

RETEST THEORY EXAMINATION

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ADVANCED MEDICAL SURGICAL NURSING

III YEAR BSC (N)

INTERNAL EXAM - I

RETEST QUESTION PAPER

DATE: 15/10/2024

TIME: 9-12 NOON

MARK: 75

I. ESSAY ON ANY TWO

(2X15=30)

1. a. DEFINE GLAUCOMA? 2M

B. WRITE ABOUT TYPES & CLINICAL MANIFESTATION OF GLAUCOMA 4M

C. WRITE IN DETAIL ABOUT MEDICAL & NURSING MANAGEMENT OF PATIENT WITH GLAUCOMA 9M

2. A. DEFINE BRAIN TUMOR 2M

B. WRITE THE CLASSIFICATION OF PATHOPHYSIOLOGY OF BRAIN TUMOR 5M

C. WRITE IN DETAIL ABOUT MEDICAL & NURSING MANAGEMENT OF PATIENT WITH BRAIN TUMOR? 8M

3. A. DEFINE CHRONIC SUPPURATIVE OTITIS MEDIA 2M

B. WRITE ABOUT TYPES & CLINICAL MANIFESTATION OF CSOM 4M

C. WRITE IN DETAIL ABOUT MEDICAL & NURSING MANAGEMENT OF PATIENT WITH CSOM 9M

II. SHORT NOTES (ANY FIVE)

(5X5=25)

1. TONSILITIS

2. SPEECH THERAPY

3. REFRACTIVE ERRORS

4. RETINAL DETACHMENT

5. MENOPAUSE

6. HEADACHE

7. UTERINE FIBROIDS

III. VERY SHORT NOTES

(10X2=20)

1. DEFINE LUMBAR PUNCTURE

2. ENLIST SIGNS AND SYMPTOMS OF PHARYNGITIS

3. TYPES OF HEARING AIDS

4. ENLIST CONGENITAL DISORDERS OF FEMALE REPRODUCTIVE SYSTEM

5. ENLIST SYMPTOMS OF CONJUNCTIVITIS

7. ENLIST FOREIGN BODIES OF EAR

8. DEFINE GUILLIAN BARRE SYNDROME

9. ENLIST MENSTRUAL DISORDERS

10. DEFINE LARYNGITIS

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9-12 pm

50
75
good

Anjali K
IIIrd year B-batch
Roll No: 13
Narayana college
of nursing.

15/10/24
Wednesday

Pm

AMSN

RETEST

3.A)

CHRONIC SUPPURATIVE OTITIS MEDIA

Introduction

Otitis Media is the inflammation of the middle ear. characterized by the accumulation of fluid filled with middle-ear cavity. middle ear cavity with perforated or pus filled and Pain in the ear.

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Definition

Chronic suppurative Otitis Media (CSOM) is the chronic inflammation of the middle-ear cavity. It is the severe condition of acute otitis media. pus produced in the ear cavity. caused by ear pain and ear discharges.

or

Chronic suppurative otitis media is the long term condition in which the damage the ear drum and ear loss. fluid filled with middle ear cavity with pus formation and it may cause internal ear bleeding. is called CSOM.

B)

Types of CSOM

Acute suppurative Otitis Media

Otitis ^{Media} Effusion

Chronic Suppurative Otitis Media

Acute Suppurative Otitis Media

Acute suppurative Otitis Media is the inflammation of the middle ear. It is the accumulation of fluid filled with in the middle ear cavity. is called ASOM.

Otitis ^{Media} Effusion

Otitis ~~Media~~ Effusion is the non perforation of the ear canal. but it is also inflammation of the ear canal.

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Other types of CSOM

Primary CSOM

Secondary CSOM.

Primary CSOM

primary CSOM is defined as the first stage of chronic inflammation of the CSOM. It is called Primary CSOM

Secondary CSOM

Secondary CSOM is defined as the 2nd stage of chronic inflammation of the CSOM. It is called Secondary stage of CSOM.

Etiology

- Nasal Problems
- Infections
- Bacterial infection
- Change in altitude
- change in ~~am~~ climate
- Exposure to high volume
- Hereditary

Risk factors

- Hereditary
- Age
- Air Pollution
- Congenital
- family history
- Infections

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Clinical Manifestation of CSOM

- ⇒ Nausea & Vomiting.
- ⇒ Ear discharge
- ⇒ Irritability
- ⇒ Ear Pain
- ⇒ Pus formation
- ⇒ Headache
- ⇒ Hearing loss
- ⇒ Hearing impairment
- ⇒ Auditory
- ⇒ Communication problem due to hearing loss
- ⇒ drizziness
- ⇒ fluid thrill
- ⇒ Sleeping disturbances
- ⇒ Auditory problems.
- ⇒ Mastoiditis.

c)

Medical and Nursing Management of CSOM

Medical Management

Pharmacological Management

⇒ Antibiotics

- Amoxicillin
- Penicillin

⇒ Deconstrictant drops

- Ear drops

⇒ Analgesics

- paracetamol

Antibiotics are given to be effective against bacteria infection of the middle ear cavity.

Analgesics are given to reduce the ear pain.

Surgical Management

- ⇒ Tympanoplasty
- ⇒ Tympanotomy

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Nursing Management of pt with CSOM

Nursing Diagnostics

⇒ Acute pain related to the disease condition - as evidenced by Pain scale

⇒ sleeping disturbances ^{due} ~~are~~ ^{evident} to ear pain are evidenced by Redness of the eye and ear discharges.

⇒ Auditory problems due to hearing loss are evidenced by asking questions.

Nursing Intervention

⇒ Administered Medication ~~is~~ are analgesics to reduce the ear pain.

⇒ Administered ear drops

⇒ checking vital signs

⇒ Hearing test

⇒ Educate the patient with the seriousness of disease condition

⇒ Educate the family members due to disease condition

Planing	Rational Intervention
Administer → Provide Analgesics → Provide psychological support → Provide → Administer Antibiotics	→ To reduce Pain → To provide improve comfort. → To reduce the bacterial infection

Expected outcomes

According to the disease condition patient weaknesses may or may not be reduced.

1.9)

Glaucoma

Introduction

Glaucoma is the condition characterized by the eye problems. loss of visual power - damage the eye cells. It is the condition in which the intraocular pressure in the retinal layer of the eyes.

Definition

Glaucoma is the disease condition characterized by the increase the intra-ocular pressure in the retina damage the retinal layer and caused by loss of - visualization of the eyes.

Glaucoma is the condition occurring due to the increasing the intraocular pressure - due to the congenital and acquired - causes of the visual loss & is called - glaucoma.

B)

Types of Glaucoma

↳ Acquired Glaucoma

↳ Congenital Glaucoma

Acquired Glaucoma

Acquired glaucoma is the condition - characterized by the increasing the intra-ocular pressure. causes damage the retinal wall and loss of visualization.

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Types of Acquired glaucoma

Primary acquired glaucoma

Secondary acquired glaucoma
Traumatic glaucoma

Congenital Glaucoma

Congenital Glaucoma is the disease condition characterized by the hereditary and during-birth time will affected the condition that causing the retinal damage and visual-dysfunction. Is called congenital glaucoma.

It is the increasing the intra ocular pressure above 25 mmHg. Is called glaucoma. It is damage the Retinal layer. and visual dysfunction.

Etiology and Risk factors

- ⇒ Hereditary
- ⇒ Age
- ⇒ light exposure.
- ⇒ Retinal detachment
- ⇒ Radiation exposure
- ⇒ Increasing the IOP above 25 mmHg

Clinical Manifestation

- ⇒ Visual dysfunction
- ⇒ Blurred vision
- ⇒ Head ache
- ⇒ Numbness
- ⇒ pain
- ⇒ Edema
- ⇒ fluid thrill
- ⇒ Retinal detachment
- ⇒ Conjunctivitis.
- ⇒ Myopia
- ⇒ Redness of the eye.

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c]

Medical and Nursing Management

Diagnostic Evaluation

- ⇒ slip Lamb test
- ⇒ Eye power test
- ⇒ Measured IOP measured by Tonometry
- ⇒ Retinometry.

Medical Management

→ Use tonometry

→ Retinometry

⇒ Pharmacological Management

- * Antibiotics
- * Decongestant drops
 - Eye drops

* Analgesic's

* Surgical Management

⇒ Retinoplasty

2) Nursing Management

Nursing Diagnosis

⇒ Acute pain related to disease condition as evidenced by pain scale

⇒ Blurred vision as related to facial expression as evidenced by reading test.

⇒ Sleeping disturbances related to the disease condition as evidenced by observation of Redness and swelling of the eyes.

⇒ Nursing Intervention

⇒ Administer the medication i.e., analgesics and antibiotics to reduce the pain and remove the bacterial infection.

⇒ Blurred vision as Tonometry as used to measure the intraocular pressure.

- ⇒ provide comfort devices due to sleeping disturbances
- ⇒ vital signs checked & recorded.

⇒

Complication

⇒ Retinal detachment

planning	Rational
Administer the medication	To decrease the pain and destroyed bacteria
Provide comfort device	To provide comfort
Provides psychological support	To improve the mental ability.

Expected outcome

According to the disease condition patient weakness may or may not be reduced.

II

1.)

Tonsillitis

Definition

Tonsillitis is the infection or inflammation of the ~~not~~ tonsil. caused by the entering to the any bacterial infections and throat infections. is called tonsillitis.

or

Tonsillitis is defined as the inflammation of the Tonsil from the throat. it may be caused by sore throat and - ~~no~~ changes in altitude and change in climate. Infection may be occurring to the respiratory ~~to~~ system also.

It characterized by the throat pain and difficulty to swallowing and redness and swelling the throat.

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Types of tonsillitis

Acute Tonsillitis

Chronic Tonsillitis

Acute Tonsillitis

Acute Tonsillitis is defined as inflammation of the tonsils. It is ~~also~~ characterized by the short-term illness of during the fever or other sore throat. It causes the tonsillitis.

Chronic Tonsillitis

Chronic tonsillitis is defined as the ~~inflammation~~ chronic inflammation of the tonsils. Sore throat and difficulty to swallowing and difficulty to eating food and throat pain will occur. It is called chronic tonsillitis.

Etiology

- sore throat
- fever
- changes in climate
- Diabetes
- Fungal infection
- viral infection
- Bacterial infection.
- candidiasis.

Risk factors

- ⇒ Changes in climate
- ⇒ Sore throat
- ⇒ Fever
- ⇒ Drinking cool water
- ⇒ Life style
- ⇒ Bacterial infection

Clinical Manifestation

- ⇒ dysphagia
- ⇒ Difficulty to swallowing
- ⇒ Difficulty to speaking
- ⇒ Sore throat.

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⇒ Throat Pain

⇒ Mucous

⇒ Sputum production

⇒ Yellowish colour in sputum.

⇒ Cough

Pathophysiology

Due to Etiological factors



Infection or inflammation



Sore throat



Difficulty to swallowing



Severe cough



Tonsillitis.

Diagnostic Evaluation

⇒ Sputum Culture

⇒ Ultrasound

⇒ Physical Examination

Management

Management

Medical Management

- * Antibiotics
- * Analgesics
- * Comfort device hot water bag
- * Educate the patient drink hot water.

Nursing Management

Diagnoses

- ⇒ Acute Pain related to disease condition as evidenced by pain scale
- ⇒ Acute sleeping disturbances related to throat pain and cough as evidenced by redness of the eyes
- ⇒ Difficulty to swallowing related to throat pain as evidenced by facial expressions
- ⇒ Severe ^{Pain} cough as related to the disease condition as evidenced by cough

Intervention.

- provide Analgesic
- Administer the medications
- checking vital signs
- collection of sputum
- ⇒ ~~into Administer~~ provide comfort device
- Educate the Patient about drinking hot water.

Expected outcome

patient pain and weakness may or may not be reduced.

3)

Refractive Errors

Refractive errors means abnormally in the refraction of the eye. A light from the infinity need to focus on the retina and some times it focus in front or back of the retina. These are said to be abnormalities.

Types of Refractive errors

⇒ Ametropia.

⇒ Emmetropia

⇒ Myopia

⇒ Hypermetropia

⇒ Astigmatism.

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Ametropia

Ametropia means light from the infinity focus in the back of the retina.

Emmetropia

Emmetropia means light from the infinity focus in the front of the retina.

Myopia

Myopia is also called short sightness. The light from the infinity focus in the back of the retina and can't see clearly long distance images.

Hypermetropia

It is also called long sightness. The light from the infinity focus is found in front of the retina and can't see the object clearly short distance images.

4)

Retinal Detachment

Retinal Detachment is defined as the condition of the displacement of the retinal layer. It is called retinal detachment. It causes blurred vision and.

Etiology and Risk factors

↳ Glaucoma

↳ Hereditary

↳ Congenital

↳ Trauma.

↳ Age

↳ high light exposure

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Clinical Manifestation

⇒ Blurred vision

⇒ loss of vision

⇒ Blindness

⇒ Headache

⇒ itching

⇒ Irritability.

Diagnostic Evaluation

⇒ Eye test

⇒ split lamp test

⇒ Reading test

⇒ Refractometry

⇒ Tonometry

⇒ Retinometry

Management

⇒ Surgical

⇒ Retinoplasty

⇒ Nursing management

⇒ Provide Education about surgery

⇒ Administered Medication

⇒ Reading test

⇒ Administer ~~the~~ Eye drops.

complication

⇒ Glaucoma

⇒ cataract

5) Menopause

Introduction
Definition

Menopause is defined as the menstrual period stopped stage. The 40 to 65 years the age that menstrual cycle is stop and menstruated the age.

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Menopause is the ovulation cycle and reproduction is stopping and hormones is reduced.

Definition

Menopause is defined as the menstrual cycle is stopped and ovulation and menstruation is stop for hormonal change to damagny. age is 50 - 65 year. stop for ovulation and reproductive system. the

Menarche in 14 year or above year - the sexual and reproducing for baby the - preparing age. Menopause is -

Etiology

- Age
- Sex
- hormonal changes
- Early Menstruation (Menarche)
- hereditary condutors
- Obesity.

Clinical Manifestation

Manifestation

- Mental retardation
- Stress
- Hair loss
- Depression
- Aging
- Aggressiveness

Complications

- Excessive Obesity
- DM
- Hypertension
- Memory loss

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III
1)

Lumbar Puncture

Lumbar puncture is the diagnostic evaluation of the CNS. It is the procedure of collecting CSF from the spinal cord is called lumbar puncture.

b) Meningitis.

Meningitis is defined as the inflammation of the meningeal layer. Damage the meningeal layer and swelling is occur. It is called meningitis.

c) Laryngitis

Laryngitis is defined as the inflammation of larynx. due to the any laryngeal disease conditions. • during throat pain and difficulty to speaking and swallowing.

2)
10)

Signs and symptoms of Pharyngitis

⇒ Throat Pain

⇒ ~~Ab~~ Running Nose

⇒ Ear Pain

⇒ Swallowing difficulty

⇒ Difficulty to speaking.

⇒ Swelling in throat.

⇒ Headache

⇒ Nausea.

3)

4)

Congenital Disorders of female Reproductive system

→ Ovarian cancer

→ Uterine fibroids

⇒ Uterine cancer

⇒

2)

Types of Hearing Aids

↳ Pocket Mode

↳ Behind the ear

↳ In the ear

↳ In the canal

3)

Symptoms of conjunctivitis.

→ Blurred vision

→ Runny eyes

⇒ & loss of vision

→ Headache

→ difficulty to reading

→ Blinds

9)
9)

Menstrual Disorder

→ Amenorrhea

→ Over Bleeding

→ P.B

→ PCOD

7)

Foreign Bodies of ear

→ Dust

→ bacterial

→ Fungus

→

8)

Guillain Barre Syndrome

It is a neurotic disorder characterized by the paralysed the one side of the body part. It can't be passed, nerve impulses is called Guillain Barre Syndrome.

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PRACTICAL EXAMINATION

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PRACTICAL EXAM

DATE	MEDICATION	DOSE	ROUTE	TIME	NURSING CARE PLAN	TIME
25/10/24	INJ. AUGMENTIN	1gm	IV	BD	→ Establish inter personal relationship with patient	7-7.10am
	INJ. DERYPHYLLIN	dmg	IV	OD	→ unit cleaning and bed making done	7.10-8am
	INJ. PANTOP	40mg	IV	OD	→ Administration of medications	8-8.30am
					→ Doctor's rounds followed	8.30-9am
					→ Vitals checked & recorded	9-9.30am

2/2
25

DATE	TREATMENT	AMOUNT	
	—	—	→ History collection done
			→ physical examination done
			→ Nursing procedure on comfort device
			→ Health education given
			→ Recording & Reporting

Religion	Age/sex	Bath	VITAL SIGNS				DIET
			T	P	RR	BP	
Hindu	58y / Female	Normal bath	98.6°F	72b/m	20b/m	130/90	Normal diet

PT. Name	BED. NO	DIAGNOSIS	DOCTOR NAME	IP No.
Lakshmi	001	Respiratory failure	Dr. Kalyani <i>Principa</i>	241016307

HISTORY COLLECTION

Name : Afiya Mariya Biju
Class : III D
Roll No : 02
Sree Narayana Nursing College

PATIENT PROFILE

Name of patient : Mrs. Lakshmi Narasama
Age/sex : 58y/F
Occupation : housewife
Education : 5th
Religion : Hindu
Ward : Pulmonology
IP No : 24106307
DOA : 16/10/2024
Diagnosis : **Respiratory Failure**

Dr. B. Anuj
Nursing

CHIEF COMPLAINTS

Mrs. Lakshmi Narasama was admitted in Narayana medical college hospital with chief complaints of breathing difficulty, cough and body weakness since 2 days.

25/10/24.
INS. AUGMENTIN
1gm, IV
BD
Bedno: 001

25/10/24
INS. PANTOP
40mg, IV
OD
Bedno: 001

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MEDICAL HISTORY

PRESENT MEDICAL HISTORY

Mrs. Lakshmi Narasamma has a present medical history of breathing difficulty, cold and body weakness since 2 days. Dr. Kalyani Madam taken the case and advised some investigations such as CBP, X-Ray, sputum examinations and diagnosed as Respiratory failure and also prescribed some medications:

Rx.

INJ. AUGMENTIN

INJ. PANTOP

INJ. DERIPHILLIN

TAB. ABPHYLLIN

PAST MEDICAL HISTORY

Mrs. Lakshmi Narasamma has not having any past medical history.

§

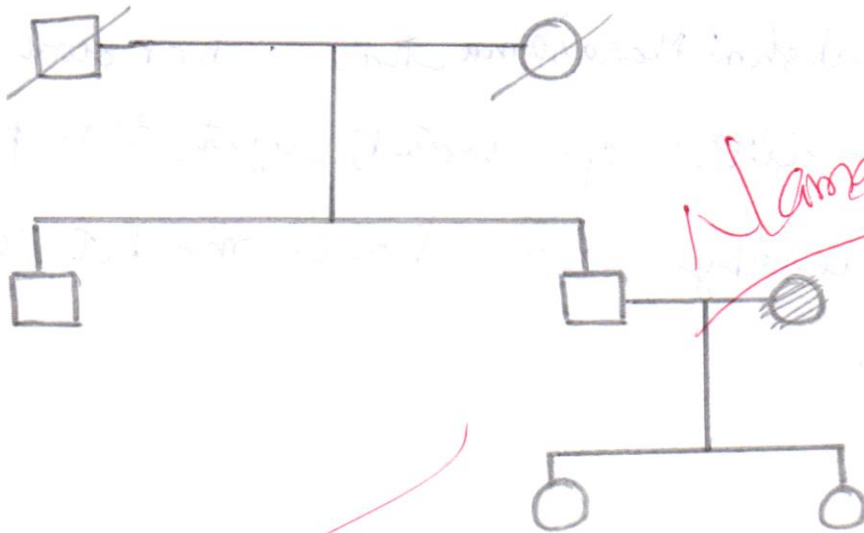
SURGICAL HISTORY

Mrs. Lakshmi Narasamma has not any significance of surgical history.

FAMILY HISTORY

- Key
- ☐ - male
 - - female
 - ◉ - female PC

FAMILY TREE



FAMILY MEDICAL HISTORY

Mrs. Lakshmi Narasama and her family members had no any significance of any congenital abnormalities like cleft lip or palate and not any communicable diseases like chickenpox, malaria

PERSONEL HISTORY

Mrs. Lakshmi Narasama had maintain a good personal of hygiene, she was taking a mixed diet and also had sleeping disturbances, she also having good bowel and bladder appetite

MENSTRUAL HISTORY

Mrs. Lakshmi Narasama had a normal menstrual history her menarche starts at the age of 15 years and

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menopause at the age of 48 years.

SOCIO-ECONOMIC HISTORY

Mrs. Lakshmi Narasama has her own house with all facilities of water, light, transport, drainage and nearby her house market, road and temple.

PHYSICAL EXAMINATION

GENERAL APPEARANCE

consciousness - conscious
orientation - oriented to ~~past~~ time
sign of distress - breathing difficulty
Body movement - ROM not possible

VITAL SIGNS

Temperature - 98.6°F
Pulse - 72 b/m
Respiration - 22 b/m
Blood pressure - 130/90 mmHg

MEASUREMENT

Height - 160 cm

Weight - 60 Kg

BMI - 23.11 cm²

SKIN AND NAILS

Colour and vascularity - Brown

moisture - moist

Nails - clean

Edema - No edema

HEAD AND SCALP

Skull - Normal

Scalp - clean

Hair - curly

face - symmetry

EYES

Eyebrows - curved

Sclera - white

Pupils - perta

Eye movement - Normal

EARS

Pinna - Normal

Position - Equal to outer canther

Ear canal - clean

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NOSE

- Septum - midline
- Nasal mucosa - pink
- Patency - patent

MOUTH AND PHARYNX

- Lip - pink
- Teeth - white
- Gum - pink
- tongue - Dry

NECK

- Appearance - symmetrical
- Thyroid - palpable
- trachea - midline
- movement - ROM

CHEST

- Thoracic configuration - symmetrical
- Respiratory pattern - Normal
- Lung sound - S₁S₂
- heart sound - S₁S₂

ABDOMEN

- INSPECTION - fluid around
- Palpation - palpable
- Perussion - No fluid thrill
- Auscultation - bowel sound pres

GENITALIA

Female genitalia : No foul smell, lesion present

ROM

No movement

EXTREMITIES

size : Edema present

muscle tone and strength : firm

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INVESTIGATIONS

Date	investigations	Pt. Value	Normal Value	Remark
25/10/24	Haemoglobin	12.8 mg/dl	12-13 gm/dl	Normal
	WBC	16,200 cells/cmm	4000-11000 cells	high
	sodium	143 meq/dl	130-145 meq/dl	Normal
	ESR	18 mm	0-10 mm/hg	high

MEDICATIONS

Date	Name of Drug	Dose	route	freq	side-effect	Nurse Respon
25/10/24	INJ. AUGMENTIN	1gm	IV	BD		Right patient
	INJ. DERYPHYLLIN	2mg	IV	OD		Right route
	INJ. PANTOP	40mg	N	BD		Right dose
	TAB. ABPHYLLIN		oral	BD		Right drug

NURSING DIAGNOSIS

- ⇒ pain over left and right chest related to breathing difficulty as evidenced by pain scale
- ⇒ increased BP as evidenced by checking vitals signs
- ⇒ Breathing difficulty related to disease condition as evidenced by respiratory rate
- ⇒ anxiety related to hospitalization as evidenced by asking more questions.

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NURSING CARE PLAN

Assesment	Δ's	Goal	Planning	Rational	Implementation	Evaluation
<p><u>Subjective Data</u></p> <p>Patient says that she having breathing difficulty.</p>	<p>Breathing difficulty related to disease condition as evidenced by monitoring RR</p>	<p>To reduce breathing difficulty</p>	<p>→ Asses patient condition</p>	<p>→ To know patient condition</p>	<p>→ Asses patient condition</p>	<p>By doing all these procedure Patient condition is improved</p>
<p><u>Objective Data</u></p> <p>Breathing difficulty as evidenced by monitoring RR</p>			<p>→ providing comfort device</p>	<p>→ To reduce Patient condition</p>	<p>→ provided comfort device</p>	
			<p>→ Administering medication</p>	<p>→ To relief from difficulty</p>	<p>→ Administered medication</p>	
			<p>→ provide nebulization</p>	<p>→ reduce diffi-culty</p>	<p>→ provided medication</p>	

DIET PLAN

Date	time	meal	menu	Amount	Kcal
25/10/24	6 am	Early morning	milk + biscuit	1 glass	100
	8 am	morning	idly	1 plate	150
	10 am	midmorning	Juice	1 glass	100
	12 pm	Lunch	Rice	1 plate	200
	4 pm	Evening	Snakes	1 glass	100
	8 pm	Dinner	puri	1 plate	200


HEALTH EDUCATION

- ⇒ Educate patient about disease condition
- ⇒ Educate to take nutritional food
- ⇒ Educate patient to check BP
- ⇒ Educate to do exercise

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RECORDING AND REPORTING

Date	Recording	Reporting	Sign
25/10/24	<p>→ Bed making done</p> <p>→ History collection</p> <p>→ Physical examination</p> <p>→ Monitor vitals</p> <p>Temp - 98.6°F PR - 72 b/m RR - 18 b/m BP - 140/90 mmHg</p> <p><u>PROBLEM</u></p> <p>breathing difficulty</p> <p><u>INTERVENTION</u></p> <p>→ vitals checked</p> <p>→ comfort device provide</p> <p><u>EVALUATION</u></p> <p>Patient pain reduced</p>	<p>I have done all these procedure and submitted to ward incharge madam</p> <p>Patel</p>	<p>Sign</p> <p></p>