackers
 - Brownies
 - Pudding
 - Angel food cake
- How many servings of vegetables do we need each day?
 - 1-2
 - 2-3
 - 3-5
 - 5-6
- What food doesn't belong to this food group?
 - Cookies
 - Candy
 - Cherries
 - Butter
- _____ is an example of a hydrogenated fat.
 - Butter
 - Margarine
 - Olive oil
 - Ghee
- The "bottom line" in determining the quality of a recipe is:
 - Nutritional value
 - Taste testing
 - Cost
 - None

Note: Please check your answers with the answer keys given at page number...115



Mukul Raj,
(B.Sc. Nursing II Year)

QUIZ: REVIEW OF MOBILITY AND BODY MECHANICS

- What do the dorsal supine and dorsal recumbent positions have in common?
- In moving a patient, the first step that helps decrease patients' anxiety is:
- Semi-fowlers and Fowler's position both focus on which anatomical part of the human body?
- When planning to move a patient, two workers lifting together will:
- What is the approximate measurement needed to keep a wide base of support?
- When toes curl downward?
- The relationship of various body parts to each other is:
- When the sole of the foot turns laterally, it is:
- Ergonomics means:
- Field of physiology that studies muscular actions and the functions of muscles in maintaining the posture of the body:
- In moving a patient, when do we normally assess for pulse and respiration?
- Which is not a complication of immobility?
- Which ROM cannot be applied to neck and cervical spine?

Note: Please check your answers with the answer keys given at page number



Geetanjali Mewada,
(B.Sc. Nursing II Year)

QUIZ: LET'S PLAY WITH MICROORGANISMS

- The phospholipids present in cytoplasm membrane of the archaeo- bacteria is:
- The oldest eukaryotic organisms are considered to be:
- Which microbe is used for production of alcohol?
- The physical nature of genomes is studied under:
- The Species of bacteria, which possesses 250 genes for lipid biosynthesis is:
- Reduction is the:
- Example of a saprophytic bacteria:
- The causative agent of Buruli Ulcer is:
- The process by which phage reproduction is initiated in lysogenized culture is called:
- The predominant micro-organisms in frozen foods are:
- The evolutionary record suggests that the first occurrence of multicellularity was in the kingdom of:
- Which spore is on a tub and results from the fusion of two nuclei from different strains of the same fungi?

Note: Please check your answers with the answer keys given at page number...115



Twinkle Singh
(B.Sc. Nursing II Year)



Swati Verma,
(B.Sc. Nursing II Year)

QUIZ: SCIENCE OF SOCIAL RELATIONSHIP

1. Auguste Comte is a.....
2. When did the term Sociology Coined?
3. The term "Socius" derived from which language?
4. Which factor does not affect population camer?
5. We feeling is essential feature of.....
6. In Sociology the word society is used for
7. Assimilation is a:
8. A group of people agonized for a particular Purpose in known as.....
9. Who gave the classification of society as militant and industrial?
10. The word sociology is derived from..... language
11. "Science of society is possible" is assumed by which approach:
12. The unity and stability of the Indian society depends upon.....
13. Man's behavior in society is determined mainly by.....
14. Which of the following is based on direct cooperation:
15. Who coined the sentence- "Man is a social animal"

Note: Please check your answers with the answer keys given at page number....115



Suman Shah,
(B.Sc. Nursing II Year)

QUIZ: MEDICINES RESTORING NORMAL HEALTH

1. What is the action of warfarin?
2. Mention an example of prokinetic drug?
3. In Which Condition Cinnarizine is used"
4. Mention an example of the most effective broad spectrum oral anti- fungal agent ?
5. Which is an example of Beta Lactam antibiotic?
6. Which for of the following should be evaluated for a patient on tab clozapine ?
7. Mention the drug which is having least Extrapyramidal symptoms?
8. Who is called "father of Medicine".
9. Tolerance and drug resistance can be consequences of
10. The Rate of drug absorption is.....
11. Drug used to relieve pain are termed as.....
12. The Paracetamols is not given to those patients who are already suffering from

Note: Please check your answers with the answer keys given at page number....115



Jagriti Verma,
(B.Sc. Nursing II Year)

QUIZ: BASIC KNOWLEDGE OF NURSING

1. Vaccines are usually given by which route
2. Identify the route which is most likely to be subjected to first pass metabolism
3. Identify the route of administration for ear drops
4. Compared to subcutaneous injections the intramuscular injections are:
5. The drug administration route where the needle is inserted at 45 degree is:
6. The administration route for a drug injected just beneath the top layer of the skin is called:
7. Needle with a lumen guage of 25 to 27 is used for
8. Oily injection is preferably given by:
9. For angiography which route is preferred:
10. Mantoux technique is related with which route:

Note: Please check your answers with the answer keys given at page number....115



Nandita Tiwari,
(GNM II Year)

QUIZ: SCIENCE – THE LOGICAL KNOWLEDGE

1. Metal present in blood is:
2. Pulses are a good source of:
3. High level of uric acid in the blood causes:
4. Chicken pox is caused by:
5. In onion food is stored in:
6. Which of the following provides energy for photosynthesis?
7. Mention a disease caused by fungus.....
8. Rabies is caused by.....
9. Which of the following is the best source of iodine?
10. In a plant, the xylem tissue conducts.....
11. The gas released during photosynthesis is.....
12. Carrot is a rich source of.....
13. Blood pressure is high in the.....

Note: Please check your answers with the answer keys given at page number....115



Sheikh Saniya,
(B.Sc. Nursing III Year)

BASICS IN PAEDIATRIC NURSING

1. Who is the father of pediatrics?
2. Average length of umbilical cord is:
3. Birth weight of child triples by.....
4. Estimated date of delivery is calculated using:
5. In Erick Erickson's theory adolescent develops a sense of:
6. A child grasps fingers when palm touch occurs at the age of:
7. Bulging sack like lesion filled with spinal fluid and spinal cord elements is:
8. What should a person do with a nose bleed?
9. The most common site of bleeding in children with hemophilia is:
10. Assessment of gestational age at birth is done by.....

Note: Please check your answers with the answer keys given at page number...115



Kusumita Mondal,
(GNM II Year)

QUIZ: CANCER- TAKING LIVES

1. Across the globe is the most common type of cancer that kills men.
2. Worldwide is the most common cancer that kills women.
3. Cancer of the blood cell is referred to as
4. is the deadliest of all cancers of the female reproductive system.
5. What kind of foods are linked to colon cancer?
6. A tell-tale sign of liver disease is.....
7. Liver disease can also arise from.....
8. is a well- established risk factors for breast cancer.
9. What is a test used to help diagnose colon cancer?
10. What is one of the newest forms of treatment for leukaemia?
11. Which test is used to screen for cervical cancer?

Note: Please check your answers with the answer keys given at page number...115



Nabamita maiti,
(GNM II Year)

COVID-19

1. What does the '19' in covid 19 refers to?
2. The 'corona' in coronavirus means:
3. An effective hand sanitizer contains at least this percentage of alcohol to kill the coronavirus and other germs:
4. When is it safe to be closer than 6 feet to another person who is not sick with covid 19?
5. Staying apart from other people when you have been exposed to the coronavirus is called:
6. What is the Wuhan coronavirus?
7. How is the Wuhan coronavirus transmitted?
8. How long is the average incubation period for Wuhan coronavirus?
9. Corona virus is a Virus.

Note: Please check your answers with the answer keys given at page number...115



Abhishek Verma,
(B.Sc Nursing II Year)

HUMAN BODY

1. Which is a moving skull bone?
2. As per the text Charaka Samhita, how many bones are there in a human body?
3. How many bones are there in human spinal column?
4. Which connective tissue connects two bones with each other?
5. The total number of bones in an adult human are:
6. Which is the longest muscle in the body?
7. Give an example of hinge joint.
8. During heavy exercise we get cramps in the legs due to the accumulation of:
9. Name the structure that is a part of the skeletal system but are not bones.
10. Ligaments connects:

Note: Please check your answers with the answer keys given at page number...115



Usha Shah,
(B.Sc Nursing III Year)

NURSING FOUNDATION

1. Collapsing pulse is known as.....
2. In a healthy person stroke volume is about.....
3. In children calculation of drug is done on the basis of.....
4. Drug that cause expulsion of gas from intestinal tract is
5. I gallon is equal to
6. The most preferred intramuscular injection site for children and infant is.....
7. Malena means.....
8. The enema given to relieve gaseous distension is.....
9. Involuntary passing of urine is known as.....

Note: Please check your answers with the answer keys given at page number....115



Akshatha Shakya,
(B.Sc Nursing IIInd Year)

RESPIRATORY SYSTEM

1. The part of the brain that control the respiration is.....
2. is the common passage for food and air?
3. The amount of air passing into and out of lung during each cycle is known as.....
4. Pleura is space between.....
5. In which condition, the partial pressure of oxygen is low in the blood?
6. In which cavity the lungs are situated?
7. Respiratory control centres are located in the
8. Alveoli is found in
9. What is the normal adult's vital capacity?
10. The space between the lungs is called.....
11. Length of the trachea is about.....
12. Intercostal muscles are found.....
13. Left lung is divided into lobes
14. Which organ is known as windpipe?

Note: Please check your answers with the answer keys given at page number....115



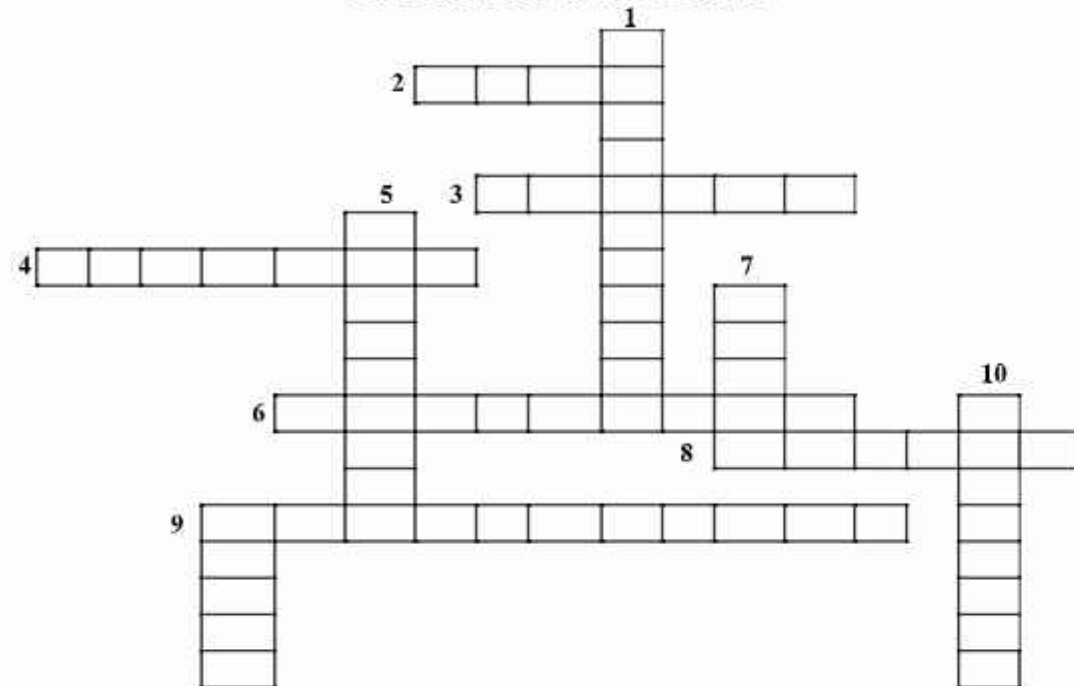


Rikta Hazra,
(GNM 1st Year)



Koyel Pramanik,
(GNM 1st Year)

BASICS IN NURSING



Across

2. A dermatologist deals with organ in human body?
3. Name the medical root word for heart.
4. Medical term for difficulty in breathing.
6. One who does deep studies on any science speciality is called as....
8. Other term for mayo.
9. Specific term for the ability to be easily modified.

Down

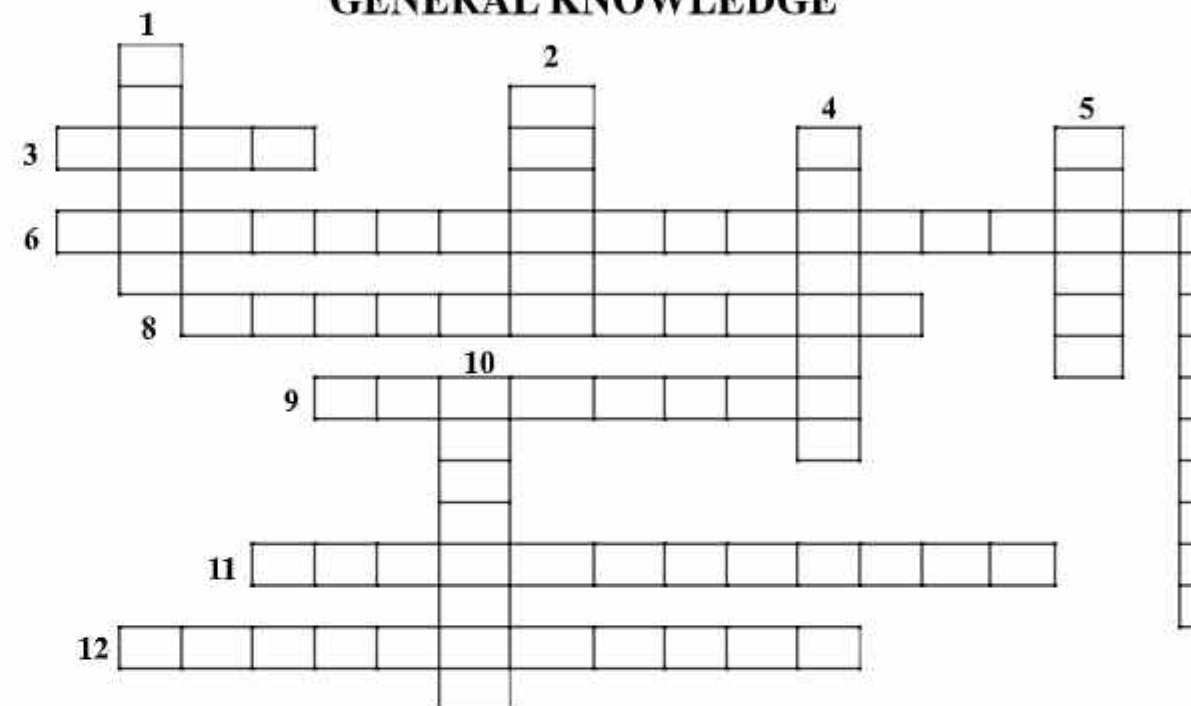
1. Other term for Megaly.
5. Other name for white blood cells.
7. Known as an involuntary contraction.
9. Largest bone in the human body.
10. Medical term for scanty urine.

Note: Please check your answers with the answer keys given at page number....116



Urwashi Gawhade,
(B.Sc 1st Year)

GENERAL KNOWLEDGE



Across

3. The energy needed to move on object against a force
6. KOH
8. Process of transition from solid to gas phase without passing through an liquid phase.
9. It is the measure of the force applied over a unit area
11. Method of separating mixtures based on difference in their boiling points.
12. Device that measures temperature.

Down

1. Basic unit of light and all other electromagnetic radiation.
2. Volume that encloses little or no matter
4. It is name for the element and is represented by the symbol H.
5. Negative ions are called _____
7. It is a physical property were the material returns to its original shape after being disformed
10. subatomic particle with a negative elementary electric charge.

Note: Please check your answers with the answer keys given at page number....116



Vanshika Yadav,
(B.Sc. 1st Year)

KNOWLEDGE TO BE SHARED

F	R	A	I	N	B	O	W	K	R	G
C	R	C	V	B	O	O	K	U	V	V
H	F	I	R	E	K	O	B	T	R	S
A	C	V	E	G	G	B	M	C	Y	T
R	E	M	A	N	E	E	D	L	E	A
C	F	H	Y	R	D	K	V	Z	O	I
O	V	G	B	K	I	S	J	F	N	R
A	Z	A	J	Q	C	Y	H	N	A	S
L	N	V	Y	C	E	F	Z	I	I	R
D	K	T	E	A	P	O	T	C	P	T

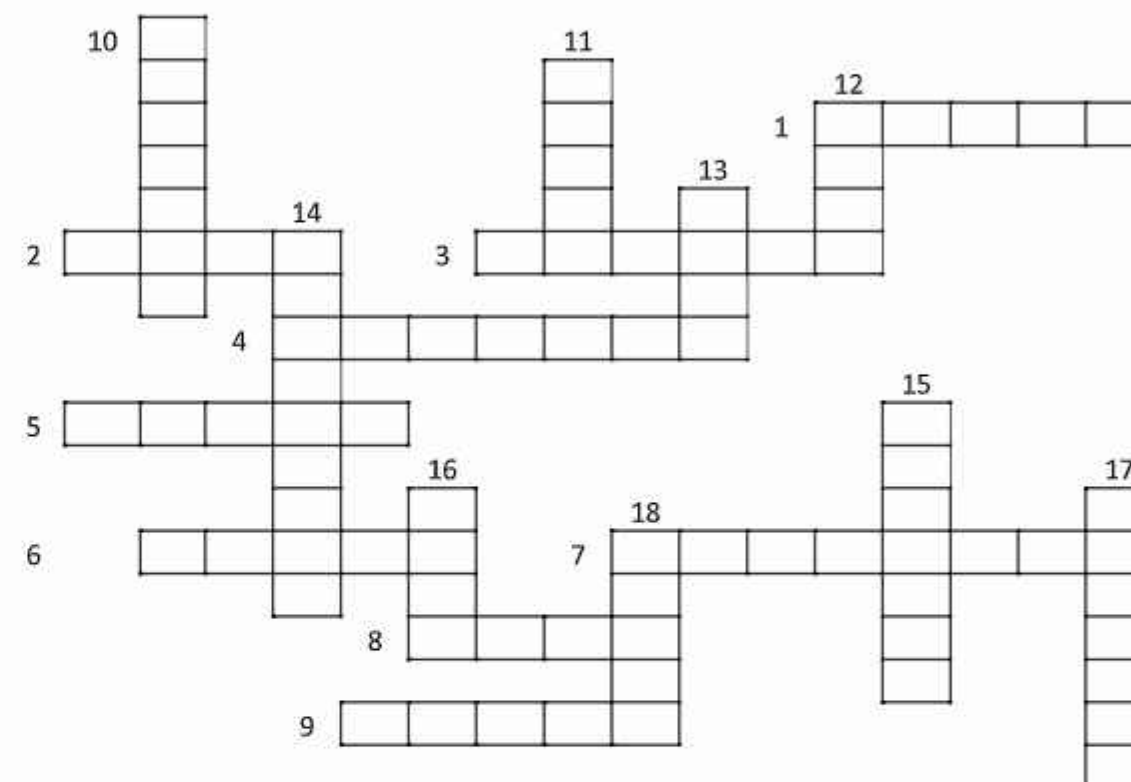
1. What has to be broken before using it
2. What begins with 'T' and ends with OT and has T in it?
3. What ship has two mates and is without captain?
4. What has 6 faces but don't wear makeup?
5. Which bow cannot be tied?
6. What can grow but it is not alive?
7. What teaches without talking?
8. What goes up and down without moving?
9. What has 88 keys but cannot open the door?
10. What is black when you but it, red when you use grey when you throw it?
11. What has a face but no heart?
12. What kind of band never plays?
13. What belongs to you but everyone else use it?

Note: Please check your answers with the answer keys given at page number....117



Hanshu Mankar,
(B.Sc. I Year)

LET'S SOLVE THE HEALTH CROSSWORD



Across:

1. loss of blood from the body
2. Act of touching something
3. A pulled muscle
4. Control the functioning of machine
5. Give medical care
6. Moisture exuded from the pores of skin
8. Suddenly fall down
9. Expel air from the lungs with a sudden sharp sound

Down:

10. Physically Hurt
11. A sudden temporary loss of consciousness
12. Damage to skin caused by hot objects
13. To lay hold something with one's hand
14. Take care of someone
15. To rub your skin with your nails
16. Sensation that causes the desire to scratch
17. To grow slowly
18. To take hold of something that is moving

Note: Please check your answers with the answer keys given at page number....117



Urvashi,
(GNM 1st Year)

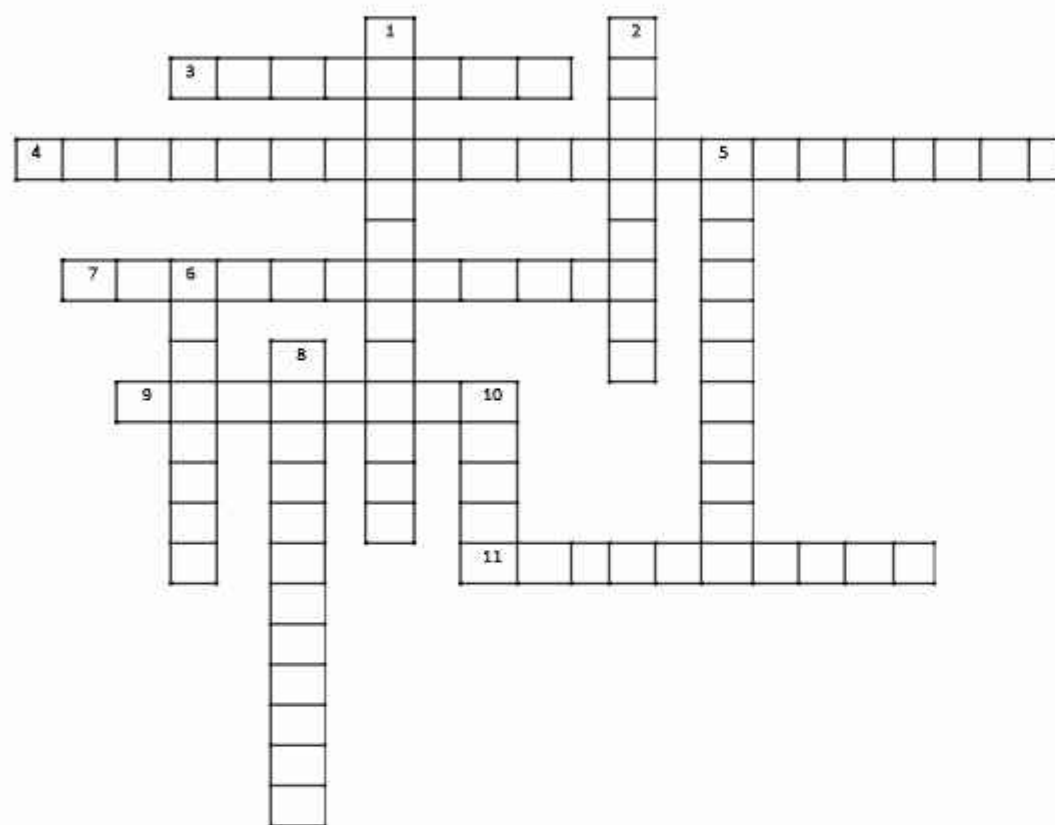


Vaishnavi
(GNM 1st Year)



neha,
(GNM 1st Year)

MISCELLANEOUS



Across

3. The nightingale of nurses
4. Condition in which the heart doesn't pump adequate blood
7. Life threatening complication of diabetes mellitus
9. Standing up for a patient's best interest
11. Walking

Down

1. I am used to shock a patient
2. Sign of stroke
5. Increased heart rate
6. A young child between 1 -3 year
8. Having less frequent, hard formed stool
10. Swelling that occur from fluid leaving the vascular system and remaining the interstitial space

Note: Please check your answers with the answer keys given at page number....117



Tisha Naidu,
(B.Sc Nursing IInd Year)

NATURE

1. What can run can't walk?
2. What is dirty when it's white?
3. What goes Z to A?
4. What has a lakes but not water ?
5. What gets sharper the more you use?
6. Which flies but has no wings?
7. What can speak without mouth?
8. What solid substance is produced by freezing of water?
9. What is so fragile that saying it's name breaks it?
10. What is more you take, the more you leave behind?
11. What can you catch but never throw?
12. What do you throw out when you want to use it, but take in when you don't want to use it?
13. What do you answer even though it never asks questions?
14. What goes through cities & fields, but never moves?

A	C	B	E	C	O	Q	R	T	B
R	F	O	O	T	S	T	E	P	L
S	I	L	E	N	C	E	N	M	A
Q	B	V	G	F	O	P	Y	A	C
A	R	B	E	Z	L	T	I	P	K
B	Z	I	D	R	D	R	E	O	B
R	G	B	Q	A	L	N	Y	T	O
A	A	N	C	H	O	R	F	I	A
I	C	E	K	H	L	R	L	M	R
N	F	I	P	Z	B	K	Q	E	D

Note: Please check your answers with the answer keys given at page number....118



Sheela Dangi,
(GNM 1st Year)

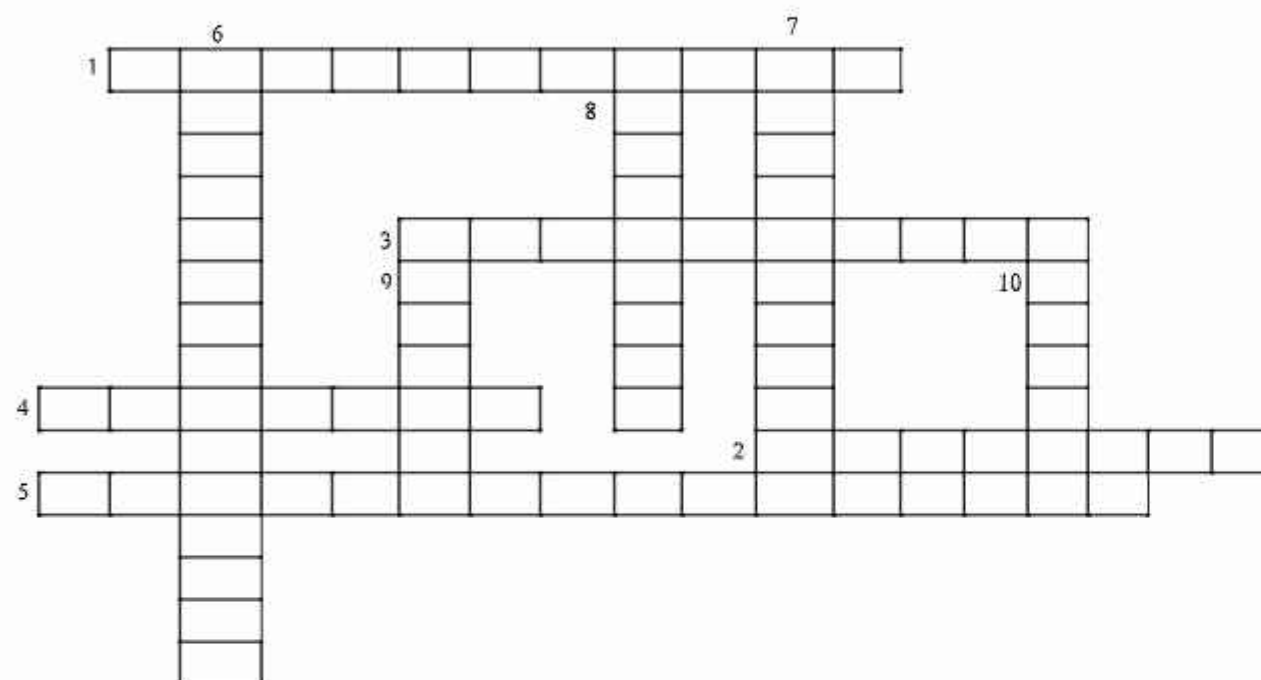


Kuhelika,
(GNM 1st Year)



Pooja Dangi,
(GNM 1st Year)

NURSING: A RETROSPECTIVE VIEW



Across

1. Medical term for removal of a kidney.
2. Bone essential in the process of eating.
3. Other name for myeloid tissue.
4. Another name for Breast bone.
5. The largest of the bones in the spine.

Down

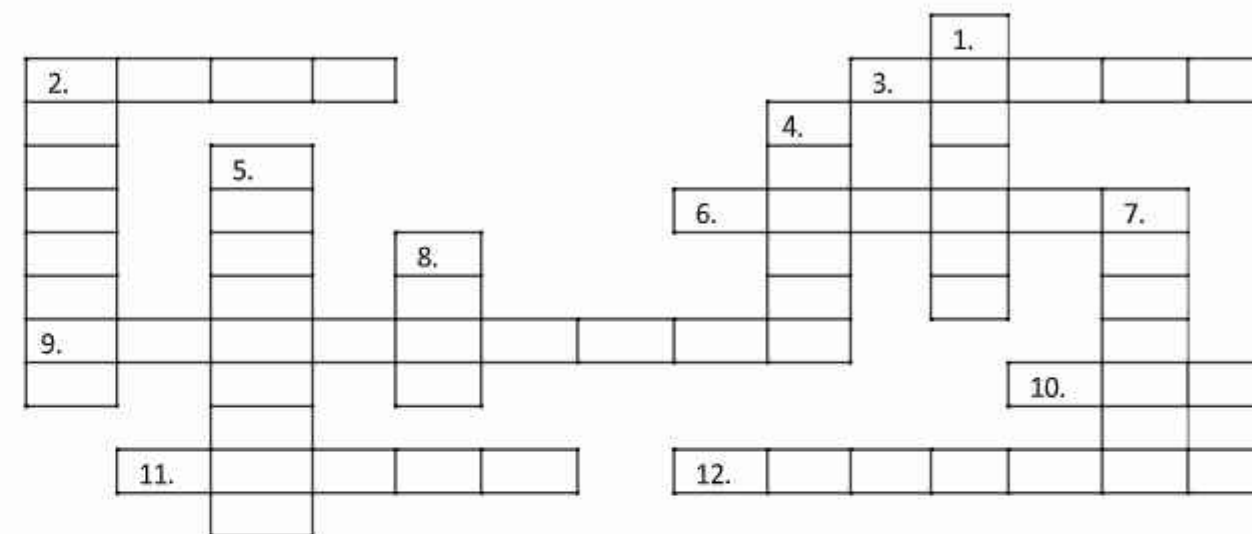
6. Ductless glands are called.
7. Muscular layer of the heart is called as.
8. Blood vessels that carry blood towards the heart.
9. Longest bone in the body.
10. Decrease in number of red blood cells.

Note: Please check your answers with the answer keys given at page number....118



Supriya Pandey,
(B.Sc 1st Year)

SOLAR SYSTEM



Across

2. Earth's only natural satellite
3. Morning star
6. Titan is the largest moon of
9. Smaller bodies in orbit around the sun
10. The star at centre of solar system
11. Blue planet
12. Largest planet in the solar system

Down

1. Smallest planet in the solar system
4. Seventh planet from the sun
7. Farthest planet in the solar system
8. The red planet

Note: Please check your answers with the answer keys given at page number....118



Twinkle Singh,
(B.Sc Nursing IInd Year)



Swati Verma,
(B.Sc Nursing IInd Year)

WHAT AM I?

1. I have been around for millions of years but am only a month old. What am I?
2. I'm full of holes but I can still hold water. What am I?
3. It is impossible for me to be created, & I can never be destroyed, I can only change form. What am I?
4. You can't see me, but I can see you; To be more specific, I see through. What am I?
5. I can eat a lot of iron without getting sick. What am I?
6. I can be measured but I don't have width, Length or height. What am I?
7. I'm hard as rock but when put in hot water, I immediately melt. What am I?
8. I am a god, a planet, & can measure heat. What am I?
9. I am a gas that helps plants but cant be bought at the gas station. What am I?
10. I am under your face & outside your mind. What am I?
11. Give me food, I will live, give me water & I will die. What am I?
12. I am a period of time & has the least weight. What am I?

O	B	C	L	I	G	H	T	Y	E	A	R	Q
T	E	A	T	R	M	Q	F	E	O	T	B	N
E	V	R	U	S	T	O	B	R	N	J	O	O
M	H	B	N	V	R	U	C	G	X	O	X	T
P	S	O	K	M	C	G	X	Z	M	Z	G	M
E	K	N	J	E	J	N	X	K	L	X	Q	M
R	V	D	C	R	Q	Z	C	Z	Q	V	R	S
A	E	I	O	C	O	F	I	R	E	Z	P	K
T	N	O	M	U	T	M	Z	C	F	O	X	U
U	E	X	C	R	R	G	F	T	N	T	B	L
R	R	I	R	Y	Q	X	B	G	H	Z	P	L
E	G	D	C	A	P	O	E	P	R	T	V	Q
D	Y	E	X	M	Y	N	C	Q	P	L	K	J

Note: Please check your answers with the answer keys given at page number....118



Ravi Sen,
(Personal Assistant to Principal)

IMPORTANCE OF EDUCATION

To say Education is important is an understatement. Education is a weapon to improve one's life. It is probably the most important tool to change one's life. Education for a child begins at home. It is a lifelong process that ends with death. Education certainly determines the quality of an individual's life. Education improves one's knowledge, skills and develops the personality and attitude. Most noteworthy, Education affects the chances of employment for people. A highly educated individual is probably very likely to get a good job.

Importance Better Communication is yet another role in Education. Education improves and refines the speech of a person. Furthermore, individuals also improve other means of communication with Education.

Education makes an individual a better user of technology. Education certainly provides the technical skills necessary for using technology. Hence, without Education, it would probably be difficult to handle modern machines.

People become more mature with the help of education. Sophistication enters the life of educated people. Above all, Education teaches the value of discipline to individuals. Educated people also realize the value of time much more. To educated people, time is equal to money.

Finally, Educations enables individuals to express their views efficiently. Educated individuals can explain their opinions in a clear manner. Hence, educated people are quite likely to convince people to their point of view.



Importance of Education in Society

First of all, Education helps in spreading knowledge in society. This is perhaps the most noteworthy aspect of Education. There is a quick propagation of knowledge in an educated society. Furthermore, there is a transfer of knowledge from generation to another by Education.

Education helps in the development and innovation of technology. Most noteworthy, the more the education, the more technology will spread. Important developments in war equipment, medicine, computers, take place due to Education.

Conclusion

Education is a ray of light in the darkness. It certainly is a hope for a good life. Education is a basic right of every Human on this Planet. To deny this right is evil. Uneducated youth is the worst thing for Humanity. Above all, the governments of all countries must ensure to spread Education.

FAQs on Essay on Importance of Education

Q.1 How Education helps in Employment?

A.1 Education helps in Employment by providing necessary skills. These skills are important for doing a high paying job.


Q.2 Mention one way in Education helps a society?

A.2 Education helps society by spreading knowledge. This certainly is one excellent contribution to Education.



ANSWER KEYS

IDENTIFY THE PERSONALITY: PSYCHIATRY

- | | | | |
|--|--|---|--|
| 1.  | 2.  | 3.  | 4.  |
| Florence Nightingale, | Philippe Pinel, | Linda Richards, | M. Sarada Menon |
| 5.  | 6.  | 7.  | 8.  |
| Helen Boylee, | Dr. Benjamin Rush, | Sigmund Freud, | Harriet Bailey |




GREAT PERSONALITY IN THE FIELD OF NURSING

- | | | | |
|--|---|---|--|
| 1.  | 2.  | 3.  | 4.  |
| Mary Jane Seacole, | Mary Carson Breckinridge, | Edith Cavell, | Margaret Sanger |
| 5.  | 6.  | 7.  | 8.  |
| Florence Nightingale, | Clara Barton, | Florence Nightingale, | Virginia Lynch |
| 9.  | 10.  | | |
| Martha Minerva Franklin, | Clara Barton | | |








ANSWER KEYS

IDENTIFY THE PERSONALITY: NURSING FOUNDATION

- | | | |
|--|--|--|
| 1.  | 2.  | 3.  |
| Florence Nightingale, | Hildegard Peplau, | Betty Neuman, |
| 4.  | 5.  | |
| Myra Estrin Levine, | Carl Rogers | |

COMMUNITY HEALTH NURSING

- | | | |
|--|--|--|
| 1.  | 2.  | 3.  |
| Lillian Wald, | Saul Alinsky | Tedros Ghebreyesus, |
| 4.  | 5.  | |
| John Snow, | Jules Guerin | |



ANSWER KEYS

MULTIPLE CHOICE QUESTIONS

Aspects of microbiology

1. (b), 2. (b), 3. (b), 4. (d), 5. (a), 6. (d), 7. (d), 8. (d), 9. (d), 10. (b)

Cardiovascular system

1. ©, 2. (d), 3. (d), 4. (a), 5. (a), 6. (c), 7. (a), 8. (d), 9. (c), 10. (a), 11. (a), 12. (a), 13. (b), 14. (a), 15. (a), 16. (c), 17. (c), 18. (b), 19. ©, 20. (a)

Cardiovascular diseases

1. (a), 2. (c), 3. (b), 4. (b), 5. (c), 6. (a), 7. (c), 8. (a), 9. (b), 10. (b), 11. (c), 12. (a), 13. (d), 14. (a), 15. (c)

Respiratory system

1. (a), 2. (b), 3. (d), 4. (c), 5. (a), 6. (d), 7. (b), 8. (a), 9. (a), 10. (d), 11. (a), 12. (a), 13. (c), 14. (a), 15. (a)

Art of nursing process

1. (b), 2. (c), 3. (b), 4. (a), 5. (b), 6. (c), 7. (b), 8. (c), 9. (b), 10. ©

Pharmacology at a glance

1. (b), 2. (d), 3. (d), 4. ©, 5. (d), 6. (a), 7. (c), 8. (d), 9. (c), 10. (b), 11. (c), 12. (a), 13. (c), 14. (a), 15. (c), 16. (a), 17. (a), 18. (c), 19. (b), 20. (d), 21. (c), 22. (c), 23. (b), 24. (b), 25. (c)

Multimedia: Birth of New Techniques in Nursing

1. ©, 2. (c), 3. (d), 4. (c), 5. (d), 6. (b), 7. (d), 8. (a), 9. (a), 10. (c), 11. (d), 12. (d), 14. (a), 15. (d)

AIDS- The life-threatening illness

1. (d), 2. (d), 3. (b), 4. (b), 5. (c), 6. (b), 7. (a), 8. (b), 9. (b), 10. (c), 11. (d), 12. (b), 13. (c)

Signs: Assessing Vitals

1. (a), 2. (a), 3. (b), 4. (a), 5. (b), 6. (b), 7. (a), 8. (a), 9. (c), 10. (d)

Physiological Active Substance: Autocoids

1. (b), 2. (d), 3. (d), 4. (b), 5. (d), 6. (d), 7. (c), 8. (c), 9. (d), 10. (d), 11. (c), 12. (a), 13. (d), 14. (d), 15. (c)

Psychology

1. (d), 2. (c), 3. (b), 4. (b), 5. (a), 6. (b), 7. (b), 8. (c), 9. (c), 10. (c), 11. (d), 12. (b), 13. (b), 14. (a), 15. (a), 16. (d), 17. (c), 18. (d), 19. (c), 20. (a), 21. (b), 22. (c), 23. (b)



ANSWER KEYS

Community health nursing

1. (a), 2. (d), 3. (c), 4. (a), 5. (b), 6. (a), 7. (b), 8. (d), 9. (c), 10. (d), 11. (c), 12. (b), 13. (d), 14. (d), 15. (c)

Specimen Collection and Testing

1. ©, 2. (a), 3. (b), 4. (d), 5. (b), 6. (d), 7. (c), 8. (a), 9. (b), 10. (d), 11. (c), 12. (d), 13. (b), 14. (d), 15. (d)

Overview of lymphatic system

1. (b), 2. (a), 3. (b), 4. (a), 5. (d), 6. (a), 7. (c), 8. (d), 9. (b), 10. (b), 11. (a), 12. (b)

Recaptualization of Nervous System

1. (b), 2. (b), 3. (a), 4. (c), 5. (b), 6. (b), 7. (d), 8. (d), 9. (a), 10. (c), 11. (c), 12. (a), 13. (b), 14. ©, 15. (b)

Brief Overview of sociology

1. (a), 2. (c), 3. (a), 4. (d), 5. (a), 6. (a), 7. (b), 8. (b), 9. (c), 10. ©

Environmental pollution

1. (b), 2. (c), 3. (c), 4. (b), 5. (d), 6. (a), 7. (a), 8. (b), 9. (d), 10. (a), 11. (a), 12. (c), 13. (a), 14. (d), 15. (c), 16. (c), 17. (c), 18. (d)

Review of Anatomy and Physiology

1. ©, 2. (b), 3. (c), 4. (b), 5. (d), 6. (b), 7. (b), 8. (a), 9. (d), 10. (c), 11. (b), 12. (c), 13. (c), 14. (c), 15. (c), 16. (a), 17. (b), 18. (a), 19. (b), 20. (c), 21. (a)

Glance to Nursing Education

1. ©, 2. (b), 3. (a), 4. (b), 5. (c), 6. (d), 7. (b), 8. (c), 9. (c), 10. (d), 11. (d), 12. (a), 13. (d), 14. (d), 15. (a)

Visualization of orthopaedics

1. (d), 2. (a), 3. (a), 4. (b), 5. (b), 6. (b), 7. (c), 8. (d), 9. (b), 10. (d)



QUIZ – ANSWER KEYS

Review of mobility and mechanics

1. Both require lying on back, 2. Introduce self, 3. Thoracic area, 4. Reduce the work load by 50%, 5. 1.5 times the width of our feet, 6. Flexion, 7. Alignment, 8. Inversion, 9. Way to make jobs fit the employees better, 10. Body mechanics, 11. When patient is agitated, 12. Abduction and adduction.

Let's play with microorganisms

1. Glycerol tetraether lipids, 2. Archaea, 3. Darwin & Carl Woese, 4. Structural genomics, 5. M. tuberculosis, 6. Gain of hydrogen, 7. MSmegmatic, 8. M.Ulcerans, 9. Infection, 10. Bacteria, 11. Protista, 12. Basidiospore

Healthy body with good nourishment

1. Plasma, 2. Small intestine, 3. Calcium, 4. Fibre, 5. Vitamin C, 6. Brownies, 7. 3-5, 8. Butter, 9. Margarine, 10. Taste testing

Science: The social relationship

1. French Philosopher, 2. 1839, 3. Latin, 4. Pollution, 5. Primary group, 6. Associative Social Process, 7. Herbert Spencer, 8. Societus and logos, 9. Latin, 10. Auguste Comte, 11. Physical and social forces, 12. Family, 13. Carl Marx

Medicines: Restoring Normal Health

1. Oral Anticoagulant, 2. Metochlorpromide, 3. Vertigo, 4. Ketoconazole, 5. Ciprofloxacin, 6. WBC, 7. Clozapine, 8. Hippocrates, 9. Increased metabolic degradation, 10. Analgesics, 11. Live disorder

Basic knowledge of nursing

1. Intramuscular, 2. Oral, 3. Otic route, 4. Faster in response, 5. Intramuscular, 6. Intradermal, 7. Intradermal, 8. Intramuscular, 9. Intra-arterial, 10. Intradermal

Science: The Logical Knowledge

1. Iron, 2. Proteins, 3. Gout, 4. Virus, 5. Scale leaves, 6. Sunlight, 7. Ringworm, 8. Virus, 9. Beans, 10. Water, 11. Oxygen, 12. Vitamin A, 13. Arteries.

Basics in paediatric nursing

1. Abraham Jacobi, 2. 250 cm, 3. 1 Year, 4. Maegle's Rule, 5. Identity, 6. 3 Months, 7. Myelomeningocele, 8. Lean forward and pinch nose, 9. Joint, 10. New ballard's score.

Cancer: Taking lives

1. Prostate cancer, 2. Breast cancer, 3. Leukaemia, 4. Ovarian cancer, 5. Processed meats, 6. Jaundice, 7. Acetaminophen, 8. Obesity, 9. Colonoscopy, 10. Chemotherapy, 11. Pap Test

Covid 19

1. The coronavirus and the disease it cases were identified in 2019, 2. Crown, 3. 60%, 4. When the person normally lives with you, 5. Quarantine, 6. The virus originated in China, 7. From person to person, 8. 5-6 days, 9. RNA,

Human Body

1. Mandible, 2. 360, 3. 33, 4. Ligaments, 5. 206, 6. Sartorius, 7. Between knee joints, 8. Lactic acid, 9. Teeth, 10. Bone to bone

Nursing foundation

1. Water hammer pulse, 2. 70ml, 3. Height, 4. Cathartics, 5. 400ml, 6. Vastus lateralis site, 7. Dark coloured stool containing blood, 8. Carminative enema, 9. Enuresis

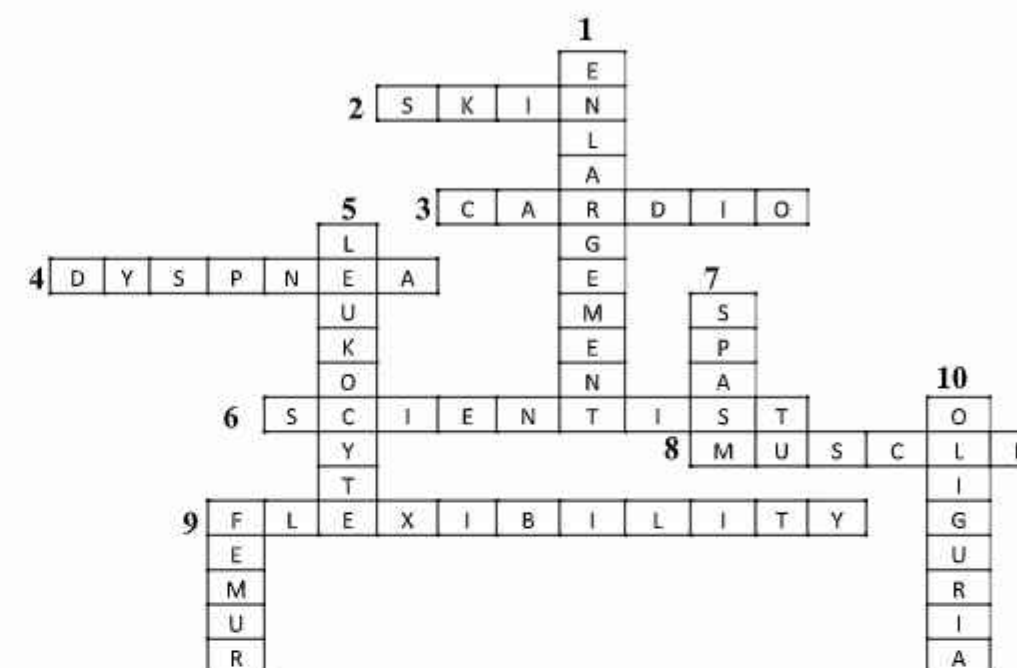
Respiratory system

1. Medulla Oblongata, 2. Oropharynx, 3. Tidal volume, 4. Lungs, 5. Hypoxia, 6. Thoracic cavity, 7. Medulla and pons, 8. Lungs, 9. 3500ml, 10. Pleura, 11. 10-12 cm, 12. In between ribs, 13. 2 lobes, 14. Trachea

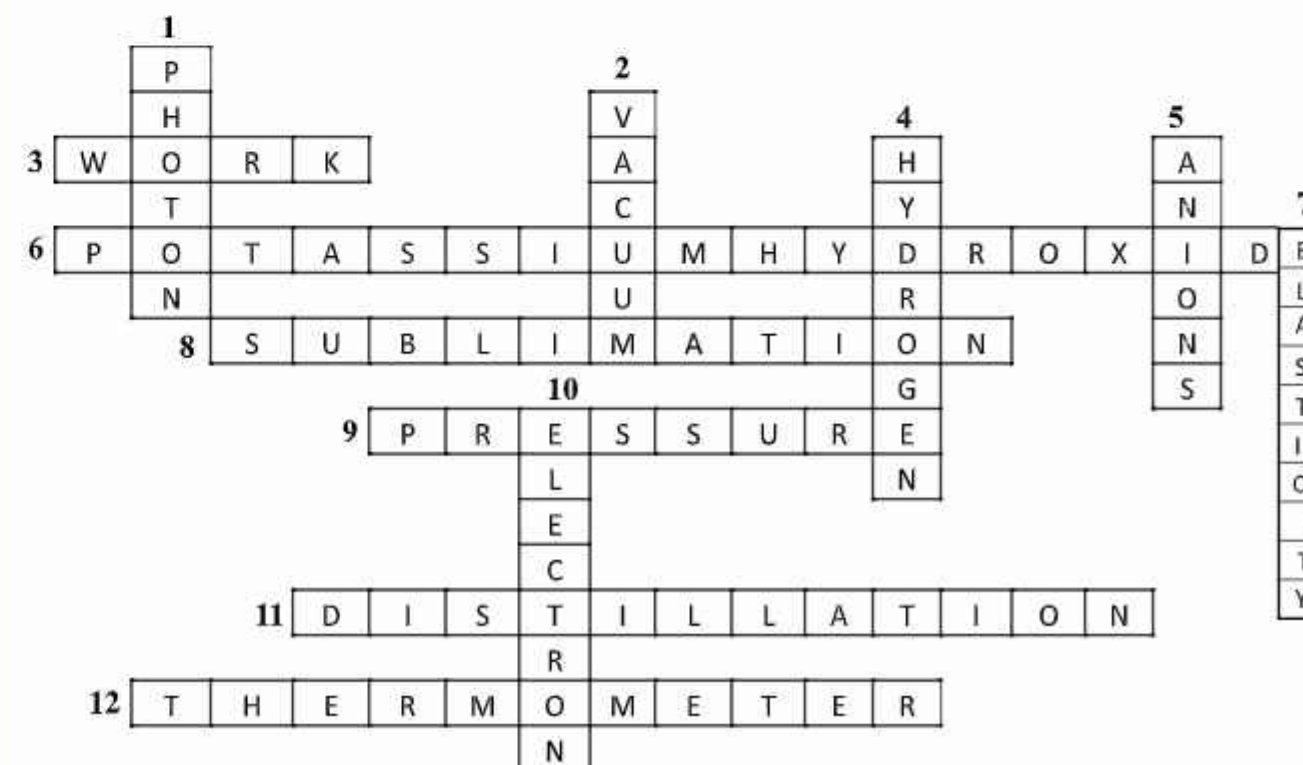


CROSSWORD PUZZLES ANSWER KEYS

BASICS IN NURSING



GENERAL KNOWLEDGE

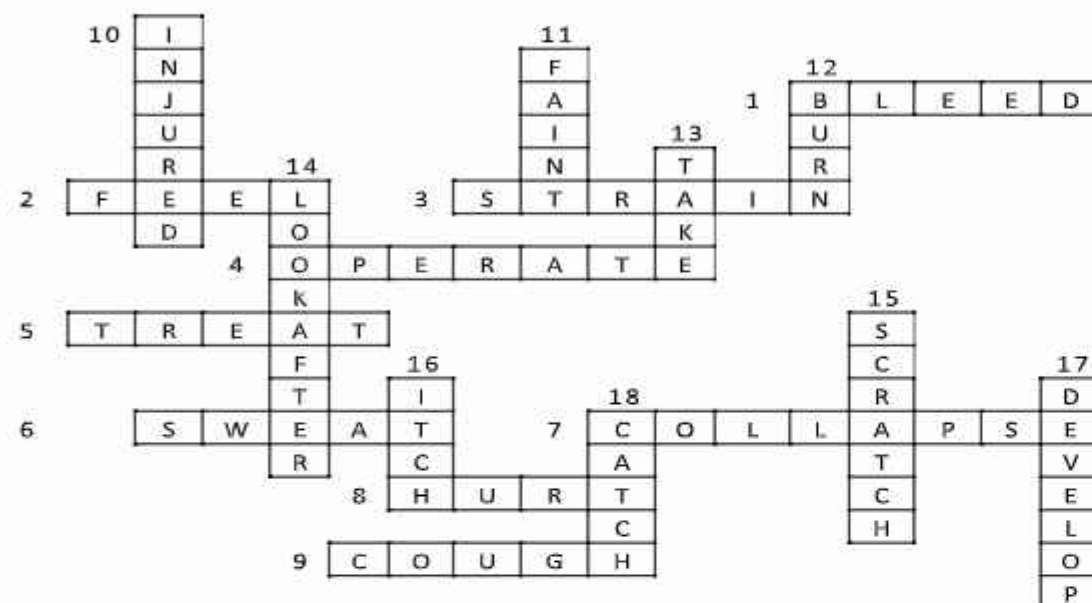


CROSSWORD PUZZLES ANSWER KEYS

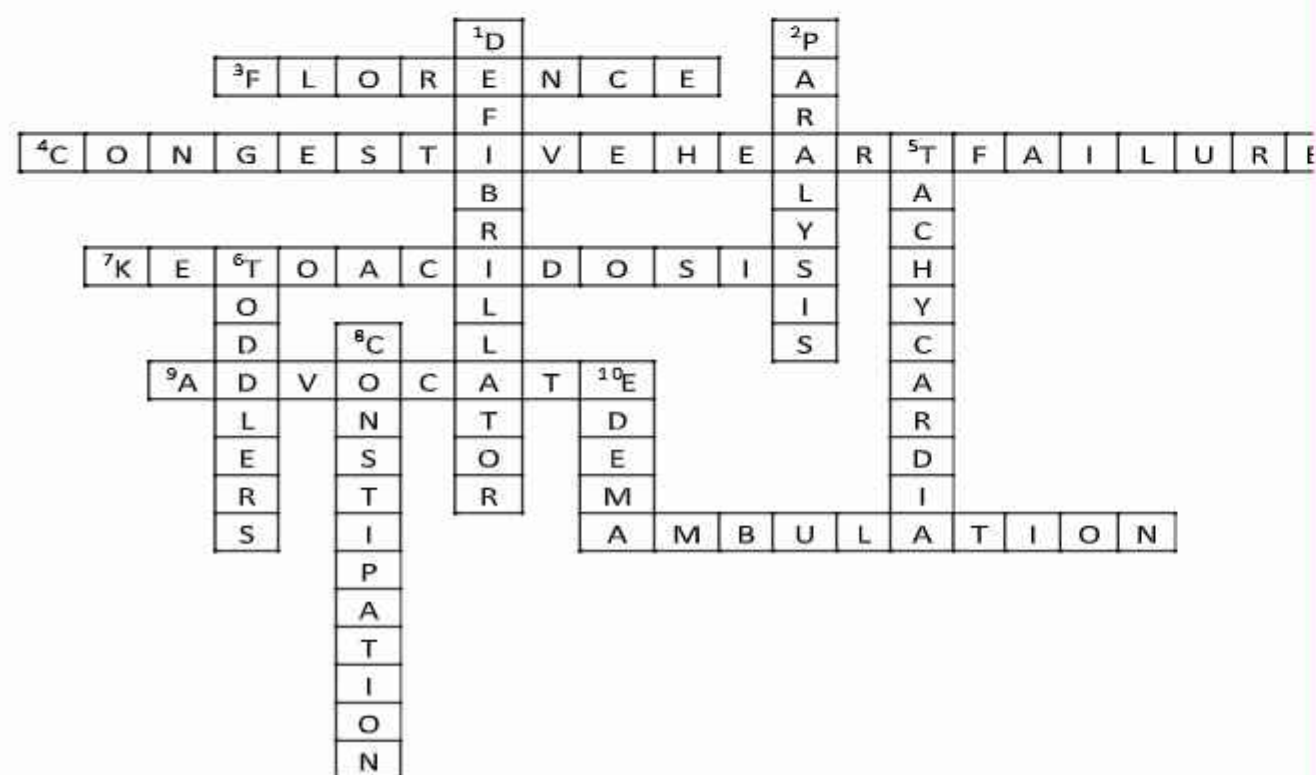
KNOWLEDGE TO BE SHARED

1. Egg, 2. Teapot, 3. Friendship, 4. Dice, 5. Rainbow, 6. Fire, 7. Book, 8. Stairs, 9. Piano, 10. Charcoal, 11. Moon, 12. Rubber band, 13. Name

LET'S SOLVE THE HEALTH CROSSWORD



MISCELLANEOUS

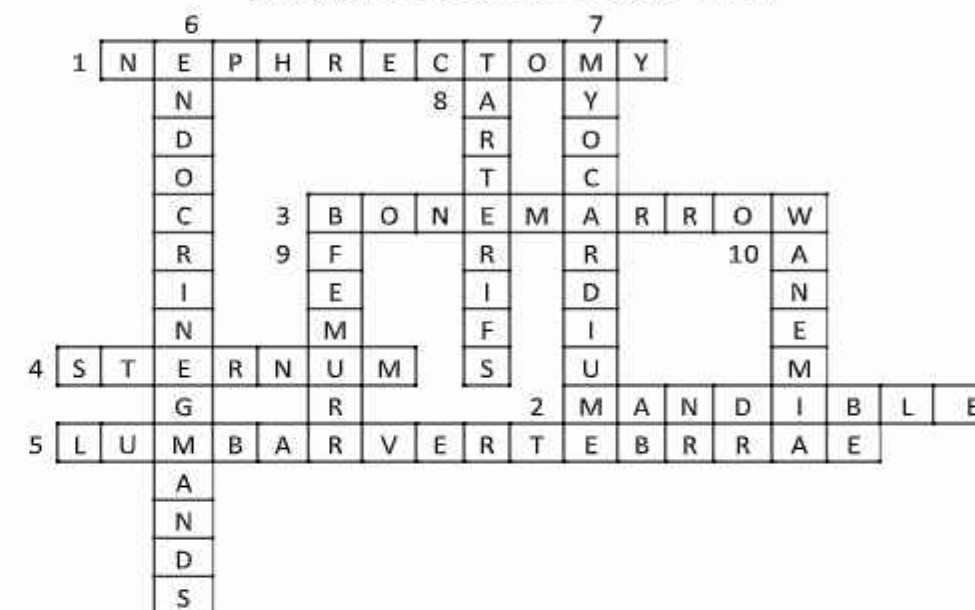


CROSSWORD PUZZLES ANSWER KEYS

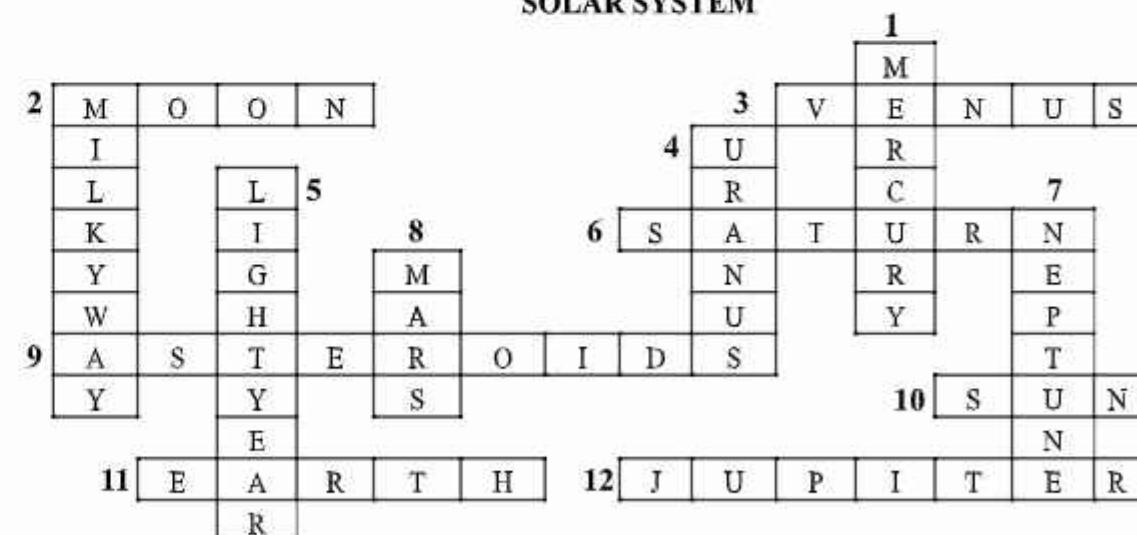
NATURE

1. River, 2. Blackboard, 3. Zebra, 4. Map, 5. Brain, 6. Time, 7. Eco, 8. Ice, 9. Silence, 10. Footsteps, 11. Cold, 12. Anchor, 13. Phone.

NURSING A RETROSPECTIVE VIEW



SOLAR SYSTEM



WHAT AM I?

1. Moon, 2. Spoon, 3. Energy, 4. X-ray, 5. Rust, 6. Temperature, 7. Ice cube, 8. Mercury, 9. Carbon di-oxide, 10. Skull, 11. Fire, 12. Light year

COLLEGE REPORT

Chirayu College of Nursing believes Education as a pretty broad concept that surpasses the four walls of a classroom. The core aim of education is to foster all round development of a student. To fulfil these objectives, there is a prime need of striking a balance between syllabus, curriculum, books and also co-curricular activities. The college visualized the display of co-curricular activities during the academic year 2021-22, which definitely helped the students to boost up their confidence and display their skills. Pandemic created a lot of challenges in the education system. Chirayu College of Nursing emphasized on virtual activities to prevent learning losses among the students during the pandemic. Students were encouraged to participate in various competitions and programs, thereby they received a platform to showcase their talents.

During the difficult times of pandemic, the world moved more towards the virtual era. Keeping this in mind, Chirayu College of Nursing released the E-Souvenir with theme 'Reframing and Calibrating the Transition in Nursing' on 05/06/2021. The theme of E-Souvenir was unfolded by Prof. Dr. Pramila R. Principal, Chirayu College of Nursing, Bhopal. The program headed with the release of E-Souvenir by Dr. Ajay Goenka and the dignitaries. The aim of e-souvenir is encouraging budding nurses and the Nursing community in the pandemic era in continuing education and researches.



A Virtual International Research Meet was organized on 6th & 7th of July 2021. The theme was 'Elucidate the Filament of Nursing Research for Greater Health Consequences'. On day one, the first Scientific Section on Systematic reviews was delivered by Dr. Pramila R. Principal, CCON followed by second Scientific Section on Integrating Philosophies of Social Research in Nursing by Dr. Nancy Dias, Assistant Professor, Nurse Science Department College of Nursing, East Carolina University. Day two followed the presentation of third Scientific Session on Designing an intervention for experimental studies by Dr. Ruth B Jayaprakash, C-HM & Sim, EBP Consultant, VA Northern California Health Care System, United States. Later the fourth Scientific Session on Mixed methods Research was explained in detail by Dr. Anice George, Dean, Manipal College of Nursing, Karnataka.

Oral Research Paper presentations were done by different nurse researchers. The presenters were given ten minutes to present and two minutes to answer the questions from the jury. Oral Paper Presentations were judged by Dr. Lizzie Raveendran and Dr. Prema Janardan. The announcement of results of E-Poster was done by Mrs. Liji Varghese, Assistant Professor, CCON. The winner for E-Poster was Mrs. P Santi, Associate Professor Vinayaka Mission's College of Nursing Karaikal. Subsequently the result of Oral Research Paper Presentations was done by Dr. Lizzie Raveendran the winner was Ms. Betsy George, Shri Rama Chandra University, Chennai. The winners for oral research and poster presentation were awarded with Rs. 5000/-



With a view to develop the desired competencies in nursing students, Chirayu College of Nursing inaugurated BLS and ACLS skill laboratory on 14/08/2021. The Inauguration was done by Dr. Ajay Goenka at 11:00 am by cutting the ribbon. The skill lab is equipped with various skill stations and mannequins as per the skill requirements of nurses and nursing students. Our skill laboratory assists in developing the psychomotor skills of the students and builds confidence to overcome the fear of performing CPR on live patients.



On 01/09/2021, CHO orientation program was organized to welcome CHO students under the leadership of Prof. Dr. Pramila R., Principal, CCON with the motive of enhancing the knowledge about the certificate course and encourage the students. The program commenced with Prayer Song at 11:00 am followed by the address of Dr. Amarnath Seth, Medical Director, CMCH, Dr. Ashutosh Mangalgiri, Medical Superintendent, CMCH and Dr. Ajay Goenka, CMD, Chirayu Charitable Foundation. They mentioned the importance of Community Health Officers in the community and motivated the students. The Principal's address was given by Prof. Dr. Pramila R., Principal, CCON. She provided the students with the orientation of the certificate course in community health. She focused the students to be sincere and regular to the college. She also emphasized on the utilization of the library for the self-study hours in the program. The vote of thanks was proposed by Mrs. Monika Sehgal, Lecturer, CCON and the program ended with National Anthem.





The lamp lighting ceremony was held on 23rd October 2021 for 9th batch of B.Sc (N) I year and GNM I year. The program began with Procession of B.Sc. and GNM students to their seats headed by their class coordinators. It was followed by Prayer song. Welcome speech was allocated by Mrs. Liji Varghese, Assistant Professor at CCON, followed by the dignitaries (Dr. Ajay Goenka, CMD., Chirayu Charitable Foundation, Ms. Shilangna Bodele, District Public Health Nurse, Bhopal, Dr. Amarnath Seth, Medical Director, Chirayu Medical College and Hospital, Bhopal, Dr. Ashutosh Mangalgiri, Medical Superintendent, Chirayu Medical College and Hospital and Prof. Dr. Pramila R. Principal Chirayu College of Nursing) lighting the lamp. The Significance of Lamplighting was explained by Mr. Shivam Sharma, B.Sc Nursing IV year Student.

The program headed with Passing of the light by Prof. Dr. Pramila R. Principal, Chirayu College of Nursing and Ms. Shilangna Bodele, District Public Health Nurse, Bhopal. After passing the light, Oath was administered by Mrs. Thamarai Selvi M, Professor at Chirayu College of Nursing, Bhopal following this the Freshers sung the lamplighting song.

The annual report of the college was then presented by Prof. Dr. Pramila R. Principal, Chirayu College of Nursing, Bhopal. It was followed with the Chief Guests address by Ms. Shilangna Bodele, District Public Health Nurse, Bhopal. With the blessings and motivational words from all the dignitaries the budding nurses were welcomed to Chirayu family. Thereafter the gratitude and honor towards the guests were expressed through felicitating them with a memento as a token of love and appreciation. A delicious lunch was served after the ceremony.



Chirayu College of Nursing organized Farewell Celebration for Outgoing students of M.Sc. Nursing (2018-19, 2019-20 batches) P.B.B.Sc Nursing, (2018-19, 2019-20 batches) B.Sc. Nursing (2016-17 2017-18) and GNM (2017-18, 2018-19) students on 27th October 2021. The program was initiated under the leadership of Prof. Dr. Pramila R. Principal, Chirayu College of Nursing, with the motive to provide an opportunity for junior students to say bye in a formal platform.

The program began with Prayer song from B.Sc. Nursing students. Welcome speech was allocated by Mrs. Monika Sehgal, Lecturer at CCON, followed by the Lighting the lamp by the dignitaries. Then the graduation Oath was administered by Mrs. Thamarai Selvi M. Professor at Chirayu College of Nursing, Bhopal. The program headed with Sharing of experiences by the coordinators and graduating students followed by address by Principal, Prof. Dr. Pramila R. It then proceeded with Chief Patron's Address by Dr. Ajay Goenka, CMD, Chirayu Charitable foundation and the gratitude towards the guests was expressed by felicitating the dignitaries and allocation of vote of thanks by Mrs. Sherin Annie Varghese, Associate Professor, Chirayu College of Nursing.

The program then continued with cultural events by the Junior students. The event started with welcome dance by B.Sc and GNM students followed with a mime from B.Sc III year and GNM Students. The event then followed with a dance from B.Sc Nursing III year Students and a theme dance by B.Sc Nursing II year students. The program ended with National Anthem and snacks were distributed to students.



World Diabetes Day Awareness Program was organized on 13/11/2021. Welcome speech was allocated by Mrs. Monika Sehgal, Lecturer at CCON. Program proceeded with beautiful welcome dance by CHO students. Awareness program moved forward with knowledge shared by CHO students with wonderful presentation by puppet show and MIME. The program continued by address by Prof. Dr. Pramila R. Principal, Chirayu college of nursing, Dr. O P Tiwari, Deputy Director, State Nodal Officer, Health and Wellness Centre Cell, Dr. Amarnath Seth, Medical Director, Chirayu Medical College and Hospital, Dr. Ashutosh Mangalgiri, Medical Superintendent, Chirayu Medical College and Hospital with their motivational and knowledgeable words. It then proceeded with distribution of awards to the students for various competitions organized on World Diabetes Day as well as World Heart Day. Thereafter, gratitude and honor towards guest was expressed through felicitating them with a memento as a token of love and appreciation. The program come to an end with vote of thanks allocation by Mr. Prateesh P T, Lecturer, CCON and followed with National Anthem.



To welcome the new batches, Freshers Day Celebration was organized on 5th January 2022. The program started with welcome speech by Mrs. Tintu Tomy, Assistant Professor at CCON. The program headed with Blessings from Dr. Amarnath Seth, Medical Director, Chirayu Medical College and Hospital, Bhopal and Blessings from our Medical Superintendent by Dr. Ashutosh Mangalgiri. Subsequently the first year students from all the programs were welcomed with rose buds and were given with an opportunity to introduce themselves to the gathering.



Chirayu College of Nursing organized Inter State College Competition on 11/02/2022. Sixteen Colleges from various parts of India enrolled in the competitions. The competition began with sharing of the theme for Puppet show and Selfie competition on 09/02/2022. The participants were asked to submit their puppet show videos and selfies by 11/02/2022. The continuation of the events took place on 11/02/2022 from 09:00 am with Poetry, Rangoli and Poster competitions. The judges were provided with college code and judging criteria for smooth conduct of evaluation. The Quiz began and 10:00 am with 14 colleges participation. Each college had a team comprising of four students for quiz and successfully completed by it 11:30 am.

After the collection of results from judges the prize awarding ceremony to appreciate and acknowledge the winners began at 02:00 pm in the presence of our Chief Patron Dr. Ajay Goenka, CMD, Chirayu Charitable Foundation with welcome speech allocation by Mrs. Thamarai Selvi, Professor at Chirayu College of Nursing. It was then followed with announcement of results by Mrs. Monika Sehgal, Lecturer, Chirayu College of Nursing. The Program then headed with Principals address by Prof. Dr. Pramila R, Principal Chirayu College of Nursing. Thereafter the Principal's from various colleges were given an opportunity to share their feedback.



Students of Chirayu College of Nursing participated in Pulse Polio Program organized by Civil Hospital Bairagarh on 27/02/2022, 28/02/2022 & 02/03/2022. The program began under the leadership of Dr. Ramhit Kumar, Medical Superintendent, Civil Hospital, Bairagarh. 76 Students were posted in different areas from 08:00 am to 05:00 pm along with faculty of Chirayu College of Nursing, Bhopal. Students administered polio drops to under 5 year children and gave awareness about Polio vaccine.

A woman is the full circle within her is the power to create, nurture and transform.

Chirayu College of Nursing organized Women's Day Celebration on 08/03/2022. The program was initiated under the leadership of Prof. Dr. Pramila R. Principal. Chirayu College of Nursing with the motive to recognize the contributions of women and girls around the world and to motivate the upcoming female nursing students from various backgrounds with the theme for the current year "Gender equality today for a sustainable tomorrow". The program continued with performance by student women celebrities who spoke about the lives of great female personalities. The event continued with Women's day Peroration by our Chief Guest for the day Mrs. Neelam Goenka, Trustee Chirayu Charitable Foundation. It then headed by the address of Special Guest for the day Dr. Manishi Singh, Professor and HOD Biochemistry department, CMCH and address from Distinct Guest for the day Mrs. Vinita Gupta, Professor in English Literature. The distinguished guests were then felicitated with a memento as a token of love and appreciation.



On 10th March 2022, role play on admission, transfer and discharge was organized. The aim was to encourage the students practice the process of admission transfer and discharge. The participants were B.Sc. (N) and GNM I year students. Ms. Tishanaidu B.sc Nursing I year student welcomed the guests for the day Dr. Vishnu vijayant chouhan, HOD, Dept of Nuclear Medicine, CMCH, Dr. Bipinchandra Ashok khade, Professor and HOD of Anatomy Department, CMCH and Prof. Dr. Pramila R, Principal CCON with floral bouquets. Dr. Vishnu vijayant chouhan, HOD, Dept of Nuclear Medicine, CMCH gave feedback regarding the program. Followed with the address by Dr. Bipin Chandra Ashok khade, Professor and HOD of Anatomy Department, CMCH, who appreciated the students and gave feedback regarding the program and explained the importance of "Admission, transfer and discharge". Prof. Dr. Pramila R addressed the gathering and pointed out the areas to be improved and the good work that students performed in the role plays and motivated students for the performances in future. The felicitation of the guests was done with memento by the Principal, Prof. Dr. Pramila R. The program ended with vote of by Ms. Sree Lakshmi .G from B.Sc Nursing I year.



Chirayu College of Nursing organized the 10th lamp lighting ceremony for 2021-22 B.Sc. Nursing and GNM first year students on 05th April 2022 to guide the new comers through the path of Florence Nightingale. The program began at 11:00 am with Procession of B.Sc. Nursing and GNM students to their seats headed by their class coordinators. It was followed by Prayer song from B.Sc. and GNM students. Greeting allocation was done by Mrs. Sherin Annie Varghese, Professor at CCON, followed by the dignitaries (Dr. Ajay Goenka, CMD., Chirayu Charitable Foundation, Prof. Dr. A.F Annie Raja, Principal, St. Isabel's College of Nursing, Dr. Amarnath Seth, Medical Director, Chirayu Medical College and Hospital, Bhopal, Dr. Ashutosh Mangalgiri, Medical Superintendent, Chirayu Medical College and Hospital and Prof. Dr. Pramila. R. Principal Chirayu College of Nursing) lighting the lamp. Then the Significance of Lamp lighting was explained by Ms. Kalash Bakodia, B.Sc. Nursing IV year Student.

The program headed with Passing of the light by Prof. Dr. Pramila. R. Principal, Chirayu College of Nursing and Prof. Dr. A.F Annie Raja, Principal, St. Isabel's College of Nursing, Chennai. After passing the light, Oath was administered by Mrs. Thamarai Selvi M. Professor at Chirayu College of Nursing, Bhopal following this the Freshers sung the lamp lighting song. The annual report of the college was then presented by Prof. Dr. Pramila. R. Principal, Chirayu College of Nursing, Bhopal. It was followed with the Chief Guests address. The program came to an end with indebtedness allocation by Mrs. Monika Sehgal, Lecturer and followed with National Anthem, then there was a delicious lunch for all the students and staff by the management.



On 07-04-2022, Chirayu College of Nursing conducted extracurricular events for students. The intention of this event was to bring out the hidden talents of the students and encourage their creativity. The events included sports and cultural events which lasted for three days. The event started with an inauguration program on 07.04.2022 at 10:00 am. The event was inaugurated by Mrs. Neelam Goenka, and the chief guests lighted the torch which was passed to the SNA vice President and Dr.M.P. Singh waved the flag to start the march past. Teachers were given responsibility for each activity and judges were allotted for the same.

The events for 07-04-2019 were Rangoli, Mehendi, Poster Presentation, Solo Song, Solo Dance, Word Puzzle, Pencil Drawing, Fancy Dress and the events were judged by various doctors from Chirayu Medical College.



On the second day i.e.: on 08-04-2019, the events started at 9 am. The events planned for the second day were Cricket, Chess, Carroms, Running Race, Relay Race, Lemon & Spoon Race, Tug of War, Ludo, Javelin, Discus, Sack Race, Kabaddi, Musical Chair, and Long Jump. On the third day, the events planned were Shotput and Badminton and finals for Chess Carroms and cricket. The three days event proved to be great refreshment for both students and faculty. The events gave ample opportunities to show their talents and creativity. The program was a success with the active participation of students and faculty.

Chirayu College of Nursing organized Exhibition: Amalgamation of Models and Posters on 22/04/2022 to recognize the talents and creativity of GNM and B.Sc. nursing students. The program began with prayer song by B.Sc Nursing II Year students at 10:00 am followed by welcome address from Mrs. Thamarai Selvi M., Professor, CCON and lighting of lamp by the dignitaries. The event continued with Inaugural address by our Chief Patron Dr. Ajay Goenka, M.D., CMD, Chirayu Charitable Foundation. The program followed with Medical Director's address by Dr. Amarnath Seth, Medical Director, CMCH. The Principal's address was then delivered by Prof. Dr. Pramila. R. Principal, Chirayu College of nursing. The event formally ended with the vote of thanks delivered by Mrs. Sherin Annie Varghese, Professor, Chirayu College of Nursing. The inauguration of the programme was then done by Dr. Ajay Goenka, M.D., CMD, Chirayu Charitable Foundation by cutting the ribbon. Students from different batches prepared models in groups. The models and posters were evaluated by Dr. Arvind Athavale, HOD, Preventive and Social Medicine, CMCH and Dr. Angesh Bagade, HOD, Department of Physiology, CMCH.

COLLEGE REPORT



A Chinese proverb very aptly states, "Teach me and I will forget. Show me and I might remember. Involve me and I will never forget." Co-curricular activities help in the aesthetic development like character building, spiritual and moral values, physical growth, and creativity. We the team of Chirayu College of Nursing focus on over all development of our students. We have faith that all these accomplishments had positively helped our students to bring revolution in nursing in near future.

STUDENTS BATCHES 2021



B.Sc I Year



B.Sc II Year



B.Sc III Year



B.Sc IV Year



GNM I Year



GNM II Year



GNM III Year



GNM INTERNSHIP



M.Sc. Nursing

P.B.B.Sc. Nursing



COMMITTEE



Curriculum Committee



Class Co-ordinator Committee



Health Committee



Editorial Committee



Discipline Committee



Hostel & Mess Committee

MEETINGS



The College ensures the well being of students through class co-ordinators meeting which is conducted every month chaired by the Principal

COLLEGE TOPPERS 2020-21



Muskan Sahu
B.Sc I Year



Deepika Yadav
B.Sc II Year



Riya Johnson
B.Sc III Year



Ruby Yadav
B.Sc IV Year



Amita Dubey
P.B.B.Sc I Year



Monisha Das
GNM II Year



Kashish Daswani
GNM III Year



Pratibha Patil
M.Sc. I Year



Sweetie Varghese
M.Sc. II Year



Principal, Management, Faculty and Students



Principal with Non Teaching Staff



CHIRAYU COLLEGE OF NURSING, BHOPAL

A Unit of Chirayu Charitable Foundation

ADMISSIONS OPEN FOR THE ACADEMIC YEAR 2022-2023

AFFILIATED TO MPMSU & APPROVED BY INC, MPNRC

CURRICULAR ACTIVITIES

1. Regular theory class
2. Lab demo class
3. Fair and continuous theory & practical internal examination
4. Regular Clinical duty
5. Practical examination
6. Field visit to enrich learning experience

CO-CURRICULAR ACTIVITIES

1. Student welfare activities.
2. SNA activity
3. Guidance & counselling
4. Educational visit
5. Conduct of workshop & conferences
6. Participation in National Health Programs
7. Intercollegiate Research meet

EXTRA CURRICULAR ACTIVITIES

1. Festival celebration
2. Republic & Independence day celebration
3. Cultural activities
4. Sports activities
5. Annual Day

**HURRY!!!
ADMISSION
OPEN**

M.Sc (N)

P.B.B.Sc (N)

B.Sc (N)

G.N.M

2 Year P.G. Degree Course

- B.Sc (N)/P.B.B.Sc (N) with Minimum 55% aggregate marks
- 1 Year Experience (all speciality)
- No Age Limit
- Registration Compulsory

2 Year Degree Course

- 10+2 Passed & G.N.M with Minimum 45% aggregate marks
- No Age Limit
- Registration Compulsory

4 Year Degree Course

- 10+2 Passed with Minimum 45% marks
- Physics, Chemistry, Biology & English
- Age Limit 17-35 years

3 Year Diploma Course

- 10+2 Passed with Minimum 45% marks
- Any subject
- Age Limit 17-35 years

ABOUT

CHIRAYU COLLEGE OF NURSING

COLLEGE

1. Attractive infrastructure as per INC norms
2. Well ventilated spacious & advanced class room
3. Library & E-Library
4. Well Equipped nursing Labs
5. Furnished IT Lab.

HOSTEL

1. Well Furnished Room
2. Mess Facilities
3. Recreation Facilities
4. 24x7 guarded with Security
5. Separate Boys and Girls hosel.

HOSPITAL

1. NABH accredited own 850 bedded hospital.
2. Chirayu Cancer Hospital & chirayu critical care Hospital.
3. Adopted Community.

CAMPUS

1. Lush green and lake view campus
2. ATM & Cafeteria
3. Sports ground
4. Free transportation.

**OUR
FACILITIES**

1. SCHOLARSHIP FOR SC, ST, & OBC
2. RAGGING FREE CAMPUS
3. 100% JOB PLACEMENT & CAMPUS INTERVIEW
4. ANNUAL CONDUCT OF ACLS & BLS CERTIFICATION
5. NABH ACCREDITED OWN 850 BEDDED HOSPITAL ADOPTED COMMUNITY

JOB

**OPPORTUNITY
IN NURSING**

1. Staff Nurse
2. Clinical Instructor
3. Railway Nursing
4. ESI Nurse
5. Aerospace & Tele nurse
6. Legal Consultancy Nurse
7. Occupational Health Nurse
8. District Nurse
9. Critical care Nurse
10. Hospice Nurse
11. Nurse Researcher
12. Forensic Nursing & Many more
13. Work Abroad