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Clinical Record Book for

Adult Health Nursing - I

As per the Revised Nursing Syllabus

Dipak Sethi

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Contents

- **Care Plan (5)** **1**
- **Case Presentation (5)** **83**
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  - Assist as a Scrub Nurse
- **Major Operation Theater (5)** **305**
  - Assist as a Scrub Nurse
- **Positioning and Draping (5)** **353**
- **Assist as Circulatory Nurse (4)** **395**

Evaluation Criteria for Nursing Care Plan – 1

S. No.	Contents	Maximum marks	Allotted marks
1.	Patient's History	02	
2.	Physical Examination	02	
3.	Investigations	01	
4.	Drug Study	02	
5.	Nursing Care Plan ◆ Assessment ◆ Nursing Diagnosis ◆ Goals ◆ Expected Outcome ◆ Nursing Intervention ◆ Rationale ◆ Evaluation	 02 02 01 01 03 01 02	
6.	Nurses' Notes	03	
7.	Health Education	02	
8.	Bibliography	01	
	Total	**25**	

Remarks:

Signature of Student **Signature of Supervisor**

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NURSING CARE PLAN – 1

Patient's Identification Data

- Name:
- Age:
- Sex:
- Marital status:
- Hospital registration no.:
- Ward/bed no.:
- Address:
- Tel. no.:
- Religion:
- Education:
- Date of admission:
- Date of discharge:
- Diagnosis:
- Operation:
- Date of operation:
- Name of the doctor:
- Occupation:
- Monthly family income (₹):
- Nursing alert:
- Sensitivity/allergy/precaution:
- Weight:
- Height:

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Chief Complaints with Duration

History of Present Illness

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History of Past Medical Illness: Illness/medications/any restrictions

History of Past Surgical Illness: Illness/medications/any restrictions

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Obstetrical History

No. of pregnancy	Year	Type of delivery	Gender of baby	Puerperium	Remarks

Family History

S. No.	Name of family member	Age and gender	Relationship with patient	Occupation	Health status/H/o significant illness	Health habits

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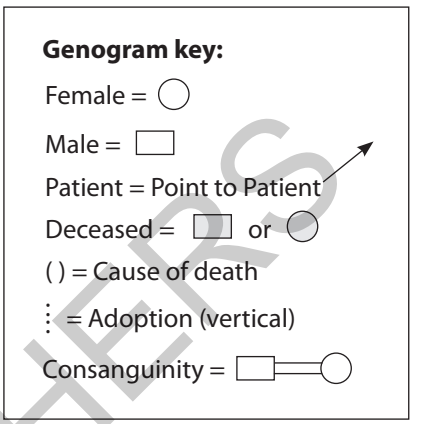
Family Tree



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Socioeconomic History

- Occupation and social relationship
- Monthly family income
- Health facility near home: Hospital/health center/any other: If any other (specify)

Transportation Facility

Yes/No

Housing

Type: Kutcha/Pucca

- Number of rooms
- Toilet: Indian/western/temporary/open
- Electricity: Yes/No
- Drinking water source: Tap/well/pond/river/hand/pump

Dietary History

Health Habits: Functional Health Pattern

- Health perception/health management:
- Nutritional/metabolic:
- Elimination:
- Activity/exercise:
- Sleep/rest:
- Self-perception/self-concept:
- Role relationship:
- Sexuality/reproductive:
- Coping/stress–tolerance:
- Value/belief:
- Other comments/data:

Physical Examination

General Appearance

- Level of consciousness:
- Orientation:
- Mood:
- Height:
- Weight:

Vital Signs

Temperature (°F/°C)	Pulse (beats/min)	Blood pressure (mm Hg)	Respiration (breath/min)

Head

Scalp	Face	Sinus	Nodes	Any other significant change

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Eyes

Ocular movement	Pupils	Sclera	Cornea	Any other significant change

Ears

Tympanic membrane	Hearing		Any other significant change
	Weber's test	Rinne test	

Nose

Septum	Mucous membrane	Patency	Olfactory sense	Any other significant change

Mouth

Buccal mucosa	Gums/tongue	Palates and uvula	Tonsillar area	Voice breath	Any other significant change

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Neck

Muscles	Trachea	Thyroid	Nodes	Vein distension	Any other significant change

Female Breast

Size and symmetry	Color	Areola	Nipples	Any other significant change

Thorax

Chest shape	Respiratory rate	Type of respiration	Thoracic expansion	Palpation	Percussion	Breath sounds

Cardiovascular System

Inspection	Palpation	Auscultation	Apical rate and rhythm	Any other significant change

Central and Peripheral Vessels

Peripheral pulses						
Brachial	Radial	Femoral	Popliteal	Dorsal pedal	Post tibial	Capillary refill

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Abdomen

Inspection	Palpation	Auscultation	Percussion

Musculoskeletal System

Upper extremities	Lower extremities	Muscle strength	Joints	Range of motion	Gait	Spine

Nervous System

Pain	Orientation	Memory attention span	Level of consciousness Glasgow Coma Scale (GCS)	Cranial nerves	Deep tendon reflex	Gross and fine motor function	Temperature

Skin, Hair and Nails

Skin color	Any lesion on skin	Texture	Moisture	Temperature	Edema	Shape of nails

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Genitalia and Rectal Examination

Inspection	Palpation (liver, spleen, kidney)	Ascites	Appendicitis	Pain	Any other significant change

Investigations

Date	Investigations done	Normal value	Patient value	Inference

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Drug Study

S. No.	Drug trade name	Pharmacological name	Dose and frequency	Route	Action	Side effects and drug interaction	Nurses responsibility

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Clinical Record Book for

Adult Health Nursing - I

Salient Features

- The clinical record for BSc nursing degree is drafted as per the revised nursing syllabus.
- This book will facilitate the students' acquisition of clinical knowledge in several specialized areas, enabling them to display proficient abilities in each of these clinical domains.
- Teachers will be able to keep attention on their students' progress in the clinic and provide them feedback and direction as required.
- The clinical record book facilitates the application of theoretical knowledge in practical contexts, enabling students to develop a diverse set of nursing abilities grounded on scientific principles.

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