COURSE PLAN & UNIT PLAN





Ph No: 0861-2317969 | Fax: 0861-2311968.

e-mail: narayana_nursing@yahoo.co.in || principal.ncn@narayananursingcollege.com website: https://www.narayananursingcollege.com Recognized by Indian Nursing Council and A.P. Nurses & Midwives Council

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MENTAL HEALTH NURSING DEPARTMENT **COURSE OUTLINE FOR THE YEAR 2023-2024**

Subject	:	MENTAL H	EALTH NURSING	
Group	:	B.Sc. (N) 3 rd	Year	
No of Hours	:	Prescribed	Allotted	
Theory Practical	::	100 270	112 308	
Course Co-Ordinator	:	Dr. Anjani devi.	N	
Subject Handled By	:	Dr. Anjani devi. Mrs. Smitha, M.S Mrs. Nathiya, M.S Mrs. Suchithra. S Ms. Deepa, M.Sc Mrs. T. Chandana Ms. T. Sahithi. B. Ms. N. baby rani Ms. karamala Han Ms. chejerla Yash Ms. Nagisetty Ro	c.(N) Sc.(N) , M.Sc.(N) .(N) a, M.Sc.(N) Sc (N) , B. Sc (N) rika, B. Sc (N) noda, B.Sc. (N)	
Methods of Teaching : I	Lectu	ire, Discussion, Der	monstration Listening	g audio cassettes.
		k Board, Charts, PP kly test, Assignmen	T, Models. ts, Evaluating activit	y book,viva.

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Course Description:

This course is designed for developing an understanding of the modern approach to mental health, identification, prevention and nursing management of common mental health problems with special emphasis on therapeutic interventions for individuals, family and community.

COURSE OUT LINE FOR 2023-2024

Unit	Time (Hrs.)	Learning Objective	Content	Faculty	Teaching Learning Activities	Learning experienc e	Assessment methods
Ι	8	>Describes	Introduction	Mrs.	-Lecture	Group	-Objective
		the historical	* Perspectives of	Smitha,	-Discussion	Discussion	type
		development	Mental Health and Mental	M.Sc.(N)		Chart	-Short answ
		& current	Health nursing: evolution of				- Essay type
		trends in	mental health services,			1. A	-Group
		mental health	treatment and nursing				discussion
9.13	•	nursing	practices.				
		C C	Prevalence and				
		>Describe the	incidence of mental				
		epidemiology	health problems and		0		
		of mental	disorders.	-			
		health	Mental Health Act				
		problems	National Mental				
		>Describe the	health policy vis a			-5	
		>Describe the National	vis National Health				
			policy				
		Mental	National Mental				
		Health Act,	Health programme		. 11		
		programme	• Mental health team				
		and mental	 Nature and scope of mental health 				
		health policy					
		>Discusses	nursingRole and functions				
		the scope of	• Role and functions of mental health			-	
		mental health	nurse in various				
		nursing	setting and factors				
		nursnig	affecting the level of		T	Bothing	
		>Describe the	nursing practice			Principal	
	45 (n) 19	concept of	 Concepts of normal 		NARAYANA	COLLEGE OF	MURSING
	×		Concepts of normal		Unin	hareddypal ORE - 524 0	000





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abnormal vior				
VIOI				
of personality nent, defense sms tive behaviour dividuals and stress, crisis and s) : bio-psycho- ctors athology of disorders: review ure and function , limbic system onormal neuro sion es of Mental ursing ls of Mental lursing practice ual models and of nurse: al Model analytical ral model	Mrs. Smitha, M.Sc.(N)	-Lecture -Discussion -Explain using Charts -PPT	Group Discussion Chart	Objective type Short answer Essay type. Quiz
of mental	Mrs.	-Lecture	Group	-Short answer
s bry taking tal status hination mental status hination pological	Chandana	-Discussion - Demonstrati on -Practice session -Clinical	Discussion Chart Boology Principal	-Objective type -Assessment skills with check list -Nursing audi -Capstone
ment	tal status on	tal status on	tal status on session Dr cal NARAYANA Chint	tal status on Session DV-Boby





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examination: Project practice Review -Group Investigations: discussion Related Blood -Clinical chemistry, EEG, CT presentation & MRI Psychological tests Role and responsibilities of nurse IV 9 >Identify Therapeutic Mrs.Nathi -Lecture Group Objectiv communication and nurse-- Discussion Discuss therapeutic ya e type patient relationship ion • Short communicati Demonstrati Chart Therapeutic answer on techniques communication: on Essay >Describe Types, techniques -Role play type. -Process therapeutic characteristics Group relationship Types of recording discussio relationship, n >Describe Ethics and therapeutic responsibilities impasse and Elements of nurse its patient contract intervention Review of technique of IPR-Johari Window Goals, phases, tasks, therapeutic techniques Therapeutic impasse and its intervention V 16 -Lecture Group Explain Treatment modalities and Mrs.Nathi Objectiv treatment therapies used in mental ya -Discussion Discuss e type modalities ion disorders Short and therapies Psycho Demonstrati Chart • answer used in Pharmacology on Essay mental -Group Psychological type. disorders and work therapies: Ouiz role of the -Practice Therapeutic nurse session community. -Clinical psychotherapypractice Individual: psychoanalytical, cognitive and supportive, Family, Group, Behavioral, Play, rincipal

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VI	8	>Describe the	 Psycho-drama, Music, Dance, Recreational and Light therapy, Relaxation therapies: Yoga, Meditation, bio feedback Alternative systems of medicine Occupational therapy Physical Therapy: electro convulsive therapy Geriatric considerations Role of nurse in above therapies 	Ms. Deepa	-Lecture - Discussion	Group Discuss	Objectiv e type
		etiology, psycho- pathology clinical manifestation s, diagnostic criteria and management of patient with Schizophreni a, and other psychotic disorders	 patient with Schizophrenia, and other psychotic disorders Classification: ICD Etiology, psycho- pathology, types, clinical manifestations, diagnosis Nursing Assessment-History, Physical and mental assessment Treatment modalities and nursing management of patients with Schizophrenia and other psychotic disorders Geriatric considerations Follow-up and home care and rehabilitation 	Deepa, M.Sc.(N)	-Case discussion -Case presentation -Clinical practice	ion Chart	E OF NURSING ypalem,
VII	10	>Describe the etiology,	Nursing management of patient with mood	Mrs. Suchithra.	-Lecture -Discussion	Group Discuss	• Objectiv e type





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	psycho-	disorders	S,	-Case	ion	• Short
	pathology,	 Mood disorders: 	M.Sc.(N)	discussion	Chart	answer
	clinical	Bipolar affective		-Case		• Essay
	manifestation	disorder, Mania		presentation		type.
	s, diagnostic	depression and		-Clinical		Capstone
	criteria and	dysthymia etc		practice		project
	management					Freger
	-					
	with mood					
	disorders	diagnosis,				
					4	
		assessment				
		mood disorders	* ,			
		Geriatric	19 - 1 ⁹			
		considerations				·
		Follow-up and home care				
		and rehabilitation				
10	>Describe the	Nursing management of	Dr. Anjani	-Lecture	Group	 Objectiv
	etiology,	patient with neurotic,	devi.N	- Discussion	Discuss	e type
	clinical	stress related and			ion	• Short
		somatization disorders			Chart	answer
	-	 Anxiety disorder, 				• Essay
2						type.
	-					Capstone
	-			•		project
				Method		
					1 190	
	disorders					
-						
81		e				
			· · ·			
19		modalities and				
		nursing management				
		of patients with			D (D)	× .
о 1911 г. – 1911 г. – 1 1911 г. – 1911 г. – 1					N.V.	
5 87 -		neurotic, stress related and			Princip	all
	10	clinical manifestation s, diagnostic criteria and management of patients with mood disorders	clinical manifestation s, diagnostic criteria and management of patients with mood disordersBipolar affective disorder, Mania depression and dysthymia etc• Etiology, psycho- pathology, clinical manifestations, diagnosis,• Etiology, psycho- pathology, clinical manifestations, diagnosis,• Nursing Assessment-History, Physical and mental assessment• Treatment modalities and nursing management of patients with mood disorders10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with neurotic, stress related and somatization disordersNursing management of patient with neurotic, 	clinical manifestation s, diagnostic criteria and management of patients with mood disordersBipolar affective disorder, Mania dysthymia etc• Etiology, psycho- pathology, clinical manifestations, diagnosis,• Etiology, psycho- pathology, clinical manifestations, diagnosis,• Nursing Assessment-History, Physical and mental assessment• Treatment modalities and nursing management of patients with mood disorders10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with neurotic, stress related and somatization disordersNursing management of patient with neurotic, stress related and somatization disordersDr. Anjani devi.N10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with neurotic, stress related and somatization disordersNursing management of patient with neurotic, stress related and somatoform disordersDr. Anjani devi.N10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with neurotic, stress related and somatization disordersNursing conversion disorder, obsessive compulsive disorder, onstatic stress disorderDr. Anjani devi.N	clinical manifestation s, diagnostic criteria and management of patients with mood disordersBipolar affective disorder, Mania depression and dysthymia etc-Case presentation -Clinical practice0Etiology, psycho- pathology, clinical manifestations, diagnosis,Nursing Assessment-History, Physical and mental assessment-10>Describe the etiology, clinical manifestation s, diagnostic criteria and mood disordersDr. Anjani devi.N-Lecture10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with mood disordersDr. Anjani devi.N-Lecture - Discussion -Case10>Describe the etiology, clinical management of patients with neurotic, stress related and management of patients with neurotic, stress related and management of patients with neurotic, stress related and somatization disordersDr. Anjani devi.N-Lecture - Discussion -Case discussion -Case discussion -Case discussion -Case discussion -Case discussion -Case discussion -Case (BRICS)2 Method10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with neurotic, stress related and somatization disorders, Post traumatic stress disorder of Nursing Assessment-History, Physical and mental assessment-History, Physical and mental assessment-History, Physical and mental assessment-History, Physical and mental assessment-History, Physical and mental assessment-History, Physical and mental<	clinical manifestation s, diagnostic criteria and management of patients with mood disordersBipolar affective disorder, Mania depression and dysthymia etc Etiology, psycho- pathology, clinical manifestations, diagnosis, Nursing Assessment-History, Physical and mental assessment-Case presentation -Clinical practice10>Describe the etiology, clinical manifestation s, diagnostic criteria and management of patients with meurotic, s, diagnostic criteria and managementNursing management of patient with neurotic, stress related and Dissociation and Conversion disorder, Obsessive criteria and management of patients somatization disordersDr. Anjani devi.N-Lecture - Lecture - Lecture - Discussion - Case presentation - Clease - Discussion - Case - Discussion - Case - Discussion - Case - Discussion - Case - Discussion - Case - Case - Discussion - Case - Case - Discussion - Case - Case - Case - Discussion - Case - Chart - Case - Case - Case - Case - Case - Case - Case - Case - Cese - CBRICS)2Group - Discussion - Chart - Case - Case

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IX	8	>Describe the etiology,	somatization disorders Geriatric considerations Follow-up and home care and rehabilitation Nursing management of patient with Substance use	Mrs. Chandana	-Lecture -Discussion	Group Discuss	• Objectiv e type
		psycho	disorders		-Case	ion	• Short
i		pathology,	 Commonly used 		discussion	Chart	answer
		clinical	psychotropic		-Case		• Essay
		manifestation	substance:		presentation		type.
		s, diagnostic	Classification,		-Clinical		• Capstone
		criteria and	forms, routes, action,		practice		project
		management	intoxication and				
		of patients	withdrawal				
		with	Etiology of				
		substance use disorders	dependence:				
		disorders	tolerance,		1. S. C.		
			psychological and physical dependence				
			withdrawal				
			syndrome, diagnosis,		1 . Te 💌		
			 Nursing 				
			Assessment-History,				
			Physical, mental				
			assessment and drug	A			
			assay				
			• Treatment				
			(detoxification,				
			Antabuse and				
			narcotic antagonist				
			therapy and harm				
			reduction) and				
			nursing management				
			of patients with				
10			substance use				
			disorders			DV-BOA	
			Geriatric considerations			Princip	
					NARAY	ANA COLLEC	E OF NURSING
			• Follow-up and home care and		(hintharedd	vpalem.
			rehabilitation			ELLORE - S	24 003
X	8	>Describe the	Nursing management of	Dr. Anjani	-Lecture	Group	• Objectiv
		etiology,	patient with Personality,	devi.N	-Discussion	Discuss	e type
		50000000,	,				/ /





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		psycho- pathology, clinical manifestation s, diagnostic criteria and management of patients with personality, Sexual and Eating disorders	 Sexual and Eating disorders Classification of disorders Etiology, psycho- pathology, characteristics, diagnosis, Nursing Assessment-History, Physical and mental assessment Treatment modalities and nursing management of patients with Personality, Sexual and Eating disorders Geriatric considerations Follow-up and home care and rehabilitation 		-Case discussion -Case presentation -Clinical practice -PPT	ion Chart	 Short answer Essay type. Capstone project
XI	10	>Describe the etiology, psycho- pathology, clinical manifestation s, diagnostic criteria and management of childhood and adolescent disorders including mental deficiency	 Nursing management of childhood and adolescent disorder including mental deficiency Etiology, psycho- pathology, characteristics, diagnosis Nursing Assessment-History, Physical, mental and IQ assessment Treatment modalities and nursing management of childhood disorders including mental deficiency Follow-up and home care and rehabilitation 	Ms. Deepa, M.Sc.(N)	-Lecture -Discussion -Clinical practice NAR/	Group Discuss ion Chart De Bo Princ YANA COLLI Chinthared NELLORE	
XII	9	* Describe the etiology, psycho-	Nursing management of organic brain disorders • Classification: ICD?	Ms. Deepa, M.Sc.(N)	-Lecture -Discussion -Case	Group Discuss ion	 Objectiv e type Short





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		pathology clinical manifestation s, diagnostic criteria and management of organic brain disorders.	 Etiology, psychopathology, clinical features, diagnosis and Differential diagnosis (Parkinson's and Alzheimer's) Nursing Assessment-History, Physical, mental and neurological assessment Treatment modalities and nursing management of organic brain disorders Geriatric considerations Follow-up and home 		discussion -Case presentation -Clinical practice	Chart	 answer Essay type. Capstone project
			care and rehabilitation				
XIII	10	* Identify psychiatric emergencies and carry out crisis intervention	 Psychiatric emergencies and crisis intervention Types of psychiatric emergencies and their management Stress adaptation Model: stress and stressor, coping, resources and mechanism Grief: Theories of grieving process, principles, techniques of counseling Types of crisis Crisis Intervention: Principles, Techniques and Process Geriatric considerations Role and responsibilities of nurse 	Mrs. Suchithra. S, M.Sc.(N)	-Lecture -Discussion - Demonstrati on -Practice session -Clinical practice D NARAYANA	Group Discuss ion Chart	 Objectiv e type Short answer Essay type. Capstone project





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XIV	6	* Explain legal aspects applied in mental health setting and role of the nurse	 Legal issues in Mental Health Nursing The Mental Health Act 1987: Act, Sections, Articles and their implications etc. Indian Lunacy Act 1912 Rights of mentally ill clients Forensic psychotropic substances and illegal drug trafficking Admission and discharge procedures Role and responsibilities of nurse 	Mrs. Nathiya, M.Sc.(N)	-Lecture -Discussion -Case discussion	Group Discuss ion Chart	 Objectiv e type Short answer Essay type. Quiz Group discussio n
XV	6	>Describe the model of preventive psychiatry >Describe Community Mental health services and role of the nurse	 Community Mental Health Nursing Development of Community Mental Health Services: National Mental Health Programme Institutionalization Versus Deinstitutionalization versus Deinstitutionalizatio n Model of Preventive psychiatry: Levels of Prevention Mental Health Services available at the primary, secondary, tertiary levels including rehabilitation and Role of nurse Mental Health Agencies: Government and voluntary, National 	Mrs. Suchithra. S, M.Sc.(N)	-Lecture - Discussion - Clinical/fiel d practice -Field visits to mental health service agencies NARAYANA Chin	Group Discuss ion Chart Principal COLLEGE OF thareddypal ORE - 524 (Objectiv e type Short answer Essay type. Group discussio n





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and International	
Mental health nursing issues	
for special populations:	나는 이번 가장은 사람
Children, Adolescence,	물법 그 좀 넣지 않
Women, Elderly, Victims of	
 violence and abuse,	
Handicapped HIV/AIDS	
etc.	

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<u>REFERENCE BOOKS</u>:

- 1. Ahuja a short text book of "Psychiatric nursing", 1st edition, volume -1, Jaypee publications, 1994
- 2. Bimla Kapoor, text book of "Psychiatric nursing", 1st edition, Volume -1, Kumar publications, 1987
- 3. Dr. (Mrs.) K. Lalitha, text book of "Mental health and psychiatric nursing an Indian perspective",2nd edition, VMK Book house publishers, Bangalore, 2005.
- 4. Elizabeth Nolan Arnold, text book of "Mental health nursing the nurse patient journey", 2nd edition, W.B Sounders publications, Philadelphia, (1996).
- 5. Gail W. Stuart, text book of "Principles and practice of Psychiatric nursing", 10th edition, Elsevier publications,2012.
- 6. Gestrude K. Mc Farland, text book of "psychiatric mental health nursing", 2nd edition, Lippincott publications, Philadelphia, 1991.
- 7. Glod, text book of "Contemporary psychiatric mental health nursing", 2nd edition, Volume-2, Lotus publications.
- 8. Kp Neeraja text book of "Essentials of mental health and psychiatric nursing", volume 1, Jaypee brothers medical publishers, Bangalore, 2011.
- 9. Kp Neeraja text book of "Essentials of mental health and psychiatric nursing", volume 2, Jaypee brothers medical publishers, Bangalore, 2011.
- 10. Kaplan and Sadock's, text book of "Synopsis of psychiatry", Wolters kulwer Pvt Ltd, 10th edition: New Delhi, 2012
- 11. Mary.C. Townsend, text book of "Mental health and psychiatric nursing", 6th edition, Jaypee brother publications, New Delhi, 2010.
- 12. Mary.C. Townsend, text book of "Nursing Diagnosis in psychiatric nursing", 8th edition, Jaypee brother publications, New Delhi, 2010.
- 13. Pawan sharma, text book of "Essentials of Mental health nursing" Jaypee brothers medical publishers, Bangalore, 2013.
- 14. Philip Cowen, Oxford text book of "Psychiatry" 6th edition, oxford publications, 2013.
- 15. Rawlins, text book of "Mental health and psychiatric nursing", 3rd edition, Mosby publications, Philadelphia, (1993).
- 16. V M D Namboodiri, Introduction to Psychiatry, CBS publications. 3rd edition, 2014.
- 17. WHO, text book of "The ICD 10 classification of mental and behavioural disorders, WHO publications, Geneva, 2004.

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OBSTETRIC & GYNAECOLOGICAL NURSING I YEAR M.SC (N) 2023-2024 UNIT PLAN

Subject	:	OBSTETRIC & GYNAECOLOGICAL NURSING			
Group	:	I year M.Sc. Nursin	g		
No of Hours	:	Prescribed	Allotted		
Theory	:	150	165		
Practical	:	650	715		
Course Coordinator.	:Dr	. V. Kumari M.Sc.(N)	. Ph.D		
Subject Handled By	:Dr	. V. Kumari M.Sc.(N).	Ph.D		
4	Pro	of.C.Megilin Bose ,M.s	c(N),		
	Dr	. S. Elizabeth jasmine,	M.Sc.(N). Ph.D		
	Mı	rs.Sujatha, M.Sc.(N).			
	Mı	rs.T. Usha Kiran , M.So	c.(N).		
	Ms	s.K.Venkata Chandana	, B.Sc.,(N).		
	Ms	. Amitha vijayan, B.Sc	.,(N).		

Method of Teaching :Lecture cum discussion, group discussion, Demonstration, / Return Demonstration, seminar/presentations, Project work, field visits

A.V Aids

: Black Board, LCD, Charts, Models.

Evaluation

: Assignments, Seminar, Performance Appraisal, Weekly Test, Internal exams, Assessment of problem solving, Exercise, Presentations.

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		HOURS UNIT PLAN		TEACHIN G	A.V. AIDS	ASSESMEN T
	THEOR Y	PRACTIC AL		LEARNIN G ACTIVIT Y		
Ι	15 1 1		 Introduction: Historical and contemporary perspectives Epidemiological aspects of 	Lecture cum discussion Demonstrati	LCD, OHP, Chart	Short answers Essay type Assignments ,seminar
	1		 maternal and child health Magnitude of maternal and child health problems 	on of common obstetrical problems	Model ,Black board	
	2		 Issues of maternal and child health : Age, Gender, Sexuality, psycho Socio cultural factors 			
	1 2		 Preventive obstetrics National health and family welfare programmes related to maternal and child health: health care delivery system- National Rural health mission, Role of NGO's 			
	2		Theories, models and approaches applied to midwifery practice			
	1		 Role and scope of midwifery practice: Independent Nurse midwifery practitioner 			
	2		 Legal and Ethical issues: Code of ethics and standards of midwifery practice, standing orders 			
	1		 Evidence based midwifery practice 			
	1		 Research priorities in obstetric and gynaecological nursing. 	NABAYANA	Principa	AT (

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II	15		Human reproduction	Lecture	LCD	Short answers
	5		Review of anatomy and physiology of human	cum discussion	LCD, OHP,	Essay type Assignments
			reproductive system: male	Developme	Chart	,seminarAsses
			and female.	ntal study in	Churt	sment of field
		5	Hormonal cycles	embryology	Model	visits and
	5		> Embryology	Observation	,Black	developmental
			 Genetics, teratology and counseling 	study of genetic	board	study reports
	5		 Clinical implications 	counseling Field visit		
				to	5	
				Anganwaui		
				dance clinic		
				Film show		
				on hormonal	÷	
				cycles		
				Clinical	17.1	
				practice/		
				field		
III	25		> Pregnancy	Lecture	LCD,	Short answers
	1			cum	OHP,	Essay type
	1		Maternal adaptation :	discussion	Chart	Assignments
			Physiological, psychosocial	Workshop	,	,seminar
		2	 Assessment – Maternal and foetal 	on identificatio	Model	
	5		measures	n of high	,Black board	
	5		measures	risk	Joanu	
			Maternalmeasures:Historytak	measures		
		5	ingexmanination-	Demonstrati		
			General, physical and obstetric	on		
			al measure, identification of	Demonstrati		
	1		high risk,	on		
				Practicesess		
			 Foetalmeasureclinicalparamet 	ion Clinical practice		
			ers, > Biochemicalhumanestriol,Ma	practice	200	이 사진다 같은
			ternalSerumAlfaFetoProtein.			
			AcetylCholineesterase(AchE)			
			,TripleTestAminocentesis,Co			
			rdocentesis, chorionic villus			
			sampling (CVS)),	1		

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			Biophysical(USIMAGING,F oetalmovementcount,UltraSo nography,Cardiotocography, cardiotomography, NonStress Test(NST), Contraction stress test(CST), amnioscopy,foetoscopy, • Radiological			
	1	>	examination, Interpretation of diagnostic tests and nursing implications			
	8		Nursing management of the pregnant women, minor disordersof pregnancy and management, preparation for child birth and parenthood, importance of			
			institutional delivery, choice of birthsetting, importance andmobilizingoftransportatio n,prenatalcounseling, role of nurse and crisis intervention, identificationof high risk pregnancy and refer			
	1		□ Alternative/complementary therapies			
IV	25 2		Normal Labour and nursing management: Essential factors of labour Stages and onset	Lecture cum discussion	LCD, OHP, Chart	Short answers Essay type Assignments ,seminar
	1	2	 First stage: Physiology of normal labour Use of partograph: Principles, use and 	Developme ntal study in first stage of labour	Model ,Black board	
			critical analysis, evidence based studies • Analgesia and anaesthesia in labour • Nursing management	Observation study of second stage of labour		

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		5	 Second stage Physiology , intrapartum monitoring Nursing management. Resuscitation , immediate newborn care and initiate breast feeding (Guidelines of National neonatalogy forum of India) Third stage 	Field visit to Anganwaui dance clinic Film show on resuscitatio ns Clinical practice/ field		
			Physiology and nursing management	neid		
		5 3	 Fourth stage – Observation, critical analysis Various child birth practice: water birth, position change etc Evidence based practice in relation to labour intervention 			
	3		 Role of nurse midwifery practitioner Alternative/complementary therapies 		1943.	
V	20 2		 Normal puerperium and nursing management Physiology of puerperium 	Lecture cum discussion Demonstrati	LCD, OHP, Chart	Short answers Essay type Assignments ,seminar
	5		 Physiology of lactation, lactation management, exclusive breast feeding ,Baby friendly hospital intitative(BFHI) 	on	Model ,Black board	
	3		 Assessment of postnatal women 			
n an	3		 Minor discomforts and complications of puerperium 		-	
	2	2	 Management of mothers during puerperium: Postnatalexercises Rooming 			

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			in, bonding, warm chain			
	1		Evidence based studies			
	2		 Role of nurse midwifery practitioner Alternative/complementary therapies 			
VI	20 3		 Normal Newborn Physiology and characteristics of normal newborn 	Lecture cum discussion Field visits	LCD, OHP, Chart, Model	Short answers Essay type Assignments ,seminar
	2	2	 Physical and Behavioural assessment of newborn 	to essential newborn	Black board	
	3		Needs of newborn	care, exclusive		
	2	2	 Essential newborn care: Exclusive breast feeding, Immunization, Hygiene 	breast feeding Observation of care of		
	3		 measures, Newborn nutrition Organization of neonatal care, services(Levels), transport, neonatal intensive 	new born Clinical practice on		
			care unit, organization and management of nursing services in NICU	immunizati on hygienic measure		
		2	 Observation and care of newborn 			
	1		Parenting process			
VII	10 3		 Pharmaco dynamics in obstetrics Drugs used in pregnancy, labour, post partum and newborn 	Lecture cum discussion Demonstrati on	LCD, OHP, Chart, Model Black	Short answers Essay type Assignments ,seminar
	1	1	 Calculation of drug dose and administration 		board	
	1		 Effects of drugs used 			
	1		 Anaesthesia and analgesia in obstetrics 		140 - 140 180	
		1	 Roles and responsibilities of midwifery nurse practitioner 			
	2	e ⁰	Standing orders and protocols		2.1	

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			 and use of selected life saving drugs and interventions of obstetric emergencies approved by ➤ the MOHFW 			
VIII	10 1		 Family welfare services Population dynamics 	Lecture cum	LCD, OHP, Chart	Short answers Essay type
	1		 Demography trends: vital statistics, calculation of indicators especially maternal and neonatal mortality rates and problemsand other health problems 	discussion	Chart, Model Black board	Assignments ,seminar
	1		 Recent advancement in contraceptive technology 			
	1		 Role of nurses in family welfare programmes in all settings 			
	1	>	 Role of independent nurse midwifery practitioner 			
	1		Family life education			
	1		 Evidence based studies Information, Education and Communication(IEC) 			
	1		 Management information and evaluation system(MIES) 			N.
	1		Teaching and supervision of health team members			
IX	5 1		 Infertility Primary and secondary causes 	Lecture cum discussion	LCD, OHP, Chart,	Short answers Essay type Assignments
		1	Diagnostic procedures	_	Model	,seminar
	1		 Counselling: ethical and legal aspects of assisted reproductive technology(ART) 	Black board		
	1		 Recent advancement in infertility management. 			
	1		 Adoption procedures Role of nurses in infertility management 			

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X	5		> Menopause	Lecture	LCD,	Short answers
	1		Physiological, psychological and social aspects	cum discussion	OHP, Chart,	Essay type Assignments
	1		 Hormone Replacement Therapy. 		Model Black	,seminar
	1		 Surgical menopause 		board	
	1 1		 Counselling and guidance Role of midwifery nurse practitioner. 			
XI	5		> Abortion	Lecture	LCD,	Short answers
	1		Types, causes	cum discussion	OHP, Chart,	Essay type Assignments
	1		 Legislations, Clinical rights and professional responsibility 	Demonstrati	Model Black board	,seminar
		1	 Abortion procedures 			
	1		> Complications			
	1		 Nursing management Role of midwifery nurse practitioner 			

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UNIT PLAN FOR 2023-2024 NURSING FOUNDATION

FIRST YEAR

Subject	: NURSING FOUNDATION
Group	: P.B.B.Sc (N) 1Year
No of Hours	: Prescribed Allotted
Theory & Lab	: 265+200 480
Course Co-ordinator	: Ms. S. Elizabeth Jasmine, Phd(N)
Subject Handled By	
	 DR. B. VANAJA KUMARI, Phd(N) DR.V. KUMARI, Phd(N) MRS. SMITHA. P.M, MSc (N) MRS. NATHIYA. K, MSc (N) MRS. C. MEGILIN BOSE, MSc (N)
Methods of Teaching Discussion.	: Lecture, Discussion, Demonstration, Group
A.V aids	: Black Board, Charts, Overhead Projectors,
	Models, LCD.

Evaluation : Essay type, short answers, objective type, assess skills with check list, clinical practical examination

COURSE DESCRIPTION:

This course will help students develop an understanding of the philosophy, objectives and responsibilities of Nursing as a Profession. The purpose of the course is to orient to the current concepts involved in the practices of Nursing and developments in the Nursing Profession.

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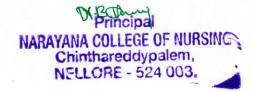
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Unit plan 2023-2024

Unit	He	our	Content	Name of faculty	A.V	Assessment
	Prac tical	theory			Aids/ICT Tool	
1	10 5 3		 Development of Nursing as a Profession: Its philosophy Objectives and responsibilities of a graduate Nurse. Trends influencing Nursing Practices. Expended role of the Nurse. Development of Nursing Education in India and trends in 	MRS. NATHIYA. K, MSc (N)	Chart, overhead projector, models LCD Projectors	Essay type, short answers, objective type, assess skills with check list, clinical practical examination
	2		 Nursing Education. Professional organization, career planning. Code of ethics & Professional conduct for Nurse 			
2 10 3		 Ethical, legal and other issues in Nursing. Concept of health and illness, effects on the person. 	DR. V. KUMARI, Phd(N)	Chart, overhead projector, models	Essay type, short answers, objective	
	2		 Stress and adaptation. Health care concept and Nursing care concept. 		LCD Projectors	type, assess skills with check list,
	5		• Development concept, needs, roles and problems of the development stages of individual newborn, infant, toddler, pre- adolescent, adolescent, adulthood, middle- age old age.			clinical practical examination







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 Meta-paradigm of Nursing – characterized by four central concepts i.e. Nurse, person (client/patient), health and environment. Nursing process. Assessment: Tools for assessment, methods, recording. Planning: Teaching for planning care, types of care plans. Implementation: Different 	- MEGILIN BOSE, MSc (N) DRB. VANAJA KUMARI , Ph.d(N)	overhead projector, models LCD Projectors Chart, overhead projector, models LCD Projectors	short answers, objective type, assess skills with check list, clinical practical examination Essay type, short answers, objective type, assess
 Assessment: Tools for assessment, methods, recording. Planning: Teaching for planning care, types of care plans. Implementation: Different 	VANAJA KUMARI ,	overhead projector, models LCD	short answers, objective
-		1	skills with check list, clinical
approaches to care, organizations and implementation of care, record.			practical examination
• Evaluation: tools for evaluation, process of evaluation, types of evaluation.			
• Quality assurance: Nursing Standards, Nursing audit, total quality management.	MRS. SMITHA. P.M, MSc (N)	Chart, overhead projector,	Essay type, short answers,
• Role of council and Professional bodies in maintenance of standards.		models LCD Projectors	objective type, assess skills with check list, clinical practical examination
 Primary health care concept: Community oriented Nursing 	MRS. C. MEGILIN BOSE, MSc (N)	Chart, overhead	Essay type, short
Holistic Nursing Primary Nursing.		projector, models LCD Projectors	answers, objective type, assess skills with check list,
	 Community oriented Nursing Holistic Nursing Primary Nursing. Family oriented Nursing concept: 	Community oriented Nursing Holistic Nursing Primary Nursing. Family oriented Nursing concept: Deprecipal	 Community oriented Nursing Holistic Nursing Primary Nursing. Family oriented Nursing concept: BOSE, MSc (N) overhead projector, models LCD Projectors

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5	 Problem oriented Nursing Progressive patient care Team Nursing. 	clinical practical examination

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CHILD HEALTH NURSING COURSE PLAN 2023-2024

SUBJECT • **CHILD HEALTH NURSING**

GROUP III Year B.Sc.(N) :

NO. OF HOURS :

	Stipulated Hours	Planned Hours
Theory	100	120
Practical	270	285

COURSE CO- ORDINATOR : P. Shanmuga vadivu (Professor)

SUBJECT HANDLED BY

:Mrs. GUNDA THEJOVATHI(Assoc . Professor) Mrs. KANNAGI E(Assoc. professor) Mrs. G. SHOBHA KRISHNA (Assoc. professor) Mrs. R T GIRIJA RANI(Asst. Professor) Mrs. GANDLA ANITHA(Tutor)

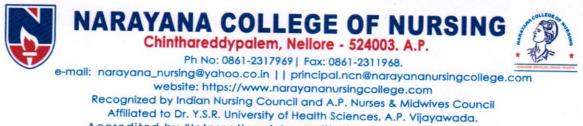
METHODS OF TEACHING: Method, Group discussion, Lecture cum Discussion, Demonstration, . A.V. AIDS

:LED Projector, Over Head Projector, Puppet show,

Role play, chart, models.

EVALUATION :Assignments, Performance Appraisal, Assessment of critical incidence, Online exam, Weekly Test, Unit test, Internal Exams, Model exams, Assessment of problem solving exercise, Assessment of Assignments, Performance evaluation with rating scales, Assess the planning and conduct of the educational sessions.

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COURSE DESCRIPTION:

This course is designed for developing an understanding of the modern approach to child-care, identification, prevention and nursing management of common health problems of neonates and children.

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GAP ANALYSIS FOR CHILD HEALTH NURSING COURSE

UNIT	INC	ACTUAL	REMARKS
	HOURS	HOURS	
		REQUIRED	
1. INTRODUCTION	17	25	Child Health Nursing
			procedures need to be
			explained in detail
II. THE HEALTHY	24	30	For age wise Growth and
CHILD			development- need more
			hours
III.NURSING CARE	15	15	-
OF A NEONATE			
IV.IMNCI (Integrated	10	10	-
Management of			
Neonatal and Child			
hood Illness)		-	
V.NURSING	24	30	Systemic conditions need
MANAGEMENT IN			extra hours
COMMON			
CHILDHOOD			
DISEASES			
VI.MANAGEMENT	10	10	
OF BEHAVIOURAL			
& SOCIAL			
PROBLEMS IN			
CHILDREN			
TOTAL HOURS	100	120 Hours	
	Hours		

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Unit	Time (Hrs)	Learning Objectives	Content	Faculty	Teaching learning methods	Learning experience	ICTto ol	Assess ment Metho ds
1.	25 Hrs	 >Describe the historical development philosophy & principles pediatric in nursing. >Explain in detail about rights and legislations of child welfare. >Discuss the changing trends in child care. >Enlist the differences between adult and child. 	INTRODUC TION >Modern concepts of childcare >Internationa lly accepted rights of the child >National policy and legislations in relation to child health and welfare >National programs related to child health and welfare >Agencies related to welfare services to the children >Changing trends in hospital care, >Preventive, promotive and curative aspects of child health. >Child health. >Child morbidity and mortality rates. >Differences	Mrs. Tejovat hi (Assoc. Professor)	Lecture, discussion Demon- stration of common paediatric procedures.	Assessment of skills with checklist.	Chart, LCD, Projec -tor, Model	Written Test; Objecti ve and Essay Type.



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2.	30	>Explain in	child >Hospital environment for a sick child >Impact of hospitalizatio n on the child and family. >Grief and bereavement >The role of a Child health nurse in caring for a hospitalized child >Principles of pre and post operative care of infants and children >Child health nursing procedures. THE	Mrs. Girija	Lecture,	Observation	Chart,	Written
	Hrs	detail on growth and development. >Discuss the immunization and its importance.	HEALTHY CHILD >Principles of growth and development >Factors affecting growth & development >Growth and development from birth to adolescence >The needs	rani (Asst. Professor)	discussion, demonstrations developmental study of infant and children.	on study of normal & sick child	LCD Projec -tor, Model	Test; Objecti ve and Essay Type.

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of normal			
children			
 through the			-
stages of		frank antista a	
development			
al and			
parental			
guidance			
>Nutritional			
needs of			
children &			
infants:			
breast			
feeding,			
exclusive			
breast			
feeding			
supplementar			
y artificial			
feeding			
weaning,			
>Baby			
friendly			
hospital		;	
concept			
>Accidents:			
causes and			
prevention			
>Value of			
play and			
selection of			
play material			
>Preventive			
immunization			
immunization			
programme			
and cold			
chain			
>Preventive			
paediatrics:			
Care of			
under-five &			
under five			
clinics/well			

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			baby clinics.					Γ
3.	15 Hrs	>Explain in detail about the care of normal and sick neonates. >Describe the organization of neonatal unit	baby clinics. NURSING CARE OF ANEONAT E >Nursing care of a normal newborn/Ess ential newborn care >Neonatal resuscitation >Nursing management of a low- birth-weight baby. >Kangaroo mother care >Nursing management of common neonatal disorders >Organizatio n of neonatal unit. >Identificatio n & nursing management of common congenital malformation	Mrs. Girija rani . (Assoc. Professor)	Lecture, discussion, Demonstratio n.	Demon- stration, Practice & Assessment of skills with check list.	Chart, LCD Projec -tor, Model	Writter Test; Objecti ve and Essay Type.
4.	10 Hrs	>Describe the whole concept of IMNCI	INTEGRAE D MANAGEM ENT OF NEONATA L AND CHILDHO OD ILLNESS (IMNCI)	Mrs. Girija RANI (Asst. Professor)	Lecture, discussion, Demonstratio n	Demon- stration, Practic & Assessment of skills with check list.	Chart, LCD Projec -tor, Model	Written Test; Objecti ve and Essay Type.





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5.	30	>Explain in	NURSING	Mrs.Shanu	Lecture,	Clinical -	Chart,	Written
	Hrs	detail about	MANAGEM	mugavadivu	discussion,	practice,	LCD	Test;
		the nursing	ENT IN	(Professor)	Demonstration	•	Projec	Objectiv
		management	COMMON	and	Practice -	education	-tor,	and
		of common	CHILDHO	Mrs. G.	Sessions.	related to	Model	Essay
		diseases in	OD	tejovathi		disease	model	Type.
		childhood	DISEASES	(Assoc.		conditions,	~	Type.
		>Describe the	>Nutritional	Professor)		Assessment		
		medical,	deficiency	&		& advice of		
		surgical and	disorders	Mrs. R.		nursing		
		nursing	>Respiratory	Girija		intervention		
		management	disorders and	(Asst.		for sick		
		of various	infections	Professor)		children.		
		systematic	>Gastrointest	110103501)		ciniuren.		
		disorders of	inal		1. A.			
		children.	infections,					
		cilluicii.	infestations					
			and					
			congenital					
	3		disorders					
			>Cardio					
			vascular					
			problem:					
			congenital					
			defects and					
			rheumatic					
			fever,					
			rheumatic					
			heart disease					
			>Genito-					
			urinary					
			disorders:					
			acute					
			glomerulo-					
			nephritis,					
			Nephrotic					
			syndrome,					
			Wilms'					
			tumor,					•
			infection and					
	5.1		congenital					
			disorders.					
			>Neurologica		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
			l infections					



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	and				
	disorders:				
	convulsions,				
	epilepsy,				
· · · · · · · · · · · · · · · · · · ·	meningitis,				
	hydrocephalu				
	s, spina-				
	bifida.				
	>Hematologi				
	cal disorders:				
	Anemias,				
	thalassemia,				
	ITP,				
	Leukemia,			영양 영상 같이 다.	
	hemophilia.				
	>Endocrine			2. 김 관계 성장이 좋다.	
	disorders:				
	Juvenile				
	Diabetes				
	Mellitus		in the first		
	>Orthopedic				
	disorders:				
	club feet, hip				
	dislocation				
	and fracture.				
	>Disorders of				
	skin, eye, and				
	ears.			못하는 글 옷을 물	
	>Common	+			
	communicabl				
	e disease in				
	children,			이 아파 아파 아파	
	their				
	identification,				
	nursing				
	management				
	in hospital				
	and home				
	and				
	prevention.				
	>Child health				
	emergencies:				
	poisoning,				
	foreign				



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			bodies, hemorrhage, burns and drowning. >Nursing care of infant and children with HIV/AIDS.					
6.	10 Hrs	>Explain in detail about the management of children with behavioural disorders. >Describe the various types of challenged children.	MANAGEM ENT OF BEHAVIOR AL & SOCIAL PROBLEM SIN CHILDREN >Managemen t of common behavioral disorders >Managemen t of common psychiatric problems >Managemen t of common psychiatric problems >Managemen t of challenged children: Mentally, Physically, & Socially challenged >Welfare services for challenged children in India. >Child guidance clinics	Mrs.Kannag i (Assoc. Professor)	Lecture, discussion, Demonstratio ns	Field visit to the child guidance clinics, school for mentally physically & socially challenged children.	Chart, LCD Projec tor, Model	Written Test; Objecti ve and Essay Type.





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- ✓ Parul Dutta, Pediatric Nursing
- ✓ Gulani, Peadiatric Nursing Care Plan

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LESSON PLAN



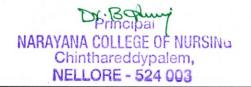
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LESSON PLAN

Médical Surgical Nursing-1



GENERAL INFORMATION

Name of the Faculty : Mrs. N.Subhashini, M.Sc., (Nursing)

Subject: Adult Health Nursing-1

Unit : VII

Topic: Myocardial Infarction

Group : B.Sc. Nursing III Semester Batch

Venue : II year B.Sc. nursing class room

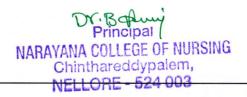
Duration:2 Hours

No.of students: 93

Previous Knowledge: Students are aware of anatomy and physiology of Cardio vascular system & coronary circulation

Method of Teaching: Lecture cum Discussion

Media of Instruction: White board, LCD and charts.



GENERAL OBJECTIVE :

At the end of the teaching the students are able to explain the definition, incidence, etiology, patho-physiology, clinical manifestations, assessment, diagnostic findings and management of Myocardial Infarction and develop attitude and skills in providing care to patients with Myocardial Infarction.

SPECIFIC OBJECTIVES :

At the end of the teaching, the students will be able to ;

- define myocardial infarction.
- estimate the incidence of myocardial infarction.
- list the etiology and risk factors of myocardial infarction.
- explain the patho-physiology of myocardial infarction.
- identify the signs and symptoms of myocardial infarction.
- mention the diagnostic evaluation of myocardial infarction.
- describe the medical management of myocardial infarction.
- discuss the surgical management of myocardial infarction
- discuss the phases of cardiac rehabilitation



Planned late	Actual date& Duration	Time	Specific Objectives	Content	Teacher & Learner Activity	A.V. Aids	Evaluation
03/10/23	06/10/23	3min	To introduce the	INTRODUCTION :	Learning in the	Black Board &	-
	II & III		concept of	Myocardial infarction (MI) is a process by which the	Humanities	PPT	
	Hour		Myocardial	myocardial tissue is destroyed in regions of the heart			1 ×
	(10:00		Infarction	that are deprived of an adequate blood supply because			
	A.M to			of a reduced coronary blood flow. The cause of the			
	12 :00 P.M)			reduced blood flow is either a critical narrowing of the			
				coronary artery due to atherosclerosis or a complete			
				occlusion of an artery due to embolus or a thrombus.			
				Decreased coronary blood flow may also result from	S		
				shock and hemorrhage. In each case there is a profound		R. 11	
				imbalance between myocardial oxygen supply and			
				demand.			
			25	DEFINITION :	a		
		5min	To define	Myocardial Infarction occurs when there is ischemia	Learning in the	Black Board &	MCQ's
			Myocardial	(inadequate blood flow) to a part of the heart that	Humanities	РРТ	
			Infarction	results in death of the myocardial cells.			
						Black Board &	
	1 ⁴ e				-	PPT	
				INCIDENCE :	а 18 - С. – С.		
		2min	To estimate the	It is estimated that there are 160,000 deaths with	Participatory	Black board	MCQ's
			Incidence of	Myocardial infarction and 16,000 deaths occur every	Learning	&PPT	ineq 5
			M.I.	year.	Dearning		
						7	
			To list the	ETIOLOGY\RISK FACTORS :	Learning in the	Black board &	
					<u> </u>		
						DY-BA	Anny
						NARAYANA COLL	FOF OF NURS
						NAMAYANA COLL	ddypalem,

	15	etiology and risk	i.Non- Modifiable Risk Factors :	Humanities	РРТ	MCQ's
	min	factors of	1. Age: The risk factor of MI increases with age,			
		Myocardial	doubling each decade after 55 years of age			
		Infarction.	2. Gender: MI more commonly occur in men than		Black board, PPT	
			women and they have the tendency to suffer with			
			stroke.			
			3. Race: MI is found mostly in African Americans			
			and southern white men.			
			4.Family History: A family history of MI increases the			
			risk of MI in the generation.			
			ii. Modifiable Risk Factors:			
			1.Cigarette Smoking: cigarette smoking increases the			
			blood carbon monoxide (CO) levels. Thus oxygen		그는 것 같은 것 같아? 집 것 것	
			supply to the heart is severely limited. The nicotinic			
			acid present in the smoke releases catecholamines			
			which results in arterial constriction. Moreover the			
			smoke has the ability to form adhesions leading to			
			thrombus formation.			
			2. Elevated blood pressure : An elevated BP triggers a			
			very high pressure gradient against which the left		2 전 2 전 2 전 2 전	
			ventricle must pump.		그는 것 같은 것 같이 같아.	
			<u>3.Hyperlipidemia</u> : lipids have the property of being			
			readily soluble in solvents than in water. The lipids are			
			attached with the proteins and form lipoproteins. These			?
			lipoproteins are believed to play a role in the			
			development of atherosclerosis			
			4. Hyperglycemia: hyperglycemia fosters increased			
			platelet aggregation which can lead to thrombus			
			formation.			
		- Although a s	5.Behavior Patterns: Behaviors that characterizes the		n nationa s Erad	n de case
•			people like competitive striving for achievement,			문항 않으는 것

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				DY-B Princ NARAYANA COLLI	apari EGE OF NURSI
	Infarction	 Shortness of breath Pallor Cold clammy skin Diaphoresis Dizziness Light headedness Nausea 			
10 min	To identify the clinical manifestations of Myocardial	CLINICAL MANIFESTATIONS : • Chest pain characterized by heavy, vise like pain which raduates to shoulders and down the arms, usually the left arms	Self- directed Learning	Black board & PPT	MCQ's
		Lack of oxygen supply to the tissues Infarction to Myocardial tissue			
		Obstruction of the coronary blood flow			
		Development of thrombus Narrowing of the lumen of the blood vessel			
	physiology of Myocardial Infarction	the coronary arteries Attraction of the platelets to the injured site			1
5min	Explain the patho	 exaggerated sense of time, urgency, aggressiveness, hostility are prone to coronary atherosclerosis. PATHOPHYSIOLOGY : Due to fatty streak deposition or injury to the walls of 	Participatory Learning	Black board & PPT	One word questions

			• Vomiting			lan -
			• fainting			
	5min	To mention the	DIAGNOSTIC FINDINGS :	Problem solving	Black board &	One word
		diagnostic	History collection	methodoogies	PPT	questions
		evaluation of	Physical Examination			
		Myocardial	Cardio vascular Examination			i and a second as the
		Infarction	• Electrocardiogram			
			• Echocardiogram			
946 - 193			Serum cardiac enzymes			
			Complete blood count			
			• CT scan			
			• CT angiography			
			• MRI			
			• MR Angigraphy			
			Positron Emission Tomography			
			Multigated nuclear scans			
			Coronary Angiography			
	20	To discuss the	MANAGEMENT :	Problem solving	Black board &	MCQ's
	Min	Management of	Medical Management :	methodologies	РРТ	
		Myocardial	i.Drug Therapy:			
		Infarction	>Anti platelet drugs : Clopidogrel, Ecospirin			
			>Thrombolytic therapy: streptokinase, Urokinase,			
	122	2011년 2011년 - 2011	Anistreplase			문 영화 지하는 것
			>Calcium channel blockers: Nimodip, amlong			
			>Anti anginal drugs: Nitroglycerin, Nitrocontin ii.			
			Maintain ABC's of the patient		-	
			iii. Oxygen administration			
			iv.Artificial airway insertion			
					Prin	Any

		cardiac rehabilitation	realization of his goal towards independence. <u>Phase2</u> : The nurse explains the nurse about the disease and answers questions honestly and reassures the patients to do a useful economic life and resuming his			
	15 Min	To describe the phases of	<u>CARDIAC REHABILITAION :</u> <u>Phase1 :</u> This phase occurs during hospitalization. In this phase the nurse assist the patient towards the	Participatory Learning	РРТ	Objective type questions
		Infarction	 Impaired tissue perfusion related to decreased cardiac output. Anxiety related to fear of death. Deficient self care related to imposed bed rest. Deficient Knowledge regarding prognosis ad self care management. 			
		plan for a patient with Myocardial	• Ineffective breathing pattern related to decreased blood flow to pulmonary capillaries secondary to decreased ventricular contractility.	Learning		
	15 Min	To draw a nursing care	NURSING MANGEMENT : • Chest pain related to reduced coronary blood flow.	Project based	LCD & PPT	MCQ's
			Coronary Artery Bypass Grafting : It is a procedure in which blood supply to the coronary arteries is established by using internal mammary artery or sephaneous vein grafts.			
			i. Per cutaneous coronary angioplasty ii. Trans myocardial revascularization Surgical Management:			
			 v. Endo tracheal Intubation & Mechanical ventilation vi. Adequate hydration vii. Monitor intake output chart. Per cutaneous coronaryInterventions : 			

		activities. <u>Phase 3 :</u> the goal of third phase is to continue to restore the patient activity levels that allow the person to return to work or return to activities in which he participated before the illness. This phase is usually accomplished by enrolling the patient in a formal rehabilitation program that provides supervised			
		incremental increase in activities and exercise. <u>Phase 4</u> :This focuses on long term conditioning and the maintenance of cardiovascular stability. The patient is usually very self directed during this phase and does not require a supervised program.			
10 Min	To summarize the topic	SUMMARY: Till now we have seen the definition, incidence, etiology & risk factors, pathophysiology, clinical manifestation, diagnostic findings and management of a patient with Myocardial Infarction	Integrated Learning	РРТ	Objective type questions
15 Min	To recapitualize the topic	 <u>Recapitualization :</u> Define Myocardial Infarction. Estimate the incidence of Myocardial Infarction. List the etiology and risk factors of Myocardial Infarction. Explain the pathophysiology of Myocardial Infarction. Identify the signs and symptoms of Myocardial Infarction. Mention the diagnostic evaluation of Myocardial 		PPT	Short answer type questions

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		Infarction.		
		• Describe the Medical Management of Myocardial		
		Infarction.		
		• Discuss the surgical management of Myocardial		
		Infarction.		

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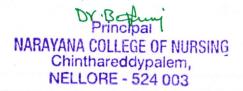
LESSON PLAN

PARTOGRAPH

NARAYANA COLLEGE OF NURSING Chinthareddypalem, **NELLORE - 524 003**

GENERAL INFORMATION

Institution	:	Narayana College Of Nursing
Programme	:	B.Sc nursing
Year	:	IV year
Unit	:	VII
Subject	:	midwifery and obstetrical nursing
Торіс	:	Partograph
Methods of teaching	:	lecture cum discussion
A.V Aids	:	white board, Roller board, Leaflets, Handouts, Pamphlets, Transparency sheets.



General objectives:

The students will be able to gain in depth knowledge regarding partograph and develop desirable attitude and skills to provide comprehensive nursing care to mother during in various health care settings.

Specific objectives:

At the end of the class the, students will be able to

- > Define partograph.
- ➤ Know the purposes of partograph.
- List out the indications of partograph
- Illustrate the principles of partograph.
- > Enumerate the functions of partograph.
- Describe the components of partograph.
- \succ List out the advantages of partograph.
- > Enlist the disadvantages of partograph.

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Actual date	Planned date	Time	Specific objectives	CONTENT	Lecturer & Teacher activity	AV aids	evaluation
18.08.24	21.08.24	2mins	Introduce the	INTRODUCTION	Participatory	White	Objective
			topic	Partograph is geek word which means "Labour	learning	board	choice
				curve" partograph or partogram is a simple,		&	questions
				inexpensive tool which gives continuous pictorial		РРТ	
				overview of labour. It is the easy way to detect			
				prolonged labour and obstructed labour. This makes			
				timely remedial intervention possible and alters the			
				maternal and foetal outcome favourably.			
		5min	The student	DEFINITION:	Participatory		Objective
			will be able to	Partograph is a composite graphical record of key	learning	White	choice
			define the	data during labour, entered against time on a single		board	questions
			partograph	sheet of paper.		&	
				(- D.C Dutta)		РРТ	
				Or			
				Partograph is a chart in which the salient features of			
				labour are entered in a graphic form and it provides			

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				the opportunity for early identification of deviations			
2 x				from normal.			
		8	The student	PURPOSES OF PARTOGRAPH:			
		3mins	will be able to	Early detection of abnormal progress of labour	Patient		Objective
			Know the	Prevention of prolonged labor	centric		choice
			purposes of	Recognition of cephalopelvic disproportion long	evidence	White	questions
*	-		partograph	before obstructed labour	based	board	
				Early recognition of maternal and fetal problem.	practice	&PPT	
				Serves as an early warning system.			
			*	➤ Assist decision making for when augmentation of			
	a a a a			labor is appropriate.		2	
		8	The student	➤ Effective in reducing complications from			
			will be able	prolonged labor for the mother and for the fetus.			
0			indications of	INDICATIONS FOR PARTOGRAM:	Patient		Objectiv
		, 10	partograph	All primigravidae	centric		choice
				High-risk pregnancies	evidence	White	questions
			n	> Malposition's and malpresentations are given	based	board	
		5		trial of vaginal delivery	practice	&PPT	

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Actual date	Planned date	Time	Specific objectives	CONTENT	Lecturer activity	AV aids	Evaluation
		5 min	The student	PRINCIPLES:	Experiential	White	Objective
			will be	> The active phase of labour commences at 3 cm	learning	board	choice
			illustrate the	cervical dilatation		&	questions
			principles of	> The latent phase of labour should not last longer		РРТ	
	<u>.</u>		partograph	than 8 hours			
				> During active labour, the rate of cervical			
	e e			dilatation should not be slower than 1cm/hr.			
				➤ A lag time of 4cm between a slowing of labour			
				and the need for intervention is unlikely to			
				compromise the fetus or mother and avoids			
				unnecessary intervention.			· · · ·
			The student	> Vaginal examinations should be performed as			
			will be able to	infrequently as is compatible with pre-set lines.			
		5min	list out the	PARTOGRAPH FUNCTION	Participatory	White	Objective
			functions of	> The partograph is designed for use in all	learning	board	choice
			partograph	maternity settings, but has a different level of		&	questions
				function at different levels of health care		РРТ	

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			> In health center, the partographs critical function			
20 A			is to give early warning if labour is likely to be			
	8	÷	prolonged and to indicate that the woman should			
			be transferred to hospital (Alert Line Function)	×.		
			> In hospital settings, moving to the right of alert	, · · ·		
			line serves as a warning for extra vigilance, but			
* <u>*</u>			the action line is the critical point at which	. *		· · · · ·
			specific management decisions must be made.			
		The student	> Other observations on the progress of labour are			
		will be	also recorded on the partograph and are essential			· · · · ·
		describe the	features in management of labour			
	15	components	COMPONENTS OF PARTOGRAPH:	Experiential	White	Objective
	min	of partograph	Components of partograph as recorded are:	learning	board	choice
-			• Fetal condition		&	questions
			• Progress of labor		РРТ	
			Maternal condition			
			• Outcome of labour			

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s. no	Time		Specific objectives	CONTENT	Lecturer activity	AV aids	Evaluation
900 - 930		-		I. fetal condition:			
				The midwife/obstetrical nurse is to observe			
		n Alt		and note the following fetal condition in the		~	
				partograph:			
				a. fetal heart rate			
	Ω.			b. membrane and liquor			
				c. molding of fetal skull bone			
				d. formation of caput			
	×			a. fetal heart rate:			
	· *			Assess the FHR after contraction for 60			
				seconds, every 30 minutes in the first stage.			
				Points to remember while observing FHR:			
				• Tachycardia			
				• bradycardia			
				• Patient is in left position.			
						~	

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		• The strongest phase of the FHR is just after the		
		contraction has passed.		
		• Observation for 1 full minute, and if abnormal,	A	
		then every 15 minutes.		
	r X d	• If there is abnormality over three observations,		
	8	then take action.		
		• Document at the top of the partograph.		
		a. Membrane and liquor:		
с. у.		The following symbols could be used in condition of		
		membrane and liquor.		
		✤ Intact membraneI		
,	te.	✤ Ruptured membrane clean liquorC		
		✤ Ruptured membrane + meconium-stained		
		liquor M		67
		 Ruptured membrane+ blood-stained liquor 		
		B		
		 Ruptured membrane with absence of liquor 		
		A	- <u>,</u> ,	

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s. no	Time	Specific objectives	CONTENT	Lecturer activity	AV aids	evaluation
			Moulding of fetal skull:			
			It is a very important indication of how adequately			, · · ·
			the pelvis can accommodate the fetal head.			
			Increasing molding with head high in the pelvis		· · ·	
			symbols could be used to plot molding of fetal skull:			
			➢ Sutures felt easily0			
		2	Bones just touching each other1+			
			➢ Overlapping bone2++			
			Severe overlapping3+++			
			Formation of caput:		3	
			It is formed during labor. It is an edematous swelling			
			that appears on the fetal presenting part.			5
			> Progress of labour:		· · · ·	
			In the progress of labour the following factors are to			
		с. 	be plotted in the middle section of partograph:			
			 Cervical dilatation 			
			Descent of the fetal head marking "O" symbol			

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		· · · · · · · · · · · · · · · · · · ·			
			\blacktriangleright Fetal position: whether the position of the		
			presenting part is anterior or posterior.		
			➢ Uterine contractions: characteristics like rate,		
			rhythm, intensity, frequency, and duration in		
			<20 seconds,		
			\geq 20-40 seconds, >40 seconds according to the		
			coding are to be plotted in 10 minutes.		
			Cervical dilatation:	1	
			Cervical dilatation depends upon the descent of		
			fetal head, fetal position, and uterine		
			contractions.		
			\triangleright This part is the central feature of partograph of		
			cervical dilatation against time.		
			> It is divided into latest phase and Latent phase		
			and active phase:		
			> Latent phase: starts from the onset of labour		
			until the cervix reaches to 4 cm dilatation and		
	p.		then it enters into its active phase.	Sandi Mire I.	
			Latent phase: starts from the onset of labour until the cervix reaches to 4 cm dilatation and		

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			\succ The duration lasts for 8 hours or less with at			
			least 2-10 contractions lasting more than 20	×		2
			seconds.	2	8	54 L
		×	> Active phase: contractions occur at least thrice			
		× , 1	in 10 minutes, each lasting more than 40	а. -		
	e.	1. 	seconds. The cervix dilates 1 cm/h or faster.		а. С	
С., с			> 0-10 against squares. Each square represents 1			
	0		cm dilatation.			
			> Along the bottom of the graph are numbers 0-			
			24. Each square represents			
		κ	➢ In the center of partograph is a graph. Along the			
			left side are numbers 1 hour.			
			> The dilatation of cervix is plotted with an "X"			5
			vaginal examinations are done at admission and			
			once in 4 hours.		I	
			> Action line: is drawn from 4 cm dilatation and			
			represents the rate	х с		
 		1				

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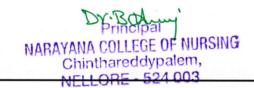
	of dilatation at 1cm/h. it alerts the mother to be extra		
	vigilant in terms of the descent of fetal head.		
8	✤ Alerts the health professionals to take specific		
	labor management decisions.		
	* Alert line: is drawn from 4cm dilatation and		
	represents the rate of dilatation at 1cm/h.		
	 It alerts the mother to be extra vigilant in terms of 		
5	the descent of fetal head which alerts the health		
a a	professionals to take specific labor management		
	decisions.		
	a) Descent of fetal head:		
	✤ It is assessed by per abdomen examination		
	immediately before doing vaginal examination		
	using the rules of Fifth means that the palpable		
	fifth to the fetal head is felt by abdominal		
	examination above he level of symphysis pubis.		
	• When two-fifth of the fetal head is felt above the		
	level of the symphysis pubis, this means that the		

DC-BCA Principal j NARAYANA COLLEGE OF NURSING Chinthareddypalem, NELLORE - 524 003 head is engaged and by vaginal examination, it can be determined whether the lowest part of the vertex has passed or is at the level of ischial spine.
The width of the five fingers is a guide to the expression in fifths of the head above the brim. A head that is mobile above the brim will accommodate the full width of five fingers.
As the head descends, the portion of the head remaining above the brim will be represented by

- It is generally accepted that the Head is engaged when the portion of the head above the brim is represented by two fingers or less.
- b) Uterine contractions:

five fingers.

• Observations regarding uterine contractions are made every half hour in the active phase.



٠	The frequency	and duration of	contractions are
	recorded.		

- Frequency refers to the number of contractions in a 10 minutes period.
- Duration is measured in seconds-from the time the contraction sets in to the time the contractions phase off.

II. Maternal condition:

Maternal condition is recorded at the bottom of the partograph. It documents the following:

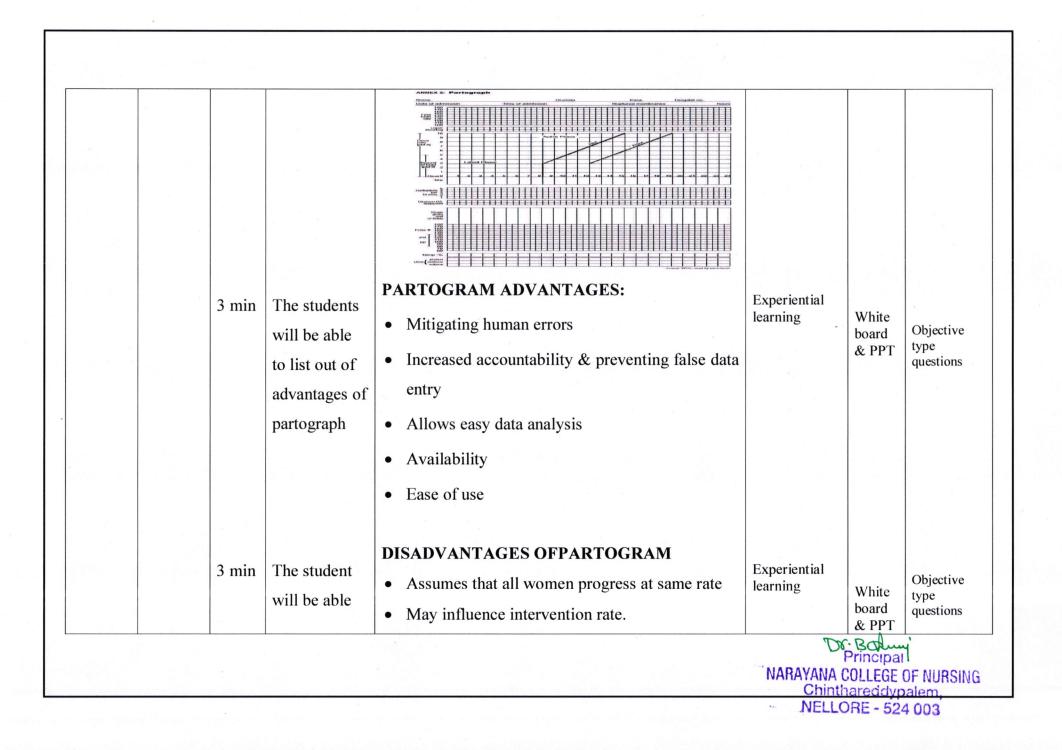
Assess maternal condition regularly by monitoring:

- **Pulse** Every 30 mins & marked with a dot (•).
- **Blood pressure** Recorded in vertical line every 4 hours & marked with arrows.
- **Temperature** Recorded every 2 hours.

Urine volume, analysis for protein and acetone

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ed Time	Specific objectives	 CONTENT Oxytocin – Amount per volume IV fluids in drops per minute, every 30 mins. Drugs – Any additional drugs given. IV Fluids – type and amount used. Outcome: 	Lecturer activity	AV aids	evaluation
		 drops per minute, every 30 mins. Drugs – Any additional drugs given. IV Fluids – type and amount used. Outcome: 			
		• Outcome includes labor outcome (duration of labor, pain Management, type of delivery) and neonatal outcome. (status of new born Apgar score 1minute and after 5 minutes, birth weight, and reflexes.			
			score 1minute and after 5 minutes, birth weight, and reflexes.	score 1minute and after 5 minutes, birth weight, and reflexes.	score 1 minute and after 5 minutes, birth weight,



	to enlist out the	 Clinical findings have subjective Variations. Lack of knowledge. 		
	disadvantages of partograph			

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FILL IN THE BLANKS: 5x1=5

1. Components of partograph_

2. I,C,M.B.A _____.

3. Latent phase cervical dilatation _____ cm.

4. Coding of contractions _____.

5. Write any two advantages of partograph monitoring_____.

Key:

1. Fetal condition, progress of labor, maternal condition.

2. Intact membrane, clear liquor, ruptured membrane +meconium-stained liquor, blood stained liquor, absences of liquor.

3. 4cm

4. <20sec, 20-40 sec, > 40 sec.

5. Mitigating human errors, Increased accountability & preventing false data entry

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SUMMARY: As a part of my teaching, I have discussed with you briefly about partograph its definition, purposes, principles, functions, components, advantages, disadvantages. So through this class the students can improve their knowledge.

CONCLUSION:

Let me conclude the topic "Partograph". I hope that you all understand the topic. As a nurse we should assess the abnormality of progress of labour monitoring of partograph. So we can identify problems at early state, thank you.

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LESSON PLAN

STRUCTURE OF URETER

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

GENERAL INFORMATION

NAME OF THE INSTITUTION : Narayana College of Nursing PROGRAMME : B.sc Nursing YEAR :I Semster UNIT : Unit -8 **SUBJECT** : Anatomy TOPIC : structure of Ureter NO. OF STUDENT : 85 PREVIOUS KNOWLEDGE OF THE STUDENTS : Students may have knowledge during their higher secondary education on ureter METHODS OF TEACHING : Lecture cum discussion A.V AIDS :White board, roller board, Pamphlet, PPT, leaflets, handouts, Model,

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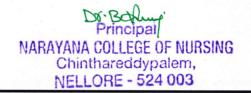
GENERAL OBJECTIVE:

At the end of the class the students will be able to gain knowledge on structure of Ureter and develop desirable attitude and practice in all Health care settings.

SPECIFIC OBJECTIVES:

At the end of the class student will be able to :

- ➢ Define ureter
- Mention the structure of ureter
- ➢ Find the measurements of ureter
- Identify the location of ureter
- Enlist the layers of ureter
- Illustrate the histology of ureter
- List out the parts and relations in ureter
- ► Illustrate the course of ureter
- Mention the blood supply and nerve supply
- Interpret the parts of anatomical constriction of ureter
- List out the functions of ureter
- Correlate the clinical problems of ureter



Actual	Planned	Time	Specific	Content	Teacher &	A.V aids	Evaluation
date	date		objectives		learner		2.
					activity		
17.08.	22.08.2	3min	the students	Introduction:	Participatory	white	Objective
23	3		will be able to	The ureter is a narrow, thick- walled, expansile	learning	board	type
			introduce the	muscular tube. Conveys urine from the kidney		9.1 5	questions
			topic.	to the urinary bladder. The urine is propelled			
				from the kidney to the urinary bladder by the			
				peristaltic contractions of the smooth muscle of			
				the wall of the ureter.			
				Kidney			
				ureler.			
				A			
				Diadder			
			2				
2 A A A A						Principal	

Ureter :

•It is the tube which starts from kidney, travels on posterior abdominal wall & runs a course through pelvis to open in urinary bladder.

• Its main function is to carry urine from kidney to bladder.

Review of anatomy & physiology:

- → The ureters are bilateral thin (3 to 4 mm) tubular structures that connect the kidneys to the urinary bladder, transporting urine from the renal pelvis into the bladder.
- → The muscular layers are responsible for the peristaltic activity that the ureter uses to move the urine from the kidneys to the bladder.

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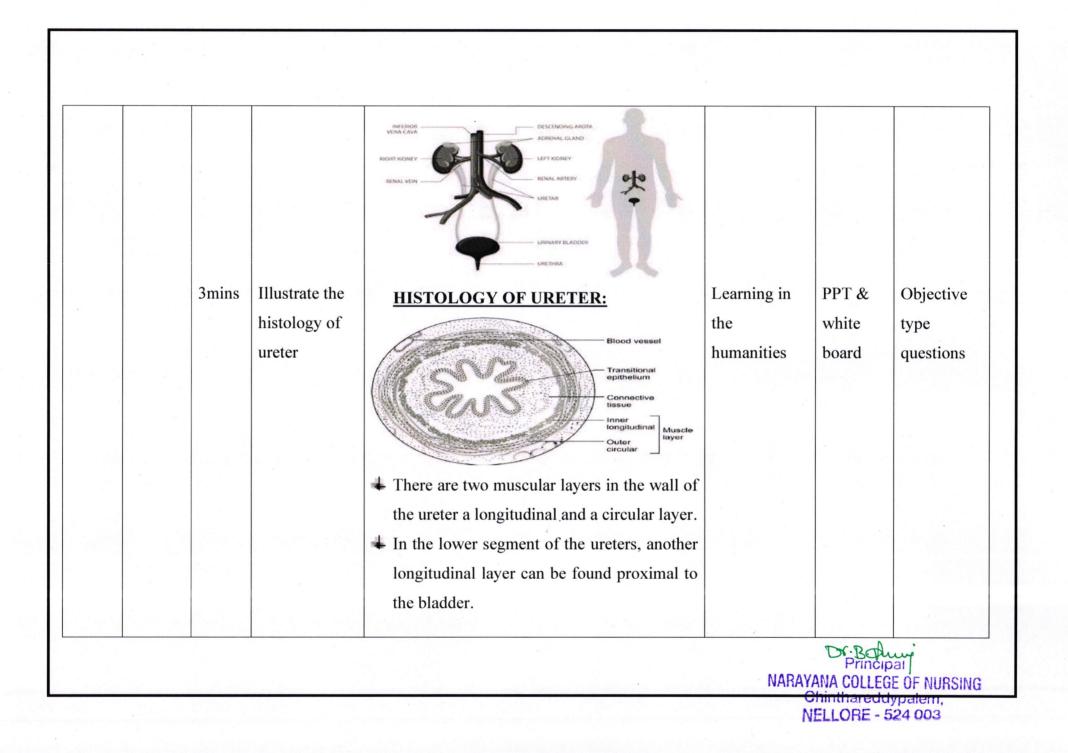
	3mins	Ureter	Ureter:	Participatory	White	Objective
		<	The tube that carries urine from the kidney to	learning	board&	type
(16) Yang ter			the bladder.		РРТ	questions
			(According to Wikipedia)			
			The thin tubular structures that emerge			
			from the kidneys to connect them with the			
			urinary bladder are called ureters. The tube-			
	N		shaped ureter emerging from the right kidney is			
			called the right ureter. The tube-shaped ureter			
			emerging from the left kidney is called the left		-	
	-		ureter.			
			(According to ASHALATHA)			
			Ureter			
				NARA	DA:BC Princ	EGE OF NURS

.

	5min	narrates the	STRUCTURE	Patient		Objective
		structure of	• Each ureter is a small tube, about 25 cm	centric	РРТ	type
		ureter	long.	evidence		questions
			• that carries urine from the renal pelvis to the	based		
			urinary bladder.	practice		
			• It descends from the renal pelvis, along the			
			posterior abdominal wall, which is behind			
			the parietal peritoneum, and enters the			
			urinary bladder on the posterior inferior			
			surface.			
	2mins	Find the	Measurements	Experiential	Whitebo	Objective
		measurements		learning	ard	type
s de Cart		of ureter	IS I		&PPT	questions
			Right areter			
			I food			
			Bladder			
			Length: 25 cm (10 inches).			
					DX B	- icipal
				NA	RAYANA COLI	EGE OF NUR

		☑ Diameter: 3 mm.			
5mins	Identify the	LOCATION:	Experiential	White	Objective
	location of	\checkmark The ureter is a small tube, or duct,	learning	board &	type
	ureter	that connects the bladder and kidneys.		PPT	questions
		\checkmark The ureters begin at the ureteropelvic			
		junction (UPJ) of the kidneys, which lie		5 A.	•
		posteriorly to the renal vein and artery in			
8		the hilum.			
		\checkmark The ureters then travel inferiorly inside the			
		abdominal cavity.			
		\checkmark They pass over (anterior to) the psoas			
		muscle and enter the bladder on the			
		posterior bladder aspect in the trigone.			

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· · ·			4 The ureter is made up of 3 layers: innermost			
		-	mucosa, muscularis, and the outer			
			adventitia.			
			+ The mucosa is lined with circular			
			transitional epithelium.			
	5mins	List out the	PARTS AND RELATIONS	Experiential	PPT &	Objective
		parts and	• The ureter is generally divided into two parts:	learning	White	type
		relations in	abdominal and pelvic.		board	questions
		ureter	• Each part is about the same length, i.e., 12.5			
			cm (5 inches).			
			• The abdominal part of ureter extends from the			
			renal pelvis to the bifurcation of the common			
			iliac artery			
			• The pelvic part of the ureter extends from the			
			pelvic brim (at the level of bifurcation of the			
			common iliac artery) to the base of the urinary			
			bladder.			

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		RELATIONS OF ABDOMINAL PART		2		
	9°	Medially the right ureter is related to inferior				
		vena cava and left ureter is related to left				
		gonadal vein and inferior mesenteric vein.				1
		RELATIONS OF PELVIC PART				Ê
		• The pelvic part of the ureter crosses in front				Ĺ
		of all the nerves and vessels on the lateral				k
		pelvic wall except vas deferens, which crosses				Ê
	99 A.	in front of it.				
		• Near the uterine cervix, the uterine artery lies				é
		above and in front of it, a highly important				
		surgical relationship.				
7mins	Illustrate the	Course of ureter	Patient	PPT &	Objective	
	course of	Parts-	centric	white	type	
	ureter	• Pelvis of ureter	learning	board	questions	
		Abdominal				
		• Pelvic				
		• It is 25-30 cm. long. & 3 mm in diameter				
			NARAYA	Dr. B. A Principal	1 OF NURSING	

• As smooth muscles in its wall.

• It is retroperitoneal throughout its abdominal course.

COURSE IN ABDOMINAL PART

• The ureter begins as a downward continuation of a funnel shaped renal pelvis at the medial margin of the lower end of the kidney.

• The ureter passes downward and slight medially on the psoas major, which separates it from the transverse processes of the lumbar vertebrae.

• Enters the pelvic cavity by crossing in front of the bifurcation of the common iliac artery at the pelvic brim in front of the sacroiliac joint.

COURSE IN PELVIS

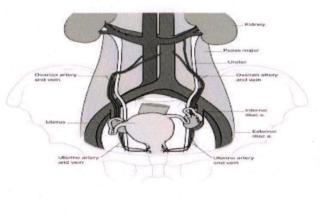
• In the pelvis, the ureter first runs downward, backward, and laterally along the anterior

De-Baluny Principal NARAYANA COLLEGE OF NURSING Chinthareddypalem, NELLORE - 524 003 margin of the greater sciatic notch.

• Opposite to the ischial spine, it turns forward and medially to reach the base of the urinary bladder.

• Where it enters the bladder wall obliquely.

• Within the bladder wall, it narrows down, takes a sinuous course, and opens into the cavity of the bladder at the lateral angle of its trigone as ureteric orifice.



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3mins	Mention the	BLOOD SUPPLY:	Patient	PPT &	Objective
	blood supply		centric and	White	type
	and nerve		evidence	board	questions
	supply?	Geonadal artery Aorta	based		
		Common iliac artery internal iliac artery Superior vasical artery Middle rectal artery Middle rectal artery interior vasical artery interior vasical artery	learning		
		ARTERIAL SUPPLY			
		• The ureter derives its arterial supply from the			
		branches of all the arteries related to it. The			
		important arteries supplying ureter from above			
		downward are:		· .	
		1. Renal.			
		2. Testicular or ovarian.			
		3. Direct branches from aorta.			
		4. Internal iliac.			
		5. Vesical (superior and inferior).			
		6. Middle rectal.			19. jajaka

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		Dr.Bohun	
	parasympathetic nerves.		
	travel with both sympathetic and		
	pelvic splanchnic nerves. The afferent fibres		
	derived from S2–S4 spinal segments through		
	 The parasympathetic supply of ureter is 		
	renal, aortic, and hypogastric plexuses.		
	derived from T12–L1 spinal segments through		
	1. The sympathetic supply of the ureter is		
*	• NERVE SUPPLY		
	lateral aortic and iliac nodes.		
	• The lymph from the ureter is drained into		
	LYMPHATIC DRAINAGE		
	into the veins corresponding to the arteries.		
	• The venous blood from the ureter is drained		
	VENOUS DRAINAGE		
	7. Uterine.		

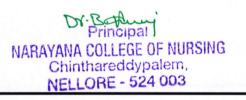
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4min	Interpret the	SITES OF ANATOMICAL	Experimental	PPT &	Objective
	parts of	NARROWINGS\ CONSTRICTIONS	learning	white	type
	anatomical constriction of ureter	Remail pativia Pativianetian University proper Common illac artery Petivia korim		board	questions
		Van deferense Ureserverstaat Ureserie orifiee Frostate			
		• The lumen of the ureter is not uniform			
		throughout and presents three constrictions at the following sites.			
		1. At the pelvic ureteric junction where the			
		renal pelvis joins the upper end of ureter. It is			
		the upper most constriction, found approximately 5 cm away from the hilum of			
		kidney.			
		2. At the pelvic brim where it crosses the			
		common iliac artery.3. At the uretero-vesical junction (i.e., where			
			DY-BO PHINC	and Spar (EGE OF NUR	ISING

				ureter enters into the bladder).			
				In addition to above three sites of			
				constrictions, two more sites of constrictions		5	
				are described by the surgeons.			
	-			1. At juxtaposition of the vas deferens/broad			
				ligament.			
				2. At the ureteric orifice.			
		2mins	Enumerate the	FUNCTIONS OF THE URETER;-	Integrated	РРТ&	Objective
			function of	The ureters work constantly, emptying urine	learning	White	type
			ureter	into the bladder about every 10 to 15 seconds.		board	questions
				In addition to their role in eliminating waste			
				from the body, the kidneys also balance fluids			
				in the body, release hormones to regulate blood			
	ж. 			pressure, and control the production of red			
				blood cells.			
				A. filter urea from the blood.			
	- 9						
					5/5	A .	
~ _ ^					NARAYANA COL	ncipal	

			C. allow the urine to pass from the kidney to bladder.D. store the urine that produced by the kidney.			
te type	Ppt & white board	Patient centric learning	 CLINICAL CORRELATION A second (duplicated) ureter- born with two ureters coming from the same kidney. A blockage (obstruction) where the ureter connects to the kidney or bladder. Ureterocele- A ureterocele is a ballooning at the end of the ureter inside the bladder. Retroperitoneal fibrosis- is a relatively rare condition that is characterized by a 	Discuss about the clinical correlation problems in ureter?	3mins	
~	Bethum	Dr-E	 ballooning at the end of the ureter inside the bladder. Retroperitoneal fibrosis- is a relatively 			

	chronic inflammatory and fibrotic		
2.1	process in the retroperitoneum that can		
	lead to compression of structures within		
	the retroperitoneum.		
	• Ureter abscess- An abscess is a pocket		
	of pus in a hollow area of the body. A		
	renal abscess is one that's in the kidney.		



Evalution;-

1. Define ureter?

2. what are the Measurements of ureter?

3. list out the parts of ureter?

4.list out any two functions of ureter?

5. what is venous drainage of the ureter?

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SUMMARY;-

To day we discussed regarding structure of ureter, measurements, location, layers, histology, part and relations, course constrictions, blood supply, nerve supply, clinical problems, functions of ureter.

CONCLUSION;

In this gain knowledge in students about structure of ureter, measurements, location, layers, histology, part and relations, course constrictions, blood supply, nerve supply, clinical problems, functions of ureter.

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