

21N101009092

Dr. Babu
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

**COURSE OF INSTRUCTION AND SUPERVISED PRACTICES
AS PER THE INDIAN NURSING COUNCIL**
(As Revised in 1986)

Admission No.

1. Name of the Student : SONA SANTHOSH
2. Age & Sex : 20 Y / F
3. Date of Birth : 30/11/2002
4. Father's Name : C. K SANTHOSH
5. Marital Status : SINGLE
(married / single / divorce / widow)



6. Educational Qualification :
7. Address : KIZHAKKECHENPANKULAM (H)
NALUKODY P.O PAIPPAO
8. Community & Religion :
9. Date of Joining : Date of completing :
10. Marks of Identification : 1. A BLACK MOLE ON THE RIGHT CHEEK
2. A BLACK MOLE ON THE FOREHEAD
11. Extra curricular activities :

Signature of Student : 

Date :

Signature of Professor :

Date :

Signature of Principal

Date :

Dr. B. S. Prasad
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

II Year

Dr. Bahamy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

COMMUNITY HEALTH NURSING

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|-------------------------------|---------------------|-----------------------------|-----------------------|-----------------------------|
| 1. | Mapping of the Area | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 2. | Conduction of Survey | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 3. | Home Visits | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 4. | Bag Technique | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 5. | Care of Fever Patient | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 6. | Administration of Medication | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 7. | Baby Bath | 6/11/23 | <i>[Signature]</i> | 8/11/23 | <i>[Signature]</i> |
| 8. | Demonstration of Nursing Care | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | a. ORS Preparation | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | b. Dental Care | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | c. Eye Irrigation | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | d. Ear Irrigation | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | e. Cord Care | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | f. Dressing | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| | g. Scabies Treatment | 7/11/23 | <i>[Signature]</i> | 10/11/23 | <i>[Signature]</i> |
| 9. | Barrier Nursing Techniques | 8/11/23 | | 11/11/23 | |
| | - Gowning | 8/11/23 | <i>[Signature]</i> | 11/11/23 | <i>[Signature]</i> |
| | - Gloving | 8/11/23 | <i>[Signature]</i> | 11/11/23 | <i>[Signature]</i> |
| | - Wearing mask | 8/11/23 | <i>[Signature]</i> | 11/11/23 | <i>[Signature]</i> |
| 10. | Physical Assessment for | 10/11/23 | | 13/11/23 | |
| | - New Born | 10/11/23 | <i>[Signature]</i> | 13/11/23 | <i>[Signature]</i> |
| | - Infant | 10/11/23 | <i>[Signature]</i> | 13/11/23 | <i>[Signature]</i> |
| | - Toddler | 10/11/23 | <i>[Signature]</i> | 13/11/23 | <i>[Signature]</i> |
| | - Preschool | 10/11/23 | <i>[Signature]</i> | 13/11/23 | <i>[Signature]</i> |
| | - School age | 10/11/23 | <i>[Signature]</i> | 13/11/23 | <i>[Signature]</i> |

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|--|---------------------|-----------------------------|-----------------------|-----------------------------|
| | - Adult | 10/11/23 | Raji | 13/11/23 | Raji |
| | - Geriatrics | 10/11/23 | Raji | 13/11/23 | Raji |
| 11. | A.V. Aids | 11/11/23 | Qw | 14/11/23 | Qw |
| | a. Flash cards | 11/11/23 | Qw | 14/11/23 | Qw |
| | b. Flip chart | 11/11/23 | Qw | 14/11/23 | Qw |
| | c. Flannel graph | 11/11/23 | Qw | 14/11/23 | Qw |
| | d. Posters | 11/11/23 | Qw | 14/11/23 | Qw |
| | e. Multimedia preparation | 13/11/23 | Q | 15/11/23 | Q |
| 12. | Diagnostic Procedures | 13/11/23 | Q | 15/11/23 | Q |
| | a. Preparing Blood Smear | 13/11/23 | Q | 15/11/23 | Q |
| | b. Preparing Sputum Smear | 13/11/23 | Q | 15/11/23 | Q |
| | c. Urine test | 13/11/23 | Q | 15/11/23 | Q |
| | a. Albumin | 13/11/23 | Q | 15/11/23 | Q |
| | b. Sugar | 14/11/23 | Q | 17/11/23 | Q |
| 13. | Nutritional Assessment for | 14/11/23 | Q | 17/11/23 | Q |
| | a. Infant | 14/11/23 | Q | 17/11/23 | Q |
| | b. Toddler | 14/11/23 | Q | 17/11/23 | Q |
| | c. Preschool | 14/11/23 | Q | 17/11/23 | Q |
| | d. School age | 14/11/23 | Q | 17/11/23 | Q |
| | e. Adult | 14/11/23 | Q | 17/11/23 | Q |
| 14. | Cooking Demonstration for | 15/11/23 | Q | 18/11/23 | Q |
| | a. Preparation of Weaning food | 15/11/23 | Q | 18/11/23 | Q |
| | b. Preparation of High Calorie and high Protein diet | 15/11/23 | Q | 18/11/23 | Q |
| | c. Preparation of diabetic diet | 15/11/23 | Q | 18/11/23 | Q |
| | d. Preparation of Hypertensive diet | 15/11/23 | Q | 18/11/23 | Q |
| | e. Preparation of Iron rich diet | 15/11/23 | Q | 18/11/23 | Q |

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| | for antenatal and postnatal mothers | 15/11/23 | Q | 15/11/23 | Q |
| f. | Menu plan for Geriatrics | 15/11/23 | Q | 15/11/23 | Q |
| 15. | Health Education | 15/11/23 | Q | 20/11/23 | Q |
| | a. Individual H.E. | 17/11/23 | Q | 20/11/23 | Q |
| | 1. Anemia | 17/11/23 | Q | 20/11/23 | Q |
| | 2. HTN | 17/11/23 | Q | 20/11/23 | Q |
| | 3. DM | 17/11/23 | Q | 20/11/23 | Q |
| | b. Group Health Education | 17/11/23 | Q | 20/11/23 | Q |
| | 1. Infection control | 17/11/23 | Q | 20/11/23 | Q |
| | 2. AIDS | 17/11/23 | Q | 20/11/23 | Q |
| | 3. Malaria | 17/11/23 | Q | 20/11/23 | Q |
| | c. Mass Health Education | 17/11/23 | Q | 20/11/23 | Q |
| | 1. Role Play | 17/11/23 | Q | 20/11/23 | Q |
| | 2. Puppet Show on | 17/11/23 | Q | 20/11/23 | Q |
| | 3. Slide Projector | 17/11/23 | Q | 20/11/23 | Q |
| | d. Health talk | 17/11/23 | Q | 20/11/23 | Q |
| | Personal Hygiene | 17/11/23 | Q | 20/11/23 | Q |
| | T.B. | 17/11/23 | Q | 20/11/23 | Q |
| 16. | Prepare and assist with | 18/11/23 | Q | 21/11/23 | Q |
| | a. Prescription of oral contraceptive methods | 18/11/23 | Q | 21/11/23 | Q |
| | b. Assist for Insertion of IUD | 18/11/23 | Q | 21/11/23 | Q |
| | c. Assist for tubectomy | 18/11/23 | Q | 21/11/23 | Q |
| | d. Assist for Puerperal sterilization | 18/11/23 | Q | 21/11/23 | Q |
| | e. Assist for Laproscopy | 18/11/23 | Q | 21/11/23 | Q |
| | f. Assist for Vasectomy | 18/11/23 | Q | 21/11/23 | Q |
| 17. | Community Assignments | 18/11/23 | Q | 21/11/23 | Q |
| | a. Care study on communicable disease | 18/11/23 | Q | 21/11/23 | Q |
| | b. Family care study | 18/11/23 | Q | 21/11/23 | Q |

Dr. B. Bhanu
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| 18. | Participation in community Health Programme | 22/11/23 | (Signature) | 23/11/23 | (Signature) |
| a. | Immunization | 22/11/23 | (Signature) | 23/11/23 | (Signature) |
| b. | School Health Programme | 22/11/23 | (Signature) | 23/11/23 | (Signature) |
| c. | ICDS | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| 19. | Observation Visits : | | | | |
| a. | Water work departments | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| b. | Sewage disposal plant | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| c. | Market | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| d. | Restaurant with Sanitary inspector | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| e. | Municipal Health Department | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| f. | Dairy Department | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| g. | Health Museum | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| h. | Slaughter House | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| i. | T.B. Sanitorium | 21/11/23 | (Signature) | 24/11/23 | (Signature) |
| 20. | Administering Vaccines | | | | |
| | OPV | 1 | (Signature) | 23/11/23 | (Signature) |
| | Assist in BCG | 2 | (Signature) | 23/11/23 | (Signature) |
| | Assist in TT | 3 | (Signature) | 23/11/23 | (Signature) |
| 21. | Counseling | | | | |
| a. | Nutrition | 23/11/23 | (Signature) | 24/11/23 | (Signature) |
| b. | Personal Hygiene | 23/11/23 | (Signature) | 24/11/23 | (Signature) |
| c. | Self Health monitoring | 23/11/23 | (Signature) | 24/11/23 | (Signature) |
| d. | Healthy lifestyle | 23/11/23 | (Signature) | 24/11/23 | (Signature) |
| e. | Family welfare methods | 23/11/23 | (Signature) | 24/11/23 | (Signature) |
| 22. | Family care study | | | | |
| a. | Urban | 25/11/23 | (Signature) | 28/11/23 | (Signature) |
| b. | Rural | 1 | (Signature) | 28/11/23 | (Signature) |
| 23. | Observation Report | | | | |
| | | 1 | (Signature) | 28/11/23 | (Signature) |
| | | 1 | (Signature) | 29/11/23 | (Signature) |

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| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---------------|---------------------|-----------------------------|-----------------------|-----------------------------|
| 24. | Health talk | 22/11/23 | (Signature) | 23/11/23 | (Signature) |
| a. | Urban Typhoid | 1 | (Signature) | 23/11/23 | (Signature) |
| b. | Rural Dengue | 1 | (Signature) | 23/11/23 | (Signature) |

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Dr. B. Anjani
Principal

NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

Total Number of Procedure Signed : 18
Community ← Ward : 28
Class Room : 20

R. Srinivas
Signature of Professor / Co-ordinator

R. Srinivas
Signature of Principal
Principal

NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

Signature of Practical Examiners

External :

Internal :

Date :

Date :

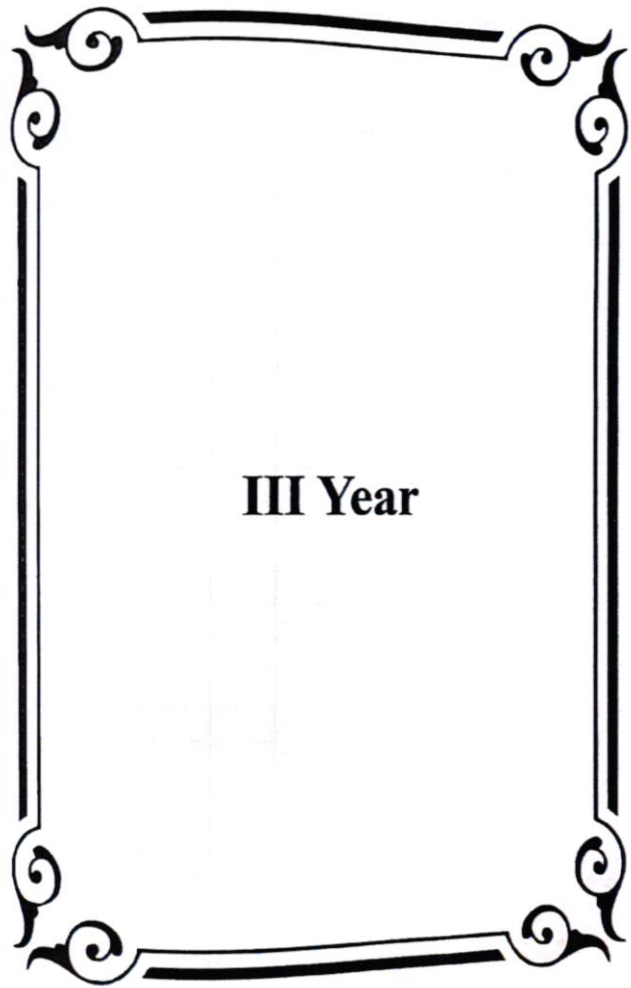
Repeat : 1

External :

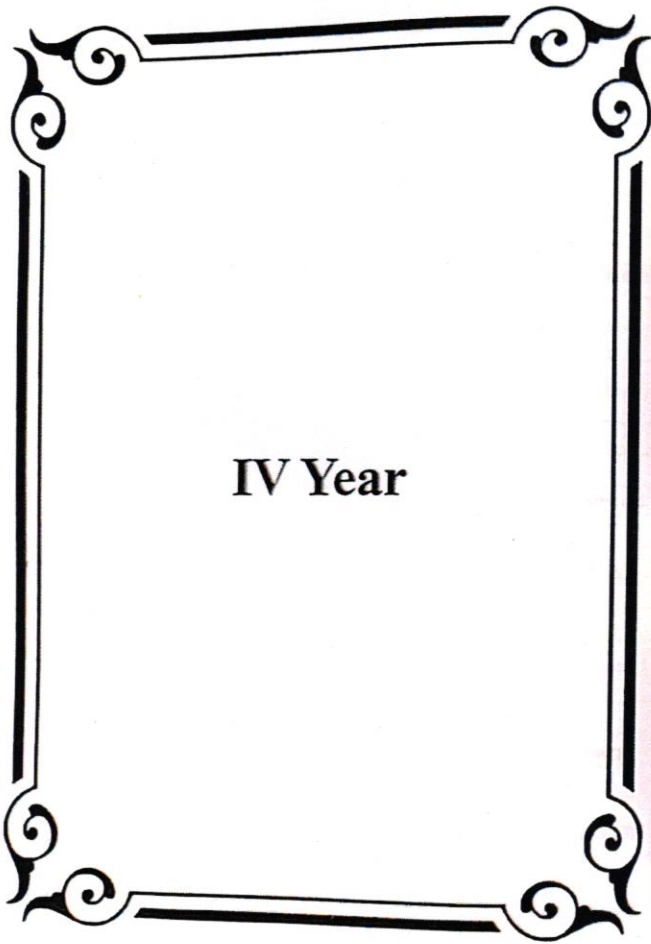
Internal :

Date :

Date :



Dr. B. Srinivas
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



IV Year

IV YEAR
COMMUNITY HEALTH NURSING

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------------------------------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| COMMUNITY HEALTH NURSING | | | | | |
| IV Yr. B.Sc., NURSING | | | | | |
| 1. | Mapping of the Area | | | | |
| 2. | Conduction of survey | | | | |
| 3. | Home Visits | | | | |
| | Document and maintain individual family and administrative record | | | | |
| 4. | Bag Technique | | | | |
| 5. | Administration of Medication | | | | |
| 6. | Baby bath | | | | |
| 3. | Demonstration of Nursing care | | | | |
| a. | Cord Care | | | | |
| b. | Dressing | | | | |
| c. | ORS Preparation | | | | |
| d. | Vital Signs | | | | |
| 4. | PHYSICAL ASSESSMENT | | | | |
| a. | Antenatal | | | | |
| b. | Postnatal | | | | |
| c. | New Born | | | | |
| d. | Infant | | | | |
| e. | Toddler | | | | |
| f. | Preschool | | | | |
| g. | School age | | | | |
| h. | Geriatrics | | | | |
| 5. | A.V. AIDS | | | | |

Dr. B. Anjani
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|--|---------------------|-----------------------------|-----------------------|-----------------------------|
| | a. Flash cards | | | | |
| | b. Flip charts | | | | |
| | c. Flannel graph | | | | |
| | d. Posters | | | | |
| 6. | MCH Services | | | | |
| | a. Screening for High risk mother and neonatal | | | | |
| | b. Registration | | | | |
| | c. Followup | | | | |
| | d. Conduction of well baby clinic | | | | |
| 7. | School health Services | | | | |
| | a. Screening | | | | |
| | b. Immunization | | | | |
| | c. Personal Hygiene | | | | |
| | d. Health Education | | | | |
| | e. Nutritional Assessment | | | | |
| 8. | Domiciliary midwifery | | | | |
| | a. Antenatal care | | | | |
| | b. Postnatal care | | | | |
| | c. Conducing deliver in home | | | | |
| | 1. | | | | |
| | d. Conducing delivery in PHC | | | | |
| | 1. | | | | |
| 9. | Supervision of | | | | |
| | a. ANM | | | | |
| | b. MPHW | | | | |
| | c. Trained dais | | | | |
| | d. Other Community Health Worker | | | | |

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| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| 10. | Health Education | | | | |
| | a. Individual Health Education | | | | |
| | 1. Breast self examination | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | b. Group Health Education | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| 11. | Community Assignments | | | | |
| | 1. Care Study with CD at Home Visit | | | | |
| | 2. Family Care Study | | | | |
| | a. | | | | |
| | b. | | | | |
| | 3. Prepare a Budget for family | | | | |
| | 4. Organising chart for | | | | |
| | a. PHC | | | | |
| | b. Sub-Centres | | | | |
| 12. | Cooking demonstration for | | | | |
| | a. Infant | | | | |
| | b. Antenatal | | | | |
| | c. Postnatal | | | | |
| 13. | Observational visit for | | | | |
| | a. Baby Friendly Hospital | | | | |
| | b. Community Health Centres | | | | |
| | c. Industries | | | | |
| 14. | Nutritional Survey and Research Programme | | | | |

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Dr. B. Anny
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

COMMUNITY

| Sl. No. | Procedure | | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|-----------------------------------|---|-----------------------|-----------------------------|
| | COMMUNITY | | | |
| 1. | Health Survey | 1 | | |
| | | 2 | | |
| 2. | Bag Technique | 1 | | |
| | | 2 | | |
| 3. | Antenatal Assessment | 1 | | |
| | | 2 | | |
| 4. | Postnatal Examination | 1 | | |
| | | 2 | | |
| 5. | Newborn Assessment | 1 | | |
| | | 2 | | |
| 6. | Anthopometric Assessment | 1 | | |
| | | 2 | | |
| 7. | Conduct delivery at centre / home | 1 | | |
| | | 2 | | |
| 8. | Newborn Resuscitation | 1 | | |
| | | 2 | | |
| 9. | Assist in Insertion of IUB | 1 | | |
| | | 2 | | |
| 10. | Cooking demonstration | 1 | | |
| | | 2 | | |
| 11. | Health education | 1 | | |
| | | 2 | | |
| 12. | Family Care Study | 1 | | |
| | Co-ordinator | | | |


Principal
 Principal

21N101009019

Dr. Bethany
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

**COURSE OF INSTRUCTION AND SUPERVISED PRACTICES
AS PER THE INDIAN NURSING COUNCIL**
(As Revised in 1986)

Admission No.

1. Name of the Student : Anjali k
2. Age & Sex : 19 Y / F
3. Date of Birth : 11/11/2003
4. Father's Name : kumaran
5. Marital Status : single
(married / single / divorce / widow)
6. Educational Qualification :
7. Address : BABITHALAYAM (H)
VECHUR PO EDAYAZHAM, KOTTAYAM
8. Community & Religion : HINDU, PULAYA
9. Date of Joining : Date of completing :
10. Marks of Identification : 1. A BLACK MOLE ON THE LEFT WRIST
2. A BLACK MOLE ON THE NECK
11. Extra curricular activities :



Signature of Student : Anjali k

Date :

Signature of Professor :

Date :

Signature of Principal

Date :

Dr. B. Srinivas
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



II Year

Dr. Bodunji
Principal

NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

COMMUNITY HEALTH NURSING

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|-------------------------------|---------------------|-----------------------------|-----------------------|-----------------------------|
| 1. | Mapping of the Area | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 2. | Conduction of Survey | 8/11/23 | [Signature] | 8/11/23 | [Signature] |
| 3. | Home Visits | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 4. | Bag Technique | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 5. | Care of Fever Patient | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 6. | Administration of Medication | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 7. | Baby Bath | 6/11/23 | [Signature] | 8/11/23 | [Signature] |
| 8. | Demonstration of Nursing Care | 7/11/23 | | 9/11/23 | |
| | a. ORS Preparation | 7/11/23 | | 9/11/23 | |
| | b. Dental Care | 7/11/23 | C.S. | 9/11/23 | C.S. |
| | c. Eye Irrigation | 7/11/23 | C.S. | 9/11/23 | C.S. |
| | d. Ear Irrigation | 7/11/23 | C.S. | 9/11/23 | C.S. |
| | e. Cord Care | 7/11/23 | C.S. | 9/11/23 | C.S. |
| | f. Dressing | 7/11/23 | C.S. | 9/11/23 | C.S. |
| | g. Scabies Treatment | 7/11/23 | C.S. | 9/11/23 | C.S. |
| 9. | Barrier Nursing Techniques | 8/11/23 | | 10/11/23 | |
| | - Gowning | 8/11/23 | [Signature] | 10/11/23 | [Signature] |
| | - Gloving | 8/11/23 | [Signature] | 10/11/23 | [Signature] |
| | - Wearing mask | 8/11/23 | [Signature] | 10/11/23 | [Signature] |
| 10. | Physical Assessment for | 10/11/23 | | 18/11/23 | |
| | - New Born | 10/11/23 | [Signature] | 21/11/23 | [Signature] |
| | - Infant | 10/11/23 | [Signature] | 16/11/23 | [Signature] |
| | - Toddler | 10/11/23 | [Signature] | 16/11/23 | [Signature] |
| | - Preschool | 10/11/23 | [Signature] | 12/11/23 | [Signature] |
| | - School age | 10/11/23 | [Signature] | 12/11/23 | [Signature] |

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|--|---------------------|-----------------------------|-----------------------|-----------------------------|
| | - Adult | 10/11/23 | [Signature] | 22/11/23 | [Signature] |
| | - Geriatrics | 10/11/23 | [Signature] | 12/11/23 | [Signature] |
| 11. | A.V. Aids | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| | a. Flash cards | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| | b. Flip chart | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| | c. Flannel graph | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| | d. Posters | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| | e. Multimedia preparation | 11/11/23 | [Signature] | 13/11/23 | [Signature] |
| 12. | Diagnostic Procedures | 12/11/23 | [Signature] | 15/11/23 | [Signature] |
| | a. Preparing Blood Smear | 12/11/23 | [Signature] | 15/11/23 | [Signature] |
| | b. Preparing Sputum Smear | 13/11/23 | [Signature] | 15/11/23 | [Signature] |
| | c. Urine test | 13/11/23 | [Signature] | 15/11/23 | [Signature] |
| | a. Albumin | 13/11/23 | [Signature] | 15/11/23 | [Signature] |
| | b. Sugar | 13/11/23 | [Signature] | 15/11/23 | [Signature] |
| 13. | Nutritional Assessment for | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | a. Infant | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | b. Toddler | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | c. Preschool | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | d. School age | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | e. Adult | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| 14. | Cooking Demonstration for | 14/11/23 | [Signature] | 16/11/23 | [Signature] |
| | a. Preparation of Weaning food | 15/11/23 | [Signature] | 17/11/23 | [Signature] |
| | b. Preparation of High Calorie and high Protein diet | 15/11/23 | [Signature] | 17/11/23 | [Signature] |
| | c. Preparation of diabetic diet | 15/11/23 | [Signature] | 17/11/23 | [Signature] |
| | d. Preparation of Hypertensive diet | 15/11/23 | [Signature] | 17/11/23 | [Signature] |
| | e. Preparation of Iron rich diet | 15/11/23 | [Signature] | 17/11/23 | [Signature] |

Dr. Romy
Principal

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|--|---------------------|-----------------------------|-----------------------|-----------------------------|
| | for antenatal and postnatal mothers | 15/11/23 | | 17/11/23 | |
| f. | Menu plan for Geriatrics | 15/11/23 | | 17/11/23 | |
| 15. | Health Education | 17/11/23 | | 19/11/23 | |
| a. | Individual H.E. | 17/11/23 | | 19/11/23 | |
| 1. | Anemia | 17/11/23 | | 19/11/23 | |
| 2. | HTA | 17/11/23 | | 19/11/23 | |
| 3. | Diabetes mellitus | 17/11/23 | | 19/11/23 | |
| b. | Group Health Education | 17/11/23 | | 19/11/23 | |
| 1. | Infection Control | 17/11/23 | | 19/11/23 | |
| 2. | AIDS | 17/11/23 | | 19/11/23 | |
| 3. | Malaria | 17/11/23 | | 19/11/23 | |
| c. | Mass Health Education | 17/11/23 | | 19/11/23 | |
| 1. | Role Play | 17/11/23 | | 19/11/23 | |
| 2. | Puppet Show on | 17/11/23 | | 19/11/23 | |
| 3. | Slide Projector | 17/11/23 | | 19/11/23 | |
| d. | Health talk | 17/11/23 | | 19/11/23 | |
| | personal hygiene | 17/11/23 | | 19/11/23 | |
| | TB | 17/11/23 | | 19/11/23 | |
| 16. | Prepare and assist with | 18/11/23 | | 20/11/23 | |
| a. | Prescription of oral contraceptive methods | 18/11/23 | | 20/11/23 | |
| b. | Assist for Insertion of IUD | 18/11/23 | | 20/11/23 | |
| c. | Assist for tubectomy | 18/11/23 | | 20/11/23 | |
| d. | Assist for Puerperal sterilization | 18/11/23 | | 20/11/23 | |
| e. | Assist for Laparoscopy | 18/11/23 | | 20/11/23 | |
| f. | Assist for Vasectomy | 18/11/23 | | 20/11/23 | |
| 17. | Community Assignments | 18/11/23 | | 20/11/23 | |
| a. | Case study on communicable disease | 19/11/23 | | 21/11/23 | |
| b. | Family care study | 19/11/23 | | 21/11/23 | |

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| 18. | Participation in community Health Programme | 20/11/23 | [Signature] | 22/11/23 | [Signature] |
| | a. Immunization | 20/11/23 | [Signature] | 22/11/23 | [Signature] |
| | b. School Health Programme | 20/11/23 | [Signature] | 22/11/23 | [Signature] |
| | c. ICDS | 20/11/23 | [Signature] | 22/11/23 | [Signature] |
| 19. | Observation Visits : | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | a. Water work departments | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | b. Sewage disposal plant | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | c. Market | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | d. Restaurant with Sanitary inspector | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | e. Municipal Health Department | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | f. Dairy Department | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | g. Health Museum | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | h. Slaughter House | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| | i. T.B. Sanitorium | 21/11/23 | [Signature] | 23/11/23 | [Signature] |
| 20. | Administering Vaccines | 21/11/23 | [Signature] | 24/11/23 | [Signature] |
| | Assist in TT | 22/11/23 | [Signature] | 24/11/23 | [Signature] |
| | Assist in OPV | 22/11/23 | [Signature] | 24/11/23 | [Signature] |
| 21. | Counseling " | 23/11/23 | [Signature] | 24/11/23 | [Signature] |
| | a. Nutrition | 23/11/23 | [Signature] | 25/11/23 | [Signature] |
| | b. Personal Hygiene | 23/11/23 | [Signature] | 25/11/23 | [Signature] |
| | c. Self Health monitoring | 23/11/23 | [Signature] | 25/11/23 | [Signature] |
| | d. Healthy lifestyle | 23/11/23 | [Signature] | 25/11/23 | [Signature] |
| | e. Family welfare methods | 23/11/23 | [Signature] | 25/11/23 | [Signature] |
| 22. | Family care study | 25/11/23 | [Signature] | 27/11/23 | [Signature] |
| | a. Urban | 25/11/23 | [Signature] | 27/11/23 | [Signature] |
| | b. Rural | 25/11/23 | [Signature] | 27/11/23 | [Signature] |
| 23. | Observation Report | 25/11/23 | [Signature] | 27/11/23 | [Signature] |
| | | 26/11/23 | [Signature] | 28/11/23 | [Signature] |

Total Number of Procedure Signed : 48
community Ward : 28
Class Room : 20

Bohany
Signature of Professor / Co-ordinator

Bohany
Signature of Principal

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

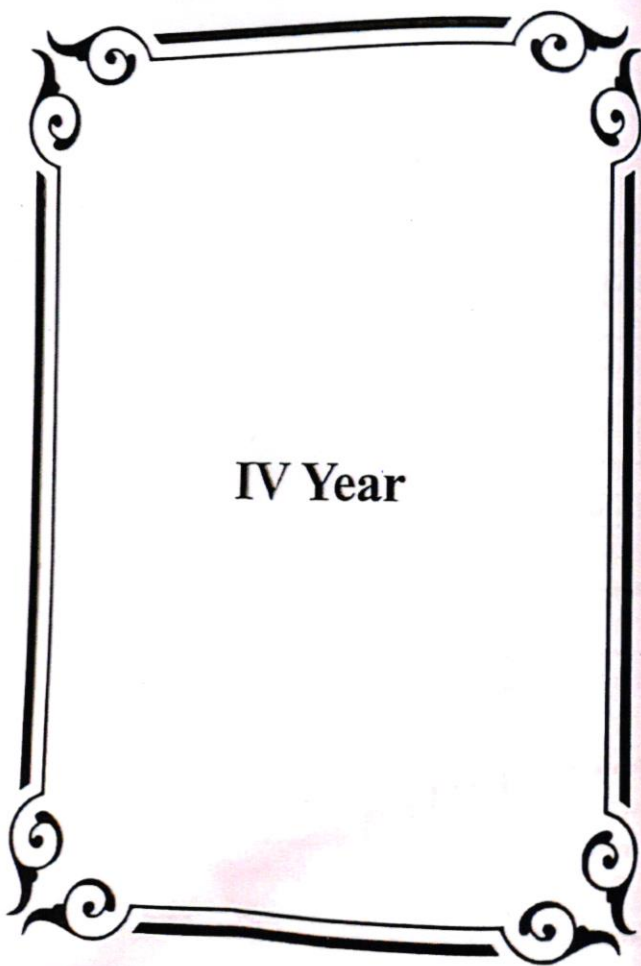
Signature of Practical Examiners

External : Internal :
Date : Date :

Repeat : 1

External : Internal :
Date : Date :

Dr. Bohany
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



IV Year

IV YEAR
COMMUNITY HEALTH NURSING

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| | COMMUNITY HEALTH NURSING | | | | |
| | IV Yr. B.Sc., NURSING | | | | |
| 1. | Mapping of the Area | | | | |
| 2. | Conduction of survey | | | | |
| 3. | Home Visits | | | | |
| | Document and maintain individual family and administrative record | | | | |
| 4. | Bag Technique | | | | |
| 5. | Administration of Medication | | | | |
| 6. | Baby bath | | | | |
| 3. | Demonstration of Nursing care | | | | |
| a. | Cord Care | | | | |
| b. | Dressing | | | | |
| c. | ORS Preparation | | | | |
| d. | Vital Signs | | | | |
| 4. | PHYSICAL ASSESSMENT | | | | |
| a. | Antenatal | | | | |
| b. | Postnatal | | | | |
| c. | New Born | | | | |
| d. | Infant | | | | |
| e. | Toddler | | | | |
| f. | Preschool | | | | |
| g. | School age | | | | |
| h. | Geriatrics | | | | |
| 5. | A.V. AIDS | | | | |

Dr. B. Anny
Principal
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Chinthareddypalem,
NELLORE - 524 003

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|--|---------------------|-----------------------------|-----------------------|-----------------------------|
| | a. Flash cards | | | | |
| | b. Flip charts | | | | |
| | c. Flannel graph | | | | |
| | d. Posters | | | | |
| 6. | MCH Services | | | | |
| | a. Screening for High risk mother and neonatal | | | | |
| | b. Registration | | | | |
| | c. Followup | | | | |
| | d. Conduction of well baby clinic | | | | |
| 7. | School health Services | | | | |
| | a. Screening | | | | |
| | b. Immunization | | | | |
| | c. Personal Hygiene | | | | |
| | d. Health Education | | | | |
| | e. Nutritional Assessment | | | | |
| 8. | Domiciliary midwifery | | | | |
| | a. Antenatal care | | | | |
| | b. Postnatal care | | | | |
| | c. Conducing deliver in home | | | | |
| | 1. | | | | |
| | d. Conducing delivery in PHC | | | | |
| | 1. | | | | |
| 9. | Supervision of | | | | |
| | a. ANM | | | | |
| | b. MPHW | | | | |
| | c. Trained dais | | | | |
| | d. Other Community Health Worker | | | | |

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| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| 10. | Health Education | | | | |
| | a. Individual Health Education | | | | |
| | 1. Breast self examination | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | b. Group Health Education | | | | |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| 11. | Community Assignments | | | | |
| | 1. Care Study with CD at Home Visit | | | | |
| | 2. Family Care Study | | | | |
| | a. | | | | |
| | b. | | | | |
| | 3. Prepare a Budget for family | | | | |
| | 4. Organising chart for | | | | |
| | a. PHC | | | | |
| | b. Sub-Centres | | | | |
| 12. | Cooking demonstration for | | | | |
| | a. Infant | | | | |
| | b. Antenatal | | | | |
| | c. Postnatal | | | | |
| 13. | Observational visit for | | | | |
| | a. Baby Friendly Hospital | | | | |
| | b. Community Health Centres | | | | |
| | c. Industries | | | | |
| 14. | Nutritional Survey and Research Programme | | | | |

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Dr. B. Anuraj
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

| Sl. No. | Procedure | Date of Demo in Lab | Sig. of Clinical Instructor | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|---|---------------------|-----------------------------|-----------------------|-----------------------------|
| 15. | Counselling and teach Individual family and community about | | | | |
| | a. HIV | | | | |
| | b. TB | | | | |
| | c. Diabetes mellitus | | | | |
| | d. Hypertension | | | | |
| | e. Mental Health | | | | |
| | f. Sex education | | | | |
| 16. | Collect and Calculate vital Health Statistics | | | | |
| 17 | Family Welfare Service | 1 | | | |
| 18 | Counseling on | | | | |
| | a. Diabetes | | | | |
| | b. Hypertension | | | | |
| | c. Mental Health | | | | |
| | d. TB | | | | |
| | e. HIV | | | | |
| | f. Physically Challenged | | | | |
| | g. Mentally Challenged | | | | |
| 19 | Community Survey Report | 1 | | | |
| 20 | Family Care study | 1 | | | |
| 21 | Capstone Project | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Number of Procedure Signed : _____
 Ward : _____
 Class Room : _____

Signature of Professor / Co-ordinator

Signature of Principal

Signature of Practical Examiners

External :

Internal :

Date :

Date :

Repeat : 1

External :

Internal :

Date :

Date :

Dr. B. Anuraj
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
 NELLORE - 524 003

COMMUNITY

| Sl. No. | Procedure | | Date of Clinical Demo | Sig. of Clinical Supervisor |
|---------|-----------------------------------|---|-----------------------|-----------------------------|
| | COMMUNITY | | | |
| 1. | Health Survey | 1 | | |
| | | 2 | | |
| 2. | Bag Technique | 1 | | |
| | | 2 | | |
| 3. | Antenatal Assessment | 1 | | |
| | | 2 | | |
| 4. | Postnatal Examination | 1 | | |
| | | 2 | | |
| 5. | Newborn Assessment | 1 | | |
| | | 2 | | |
| 6. | Anthopometric Assessment | 1 | | |
| | | 2 | | |
| 7. | Conduct delivery at centre / home | 1 | | |
| | | 2 | | |
| 8. | Newborn Resusitation | 1 | | |
| | | 2 | | |
| 9. | Assist in Insertion of IUB | 1 | | |
| | | 2 | | |
| 10. | Cooking demonstration | 1 | | |
| | | 2 | | |
| 11. | Health education | 1 | | |
| | | 2 | | |
| 12. | Family Care Study | 1 | | |
| | | | | |
| | Co-ordinator | | Principal | |