

LESSON PLAN COMPILATION FOR GNM FIRST YEAR COURSE

Vol IV : Nursing Foundation

PART III

➤ Nursing Foundation

(Continued from Part II)

➤ First Aid

2016

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Course: GNM First Year

Subject : Nursing Foundation

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S No	Unit	Topic No	Topic Name
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List of Abbreviations and Expansions

ADR	Adverse Drug Reaction
AV	Audio Visual
CHN	Community Health Nurse
COPD	Chronic Obstructive Pulmonary Disease
DDC	Drug Distribution Centre
DOTS	Directly Observed Treatment Short course
FTD	Fever Treatment Depot
G6PD	Glucose 6 Phosphate Dehydrogenase
GNM	General Nursing and Midwifery
ICN	International Council of Nurses
IM	Intra Muscular
IMR	Infant Mortality Rate
IQ	Intelligence Quotient
IRS	Insecticide Residual Spray
IV	Intravenous
L	Listener
MDGs	Millennium Development Goals Maternal
MMR	Mortality Ratio
NSAID	Non-Steroidal Anti-inflammatory Drugs
OHP	Overhead Projector
OTC	Over The Counter
PPT	PowerPoint
Q	Question
S	Student
SC	Subcutaneous
T	Teacher
UNICEF	United Nations Children's Fund
WHO	World Health Organization

LESSON PLAN

Subject : Nursing Foundation.

Unit : VIIIth

Topic : Purposes of medication

Group : G.N.M. Ist Year

Place : G.N.M.T.C

Date & time: 60 minutes

Teaching method : Lecture cum discussion

AV aids / instructional aids :Black Board and chalk ,LCD, computer

Student Pre requisite :.Student should able to understand use of drug

General Objective : At the end of the class the student will be able to gain knowledge regarding purpose of medication

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

1. Define drug.
2. Enlist the Purposes & use of drug

Introduction:

Ask the student if they or there family member taking any medication and any medical problem in family

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	15 mins	Define the drug and medication	Drug- A drug is a any substance that alters physiological function with the potential for affecting health Medication – A substance used to promote health, to prevent illness, to diagnosis, to alleviate or cure disease	T: explains with power point presentation. S: Listens and takes notes	Q: define drug?
2	35 mins	To enlist Purposes & use of drug with example	The purposes & use of medication are : 1. To Diagnose disease ex-Barium which used to render a part of opaque to x-Ray for diagnosis of disease 2. To treat a disease – Various drug are used in the treatment of disease and they are classified according to their desired effect. 3. To palliative effect or temporary relief distressing	T: explains with power point presentation. S: Listens and takes notes	Q: list out the purposes of drug?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>symptom but it does not remove cause of disease and cure condition</p> <p>4. To restoring normal function of body and organs</p> <p>5. Supply a substance which is deficient in the body ex- Hormone and mineral</p> <p>6. To cure the disease by eliminating causative agent ex- Antibiotics</p> <p>7. To prevent disease ex- Vaccine and sera</p> <p>8. To promote health ex-Vitamins and minerals</p>		

Summary:& Evaluation(10 Min)

- Define the drug?
- Enlist Purposes & use of drug?

Assignment: enlist the purposes & use of medication

Evaluation: Unit test for 50 marks once the unit VII is completed.

Bibliography:

1. Sr. Nancy ,Principles & practice of Nursing, 6th edition ,published by N.R.Brother, Page no.489
2. CP Thresyamma, Fundamental of Nursing, published by Jaypee, Page no. 478

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: VII
Topic	: Principles: Rights, special considerations, prescriptions, safety in administering medications and medication errors.
Group	: G.N.M. Ist Year
Place	: Classroom
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, LCD
Student Pre requisite	: Students should be able to explain principles of drug action, special considerations in drug administration, safety measures in drug administration, contents of a prescription order and medication errors.
General Objective	: At the end of the class the students will be able to gain knowledge regarding principles of drug action, clients rights , safety in administering medications.
Specific Objectives	: At the end of the class the students will be able to-
	1. Explain clients rights.
	2. Explain special considerations of drug administration.
	3. Explain safety measures in administering medications
	4. Enlist the types of medication errors.

Review of previous class: Ask the students about meaning of medication or drugs, purpose of medications.

Introduction: The role of nurse in the administration of medication has become increasingly complex and diversified. Administration of correct medication and dosage by specified route, using proper technique and taking appropriate precautions are all expected of a nurse. For safe drug administration, the nurse should be familiar with the source of medication information, when and how to use them, ability to recognize unsafe and unclear orders and various components of safe drug administration.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 min	Explain principles of drug action	<p>Principles of drug action</p> <p>An understanding about the various ways and means by which drugs exert their effect is an important component of medication administration.</p> <p>Pharmacokinetics- It is the process by which a drug moves through the body and eventually eliminated. It refers to the drug's activity from the time it enters the body until it leaves. It has four parts- absorption, distribution, metabolism and excretion.</p> <ol style="list-style-type: none"> 1. Absorption is the process by which a drug enters the blood stream. 2. Distribution is the process by which the medication is delivered to the target organ, cell and tissue. 3. Metabolism is the process of deactivation of the drug in the body. 4. Excretion is the process of removing of drug or its metabolite from the body. <p>Pharmacodynamics- It refers to the physiological and biochemical effect of a drug on the body. Most of the drugs interact with a cellular component to initiate a series of biochemical and physiological effects which</p>	<p>T: explain with PowerPoint presentation and also with example</p> <p>S:listen and take notes</p>	<p>Q: Define Pharmacokinetics?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			can be local or systemic. Effects of the medication administered are monitored by client's clinical condition and laboratory measurements.		
2	5 min	Explain the right of clients	Clients Right for medication administration <ol style="list-style-type: none"> 1. Information 2. Refused 3. Careful assessment 4. Informed consent 5. Safe administration 6. Supportive therapy 7. No unnecessary medication 	T: explain with example S:listen and take notes	Q: Explain the rights of the clients.
3	5 mins	Explain the special consideration of drug administration	Special consideration <ol style="list-style-type: none"> 1. Infant and children – <ul style="list-style-type: none"> -Based on child's weight - Special concern for neonate 2. Geriatric patient – <ul style="list-style-type: none"> - Physiological effect of aging - Polypharmacy, low dose, misuse 3. Pregnant women 	T: explain with example S:listen and take notes	Q: What the special consideration for old patient?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	5min	Explain drug	Prescription :- A prescription is a legal order for the preparation and administration of a medication. Certain medications require medical supervision because of dangerous side effect. Prescription include medication order as follows- 1. Clients name 2. Identification or medical number 3. Medication name 4. Amount and dosage 5. Route of administration 6. Signature of prescriber 7. Date and time	T: Explains with power point presentation S:listen and take notes .	Q: Explain Prescription?
5	15 min	Explain safety measures in medication administration	Safety measures in medication administration The Five Rights ensures safety in giving drug : 1. Right Client - Read the physician's order - Read the client name on the client chart - Call the client by name and ask him to repeat his name. 2. Right Drug - Read the physician order to study the correct name of drug.	T: Lecture cum Discussion S:listen and take notes	Q:What are the Five Rights of drug administration?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - Drug copied correctly on the medicine card. - Select the right drug from cupboard. Read the label. - Look for the color, odor and consistency of the drug. - Be familiar with the trade name. - Avoid accepting verbal order. - Always identify the client before giving medication. <p>3. Right Dose</p> <ul style="list-style-type: none"> - Read the physician order to know the correct dose. - Consider the age and weight of clients. - Know the minimum and maximum dose of the drug administered. - Measure accurately. - Avoid conversation or anything that distract the mind. - Know the abbreviation and symbols used. <p>4. Right Time</p> <ul style="list-style-type: none"> - Read the physician's order. - Know the hospital routine for the intervals. - Know the abbreviation for time. Ex-B.D. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>,O.D. etc.</p> <ul style="list-style-type: none"> - Give the medicine near the time ordered. - Give the medicine as ordered in relation to the food intake <p>5. Right Method</p> <ul style="list-style-type: none"> - Read the physician order to determine the route of administration. - Dilute the medicine if indicated. - Know the method of giving drug. - Know the abbreviation ex-IV, IM etc. - Stay with the client until he/she has taken the medication. - Never leave any medication with the client. 		
6	10min	Enlist the types of medication errors	<p>Medication Error</p> <p>Error during drug administration are-</p> <ul style="list-style-type: none"> - Which is given not according to the order. - Is administered as per the order, but is unsafe or inappropriate for the client. - When documentation in a client chart does not reflect that a medication was administered as ordered. - Medication was given, but not charted. 	<p>T: Explain with PowerPoint presentation and also give examples.</p> <p>S:listen and take notes</p>	<p>Q: Explain medication errors.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - Administration of I.V. medication in the wrong route. - Administering medication in the wrong dose. - Administering medication in the wrong time. - Administering the wrong medication. - Charting medication that was not given. - Administering substitution medication. - Failure to give medication within the prescribed time interval. - Giving a medication by the wrong route. - Incorrect preparation of a drug by an incorrect route. - Improper technique when administering a drug - Administering medication to the wrong client. - Administering drug to a client with known allergy to that drug. - Giving a drug that has deteriorated. 		

Summary:& Evaluation(10 Min)

- Principles of drug action.
- Client Right for medication taking.
- Special consideration for medication administration.
- Prescription and medication order.
- Safety measures in medication administration
- Medication error during administration

Assignment: 1. Write the Five Right of medication administration
2. Write down medication error during administration.

Evaluation: Unit test for 50 marks once the unit VII is completed.

Bibliography:

1. Sr. Nancy ,Principles & practice of Nursing, 6th edition ,published by N.R.Brothers
Page no.505,518,528 to 532
2. CP Thresyamma, Fundamentals of Nursing, published by Jaypee
Page no. 477 to 482
3. Madhuri Inamdar, Text book of Fundamental of nursing, part-I,Published by Vora Medical Publication
Page no.215,219

LESSON PLAN

Subject : Nursing foundation

Unit : VII

Topic : Forms of drug

Group : GNM Ist year

Place : Classroom

Date & time: 60 minutes

Teaching method : Lecture cum Discussion

AV aids / Instructional Aids : Black Board and chalk, Charts, Computer

Student Pre requisite : Student should be able to enlist and explain various forms of drug.

General Objective : At the end of class the students will be able to gain knowledge about various forms of drug.

Specific Objectives : At the end of class the students will be able to -

1. Enlist various forms of drugs.
2. Explain each form of drug.

Review of previous class: Ask students about common medicines used in hospital and their forms etc.

Introduction:

Medicine may be defined as a substance used to promote health, to prevent, to diagnose, to alleviate or cure diseases. Medications are manufactured in a variety of forms or preparations to make them more useful or easy to administer. The form of drug guide the route of administration. The nurse should be quite sure to use the proper form while administering medication. One form should not be interchanged with another without the specific order from the physician.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	15min	To enlist all the forms/preparations of drug.	<ul style="list-style-type: none">• Aerosol spray or foam• Aqueous solution• Aqueous suspension• Caplet• Capsule	T: Explains with the help of power point presentation. S: Listens and takes notes.	Q: Enlist all the forms/preparations of drug.

S.No	Time	Specific objective	Content	Teaching activity	learning	Evaluation
			<ul style="list-style-type: none"> • Cream • Elixir • Extract • Gel or jelly • Liniments • Lotion • Lozenge or troche • Ointment • Paste • Pill • Powder • Suppository • Syrup 			

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Tablet • Tincture • Transdermal patch 		
3	35min	explain (show)each form of drug.	<p><u>Forms of Drug</u></p> <p>Aerosol spray or foam- A liquid, powder or foam deposited in a thin layer on the skin by air pressure.</p> <p>Aqueous solution-one or more drugs dissolved in water.</p> <p>Aqueous suspension-one or more drugs finely divided in a liquid such as water.</p> <p>Caplet-Tablet coated with gelatin that gets dissolved in the stomach.</p> <p>Capsule-A gelatinous container to hold a drug in powder, liquid, or oil form that</p>	<p>T: Gives Lecture with power point presentation and gives examples of different forms of drugs.</p> <p>S: listens and take notes.</p>	Q.Explain Different forms of drug.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>dissolves in the stomach.</p> <p>Cream-a nongreasy, semisolid preparation used on the skin.</p> <p>Elixir –a sweetened and aromatic solution of alcohol used as a vehicle for medicinal agents</p> <p>Extract –a concentrated form of a drug made from vegetables or animals.</p> <p>Gel or jelly-a clear or translucent semisolid that liquefies when applied to the skin</p> <p>Liniment –a medication mixed with alcohol, oil, or soapy emollient and applied to the skin</p> <p>Lotion-a medication in a liquid suspension applied to the skin</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Lozenge (troche)- a flat, round or oval preparation that dissolves and releases a drug when held in the mouth.</p> <p>Ointment (salve, unction)-a semisolid preparation of one or more drugs used for application to the skin and mucous membrane.</p> <p>Paste-a preparation like an ointment but thicker and stiff that penetrates the skin less than an ointment</p> <p>Pill-one or more drugs mixed with cohesive material in oval, round or flattened shapes.</p> <p>Powder- finely ground drug or drugs. Some are used internally others externally.</p> <p>Suppository-one or several drugs mixed with a firm base such as glycerinated gelatin and shaped for</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>insertion into the body (e.g.-the rectum) the base dissolves gradually at body temperature, releasing the drug.</p> <p>Syrup-an aqueous solution of sugar often used to disguise unpleasant taste of drugs.</p> <p>Tablet-a powdered drug compressed into a hard small disc; some are readily broken along a scored line; others are enteric coated to prevent them from dissolving in the stomach.</p> <p>Tincture- an alcoholic or water and alcohol based solution prepared from drugs derived from plants.</p> <p>Transdermal patch-a semi permeable membrane shaped in the form of a disc or patch that contains a drug to be absorbed through the skin over a long period of time.</p>		

Summary:& Evaluation(10 Min)

- Enlist various forms of drugs.
- Explain each form of drug.
- **Assignment:** Prepare a chart that describes the various forms of drug .

Evaluation: Topic test for 25 marks.

Bibliography:

1. Kozier Barbara, ErbGlenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.P.825
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.P.495

LESSON PLAN

Subject : Nursing foundation
Unit : VII
Topic : Route of drug administration.
Group : GNM Ist year
Place : Classroom

Date & time: 60 minutes

Teaching method : Lecture cum Demonstration

AV aids / Instructional Aids : Black Board and chalk, Charts, Computer

Student Pre requisite : Students should be able to enlist routes of drug administration and explain all the routes of drug administration regarding type of medication and route of drug administration.

General Objective : At the end of class the student will be able to gain knowledge various routes of drug administration.

Specific Objective : At the end of class the students will be able to :

- 1.To enlist the route of drug administration
- 2.To explain the each route of drug administration
- 3.To explain the advantage and disadvantage of different types of route of drug administration
- 4.To demonstrate the parenteral route of drug administration.

Review of previous class: Ask the students about common medications, safety measures etc.

INTRODUCTION:

Medicine may be defined as a substance used to promote health, to prevent, to diagnose, to alleviate or cure diseases. Drug administration is very important and can be a dangerous duty – Given correctly – restore patient to health – Given incorrectly – patient's condition can worsen. Pharmaceutical preparations are generally designed for one or two specific routes of administration.

The labels on the container will give the direction regarding the route of administration. The nurse must have thorough knowledge of drugs that is administered by her “a fundamental rule of safe drug administration is: “never administer an unfamiliar medication”

Nurse's role in the administration of medicines

- Nurses must know generic and trade names of drugs to be administered, classification, average dose, route of administration, use, side and adverse effects, contraindications, and nursing implications in administration.
- Essential parts of Medication order.
- Abbreviations and symbols used in writing medication order as per hospital policies.
- Preparation of solutions and fractional doses.
- Storing of medicines.
- Factors of safety in the administration of medicines.
- Rules for the administration of medicines.
- Ethical and legal aspects.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	5min	Enlist the various routes of drug administration	<p>Routes of administration</p> <p>(1) Oral Administration (2) Sublingual Administration (3) Inhalation (4) Inunction [topical Application] (5) instillation (6) insertion (7) insufflations (8) implantation (9) Parenteral Administration-</p> <p>“parenteral” means giving of therapeutic agents outside the alimentary tract. It is the type of administration accomplished by a needle. It is classified as:-</p> <ul style="list-style-type: none"> • Intramuscular • Subcutaneous • Intradermal • Intravenous • Intra arterial 	<p>T: Lecture and discussion of the routes of drugs. S: listen and taken notes</p>	<p>Q: Enlist the types of various routes of drug administration.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Intracardiac • Intrathecal or intraspinal • Intraosseous • Intraperitoneal 		
2	10min	To explain the each route of drug administration	<p>Oral</p> <p>The oral route is generally the most convenient and carries the lowest cost. However, some drugs can cause gastrointestinal tract irritation. For drugs that come in delayed release or time-release formulations, breaking the tablets or capsules can lead to more rapid delivery of the drug than intended.</p> <p>Sublingual</p> <p>This method refers to the pharmacological route of administration by which drugs diffuse into the blood through tissues under the tongue. Many drugs are designed for sublingual administration,</p>	T:Assisted Video demonstration S:Observe and listen	Enlist the routes of drug administration with examples

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>including cardiovascular drugs, steroids, barbiturates, opioid analgesics with poor gastrointestinal bioavailability, enzymes and, increasingly, vitamins and minerals.</p> <p>Inhalation</p> <p>Inhaled medications can be absorbed quickly, and act both locally and systemically. Proper technique with inhaler devices is necessary to achieve the correct dose. Some medications can have an unpleasant taste or irritate the mouth.</p> <p>Inhalation by smoking a substance is likely the most rapid way to deliver drugs to the brain, as the substance travels directly to the brain without being diluted in the systemic circulation. The severity of dependence on psychoactive drugs tends to increase with more rapid drug delivery.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Topical</p> <p>By delivering drugs almost directly to the site of action, the risk of systemic side effects is reduced. However, skin irritation may result, and for some forms such as creams or lotions, the dosage is difficult to control .</p> <p>Instillation</p> <p>Instillation is putting a drug in a liquid form into a body cavity such as urinary bladder or into a body orifice such as ears and eyes</p> <p>Insertion</p> <p>Insertion means introducing solid forms of drug into the body orifice e.g., suppositories are introduced into the rectum and vagina</p> <p>Insufflations</p> <p>it is the administration of drug in the form of powder, vapour or air into a wound or body cavity</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>by blowing with an insufflators</p> <p>Implantation It means planting or putting in of solid drug into the body tissues</p> <p>Parenteral administration intravenous (into a vein), e.g. many drugs, total parenteral nutrition</p> <ul style="list-style-type: none"> • intra-arterial (into an artery), e.g. vasodilator drugs in the treatment of vasospasm and thrombolytic drugs for treatment of embolism • intraosseous infusion (into the bone marrow) is, in effect, an indirect intravenous access because the bone marrow drains directly into the venous system. This route is now occasionally used for drugs and fluids in emergency medicine and pediatrics when intravenous access is difficult. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • intra-muscular • intracerebral (into the brain parenchyma) • intracerebroventricular (into cerebral ventricular system) • intrathecal (an injection into the spinal canal) <p>subcutaneous (under the skin), e.g. a hypodermoclysis</p>		
5	15 min	To explain types and Essentials of Medication Orders	<p>Pros and cons of different routes of drug administration</p> <p>Route Advantages Disadvantages</p> <ul style="list-style-type: none"> • Oral-advantage- • Easy • Preferred by patients • “Slow-release” preparations may be available to extend duration of action • Drugs can be formulated in such a way as to protect them from digestive enzymes, acid, etc • Oral-disadvantage- Unsuitable in patients who are uncooperative, strictly “nil by mouth”, are vomiting profusely or have ileus • Most orally administered drugs are 	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	Explain what are the advantage and disadvantage of routes of administration

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>absorbed slowly • Unpredictable absorption due to degradation by stomach acid and enzymes</p> <ul style="list-style-type: none"> • Rectal advantage • Good absorption – the haemorrhoidal veins drain directly into the inferior vena cava, avoiding hepatic first pass metabolism • Rectal disadvantage -May not be suitable after rectal or anal surgery • Some patients dislike suppositories • Subcutaneous or intramuscular- advantage Good absorption, especially for drugs with a low oral bioavailability • Onset is more rapid than the above routes • Depending on formulation can have very long duration of action, e.g. depot antipsychotics and contraceptives • Subcutaneous or intramuscular- disadvantage • Absorption may still be unpredictable if peripheries are poorly perfused • Injections hurt, cause bruises and 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>frighten children and needle phobics</p> <ul style="list-style-type: none"> • Intravenous-advantage • Dependable and reproducible effects • Entire administered dose reaches the systemic circulation immediately - the dose can be accurately titrated against response . • Intravenous-disadvantage Requires a functioning cannula • More expensive and labour intensive than other routes. • Cannulation is distressing to some patients, especially children • Cannulae are prone to infection • IV injection of drugs may cause local reactions • Topical -advantage• Easy • Non-invasive • High levels of patient satisfaction • Topical -disadvantage • Most drugs have a high molecular weight and are poorly lipid soluble, so are not absorbed via skin or mucous membranes • Very slow absorption • Inhaled-advantage • Very rapid absorption due to the huge surface area of the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>respiratory endothelium • Bronchodilators and inhaled steroids can be targeted to lungs with low levels of systemic absorption</p> <ul style="list-style-type: none"> • Inhaled-disadvantage • Bioavailability depends on patient's inhaler technique and the size of drug particles generated by the delivery technique 		
6	15min.	To demonstrate the intravenous route of drug administration	<p>1. ADMINISTRATION OF MEDICATION STEPS 1-6 RELEVANT TO ALL FORMULATIONS</p> <p>2. Check the medication order is written . 3. Check patient's known allergies against the medication chart and with the patient. If an allergy to the medication being administered is identified do not administer the medication and contact the patient's medical officer. 4. Obtain the correct medication from the appropriate location. 5. Perform 5 rights of medication administration: 1. Right Patient 2. Right Drug 3. Right Dose 4. Right Time 5. Right Route 6. Check medication expiry date. If</p>	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation.</p>	<p>Q. Demonstrate with the help of a role play how to give intravenous injection</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>medication is expired, discard and obtain new medication. 7. Inform the patient (or appropriate guardian) what the medication is, why you are giving it, and any possible side-effects of the medication.</p> <p>Equipment</p> <ul style="list-style-type: none"> • Puncture proof receptacle (eg blue plastic tray) • Standard pre-printed blue NSW Ministry of Health Injectable medicines label • Medication order • Prescribed medication (including IV fluids) • Gloves • Sharps container for used needle(s) • Alcohol swabs • Diluent (if required) 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Needle for administration of suitable calibre or appropriate equipment for needleless systems • Equipment for drawing up e.g. blunt needle or other approved device <p>Procedure</p> <p>7. Ensure steps 1-6 are followed as detailed above. 8. Confirm and assess the patient has intravenous access 9. Check that the vial/ampoule/syringe/bag is intact, check medication for integrity and presence of particulate matter. If concerned please contact pharmacy. 10. Assemble drawing up equipment and syringe aseptically. If using vial decontaminate rubber bung with alcohol swab. 11. Prepare medication/fluid in accordance with Australian Injectable Drug Handbook (via CIAP), Manufacturer's instructions/ Product Information, MIMS or advice given by ward Pharmacist. Care must be taken to adequately mix the final solution prior to administration. 12. If medications or fluids</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>are removed from its original packaging and leave the hands of the person preparing the medication; the bag, flask, burette or syringe must be labelled. All sections of the standard pre-printed blue NSW Ministry of Health injectable medicines label must be completed. Please refer to RHW LOP- Labelling of Injectable Medicines, Fluids & Lines.</p> <p>13. Attach label to the bag, flask, burette or syringe (the label must be placed on the front of the bag, flask, burette or syringe, ensuring name of fluid, batch number and expiry number or graduations remain visible).</p> <p>14. Both staff members must attend the patient's bedside to ensure the medication/fluid is administered to the correct patient (identify patient by checking identity band and ask patient to verbally confirm their identity).</p> <p>15. Check patient's known allergies against the medication chart and with the patient. If an allergy to the medication/fluid being administered is identified do not administer the medication and contact the patient's medical</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>officer. 16. Inform the patient (or their appropriate guardian) what the medication/fluid is, why you are giving it, and any possible side-effects of the medication. 17. Perform hand hygiene and don gloves before touching patient. 18. Aseptically clean injection port with alcohol swab and allow to dry. 19. Inspect IV site and assess for signs of redness, inflammation or swelling. 20. If IV solution is in progress ensure fluid is compatible with the medication and no other medication is in the primary flask/burette. No medication should be added to blood or blood components. 21. If an infusion is in progress, stop the infusion. 22. Assess the cannula for patency. This can be achieved by observing the site, ensuring a good flow of the drip on gravity or flushing the cannula with 5 to 10 mL of 0.9% sodium chloride prior to IV medication/fluid administration. 23. Administer medication or fluids</p>		

Summary:& Evaluation(10 Min)

- Enlist the route of drugs administration
- What are the advantage and disadvantage of various routes of medications?
- Explain the different types of parenteral route of drug administration

➤ **Assignment:** prepare a chart showing the different types of route of drug administration.

Evaluation: Topic test for 25 marks.

Bibliography:

1. Kozier Barbara, ErbGlenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.P.831
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.P.513

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: Unit 7
Topic	: Storage and maintenance of drugs and nurses responsibility.
Group	: 60 Students
Place	: Class room
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to acquire knowledge about Storage and maintenance of drugs and would be able to identify nurses responsibility.
General Objective	: At the end of the class, the students will be able to gain knowledge regarding Storage and maintenance of drugs.
Specific Objectives	: At the end of the class the students will be able to
1.Explain storage system of medication	
2.To describe distribution system of stored medication	
Review of previous class	: Ask questions regarding assessment, information regarding Storage and maintenance of drugs.

Introduction:

Ask the students if they know about Storage and maintenance of drugs , tell them about the importance of safe storage of drugs .

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	25 min	Explain storage system of medication	<p>Storage system of medication</p> <p>When the medications are stocked in nursing unit, the nurse has the responsibility to take care of the medication. Certain guidelines for safe medication storage are as follows.</p> <p>Cabinet</p> <p>Store all medications according to the classification in a locked, secure cabinet or container. Place the locked cabinet in bright and ventilated place to check and identify easily, but should be free of direct shine and keep it clean, tidy and dry.</p> <p>A special nurse in charge carries asset of keys for the cabinet. And the nurse checks the quantities and the qualities of the medications regularly.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q list the methods of storage of medication.</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Replenish the stock medication following the policies of institution and discard the medication with problems.</p> <p>Placement of medications</p> <p>Store and place the medications separately according to their different routes of administration (oral, injection, or topical), toxicity or untotoxicity and whether to be used for mental diseases or not, with clear indication. Expensive drugs, narcotics and virulent toxicants must be taken charge of by a special nurse who should lock the cabinet and have the key always with her. On every shift, the nurse going off duty counts all medications, especially narcotics and virulent toxicants, with the nurse coming on duty. Both nurses sign the medication record to indicate that the count is correct.</p> <p>Label the container of medications clearly</p> <p>Different medications should be labeled with different colorful strips. Blue strip labels oral medications, red strip labels external medications,</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>and black strip labels virulent toxicants. Keep each medication in its original labeled container, and keep the labels and specifications legible. If the labels are soiled or illegible, discontinue using the medications. In addition, label drug name, concentration and dosage.</p> <p>Check the medications carefully</p> <p>Check the nature of medications carefully. Discontinue using the medications if they become deposited and cloudy, smell abnormal, change color, get deliquescence or mildew.</p> <p>Store the medications properly according to their different nature.</p> <p>Medications which tend to volatilize, deliquesce, or effloresce should be kept in airtight bottles, e.g., ethanol, iodine, sugar-coated tablets.</p> <p>Medications that will be oxidized if exposed to air and be denatured if exposed to light should be kept in airtight colored bottles. Cover the container with shade paper box if necessary and store it in the</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>shady and cool area, e.g., vitamin C.</p> <p>Biologic products and antibiotics that will be destroyed and decomposed if exposed heat should be kept in the dry, and shady and cool area (about 20°C) or in refrigerator (about 2-10°C) according to their nature and desire for storage, e.g., an antitoxic serum, vaccine, placental globin, penicillin skin test solution.</p> <p>Medications should be used designedly according to valid periods in case of invalidation, e.g., antibiotics and insulin.</p> <p>Store the inflammable and explosive medications in airtight bottle and place in the shady and cool area separately and keep them away from fire and electrical appliances.</p>		

Summary:& Evaluation(10 Min)

- Explain storage system of medication.
- Explain stock supply distribution system.

Assignment: Nurses responsibility in storage and maintenance of drugs.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R .Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition. Elsevier Publication New Delhi.

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: Unit VII
Topic	: Broad classification of drugs-1.
Group	: GNM Ist year
Place	: Class room
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to explain and differentiate drugs according to Chemical classification, mechanism of action and therapeutic classification of drugs.
General Objective	: At the end of the class the students will be able to gain knowledge regarding classification of drugs.
Specific Objectives	: At the end of the class the students will be able to
1. Define pharmaceutical drug.	
2. Explain about various ways of classification of drugs.	
3. Describe drugs according to chemical classification.	
4. Explain drugs classification according to mechanism of action on a specific biological target.	
5. Describe drug classification according to mode of action.	

6. Explain drugs according therapeutic classification.

Review of previous class: Ask students about definition of drugs, different forms of drug etc.

Introduction:

Drugs may be classified in several ways according to their chemical composition, clinical actions, therapeutic effect on body systems, their purposes and uses, by the symptoms relieved by the drug etc. Nurses should have thorough knowledge about the general characteristics of drugs in each class to provide a safe and effective care.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	To define pharmaceutical drug	A pharmaceutical drug (also referred to as a pharmaceutical, pharmaceutical preparation, pharmaceutical product, medicinal product, medicine, medication, medicament, or simply a drug) is a drug used to diagnose, cure, treat, or prevent disease Drug therapy (pharmacotherapy) is an important part of the medical field and relies on the science of pharmacology for continual advancement and on pharmacy for appropriate management.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define drug
2	10 mins	To explain about various ways of	Drugs are classified in various ways. One of the key divisions is by level of control, which distinguishes prescription drugs (those that a	T: explains with power point presentation.	Q list different ways of classification

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		classification of drugs.	pharmacist dispenses only on the order of a physician, physician assistant, or qualified nurse) from over-the-counter drugs (those that consumers can order for themselves). Another key distinction is between traditional small-molecule drugs, usually derived from chemical synthesis, and biopharmaceuticals, which include recombinant proteins, vaccines, blood products used therapeutically (such as IVIG), gene therapy, monoclonal antibodies and cell therapy (for instance, stem-cell therapies). Other ways to classify medicines are by mode of action, route of administration, biological system affected, or therapeutic effects. An elaborate and widely used classification system is the Anatomical Therapeutic Chemical Classification System (ATC system). The World Health Organization keeps a list of essential medicines.	S: Listens and takes notes.	of drugs.
3	5 min	To describe drugs according to chemical classification.	Chemical classification Examples of drug classes that are based on chemical structures include: <ul style="list-style-type: none"> • β-lactam antibiotic 	T: explains with power point presentation. S: Listens and	Q. Describe drugs based on chemical classification.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Benzodiazepine • Cardiac glycoside • Thiazide diuretic 	takes notes.	
4	10min	To explain drug classification according to mechanism of action on a specific biological target.	<p>Mechanism of action</p> <p>Drug classes that share a common molecular mechanism of action by modulating the activity of a specific biological target.</p> <p>The definition of a mechanism of action also includes the type of activity at that biological target.</p> <p>For receptors, these activities include agonist, antagonist, inverse agonist, or modulator.</p> <p>Enzyme target mechanisms include activator or inhibitor. Ion channel modulators include opener or blocker.</p> <p>The following are specific examples of drug classes whose definition is based on a specific mechanism of action:</p> <ul style="list-style-type: none"> • 5-Alpha-reductase inhibitor 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Explain drug classification based on mechanism of action.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Angiotensin II receptor antagonist • ACE inhibitor • Alpha-adrenergic agonist • Beta blocker • Dopamine agonist • Dopamine antagonist • Sympathomimetic • Nonsteroidal anti-inflammatory drug – <u>cyclooxygenase</u> inhibitor • Proton-pump inhibitor • Renin inhibitor • Selective glucocorticoid receptor modulator • Selective serotonin reuptake inhibitor 		
	5min	To describe drug classification according to mode of action.	Mode of action Drug classes that are defined by common cellular mode of action include: <ul style="list-style-type: none"> • Diuretic • Cholinergic 	T: explains with power point presentation. S: Listens and takes notes.	Q: Describe drug classification based on mode of action.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • <u>Dopaminergic</u> • <u>GABAergic</u> • <u>Serotonergic</u> 		
	15min	To explain drugs according to therapeutic classification.	Therapeutic classification Drug classes that are defined by their therapeutic use include: <ul style="list-style-type: none"> • Analgesic • Antibiotic • Anticoagulant • Antidepressant • Anticancer • Antiepileptic • Antipsychotic • Antiviral • Sedative etc. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain drugs based on therapeutic classification.

Summary and Evaluation(10min)

7. Define pharmaceutical drug.
8. Explain about various ways of classification of drugs.
9. Describe drugs according to chemical classification.
- 10.Explain drugs classification according to mechanism of action on a specific biological target.
- 11.Describe drug classification according to mode of action.
- 12.Explain drugs according therapeutic classification.

Assignment: Write about classification of drugs with five example of each.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R. Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition. Elsevier Publication New Delhi.
4. Principles of Pharmacology 2nd edition by HL Sharma and KK Sharma.
5. Essentials of Medical Pharmacology -7th edition by KD Tripathi .

LESSON PLAN

Subject	:	NURSING FOUNDATION
Unit	:	Unit VII
Topic	:	Broad classification of drugs.
Group	:	GNM Ist year
Place	:	Class room.
Date & time	:	60 minutes
Teaching method	:	Lecture cum discussion
AV aids / instructional aids	:	Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	:	The students should be able to describe and enlist drug class used for various systems of body and would be able to drug used for particular systems of body.
General Objective	:	At the end of the class the students will be able to gain knowledge regarding broad classification of drugs.
Specific Objectives	:	At the end of the class the students will be able -

- 1.To enlist drugs used for the gastrointestinal tract.
- 2.To enlist drugs used for the cardiovascular system.
- 3.To list down drugs used for the central nervous system.
- 4.To list drugs used for pain, anesthesia and musculoskeletal system.
- 5.To enlist drugs used for disorders of eye.
- 6.To class used for the ear, nose and throat
- 7.To explain drugs class used for respiratory system
- 8.To explain drugs class used for endocrine problems.
- 9.To explain drugs class used for skin
- 10To explain drugs class used for infections and infestations.
- 11.To explain drugs class used for immune system.

- 12.To explain drugs class used for nutrition problems
- 13.To explain drugs class used for neoplastic disorders
- 14.To explain drugs class used for reproductive system.

Review of previous class: Ask questions regarding drug according to chemical classification, therapeutic classification, mode of action.

Introduction: Pharmaceuticals or drugs may also be described as "specialty", independent of other classifications, which is an ill defined class of drugs that might be difficult to administer, require special handling during administration, require patient monitoring during and immediately after administration, have particular regulatory requirements restricting their use, and are generally expensive relative to other drugs

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	3 min	To enlist drugs class used for the gastrointestinal tract.	<p>Types of medicines for the gastrointestinal tract (digestive system)</p> <ul style="list-style-type: none"> Upper digestive tract: antacids, reflux suppressants, antidiarrheals, antiflatulents, antidopaminergics, proton pump inhibitors (PPIs), H₂-receptor antagonists, cytoprotectants, prostaglandin analogues. Lower digestive tract: laxatives, 	<p>T: explains with power point presentation. S: Listens and takes notes.</p>	<p>Q: Enlist few examples of drug used for gastrointestinal tract.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			antispasmodics, antidiarrhoeals, bile acid sequestrants.		
2.	3 min	To enlist drugs class used for the cardiovascular system.	For the cardiovascular system <ul style="list-style-type: none"> General: β-receptor blockers ("beta blockers"), calcium channel blockers, diuretics, cardiac glycosides, nitrate, antianginals, vasoconstrictors, vasodilators. Affecting blood pressure/(antihypertensive drugs): ACE inhibitors, angiotensin receptor blockers, beta-blockers, α blockers, calcium channel blockers, thiazide diuretics, loop diuretics, aldosterone inhibitors Anticoagulants, heparin, antiplatelet drugs, fibrinolytics, anti-hemophilic factors, haemostatic drugs HMG-CoA reductase inhibitors (statins) for lowering LDL cholesterol: Hypolipidaemic agents. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Enlist few examples of drug used for cardiovascular system.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3.	4 min	To list drugs used for the central nervous system.	<p>For the central nervous system</p> <p>Drugs affecting the central nervous system include: Psychedelics, hypnotics, anaesthetics, antipsychotics, antidepressants (including tricyclic antidepressants, monoamine oxidase inhibitors, lithium salts, and selective serotonin reuptake inhibitors (SSRIs)), antiemetics, Anticonvulsants/antiepileptics, anxiolytics, barbiturates, movement disorder (e.g., Parkinson's disease) drugs, stimulants (including amphetamines), benzodiazepines, cyclopyrrolones, dopamine antagonists, antihistamines, cholinergics, anticholinergics, emetics, cannabinoids, and 5-HT (serotonin) antagonists.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: List few examples of drug used for central nervous system .</p>
4.	4min	To explain drugs class used for pain, and musculoskeletal system.	<p>For pain (analgesic drugs)</p> <p>The main classes of painkillers are NSAIDs, opioids and Local anaesthetics.</p> <p>For musculo-skeletal disorders</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: List few examples of drug used for pain, and for musculoskeletal disorders.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			The main categories of drugs for musculoskeletal disorders are: NSAIDs (including COX-2 selective inhibitors), muscle relaxants, neuromuscular drugs, and anticholinesterases.		
5.	3min	To explain drugs class used for disorders of eye.	For the eye <ul style="list-style-type: none"> • General: adrenergic neurone blocker, astringent, ocular lubricant • Diagnostic: topical anesthetics, sympathomimetics, parasympatholytics, mydriatics, cycloplegics • Antibacterial: antibiotics, topical antibiotics, sulfa drugs, aminoglycosides, fluoroquinolones • Antiviral drug • Anti-fungal: imidazoles, polyenes • Anti-inflammatory: NSAIDs, corticosteroids • Anti-allergy: mast cell inhibitors • Anti-glaucoma: adrenergic agonists, beta-blockers, carbonic anhydrase inhibitors/hyperosmotics, cholinergics, miotics, parasympathomimetics, 	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for disorders of eye.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			prostaglandin agonists/prostaglandin inhibitors. Nitroglycerin.		
6.	3 min	To explain drugs class used for the ear, nose and throat	For the ear, nose and oropharynx Antibiotics, sympathomimetics, antihistamines, anticholinergics, NSAIDs, corticosteroids, antiseptics, local anaesthetics, antifungals, cerumenolytic	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for ear, nose and throat .
7.	3 min	To explain drugs class used for respiratory system	For the respiratory system Bronchodilators, antitussives, mucolytics, decongestants, inhaled and systemic corticosteroids, Beta2-adrenergic agonists, anticholinergics, Mast cell stabilizers. Leukotriene antagonists	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for respiratory system .
8.	3 min	To explain drugs class used for endocrine problems.	For endocrine problems androgens, antiandrogens, estrogens, gonadotropin, corticosteroids, human growth hormone, insulin, antidiabetics (sulfonylureas,	T: explains with power point presentation. S: Listens and	Q: List few examples of drug used for endocrine problems.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			biguanides/metformin, thiazolidinediones, insulin), thyroid hormones, antithyroid drugs, calcitonin, diphosphonate, vasopressin analogues	takes notes.	
9.	4min	To explain drugs class used for integumentary system.	For the skin Emollients, anti-pruritics, antifungals, disinfectants, scabicides, pediculicides, tar products, vitamin A derivatives, vitamin D analogues, keratolytics, abrasives, systemic antibiotics, topical antibiotics, hormones, desloughing agents, exudate absorbents, fibrinolytics, proteolytics, sunscreens, antiperspirants, corticosteroids, immune modulators	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for integumentary system.
10.	3 min	To explain drugs class used for infections and infestations.	For infections and infestations Antibiotics, antifungals, antileprotics, antitubercular drugs, antimalarials, anthelmintics, amoebicides, antivirals, antiprotozoals, antitoxins and antivenoms.	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for infections and infestations .
11.	3 min	To explain drugs class used for	For the immune system	T: explains with power point	Q: List few examples of drug used for

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		immune system.	Vaccines, immunosuppressants, interferons, monoclonal antibodies, immunoglobulins	presentation. S: Listens and takes notes.	immune system.
12.	3 min	To explain drugs class used for nutrition problems	For nutrition Tonics, electrolytes and mineral preparations (including iron preparations and magnesium preparations), parenteral nutritions, vitamins, anti-obesity drugs, anabolic drugs, haematopoietic drugs, food product drugs	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for nutrition problems.
13.	3 min	To explain drugs class used for neoplastic disorders	For neoplastic disorders Cytotoxic drugs, therapeutic antibodies, sex hormones, aromatase inhibitors, somatostatin inhibitors, recombinant interleukins, G-CSF, erythropoietin	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for neoplastic disorders .
14.	4min	To explain drugs class used for reproductive system.	For the reproductive system or urinary system Antifungal, alkalinizing agents, quinolones, antibiotics, cholinergics, anticholinergics, antispasmodics, 5-alpha reductase inhibitor, selective alpha-1 blockers, sildenafil, fertility	T: explains with power point presentation. S: Listens and takes notes.	Q: List few examples of drug used for reproductive system.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>medications.</p> <p>For contraception</p> <ul style="list-style-type: none"> • Hormonal contraception • Ormeloxifene • Spermicide <p>For obstetrics and gynecology</p> <p>NSAIDs, anticholinergics, haemostatic drugs, antifibrinolytics, Hormone Replacement Therapy (HRT), bone regulators, beta-receptor agonists, follicle stimulating hormone, luteinising hormone, LHRH, gonadotropin release inhibitor, progestogen, dopamine agonists, oestrogen, prostaglandins, clomiphene, tamoxifen, Diethylstilbestrol.</p>		

Summary and Evaluation(10min)

- To enlist drugs used for the gastrointestinal tract.
- To enlist drugs used for the cardiovascular system.
- To list down drugs used for the central nervous system.
- To list drugs used for pain, anesthesia and musculoskeletal system.
- To enlist drugs used for disorders of eye.
- To class used for the ear, nose and throat
- To explain drugs class used for respiratory system
- To explain drugs class used for endocrine problems.
- To explain drugs class used for skin
- To explain drugs class used for infections and infestations.
- To explain drugs class used for immune system.
- To explain drugs class used for nutrition problems
- To explain drugs class used for neoplastic disorder

Assignment: Write drugs used for various system with five example each.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
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4. Principles of Pharmacology 2nd edition by HL Sharma and KK Sharma.
5. Essentials of Medical Pharmacology -7th edition by KD Tripathi .

LESSON PLAN

Subject	: Nursing foundation
Unit	: VII
Topic	: Therapeutic effect ,side effect, toxic effect, allergic reactions, drug tolerance, drug interaction
Group	: GNM I st year
Place	: Classroom
Date & time	: 60 minutes
Teaching method	: Lecture cum Discussion
AV aids / Instructional Aids	: Black Board and chalk, Charts, Computer
Student Pre requisite	: Student should be able to define therapeutic effect , explain side effect, toxic effects of drugs, allergic reactions, drug tolerance, drug interaction.
General Objective	: At the end of class the student will be able to gain knowledge about therapeutic effect ,side effect, toxic effect, allergic reactions, drug tolerance, drug interaction.

Specific Objectives : At the end of class the students will be able to

- 1.Explain therapeutic effect of medication.
- 2.Adverse drug reactions effect of medication
- 3.Types of adverse drug reactions
- 4.Allergic reactions
- 5.Drug tolerance

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 min	Explain therapeutic effect of drug.	<p>THERAPEUTIC EFFECT</p> <p>A therapeutic effect is a consequence of a medical treatment of any kind, the results of which are judged to be desirable, intentional and beneficial.</p> <p>It is the effect which is desired or the reason a drug is prescribed.</p> <p>THE THERAPEUTIC EFFECT JUDGED BY PURPOSES OF DRUG ADMINISTRATION ARE</p> <ol style="list-style-type: none"> 1. To promote health: e.g. Vitamins, Minerals etc. 2. To prevent diseases: e.g. Vaccines, Anti-toxins etc. 3. To diagnose diseases: e.g. Barium 4. To alleviate diseases: e.g. Analgesics, Antipyretics etc. 5. To treat or cure diseases: e.g. Anti malarial, Antibiotics and Antidotes etc. 	<p>T: Lecture cum discussion.</p> <p>S: Listens and take notes.</p>	Q: Explain therapeutic effect of drug.
2	20 min	To explain adverse drug reactions	<p>ADVERSE DRUG REACTIONS :</p> <ul style="list-style-type: none"> Any untoward medical occurrence that may present during treatment with a medicine, but which does not 	T: Gives Lecture with	Q: Explain adverse drug reaction.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		<p>To Enlist factors causing Adverse drug reactions.</p> <p>To enlist manifestations of adverse drug reactions.</p>	<p>necessarily have a causal relationship with the treatment.</p> <ul style="list-style-type: none"> Any noxious change which is suspected to be due to a drug, occurs at doses normally used in man, requires treatment or decrease in dose or indicates caution in the future use of the same drug. <p>FACTORS CAUSING ADRS</p> <ol style="list-style-type: none"> PATIENT FACTORS – age, sex, genetics. DRUG FACTORS – Type A or B reaction CLINICIAN/PRESCRIBER FACTOR – Duration of treatment, when to discontinue, which drug to be prescribed in pregnancy. <p>Manifestations of adverse drug reactions:</p> <ul style="list-style-type: none"> GIT - Nausea, vomiting, constipation, diarrhea, gastric mucosal erosion & ulceration with bleeding. HEMATOPOIETIC -Bone marrow depression ORGANTOXICITIES-Hepatotoxicity <p>Nephrotoxicity, cardiac toxicity, ototoxicity, ocular toxicity. CNS toxicity, endocrine & infertility, dermatological toxicity.</p>	<p>powerpoint presentation.</p> <p>S: Listens and takes notes.</p>	<p>Enlist factors causing adverse drug reactions.</p> <p>List common manifestation of adverse drug reactions.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		<p>Classify types of adverse drug reactions</p> <p>Explain type A reactions.</p>	<ul style="list-style-type: none"> OTHERS - mask taste & smell. <p>Types of adverse Drug reactions:</p> <ul style="list-style-type: none"> Type A (augmented/predictable) Type B (bizarre/non-predictable) Type C (chronic use) Type D (delayed effect) Type E (end of use/abrupt withdrawal) Others : Allergic reactions, Drug dependence ,Teratogenicity, Withdrawal reactions,Iatrogenic, Secondary effects Idiosyncrasy, Cumulative toxicity, Mutagenicity, Photosensitive reactions Toxic effects Organ damage Carcinogenicity, Masking of diseases, Poisoning, Immuno suppression ,Exacerbation of disease, Intolerance. <p>TYPE A REACTIONS</p> <ul style="list-style-type: none"> A. Side effect B. Toxic effect and drug toxicity or poisoning 		<p>Explain types of adverse drug reactions.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		<p>Explain side effects of drugs.</p> <p>Describe toxic effects of drug</p>	<p>C. Secondary effect D. Intolerance</p> <p>A.SIDE EFFECTS These are the effects other than the principal action or therapeutic action.</p> <ul style="list-style-type: none"> • Unwanted & unavoidable effects at therapeutic doses. • It may be same as therapeutic effect (atropine). • It may be a different facet of action (promethazine, estrogen) • May be therapeutic in one context but side effect in another context (codeine) <p>B. TOXIC EFFECTS</p> <ul style="list-style-type: none"> • Result from excessive pharmacological action of the drug due to over dosage (absolute/relative) or prolonged use. • Manifestations are predictable & dose related. • Functional alteration (atropine), drug induced tissue damage (paracetamol), extension of therapeutic effect (barbiturates, heparin), additional action of a drug (morphine, streptomycin) 		<p>What do you mean by side effect of drugs.</p> <p>What do you mean by toxic effect of drugs</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		<p>To explain secondary effect of drugs</p> <p>Explain intolerance of drug.</p>	<p>C.SECONDARY EFFECTS</p> <p>Indirect consequences of a primary action of a drug. Some of the examples are-</p> <p>Suppression of bacterial flora by tetracycline leads to super infections.</p> <p>Corticosteroids weaken host defense mechanisms so that latent TB gets activated.</p> <p>D.INTOLERANCE</p> <ul style="list-style-type: none"> • It is the appearance of characteristic toxic effects of a drug in an individual at therapeutic doses. • Indicates low threshold of the individual to the action of the drug Eg. Chloroquine (vomiting & abdominal pain), triflupromazine (muscular dystonias), carbamazepine (ataxia) <p>TYPE B REACTIONS</p> <p>A. Drug allergy / allergic reactions</p>		<p>Explain secondary effects of drugs.</p> <p>Q: Explain intolerance of drug.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		Describe allergic reactions of drugs. Describe idiosyncratic reactions.	<p>B. Idiosyncratic reactions (pharmacogenomics)</p> <p>A. ALLERGIC REACTIONS</p> <p>A client can react to a drug as a foreign body and thus develop symptoms of allergic reactions.</p> <p>It could be</p> <ul style="list-style-type: none"> • Immediate{Anaphylaxis} it is an emergency situation Marked by decreased B.P., Dyspnoea, edema, cyanosis. Unless it is treated quickly death may occur. • Delayed it is also called mild reactions and manifested by Skin Rashes, Pruritus, Angioedema, Rhinitis, Lacrimal Tearing, Nausea vomiting, Diarrhea and Shortness of breath. <p>B. IDIOSYNCRASY</p> <ul style="list-style-type: none"> • Genetically determined abnormal reaction to a chemical • Total absence or reduced activity of some enzyme (eg. G6PD deficiency – primaquine, salicylates, sulfonamides - hemolysis <p>Examples: barbiturates (excitement & mental confusion),</p>		<p>What do you mean by allergic reactions of drugs.</p> <p>Q. Describe idiosyncratic reactions.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			chloramphenicol (aplastic anemia)		
3	10 min	To explain drug tolerance	<p>DRUG TOLERANCE</p> <p>It occurs when a client develops decreased response to a drug, requiring increased dosages to achieve the therapeutic effects</p> <p>Drug tolerance is basically the body's ability to adapt to the presence of a drug.</p> <p>The magnitude of the body's response to a particular drug depends on two factors:</p> <ol style="list-style-type: none"> 1. Concentration of the drug at its site of action 2. Sensitivity of the target site to the drug <p>The sensitivity of the target cells is governed by genetic factors and adaptive changes by the body. Adaptive changes</p>	<p>T: Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	<p>Q.What do you mean by drug tolerance</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>occur in response to the repeated exposure to a particular drug. The result is usually a loss of sensitivity to the drug. This decreased response is called tolerance.</p> <p>Tolerance may be defined as a state of progressively decreased responsiveness to a drug as a result of which a larger dose of the drug is needed to achieve the effect originally obtained by a smaller dose.</p>		
4	15 min	To explain drug interactions	<p>DRUG INTERACTIONS</p> <p>It occurs when a medication effects are altered by the concurrent presence of other medications or food substances.</p> <p>Drug interactions are changes in a drug's effects due to recent or concurrent use of another drug or drugs (drug-drug interactions), ingestion of food (drug-nutrient interactions—see page Nutrient-Drug Interactions), or ingestion of dietary</p>	<p>T: Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	Explain drug interactions.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>supplements.</p> <p>Drugs with similar properties are taken at the same time and have additive effects. For example, taking a benzodiazepine for anxiety and another benzodiazepine at bedtime for insomnia may have a cumulative effect, leading to toxicity.</p> <p>Drug interactions involve</p> <p style="padding-left: 40px;">A. Pharmacodynamics</p> <p style="padding-left: 40px;">B. Pharmacokinetics</p> <p>A. In pharmacodynamic interactions, one drug alters the sensitivity or responsiveness of tissues to another drug by having the same (agonistic) or a blocking (antagonistic) effect. These effects usually occur at the receptor level but may occur intracellularly.</p> <p>B. In pharmacokinetic interactions, a drug usually alters absorption, distribution, protein binding, metabolism, or excretion of another drug.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Special consideration to minimizing drug interactions</p> <ul style="list-style-type: none"> • Clinicians should know all of their patients' current drugs, including drugs prescribed by other clinicians and all OTC drugs, herbal products, and nutritional supplements. • Asking patients relevant questions about diet and alcohol consumption is recommended. • The fewest drugs in the lowest doses for the shortest possible time should be prescribed. • The effects, desired and undesired, of all drugs taken should be determined because these effects usually include the spectrum of drug interactions. • If possible, drugs with a wide safety margin should be used so that any unforeseen interactions do not cause toxicity. • Patients should be observed and monitored for adverse effects, particularly after a change in treatment; some 		special interaction to prevent drug interaction

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>interactions (eg, effects that are influenced by enzyme induction) may take ≥ 1 wk to appear.</p> <ul style="list-style-type: none"> • Drug interactions should be considered as a possible cause of any unexpected problems. When unexpected clinical responses occur, prescribers should determine serum concentrations of selected drugs being taken, consult the literature or an expert in drug interactions, and adjust the dosage until the desired effect is produced. • If dosage adjustment is ineffective, the drug should be replaced by one that does not interact with other drugs being taken. 		

Summary:& Evaluation(10 Min)

- Adverse Drug Reactions (ADRs) are adverse events with a causal link to a drug.
- Types of Classification of ADRs:
- Others: Side effects, Secondary effects, Toxic effects, Intolerance, Idiosyncrasy, Drug allergy.
- Special consideration to minimizing drug interactions

- **Assignment:** Explain Adverse Drug Reactions (ADRs) are adverse events with a causal link to a drug,Types of Classification of ADRs,Toxic effects, Intolerance, Idiosyncrasy, Drug allergy and Special consideration to minimizing drug interactions.

Evaluation: Topic test for 25 marks.

Bibliography:

1. Principles and practice of Nursing ,Nursing art procedure ,Sr. Nancy,Vol.-I,6th Edition,N.R.Brothers.
2. Fundamentals of nursing procedure manual for GNM course, CP Thresyamma, First edition, Jaypee publications.
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LESSON PLAN

Subject	: Nursing foundation
Unit	: VII
Topic	: Factors influencing drug actions
Group	: GNM I st year
Place	: Classroom
Date & time	: 60 minutes
Teaching method	: Lecture cum Discussion
AV aids / Instructional Aids	: Black Board and chalk, Charts, Computer
Student Pre requisite	: Student should be able to explain factors influencing drug action like physiological factors, pathological factors, environmental factors etc.
General Objective	: At the end of class the student will be able to gain knowledge regarding factors influencing drug action.
Specific Objectives	: At the end of class the student will be able to-
	1.Enlist factors influencing drug actions.
	2.Explain physiological factors influencing drug actions.
	3.Describe pathological factors (Diseases) influencing drug actions.

4. Explain genetic factors influencing drug actions.
5. Describe environmental factors influencing drug actions.
6. Explain Interaction with other drugs influencing drug actions.

Review of previous class: Ask the students about effect of drugs, side effects of drugs, toxic effects, allergic reactions etc.

Introduction:

On administration of a drug, a predicted response is obtained but some times individuals may vary considerably in their responsiveness. Some would show less than the usual response, and some may show more than usual response

The effect that a drug has on a person is determined by many factors. The primary factors that influence drug effect are the type of drug, the quantity used,

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	5 min	To enlist type of factors affecting drug action	TYPES OF FACTORS INFLUENCE DRUG ACTION <ol style="list-style-type: none"> 1) Physiological Factors. 2) Pathological Factors (Diseases). 3) Genetic Factors. 4) Environmental Factors. 5) Interaction with other drugs. 	T: Lecture cum discussion S: Listens and takes notes.	Q: Enlist the type of factors affecting drug action
3	15 min	To explain how Physiological Factors affecting drug action	PHYSIOLOGICAL FACTORS <ol style="list-style-type: none"> A. Age B. Pregnancy C. Sex/gender D. Body weight E. Food F. Timings 	T: Lecture cum discussion S: Listens and takes notes.	Q. Explain how Physiological factors affecting drug action.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>In new born there occurs</p> <ul style="list-style-type: none"> ➤ Decreases acid secretion ➤ Decreased microsomal enzymes ➤ Decreased plasma protein binding ➤ Decreased G.F.R ➤ There is increase in G.I.T absorption in newborns like ampicillin due to decreased acidity. ➤ Tetracyclines produce teeth staining in children. ➤ Corticosteroids cause growth and developmental retardation. ➤ Antihistamines cause hyperactivity instead of hypo activity. ➤ These are all different responses than adults. ➤ Several enzymes are important for drug metabolism , (hepatic microsomal oxidase, glucuronyl and acetyl transferase) have low activity in neonates ➤ Certain drugs may lead to serious consequences e.g. chloramphenicol causing gray baby syndrome. Sulphonamides causing kernicterus ➤ Activity of hepatic microsomal enzyme also decreases with age leading prolonged half life of some drugs elderly people e.g. Benzodiazepines, theophyllines ➤ This may lead to accumulation of drug on repeated doses. ➤ Drug elimination is less efficient in new born babies , and 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	10 min	To explain how Pathological Factors affecting drug action	<p>PATHOLOGICAL FACTORS</p> <p>A. Diseases cause individual variation in drug response</p> <ul style="list-style-type: none"> – ↓ Plasma protein binding for warfarin, tolbutamide → adverse effects. – ↓ Hepatic blood flow → ↓ clearance of morphine-propanolol. – Impaired liver microsomal enzymes – ↓ Diazepam-rifampicin-theophylline <p>B. Renal Disease</p> <ul style="list-style-type: none"> – ↓GFR. – ↓Tubular function. – ↓Plasma albumin <p>↓excretion of digoxin-lithium-gentamycin-penicillin.</p> <p>C. Malnutrition</p> <ul style="list-style-type: none"> – ↓plasma protein binding of drugs. – ↓amount of microsomal enzymes. – ↑Increases portion of free, unbound drug 	<p>T: Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	Explain how Pathological Factors affecting drug action

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5	10 min	To explain how genetic factors affecting drug action	<p>GENETIC FACTORS</p> <p>Genetic Polymorphism</p> <p>The existence in a population of two or more phenotype with respect to the effect of a drug.</p> <p>e.g. Acetylation enzymes deficiency, Sulphonamides, Hydralazine, Isoniazid, Procainamide etc. Metabolized by acetylation.</p> <ul style="list-style-type: none"> • Slow acetylator phenotype → peripheral neuropathy in INH . • Rapid acetylator phenotype can decrease effect of drug. <p>Pseudocholinesterase Deficiency</p> <p>Succinyl choline (Skeletal muscle relaxant) → Succinylcholine apnea due to paralysis of respiratory muscles.</p> <p>Malignant Hyperthermia</p> <p>By succinyl choline due to inherited inability to chelate calcium by sarcoplasmic reticulum.</p>	<p>T: Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	Explain how genetic factors affecting drug action

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • ↑ Ca release, muscle spasm, ↑ Temp. <p>Deficiency of Glucose-6 phosphate dehydrogenase (G-6-PD). G-6-PD Deficiency in RBCs → hemolytic anemia upon exposure to some oxidizing drugs.</p> <p>–Antimalarial drug, primaquine. –Long acting sulphonamides.</p>		
6	5 min	To explain how environmental factors affecting drug action	<p>ENVIRONMENTAL FACTORS</p> <ul style="list-style-type: none"> ➤ Pollutants are capable of inducing P450 enzymes, such as hydrocarbons present in tobacco smoke, charcoal broiled meat induce CYP 1A. ➤ Cigarette smokers metabolize some drugs more rapidly than non smokers. ➤ Industrial workers exposed to some pesticides metabolize certain drugs more rapidly than who are non exposed. ➤ Polychlorinated biphenyls used in industry, cruciferous vegetables also induce CYP 1A 	<p>T: Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	Explain how environmental factors affecting drug action

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
7	10 min	To explain how drug interaction affecting drug action	<p>DRUG – DRUG INTERACTION</p> <p>When one drug is administered, a response occurs, if a second drug is given and response to 1st drug is altered ,a drug interaction is said to have occurred.</p> <p>This may be</p> <p style="padding-left: 40px;">A. Desired or beneficial</p> <p style="padding-left: 80px;">e.g. Multi drug treatment of T.B</p> <p style="padding-left: 80px;">Naloxone to treat Morphine overdose</p> <p style="padding-left: 40px;">B. Undesired or harmful</p> <p>Clinically important drug interactions</p> <p>1. Drugs that have steep dose response curve and small therapeutic index, small change in concentration at site will lead to substantial changes in effect.</p> <p style="padding-left: 40px;">e.g. Digoxin , Lithium</p> <p>2. Drugs that are known enzyme inducers/inhibitors</p>	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	Explain how drug interaction affecting drug action

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Distribution:</p> <p>Altered plasma protein binding (binding of phenytoin in chronic renal failure decreases).</p> <p>Impaired blood brain barrier (infiltration of Penicillin in meningitis increases</p> <p>3. Drugs that exhibit saturable metabolism e.g. Phenytoin , Theophylline</p> <p>4. Drugs used for prolong period and precise plasma concentration are required e.g. oral contraceptive ,lithium, antiepileptic drugs</p> <p>5. Different drugs used to treat same disease e.g. Theophylline, Salbutamol</p> <p>6. In patients with impaired kidney and liver function</p> <p>7. In elderly who receive several drugs at the same time</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>PHARMACODYNAMIC INTERACTIONS</p> <ul style="list-style-type: none"> ➤ Both drugs act at same target site exerting synergism or antagonism. ➤ Drugs may act at same or different receptors or process.eg alcohol + benzopdiazepines (sedation) ➤ Morphine + Naloxone (to reverse opioid overdose) ➤ Rifampicin + INH (effective anti TB combination.) <p>PHARMACOKINETIC INTERACTIONS</p> <p>Drug act remotely from target site to alter plasma concentration e.g. enzyme induction /inhibition</p> <p>Interaction may be synergistic or antagonistic.</p> <p>Drug interaction can occur at-</p> <ol style="list-style-type: none"> 1) Outside the body 2) At site of absorption 3) During drug distribution 4) During drug metabolism 5) During drug excretion. 6) On receptor or body system. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>1) Interaction Outside The Body</p> <p>Drugs are added to reservoir or syringes to make drugs soluble they are prepared in salt forms, mixing these drugs may lead to precipitation (incompatibility)</p> <p>Dilution in reservoir may also lead to loss of stability.</p> <p>Protamine in zinc may bind with soluble insulin and delay its effects.</p> <p>2) At The Site Of Absorption</p> <p>Direct chemical interaction</p> <p>e.g. Antacids + Tetracycline's ,Iron form insoluble complexes ,this can be prevented if drugs are administered at 2hrs apart.</p> <p>Gut motility: drugs which reduce gastric emptying delay absorption of other drugs</p> <p>e.g. anti cholinergic , antidepressants</p> <p>Other than gut : Local anesthetics and adrenaline.</p> <p>Purgatives reduce time spent in small intestine and reduce</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>absorption.</p> <p>Alteration in gut flora: antimicrobials potentiates ant coagulants by reducing bacterial synthesis of vit.K.</p> <p>Other than gut : Local anesthetics and adrenaline.</p> <p>3) During Drug Distribution</p> <ul style="list-style-type: none"> ➤ Displacement from plasma proteins binding e.g. Sodium valproate displaces Phenytoin ➤ Sulphonamides displaces bilirubin (in neonates) ➤ Displacement from tissue binding sites e.g. Quinidine displaces Digoxin. <p>4) Interaction During Drug Metabolism</p> <p>A. Enzyme induction:</p> <ul style="list-style-type: none"> ➤ liver microsomal enzymes are induced by a wide variety of drugs and these affect the metabolism of other drugs reducing their concentration and hence effect. <p>e.g. -oral contraceptive metabolism is enhanced if Phenytoin is co- administered ,leading to unplanned pregnancy</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>-loss of anticoagulant effect of Warfarin leading to danger of thrombosis if barbiturates are administered.</p> <p>-chronic use of alcohol shows tolerance to general anesthetics.</p> <p>B. Enzyme inhibition</p> <ul style="list-style-type: none"> ➤ Certain drugs inhibit the liver microsomal enzymes; hence increase the activity of drugs which are to be metabolized by these enzymes. <p>E.g.Cimetidine potentiates the effects of propranolol ,theophylline, warfarin and others</p> <p>C. Enzyme inducers.</p> <ul style="list-style-type: none"> ➤ Phenobarbital ➤ Rifampin ➤ Grisofulvin ➤ Phenytoin ➤ Ethanol ➤ Carbamazepine 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>D. Enzyme inhibitors</p> <ul style="list-style-type: none"> ➤ Phenylbutazone ➤ Metronidazole ➤ Cimetidine ➤ Omeprazole <p>5) Interaction During Drug Excretion</p> <p>This occurs in kidney</p> <ul style="list-style-type: none"> ➤ by altering binding and hence filtration ➤ by inhibiting tubular secretion ➤ eg probenecid and penicillins ➤ by altering urine flow and or urine PH. 		

Summary:& Evaluation (10 Min)

- Types of factors influencing drug actions.
- How physiological factors influencing drug actions.
- How Pathological Factors (Diseases) influencing drug actions.
- How Genetic Factors influencing drug actions.
- How Environmental Factors influencing drug actions.
- How Interaction with other drugs influencing drug actions

Assignment: Explain in detail about factors influencing drug actions.

Evaluation: Topic test for 25 marks.

Bibliography:

1. Principles and practice of Nursing, Nursing art procedure ,Sr. Nancy, Vol.-I, 6th Edition, N.R. Brothers.
2. Fundamentals of nursing procedure manual for GNM course, CP Thresyamma, First edition, Jaypee publications.
3. Essentials of Medical Pharmacology - 7th edition by KD Tripathi .
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7. Lippincott's Nursing Procedures, 6th edition, Lippincott Williams & Wilkins, 2015, Wolters Kluwer publications.

Lesson plan

Subject	: Nursing Foundation
Unit	: UNIT 7 {Introduction to clinical pharmacology}
Topic	: Systems of drug measurements : Metric system, household measurements
Group	: G.N.M. 1 st Year.
Place	: Class Room
Date & Time	: 60 min
Teaching method	: Lecture cum Discussion
AV aids/instructional aids	: Black Board and Chalk , Charts
Students Pre requisite	: The students should be able to about the system of measurements of drugs in three different ways.
General Objectives	: At the end of the class the students will be able to gain knowledge about the different systems of drug measurements.
Specific Objective	: At the end of the class the students will be able to
1.Understand about the meaning of systems of measurements	
2.Know about metric system	
3.Know about Apothecaries system	

4. Know about Household system

Review of the previous class :- Ask the students about basic system of measurement of metric system like one kilogram is how many grams, one gram is how many milligrams etc.

Introduction :-

The proper administration of medication requires the ability to compute medication doses accurately and measure medications correctly. The health care institutions uses metric, apothecary and household system of measurements for medication therapy. A careless mistake in placing a decimal point or adding a zero to a dose can lead to a fatal error.

S.No.	Time	Specific Objective	Contents	Teaching learning activity	Evaluation
1	15 min	Enlist types of drug measurement system.	<p>A system of measurement:</p> <p>A system of measurement is a collection of units of measurement and rules relating them to each other. System of measurement have historically been important regulated and defined for the purpose of science.</p> <p>Medication are measured using three different systems which are :-</p> <ol style="list-style-type: none"> 1. The Metric System 2. The Apothecary System 3. The Household System <p>All three systems have three basic types of measurement in common and they are Weight , Volume , Length. Weight and volume are the two types of measurements you will use most often when administering medication.</p>	<p>T: Explain with Chalk and Black-board.</p> <p>S: Listens and take notes</p>	Q: Enlist types of drug measurement system

S.No.	Time	Specific Objective	Contents	Teaching learning activity	Evaluation
2	15 min	Explain metric System of measurement	<p>Metric System:</p> <p>The metric system of measurement is the most widely used system of measurement in the world. It is devised by the French in the latter part of the 18th century , is the system prescribed by law in most European countries and in Canada. It is the preferred system for administering medication, because it is based on a series of 10 measures or multiples of 10. It is a simple and accurate form of measurement used by health care professionals.</p> <p>Metric Weight Measures :-</p> <p>1kilogram (kg, Kg) = 1000grams or 1000g</p>	<p>T: Explain with Chalk and Black-board</p> <p>S: Listens and take notes</p>	Q: Explain metric system of measurement

S.No.	Time	Specific Objective	Contents	Teaching learning activity	Evaluation
3	10 min	To describe apothecary system in detail	<ul style="list-style-type: none"> ❖ The Apothecaries system of measurement is the oldest system of drug measurement. ❖ It is brought to the United State from England during the colonial period. ❖ In fact, it was the first system used to measure medication amounts. ❖ It is infrequently used as a drug measurement. ❖ The basic unit of weight in the apothecaries system is the grain(gr) , likened to a grain of wheat ❖ The basic unit of volume is the minim , a volume of water equal 	T:Explain with Chalk and Black-board	Students are able to understand about the apothecaries system of measurement

S.No.	Time	Specific Objective	Contents	Teaching learning activity	Evaluation
			<p>in weight to a grain of wheat. The word minim means “the least.”</p> <ul style="list-style-type: none"> ❖ There are a few medication that are still measured in grains (gr). ❖ To ensure administration of the correct dose of medication to a patient, it is important to know the conversion of grains to milligrams and how to convert from one system of measurement to another <p>Apothecaries Measures :-</p> <p>60 grains (gr) = 1 dram</p> <p>8 dram = 1 ounce or 1 oz</p> <p>1 fluid dram = 60 minims</p>		

Summary and Evaluation (10 min)

- Explain about the system of measurement
- Had knowledge about it various systems:- metric , apothecaries , household
- Different measurements used in this system (ask by 6-7 students)

Assignment :- meaning and different types of system of measurement used for medications

Evaluation :- Unit test of 50 marks once the unit 7 is completed

Bibliography :-

1. Fundamental of nursing , by Barbara kozier, glenora erb, Audrey berman, Karen burke , seventh edition , unit 8 , chapter 33 , page no. 835

LESSON PLAN

Subject	: Nursing Foundation
Unit	: UNIT 7 {Introduction to clinical pharmacology}
Topic	: converting measurements unit : conversion within one system, between systems, dosage calculation
Group	: G.N.M. 1 st Year students
Place	: Class Room
Date & Time	: 60 min
Teaching method	: Lecture cum Demonstration
AV aids/instructional aids	: Black Board and Chalk , Charts
Students Pre requisite	: The students should be able to understand how to convert different measurement units into other
General Objectives	: At the end of the class the students will be able to gain knowledge About how to convert measurements unit
Specific Objective	: At the end of the class the students will be able to 1.Understand about converting measurements unit

2. Know about how to convert within one system
3. Know about how to convert between systems
4. Know about the dosage calculation

Review of the previous class :- Ask questions regarding converting measurements unit and dosage calculation

Introduction :-

Ask students whether they know about how to convert measurements unit

Tell some examples about the measurements unit conversion

Brainstorm what they should use in clinical field

Also mention the objectives of the lesson to the students here

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
1	5 mins	Converting units of weight and measure	Sometimes drugs are dispensed from the pharmacy in grams when the orders specifies milligrams, or they are dispensed in milligrams though ordered in grains. For example, a physician orders morphin gr $\frac{1}{4}$. The medication is available labeled only in milligrams. The nurse knows that 1 mg = $\frac{1}{60}$ gr or 60 mg = 1 gr.	Explain by Chalk and Black-board with ppt	Students are able to understand the importance of converting units

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
2	5 mins	Converting weight and measures between systems introduction	<p>To convert the ordered dose to mgs , the nurse calculates as follows:-</p> <p>If 60 mg =1 gr</p> <p>Then x mg = ¼ gr (0.25 gr)</p> $X = \frac{(60 \times 0.25)}{1}$ <p>X = 15 mg</p> <p>Now we will see how to convert :-</p> <ul style="list-style-type: none"> ➤ Within the system ➤ Between the system ➤ Converting units of volume ➤ Converting units of weight <p>Also how to calculate dosage</p>	Explain by Chalk and Black-board with ppt	Students were understand how to convert measurements between the system

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
			<ul style="list-style-type: none"> ➤ When preparing client medications, a nurse may need to convert weights or volumes from one system to another. ➤ As an example, the pharmacy may dispense milligrams or grams of chloral hydrate, yet the nurse must administer an order that read “chloral hydrate gr viiss.” ➤ To prepare the correct dose, the nurse must convert from the apothecaries to the metric system. ➤ To give clients a useful, realistic measure for home use, the nurse may have to convert from the apothecaries or metric system to the household system. 		

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
3	10 mins	Converting units of volume	<p>All conversions are approximate, that is, not totally precise</p> <p>Commonly used approximate equivalents are shown in table given below. By learning these equivalents, the nurse can make many conversion readily. For example, 15 minims = approx 15 drops (gtt); therefore, 1 minim is approx 1 drop. Similarly, 1 quart approx 1000ml, and 1 gallon approx 4000 ml.</p> <p>The following are some situations in which nurses need to apply a knowledge of volume conversion:</p> <ul style="list-style-type: none"> ❖ Milliliter dosages may need to be fractionalized. The nurse can fractionalize milliliter dosages by 	Explain by Chalk and	Students know to convert units

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
			<p>remembering that 1ml contains 15 drops or minims.</p> <p>Fluid drams and ounces are commonly used in prescribing liquid medications, such as cough syrup, laxatives, antacids, antibiotics for children. The fluid ounce is frequently converted to ml when measuring a client's fluid</p> <p>Intake or output.</p> <p><input type="checkbox"/> Liters and milliliters are the volumes commonly used in preparing solutions for enemas, irrigation, solutions for douches, bladder irrigations and solutions for cleaning open wounds. In some situations, the nurse need to convert the volume of such solutions.</p> <p>Table of approx volume equivalents :</p>	Black-board with ppt	of volume

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation																																	
			<p>Metric, Apothecaries, and Household Systems</p> <table><tr><td>Metric</td><td>Apothecaries</td><td>Household</td></tr><tr><td>1ml</td><td>= 15minims(min or m)</td><td>=</td></tr><tr><td>15drops(gtt)</td><td></td><td></td></tr><tr><td>15 ml</td><td>= 4fluid drams</td><td>=</td></tr><tr><td>1tablespoon(tbsp)</td><td></td><td></td></tr><tr><td>30 ml</td><td>= 1fluid drams</td><td>=</td></tr><tr><td>same</td><td></td><td></td></tr><tr><td>500ml</td><td>= 1pint(pt)</td><td>= same</td></tr><tr><td>1000ml</td><td>= 1quart(qt)</td><td>=</td></tr><tr><td>same</td><td></td><td></td></tr><tr><td>4000ml</td><td>= 1gallon(gal)</td><td>= same</td></tr></table>	Metric	Apothecaries	Household	1ml	= 15minims(min or m)	=	15drops(gtt)			15 ml	= 4fluid drams	=	1tablespoon(tbsp)			30 ml	= 1fluid drams	=	same			500ml	= 1pint(pt)	= same	1000ml	= 1quart(qt)	=	same			4000ml	= 1gallon(gal)	= same		
Metric	Apothecaries	Household																																				
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S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
4	10 mins	Converting units of weight	<p>The units of weight most commonly used in nursing practice are the gram, milligram, and kilogram and the grain and the pound. Household units of weight are generally not applicable.</p> <p>Table given below has shows metric and apothecaries approx equivalents. Learning these equivalents helps the nurse to make weight conversion readily, as for example in the following situations:</p> <p>□ Converting grams and milligrams to grains and</p> <p>50 kg = xIb</p> <p>1kg = 2.2Ib</p> <p>$x = (2.2 \times 50) / 1$</p> <p>$x = 110 \text{ Ib}$</p> <p>3000 mg = 3g</p>	Explain by Chalk and Black-board	Students can convert units of weight after learning

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation																
			<p>Table for approx weight equivalents: Metric and Apothecaries system</p> <table><tr><td>Metric system</td><td>Apothecaries system</td></tr><tr><td>1mg</td><td>= 1/60 grain</td></tr><tr><td>60 mg</td><td>= 1 grain</td></tr><tr><td>1g</td><td>= 15 grain</td></tr><tr><td>4g</td><td>= 1 dram</td></tr><tr><td>30g</td><td>= 1 ounce</td></tr><tr><td>500g (lb)</td><td>= 1.1 pound</td></tr><tr><td>1000g (1kg)</td><td>= 2.2 lb</td></tr></table>	Metric system	Apothecaries system	1mg	= 1/60 grain	60 mg	= 1 grain	1g	= 15 grain	4g	= 1 dram	30g	= 1 ounce	500g (lb)	= 1.1 pound	1000g (1kg)	= 2.2 lb		
Metric system	Apothecaries system																				
1mg	= 1/60 grain																				
60 mg	= 1 grain																				
1g	= 15 grain																				
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30g	= 1 ounce																				
500g (lb)	= 1.1 pound																				
1000g (1kg)	= 2.2 lb																				

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
5	10 mins	Explain about the calculation of dosages in detail	<p>Several formulas can be used to calculate drug dosages. One formula uses ratios:</p> $\frac{\text{dose on hand}}{\text{quantity on hand}} = \frac{\text{desired dose}}{\text{quantity desired (x)}}$ <p>for example, erythromycin 500mg is ordered. It is supplied in a liquid form containing 250 mg in 5 ml. to calculate the dosage, the nurse uses the formula</p> $\frac{\text{dose on hand (250 mg)}}{\text{quantity on hand (5 ml)}} = \frac{\text{desired dose (500mg)}}{\text{quantity desired (x)}}$ <p>Then the nurse cross- multiplies:</p> $250x = 5\text{ml} \times 500\text{mg}$ $x = \frac{5\text{ml} \times 500\text{mg}}{250 \text{ mg}} \quad x = 10 \text{ ml}$ <p>Therefore, the dose ordered is 10ml. The nurse can also use this formula to calculate dosages:</p>	Explain by Chalk and Black-board with ppt	Students can differentiate between adult dose and child dose and also how to calculate them

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
			<p>Amount to administer (x) = $\frac{\text{desired dose}}{\text{dose on hand}} \times \text{quantity on hand}$</p> <p>For example, heparine is often distributed in vials in prepared dilutions of 10000 units per milliliter. If the order calls for 5000 units, the nurse can use the preceding formula to calculate</p> $x = \frac{5000}{10000} \times 1 \quad x = \frac{1}{2} \text{ ml}$ <p>therefore, the nurse injects 0.5ml for a 5000 unit dose.</p> <p>To calculate the paediatric dosage</p> <p>Most of the drugs are available in the adult dose. The nurse need to know how to prepare the paediatric dosage</p> <p>1. Young's rule: (for children over 1</p>		

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
			<p>year of age) upto 12 years</p> $\frac{\text{age of the child (in years)}}{\text{age of the child (years)}+12} \times \text{adult dose} = \text{child's dose}$ <p>Eg. If the adult dose of a drug is 1/6 grain, calculate the amount of drug for a child aged 6 years.</p> $\frac{6}{(6+12)} \times \frac{1}{6} = \frac{1}{18} \text{ grain}$ <p>2. Clark's rule : calculated (according to the weight of the child, therefore it can be used for children of all ages).</p> $\frac{\text{weight of the child in pounds}}{150} \times \text{adult's dose} = \text{child's dose}$ <p>Eg. If the adult dose of a drug is 1/6 grain,</p>		

S.No.	Time	Specific Objective	Content	Teaching Learning Activity	Evaluation
			<p>calculate the amount of drug for a child weighing 30 lbs.</p> $\frac{30}{150} \times \frac{1}{6} = \frac{1}{30} \text{ (grains)}$ <p>3. Fried's rule : (for children under 1 year of age)</p> $\frac{\text{age of the child (months)}}{150} \times \text{adult dose} = \text{child's dose}$ <p>Eg. If the adult dose of a drug is 1/6 grain, calculate the amount of drug for an infant of 6 months.</p> $\frac{60}{150} \times \frac{1}{6} = \frac{1}{15} \text{ grain}$		

Summary and Evaluation (10 min)

- Explain about the importance of conversion of units (within or between the system)
- Had knowledge about it various conversion between systems:- metric , apothecaries , household
- Check knowledge about the calculation of dosage (ask by 6-7 students)
- Ask the formulas to calculate paediatric dosage

Assignment :- about the conversion of units within the system , between the system and also the calculating formula for paediatric dosage

Evaluation :- Unit test of 50 marks once the unit 7 is completed

Bibliography :-

- a) Fundamental of nursing , by Barbara kozier, glenora erb, Audrey berman, Karen burke , seventh edition , unit 8 , chapter 33 , page no. 837
- b) Principles and practice of nursing, by Sr. Nancy, sixth edition, unit 7 , chapter 21 , page no. 526

LESSON PLAN

Subject	: Nursing Foundation
Unit	: VII
Topic	: Terminologies and abbreviations used in prescription of medications.
Group	: GNM I st year
Place	: Class room
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the Terminologies and abbreviations used in prescription of medications.
General Objective	: At the end of the class the students will be able to gain knowledge regarding terminologies and abbreviations used in the prescription of medications.
Specific Objectives	: At the end of the class the students will be able to-
	1. Explain important terminologies in medication.
	2.Explain abbreviation used in drug administration
	3. Explain Types of Medication Orders
Review of previous class	: Ask the students about systems of drug measurements, conversion of one unit to another.

Introduction:

Ask the students a few common terminologies used in prescription when giving medications.

Also mention the objectives of the lesson to the students.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	30 min	To explain terminologies and abbreviations used in prescription of medications.	ABBREVIATION a or a.- before ac. -before meals ad lib- as desired alt. h. -alternate hours am -in the morning; before noon aq. -water bid -twice a day c ⁻ -with cap., -caps. capsule dil. -dilute dist. -distilled	T: Explains with power point presentation. S: Actively listens and take notes	Q: Explain each of the abbreviation used in prescription of medications.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			DS- double strength EC- enteric coated elix. -elixir ext. -external, extract fl, fld- fluid g -gram gr -grain gtt -drop H- hypodermic h, hr- hour IM -intramuscular inj. -injection IV -intravenous IVP -IV push IVPB- IV piggyback kg -kilogram L -liter lb -pound		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			liq.- liquid mcg -microgram mEq- milliequivalent mg -milligram mL- milliliter noct.- night om -on morning on -on night oz -ounce p or p. -after, per p.c. -after meals PO -by mouth pm -afternoon, evening prn -as needed, according to necessity q -each, every qh- every hour qid-, Qqds four times a day		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			q1h -every 1 hour q2h -every 2 hours q3h -every 3 hours q4h -every 4 hours q6h -every 6 hours q8h -every 8 hours q12h- every 12 hours qs -as much as needed, quantity, sufficient qt -quart R. or PR- rectally, per rectum Rx- take, prescription S, Sig -give the following directions s ⁻ -without sid -once daily sol. -or soln. -solution SQ -subcutaneous		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			stat. -immediately, at once tab. -tablet tbsp, -T- tablespoon tds, tid -three times a day tinct., tr -tincture tsp, t -teaspoon		
2	20 min	To explain Types of Medication Orders	Types of Medication Orders <ul style="list-style-type: none"> • STAT order: needed immediately • Single order: given only once • PRN order: given as needed • Routine orders: given within 2 hours of being written and carried out on schedule • Standing order: written in advance carried out under specific circumstances. 	T: Explains with powerpoint presentation S:listen and take notes	Q:Explain what are the types of medication order

Summary:& Evaluation(10 Min)

- List the various terminologies used in a prescription order.

Assignment: List and explain the various terminologies and abbreviations.

Evaluation: Unit test for 50 marks once the unit VII is completed.

Bibliography:

1. Principles and practice of Nursing , Nursing art procedure ,Sr. Nancy,Vol.-I,6th Edition,N.R.Brothers,Page-500-503.

LESSON PLAN

Subject	: Nursing foundation
Unit	: VII
Topic	: Oral drug administration: oral, sublingual, buccal : equipment and procedure.
Group	: GNM I st year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional Aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to administer drug oral, sublingual and buccal.
General Objective	: At the end of the class the students will be able to gain knowledge regarding oral administration of drug.
Specific Objectives	: At the end of the class the students will be able to:
	1. Explain oral route administration of medication.
	2. Explain general principles of administration of oral medication.
	3. Demonstrate the equipment and procedure of oral drug administration.

Review of previous class: Ask the students about various terminologies and abbreviations used in prescription of medication.

Introduction:

Ask the students if they know any one name of drug given orally.

Also mention the objectives of the lesson to the students.

S.No	Time	Specific objectives	Content	Teaching learning activity	Evaluation
1	5 min	To explain oral route of administration Of medication.	<p>Oral route of administration</p> <p>The oral route is the easiest and the most commonly used. Medications are given by mouth and swallowed with fluid. Oral medications have a slower onset of action and a more prolonged effect than parenteral medications. Clients generally prefer the oral route.</p> <p>Sublingual route of Administration</p> <p>Some drugs are designed to be readily absorbed after being placed under the tongue to dissolve. A drug given sublingually should not be swallowed or the desired effect will not be achieved. Nitroglycerin is commonly given sublingually. A drink should not be taken by the client until the drug is completely dissolved.</p>	<p>T: explains with power point presentation</p> <p>S: Listens and takes notes.</p>	<p>Q: Explain oral routes of administration Of medication.</p>

S.No	Time	Specific objectives	Content	Teaching learning activity	Evaluation
			Buccal Route of Administration Administration of a drug by the buccal route involves placing the solid medication in the mouth and against the mucous membranes of the cheek until the drug dissolves. Clients should be taught to alternate cheeks with each subsequent dose to avoid mucosal irritation. Clients are also warned not to chew or swallow the drug or to take any liquids with it. A buccal medication acts locally on the mucosa or systemically as it is swallowed in a person's saliva.		
2	15 min	To explain general principles of oral routes of administration of medication.	The nurse should follow guidelines when administering oral medications. 1. Always administer a drug with plain water instead of with tea. 2. Medications that erode teeth such as acid and chalybeate should be sucked with a sucker and then rinse to protect teeth. 3. Never chew, crush or break sustained release tablets, enteric-coated tablets and capsules. 4. Place lozenges under the tongue or between buccal membrane and teeth dissolved slowly rather than allowing clients to chew or swallow.	T: Explains with power point presentation S: Listens and take notes.	Q. Explain general principles of oral routes of administration of medication.

S.No	Time	Specific objectives	Content	Teaching learning activity	Evaluation
			<p>5. Generally, stomachic medication is taken before meal, while those irritating gastric membrane taken after meal. Hypnotics is taken just before sleep.</p> <p>6. Avoid giving fluids immediately after a client swallows medication such as syrup that exerts local medicating effects on the oral mucosa</p> <p>7. Allow the client to drink more water after sulfonamide is taken to prevent the crystal which the drug produces when excreted through kidney with the less urine volume to block the nephrons.</p> <p>9. Observe the heart rate and rhythm closely when cardiotonic is taken. If the heart rate is lower than 60 times per minute or arrhythmia occurs, discontinue to use the drug and inform the physician.</p>		
3	30min	To demonstrate the equipment and procedure of oral drug administration	<p>Equipment</p> <ul style="list-style-type: none"> Medication cup or oral/enteral dispenser (orange-colored syringe for the purpose of administering liquid medicines). Parenteral syringes must not be used. Medication order Prescribed medication 	<p>T: Demonstrate the procedure.</p> <p>S: Observe and practice demonstration.</p>	<p>Q. Demonstrate the equipment and procedure of oral drug administration</p>

S.No	Time	Specific objectives	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Gloves(if required) <p>Procedure</p> <ul style="list-style-type: none"> Must be administered by RN/MW/EENs only Tablets must not be broken unless they are scored, use particular caution with sustained, modified, controlled-release medications and enteric-coated medications. Instruct patients to swallow whole, enteric-coated, controlled-release, extended-release or modified release medications, or part there of, do not chew or crush. Medicines must be administered in accordance with the irproductin formation when ever possible. Changing the form of a medicine may alter its stability or effectiveness, increase the risk of toxicity, or result in an unacceptable taste or texture. Oral medications must not be left in bed side lockers/tables. For safe administration of Digoxin, ensure the 		

S.No	Time	Specific objectives	Content	Teaching learning activity	Evaluation
			<p>patient's apex beat is taken for one minute prior to administration. If the radial pulse is less than 60 beats per minute, notify the Medical Officer as per orders. The apex beats should be noted on the medication chart.</p> <ul style="list-style-type: none"> For safe administration of hypoglycemic agents ensure Blood sugar levels are performed as required prior to administration. Fasting patients should have hypoglycemic agents with held or dose confirmed by the primary care team. Assess the patient's ability to take or swallow the preparation. Remove the correct dose/volume of medication from its container and place in to medication cup without touching the medication. 		

Summary:& Evaluation(10 Min)

- What is oral drug administration.
- What is sublingual route of drug administration?
- What are the equipment used in oral drug administration?

Assignment: List common drugs given orally, sublingually and principles to be followed when administering oral drug.

Evaluation: Unit test for 50 marks once the unit VII is completed.

Bibliography:

- Principles and practice of Nursing , Nursing art procedure ,Sr. Nancy,Vol.-I,6th Edition,N.R.Brothers,Page-506-511.

LESSON PLAN

Subject	: Nursing Foundations
Unit	: VII
Topic	: Parenteral: General principles
Group	: GNM I st year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to administer medications through parenteral route.
General Objective	: At the end of the class the students will be able to gain knowledge regarding parenteral administration of medication.
Specific Objectives	: At the end of the class the students will be able to:
1. Define parenteral administration of medication.	
2. Explain term injection and purpose of injection.	
3. Explain general principles of parenteral administration of medication.	
4. Explain advantages of parenteral administration of medication.	
5. Explain disadvantages of parenteral administration of medication.	

Review of previous class: Ask the students about oral administration of medications.

Introduction:

Ask the students if they know about Parenteral administration.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5mins	To define Parenteral administration of medication	Definition <ul style="list-style-type: none">• Parenteral administration of medication is the administration of medication by injection. When medications are administered this way, it an invasive procedure that must be performed using aseptic techniques.• Parenteral administration of medication means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes. The common parenteral routes are intramuscular (IM), subcutaneous (SC) and intravenous (IV).	T: explains with power point presentation. S: Listens and share pre knowledge.	Q: What do you mean by Parenteral administration of medication

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	10mins	To explain the term injection and explain purpose of injection.	INJECTION The term injection is defined as the forcing of fluid into a cavity, a blood vessels, or body tissue through a hollow tube or needles. PURPOSE:- <ol style="list-style-type: none"> 1. To get rapid or a systemic effect of the drug e.g. I.V. injections. 2. To give a drug when other routes are undesirable e.g. excessive vomiting or having gastric suction. 3. To obtain local effect at the site of injection e.g. local anesthetics as Novocain infiltration, tuberculin test, etc 	T: Explains with power point presentation. S: Listens and takes notes.	Q: Explain term injection and purpose of injection.
3	15 mins	To explain General principles of Parenteral administration of medication.	GENERAL PRINCIPLES:- Parenteral medications are not without some disadvantages, which should be kept in mind when administering any injection: <ol style="list-style-type: none"> 1) Aseptic technique must be maintained during the preparation and administration of the drug. 2) The injection may be painful and the tissue damage at the injection site may be a predisposing factor to infection. 	T: Lecture cum discussion. S: Listens and takes notes.	Q. Explain General principles of Parenteral administration of medication.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ol style="list-style-type: none"> 3) An irritating or slowly absorbed drug may cause tissue necrosis, and persistent pain. 4) It is possible for the needle to break off in the tissues. 5) Injury to a nerve or other vital tissues may occur if the site of injections incorrectly located. 6) Inadvertent intravenous injection of a solution not suitable for that route can have serious or even fatal consequences. 7) Once the drug has been injected, it is difficult or impossible to recall it or to prevent it from being fully absorbed in the event of an adverse reaction developing to it. 		
4	10min	To explain advantages of Parenteral administration of medication	<p>ADVANTAGES OF PARENTERAL ADMINISTRATION</p> <ol style="list-style-type: none"> 1. An immediate physiological response can be achieved if necessary, which can be of prime consideration in clinical condition such as cardiac arrest, asthma and shock . 2. Parenteral therapy is required for drugs that are not effective orally or that are destroyed by digestive 	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	<p>Q. Explain advantages of Parenteral administration of medication</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>secretions such as insulin other hormones and antibiotics.</p> <ol style="list-style-type: none"> 3. Drug for uncooperative, nauseous or unconscious patients must be administered by injection. 4. When desirable, parenteral therapy gives the physician control of the drug since the patient must return for continued treatment, also in some cases the patient cannot be relied upon to take oral administration. 5. Parenteral administration can result in local effect for drugs when desired, as in dentistry and anesthesiology. 6. In case in which prolonged drug action is wanted, parenteral forms are available, including the long acting penicillin administered deep intra muscularly. 7. Parenteral therapy provides the means of correcting serious disturbances of fluid and electrolyte balances. 8. When food cannot be taken by mouth, total nutritional requirement can be supplied by the parenteral route. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5	10min	To explain disadvantages of Parenteral administration of medication	DISADVANTAGES OF PARENTERAL ADMINISTRATION <ol style="list-style-type: none"> 1. The dosage form must be administered by trained personnel and require more time than those administered by other routes. 2. Parenteral administration requires strict adherence to aseptic procedures, and some pain on injection is inevitable. 3. It is difficult to reverse its physiological effect. 4. The manufacturing and packaging requirements, parenteral dosage forms are more expensive than preparations of given by other routes. 5. Feared by adults and children - unpleasant, danger, sign of serious illness, loss of privacy/control. 6. Trauma Risk of irritation/pain/necrosis at site, damage to large vessels/nerves/bones, ecchymosis or soreness, and infection that is serious/hard to cure. 7. Expensive 	T:Explains with power point presentation. S:listen and take notes	Q. Explain Disadvantages of Parenteral administration of medication

Summary:& Evaluation(10 Min)

- What should be kept in mind when administering any injection?
- What are advantages of parenteral therapy?
- What are disadvantages of parenteral. Therapy?

Assignment: General Principles, advantages and disadvantages of parenteral route of drug administration.

Evaluation:Unit test for 50 marks once the unit VII is completed.

Bibliography:

1. Principles and practice of Nursing,Nursing art procedure ,Sr. Nancy,Vol.-I,6th Edition,N.R.Brothers,Page-540-545.
2. Fundamental of nursing procedure manual of gnm, cp thresyamma, Jaypee, Page-498-512.

LESSON PLAN

Subject	: Nursing Foundations
Unit	: VII
Topic	: Types of parental therapies
Group	: GNM I st year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the types of parental therapies.
General Objective	: At the end of the class the students will be able to gain knowledge regarding Parental therapies.
Specific Objectives	: At the end of the class the students will be able to
1. Define parenteral therapies.	
2. Explain benefits of parenteral therapies.	
3. Explain the work of parenteral therapies.	
4. Enlist the type of parenteral therapies.	

Review of previous class: Ask the students about meaning and types of parenteral routes of medication administration.

Introduction:

Ask the students if they know any one parenteral therapy.

Also mention the objectives of the lesson to the students.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	To define Parenteral Therapies.	Definition <ul style="list-style-type: none"> Parenteral Therapies are medications, nutrients, vitamins and other healing substances administered by injection into the body. The most common types of parenteral therapies are given intravenously, but some are administered into the muscles or under the skin. Parenteral administration of medication means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes. The common parenteral routes are intramuscular (IM), subcutaneous (SC) and intravenous (IV). 	T: Gives Lecture using power point presentation . S: Listens and sharepre knowledge.	Q: What do you mean by Parenteral Therapies?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	15 mins	To explain benefits of parenteral Therapies.	<p>Parenteral Therapies may provide benefits to people who are unable to eat or absorb nutrients from the gastrointestinal tract and those suffering from the following conditions:</p> <ul style="list-style-type: none"> • Infections - viral bacterial, and fungal • Immune system illnesses and weakness • Autoimmune conditions such as rheumatoid arthritis, fibromyalgia, and chronic fatigue syndrome • Emotional struggles including anxiety, depression, stress • Gastrointestinal illnesses • Vitamin deficiencies • Cardiovascular illnesses • Precancerous conditions • Respiratory conditions including asthma and bronchitis • Liver disease including hepatitis • Addictions • Cancer • Aging 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Explain benefits of parenteral Therapies.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Pain - including migraines and muscle spasms • Toxicity • Diabetes 		
3	15 mins	To explain the work of parenteral Therapies.	<p>Parenteral therapies work by several mechanisms, depending upon the substance administered and the goal of treatment.</p> <p>Parenteral routes of administration allow highly concentrated nutrients and medications to be administered directly into the bloodstream. Some compounds are deactivated by the gastrointestinal system and must be administered parentally in order to be effective. The parenteral route of administration also allows for small amounts of medications to be given as they are immediately circulated by the bloodstream with no waste. Other compounds are very concentrated and irritating to the gastrointestinal tract, so a parenteral route must be utilized. Very ill patients may be unable to absorb nutrients from the gastrointestinal tract or they may need to let their digestive tract rest to promote healing. The parenteral route facilitates healing for these patients.</p>	<p>T: Explains with power point presentation.</p> <p>S: Listens and take notes.</p>	Q. Explain the work of parenteral Therapies.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	10mins	To enlist the types of Parenteral therapies.	<p>Any route that is not enteral (<i>par-</i> + <i>enteral</i>), including:</p> <ul style="list-style-type: none"> Intravenous (into a vein), e.g. many drugs, total parenteral nutrition. Intra-arterial (into an artery), e.g. vasodilator drugs in the treatment of vasospasm and thrombolytic drugs for treatment of embolism. Intraosseous infusion (into the bone marrow) is, in effect, an indirect intravenous access because the bone marrow drains directly into the venous system. This route is now occasionally used for drugs and fluids in emergency medicine and paediatrics when intravenous access is difficult. Intra-muscular(into muscle), Intracerebral (into the brain parenchyma) Intracerebroventricular (into cerebral ventricular system) Intrathecal (an injection into the spinal canal) Subcutaneous (under the skin), e.g. a hypodermoclysis. 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation</p>	Q. Explain Parenteral therapies.

Summary:& Evaluation(10 Min)

- List various benefits of parenteral therapies.
- List various type of parenteral therapies.

Assignment: List and explain the various type of parenteral therapies.

Evaluation:Unit test for 50 marks once the unit VII is completed.

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1. Principles and practice of Nursing ,Nursing art procedure ,Sr. Nancy,Vol.-I,6th Edition,N.R.Brothers,Page-540-545.
2. Fundamental of nursing procedure manual of gnm, cp thresyamma, Jaypee, Page-498-512.

LESSON PLAN

Subject	: NURSING FOUNDATIONS
Unit	: VII
Topic	: Types of syringes, needles, cannulas and infusion sets.
Group	: GNM I year.
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify and differentiate types of syringes, needles, cannulas and infusion sets.
General Objective	: At the end of the class the students will be able to gain knowledge regarding types of syringes, needles, cannulas and infusion sets.
Specific Objectives	: At the end of the class the students will be able to
	1. Explain parenteral therapy equipment and supplies.
	2. Explain about syringes.
	3. Explain about needles.
	4. Explain about IV cannula or catheter.
	5. Explain about intravenous set.
Review of previous class	: Ask questions regarding routes of therapies.

Introduction:

Ask the students if they know about routes of parental therapies.

Seen various Routes of parental therapies in hospital.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	To explain parenteral therapy equipment and supplies .	PARENTERAL THERAPY EQUIPMENT AND SUPPLIES There is a multitude of equipment and supplies available for the delivery of parenteral medications. Syringes and needles come in many sizes and are selected according to the route the medication is to be given, the patient's body size, the viscosity (or thickness) of the medication, and the amount of medication to be given.	T: explains with power point presentation. S: Listens and takes notes.	Q: What are common parenteral therapy equipment?
2	10 mins	To explain about syringes.	SYRINGES Syringes are used today are primarily made of plastic and are completely disposable. Typical syringe sizes range from 1 mL to 5 mL. Larger syringes (10 to 60 mL) are used for irrigating wounds or body cavities, drawing large amounts of blood, and for aspirating fluid from a patient's joint or body cavity.	T: Explain with power point presentation & demonstration of parts of syringe.	Q. What are all the types of syringes.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Syringe selection is primarily based on the amount of medication to be administered.</p> <p>Syringes are packaged in hard plastic containers or peel-apart packages and are sealed to ensure sterility. If a syringe package appears to have already been opened, the syringe should not be used and should be disposed of properly.</p> <p>The components of a syringe include the calibrated barrel, plunger, flange, and tip .</p>	S: Listens and takes notes.	
3	10mins	To explain about needles.	<p>NEEDLES</p> <p>Needles are available in various sizes and lengths and come in disposable and nondisposable forms. Needle selection is determined by the type of medication to be administered, the route of administration, and the size of the patient. Disposable needles are more commonly used and are prepackaged in sterile plastic or paper wrappers.</p> <p>A needle's gauge (G) refers to the diameter of the needle. Gauge selection is determined by the viscosity or thickness of the medication. Gauge sizes that are typically used in ambulatory care</p>	<p>T: Explain with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q. What is meant by gauge of the needle?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>range from 20 to 27 G. The larger the gauge, the smaller the diameter of the needle (for example, a 22-G needle would be smaller in diameter than a 20-G needle).</p> <p>The length of the needle is determined by the route of administration, the site of the injection, and the amount of adipose tissue over the injection site. Intra-muscular (IM) injections will require a longer needle than a subcutaneous or intradermal injection because muscles are deeper than the other two types of tissue. The location of the injection also plays a role in the selection of needle length. The deltoid and gluteal muscles are two common muscles that are used for intramuscular injections, but each muscle is a different size and at a different depth. The deltoid is smaller and more superficial than the gluteal muscle and, therefore, would take a shorter needle. Finally, the amount of adipose tissue that the patient has in the area in which the injection is being administered will also play a role in the length of the needle that is used. Patients with larger amounts of adipose tissue will require a longer needle to penetrate through the extra layers</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>than patients with little adipose tissue.</p> <p>Parts of the Needle</p> <p>Parts of the Needle Even though needles come in disposable and nondisposable forms, they all have similar components. The different parts of a needle-</p> <ul style="list-style-type: none"> ❖ Lumen: The bore of a hollow needle ❖ Bevel: The flat, slanted edge of the needle that helps to ease the insertion of the needle into the tissue; there are finer cuts and different lengths of bevels, such as a fine tip bevel, which is used for insulin syringe needles. The finer the cut of the bevel, the less pain felt by the patient and the less trauma to the patient's tissue. ❖ Shaft: The hollow steel tube of the needle through which the medication passes into the patient. ❖ Hub: The component that facilitates the attachment of the needle to the syringe; the hub is color-coded for easy recognition of the size and must remain sterile when assembling the needle and syringe. 		<p>Q.What are different parts of needle.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4.	5 min	To explain about IV cannula or catheter.	IV CANNULA OR CATHETER A flexible tube that is used to insert medication within a body cavity or blood vessel. It has a trocar (a sharp-pointed needle) attached to it that punctures the skin to get the catheter within the vein.	T: Explain with power point presentation and also demonstrates S: Listens and takes notes.	Q. What is the use of IV cannula.?
5.	20 Min	To explain about intravenous set.	INTRAVENOUS SET IV FLUID BAGS IV fluid bags range in size from 50 to 2000 mL, with the smaller bags often referred to as “piggyback” bags. When prescribed, the pharmacy will open the bag to add additional medications to the fluids and label the bag with the specific prescription the physician has ordered. If a bag is found with the opaque outer bag removed, do not use the solution because sterility and viability of the product may be compromised.	T: Explain with power point presentation and demonstrates IV administration set. S: Listens and takes notes.	Q. What is piggyback bags ?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>The tamper-proof additive caps are removed when additive drugs are mixed within the IV bag. Piggyback containers are used for reduced volume of fluid infusion and are filled with ready-to-use medications at the time of manufacturing. The pharmacy will add additional medications if prescribed, such as antibiotics.</p> <p>Commonly used fluids contained within an IV bag for infusion are normal saline (NaCl) or dextrose in water. Infusions are given to replace lost body fluids, restore fluid balance of cellular tonicity, or to provide medications or nutrients to the body.</p> <p>Infused fluids are introduced to the body through administration sets, which is tubing that connects the IV bags to the IV cannula in the patient. Administration sets come in a variety of styles, from the very basic solution set to multiple administration tubing. All IV tubing sets have common components including clamps, a piercing pin, a drip chamber, and a cannula adapter.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Basics for IV Administration Sets</p> <p>Each IV administration set has following components, including:</p> <ul style="list-style-type: none"> ❖ Piercing pin: A hollow spike that is inserted into the administration port of the IV bag. It is important this remains sterile when inserted. ❖ Drip chamber: This is where the solution flows prior to its entry into the tubing; it acts as a pressurizing chamber for non-vented bags. ❖ Roller clamp: This is used to regulate the flow of fluids through the IV tubing. ❖ IV cannula or catheter: A flexible tube that is used to insert medication within a body cavity or blood vessel. It has a trocar (a sharp-pointed needle) attached to it that punctures the skin to get the catheter within the vein. ❖ Slide clamp: This is used to restrict fluid flow and act as a quick on/off control of the IV tubing. The tubing ends in a sterile-capped adapter, which is attached to the cannula. 		<p>Q: What are the essential components of IV administration sets?</p>

Summary:& Evaluation(10 Min):

- List the equipments required for IV administration.
- What are the different parts of needle?
- What are components of IV sets?

Assignment: Describe equipments of IV administration.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition.Elsevier Publicaion New Delhi.Page page 821-909

LESSON PLAN

Subject	: Nursing Foundations
Unit	: Unit VII
Topic	: Protection from needle stick injuries, giving medications with a safety syringe.
Group	: GNM Ist year
Place	: Class room and demonstration room.
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to acquire knowledge about protection from needle stick injuries, giving medications with a safety syringe.
General Objective	: At the end of the class the students will be able to gain knowledge protection from needle sticks injuries and giving medications with a safety syringe.
Specific Objectives	: At the end of the class the students will be able to:
	1.Explain key points for protection from needle stick injuries.
	2.Describe One-handed Needle Recapping Technique.
	3.Explain Using a Medication Cartridge or an Injector Device
	4.Explain objectives and equipments used to load a cartridge or injector device.
	5. Explain procedure and special considerations to load a cartridge or injector device.

Review of previous class: Ask questions regarding technique of giving medications with a safety syringe.

Introduction:

Ask the students if they know about needle stick injuries.

Have any one seen nurse giving injection with some special syringe.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	10 mins	To explain key points for Protection from needle sticks injuries	<p><u>Needle Safety when Using Parenteral Equipment</u></p> <p>Needle safety is very important when working with parenteral equipment. Each office should use safety devices to help prevent accidental needles pricks from contaminated needles. There are a variety of different types of safety devices, including retractable needles and plastic sheaths that slide down over the needle.</p> <p>If a dirty needle stick occurs while performing an injection, the medical assistant should wash the area immediately with soap and water and report the incident to a supervisor. An incident report should be completed and the employee should receive counseling regarding what lab testing should be performed and possible treatment options.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: What should be done if there is accidental needle stick injury ?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2.	10 min	To describe one-handed needle recapping technique	<p><u>One-handed Needle Recapping Technique</u></p> <p><u>Definition:</u></p> <p>One-handed needle recapping is a method that place the cap to needle on clean and safe place such as inside a big tray</p> <p><u>Purpose:</u></p> <p>To prevent own finger or another person by needle from pricking accidentally.</p> <p><u>Procedure:</u></p> <p>Until giving injection:</p> <p>Before giving the injection, place the needle cover on a solid, immovable object such as the rim of a bedside table or big tray. The open end of the cap should face the nurse and be within reach of the nurse's dominant, or injection hand. Give the injection.</p> <p>To Recap : Place the tip of the needle at the entrance of the cap. Gently slide the needle into the needle cover. This method can allow time. Once the needle is inside the cover, use the object's resistance to completely cover the needle. Confirm that the needle is covered by the cap. This can reduce the risk of needle-sticking. Dispose of the needle at the first opportunity. To prevent the spread of infection</p>	<p>T: Explains with power point presentation. Demonstrate One-handed needle recapping method.</p> <p>S: Listens and takes notes.</p>	Q: Demonstrate One-handed needle recapping method.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Perform hand hygiene. This procedure should be used only when a disposal box for sharps is unavailable and the nurse cannot leave the client's room.		
3.	10 min	To explain Using a medication cartridge or an injector device.	<p><u>Using a Medication Cartridge or an Injector Device</u></p> <p>Some medications come in sealed, prefilled glass cartridges that hold a single dose of medication. Depo-Provera, penicillin G benzathine, Phenargan, and interferon are examples of medications that are available in cartridges. The prefilled cartridge–needle units require no mixing, no special calculations, and are easily administered to the patient.</p> <p>The cartridge needle units are designed to fit into a cartridge unit syringe, referred to as an injector device. Injector devices syringes are usually nondisposable, made of nonchrome-plated brass or plastic, and are interchange-able with many brands of cartridges.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q. Demonstrate with the help of a role play use of medication cartridge or an injector device.
4.	10min	To explain objectives and equipments used to	<p><u>Load a Cartridge or Injector Device</u></p> <p><u>Objective:</u>To prepare medication from a prefilled cartridge for administration.</p> <p><u>Equipment/Supplies:</u></p>	<p>T: explains with power point presentation.</p> <p>S: Listens</p>	List equipments used to load a cartridge.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		load a cartridge or injector device..	<ul style="list-style-type: none"> ❖ Prefilled cartridge of medication ❖ Cartridge holder ❖ Antiseptic wipe ❖ Gauze 2x2 sponge ❖ Sharps container ❖ Injection tray 	and takes notes.	
5.	10 min	To explain procedure and special considerations to load a cartridge or injector device.	<p><u>S.no</u> <u>Procedural steps</u> <u>Rationale</u></p> <p><u>o</u></p> <ol style="list-style-type: none"> 1. Wash your hands and wear gloves. This prevents the spread of infection and contamination during the procedure. 2. Assemble the equipment. 3. Work in a quiet and well-lit area. Distractions and poor lighting may lead to medication errors. 4. Select the correct medication from the storage This ascertains that you have the correct medication. 	<p>T: explains with power point presentation and demonstrates the procedure.</p> <p>S: Observes and practice the steps.</p>	List steps to load a cartridge or injector device.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>area and check the drug label</p> <p>5. Check the expiry date. No medication is given if the drug has reached the expiration date, as it may not be effective.</p> <p>6. Compare the medication with the physician's Instructions. This alleviates the mistakes and wasting of valuable medication.</p> <p>7. Calculate the correct dose to be given, if needed. There may be instances in which a patient does not need the entire dose within the cartridge.</p> <p>8. Pick up the cartridge unit holder (the injector).</p> <p>9. Turn the ribbed collar toward the open position until it stops. This allows for the insertion of the cartridge into the holder.</p> <p>10. Hold the injector with the</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>open end up and fully insert the sterile cartridge–needle unit</p> <p>11. Firmly tighten the ribbed collar of the unit at the tightened securely onto the syringe base by turning holder, the needle unit may the ribbed collar toward move during the injection the “close” arrow. (Hold procedure. the cartridge to prevent it from swiveling inside the holder while tightening.)</p> <p>12. Thread the rod of the plunger into the cartridge unit until a slight resistance is felt</p> <p>13. Prepare the medication for injection into the patient at this time. Place a bandage, a gauze pad or cotton ball, an antiseptic wipe, and the syringe on a medication tray for</p>	<p>Checking the label three time ascertains you have the correct medication and prevents errors from occurring.</p>	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>transporting to the exam room. Check the medication label one last time</p> <p>14. After use, do not recap the needle.</p> <p>15. Disengage the plunger This prevents the fingers rod from the cartridge from being in front of the unit holder while holding needle. the needle down and away from the fingers or hands over a sharps unit</p> <p>16. Unscrew the ribbed collar of the cartridge unit holder</p> <p>17. Allow the needle This helps to prevent an cartridge unit to drop into accidental needle stick the sharps container</p> <p>18. Cleanse the cartridge This prevents cross holder with an antiseptic contamination from cleanser and allow to dry occurring to the next patient receiving</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>medication from a prefilled cartridge.</p> <p>19.Cleanse the work area, remove gloves and wash your hands</p>		

Summary& Evaluation(10 Min):

- List equipments to load a cartridge or injector device.
- Explain procedure for load a cartridge or injector device.

Assignment: Write Needle Safety Measures.

Evaluation: Unit test for 25 marks once the unit VII is completed.

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1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition.Elsevier Publicaion New Delhi.Page page 821-909

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: VII
Topic	: Routes of parenteral therapies
Group	: GNM I year
Place	: Class room and demonstration room
Date & time:	60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify routes of parental therapies and would be able to differentiate various routes of parenteral therapies.
General Objective	: At the end of the class the students will be able to gain knowledge regarding routes of parental therapies.
Specific Objectives	: At the end of the class the students will be able to-
1. Define parenteral route.	
2. List routes of parenteral therapies.	
3. Explain in brief about various routes of parenteral therapies.	

Review of previous class: Ask questions regarding routes of drug therapies.

Introduction:

1. Ask the students if they know about routes of parental therapies
2. Seen various Routes of parental therapies in hospital.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	5min	To define parenteral route.	The parenteral route refers to medications that are given by injection or infusion. It means giving therapeutic agents outside the elementary tract. It is the forcing of fluid into cavity, blood vessels or body tissues through a hollow tube or needle.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define parenteral route.
2.	15 min	To list routes of parenteral therapies.	The following are the routes of parenteral therapy: <ol style="list-style-type: none"> 1. Hypodermal Or Subcutaneous Injections 2. Intradermal 3. Intramuscular Injections. 4. Intravenous 5. Intra-arterial 6. Epidural administration 7. Intraosseous administration 8. Hypospray 9. Infusions 10. Intraperitoneal 11. Intraspinal or intrathecal 12. Venesection or Cut down 13. Transfusions 	T: Explain with power point presentation. S: Listens and takes notes.	Q: List any five routes of parenteral therapies.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3.	30min	To explain in brief about various routes of parenteral therapies.	Routes Of Parenteral Therapies <ol style="list-style-type: none"> 1. <u>Hypodermal Or Subcutaneous Injections</u> : The term subcutaneous is a medical term that means pertaining to under the dermis (or true layer of the skin). Subcutaneous tissue is made up of fatty and connective tissue. 2. <u>Intradermal</u>: The term intradermal means pertaining to within the skin. The epidermis (outer layer of the skin) is the layer of skin that is used for intradermal injections. In order for the needle to stay within this layer, the needle should be positioned at a 10° to 15° angle. 3. <u>Intramuscular Injections</u>: The term intramuscular (IM) means within the muscle. Intramuscular injections are given with a longer needle and at a steeper angle of 90°. The needle must be long enough to penetrate through the skin and subcutaneous tissues and deep into the muscular tissue; otherwise, the medication will seep into the subcutaneous tissue and may cause a sterile abscess 	T: Explain with power point presentation. S: Listens and takes notes.	Q. What is intradermal Injection.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>or malabsorption of the medication.</p> <p>4. <u>Intravenous Injections</u> Medicines and fluids when introduced into a vein is called Intravenous injection</p> <p>5. <u>Intra-arterial :</u> Medicines and fluids when introduced into arteries is called Intra-arterial injections.</p> <p>6. <u>Epidural administration :</u> Epidural administration is a route of administration in which a drug or contrast agent is injected into the epidural space of the spinal cord.</p> <p>7. <u>Intraosseous administration</u> Intraosseous administration (IO) is the process of injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system.</p> <p>8. <u>Intrathecal administration</u> Intrathecal administration is a route of administration for drugs via an injection into the spinal canal, or into the subarachnoid space so that it reaches the cerebrospinal fluid (CSF).</p> <p>9. <u>Hypospray</u> The hypospray permits drugs to be sprayed through the skin without a needle. Pressure of about 125</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>pounds is created in a device, which forces the drug in to the tissues without pain and without a visible mark.</p> <p>10. <u>Infusions</u> When a large quantity of medicines are to be introduced in to the body, it is called infusions. Usually these are given intravenously or subcutaneously.</p> <p>11. <u>Intraspinal or intrathecal</u> Medicines when introduced into the spinal cavity are called intraspinal or intrathecal injections.</p> <p>12. <u>Venesection or Cut down</u> Opening a vein and introducing a tube or wide bore needle and introducing medicines and fluids or taking out blood is called Venesection.</p> <p>13. <u>Transfusions</u> It is the introduction of whole blood or plasma into vein or artery to supply actual volume of blood or to introduce constituents such as clotting factors or antibodies which are deficient in the client.</p>		

Summary:& Evaluation(10 Min):

- List various types of parenteral routes of drug administration.
- Which methods are used for unconscious patients?

Assignment: List and explain the various routes of parenteral therapies.

Evaluation: Unit test for 25 marks once the unit VII is completed.

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1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education; 2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House; 2014.
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LESSON PLAN

Subject	: Nursing Foundations
Unit	: Unit VII
Topic	: Purposes, site, equipment, procedure and special considerations in giving intradermal & subcutaneous injections.
Group	: GNM Ist year
Place	: Class room and Demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to acquire knowledge about purposes, site, equipment, procedure and special considerations in giving intradermal & subcutaneous injections and would be able arrange equipment for intradermal & subcutaneous injections.
General Objective	: At the end of the class the students will be able to gain knowledge regarding intradermal & subcutaneous injections.
Specific Objectives	: At the end of the class the students will be able to:
	1. Define intradermal injections.
	2.Enlist purposes of giving intradermal injections.

3. Demonstrates sites of intradermal injections.
- 4..Explain equipment, procedure and special considerations for intradermal injections procedure.
- 5..Explain for intradermal injections procedure.
- 6..Define subcutaneous injections.
- 7..Enlist purposes of giving subcutaneous injections.
- 8.Demonstrates sites of subcutaneous injections.
- 9.Explain equipment subcutaneous injections procedure.
- 10..Explain procedure and special considerations for subcutaneous injections procedure.

Review of previous class: Ask questions regarding various routes of parenteral therapies.

Introduction:

1. Ask the students if they know about intradermal and insulin injection.
2. Have any one seen nurse giving intradermal and insulin injection in hospital.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	5 mins	To define intradermal injections	Definition Intradermal injections involve placing drugs into the tissue between the epidermis and dermis where blood supply is reduced and drug absorption occurs slowly. A client may have a severe anaphylactic reaction if the medications enter	T: explains with power point presentation. S: Listens	Q: Define intradermal injections.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			the circulation too rapidly.	and takes notes.	
2.	5 mins	To enlist purposes of giving intradermal injections	<p>Purpose</p> <p><u>Skin test</u></p> <p>The nurse typically gives intradermal injections for skin testing (e.g., tuberculin screening and allergy tests of some antibiotics such as penicillin, narcotics, TAT, etc.).</p> <p><u>Vaccine inoculation</u></p> <p>Inoculate vaccine to prevent disease, especially the vaccines that need observing the response to the vaccines. For Example, BCG vaccine ---- A preparation consisting of attenuated human tubercle bacilli that is used for immunization against tuberculosis.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Enlist purposes of giving intradermal injections .
3.	10 min	Demonstrate sites of intradermal injections	<p>Sites Of Intradermal Injections</p> <p>Skin test: Skin testing requires that the nurse be able to clearly see the injection sites for changes in color and tissue integrity. Intradermal sites should be lightly pigmented, free of lesions, and relatively hairless. The inner forearm is ideal location.</p> <p>And the site of the edge below the deltoid muscle is used for vaccine injection intradermally.</p>	<p>T: explains with power point presentation and demonstrates the sites.</p> <p>S: Listens</p>	Q. Demonstrate with the help of a role play the sites of intradermal injections.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			The test for local anesthesia can be injected intradermally.	and takes notes.	
4.	5min	Explain equipment, procedure and special considerations for intradermal injections procedure.	<p>Equipment and procedure</p> <p>The nurse uses a tuberculin or small hypodermic syringe for skin testing. The angle of insertion for an intradermal injection is 15°. As the nurse injects the drug, a small bleb resembling a mosquito bite should appear on the skin's surface. If a bleb does not appear or if the site bleeds after needle withdrawal, there is a good chance the medication entered subcutaneous tissues. In this case, test results will not be valid.</p> <p>Data from an intradermal injection include a description of the precise location and time of administration. The injection site must be "read" within a prescribed time.</p>	<p>T: explains with power point presentation and demonstrates the procedure.</p> <p>S: Listens and takes notes.</p>	List equipments used for intradermal injection
5.	5 min	Define subcutaneous injections	<p>Definition</p> <p>Subcutaneous injections involve placing drugs into the loose connective tissue under the dermis. Because subcutaneous tissue is not as richly supplied with blood as the muscles, drug absorption is somewhat slower than with intramuscular injections. However, drugs are absorbed completely if the client's circulatory status is normal.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Define intradermal injections.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Because subcutaneous tissue contains pain receptors, the client may experience some discomfort.		
6.	5 min	Explain purpose of giving subcutaneous injections	Purpose To inject small dose of drugs that exert effect in certain time and is inappropriately taken by mouth.	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain purpose of giving intradermal injections .
7.	10 min	Demonstrates sites of subcutaneous injections	Sites of Subcutaneous Injections Because there are subcutaneous tissues all over the body, various sites are used for subcutaneous injections. The best subcutaneous injection sites include outer posterior aspect of the upper arms, the lower abdomen (the abdomen from below the costal margins to the iliac crests), and the anterior aspects of the thighs. Other sites include the scapular areas of the upper back and the upper ventral or dorsal gluteal areas. The injection site chosen should be free of skin lesions, bony prominences, and large underlying muscles or nerves. It is important to rotate injection sites. Repeated use of the same site causes tissue	T: explains with power point presentation. S: Listens and takes notes.	Q.Demonstrate with the help of a role play the sites of intradermal injections.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>sloughing and lesions that impair drug absorption.</p> <p>Common medications</p> <p>The kinds of medications administered subcutaneously are vaccines, preoperative medications, narcotics, insulin, and heparin.</p>		
8.	10 mins	Explain equipment, procedure and special considerations for subcutaneous injections procedure.	<p>Equipment and procedure for subcutaneous injections</p> <p>Only small doses (0.5 to 2 ml) of water-soluble drugs should be given subcutaneously because the tissue is sensitive to irritating solutions and large volumes of drugs. Collection of drugs within the tissues can cause sterile abscesses, which appear as hardened, painful lumps under the skin. Syringe with volume less than 2ml, and 5-to 6-gauge needles are suitable for a normal-size client. If the client is obese, the nurse often pinches the tissue and uses a needle long enough to insert through fatty tissue at the base of skin fold. The preferred needle length is one-half the width of the skin fold. With this method the angle of insertion may be between 30 and 45 degrees.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: List equipments used for intra dermal injection.</p>

Summary:& Evaluation(10 Min)

- List various purposes of intradermal injections
- Which method is used for allergy test prior giving antibiotics?

Assignment: Write procedure of intradermal and subcutaneous injections.

Evaluation:Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition.Elsevier Publicaion New Delhi.Page page 821-909

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: Unit 7
Topic	: Advanced techniques : epidural, intrathecal, intraosseous injections.
Group	: 60 Students GNM I Year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD,Computer
Student Pre requisite	: The students should be able to acquire knowledge about epidural, intrathecal and intraosseous, and would be able to assist medical practitioner for procedure.
General Objective	: At the end of the class the students will be able to gain knowledge regarding advanced techniques of epidural, intrathecal and intraosseous injection.
Specific Objectives	: At the end of the class the students will be able to
1.Explain the epidural administration of medication.	
2.Describe the Intraosseous administration of medicine.	
3.describe Intrathecal administration of medication	
Review of previous class	: Ask questions regarding eligible couple need assessment, information regarding parenteral injection techniques.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	15 mins	To explain the epidural administration of medication.	<p><u>Epidural administration</u></p> <p>Epidural administration is a medical route of administration in which a drug or contrast agent is injected into the epidural space of the spinal cord.</p> <p>Techniques such as epidural analgesia and epidural anaesthesia employ this route of administration. The epidural route is frequently employed by certain physicians and nurse anaesthetists to administer diagnostic (e.g. radio contrast agents) and therapeutic steroids chemical substances, as well as certain analgesic and local anaesthetic agents.</p> <p>Epidural techniques frequently involve injection of drugs through a catheter placed into the epidural space. The injection can result in a loss of sensation—including the sensation of pain—by blocking the transmission of signals through nerve fibers in or near the spinal cord.</p> <p>The epidural space is the space inside the</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q what is the site of epidural injection.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>bony spinal canal but just outside the dura mater ("dura"). In contact with the inner surface of the dura is another membrane called the arachnoid mater ("arachnoid"). The cerebrospinal fluid that surrounds the spinal cord is contained by the arachnoid mater. In adults, the spinal cord terminates around the level of the disc between L1 and L2 (in neonates it extends to L3 but can reach as low as L4), below which lies a bundle of nerves known as the cauda equine ("horse's tail"). Hence, lumbar epidural injections carry a low risk of injuring the spinal cord.</p> <p>Insertion of an epidural needle involves threading a needle between the bones, through the ligaments and into the epidural potential space taking great care to avoid puncturing the layer immediately below containing CSF under pressure</p>		
2	15 mins	.Describe the Intraosseous administration of medicine	<p><u>Intraosseous administration (IO)</u></p> <p>Intraosseous administration (IO) is the process of injecting directly into the marrow of a bone to provide a non-collapsible entry point into the</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and</p>	<p>Q: Explain each Intraosseous administration of medicine.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			systemic venous system. This technique is used to provide fluids and medication when intravenous access is not available or not feasible. The needle is injected through the bone's hard cortex and into the soft marrow interior which allows immediate access to the vascular system. An IO infusion can be used on adult or pediatric patients when traditional methods of vascular access are difficult or impossible. In most cases, the antero-medial aspect of the upper tibia is used as it lies just under the skin and can easily be palpated and located. The anterior aspect of the femur, the superior iliac crest and the head of the humerus are other sites that can be used.	takes notes.	
3	15 mins	To describe Intrathecal administration of medication	<p><u>Intrathecal administration</u></p> <p>Intrathecal administration is a route of administration for drugs via an injection into the spinal canal, or into the subarachnoid space so that it reaches the cerebrospinal fluid(CSF) and is useful in spinal anaesthesia, chemotherapy, or pain</p>	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration</p>	<p>Q. What is Intrathecal administration</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			management applications. This route is also used to introduce drugs that fight certain infections, particularly post-neurosurgical. The drug needs to be given this way to avoid the blood brain barrier. The same drug given orally must enter the blood stream and may not be able to pass out and into the brain. Analgesic and Chemotherapy agents are commonly administered through Intrathecal route.	in simulation.	

Summary:& Evaluation(15 Min)

- What is the use of epidural injection.
- What are common site of intraosseous injection?

Assignment: List and explain the epidural, intrathecal, intraosseous injections.

Evaluation:Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition.Elsevier Publicaion New Delhi.Page page 821-909

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: VII
Topic	: Intraperitoneal, Intrapleural, Intra Arterial Injections.
Group	: 60 students of GNM I year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, chart ,LCD,Computer
Student Pre requisite	: The students should be able to name advance injection procedure viz intra-peritoneal, intra-pleural, intra-arterial injections.
General Objective	: At the end of the class the students will be able to gain knowledge regarding intra-peritoneal, intra-pleural, intra arterial injections.

Specific Objectives : At the end of the class the students will be able to

- 1.Describe intra-peritoneal administration
- 2.Explain intra-peritoneal administration
- 3.Describe intra-arterial administration

4. Describe equipments and procedure of intra-arterial administration

Review of previous class: Ask questions regarding parenteral administration.

Introduction:

Ask the students if they know about above parenteral methods.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	To describe Intraperitoneal administration.	Intraperitoneal administration : Intraperitoneal administration is the injection of a substance into the peritoneum (body cavity). It is more often applied to animals than to humans. Liquid injection, usually of antibacterial agent, rarely anesthetic or euthanatizing agents, administered to obtain systemic blood levels of the agent; faster than subcutaneous or intramuscular injection and used when veins not accessible. The needle is introduced into the upper flank and the syri	T: explains with power point presentation. S: Listens and takes notes.	Q: What is Intraperitoneal administration of medication?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			nge plunger withdrawn to ensure that intestine has not been penetrated. The injected solution should run freely.		
2	10 mins	To explain Intrapleural administration.	Intrapleural Administration: Administration of a drug within the pleural cavity. The intrapleural drug administration usually results in both local and systemic drug action.	T: explains with power point presentation. S: Listens and takes notes.	Q: What is intrapleural administration
3	10 mins	To describe intra-arterial administration	Intra arterial administration: This method is used for chemotherapy in cases of malignant tumors and in angiography <u>Definition</u> Arterial injection and blood sampling is the nursing skill to inject medications into artery and collect arterial blood as specimen.	T: explains with power point presentation. S: Listens and takes notes.	Q. What is intra arterial administration.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p><u>Common sites</u></p> <p>The sites of injection commonly used are radial artery, brachial artery, and femoral artery. When administering the medication for chemotherapy, select common carotid artery for the illness in head and face, sub clavian artery or brachial artery for illness in superior limb and chest, and femoral artery for illness in inferior limb and abdomen.</p> <p><u>Purposes</u></p> <ol style="list-style-type: none"> 1. To get arterial blood sample. 2. To prepare for some special test, for example, cerebral angiography. 3. To give some medications for treatment. 4. To make arterial blood transfusion. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
	10 min	To describe equipments and procedure of intra arterial administration	Equipment used for intra arterial Injection <u>Equipment</u> <ul style="list-style-type: none"> • Medical tray • Antiseptic solution • Medication • Medication card • Sterile swab • Sterile gauze • Adhesive plaster • Medical tissue • Sterile glove (if necessary) • Sterile tweezers and vat • a syringe based on the volume of medication, 6- to 9-gauge needle • File and vial opener • Container for blood specimens • Sterile cork • Tourniquet • Alcohol lighter (if necessary) 	T: Demonstrates the procedure with the simulator. S: Observe and practice demonstration in simulation.	What are the equipments required for arterial administration.

S.N o	Tim e	Specific objective	Content	Teaching learning activity	Evaluation		
			<ul style="list-style-type: none">• Small pad• Sandbag• Contamination container• Gloves• Sterile dressing (if necessary) <p>Procedures and Key Points</p> <table><tr><td><p>Steps</p><p>1. Wash hands and wear mask, check and prepare the medication according to the physician’s order</p><p>2. Take the equipment to the bedside of the client. Identify the client. Explain the procedure to the client</p><p>3. Provide privacy</p><p>4. Have the client assume</p></td><td><p>Rationale and Key Points</p><ul style="list-style-type: none">• Follow sterile principles strictly• To ensure correct medication administration• To encourage cooperation and reduces anxiety</td></tr></table>	<p>Steps</p> <p>1. Wash hands and wear mask, check and prepare the medication according to the physician’s order</p> <p>2. Take the equipment to the bedside of the client. Identify the client. Explain the procedure to the client</p> <p>3. Provide privacy</p> <p>4. Have the client assume</p>	<p>Rationale and Key Points</p> <ul style="list-style-type: none">• Follow sterile principles strictly• To ensure correct medication administration• To encourage cooperation and reduces anxiety		
<p>Steps</p> <p>1. Wash hands and wear mask, check and prepare the medication according to the physician’s order</p> <p>2. Take the equipment to the bedside of the client. Identify the client. Explain the procedure to the client</p> <p>3. Provide privacy</p> <p>4. Have the client assume</p>	<p>Rationale and Key Points</p> <ul style="list-style-type: none">• Follow sterile principles strictly• To ensure correct medication administration• To encourage cooperation and reduces anxiety						

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>a position appropriate for the site selected</p> <p>(1) For carotid artery, the client lies on back, and turn head to the opposite side of injection slightly</p> <p>(2) For radial artery, the client lies on back, and stretch and relax the arm with the inner side upward</p> <p>(3) For femoral artery, the client lies on back, flex and abduct the knees, expose the inguinal region</p> <p>5. Sterilize the injection site. The area sterilized should be at least 5cm in diameter with the injection site as its center. Allow it to dry</p> <p>6. Applying disposable gloves or sterilize the manipulator's index finger and the middle</p>	<ul style="list-style-type: none"> • The appropriate positions make it easy to access to the artery • Follow sterile principles to prevent infection • The diameter of cleaning area should be larger than 5cm • Pump of vessel indicates that the palpated vessel is artery • The nurse should pay attention to the depth and the angle of insertion when inserting into the artery to avoid transfixing the artery and bleeding. Once bleeding, withdraw the needle immediately and press the site with sterile gauze to stop bleeding. • If the color is dull red, 	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>finger of non-dominant hand</p> <p>7. Inject medication or collect blood sample</p> <p>(1) Check again</p> <p>(2) Palpate the pump of artery and place the most clear pump site between two fingers</p> <p>(3) Hold the syringe by dominant hand and insert the needle into artery at the most clear pump site in a 90-degree angle or 40-degree angle</p> <p>(4) If there are bright red blood aspirated into the barrel, it indicates the needle is inserted into the</p>	<p>it indicates that the needle is inserted into the vein. Once bleeding, withdraw the needle immediately and press the site with sterile gauze until bleeding stops. Change the equipment and injection site, restart the insertion process</p> <ul style="list-style-type: none"> • Steadying the syringe is to prevent from damaging the artery. • Before collecting blood sample, the nurse should aspirate 0.5ml of heparin (1:500), and spread it evenly on the inside wall of barrel, then eject residual solution, to prevent blood agglutination • The volume of blood specimen for ABGs is 0.5 to 1ml 	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			artery (5) Steady the syringe by the dominant hand. Inject the medications or collect blood sample by the non- dominant hand		

Summary:& Evaluation(10 Min)

- What is intra peritoneal administration of medication ?
- What is intra peritoneal administration ?
- What is intra arterial administration ?

Assignment: List and explain the intra peritoneal, intra pleural, intra arterial injections.

Write procedure of intra arterial injections.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition.Elsevier Publicaion New Delhi.Page page 821-909

LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: VII
Topic	: Role of nurse in advance technique of injections.
Group	: GNM Ist year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify role of nurse in advance technique of injections.
General Objective	: At the end of the class the students will be able to gain knowledge regarding role of nurse in advance technique of injections.
Specific Objectives	: At the end of the class the students will be able to
1. Describe role of nurse in drug administration through advance route of administration.	
2. Describe about right related to medication administration	
3. Describe about prevention of allergies during medication	
Review of previous class: Ask questions regarding various injection techniques.	

Introduction:

Ask the students various injection techniques.

Brainstorm what they should use

Also mention the objectives of the lesson to the students here

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	15 mins	To describe role of nurse in drug administration through advance route of administration.	<p>THE ROLE OF NURSE IN DRUG ADMINISTRATION</p> <p>The nurse is also responsible for ensuring that they have the knowledge to ensure the correct administration of drugs. This includes pharmacology, anatomy and physiology, and legal issues.</p> <p>Medication charts are legal documents and must be completed accurately and unambiguously in order to ensure that patients receive safe and optimal drug therapy.</p> <p>Medication Charts should be written legibly in the prescriber's own handwriting and include:</p> <ul style="list-style-type: none"> ▪ Patient's surname, first name, medical record number (MRN), ward/clinic ▪ If a patient ID label is used it must be affixed to every medication chart and signed for verification by the prescriber ▪ Drug name (generic), dosage form, strength and dose required ▪ Complete, clear and unambiguous directions for each item – directions should be written in plain 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: List important role of nurse drug administration through advance route of administration.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>English (only approved abbreviations may be used)</p> <ul style="list-style-type: none"> Prescriber's printed name, signature and date of order - the prescriber's full signature and date of order must be written for EACH DRUG ordered Weight should be provided for any drug dosed by weight. Each medication order must be legible, complete and unambiguous so that the correct patient is administered the correct drug at the appropriate dose. A nurse cannot administer the drug and a pharmacist cannot dispense a drug to a patient unless all details are correct and complete. 		
2	15 Min	To describe about right related to medication administration	<p>Every registered nurse is legally responsible for the correct administration of drugs. This includes the five "rights" of administration:</p> <ul style="list-style-type: none"> Right patient Right drug Right dose Right route Right time 	<p>: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	List important rights related to drug administration through advance route of administration.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>1. Right Patient</p> <ul style="list-style-type: none"> – Check the patient name & hospital number against the chart & I.D. band. – ask the patient to state his/her name, & their date of birth (D.O.B) <p>2. Right Drug</p> <ul style="list-style-type: none"> a. Identify the drug from the M.O.'s order. Clarify with the M.O. if in doubt. b. Check the drug three times: <ul style="list-style-type: none"> i. before removing it from the trolley or shelf ii. when the drug is removed from the container iii. before the container is returned to storage c. Check the expiry date of the drug d. Check the drug with another RN for S4 & S8 drugs. <p>3. Right Dose</p> <ul style="list-style-type: none"> a. check the dose, read the container label, 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>calculate the dose & check with a RN if necessary</p> <p>b. use proper measuring devices for liquids, do not crush tablets or open capsules unless directed to by the pharmacist. (do not crush enteric coated tablets).</p> <p>c. if a drug is required in another form you may get it from the pharmacy.</p> <p>4. Right Route</p> <p>a. make sure the M.O.'s order is clear & only give the medications by the route designated.</p> <p>b. know the abbreviations for the different routes.</p> <p>5. Right Time</p> <p>a. check the time interval ordered by the M.O. & give the medication at the prescribed time.</p> <p>b. drugs should be given within 20 minutes of the prescribed time.</p>		
3	15 Min	To describe about role of	<p>Allergies</p> <p>Check if patient has any known drug allergies and has had</p>	T: explains with power	List important role of nurse

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		nurse in prevention of allergies during advance medication administration	<p>any previous adverse drug reaction Another responsibility of the nurse is to monitor the effect of the drugs that are administered to a client, i.e. whether the drug had the required effect, little or no effect if any adverse reactions occurred.</p> <p>Because of the risks involved in drug administration patients have the right to be informed of the name, purpose, action & potential side effects of drugs, refuse a medication regardless of the consequences, receive labelled medications safely in accordance with the five (5) rights, be adequately informed of the experimental nature of any drug and sign a written consent and not receive unnecessary medications</p>	<p>point presentation.</p> <p>S: Listens and takes notes.</p>	<p>in prevention of allergies related to drug administration through advance route of administration.</p>

Summary:& Evaluation(10 Min)

- List important role of nurse drug administration through advance route of administration.
- List important role of nurse in prevention of allergies related to drug administration through advance route of administration.

Assignment: Role of nurse in drug administration through advance route of administration.

Evaluation: Unit test for 25 marks once the unit VII is completed.

Bibliography:

1. Kozier Barbara, Erb Glenora, Fundamental of Nursing. 7th Edition. Singapore: Pearson Education;2005.
2. Nancy sr. Principles & Practice of Nursing. 6th Edition. Indore: N.R.Publishing House;2014.
3. Potter P.A and Perry A.G. Fundamental of Nursing.6th edition. Elsevier Publication New Delhi. Page page 821-909

LESSON PLAN

Subject	: Nursing Foundation
Unit	: 7
Topic	: Topical administration
Group	: GNM 1 st year Student
Place	: Classroom
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black board and chalk, chart, computer
Student Pre requisite	: Student should have some knowledge regarding administering topical medication.
General Objective	: At end of the class the students will be able to gain knowledge regarding Administer ingmtopical medication.

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

1. Define topical drug administration.
2. Enlist Purposes of topical administration.
3. Enlist the equipment used in topical drug administration.
4. Demonstrate the procedure of topical drug administration.
5. Enlist the special consideration topical drug administration.

INTRODUCTION:

The word “**topical**” derives from Greek “topikos,” of a place”.) Most often this means application to body surface such as the skin or mucous membranes to treat ailments via a large range of classes including creams, foams, gels, lotions, and ointments.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	To Define topical drug administration	DEFINITION Topical administration is the application of a drug directly to the surface of the skin. It includes administration of drugs to any mucous membrane of eye, nose, ears, lungs, vagina, urethra, and colon.	T:Lecture cum discussion S: Listens and takes notes.	Q: Define topical drug administration
2	5 mins	To enlist the purposes of topical administration.	PURPOSES 1. To provide safe protecting covering to skin surface. 2. For treating localized infection or inflammation. 3. 3.For relieving local irritation 4. For obtaining desired therapeutic effect.	T:Lecture cum discussion S: Listens and takes notes.	Q:Enlist the purposes of topical administration.
3	10 mins	To Enlist the equipment used in topical drug administration	EQUIPMENT USED IN TOPICAL DRUG ADMINISTRATION : Medical tray, Medication order/Kardex card/prescription slip, Ordered topical medicine (cream, lotion, powder, aerosol etc.) Small sterile gauge dressings tape, plastic wrap etc.	T: Demonstrates the equipment used in topical drug administration. S: Observe	Enlist the equipment used in topical drug administration

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Cotton tipped applicators/tongue blade/spatula, Wash cloth, towel, soap and warm water in a basin, Gloves, Proper receptacle for any waste material.	and practice	
4	15mins	To Demonstrate and explain the procedure of topical drug administration.	PROCEDURE <ul style="list-style-type: none"> • Always wash hands and put on gloves • Review the 5 rights: right person, right medication, • right time, right dose, right route. • Expose the area where the topical medication will be placed. • If a patch is being placed, ensure area is clean and dry. Firmly attach patch. • If topical cream or lotion is rub thoroughly into affected area. • Remove and dispose of gloves. • Dispose of solid supplies in proper receptacle. 	T: Demonstrates the procedure of topical drug administration. S: Observe and practice	Demonstrate the procedure of topical drug administration

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Wash hands. 		
5	5 min	To enlist special consideration of topical drug administration	SPECIAL CONSIDERATION <ul style="list-style-type: none"> Impaired skin integrity is observed. Use of sterile technique is essential. Avoid rubbing the skin when applying cream/Oint./lotion cause skin irritation. To prevent accidental exposure or absorption the nurse must use gloves or applicator. Check patients BP before vasodilator patches. Always be alert about systemic side effects of topical medication. Follow the guidelines for medication safety. 	T:Lecture cum discussion S: Listens and takes notes.	Enlist special consideration of topical drug administration

Summary:& Evaluation(10 Min)

Today lecture we have discussed about

- a) Definition of topical drug administration.
- b) Purposes of topical administration.
- c) Site topical administration
- d) Equipment used in topical drug administration.
- e) Procedure of topical drug administration.
- f) Special consideration topical drug administration

Assignment: Explain the meaning, different types and the procedure of topical drug administration.

Evaluation: Topic test for 25 marks once the topic completed.

Bibliography:

1. Unit 7- Chapter 33- Seventh edition- Fundamental of Nursing,, Author: Barbara Kozier, Glenora Erb, Audrey Berman, Karen Burke.
2. Chapter 4- Page No. 153, Principles & Practice of Nursing by Sr. Nancy.
3. www.google.co.in

LESSON PLAN

Subject	: Nursing Foundation
Unit	: VII
Topic	: Gargling ,Throat swab
Group	: GNM 1 st year Students
Place	: Classroom
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion
AV aids / instructional Aids	: Black board and chalk, chart, computer
Student Pre requisite	: Student should be able to define and demonstrate procedure regarding Gargling And Throat swab.
General Objective	: At end of the class the students will be able to gain knowledge regarding Gargling and Throat swab
Specific Objectives	: At the end of class the student will be able to-
1.Define gargling.	
2.Enumerate purposes of gargling.	
3.Explain benefits of gargling.	
4.Steps and Procedure of gargling.	
5.Definition of throat swab.	
6.Purposes of throat swab.	
7.Steps and Procedure of obtaining throat swab.	
8.Special consideration while obtaining throat swab.	

Review of previous class: Ask the students about topical route of drug administration.

INTRODUCTION:

Gargling is the act in which one bubbles a liquid in one's mouth. Vibration caused by the muscles in the throat and back of the mouth cause the liquid to bubble and undulate throughout the throat and mouth region.

A throat swab culture, or throat culture, is a test commonly used to diagnose bacterial infections in the throat. These infections can include strep throat, pneumonia, tonsillitis, whooping cough, and meningitis.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 min	Define gargling.	DEFINITION Washing one's mouth and throat with a liquid that is kept in motion by breathing through it with a gurgling sound. Gargles are aqueous and hydro alcoholic solution which is used to treat or prevent throat infection.	T: Explains with power point presentation S: Listens and takes notes.	Q: Define gargling.
2	5 min	Enumerate purposes of gargling.	USES OF GARGLING <ul style="list-style-type: none"> • Deodorant effect • Anti-bacterial • Astringent • Mild anesthetic actions • 	T: Explains with power point presentation. S: Listens and takes notes.	Q. Enlist the uses of gargling.
3	5 min	Explain benefits of gargling.	BENEFITS OF GARGLING 1. Neutralizes And Cleanses: Gargling with salt water not only neutralizes the acid, but also cleanses the unwanted mucus from the throat. 2. Stimulates Circulation: It increases the blood flow to the throat and dilates	T: Explains with power point presentation. S: Listens and takes notes.	Q. Explain how gargling is beneficial ?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>blood capillaries that speedup the action on the bacteria that cause inflammation.</p> <p>3. Natural pH: A salt water gargle maintains the natural pH balance which has been disturbed by the bacterial infection.</p> <p>4. Nasal Congestion: When sore throat occurs due to allergic conditions or sinus infection, salt water gargling also helps in clearing nasal congestion by acting on the nasal cavity.</p> <p>5. Dental Plaque: Gargle also aids in removing plaque in teeth, mouth sores and other minor gum related diseases. The saline water acts on the bacteria and helps to clear the germs out.</p>		
4	15 min	Demonstrate Steps and procedure of gargling.	<p>STEPS AND PROCEDURE OF GARGLING</p> <p>1)Find a clean glass This is now your "gargling cup." While you don't have to use a special cup to put your gargling liquid in, it's often safer than drinking directly out of a bottle of mouthwash, for example, because you avoid transmitting bacteria</p>	<p>T: Demonstrates the Procedure of gargling.</p> <p>S: Observe and practice demonstration</p>	<p>Q: Demonstrate the Procedure of gargling.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>2) Fill your gargling cup with your gargling liquid of choice</p> <p>A little bit is fine — better to start out with less than with too much.</p> <p>3) Put a small amount of the gargling liquid in your mouth and swish it around in your mouth.</p> <ul style="list-style-type: none"> • The goal is to try to get the front and sides of the mouth, areas that gargling won't get, during this first sweep. • Move your cheeks in and out, and your tongue back and forth, to swish the gargling liquid back and forth in the mouth. • Some people enjoy warming the gargling liquid up a bit before gargling. While it probably won't be pleasant if you're using mouthwash, warm water and a little bit of salt feels nice in the back of the mouth. <p>4) Tilt your head back, and without swallowing the liquid, try to open your mouth and make the</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>"ahhh" sound.</p> <ul style="list-style-type: none"> • Keep the small flap in the back of your throat, the epiglottis, closed so that none of the liquid gets accidentally swallowed. • This may take a bit of time to get used to, but when done correctly, the vibrations in the back of your mouth will cause the gargling liquid to move about, almost as if the liquid were boiling. • Gargling will coat the back of the mouth with whatever liquid you choose, eliminating some bacteria and soothing a sore throat. <p>5) Spit the gargling liquid out into the sink.</p> <p>Continue with your oral health routine by brushing your teeth or flossing.</p>		
5	5mins	Define throat swab	<p>DEFINITION</p> <p>A throat culture is a test to check for a bacterial or fungal infection in the throat.</p> <p>A sample swabbed from the throat is put in a special cup (culture) that allows infections to grow.</p>	<p>T:Lecture cum discussion</p> <p>S: Listens and takes notes.</p>	What do you mean by throat swab?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
6	5 min	Enlist purposes of throat swab.	PURPOSES OF THROAT SWAB <ul style="list-style-type: none"> To find the cause of a sore throat. Most sore throat infections are caused by a virus. A throat culture shows the difference between a bacterial infection and a viral infection. Finding the organism that is causing the infection can guide treatment. Check a person who may not have any symptoms of infection but who carries bacteria that can spread to others. 	T:Lecture cum discussion S: Listens and takes notes.	What are the purposes of throat swab?
7	5 min	Explain Steps and Procedure of obtaining throat swab.	STEPS AND PROCEDURE OF OBTAINING THROAT SWAB <ul style="list-style-type: none"> Hold tongue away with tongue depressor. Locate areas of inflammation and exudates in posterior pharynx, tonsillar region of throat behind uvula. Avoid swabbing soft palate: do not touch tongue. 	T:Demonstrates the Procedure of obtaining throat swab. S: Observe and practice	Explain how will you collect throat swab?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Rub area back and forth with cotton or Dacron swab. 		
8	5min	Explain special consideration while obtaining throat swab.	<p>SPECIAL CONSIDERATION WHILE OBTAINING THROAT SWAB</p> <ul style="list-style-type: none"> Antiseptic mouthwash should be avoided before this test. One should also tell doctor if you have been taking any antibiotics because this could affect the test results. If a child is undergoing the examination, you should ask him to remain still. You may need help to gently restrain them. 	<p>T:Lecture cum discussion S: Listens and takes notes.</p>	List special consideration while obtaining throat swab.

Summary& Evaluation(5 Min) :

- a) Definition of gargling.
- b) Uses of gargling.
- c) Benefits of gargling.
- d) Steps and Procedure of gargling.
- e) Definition of throat swab.
- f) Purposes of throat swab.
- g) Steps and Procedure of obtaining throat swab.
- h) Special consideration while obtaining throat swab.

Assignment: Explain the meaning of gargling and throat swab procedure.

Evaluation: Topic test for 25 marks once the topic completed.

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LESSON PLAN

Subject : Nursing foundations

Unit : VII

Topic : Insertion of drug into body cavities.

Group : GNM Ist year

Place : Class room

Date & time : 60 minutes

Teaching method : Lecture cum Demonstration

AV aids / Instructional Aids : Black Board and chalk, Charts, Computer

Student Pre requisite : Students should be able to enlist and explain types of drugs inserted into body cavities.

General Objective : At the end of class the student will be able to gain knowledge about the insertion of drug into body cavities.

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

- 1.Enlist types of suppositories.
- 2.Explain rectal suppositories.
- 3.Explain vaginal suppositories.
- 4.Explain urethral suppositories.

- 5.Explain nasal suppositories.
- 6.Classify and explain of suppository base.
- 7.Explain the action of suppositories.
- 8.Explain advantages and disadvantages of suppositories.
- 9.Enlist the factors affecting absorption of drugs from rectal suppositories.

Review of previous class: Ask questions regarding gargling and throat swab.

Introduction:

Ask the students about enema or suppository.

Brainstorm what they should use.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	3 min	To enlist type of Suppositories.	<p>INTRODUCTION</p> <p>Suppositories are semisolid dosage forms of medicament for insertion into body orifices other than mouth. Suppositories are commonly used rectally and vaginally and occasionally urethral. They have various shapes and weights.</p> <p>TYPES OF SUPPOSITORIES</p> <ul style="list-style-type: none"> A. Rectal suppositories B. Vaginal suppositories (Pessaries) C. Urethral suppositories (Bougies) D. Nasal suppositories (Buginaria) E. Ear cones (Aurinaria) 	<p>T: Lecture cum discussion and Demonstration</p> <p>S: Listens and takes notes.</p>	Q: Enlist the type of Suppositories.
3	5 min	To explain rectal suppositories.	<p>A. RECTAL SUPPOSITORIES</p> <p>They are meant for the insertion into the rectum for systemic or local action.</p> <p>For adults weigh 2 gm and are torpedo shape.</p> <p>Children's suppositories weigh about 1 g.</p> <p>Cocoa butter is generally used as the base in these preparations.</p>	<p>T: Lecture and Demonstrates the Rectal suppositories.</p> <p>S: Observe and practice</p>	Q: Explain about Rectal suppositories

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Laxative suppository formulation Glycerin 91g Sodium Stearate 9 g Purified Water 5 g.	demonstration.	
4	5 min	To explain vaginal suppositories	<p>B. VAGINAL SUPPOSITORIES</p> <p>These are inserted into the vagina.</p> <p>Weigh about 3-5gm and are molded in conical, rod shaped, and oval.</p> <p>These are generally used to combat infections occurring in the female genitourinary area, to restore the vaginal mucosa to its normal state and for contraception - Progesterone 25 - 600mg PEG 400 60% PEG 8000 40%</p> <p>This formulation is used in suppository for the restoration of the vaginal mucosa.</p>	<p>T: Lecture and demonstrates the vaginal suppositories.</p> <p>S: Observe and learn about Vaginal suppositories.</p>	Q: Explain Common Vaginal suppositories.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5	5min	To explain Urethral suppositories	C. URETHRAL SUPPOSITORIES They are meant for insertion into the urethra They are thin long and cylindrical at one end to facilitate insertion. They generally weigh about 2 -4 gm. They are very rarely used.	T: lecture cum discussion S:listen and take notes	Q: Explain Urethral suppositories.
6	5 min	To explain Nasal suppositories	D. NASAL SUPPOSITORIES They are meant for the insertion into the nasal cavity. They are thin cylindrical in shape. They are always prepared using the glycono-gelatin base. They are about 9-10cm long and weigh about 1 gm.	T:Lecture cum discussion S:listen and take notes	Q: Explain what is nasal suppositories?
7	5 min	To explain Ear cones	E. EAR CONES These are meant for introduction into the ear. They are long, thin, and cylindrical in shape.	T:Lecture cum discussion S:listen and	Q: Explain Ear cones.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>They weigh about 1gm.</p> <p>Theobroma oil is generally used as the base.</p>	take notes	
8.	10 min.	To classify and explain suppository bases.	<p>CLASSIFICATION OF SUPPOSITORY BASES</p> <p>The suppository bases are used to prepare the suppositories so that:</p> <p>They can retain its shape.</p> <p>Firmness during the administration.</p> <p>And to give the suppositories a melting point which is equal to the temperature of the body cavity into which it is inserted.</p> <p>They are classified into 3 types:</p> <p>A. Fatty bases</p> <p>B. Water soluble and miscible bases</p> <p>C. Emulsifying bases</p> <p>FATTY BASES</p> <p>Theobroma oil:-</p> <p>Source: crushed roasted seeds of Theobroma cacao</p>	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	Q: Explain suppository bases.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Melting point: 30 – 35°C</p> <p>Suitable for: Rectal suppositories</p> <p>Readily liquefy on warming and settle quickly on cooling.</p> <p>Disadvantages of Theobroma oil- Polymorphism Rancidity Adheres to the mould when solidified Leakage from body cavity on melting Costly Immiscible with body fluids</p> <p>WATER SOLUBLE BASES</p> <p>Glycero-gelatin base:</p> <p>Mixture of glycerin and water made stiff by addition of gelatin.</p> <p>Used to prepare all type of Suppositories but practically most suitable for pessaries.</p> <p>Prepared suppositories are translucent.</p> <p>They dissolve slowly and release medicament</p> <p>Disadvantages- Gelatin is incompatible with many drugs like tannic acid, ferric chloride, Gallic acid etc.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Chances of bacterial mould growth.</p> <p>Hygroscopic in nature.</p> <p>More difficult to prepare and handle.</p> <p>EMULSIFYING BASES</p> <p>These are synthetic bases</p> <p>Witepsol: It consist of triglycerides of saturated vegetable fatty acids and partial esters</p> <p>Massa estarinum: It is a mixture of mono, di and triglycerides of unsaturated fatty acids.</p> <p>Massupol: It consist of glyceryl esters of lauric acid with small amount of glyceryl stearate to improve water absorbing capacity.</p>		
9	5 min.	To explain action of suppository	<p>ACTION OF SUPPOSITORY</p> <p><u>LOCAL ACTION</u></p> <ul style="list-style-type: none"> • Rectal suppositories used to relieve constipation or the pain, irritation, itching, and inflammation. • A popular laxative, glycerin suppositories promote 	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	<p>Q: Explain action of suppository.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>laxation by the local irritation of the mucous membranes.</p> <ul style="list-style-type: none"> • Vaginal suppositories for localized effects are employed mainly as contraceptives, antiseptics in feminine hygiene, and as specific agents to combat as invading pathogen. <p><u>SYSTEMIC ACTION</u></p> <p>For systemic effects, the mucous membranes of the rectum and vagina permit the absorption of many soluble drugs. Eg: Ergotamine tartarate, Chlorpromazine. Indomethacin(NSAIDS).</p>		
10	10 min	To explain advantages and disadvantages of suppositories	<p>ADVANTAGES AND DISADVANTAGES</p> <p><u>Advantages of Suppositories</u></p> <ul style="list-style-type: none"> • Can be used in unconscious patients. • Can be used for systemic absorption of drugs and avoid first-pass metabolism. • Babies or old people who cannot swallow oral medication. • Post operative people who cannot be administered oral medication. People suffering from severe nausea or vomiting. 	<p>T:Lecture cum discussion</p> <p>S:listen and take notes</p>	<p>Q: Explain advantages and disadvantages suppositories.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Disadvantages of suppositories: <ul style="list-style-type: none"> • The problem of patient acceptability. • Suppositories are not suitable for patients suffering from diarrhea. • In some cases the total amount of the drug must be given will be either too irritating or in greater amount than reasonably can be placed into suppository. • Incomplete absorption may be obtained because suppository usually promotes evacuation of the bowel. 		
11	5 min	To enlist factors affecting absorption of drugs from rectal suppositories	FACTORS AFFECTING ABSORPTION OF DRUGS FROM RECTAL SUPPOSITORIES: <ol style="list-style-type: none"> A. Physical factors: B. Colonic content C. Circulation route D. pH and lack of buffering capacity of colon E. Physio-chemical factors F. Particle size G. Nature of base H. Lipid- water solubility of drug I. Presence of adjuncts in the base 	T:Lecture cum discussion S:listen and take notes.	Q:Enlist factors affecting absorption of drugs from rectal suppositories.

Summary:& Evaluation (10 Min)

- ✓ Enlist the type of suppositories.
- ✓ Explain the action of suppository.
- ✓ Explain the advantages and disadvantages of suppositories.
- ✓ Explain the factors affecting absorption of drugs from rectal suppositories.

Assignment: Explain types, action, advantages and disadvantages of suppository.

Evaluation: Topic test for 25 marks.

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LESSON PLAN

Subject	: NURSING FOUNDATION
Unit	: VII
Topic	: Instillations: Ear, Eye, Nasal, Vaginal and
Group	rectal. : G.N.M. Ist Year
Place	: Classroom and demonstration room.
Date & time	: 60 minutes
Teaching method	: Lecture cum discussion and Demonstration.
AV aids / instructional Aids	: Black Board and chalk, LCD projector.
Student Pre requisite	: Students should have some knowledge about the drug instillation in ear and eye.
General Objective	: At the end of the class the student will be able to gain knowledge regarding instillation of medication in eye, ear, nasal, vagina and rectum
Specific Objective	: At the end of the class the student will be able to-
1.Explain definition of instillation.	
2. Explain the principles, purpose, general instructions, demonstrate the articles and procedure of instillation of medication into the eye.	
3. Explain the purpose, general instructions, demonstrate the articles and procedure of instillation of medication into the ear.	
4. Explain the purpose, general instructions,and demonstrate the procedure of instillation of medication into the Nasal cavity.	
5. Define, demonstrate the articles and describe the procedure instillation of medication into the Vagina.	

6. List purposes, demonstrate the articles and describe the procedure of instillation of medication into the rectum.

Instillation of medication into the nasal cavity.

1. Instillation of medication into the vagina.

2. Instillation of medication into the rectum

Review of previous class: Ask the students about drugs inserted into body cavities.

Introduction:

Ask the student about different methods of topical administration of drug.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	2 min	Explain definition of instillation	Definition An instillation is defined as a process by which a liquid (medication) is introduced into a cavity drop by drop.	T: explain with power point presentation S:listen and take notes	Q: What is instillation?
2	10 min	To explain the principles, purpose, general instructions, demonstrate the articles and procedure of instillation of medication	INSTILLATION OF MEDICATION INTO THE EYE Medication may be instilled in the form of eye drops and ointments. Principles:- <ul style="list-style-type: none"> - The cornea of the eye is very sensitive so avoid instilling medication. directly on cornea. - Prevent transmission of infection. - Use only in affected eye. Purpose :- <ul style="list-style-type: none"> - To relieve inflammation. - To relive pain. - To alter the size of pupil. - To produce anaesthesia. 	T: Demonstrates the procedure. S: Observe and practice demonstration	Q: Demonstrate the eye instillation.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		into the eye.	<p>Articles :-</p> <ul style="list-style-type: none"> - Eye drop according to physician order. - Sterile eye dropper. - Sterile eye swabs. - Kidney tray and paper bag. <p>General Instructions :-</p> <ol style="list-style-type: none"> 1. Be certain that right patient, right medication and right eye. 2. Know the diagnosis of patient and effect of medication. 3. Never instill any medication without order. 4. Check the expiry date of medication. 5. Never use any eye drop that discolored, cloudy and precipitated. 6. Eye solution should be sterile. 7. Use separate eye dropper. 8. Read specific instructions given on the leaflets. 9. Always wash hand before and after procedure. 10. Do not massage the eyeball after the instillation. 11. Do all the procedure in adequate light. 12. Instruct the patient not to touch eye. <p>Procedure :-</p> <ul style="list-style-type: none"> - Place the patient in a back lying position with the head 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>slightly hyper extended with a pillow under the shoulders.</p> <ul style="list-style-type: none"> - Ask the patient to look upward while separates the lower lid. - The drop are taken in a dropper and holding the dropper from 1 to 2 cm above the eye. - Instill the ordered number of drop in the centre of the lower lid. - Ask the patient to close the eyelids and move the eyeball from side to spread the medication all over the conjunctival sac. - Wipe off the excess medication that remains on the eye with a clean cotton swab. 		
3.	10 Min.	To explain the purpose, general instructions, demonstrate the articles and procedure of instillation	<p>INSTILLATION OF EAR DROPS</p> <p>Purpose :-</p> <ul style="list-style-type: none"> - To combat infection - To soften the ear wax. - To produce local anaesthesia. - To reduce pain. - To kill an insect lodged in the ear canal. <p>General Instruction :-</p> <ol style="list-style-type: none"> 1. The auditory canal should be thoroughly cleaned before instilling the eardrop. 	<p>T: Demonstrates the procedure</p> <p>S: Observe and practice demonstration</p>	<p>Q: Demonstrate the instillation of ear drops.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		of medication into the ear.	<p>2. Drop must be warm.</p> <p>3. Place the patient in side lying position or in the dorsal recumbent position with the turned to one side with the affected ear uppermost.</p> <p>4. Ask the patient to remain same position for few minute.</p> <p>5. Plug the ear with small cotton swabs.</p> <p>Any complaint made by patient should not be ignored.</p> <p>Procedure :-</p> <ul style="list-style-type: none"> - Explain the procedure to the patient. - Place the patient in side-lying position. - Draw the medication in a dropper. - Straighten the auditory canal by pulling the ear pinna upward and backward in case of adults, downward and backward in case of children and instill the medication drop by drop. - Instill the drop on the side wall of the auditory canal. - Instruct the patient to remain in same position for few minutes. - Plug the ear with a cotton piece. 		
4	8 Min.	To explain purpose, general	<p>NASAL INSTILLATION</p> <p>Purpose :-</p> <ul style="list-style-type: none"> - To combat infection 	T: Demonstrates the	Demonstrate the nasal instillation

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		instructions, and demonstrate the procedure of instillation of medication into the Nasal cavity.	<ul style="list-style-type: none"> - To provide astringent. - To relieve inflammation and congestion. - To give local anaesthesia. <p>General Instructions :-</p> <ol style="list-style-type: none"> 1. Medication are instilled only on written order. 2. Avoid oil based solution as nasal drop 3. Avoid the use of decongestant drop for a long period. 4. Use correct concentration. 5. Identify the drug correctly. 6. Place the patient in correct position. 7. Ask the patient to remain in same position for some time. 8. Be careful not to infect the dropper by touching it on the tip of the nose. 9. See that the anterior nares are clean and free from discharges. <p>Procedure :</p> <ul style="list-style-type: none"> - Explain the procedure to the patient. - Place the patient in the desired position. - Take the medication in the dropper and instill not more than 3 drop into each nostril. - Ask the patient to remain in same position for few minutes. - Provide a handkerchief to wipe off any medication that 	<p>procedure</p> <p>S: Observe and practice demonstration</p>	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			have escaped from the anterior nares.		
5	10 Min.	To define, demonstrate the articles and describe the procedure instillation of medication into the Vagina.	<p>VAGINAL INSTILLATION</p> <p>Vaginal medication are available as suppositories, foam, jellies, or creams. The suppository which is inserted into the vaginal cavity melt at body temperature and gets distributed and absorbed. Good aseptic technique must be followed and good perineal hygiene should be maintained.</p> <p>Procedure :-</p> <ol style="list-style-type: none"> 1. Review physician's order 2. Wash hand. 3. Prepare articles <ul style="list-style-type: none"> Vaginal suppository Clean disposable glove Lubricating jelly Perineal pad Kidney tray 4. Check the identification of client. 5. Observe the external genitalia and vaginal canal. 6. Explain the procedure. 		Demonstrate the insertion of vaginal cream on dummy

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>7. Arrange the articles.</p> <p>8. Provide privacy.</p> <p>9. Help the patient to lie in dorsal recumbent position.</p> <p>10. Drape the abdomen and lower extremities.</p> <p>11. Put on disposable gloves.</p> <p>12. Identify the vaginal orifice.</p> <p>13. Insert suppository with gloved hand.</p> <ol style="list-style-type: none"> Remove the suppository from foil wrapper and apply lubricant to the smooth and rounded end. With right hand gently retract labial folds. Insert rounded end of suppository along posterior wall of vaginal canal entire length of finger. Withdraw finger and wipe away remaining lubricant from around orifice and labia. <p>14. Apply cream or foam.</p> <ul style="list-style-type: none"> -fill cream in applicator -With gloved left hand gently retract the labial folds. -With gloved right hand insert applicator. -withdraw applicator. <p>15. Remove gloves and hand washing</p> <p>16. Encourage the client to lie down for at least 10 min.</p> <p>17. Wash the applicator with soap and warm water and store</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			for future use. 18. Observe the vaginal canal and external genitalia.		
3	10 Min.	To list purposes, demonstrate the articles and describe the procedure of instillation of medication into the rectum.	RECTAL INSTILLATION Purpose :- <ul style="list-style-type: none"> - To promote defecation. - To produce local anesthesia. - To reduce nausea. Procedure :- <ol style="list-style-type: none"> 1.Review physician's order 2.Wash hands. 3.Prepare articles <ul style="list-style-type: none"> Rectal suppository Clean disposable glove Lubricating jelly Kidney tray 4. Check the identification of client. 5 .Explain the procedure. 6. Arrange the articles. 7. Provide privacy. 	T: Demonstrates the procedure S: Observe and practice demonstration	Q: Demonstrate the rectal suppository insertion

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>8 .Drape the patient ,exposing only the anus area. Give sims position.</p> <p>15.Put on disposable gloves.</p> <p>16.Remove the suppository from the wrapper and lubricate the rounded end. Lubricate the index finger of right hand.</p> <p>17.Instruct the patient to take slow deep breath through mouth and relax the anal sphincter.</p> <p>18.Retract buttock with gloved hand. Insert suppository gently through anus past internal sphincter and against rectal wall 10 cm in adult and 5 cm in child.</p> <p>19.Withdraw finger and wipe anal area.</p> <p>20.Discard the glove and hand washing.</p>		

Summary& Evaluation(10 Min):

- Explain instillation of medication into the eye.
- Explain instillation of medication into the ear.
- Explain instillation of medication into the nasal cavity.
- Explain instillation of medication into the vagina.
- Explain instillation of medication into the rectum.

Assignment: 1. Write down purpose and procedure of eye instillation.
2. Write the procedure of instillation of medicines into ear.

Evaluation: Unit test for 50 marks once the unit VII is completed.

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LESSON PLAN

Subject	: Nursing foundation
Unit	: VII
Topic	: Irrigations: Eye, Ear, bladder, vaginal and rectal. Spray: nose and throat
Group	: GNM I st year
Place	: Class Room
Date & time	: 60 minutes
Teaching method	: Lecture cum Demonstration
AV aids / Instructional Aids	: Black Board and chalk, Charts, Computer
Student Pre requisite	: Student should have some knowledge regarding medication and route of drug administration.
General Objective	: At the end of class the student will be able to gain knowledge about the administration of medication through irrigation and spray.
Specific Objective	: At the end of class the student will be able to Nomenclature of dr
1. Define of irrigation.	
2. Demonstrate Irrigations of eye.	
3. Demonstrate Irrigations of ear.	
4. Demonstrate Irrigations of bladder.	
5. Demonstrate Irrigations of vagina.	
6. Demonstrate spray of nose and throat.	

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	To define irrigation.	DEFINITION <ul style="list-style-type: none"> washing of a body cavity or wound by a stream of water or other fluid. A steady, gentle stream is used; pressure should be sufficient to reach the desired area, but not enough to force the fluid beyond the area to be irrigated. Pressure may be applied manually, such as with a bulb syringe or mechanical device, or by gravity. The greater the height of the container of solution, the greater will be the pressure exerted by the stream of solution. There are also specially designed irrigating units that deliver a pulsed flow of fluid. Return flow of solution must always be allowed for. Directions about the type of solution to be used, the strength desired, and correct temperature should be followed carefully. Aseptic technique must be observed if sterile irrigation is ordered 	T: Lecture cum discussion. S: Listens and share pre knowledge.	Q: What do you mean by irrigation
2	10 mins	To demonstrate the irrigation of eye	Remember to perform a patient care handwash before beginning any procedure. . Gather the following equipment and place them in a sterile area. (1) Tubing for flushing water/irrigation solution in the eye. (a) Eye irrigator--aseptic bulb syringe.	T: Demonstrates the procedure with the	Q. Demonstrate with the help of a role

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			(b) IV bag with tube. (c) Plastic bottle. (d) Equipment to instill medication. (2) Water/irrigation solution. (3) Towel. (4) Gauze/cotton balls. (5) Catch basin. (6) Light source. . Ensure the patient is aware of the treatment (1) Identify the patient by his name. (2) Inform the patient about the need for treatment. (3) Explain the procedure for treatment. (4) Ask the patient to remove his contact lenses/glasses, if necessary. . Position the patient and equipment. (1) <u>Patient lying in bed.</u> (a) Place patient in a supine position. (b) Tilt patient's head slightly to the side to be irrigated (c) Cover patient's area that may be splashed by solution with waterproof cover and/or towel, if applicable. (d) Position the catch basin next to the patient's affected side to catch the flow.	simulator. S: Observe and practice demonstration in simulation.	play how to perform irrigation of eyes.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>(e) Position the light/lamp. Ensure there is adequate light and avoid shinning the light directly over the patient.</p> <p><u>Patient sitting up.</u></p> <p>(a) Have the patient place his head in an inclined position to the side to be irrigated.</p> <p><input type="checkbox"/></p> <p>(b) Tilt the patient's head slightly backwards.</p> <p>(c) Support the patient's head.</p> <p>(d) Cover the patient's area that may be splashed by solution with waterproof cover and/or towel, if applicable.</p> <p>(e) Position the catch basin next to the patient's affected side to catch the flow.</p> <p>(f) Position the light/lamp. Ensure there is adequate light and avoid shinning the light directly over the patient.</p> <p>e. Perform a patient care handwash.</p> <p>f. Prepare the patient for irrigation.</p> <p>(1) Clean the patient's eyelids with gauze/cotton balls, rinse debris off outer eye</p> <p>NOTE: Rinsing helps avoid the spread of contamination</p> <p>(2) Separate the patient's lids with your thumb and fingers, hold lids open</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>CAUTION: Avoid applying pressure to/on the eyeball</p> <p>(3) Tell the patient to look up</p> <p>g. Irrigate the patient's eye.</p> <p>(1) Direct the flow of fluid from the inner to outer canthus along conjunctival sac using only the pressure or force of liquid stream required to maintain a steady flow</p> <p>CAUTION: Use just enough force (flow) to gently dislodge the unwanted secretions/foreign bodies.</p> <p>CAUTION: Never touch the patient's eye with the irrigator. It could cause the spread of infection, contamination, or further injury to the eye</p> <p>(2) Tell the patient to look up to expose the conjunctiva</p> <p>(3) Gently flush the patient's eye</p> <p>CAUTION: Ensure that the irrigator tip is 1 to 1 1/2 inches away from the patient's eye.</p> <p>(4) Dry eyelids by gently patting area surrounding orbit dry as soon as sac is thoroughly flushed</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	10 mins	To demonstrate Irrigations of ear	<ul style="list-style-type: none"> • Ear irrigation is a routine procedure used to remove excess earwax, called cerumen, or foreign materials from the ear. • The ear naturally secretes earwax to protect, lubricate, keep debris out, and regulate bacterial growth. Under normal conditions, the body keeps the amount of earwax in the ears under control. Too much earwax or hardened earwax can cause a blockage in the ear, resulting in earaches, ringing in the ears, or temporary hearing loss • Before performs an ear irrigation, he or she will want to look inside your ear to ensure that your symptoms are the result of excess wax buildup or foreign materials and not something more serious. • The easiest way to diagnose excess earwax is by inserting an instrument called an otoscope into the opening of your ear. The otoscope shines a light into your ear and magnifies the image. • If wax buildup is the issue, your doctor will perform the irrigation in his or her office using a syringe-like tool to insert water or a water and saline mixture into the ear to flush out the wax. You may feel slight discomfort from the water in your ear or from holding your ear in place. 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation.</p>	<p>Q. Demonstrate with the help of a role play how to perform irrigation of ears.</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> For at-home irrigation, you will need to purchase the items to safely clean your ears. The most common method is to use a dropper to insert baby oil, mineral oil, or specialized medication into the ear to soften the wax. Put several drops in your ear two to three times daily over a period of a few days. Once the wax is softened, use the syringe filled with water (room temperature or slightly warmer) or a water and saline mixture to flush out the wax. Risks of Ear Irrigation <p>Do not undergo ear irrigation (either at-home or at a doctor's office) if you have a damaged eardrum, tubes in your ears, or disorders that weaken your immune system</p>		
4	10 min	To demonstrate the irrigation of bladder	<p>Bladder irrigation can be defined as a process of flushing out or washing out the urinary bladder with specified solution</p> <p>Purpose:-</p> <ul style="list-style-type: none"> To flush clots and debris out of bladder To instill medication to bladder lining <ul style="list-style-type: none"> To restore patency of the catheter 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice</p>	<p>Q. Demonstrate with the help of a role play how to perform</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>EQUIPMENTS NEEDED</p> <ul style="list-style-type: none"> ▪ Disposable gloves ▪ Disposable ,water resistant,sterile towel/mackintosh ▪ Three way retention catheter in-situ ▪ Sterile drainage tubing and bag in place ▪ Sterile antiseptic swab ▪ Sterile receptacle ▪ Sterile irrigating solution Normal saline or Distilled water or Solution as prescribed by physician ▪ Infusion tubing ▪ IV pole ▪ Kidney basin <p>PROCEDURE: PERFORMING BLADDER IRRIGATION</p> <ol style="list-style-type: none"> 1. Explain the client what you are going to do,why it is necessary,and how she or he can cooperate. The irrigation should not be painful or uncomfortable 2. Wash hands and observe appropriate infection control measures. 3. Provide for client privacy. 4. Apply clean gloves. 	demonstration in simulation.	irrigation of bladder.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ol style="list-style-type: none"> 5. Empty ,measure, and record the amount and appearance of urine present in the drainage bag. Discard urine and gloves. Emptying the drainage bag allows more accurate measurement of urinary output after the irrigation. 6. Prepare the equipment <ol style="list-style-type: none"> 1. Wash hands 2. Connect the irrigation infusion tubing to the irrigating solution and flush the tube with solution ,keep the tip sterile. Flushing the tubing removes air and prevents it from being instilled in to the bladder. 3. Apply clean gloves and cleanse the port with antiseptic swabs. 4. Connect the irrigation tubing to the input port of the three way catheter. 5. Connect the bag and tubing to the urinary drainage port if not already in place. 6. Remove your gloves and wash your hands. 7. Irrigate the bladder. <p>TYPES</p> <ol style="list-style-type: none"> 1. Continuous irrigation 2. Intermittent irrigation 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Complication</p> <ul style="list-style-type: none"> ▪ Bladder rupture ▪ Bladder injury <p>CONCLUSION</p> <p>Bladder irrigation is a flushing or washing out with a specified solution ,usually to wash out the bladder and some times to apply a medication to the bladder lining</p>		
5	10 min	To demonstrate the irrigation of vagina	<p><u>Equipment:</u></p> <ul style="list-style-type: none"> • Sterile douche tray • Irrigation van with tubing • Bath blanket • Irrigating stand • Solution prescribed • Flushing tray • screen • bedpan with cover • bed protector and clamp • 2 douche nozzle 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation.</p>	<p>Q. Demonstrate with the help of a role play how to perform irrigation of vagina.</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Kidney basin <p>Preparation of patient:- Explain the procedure to patient and its requirement Let the patient void first before the procedure</p> <p>Prodedure:-</p> <ul style="list-style-type: none"> ❖ Bring all the preparation near the bed side. ❖ Screen the bed, replace the top sheet with bath blanket ❖ Slip the bed protector under the patient buttocks. ❖ Assist the patient to bed pan ❖ Position and drape the patient ❖ Flush external genitalia ❖ Hang the irrigation can cover 2 feet above the bed level. ❖ Attach the douche nozzle near to the tubing and expel the air and check the temperature of the water and solution. ❖ Insert nozzle gently downward and backward while solution is flowing; gently move the nozzle around during the process. ❖ Before all solution runs out clamp and withdraw the nozzle. ❖ Disconnect and place in kidney basin. ❖ Let patient stay on bed pan for a while to drain excess solution. ❖ Remove bedpan and dry area thoroughly. 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> ❖ Fix patient, make her comfortable. ❖ Take preparation to levotory. 		
6	15 min	To demonstrate the procedure of spray for nose and throat	<ul style="list-style-type: none"> ▪ Nose spray is generally prescribed for troubles of allergies and/or infections of your nose and sinuses. Over time, it became obvious that the way the spray was taken could make a big difference on how well it worked. Not only technique, but faithfully taking the spray every day as usually prescribed is important in the long term for nasal problems ▪ Step-1 ▪ Gently place the spray nozzle in right nostril, in the lower part of the nose. Why? Harsh shoving of the nozzle can cause sores on the midline septum that can bleed. The lower nose is roomier. ▪ Step-2 ▪ Point spray nozzle toward the right eye using the right hand to hold the sprayer. Why? Most of the trouble in the nose/sinuses is on the sides of the nose. The center of the nose is mostly bone and cartilage. Most sprays will go down the throat if the nozzle is not tilted towards the side. The right hand works best on the right nostril, less burning and stinging occurs on the sides rather 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation.</p>	<p>Q. Demonstrate with the help of a role play how to perform nasal spray use and throat .</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>than the midline septum</p> <ul style="list-style-type: none"> ▪ Step-3 ▪ Back out a little bit, staying within the nostril. Why? You don't put the nozzle of a window cleaner right on the glass - it drips and does not cover a large area. It is the same with these sprays. Also, this avoids damaging the delicate tissue ▪ Step-4 ▪ Spray 2 times in the right nostril. (2 full sprays) DON'T SNIFF YET!! Why? Sniffing now, with your head not flat towards the ground will encourage the spray to go down the throat ▪ Step-5 ▪ Immediately tilt the head towards your right shoulder so that it is flat towards the ground, as if placing the head on a table. Sniff only when head is flat, just enough to keep the liquid from running out of the front of the nose and not enough sniffing to pull the liquid down the throat. You may slightly tilt the nose and chin up to keep the liquid from running out of the nose. Why? Years of using these sprays have shown that the liquid spray will run out of the front of the nose or go down the throat if this tilting of the head is not done. The medicine needs to be in the nose - not on a tissue or down the throat! 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> ▪ Step-6 ▪ Keep the head flat for 15 - 30 seconds! Why? It takes about that amount of time for the liquid to be absorbed ▪ Step-7 <p>Repeat steps 1 - 6 on the left side but use the left hand and point towards the left eye and tilt the head to the left shoulder.</p> <p>Sore throats</p> <p>You can relieve a sore throat by sucking lozenges that lubricate and soothe the throat, or by using throat sprays containing local anaesthetics such as benzocaine or tetracaine that numb the throat. Many of these also contain antiseptics to help treat any infection that might be causing the sore throat. These are all available from pharmacies – ask your pharmacist for advice on choosing the most suitable product.</p> <ul style="list-style-type: none"> ▪ 		

Summary:& Evaluation(10 Min)

- Demonstrate the method of ear irrigation
- What are precautions taken during irrigation method of eye
- List the equipments needed for irrigation of vagina

➤ **Assignment:** prepare the chart of the nasal spray procedure.

Evaluation: Topic test for 25 marks.

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LESSON PLAN

Subject	: Nursing foundation
Unit	: VII
Topic	: Inhalations: Purposes, types, equipment, procedure and special consideration.
Group	: GNM I st year 60 students
Place	: Class Room
Date & time	: 60 minutes
Teaching method	: Lecture cum Demonstration
AV aids / Instructional Aids	: Black Board and chalk, Charts, Computer
Student Pre requisite	: Student should have some knowledge regarding Inhalation.
General Objective	: At the end of class the student will be able to gain knowledge about Inhalations: Purposes, types, equipment, procedure and special consideration.
Specific Objective	: At the end of class the student will be able to
1. Define Inhalations.	
2. Enlist the Purposes of Inhalations.	
3. Explain Advantages and disadvantages of Inhalations.	
4. Explain various Types of Inhalations	
5. Equipment of Inhalations	
6. Procedure and special consideration of Inhalations	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	Introduction and definition of inhalation.	INTRODUCTION <ul style="list-style-type: none"> ➤ Inhalation therapy is a term which is used to describe a variety of treatment techniques, including the delivery of a variety of drugs that may be administered via inhalation, targeting lung tissue, airway secretion and micro-organisms in upper, central and/or peripheral airways. ➤ Inhalations any drug or solution of drugs administered by the nasal or oral respiratory route. ➤ Inhalation(also known as inspiration) is the movement of air from the external environment, through the air ways, and into the alveoli. ➤ Particle Size should be Mass median aerodynamic diameter $<1\mu\text{m}$ reach up to the alveoli 	T: Lecture cum discussion. S: Listens and share pre knowledge.	Q: what do you mean by inhalation
2	5 mins	To enlist Purposes of Inhalations	PURPOSES OF INHALATIONS <ol style="list-style-type: none"> 1. To get the drugs into the lungs where you need them. 2. Direct administration of oxygen in to the lungs. 3. To soften mucus secretions from the lungs. 4. To relieve inflammation and congestion 5. To relieve irritation in bronchitis. 6. To warm and moisten air in tracheostomy 	T: Lecture cum discussion S: Listens and takes notes.	Q: enlist the Purposes of Inhalations

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	5 min	To explain advantages and disadvantages of Inhalations	ADVANTAGES AND DISADVANTAGES OF INHALATIONS Advantages: - <ul style="list-style-type: none"> ➤ Less systemic toxicity ➤ More rapid onset of medication ➤ Delivery to target of action ➤ Higher concentrations available in the lung Disadvantages: - <ul style="list-style-type: none"> ➤ Time and effort consuming ➤ Limitation of delivery device 	T: Lecture cum discussion S: Listens and takes notes.	Q. Explain about advantages and disadvantages of Inhalations
4	5 min	To enlist types of inhalations	TYPES OF INHALATIONS A. Nasal	T: Lecture cum video demonstration	Enlist different types of

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			B. Oral C. Endotracheal D. Tracheal	S: Listens, observe and takes notes.	inhalations
5	5 min	To enlist common drugs of inhalations	INHALANT DRUGS <ul style="list-style-type: none"> • Antiallergic agents Budesonide (glucocorticoid steroid) Cromolyn sodium (Cromoglicic acid) • Bronchodilators Salbutamol (β_2 agonist) Terbutaline (β_2 agonist) anti-cholinergic • Anesthetics Opioids • Mucolytic agents Acetaminophen (Acetylcysteine) Mistabron (Mesna) • Antimicrobials Tobramycin (anti bacterial) Pentamidine (anti fungal) Ribavirin (antiviral) Amphotericin 	T: Lecture cum demonstration S: Listens, observe and takes notes.	enlist common drugs of inhalations
6	20 min	To explain about different types of inhalations	DEVICES/ EQUIPMENT OF OF INHALATIONS Selections of device include : A. Nebulizer: small volume, large volume, ultrasonic B. Metered dose inhaler, MDI	T: Lecture cum demonstration S: Listens, observe and takes notes.	Demonstrate and identify inhalation equipment

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>C. Dry powder inhaler, DPI</p> <p>D. Spacer</p> <p>E. Rotahaler</p> <p>F. Spinhaler</p> <p>A. Metered-dose inhalers</p> <ul style="list-style-type: none"> • A liquid propellant • A metering valve that dispenses a constant volume of a solution in the propellant. • Inhalation technique is critical for optimal drug delivery – only about 10% of drug reaches the lungs. • Its also used with nebuhaler. • Fist be shaken to ensure that drug should be evenly distributed. • Held upright and the cap is removed. • Breathes out gently, but not fully • With the mouth around the mouthpiece of the inhaler, the device is pressed to release the drug as soon as inspiration has begun. • Inspiration should be slow and deep, be held for 10seconds if possible. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Dose of inhalation will involve > 1 “puff” • The length of time between inhalation is 15- 20 seconds. <p>B. Dry powder inhalers</p> <ul style="list-style-type: none"> • No propellant • Breath-activated and patient coordination is not as important an issue. • The drug is formulated in a filler and contained in a capsule that is placed in the device and punctured to release the powder. • Releasing drug on inspiration, require faster inspiratory flow rate Inspiratory flow required depends on the resistance with in device. <p>C. Rotahaler</p> <ul style="list-style-type: none"> • Insert a capsule into the rotahaler , the coloured 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>end first.</p> <ul style="list-style-type: none"> • Twist the rotahaler to break the capsule □ Inhale deeply to get powder into the airway • Several breath may be required, does not required the coordination of the aerosol <p>D. Spinhaler It works similar to rotahaler, except that outer sleeve slides down to pierce the capsule and the propeller disperse the drug</p> <p>E. Spacer Patient could not required coordinate inspiration, Patient seals lips around the mouthpiece, Depresses the actuators, The mist is trapped in the middle section and Inhale without losing the drug</p> <p>F. Nebulizers</p> <ul style="list-style-type: none"> • Patient cooperation and coordination is not as critical • It converts solution into aerosol particles, < 5µm. • An acceptable time 5-10minutes. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Two types:</p> <ul style="list-style-type: none"> I. Jet nebulizers : II. Ultrasonic nebulizers <p>G. Oxygen therapy</p> <ul style="list-style-type: none"> I. Nasal cannula II. Oxygen masks III. Venturi-type masks IV. Tracheostomy masks <p>I. Nasal cannula</p> <p>The proximity and size of the reservoir (NP/OP~50ml=1/3 of anatomic dead space) imply sensitivity to changes in inspiratory flow rate and particularly the loss of respiratory pause</p> <p>Flows>6L/min do not significantly increase FiO_2>44% □ Drying of mucosa and epistaxis</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>II. Oxygen masks</p> <p>Reservoir volume= 150-250ml Re-breathing occurs at flow rates <4L/min Approx FiO₂ 0.4-0.6 Interferes with eating Easy displacement Increases aspiration by concealment of vomitus.</p> <p>III. Tracheostomy masks</p> <p>Delivery depends on presence of ETT and inflation status of its cuff. If absent or cuff is deflated, air from NP will mix with that being delivered to the tracheostomy, further diluting the FiO₂</p> <p>IV. Venturi-type mask</p> <ul style="list-style-type: none"> • High flow oxygen delivery device • Venturi modification of Bernoulli principle • Jet of 100% oxygen through a fixed orifice, past open side ports, entraining room air 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • FiO₂ depends on size of side ports and oxygen flow • Accurate FiO₂ up to 0.5 		
6	30 min	To explain procedure and special consideration of oxygenation	<p>DEFINITION OF OXYGEN INHALATION</p> <p>Administration of oxygen is a process of providing the O₂ supply to child for the treatment of low concentration of O₂ in the blood. Children with respiratory dysfunctions are treated with oxygen inhalation to relieve anoxaemia or hypoxaemia (deficiency of oxygen in the blood).</p> <p>The normal amount of oxygen in the arterial blood should be in the range of 80 to 100 mm of Hg. If it falls below 60 mm of Hg; irreversible physiologic effects may occur.</p> <p>The oxygen administration treats the effects of oxygen deficiency but it does not correct the underlying causes</p>	<p>T: Lecture cum demonstration</p> <p>S: Listens, observe and takes notes.</p>	Demonstrate oxygenation procedure

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>PURPOSES OF OXYGEN INHALATION</p> <ul style="list-style-type: none"> • To manage the condition of hypoxia • To maintain the oxygen tension in blood plasma • To increase the oxy hemoglobin in red blood cells • To maintain the ability of cells to carry out the normal metabolic function • To reduce the risk of complications <p>ARTICLES NEEDED FOR OXYGEN ADMINISTRATION</p> <ol style="list-style-type: none"> 1. Oxygen source - O₂ cylinder, central supply 2. Oxygen instrument according to methods like – oxygen mask, oxygen hood, nasal prongs, nasal catheter, oxygen tent or 3. Humidifier 4. Flow meter 5. Gauze pieces Adhesive tape 6. 'No smoking' signs 7. Spinner to open the main valve of oxygen cylinder 8. Bowl with water to check the patency of the tube 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>METHODS OF OXYGEN ADMINISTRATION</p> <p>Oxygen administration depends upon the condition of child, age, concentration desired, facilities available and the preference of the doctor. Oxygen administration can be given continuously or intermittently. It depends on the requirement of the child. It is given in 40 to 60 percent concentration.</p> <p>There are following methods of oxygen administration</p> <p>A. ADMINISTRATION OF O₂ BY NASAL CATHETER</p> <p>This is very common method of O₂ administrations in hospital settings.</p> <p>A catheter is inserted into the nostril reaching up to the uvula and is held in place by adhesive tapes This catheter does not interfere with the Childs freedom to eat, to talk and to move on the bed. Catheter no. 4 to 6</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>is used and it should be 7.5 to 10 cm inserted in the nasopharynx.</p> <p>The catheter should be removed every 8 hourly, and new catheter should be inserted by using other nostril alternatively.</p> <p>Catheter method is used for the older children.</p> <p>The amount of oxygen should be 4 liter per minute</p> <p>B. ADMINISTRATION OF OXYGEN BY THE MASK</p> <p>Today, there are various face masks available that cover the Childs mouth and nose for O₂ administration.</p> <p>The mask size should be according to the child's size.</p> <p>It should be properly fitted and if it does not fit properly, O₂ will be lost from the mask.</p> <p>It should be removed after every four hours and-wine the face.</p> <p>The masks are advantageous for those patients who are unable to breathe through nose.</p> <p>The flow of oxygen should be about 2-3 liter for young</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>children and 1-2 liter/minute for the infants.</p> <p>C. ADMINISTRATION OF OXYGEN BY THE TENT METHOD</p> <p>The oxygen tent method consists of a canopy over the patients bed, that cover the patient fully or partially. Oxygen tent is made up of plastic material, transparent and prevent absorption of oxygen.</p> <p>The lower part of the canopy is tucked under the bed to prevent the escape of oxygen.</p> <p>There are certain advantages and disadvantages for using a oxygen tent method.</p> <p>Oxygen tent provides the environment for the patient with controlled oxygen concentration, temperature regulation and humidity control.</p> <p>PROCEDURE OF OXYGEN ADMINISTRATION</p> <p>Assemble the O₂ head box Place the head box properly covering head, face and neck.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Seal the opening of head box around neck to minimize O₂ leaking Attach thermometer probe to head box via aperture or use disposable thermometer.</p> <p>Adjust O₂ and air flow rates to achieve prescribed oxygen concentration the total flow should be between 6 and 8 liters per minute to prevent accumulation of carbon dioxide in the head box.</p> <p>Place sensor of oxygen analyzer into head box alongside infant's nose (within 8 cm) to check oxygen concentration in head box.</p> <p>IMPORTANT INSTRUCTIONS / CONSIDERATION FOR OXYGEN INHALATION</p> <ul style="list-style-type: none"> • Oxygen should be prescribed in specific dose. • It acts as a drug and cause oxygen toxicity. • Always use humidifier and regulator. • All the articles should be cleaned and use the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>disposable nasal catheter and change the nasal catheter every 8 hourly.</p> <ul style="list-style-type: none"> • Lubricate the nasal catheter before inserting. • Control valve of cylinder should be adjusted only when catheter is out of nose. or during oxygenation, do not alter the valve. • Discontinue of oxygen should be gradually. • Leave a calling signal or bell near the patient while going away from the patient. Keep in close observation conditions, which can interfere with the flow of oxygen from the source to the patient. • Keep ready one cylinder to prevent the deprivation of oxygen. • Give oxygen in low concentration to the premature babies to prevent the retrolental fibroplasia. • Continuously monitoring of patient to find out the oxygen toxicity symptoms. • Empty cylinder should mark "empty" and keep separately from full cylinders. • While oxygen administration, paste the "No Smoking" signs, near the patient bed or on the door. Proper recording and reporting should be followed 		

Summary:& Evaluation (10 Min) Definition ,Purposes, Advantages and disadvantages, Types ,Equipment ,Procedure and special consideration of Inhalations
Assignment: Demonstrate procedure of inhalation and oxygen administration.
Evaluation: Topic test for 25 marks.
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LESSON PLAN

Unit	: UNIT 7 {introduction to clinical pharmacology}
Topic	: Recording and Reporting of Medications Administered
Group	: G.N.M. 1 st Year students
Place	: Class Room
Date & Time	: 60 min
Teaching method	: Lecture cum Demonstration
AV aids/instructional aids	: Black Board and Chalk , Charts
Students Pre requisite	: The students should be able to understand how to maintain and why to maintain record and report after drug administered
General Objectives	: At the end of the class the students will be able to gain knowledge about records and report of medications administered
Specific Objective	: At the end of the class the students will be able to 1.Understand about the meaning of record and report in general

2. Know about the important point that a drug chart contain while recording them
3. Know about the purpose and importance of maintaining records and report
4. Know about the nursing responsibilities while maintaining records and reports

Review of the previous class :- Ask questions regarding Recording and Reporting of Medications Administered

Introduction :-

Ask students whether they know about importance of maintaining records and report

Tell some examples about the problems faced by doctors or nurses if the record and reports of medication administered was not maintained

Brainstorm what they should use in clinical field

Also mention the objectives of the lesson to the students here

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
1	5 mins	Definition of medication administration record	A Medication Administration Record or MAR (eMAR for electronic versions) is the report that serve as a legal record of the drug administered to a patient at a facility by a health care professional. The MAR is a part of patient's permanent record on their medical chart. The health care professional signs off on the record at the time that the drug is administered. MARs are commonly referred to as drug charts. Electronic versions may be referred to as eMARs	Explain by Chalk and Black-board	Student's understand the meaning of medication administration record
2	10 mins	Typical format of drug chart commonly used in hospitals	<p>The actual chart varies from hospital to hospital and country to country. However they are typically of the format:</p> <p>1) Administrative / demographics</p>	Explain by Chalk and Black-board	Student's understand about the drug chart and how to use it

S.No.	Time	Specific Obbjective	Contents	Teaching Learning Activity	Evaluation
			<ul style="list-style-type: none"> a) Patients Name b) Treating team details c) Allergies d) Other variable- weight, special diet, oxygen therapy, application time of topical or local anaesthetic eg. EMLA 2) Prescription details <ul style="list-style-type: none"> a) Drug name b) Dosage strength c) Route d) Frequency e) Medication indication / diagnosis 		

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
3	10 mins	Purpose of records	<p>f) Prescribing doctors details, signature</p> <p>Day by day chart where nurses administering medications can sign when medication has been given</p> <p>Purpose :</p> <ul style="list-style-type: none"> ❖ Supply data that are essential for medication administration planning and evaluation ❖ Provide the practitioner with the data required for the application of professional services for the improvement of patient health ❖ Tools of communication between health workers and family 	Explain by Chalk and Black-board	Student's understand about the purpose of records

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
4	5 mins	Rules regarding the recording of drugs	<ul style="list-style-type: none"> ❖ Effective medication administration record show the medication errors and other factors that affect patients health ❖ Indicates plans for future ❖ Help in researches for improvement of nursing care. • Record each dose of medicine soon after it is administered. • Use standard abbreviations in recording the medication. • Record only that medicines which you have administered. • Record the date, time, name of the drug administered, the dose of the 	Explain by Chalk and Black-board	Student's understand about the rules to follow in recording the medication administration

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
			<p>medicine and the strength.</p> <ul style="list-style-type: none"> • Never record medication, before it is given to the client. • Record the effect observed- the local and systemic effects, the side effects, the symptoms of toxicity etc. • Record the medications that are vomited by the client, refused by the client and those drugs that are not administered to the client and the reason . <p>➤ Reports can be compiled daily, weekly, monthly, quarterly and</p>		

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
5	5 mins	Meaning of reporting in medication administration	<p>annually .</p> <ul style="list-style-type: none"> ➤ Reports summarizes the medication administered by the nurse ➤ Reports may be in the form of an analysis of the medication administered by the nurse <p>These are based on records and registers and so it is relevant for the nurses to maintain the records regarding their daily case load, services load and activities.</p>		
6	5 mins	Importance of reports	<ul style="list-style-type: none"> ➤ Good reports save duplication of effort and eliminate the need for investigation to learn the facts in a situation 	Explain by Chalk and Black-board	Student's understand about the importance of report

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
			<ul style="list-style-type: none"> ➤ Full reports often save embarrassment due to ignorance of situation. ➤ Patients receive better care when reports are thorough and give all pertinent data. ➤ Complete reports give a sense of security which comes from knowing all factors in the situation. ➤ It helps in effective managements of patients problem. ➤ Reports should be made promptly if they are to serve their purpose well. ➤ A good report is clear, complete, concise. 		

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
7	5 mins	Criteria for the good report	<ul style="list-style-type: none"> ➤ If it is written all pertinent, identifying data are include- the date and time, the people concerned, the situation, the signature of the person making the report. ➤ It is clearly stated and well organized for easy understanding. ➤ No extraneous material is included. ➤ Good oral report are clearly expressed and presented in an interesting manner. Important points are emphasized. 		Student's understand about the criteria for the good report

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
			<p>1) Oral Reports:- Oral reports are given when the information is for immediate use and not for permanency. Eg. It is made by the nurse who is assigned to administered medication to a patient, to another nurse who is planning to relieve her.</p> <p>2) Written Reports:- Reports are to be written when the information to be used by several personnel, which is more or less of permanent value, eg. Day and night reports, interdepartmental reports, needed according to situation and conditions.</p> <p>✓ The patient has a right to inspect and copy the record after being discharged.</p>		

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
			<ul style="list-style-type: none"> ✓ Failure to record significant patient information on the medical record makes a nurse guilty of negligence. ✓ Medical record must be accurate to provide a sound basis for care planning. ✓ Errors in nursing charting must be corrected promptly in a manner that leaves no doubts about the facts. ✓ The information within a recorded entry or a report should be complete, containing concise and thorough information about a client care or any event or happening taking place in the jurisdiction of manager. ✓ Delays in recording or reporting can result in serious omissions and 		

S.No.	Time	Specific Objective	Contents	Teaching Learning Activity	Evaluation
			<p>untimely delays for medical care or action legally, a late entry in a chart may be interpreted on negligence.</p> <p>✓ Nurses are legally and ethically obligated to keep information about client's illnesses and treatments confidential.</p>		

Summary and Evaluation (10 min)

- Explain about the importance of maintaining records and reports in medication administration
- Had knowledge about purpose and importance of records and report
- Check knowledge about the criteria of good report (ask by 6-7 students)
- Ask about the nursing responsibilities in keeping records and reports

Assignment :- about the records and reports in medication administration and nursing responsibilities

Evaluation :- Unit test of 50 marks once the unit 7 is completed

Bibliography :-

1. Fundamental of nursing , by Barbara kozier, glenora erb, Audrey berman, Karen burke , seventh edition , unit 4 , chapter 20 , page no. 377
2. Principles and practice of nursing, by Sr. Nancy, sixth edition, unit 7 , chapter 21 , page no. 533
3. Internet site- [www.slideshare.net/rsmehtha/recording and reporting](http://www.slideshare.net/rsmehtha/recording-and-reporting)

LESSON PLAN

Subject	: Nursing Foundation-First Aid Referral
Unit	: Introduction First Aid
Topic	: Definition, Aims and Importance of first aid.
Group	: GNM 1 st year
Place	: Class room and demonstration room
Date	
Time	: 60 minutes
Teaching method	: Lecture cum demonstration.
AV aids / instructional aids	: Black Board and chalk, chart, LCD, Computer.
Student Pre requisite	: The students should be able to understand the need definition, aims and Importance of first aid.
General Objective	: At the end of the class the students will be able to gain knowledge regarding definition, aims and importance of first aid.
Specific Objectives	: At the end of the class the students will be able to-
1. Define First Aid.	

- 2.Enumerate the aims of First Aid.
- 3.Enumerate general principles of first aid
- 4.Describe the emergency management of First aid.
- 5.Explain the importance of first aid.

Review of previous class: Ask questions regarding first aid.

Introduction:

Ask the students if they know anyone who is following any first aid method

Tell a story of sudden accidents and first aid given.

Brainstorm what they should use.

Also mention the objectives of the lesson to the students here.

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	25mins	Define First aid.	Definition- First aid is a temporary and immediate care and treatment given to a person who is injured or suddenly becomes ill using facilities or material available at that time before regular medical health is imparted. First aid is useful in condition like –	T: explains with power point presentation. S: Listens and	Q: Define First aid and in which condition use first aid?

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ol style="list-style-type: none"> 1. Hemorrhage 2. Shock 3. Wounds 4. Fractures 5. Asphyxia 6. Drawing 7. Suffocation 8. Strangulation 9. Throttling, hanging 10. Gas poisoning 11. Cardiac arrest/ attack 12. IHD/MICHF 13. Convulsions/fits 14. Electrocutation 15. Unconscious patient 16. Insulin shock 17. Diabetic coma 18. OPP 19. Food poisoning 20. Drugs poisoning 21. Plant poisoning 	takes notes.	

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			22. Insect bite scorpion bite snake bite 23. Dog bite 24. RTA 25. Sun burn 26. Dehydration 27. Hypothermia 28. Hyperthermia 29. Frost bite 30. Chilblain 31. Trench foot 32. Heat stroke		
2	05mins	To explain Aim of first aid.	Aims / OBJECTIVES OF FIRST AID- <ol style="list-style-type: none"> 1. To preserve life. 2. To prevent further injury and deterioration of condition. 3. To make the victim as comfortable as possible. 4. To make sure injured person under professional medical care as the earliest. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain Aim of first aid.

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	10 mins	Enumerate general principles of first aid.	GENERAL PRINCIPLES- <ol style="list-style-type: none"> 1. Restoration of respiration 2. Control bleeding 3. Treat shock 4. Care of unconscious. 5. Burn 6. Fracture 7. Multiple injury 8. Transportation 	T: Demonstrates the procedure with the simulator. S: Observe and practice demonstration in simulation.	Q. Enumerate general principles of first aid?
4	5 mins	Describe the emergency management of First aid.	Emergency management- <ol style="list-style-type: none"> 1. assessment- head to toe examination and physical examination 2. Diagnosis 3. First Aid intervention 4. Immediate medical care facility. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Describe the emergency management of First aid
5	5 mins	Explain the importance of first aid.	<ol style="list-style-type: none"> 1. It saves life. 2. It prevents complications. 3. It reduces morbidity and mortality. 4. It enhances the recovery of patient. 5. It reduces the anxiety and fear of victim. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain the importance of first aid?

SUMMARY & EVALUATION (10 MIN)

1. Enumerate the aims of First Aid.
2. Enumerate general principles of first aid
3. Describe the emergency management of First aid.

Assignment: : DEFINE FIRST AID, ITS AIMS, and IMPORTANCE

Evaluation : unit test at the end of unit

Bibliography:

1.

LESSON PLAN

Subject	: Nursing Foundation- First Aid.
Unit	: I- Introduction first Aid
Topic	: Rules/ General Principles of First Aid and Concept of Emergency.
Group	: GNM 1 st Year
Place	: Class room
Date	:
Time	: 60 minutes
Teaching method	: Lecture cum discussion.
AV aids / instructional aids	: Black Board and chalk, LCD, Computer.
Student Pre requisite	: The students were having knowledge of basic rules and principles of first aid.
General Objective	: At the end of the class the students will be able to develop knowledge, skill and abilities regarding relating health emergencies with first aid.
Specific Objectives	: At the end of the class the students will be able to
	1.Enlist the purposes of first aid.
	2.Discuss principles of first aid.

3.Enlist the major injury types that require first aid in order of importance.

4.Discuss the rule of first aid.

5.Identify types of health risks and hazards.

Review of previous class: Ask questions regarding definition and aims of first aid.

Introduction:

Injuries and pain are part of human life. In case of injuries, some kind of immediate medical attention or treatment is needed to reduce the discomfort, pain and deterioration of the condition. The medical attention that is given at the first instance before seeking professional medical help is called “First-Aid”. Ask the students if they have seen any case of accident where they have given first aid. Tell a story of such incident. Today we are going to learn the purpose, principles, rules and concept of emergency.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	Explain the purpose of first aid	The purpose of first aid includes- <ol style="list-style-type: none"> 1. To preserve life 2. To promote recovery 3. To prevent the worsening of the victims condition 4. To transport the victim safely to the health care facility, if needed. 	T: explains with power point presentation. S: Listens and takes notes.	Explain the purpose of first aid?
2	15 mins	Discuss principles of first aid	Principles of first Aid: <ul style="list-style-type: none"> • Keep calm • Identify yourself • Evaluate the situation • Protect the accident scene • Keep bystanders away • Be aware of common responses at an accident scene • Make the victim comfortable • Keep the victim lying down(if possible) • Check the victim for ID • Examine the victim • Never permit the victim to know the extent of injury 	T: explains with power point presentation. S: Listens and takes notes.	Q: Discuss principles of first aid?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Prepare for the worst 		
3.	10 min	Enlist the major injury types that require first aid in order of importance.	<p>It includes:</p> <ul style="list-style-type: none"> • Serious bleeding(arterial) • Cardiac arrest/stoppage of breathing • Internal poisoning • Shock <p>After providing care for the above condition, then consider addressing the following injuries</p> <ul style="list-style-type: none"> • Fractures • Burns • Concussions • Lacerations • Animal bites • Other injuries <p>These types of injuries are not generally life threatening however, they can be serious and may lead to shock or even death.</p> <ul style="list-style-type: none"> • Be familiar with first aid equipment and materials • Keep the victim warm 	<p>T: explains with power point presentation. S: Listens and takes notes</p>	<p>Q: List the major injury types that require first aid in order of importance?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Obtain emergency transportation • Provide complete information to emergency personnel • Appoint someone to watch for emergency vehicles • Cooperate at the accident scene • Do not allow the victim to over hear your conversations • Do not leave a seriously injured victim unattended • Administer all necessary first aid before the victim is transported <ul style="list-style-type: none"> - Control serious bleeding - Begin resuscitation - Immobilize fractures - Treat for shock - Reassure victim - Alert the hospital • First aid is immediate and temporary care • Remember you are not a physician • First aid is more than a bandage 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4.	10 min	Discuss the rule of first aid	<p>Rules of first aid:</p> <ol style="list-style-type: none"> 1. Don't delay in reaching the accident spot 2. Be calm, methodical and quick 3. Look for breathing, bleeding and signs of shock- <p>The first priority is to assess a person's Airway, Breathing and Circulation(ABC)</p> <p>A problem in any of these areas is always fatal if not corrected. The airway(A)- the passage through which air travels to the lungs- can become blocked</p> <p>Various illness and injuries can cause breathing(B) to cease. Cardiac arrest- cessation of the heart beat –stops blood from circulating(C) through the body</p> <p>Help is required to “save a life”.</p> <p>Emergency situations are</p> <ul style="list-style-type: none"> - Electric shock - Difficulty in breathing due to asthmatic attack - Burns - Bleeding - Injury - Fracture - Heart attack 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Explain the rule of first aid?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5.	10 min	Identify types of health risks and hazards	<p>Health and Safety risks:</p> <p>Risk is the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. Let us now learn about the various types of hazards and their cause.</p> <p>This will help you to recognize the various hazards that you may encounter.</p> <p>Types of hazards:</p> <ul style="list-style-type: none"> ○ Biological ○ Chemical ○ Radiation ○ Ergonomic ○ Physical ○ Psychosocial ○ Safety 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	List the types of health risks and hazards?

SUMMARY & EVALUATION (10 MIN)

1. Discuss the purpose of first aid
2. List the rules and principles of first aid
3. Identify the types of health risks and hazards

Assignment: List and explain the rules and principles of first aid

Evaluation : unit test at the end of unit

Bibliography:

1. K Park” Preventive and social medicine” 22nd edition Pp537-539
2. Keshav Swarnkar” community health nursing” 2nd edition Pp238-241
3. Priti Agrawal et al ”community health nursing” 22nd edition Pp502- 505

LESSON PLAN

Subject	: Nursing Foundation- First Aid.
Unit	: I-introduction first Aid.
Topic	: Rules/ General Principles of First Aid and Concept of Emergency.
Group	: GNM 1 st Year.
Place	: Class room.
Date	:
Time	: 60 minutes
Teaching method	: Lecture cum discussion.
AV aids / instructional aids	: Black Board and chalk, LCD, Computer.
Student Pre requisite	: The students were having knowledge of basic rules and principles of first aid.
General Objective	: At the end of the class the students will be able to develop knowledge, skill and abilities regarding relating health emergencies with first aid.
Specific Objectives	: At the end of the class the students will be able to
1.Explain the rules of First Aid.	

2.Enumerate principles of First Aid.

3.Explain the concept emergency.

Review of previous class: Ask questions regarding definition and aims of first aid.

Introduction:

In case of injuries, some kind of immediate medical attention or treatment is needed to reduce the discomfort, pain and deterioration of the condition. Ask the students if they have seen any case of emergency where they have seen / given FIRST AID. Tell a story of such incident.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 min	Explain the rules of First Aid.	Rules of first aid: 1. Don't delay in reaching the accident spot 2. Be calm, methodical and quick 3. Look for breathing, bleeding and signs of shock- The first priority is to assess a person's Airway, Breathing and Circulation (ABC). A problem in any of these areas is always fatal if not corrected. The airway(A)- the passage through which air travels to the lungs- can become blocked Various illness and injuries can cause breathing (B) to cease.	T: explains with power point presentation. S: Listens and takes notes.	Q: Discuss rules of first aid

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Cardiac arrest- cessation of the heart beat –stops bleeding from circulation (C) through the body Help is required to “save a life”.		
2	15 mins	Enumerate principles of First Aid.	General Principles of first Aid: <ul style="list-style-type: none"> ➤ Keep calm and observe scene ➤ Be confident ➤ Identify yourself ➤ Evaluate the situation ➤ Protect the accident scene ➤ Keep bystanders away ➤ Be aware of common responses at an accident scene ➤ Make the victim comfortable ➤ Keep the victim lying down(if possible) ➤ Check the victim for ID ➤ Never keep the victim unattended ➤ Examine the victim ➤ Never permit the victim to know the extent of injury 	T: explains with power point presentation. S: Listens and takes notes.	Q: Discuss principles of first aid?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> ➤ Alert the nearby health ➤ Provide complete information to emergency ➤ Prepare for the worst 		
3.	20 min	Explain the concept emergency.	<p>Concept of Emergency in First Aid</p> <p>The most important basic concept in emergency medicine is traditionally remembered by the mnemonic “ABC” which stands for Airway, Breathing and Circulation. The care provider first makes sure that the patient has an open airway, is breathing appropriately, and has circulation intact (i.e., pulses, normal skin color and no uncontrolled bleeding). If the patient has stable ABCs, other specific injuries can be addressed with first aid. For injuries such as cuts, bruising/swelling or broken bones, it is important that the patient has good feeling (“sensation”) and circulation past the location (“distal”) of the injury.</p> <p>Other basic concepts include keeping wounds clean, applying pressure to stop bleeding and keeping suspected broken bones immobile until they can be evaluated and aligned appropriately. Seek medical help as early as possible, call doctor for further advice in first aid for specific injuries.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes</p>	Q. Explain the concept emergency?

SUMMARY & EVALUATION (10 MIN)

1. Discuss the purpose of first aid
2. List the rules and principles of first aid.

Assignment: Explain the Concept of Emergency in First Aid.

Evaluation : unit test at the end of unit

Bibliography:

- 1.SN Nanjunde Gowda, Jyothi Nanjunde Gowda. Fundamentals of nursing for general nursing and midwifery, 2nd edition Jaypee.
- 2.brunner's & suddarths" text book of medical surgical nursing" 10th edition 2004 lippincott williams & wilkins philadelphia

LESSON PLAN

Subject : Nursing foundation- First Aid Referral

Unit : II -Procedures and techniques in first aid

Topic : Preparation of first aid kit (479)

Group : 1st year GNM

Place : Class room and demonstration room

Date & time : 60 minutes/ 1 hour

Teaching method : Lecture cum demonstration

AV aids / instructional aids : Black Board and chalk, chart

Student Pre requisite : To gain the importance of first aid kit & to prepare it

General Objective : At the end of the class the students will be able to prepare the first aid kit and their uses

Specific Objectives : At the end of the class the students will be able to

1.To introduce first aid kit

2.Enlist various equipment

3. Explain the use of items of first aid kit

4.How to maintain the first aid kit.

Review of previous class: Preparation of first aid kit.

Introduction:

- Instructor's introduction.
- Learn the present knowledge of the students about first aid.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	To introduce First Aid Kit	A first aid kit is collection of supplies and equipments for use in giving first aid and for the purpose by an individual or organization putting in together based on the knowledge and experience normally associated with emergency medical services.	T: Explains with black board chalk, and charts and models	Q: Who introduce First Aid Kit?
2	15 mins	To enlist the various equipment used in first aids.	A first aid kit is mandatory requirement in schools, factories, buses and trains. Its contents vary according to needs special to the likely/anticipated emergency. The following general outline:- -Dressings (assorted). -Triangular bandages. -Roller bandages. -Cotton wool -Scissors. -Dissecting forceps. -Tweezers. -Tourniquet.	T: Explains with black board chalk, and charts and models.	Q: To enlist the various equipment used in first aid?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			-Spirit Ammonium Aromatics. -Splints -Plastic sheets or mackintosh. -Torch KIDNEY TRAY -Ipads -Antiseptic lotion and ointment. -Adhesive tape -Vaseline gauge. -Antibiotic eye ointment. -Burn dressings. -Glucose/Electoral. - Dispirin/ Diclofenac -Rantidine Injection Adrenaline Injection Avil Injection Dexona Injection Pethidine/ For Soap/ Dettol Solution		
3	20 mins	To explain the use of instruments & equipment	1. Dressing to cover the wound to prevent from infection or further injury. 2. Triangular bandages of different size to head injuries & to bind the fractured hand or knee or shoulder. 3. Cotton wool to clean the eye ear or mouth if bleed.	T: Explains with black board chalk, and charts and models	Q: explain the use of instruments & equipment ?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>4. Scissors to cut the tightened cloth or the cutting of dressings or tapes</p> <p>5. Dissecting forceps to take to dust or small blinders in body or to use as cotry to stop the large blood vessels bleeding.</p> <p>6. Dissecting forceps- To take to dust or small hinder in body or to use as cotry to stop the large blood vessels bleeding.</p> <p>7. Tweetzers- To remove the obstruction & to place the organ or body in the safe place</p> <p>8. Torniquet- to use as to stop the extreme bleeding</p> <p>10. Splints- to prevent further fracture or injury.</p> <p>11. Mackintosh/ Plastic Sheet- to prevent the patient the dress, bed from being wet, by maintain.</p> <p>12. Torch- to assess the eye ear or bleeding point</p> <p>Kidney tray to collect the vomit or any other fluid if it can be.</p> <p>-Eye pad- to cover- to prevent from further injuries.</p> <p>-Antiseptic lotion or ointment to prevent from further injection.</p> <p>-Vaseline gauge- for cover the skin injury by burn or by any chemical after wash by sterile water.</p> <p>-Antibiotic eye ointment- To prevent from further complication.</p> <p>-Burn dressing- If burn area is deeper then to cover to prevent from infection.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			-Glucose/ Electrol for D M patient. -Dispirin / diclofenac for pain reliever temporarily -Rantidine for Antiacidic effect -Injection Adrenaline if the patient is in shock -Injection avil as Antihistamine -Injection dexona as antihistamine effect. -Injection Pethidine/ fortwin if patient is restless due to major injuries. -Ointment antihistamine is used in insect bites, stings of mites, ticks, leeches as it relieve the irritation. -Soap/Dettol solution to wash the dog bite or any wild bite.		
4	5 mins	To explain the maintainance of first aid kit.	<ul style="list-style-type: none"> - It is recommended in a clean water proof in durable plastic boxes or fabric pouches. - The type of container will vary depending on purpose and they range in size from wallet size to large rucksacks. - Kids should also be checked regularly and restocked if any items are damaged or are expired out of date. 	T: explains with black board chalk, and charts and models S: Observe and practice demonstration in simulation	Q: The importance of maintenance of first aid kit.
5	5 mins	The origin of first aid kit and its	<ul style="list-style-type: none"> - The ISO endorse green background and white cross. First aid kits are sometime marked with a red cross and white background. 	T: Explains with black board chalk,	Q: An essay on the origin and legacy

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		procedures	<ul style="list-style-type: none"> - The items of (First Geneva Convention 1864 which designates the red cross as a protective symbol. - Its ratification in the United states in 1881. - John & Johnson has used the red cross as a mark on its products since 1887. - Registered the symbol as a US trade mark for medicinal and surgical plaster in 1905. - Very small medical institutions and domestic purposes the white cross on a plane green background is preferred 	and charts and models.	of first aid kit so far.

SUMMARY & EVALUATION (10 MIN)

- What do you mean by the first aid kit.
- What do you mean by first aid kit?
- Enlisting the equipment usually used.
- The uses of items of first aid kit.
- Maintenance of first aid kit.
- Signs of first aid kit recommended.

Assignment: Enlist the instruments and write its uses. Prepare the first Aid Kit.

Evaluation : unit test at the end of unit

Bibliography:

- 1.N. N. Yallayya Swamy, First Aid Emergency Nursing, First Edition, CBS publisher.L. C. Gupta
- 2.AmitabhGupta, Manual of First Aid, First Edition/ Reprint Fourth Edition, Jaypee Publishers

LESSON PLAN

Subject	: Nursing Foundation- First aid.
Unit	: Procedures and Techniques in First aid
Topic	: Dressing Techniques
Group	: G.N.M. I st Year Students
Place	: Class room and Demonstration room
Date	:
Time	: 60 minutes.
Teaching Method	: Lecture cum demonstration
A.V. aids/ instructional aids	: Black board and chalk, Chart, LCD, Computer, Dressing materials.
Student Pre Requisite	: The student should be able to apply this knowledge and skill in a real emergency situation.
General Objective	: At the end of the class the student will be able to explain and demonstrate knowledge Regarding the dressing procedure in first aid.
Specific Objections	: At the end of the class the students will be able to-
1. Define the dressing uses and characteristic of efficient dressing.	
2. Explain the General rules of apply dressing.	
3. Explain and demonstrate the types of dressing application.	

Review of previous Class: Ask question regarding to which types of dressing tech used various types of wound and Type of bleeding.

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins.	Define the dressing purpose and characteristic of efficient dressing.	Definition: A dressing is a sterile pad or compress applied to the wound. ➤ Purpose- <ul style="list-style-type: none"> (i) Control bleeding. (ii) Prevent Infection. (iii) Absorb any discharge. (iv) Avoid further injury. (v) Assist in healing 	T. Explain with power point presentation. L. Listen and takes notes.	Q Define the dressing and explain their uses?

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>➤ Characteristics of Efficient Dressing-</p> <p>(i) It should be sterile.</p> <p>(ii) It should be soft with proper pores to allow the oozing of discharge and sweating.</p> <p>(iii) It should be large enough to cover the area of the wound and extend about 2.5 cm beyond it.</p>		
2	10	Explain the General	General Rules for applying dressing:	T. Explain with power	Q: List the rules of

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
	mins	rules of apply dressing.	<ul style="list-style-type: none"> ➤ Wash your hands before dressing if possible. ➤ Clean the wound and its surrounding skin if wound is not large and bleeding is under control. ➤ Avoid touching the wound or any part of the dressing coming in contact with the wound. ➤ Never cough over the wound on dressing. ➤ Always place a dressing directly on to a wound, never slide it on from the side. ➤ Do not remove dressings. Add new dressing over the top of blood soaked. 	point presentation. L. Listen and takes notes.	application?
3	30 mins.	Explain and demonstrate the types of dressing application.	Types of dressing:- <ul style="list-style-type: none"> ➤ Adhesive Dressing ➤ Non-adhesive Dressing ➤ Gauze dressing 	T. explain with power point presentation and demonstrate	Q Ask the question about which type of dressing used in emergency situation by

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>➤ Improvised Dressing</p> <p>➤ Antiseptic Medicated Dressing</p> <p>(i) Adhesive Dressing:- The sterile dressings consist of a pad of absorbent gauze of cellulose held in place by a layer of adhesive material. Available in different size & shape.</p> <p>Method of application-</p> <ol style="list-style-type: none"> 1. The surrounding skin must be dry before application. 2. Remove the outer wrapping and hold the dressing, gauze side down. 3. Peel back and expose the gauze and place the pad on to the wound. 4. Press the ends and the edges down. <p>(ii) Non-adhesive Dressing:-</p> <ol style="list-style-type: none"> 1. Sterile readymade dressing. 2. It consists of layers of gauze covered by a pad of cotton wool with attached roller bandage. 	<p>the technique.</p> <p>L. Listen and observe.</p>	<p>first aider if sterile dressing is not available.</p>

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Method of Application:-</p> <ul style="list-style-type: none"> (i) Remove outer & inner wrapping. (ii) Unwind the bandage & open the dressing. (iii) Place the dressing on the wound with gauze side down. (iv) Bandage firmly until the pad is covered. (v) Secure the bandage by tying the two ends over the pad. <p>(iii) Gauze Dressing:-</p> <ul style="list-style-type: none"> 1. It is used for large wounds. 2. It is very absorbent, soft and pliable. 3. Help in clotting. 4. This can be covered by pad of cotton wool if used in place of sterile dressing and apply same as sterile dressing. <p>(iv) Improvised Dressing :- In emergency situation</p>		

S.No.	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>prepared dressing may not available then to improvise using any available suitable material.</p> <p>Such as, dry and clean handkerchief, towel linen pad of paper handkerchief.</p> <p>Improvise dressing should be covered and held in position by any material available at that time for eg. folded scarf.</p> <p>(v) Antiseptic Medicated Dressing- It contain medicine and apply as sterile dressing.</p>		

SUMMARY & EVALUATION (10 MIN)

- Explain dressing technique.
- Demonstrate by students .

Assignment: Enlist types of dressing and method of application.

Evaluation : unit test at the end of unit

Bibliography:

1. Manual of First Aid Management of General injuries sport injuries and common ailments. Author's name: L.C. Gupta and Abhitab Gupta

LESSON PLAN

Subject	: Nursing foundation- first aid .
Unit	: II- Procedures and techniques in first aid.
Topic	: Roller bandaging.
Group	: GNM I st year students.
Place	: Class room and demonstration room.
Time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer, bandage, adhesive tape, crepe bandage
Student Pre requisite	: The students should be able to apply this knowledge and skills in a real emergency situation.
General Objective	: At the end of the class the students will be able to demonstrate and explain Knowledge regarding roller bandage.
Specific Objectives	: At the end of the class the students will be able to
1.Describe roller bandage, uses, rules for application and turn and which are used.	

2. Demonstrate spiral, reverse spiral, figure of eight and spica bandage.
3. Demonstrate hip, shoulder, foot and ankle bandage.
4. Demonstrate thumb finger, stump, single and double eye, ear, breast, jaw and capelin bandage.

Introduction:

Ask questions regarding techniques of roller bandaging and demonstrate on simulation.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Describe roller bandage, uses, rules for application and turns which are used	<p>Roller bandages are made from strips of different material of varying length and width according to part to which they are applied.</p> <p>Uses:</p> <ol style="list-style-type: none"> 1. To cover and retain dressing and splints in position 2. To provide support 3. To restrict movement 4. To prevent and control hemorrhage <p>Rules:</p> <ol style="list-style-type: none"> 1. Use a tightly rolled bandage of correct width 2. Always stand in front of the patient except in capelin bandage 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: what are the purpose and turns of roller bandaging?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			3. Bandage a limb in the [position in which it is to remain 4. Pad the axilla or groin when bandaging this parts 5. Hold the bandage with the head uppermost and apply the outer surface of the bandage to the part 6. The bandaging should be no loose and too tight Turn: 1. Simple spiral 2. Reverse spiral 3. Figure of eight 4. Spica		
2	10 mins	Demonstrate spiral, reverse spiral, figure of eight and spica	<p>Simple spiral: the bandage is applied obliquely round the part, each turn cover two third of the proceeding one, and the edged being kept parallel. Ex finger and wrist bandage</p> <p>Reverse spiral: a spiral bandage in which the oblique turns are reversed at each turn in order better to adapt to the part.</p> <p>Figure of eight bandage: a bandage applied alternatively to two parts of a limb above and below the joints in such a way that the turn describe the figure of eight.</p>	<p>T: demonstrate and explains the techniques.</p> <p>S: Listens and observe.</p>	<p>Q: Define the Spiral, reverse spiral, figure of eight and spica bandaging ?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			Spica: a bandage applied to the body and the first part of a limb or to the hand a finger which overlap slightly in a V to resemble an ear of grain. Ex spica of hip, shoulder, groin, foot		
3	15 mins	Demonstrate the spica of shoulder, hip, figure if eight of foot and ankle, thumb, finger and stump bandage	Shoulder bandage: <ul style="list-style-type: none"> ➤ Pad the axilla and anchor by several circular turns around upper arm ➤ Carry across back to arm pit of opposite site then across chest obliquely to top of primary turns ➤ Carry around arm under arm pit and upward towards shoulder ➤ Continue until entire shoulder is covered ➤ Secure with adhesive tapes <ul style="list-style-type: none"> ▪ Hip bandage: ➤ Place the out side of the bandage on the inner site of the thigh above 6 inches below the groin ➤ Carry the bandage horizontally round the limb and a make four ascending reverse spiral turns round the thigh ➤ Carry the bandage from within outward over the front of the groin and a upward the hip and a back passing over 	T: demonstrate and explains the techniques. S: Listens and observe.	Q: Define the spica of shoulder, hip, figure if eight of foot and ankle, thumb, finger and stump bandage?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>the prominence of the hip bone on the opposite site</p> <ul style="list-style-type: none"> ➤ Bring the bandage down, over the abdomen to the outer side of the thigh and repeat the figure of eight around the body and a thigh until hip is covered and secure <ul style="list-style-type: none"> ▪ Figure of eight of foot and ankle: ➤ Anchor just above ankle, bring bandages obliquely across in step to base of large toe with turnaround base of toes ➤ Continue obliquely across in step to point of beginning ➤ Repeat procedure, leaving exposed with turn ascending until arch in step are covered ➤ Terminate at starting point and secure <ul style="list-style-type: none"> ▪ Thumb bandage: ➤ Back of the thumb is uppermost take two turns round the wrist and carry the bandage over the back of the thumb ➤ Wrap the wrist and repeat the first loop ➤ Attach the end of bandage to the diagonal strip to the other ➤ Check the circulation and secure the bandage at the wrist <ul style="list-style-type: none"> ▪ Finger bandage: ➤ Anchor bandage at wrist, bring over back of hand and make one complete turn at place of injured finger, spiral 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>turn to tip of finger to hold dressing</p> <ul style="list-style-type: none"> ➤ Make another spiral turn back to base of finger ➤ Complete bandage with figure of eight progressing from tip to finger base. ➤ Terminate the circular turn around wrist and secure <ul style="list-style-type: none"> ▪ Stump bandage: ➤ place the base of the bandage well upon the inside of the stump the point hanging downwards ➤ draw the point over the stump and cross the ends in front over the point ➤ carry the bandage over the centre of stump to the same level behind holding the turns back front with the thumb and fingers of the other hand ➤ Repeat the recurrent turns over the ends of the stumps first and on the stump left on the right side of original turn and secure 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	15 min	Explain and demonstrate bandage of eye, ears, jaw, breast and capelin bandage	<p>Crossed bandage of one eye</p> <ul style="list-style-type: none"> ➤ Anchor the bandage with circular turn round the head and bring obliquely down across back of head ➤ Bring under ear on site of injured eye and obliquely up across chick bone to bridge of nose, joining primary turn continue and repeat procedure each turn overlapping over the upper two third of proceeding turn until eye is covered ➤ Apply circular turn around head and secure. <ul style="list-style-type: none"> ▪ Ear bandage: ➤ Lay the outer surface of the bandage against the forehead and carry the bandage round the head in one circular turn, bandage away from the ear ➤ Towards the sound site carry the bandage around to the back of the head, lowdown in the nape of the neck, repeat this and secure. <p>Bandage of Jaw:</p> <ul style="list-style-type: none"> ➤ Start bandage in front of ear, bring over top of head and under jaw , make several turns as needed ➤ Anchor vertical bandaging by making several horizontal 	<p>T: demonstrate and explains the techniques.</p> <p>S: Listens and observe.</p>	<p>Q: Explain and demonstrate bandage of eye, ears, jaw, breast and capelin bandage?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>turns around head</p> <ul style="list-style-type: none"> ➤ Reinforce both loops with strips of adhesive placed in direction of loops and secure with tape across the front of the chin. <p>Breast bandage:</p> <ul style="list-style-type: none"> ➤ Take three inch bandage in starting below the breast to be covered and away from it towards carry the twice round waist ➤ Bring the bandage up under the breast to be supported over the opposite shoulder obliquely down across the back or under the arm and covering two third of previous turn and secure. <p>Capelin bandage:</p> <ul style="list-style-type: none"> ➤ Tie two bandage together with square knot ➤ Place knot at back head and bring both rolls forward above ear ➤ Cross bandage at centre of forehead, roll number one upward over the centre of the scalp, bring roll number one over top of head to nape of neck and a roll number 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>two around head over other bandage to starting point</p> <p>➤ Bring roll number two over folds of roll number one of forehead and continue around head to back, bring roll number one back over the top of head repeat procedure alternating left and right cover head with several circular turns and terminate.</p>		

SUMMARY & EVALUATION (10 MIN)

Explain the technique of roller bandage.

Assignment: Advice to guided practice and demonstration.

Evaluation : unit test at the end of unit

Bibliography:

1. Yalavyaswamy N N. First aid and emergency nursing. CBC publisher and distributor. New Delhi pp23-

LESSON PLAN

Subject	: Nursing foundation- first aid referral
Unit	: II, Procedure and techniques in first aid.
Topic	: Triangle bandage uses, abdominal binder and breast binder/bandage
Group	: 1 ST YEAR G.N.M
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the triangle bandage and need or use of bandage.
General Objective	: At the end of the class the students will be able to gain knowledge regarding triangle bandage, abdominal binder and breast binder.
Specific Objectives	: At the end of the class the students will be able to
	1. Define triangle bandage and tell the parts of it.
	2. Enlist the uses of triangle bandage.
	3. Define abdominal binder.

4. Explain technique of applying abdominal binder.
5. Enlist the nursing alerts regarding abdominal binder.
6. Explain how to apply breast bandage.

Review of previous class: Ask questions regarding triangle bandage and its uses, abdominal binder and breast binder.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	05 mins	Define triangle bandage and tell parts of it.	Triangle bandage – A triangle shaped bandage , made by cutting a piece of calico 100 cm ² from corner to corner as to give two bandages. Three borders :- one base and two sides. Three corners :- one point and two ends.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define triangle bandage and tell parts of it?
2	10 mins	Enlist the uses of triangle bandage.	<ol style="list-style-type: none"> 1. As a whole cloth spread it out fully. 2. As a broad bandage, fold it. 3. As a narrow bandage , fold broad bandage once again. 4. As a smaller size bandage, when needed, size reduced half of the original. 5. For bandaging scalp, forehead, chest, shoulder, elbow, hip and groin, knee, stump. 	T: explains with power point presentation. S: Listens and takes notes.	Q: Enlist the uses of triangle bandage.
3	05 mins	Define abdominal binder.	Abdominal binder – It is a wide, flat piece of fabric that is secured around the trunk to support the abdomen or dressings.	T: explains with power point presentation.	Q. Define abdominal binder.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
				S: Listens and takes notes.	
4	10 mins	Explain techniques of applying abdominal binder.	<ul style="list-style-type: none"> First place the center of the binder at the level of client's waist line on his back. Wrap the ends of binder snugly over the client's abdomen and secure it with Velcro straps. The binder is secured at bottom first, working upward. 	<p>T: Demonstrates the technique of applying abdominal binder.</p> <p>S: Observe and practice demonstration.</p>	Q. Explain techniques of applying abdominal binder.
5	10 mins	Enlist the nursing alerts regarding abdominal binder	<ul style="list-style-type: none"> Important to check the position of the binder frequently. Binder could move up and inhibit respiration or could slip down and lose its effectiveness. 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q. Enlist the nursing alerts regarding abdominal binder.
6	10 mins	Explain how to apply breast	Breast bandage to support one breast- Take a 3 inch bandage, start below the breast to be covered and working away from it towards the sound side, carry the bandage twice round the waist. Bring the bandage up, under the breast to be supported	T: Demonstrates the technique of applying	Q. Explain how to apply breast bandage.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		bandage.	<p>over the opposite shoulder obliquely down across the back or under arm and once more around the waist, on covering two third of previous turns.</p> <p>To support both breasts –</p> <ul style="list-style-type: none"> • Start with two circular turns round the waist. • Starting under the right breast, bring bandage up, over the left shoulder, obliquely down across the back and across the front of the waist horizontally. • Carry the bandage under the left arm, up across back to the right shoulder and down across the chest, under the left breast. • These turns repeated. 	<p>breast bandage.</p> <p>S: Observe and practice demonstration.</p>	

SUMMARY & EVALUATION (10 MIN)

- What do you mean by triangle bandage.
- Enlist use of triangle bandage.
- Define abdomen binder and explain technique of applying it.
- Enlist nursing alerts regarding abdominal binder.
- Explain how to apply breast bandage.

Assignment: Explain the method of applying triangle bandage, abdominal binder and breast bandage.

Evaluation : unit test at the end of unit

Bibliography:

1. Manual of first aid: Management of general injuries, sport injuries and common ailments.
2. -L.C Gupta, Abhitabh Gupta.(Jaypee)
3. First aid and emergency nursing.
4. N N Yalavyaswamy (CBS)

LESSON PLAN

Subject	: Nursing foundation- first aid referral
Unit	: II, Procedure and techniques in first aid.
Topic	: T- bandage, Many tail bandage, Knots reef and clove.
Group	: 1 ST Year G.N.M
Place	: Class room and demonstration room
Time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart, LCD, Computer
Student Pre requisite	: The students should be able to identify the T bandage and tell about the knots.
General Objective	: At the end of the class the students will be able to gain knowledge regarding T bandage, Many tail bandage techniques and uses and explain the reef and clove knot.
Specific Objectives	: At the end of the class the students will be able to <ol style="list-style-type: none">1. Explain the T bandage and techniques of applying.2. Enlist the uses of T bandage.3. Define Many tail bandage and explain the techniques of applying it.4. Explain the technique of tying reef and clove knot.
Review of previous class:	Ask questions regarding bandage and technique of applying it.

Introduction:

Ask the students if they have seen the T bandage.

Whether they have heard or used the Many tail bandage.

Whether they have tied reef and clove knots

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Explain the T bandage and its technique of applying	<ul style="list-style-type: none">• T bandage is t shaped, consisting of two strips of flannel, about 4 inches wide, stitched together in the form of a T.• The horizontal strip (long) is passed round the body and vertical strip is passed up between the legs.• It is then pinned to horizontal strip.	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain the T- bandage and its technique of applying?
2	05 mins	Enlist the uses of T bandage.	<ol style="list-style-type: none">1. Any rectal dressing.2. Perineal dressing.3. Used to hold a perineal pad in place for incontinent or menstruating female client.4. Hydrocele.	T: explains with power point presentation. S: Listens and takes notes.	Q: Enlist the uses of T- bandage?
3	20 mins	Define Many tail bandages and explain	Many tail bandage – It is a bandage which consist of a number of strips or tails of cotton material, four to six inches wide and of sufficient length to encircle the part (8 inches).	T: Demonstrates the technique of applying Many tail bandage.	Q. Define Many tail bandages and explain how to apply it?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		how to apply it.	<ul style="list-style-type: none"> • The center band of bandage is placed under the patient's back, applied from below upwards. • One tail being brought across the body at a time and held in position by a tail from the opposite side. • All the remaining tails should be applied as the first tail. • The last tail is brought obliquely downwards and secured with a safety pin. 	S: Observe and practice demonstration	

SUMMARY & EVALUATION (10 MIN)

- What do you mean by T bandage.
- How to apply T bandage.
- Define Many tail bandage and explain technique of applying it.
- Explain to how to tie reef and clove knot.

Assignment: Explain the technique of applying T bandage, multi tail bandage and method of tying reef and clove knot.

Evaluation : unit test at the end of unit

Bibliography:

1. Manual of first aid: Management of general injuries, sport injuries and common ailments. L.C Gupta, Abhitabh Gupta.(Jaypee)
2. First aid and emergency nursing N.N Yalayyaswamy (CBS)

LESSON PLAN

Subject	: Nursing foundation- First Aid Referral
Unit	: II Procedures and techniques
Topic	: Transportation of injured
Group	: 1 st year GNM
Place	: Class room and demonstration room
Date & time	: 60 minutes/ 1 hour
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart
Student Pre requisite	: The students should be able to gain knowledge about the handling & transportation of injured person & help make a good decision at the spot..
General Objective	: At the end of the class the students will be able to gain knowledge regarding transportation of injured person..
Specific Objectives	: At the end of the class the students will be able to
1.Enlist the general principles of safe transportation of injured person.	
2.To understand the aim of safe handling & transportation.	
3.To list about the various methods.	
4.Discuss the principle of lifting method in transportation.	
5.Describe about the handling of casualty by one man, two man and by stand byers.	
6.How to use the material as first aid during transportation.	

Review of previous class: Ask questions regarding eligible couple need assessment, information regarding contraception and importance of choice of a particular contraceptive .

Introduction:

- Introducing the instructor and the topic at hand.
- Asking the students about the knowledge of handling the transportation of patients.
- Mentioning the general objective & specific objectives before starting the topic.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	Enlist the general principles of safe transportation of injured person.	<ol style="list-style-type: none"> 1. Never move an injured unless a help is not readily available. 2. Leave casualty undisturbed send for help & provide first aid on the spot 3. Move the injured casualty as soon as possible without harming yourself from fire, falling debris & poisonous gases. 4. Method of transport depends on <ol style="list-style-type: none"> a. The nature and severity of injury b. The number of helpers. c. Facilities. d. The casualty's build e. Distance to be covered f. Route to be travelled 	<p>T: explains with black board chalk, and charts and models.</p> <p>S: Listens and takes notes.</p>	Reiterate the general principles of transportation of an injured person
2		.	<ol style="list-style-type: none"> 1. Never attempt to move a seriously injured casualty on your own, instead arrange for an ambulance. 2. Whenever possible the position in which the casualty is found or has been placed should not be changed & the general condition watched carefully throughout. 	T: explains with black board chalk, and charts and models	

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
				S: Listens and takes notes.	
2	2 mins	What is the aim to transport?	To enable the casualty to reach the destination without deterioration or discomfort.	T: explains with black board chalk, and charts and models S: Observe and practice demonstration in simulation.	Importance of a safe transportation
3	20 mins	To Explain the various one man method of transport	<ul style="list-style-type: none"> - Carrying in hand or cradle- this can be done in less weight or in a child carrying minor wound. the injured person should be carried from the below of shoulder in one hand and the knee with hands. - Human crutch- In this, first aider himself stands near the injured holding his waist clothes support, Lift him with his another hand and put around the first aiders neck and take him by support. The casualty may be given additional support if he is conscious with a 	T: explains with black board chalk, and charts and models S: Observe and practice demonstration in	Name & Explain the different kinds of lifts

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>walking stick or staff.</p> <ul style="list-style-type: none"> - Fireman's Lift- In this keep the injured person standing . Hold one of his hand and keep your other hand under the two legs at the knee area. Hold one of the leg over the knee and carry him on your back or make the injured person sit on the same height., bend before him keeping your back at his face.now ask him to fold his legs around your waist and hands around your shoulders and carry him slowly. It is also called as PICK A _ BACK. This method is used to move a conscious or unconscious child or a light weight adult when you need to help a hand free. 	simulation	
4	5 mins	To describe the principle of lifting of casualty	<ul style="list-style-type: none"> - To lift the casualty use most powerful muscles of your body (the thigh hip and shoulder muscles) - The leg should be kept as close to your body as possible. - Keep your back straight and head erect & bend at knees and hold the casualty close to your body using your shoulders to support the leg. - Use whole hand to strengthen the grip. - If it is too heavy gently slowly slide the casualty without injuring yourself and present the casualty 	explains with black board chalk, and charts and models	Demonstrate the ways of liftings

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			more damage to the injured area.		
5	20 min	To understand the two man casualty carrier	<ul style="list-style-type: none"> - Four handed seat- both the helper form a chair type seat by catching each adult wrist . Both helpers catch the wrist with the left wrist of one and the right vice versa. After forming a seat the helpers sit behind the injured person and ask him to sit and put both of his hands around the two man helpers. Now the helper towards the right hand, should start with the right foot and the left helper should start with the left foot . this is usually done in conscious casualty. - Two handed seat- This method is used to carry a casualty who is unable to assist the bearers or if his hand is fractured and cannot hold the helpers on its own. Both the helpers face are towards each other. Hold the casualty by one hand from the chestline. Now they lift him slightly and catch each other's fingers by inserting hands from the middle portion of his thighs. The left side helpers keep his palms towards the upper side and the right side helpers should keep his palm towards the downside by 	explains with black board chalk, and charts and models	Role of standby bearer in transportation

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>forming shape of hook with the help of fingers. Both should catch a handkerchief or some cloth tightly. Now, both the helpers should start walking slowly without passing the other under the middle of the thigh and grasp each other's wrists. Rise together and step off with the outside feet and walk with ordinary pace.</p> <p>For and a ft carry- Do not use if you cannot grasp casualty wrists. Supporting the casualty on both sides</p> <ul style="list-style-type: none"> - Chair method - A casualty carried in wheel chair - Blanket Lift - Improvised method 		
6	15 mins	Types of stretchers	<ol style="list-style-type: none"> 1. Standard stretchers 2. Closing the stretchers 3. The scoop or orthopaedic stretcher 4. Utility folding stretcher 5. Pole & canvas stretcher 6. Neil Robertson Stretcher 7. Improvised stretchers 	explains with black board chalk, and charts and models	Enlist the types of stretchers and differentiate between them

Summary:& Evaluation(10 Min)

- List general principles
- Point out the important or main aim of transportation
- Describe about the principle of lifting method in transportation
- Discuss about the various methods in short
- How the casualty carried by one man help
- Carrying of casualty by two man.
- How to use the first aid kit material during the transportation.

Assignment: List principles & various methods used for transporting and injured person

Evaluation: Unit test for 60 marks once Unit II is completed

Bibliography: S. No/ Book Name/ Author/ Publisher/ Page No.

N. N. Yalyya- Swamy, First Aid Emergency Nursing

L. C. Gupta/ Abhishek Gupta, Manual of first Aid, First Reprint- Fourth Edition, Jaypee Medical Publishers.

LESSON PLAN

Subject	: Nursing foundation- first aid referral
Unit	: II, Procedure and techniques in first aid.
Topic	: Transportation of the injured.
Group	: 1 ST year G.N.M
Place	: Class room and demonstration room
Time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart, LCD, Computer
Student Pre requisite	: The students should have some idea of posture of injured and precautions during transportation.
General Objective	: At the end of the class the students will be able to gain knowledge regarding how to transport the injured person.
Specific Objectives	: At the end of the class the students will be able to <ol style="list-style-type: none">1. Explain how to load a stretcher.2. Enlist the steps of blanket lift.

3. Explain manual lift for a fractured spine.
4. Enumerate how to carry a stretcher.
5. To explain the technique of loading and unloading an ambulance.

Review of previous class: Ask questions regarding need of quick transportation and technique of transportation of

Introduction:

Ask the students if they know how to load a stretcher.

Whether they have heard about blanket lift.

Whether they know the loading and unloading an ambulance.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Explain how to load a stretcher.	<ul style="list-style-type: none"> 5 people required, 4 to lift the injured and 1 to move the stretcher. Fold the canvas sheet and make three complete folds from the top and four from the bottom. Slide the folded canvas under the casualty through the hollow of his back and lift the injured. 	<p>T: Demonstrates the technique of applying abdominal binder.</p> <p>S: Observe and</p>	Q: Explain how to load a stretcher.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
				practice demonstration.	
2	10 mins	Enlist the steps of blanket lift.	<ol style="list-style-type: none"> 1. Two bearer's should stand facing each other on either side of casualty's trunk and the two face each other at his lower limbs. 2. The two edges of the blanket may be rolled tightly up, against his side. 3. With back straight, squat and grasp the blanket with your palms downwards and fingers at the inner side of the rolled blanket edge. 4. Then carefully load the casualty on the stretcher. 	<p>T: Demonstrates the technique of applying abdominal binder.</p> <p>S: Observe and practice demonstration..</p>	Q: Enlist the steps of blanket lift.
3	10 mins	Explain manual lift for a fractured spine.	<ul style="list-style-type: none"> • Do not move the casualty unless absolutely necessary. • The 5 helpers, 3 on one side and 2 on other side, kneel. • The team of 2 should place their arms on the casualty's far side. They turn the casualty towards them, using log roll. • The team of 2 holders will insert their arms under the casualty between helpers 2 & 4 and 4& 6. 	<p>T: Demonstrates the technique of applying abdominal binder.</p> <p>S: Observe</p>	Q. Explain manual lift for a fractured spine.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	05 mins	Enumerate how to carry a stretcher.	2 bearer's at each end of stretcher are required to carry a stretcher.	T: explains with power point presentation. S: Listens and takes notes.	Q. Enumerate how to carry a stretcher.
5	15 mins	Explain the technique of loading and unloading ambulance.	<ul style="list-style-type: none"> 4 people, 1 inside the ambulance, other 3 one on either side of the stretcher, one at the end will load the ambulance. 1 bearer takes the hold of the handles at the back and another at head. The bearer at the back gently withdraws the stretcher, others will support the injured and unload the ambulance. 	T: Demonstrates the technique of applying breast bandage. S: Observe and practice	Q. Explain the technique of loading and unloading ambulance.

SUMMARY & EVALUATION (10 MIN)

- Explained how to load a stretcher.
- Enlist the steps of blanket lift.
- Explain manual lift for fractured spine.
- How will you load and unload ambulance?

Assignment: Explain how you will transport the injured person.

Evaluation : unit test at the end of unit

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LESSON PLAN

Subject : Nursing Foundation-First Aid Referral

Unit : procedure and technique in first aid

Topic : CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.

Group : GNM 1st Year students.

Place : Class room and demonstration room

Time : 60 minutes

Teaching method : Lecture cum demonstration

AV aids / instructional aids : Black Board and chalk, chart, LCD, Computer.

Student Pre requisite : The students should be able to identify the eligible victim who need CPR,- Mouth to mouth, Sylvester, Schafer, External cardiac massage, and would be able recognize the importance of CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.

General Objective : At the end of the class the students will be able to gain knowledge and demonstrate regarding CPR,- Mouth to mouth, Sylvester, Schafer, External cardiac massage.

Specific objectives:

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

1. Define CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.
2. Enumerate the purposes of CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.
3. Explain indications for CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.
4. Apply the general instruction for effective CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.
5. Prepare the articles for CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.
6. Describe techniques and steps for of CPR.
7. Describe the precautions of Cardio-Pulmonary Resuscitation
8. Describe the role of nurse after care of Cardio-Pulmonary Resuscitation.

Review of previous class: Ask questions regarding CPR- Mouth to mouth, Sylvester, Schafer, External cardiac massage.

Introduction:

Unexpected cardiopulmonary collapse is a medical emergency that requires immediate institution of the artificial measures to support life and to reverse the initiating path physiological event.

Ask the students if they know CPR.

Tell a story of accidents in which CPR saves life.

Brainstorm what they should use at the time of emergency

Also mention the objectives of the lesson to the students here.


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1.	2 mins 8 Min	Define the cardio-pulmonary resuscitation	<p>Definition :- “CARDIO-PULMONARY RESUSCITATION is a series of first aid procedures, including recognition and treatment of circulatory and respiratory arrest, capable of maintaining life until advance life support is available.”</p> <p>Schafer method- It is prone pressure method of artificial respiration in which the victim is placed face downward pressure then being rhythmically applied with hands to the lower part of thorax. the first aider kneels on both knee just below victims hip joint then place his hand of the loin causality, one on each side then the backbone with wrist almost touching and thumb apart. Now the first aider has to lean slowly forwarded without banding elbow and knee for allow the weight to communicated loin of the patient. This results compress abdomen against the ground and up against diaphragm. Air is thus forced out of lungs and expiration. Now the first aider will release the pressure by doing so abdominal organs will fall back and diaphragm will drop and induce inspiration. This two faces taken 5 seconds 12 times in minutes.</p> <p>Sylvester method - it is a method of artificial respiration in which the subject is laid</p>	Lecture cum discussion	Q: Write the definition of CPR.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2.	5 Min	Enumerate the purposes of cardio-pulmonary resuscitation.	<p>on his /her back and air is expelled from lungs by pressing the arm over the chest and fresh air drawn in by putting the arm above the head.</p> <p>place casualty on firm surface clear the mouth beneath shoulders to raise them sufficiently for head to be tilted back in open airway position. Kneel at casualty head grasp the wrist and cross them over on the lower chest keeping them lower clear of abdomen. Even pressure with the holder nelson method for 2 seconds.</p> <p>Release the pressure, after 4 sequences check for heart beat if normal continue method until breathing restore.</p> <p>Purpose of cardio –pulmonary resuscitation :</p> <ul style="list-style-type: none"> ◆ To save the life of the patient. ◆ To provide basic life support till medical and life support services are not available. ◆ To maintain blood circulation by external cardiac massage. ◆ CPR Provides artificial ventilation and Recirculation to a person experiencing cardiac and respiratory arrest. ◆ To maintain an open and clear airway. 	lecture cum discussion	Q: Define the purposes of CPR.
3	10	ENLIST THE	<u>INDICATION OF CARDIO PULMONARY</u>		


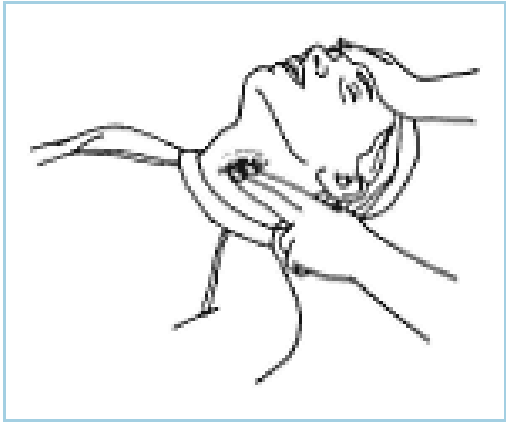
S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
	Min	INDICATION OF CARDIO-PULMONARY RESCUSSITATION	<p><u>RESUCITATION</u></p> <p>◆ CARDIAC ARREST</p> <ul style="list-style-type: none"> → VENTRICULAR FIBRILATION (VF) → VENTRICULAR TACHY CARDIA (VT) → CABG. → HEART FAILURE. → DYSRHYTHMIAS → HEART BLOCK <p>◆ RESPIRATORY ARREST</p> <ul style="list-style-type: none"> → DROWNING → STROKE → FOREIGN BODY IN THROAT → SMOKE INHALATION → DRUG OVER DOSE → INJURY BY LIGHTING → SUFFOCATION → ACCIDENT → COMA → COPD → AIRWAY OBSTRUCTION → ATELECTASIS <p>CONTRAINDICATION :-</p> <ul style="list-style-type: none"> • DO NOT RESUSCITATE WHEN THE DECISION 	lecture cum discussion	


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	5 Min	PREPARE THE EQUIPMENTS FOR CPR.	<p>NOT TO RESUSCITATE HAS BEEN NOTED IN THE CHART.</p> <p>EQUIPMENTS:-</p> <ul style="list-style-type: none"> • NO EQUIPMENTS IS ABSOLUTELY REQUIRED FOR EFFECTIVE PERFORANCE OF CPR, HOWEVER, CPR POCKET MASKS AND AMBU BAG ARE RECOMMENEDTO DECREASE THE TRANSMISSION OF PATHOGENS WHEN CARRYING OUT THE MOUTH TO MOUTH BREATHING PROCEDURE. • IF THE ARREST OCCURS WHILE THE CLIENT IS IN THE BED, A HARD, BROADLIKE OBJECT (MEAL TRAY) SHOULD BE PLACED UNDER THE CLIENT,S CHEST IF SUCH AN OBJECT IS READLY AVAILABLE. 	T: lecture cum discussion	Q:What are the articles recommend ed for CPR?
5.	10 min	Apply the general instruction for effective	<p><u>GENERAL INSTRUCTION FOR EFFECTIVE C.P.R.</u></p> <ul style="list-style-type: none"> • CPR used in persons whose respirations & circulation of blood has suddenly & 	T: lecture cum discussion .	Q: What is the preliminary assessment

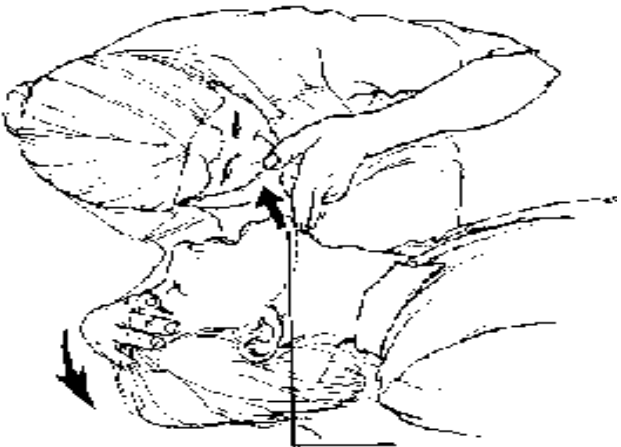
S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		CRP..	<p>unexpectedly stopped.</p> <ul style="list-style-type: none"> • There is no need of attempting CPR technique in patients in the last stage of an incurable illness & in persons whose heart beat & respiration have been absent for more than six minutes. • The immediate responsibilities of the resuscitator are : <ul style="list-style-type: none"> ✓ To recognize the signs of cardiac arrest ✓ Protect the patient's brain from anoxia by immediately starting artificial ventilation of the lungs & external cardiac massage. ✓ Call for help. • The carotid artery is used to determine the absence of pulse. • If on assessment, there are no signs of circulation start external cardiac compressions. • The victim is on the horizontal supine position on a flat and hard surface. • Locate landmark notch hands in the center of the chest, right between the nipples and four fingers above the xiphoid process. <p><u>GENERAL INSTRUCTION FOR POSITION HANDS, ARMS AND SHOULDERS</u></p>		<p>before applying CPR?</p> <p>What are the</p>


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Elbows should be locked and arms are straight. Rescuer's shoulders position directly over hands  <ul style="list-style-type: none"> Begin compression Pressure should come from the shoulders. Compression should depress victim's sternum approximately 1.5- 2 inches. Don't allow the fingers to touch the chest wall. Allow chest to rebound to normal position after each compression. Perform compression at the rate of 100/min. Maintain correct position at all times. Check for signs of circulation every 3-5 min. Compression: ventilation ratio is 15:2 		techniques for applying CPR.

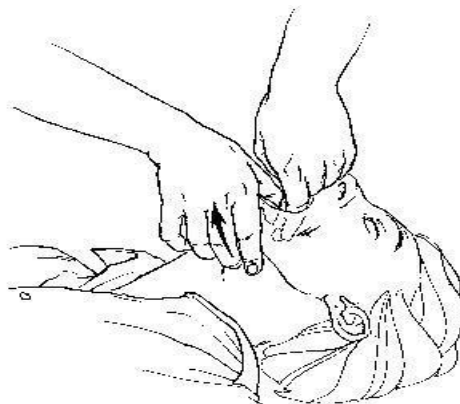
S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
6.	30 min	Describe techniques and steps for of CPR.	<p>irrespective of number of rescuer.</p> <ul style="list-style-type: none"> Exhalation occurs between the two breaths and during the first chest compression of the next cycle. <p><u>TECHNIQUES FOR APPLYING CPR</u></p> <p>ASSESSMENT :-</p> <p>It is of crucial importance. It includes</p> <ol style="list-style-type: none"> Assess responsiveness by calling the person; shouting and shaking. Assess breathing by look, listen and feel: Look for chest movements, listen for breath sounds and feel for the movements of the air flow. 		


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			 <p data-bbox="888 751 1344 787">Figure 6. Check for breathlessness</p> <p data-bbox="774 906 1436 946">3. Assess circulation- feel the carotid pulse.</p>  <p data-bbox="930 1461 1356 1497">CHECK CAROTID PULSE</p>		


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>1. <u>AIRWAY MANAGEMENT</u> :</p> <p>OPEN AND CLEAR THE AIRWAY:</p> <p>This is achieved by head tilt and chin lift maneuver or if there is suspicion/evidence of head or neck trauma, the jaw thrust maneuver is used.</p> <ul style="list-style-type: none"> • HEAD TILT CHIN LIFT MANEUVER: <p>Place one hand on the victim's hairline and place the other hand's Index finger and the middle finger on the chin and apply firm backward pressure.</p> 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			 <p>Head tilt and chin lift maneuver</p> <ul style="list-style-type: none"> • JAW THRUST MANEUVER: It is accomplished by placing one hand on each side of the victim's head, grasping the angles of the victim's lower jaw, lifting with both hands. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			 <p>HM3 FD404</p> <ul style="list-style-type: none"> • FINGER-SWEEP MANEUVER: - <ol style="list-style-type: none"> a) With the victim's head up, opens the victim's mouth by grasping the tongue and the lower jaw between the thumb and fingers and lifting (tongue-jaw lift). b) This action draws the tongue from the back of the throat and away from the foreign body. The obstruction may be partially relieved by this maneuver. c) If the tongue-jaw lift fails to open the mouth the crossed finger technique may be used. This is accomplished by opening the mouth by crossing the index finger and the thumb and pushing the teeth apart. d) The index finger of the available hand is inserted 		What are the general precaution should be used for effective CPR.

S.N o	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>along the inside of the cheek and deeply into the throat to the base of the tongue.</p> <p>e) A hooking motion is used to dislodge the foreign body and maneuver it into the mouth for removal.</p>  <p style="text-align: center;">FINGER SWEEP MANEUVER</p> <p>1. <u>BREATHING</u></p> <p>A) MOUTH TO MOUTH BREATHING</p> <p>After the airway management if the victim is still not breathing, then maintaining head tilt, chin lift positions pinch the nostrils and place the mouth around the victim's mouth to make a tight seal, take two deep breaths and deliver two positive pressure ventilations; each at least of two seconds duration. When performing mouth-to-mouth ventilation always assess for chest wall movement.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			 <p style="text-align: center;">MOUTH TO MOUTH BREATHING</p> <p>B) <u>AMBU BAG AND MASK VENTILATION</u></p> <ul style="list-style-type: none"> • Other advanced methods to deliver breathing are ambu bag and mask ventilation. • The volume of air of each ventilation should be approximately 700-1000ml, which can be determined by 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>noting a rise of 1-2 inches in the victim's chest.</p> <ul style="list-style-type: none"> • Smaller volume (400-600ml) should be attempted during bag and mask ventilation. • Use a resuscitator bag and mask. • Apply the mask to the victim's mouth and create a seal by pressing the left thumb on the bridge of the nose and the index finger on the chin. • Use rest of the fingers of the left hand to pull on the chin and the angle of the mandible to maintain the head in extension. • Use the rest of the fingers of the left hand to pull on the chin and the angle of the mandible to maintain the head in extension. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Use the right hand to inflate the lungs by squeezing the bag to its full volume. • Observe the chest wall for symmetric expansion. <p>2. CIRCULATION: It is the main key of basic life support, because here the rescuer makes his efforts to save the life of pt. There are two methods for regulation of circulation</p> <ul style="list-style-type: none"> • The pericardial thump • Cardiac compression (cardio pulmonary resuscitation) <p>1. The pericardial thump :</p> <ul style="list-style-type: none"> • Use of “Pericardial thump” is effective in case of witnessed cardiac arrest. Pericardial thump is a blow, which is delivered to the half of the patient’s sternum with the fleshy part of the fist from 8-12 inches above the patient’s chest. This blow generates a small current of electricity, which shocks the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>myocardium & stimulates cardiac beating & circulation. To be effective it must be done within a minute of cardiac arrest.</p> <p>2. Cardiac compression (cardio pulmonary resuscitation)</p> <ul style="list-style-type: none"> First of all the last rib to the notch where the ribs meet the sternum. Then place the heel of the other hand on the lower part of the sternum about 1-1.5 inch above the palpating hand. The palpating hand is then placed on the top of the hand, which is resulting on the sternum. Both hands should be parallel. <ul style="list-style-type: none"> ✓ Keep fingers off the chest or interlocked. ✓ If fingers are resting on the chest, force will be dissipated. ✓ The artificial breathing & the cardiac massage should be corresponding to the normal respiration & pulse rate. ✓ The ratio of cardiac compression to ventilation is 5:1 i.e. 5 cardiac compression to one ventilation. Cardiac compression is given between the cardiac compression without or solving the rate of 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
7.	10 min	Enlist the complication of CPR	<p>compression. thus, 60 cardiac compression & 12 ventilation/ min are achieved.</p> <p>✓ The ratio I sonly one rescuer, interrupt compression to the ventilation ratio of 15:2.</p> <p><u>COMPLICATION OF CARDIO PULMONARY RESUSCITATION</u></p> <ul style="list-style-type: none"> • Hypoxia • Apnea • Pneumothorax • Local trauma • Fracture of ribs • Fracture of clavicle bone <p><u>NURSING RESSPONSIBILITY IN CARDIO PULMONARY RESUSCITATION</u></p>	lecture cum discussion	Q: What are the complication of CPR.
8.	20 min	Describe the role of nurse	<ol style="list-style-type: none"> 1. The nurse should know the skills of performing CPR. 2. The nurse should have critical thinking. 	lecture	Q:What are

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		after care of cardio-pulmonary rescussitation	<ol style="list-style-type: none"> 3. The nurse should to know about the anatomy & physiology of Cardiac & Respiratory system. 4. The nurse should follow the protocol of B.L.S. 5. The nurse should know how to handle the complication. 6. The nurse should have knowledge about the drug administration. 7. Recording & repotting of the procedure 8. Monitor ECG. 10. Watch for increased ventricular beats. 11. Check electrolytes. 12. Monitor vital signs. 13. Blood investigation to be done 14. X- ray chest to be done <ul style="list-style-type: none"> • 15. Use extreme caution when calculating and preparing the doses. <p>Steps to Performing CPR:</p> <ul style="list-style-type: none"> • Step 1: Try to awaken the person. If the person is unresponsive, immediately call 911 and get back to the victim. • Step 2: Open the Airway. To do this, gently lift the chin with one hand. This will tilt the head back, allowing a 	cum discussion	the nursing Responsibilities in CPR.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>path for air to travel to the lungs from the mouth and nose.</p> <ul style="list-style-type: none"> • Step 3: Check for breathing. You can either look for the chest for movement or listen to the breathing sound or else feel the warm air of their breath on your cheek. If there is a sign of breathing CPR may not be required. However, if there is no sign of breathing, then rescue breathing needs to be provided. • Step 4: Provide rescue breathing. The best way to do this is by mouth to mouth technique. The head is properly positioned by tilting the head back by lifting the chin. The nostrils are then pinched and the person is given two quick breaths. However, for each breath the movement of the chest is checked. Movement suggests that the airway is clear and air is reaching the lungs. If not, Repeat Step 2 (clearing the airway) and provide rescue breathing again. • Step 5: Check for pulse and breathing. If pulse is felt, but no breathing then rescue breathing needs to be continued until the victim begins to breath. However, if there is no pulse and no breathing then artificial circulation needs tube provided. • Step 6: Provide artificial circulation through chest compressions. This restores blood circulation of the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>person. To do this, kneel beside the person and place the heel of your hand in the middle of the chest (between the nipples). Place the other hand on the top of the hand placed on the chest. If the victim is an adult, gently compress the chest of the victim to about 2 inches. Then remove the pressure without removing your hands from the victim's chest. Chest compressions should be given at the rate of about 2 per second. If rescue breathing and chest compressions are given simultaneously, then ideally, about 15 chest compressions should be given after two breaths.</p> <ul style="list-style-type: none"> • Step 7: The above process of two breaths and 15 chest compressions should be repeated until the victim begins to breath or until emergency medical help arrives on the spot 		

SUMMARY & EVALUATION (10 MIN)

1. Define CPR- Mouth to mouth, Sylvester, Schafer
2. Enumerate the purposes of CPR- Mouth to mouth, Sylvester, Schafer
3. Explain indications for CPR- Mouth to mouth, Sylvester, Schafer
4. Explain the steps of CPR- Mouth to mouth, Sylvester, Schafer
5. Describe the role of nurse after care of Cardio-Pulmonary Resuscitation.

Assignment: Describe the indications and steps of CPR

Evaluation : unit test at the end of unit

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LESSON PLAN

Subject	: First aid
Unit	: First aid in emergency
Topic	: Asphyxia, Drowning and shock
Group	: GNM 1 st Year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the case of asphyxia, drowning and shock and initiate the first aid management of these conditions...
General Objective	: At the end of the class the students will be able to gain knowledge regarding asphyxia, drowning and shock.
Specific Objectives	: At the end of the class the students will be able to
1. Define asphyxia.	
2. Enlist causes of asphyxia	
3. Explain Sign and symptoms of asphyxia.	
4. Understand first aid management of asphyxia	
5. Define drowning	
6. Understand first aid management of drowning	
7. Define shock	
8. Enlist causes of shock	
9. Describe sign and symptoms of shock	
10. Understand first aid management of shock	

Review of previous class: Ask questions regarding first aid management of asphyxia, drowning and shock.

Introduction:

Ask the students if they saw or manage any first aid cases of asphyxia, drowning and shock.

Tell a story of above cases.

Brainstorm about first aid management of above cases.

Also mention the objectives of the lesson to the students here.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	2 min	Define asphyxia	Definition of asphyxia This is a word for dying from lack of oxygen. anyone who chokes to death dies from asphyxiation. It is also known as suffocation. It is a condition of severely deficient supply of oxygen to the body that arises from abnormal breathing. One example of asphyxia is choking.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define asphyxia?
2	5 min	Enlist causes of asphyxia	Causes of asphyxia-: Airway obstruction Choking from food, blood, vomit or broken teeth. May also occur in unconscious victim when the tongue falls to the back of the throat Chest compression or collapsed lung, from road	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain the causes of asphyxia?

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>accidents or any penetrating injury to the chest</p> <p>Drowning or near drowning</p> <p>Gas poisoning</p> <p>Carbon monoxide poisoning from home appliances releasing fumes or released by car exhaust or other toxic fumes</p> <p>Strangulation</p> <p>From attempted suicide by hanging or attempt to kill another person by placing grasping the neck</p> <p>Suffocation</p> <p>Others</p> <p>Severe asthma attack or bronchitis</p> <p>Whooping cough</p>		
3	5 min	To explain signs and symptoms of	<p>Signs and Symptoms of Asphyxia</p> <p>Any of the following symptoms can lead to asphyxia.</p>	T: Explain all signs and symptoms.	Q. What are the signs and

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		asphyxia.	<ul style="list-style-type: none"> • Difficulty and/ or noisy breathing, which may ultimately lead to cessation • Rapid pulse • High blood pressure (hypertension) • Cyanosis of the face • Swollen veins on the head and neck • Convulsions • Paralysis • Slowly losing consciousness. 		symptoms of asphyxia.
4	8 minutes	Explain first aid management of asphyxia.	<p>First aid management of asphyxia</p> <p>It is necessary to give first aid and if necessary, CPR, to any patient who is at risk of asphyxia. Steps will vary per scenario.</p> <p>Choking</p> <p>Perform Heimlich Manoeuvre (which will vary in adults, children, and pregnant women) to remove the object</p> <p>Drowning</p> <p>Safely remove the victim from the water.</p>	T: Described the first aid management of asphyxia in details with help of simulator.	Q. what first aid measures you will provide to a asphyxiated patient.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Gas poisoning</p> <p>Get the victim into fresh air only if it is safe to go in the place. Evacuate anyone else in the same establishment.</p> <p>Suffocation</p> <p>Remove anything blocking the airway, such as plastic bags immediately</p> <p>Strangulation</p> <p>Remove the object used to strangle immediately</p> <p>Asthma attack</p> <p>Assist the victim to sit upright and assist to medication.</p> <p>For all victims of asphyxiation,</p> <p>Loosen any tight clothing, especially around the neck.</p> <p>Check for airway, breathing and circulation</p> <p>If the victim is unconscious and not breathing with no pulse,</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>perform CPR. To do CPR</p> <p>Place own hand on the middle's chest and entangle the second hand on top of the first. Give 30 chest compressions, followed by 2 rescue breaths.</p> <p>To give a rescue breath, tilt the chin upward and backwards to prevent any obstruction in the airways. Pinch nostril of casualty and seal the mouth of the victim using own mouth.</p> <p>Repeat cycle of 30 chest compressions and 2 rescue breaths until signs of circulation are perceived.</p> <ul style="list-style-type: none"> • If the victim has pulse but not breathing, give rescue breaths. <p>Do not leave victims of asphyxia alone at all times, even if consciousness is regained</p>		
5	3 min	To define drowning	<p>DROWNING:</p> <p>DEFINITION: death from suffocation resulting from aspiration of water or other substance or fluid. Drowning occurs because the liquid prevents breathing. The lungs of a drowned person may contain very little water or other liquid</p>	T:Explained definition of drowning.	Q. What do you mean by drowning

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
6	10 min	To understand first aid management of drowning	FIRST AID MANAGEMENT OF DROWNING: <ol style="list-style-type: none"> 1. Ensure safety of yourself and others. 2. Remove the patient safely from the water. Do not attempt swimming rescue if you are not competent in swimming rescues. 3. Call for life guards and emergency services. 4. Check the patency of airway, turn patient to lateral side allowing the water to clear out from the upper airway. Remove any mud, dentures etc. 5. Check for breathing by feeling respiratory air, looking for the chest movement and listening for breath sounds. In the same time check for pulse also. 6. If the victim is conscious coughing and vomiting water keep him on lateral position to prevent further aspiration and reassure the victim. 7. If unconscious and not breathing, open up the airway by head tilt and chin lift maneuvers and start rescue breathing. 8. Close and seal the victim's nostrils by your fingers, take a good breath, place your mouth on victims mouth and blow as hard as possible 9. Repeat this method every five to six seconds. 10. If you are not comfortable with direct mouth to mouth 	T: Explained the first aid management of drowning .	Q. what first aid measures you will use for a drowning case.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>bleeding use a handkerchief. But this method is not efficient as direct mouth to mouth blowing.</p> <p>11. If the person regains consciousness and starts breathing, turn him to lateral side and keep monitoring.</p> <p>Following a near-drowning incident, admit the patient to the hospital even he looks completely well. Victim may develop difficulty in breathing sometime after due to ARDS.</p>		
7	2 min	To Define shock	<p>DEFINE SHOCK:</p> <p>Shock is a medical emergency in which the organs and tissues of the body are not receiving an adequate flow of blood. This deprives the organs and tissues of oxygen (carried in the blood) and allows the buildup of waste products. Shock can result in serious damage or even death.</p>	T: Describe the definition of shock	Q. What do you mean by shock.
8	5 min	To enlist causes and types of shock	<p>CAUSES OF SHOCK:</p> <p>hypovolemic shock cardiogenic shock neurogenic shock anaphylactic shock septic shock</p>	T: Explained causes and types of shock.	Q. what are the causes of shock?

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
9	5 min	To enlist signs and symptoms of shock	SIGNS AND SYMPTOMS OF SHOCK <ol style="list-style-type: none"> 1. Hypotension 2. Paleness of the face (pallor) 3. Cold, clammy skin 4. Fast, shallow breathing 5. Fast, weak pulse 6. Yawning or sighing 7. Confusion 8. Loss of consciousness (in extreme cases) 	T: Explained signs and symptoms of shock.	Q. How you will identify a case of shock?
10	10 min	To explain first aid management of shock	FIRST AID MANAGEMENT OF SHOCK Lay them down with their head low and legs raised and supported, to increase the flow of blood to their head. <ul style="list-style-type: none"> • Loosen any tight clothing around the neck, chest and waist to make sure it doesn't constrict their blood flow • Fear and pain can make shock worse, by increasing the body's demand for oxygen, so while you wait for help to arrive, it's important to keep them comfortable, warm and calm. Do this by 	T: Explained first aid management by using a simulator and LCD projector.	Q. What you will do if you are facing a shock case?

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>covering them with a coat or blanket and comforting and reassuring them</p> <ul style="list-style-type: none"> • Keep checking their breathing, pulse and level of response. • If they lose consciousness at any point, open their airway, check their breathing, and prepare to treat someone who has become unconscious. 		

Summary:& Evaluation(10 Min)

- What are the causes of asphyxia
- Heimlich maneuvers is used in which emergency
- What are the first aid measures available for asphyxia, drowning and shock?

Assignment: what are the first aid measures available for asphyxia, drowning and shock.

Evaluation: Unit test for 50 marks once the unit III is completed.


Bibliography: 1. Yalayyaswamy N.N, First aid and emergency nursing, CBS publishers & distributors PVT Ltd.2014 ist edition,118-121.
 2.Gowda nanjunde SN, Gowda nanjunde jyothi. Fundamentals of nursing for general nursing and midwifery,jaypee brothers medical and publishers pvt limited.2010 second edition.418-419.

LESSON PLAN

Subject	: First aid
Unit	: First aid in emergency
Topic	: Wounds and bleeding.
Place	: Class room and demonstration room.
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer.
Student Pre requisite	: The students should be able to identify the wound and bleeding and do appropriate necessary actions.
General Objective	: At the end of the class the students will be able to gain knowledge regarding wound and bleeding.
Specific Objectives	: At the end of the class the students will be able to
1. Define wounds.	
2. Enlist types of wounds.	
3. Understand first aid management of wound	
4. Define bleeding	
5. Enlist types and causes of bleeding.	

6. Understand the first aid management of bleeding

Review of previous class: Ask questions regarding first aid management of wound and bleeding.


S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 min	To define wound	<p>Definition of wound:</p> <p>Wound: A wound is a type of <u>injury</u> which happens relatively quickly in which <u>skin</u> is torn, cut, or punctured (an <i>open</i> wound), or where blunt force <u>trauma</u> causes a <u>contusion</u> (a <i>closed</i> wound). In <u>pathology</u>, it specifically refers to a sharp injury which damages the <u>dermis</u> of the skin.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>  <p>FIGURE 1-10 Essential (acute) wounds of chest wall and involving lung structures.</p>	Q: What is closed wound.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	10 min	To enlist types of wound	<p>According to level of contamination a wound can be classified as</p> <ul style="list-style-type: none"> • Clean wound, a wound made under sterile conditions where there are no organisms present in the wound and the wound is likely to heal without complications. • Contaminated wound, where the wound is as a result of accidental injury where there are pathogenic organisms and foreign bodies in the wound. • Infected wound, where the wound has pathogenic organisms present and multiplying showing clinical signs of infection, where it looks yellow, oozing pus, having pain and redness. • Colonized wound, where the wound is a chronic one and there are a number of organisms present and very difficult to heal (i.e. a bedsore). • Open wounds: Open wounds can be classified according to the object that caused the wound. The types of open wound are: <ul style="list-style-type: none"> • Incisions or incised wounds, caused by a clean, sharp-edged object such as a <u>knife</u>, <u>razor</u>, or glass splinter. • Lacerations, irregular tear-like wounds caused by some <u>blunt trauma</u>. Lacerations and incisions may appear linear (regular) or stellate (irregular). The term <i>laceration</i> is commonly 	<p>T: explains with power point presentation. S: Listens and takes notes.</p>	<p>Q: Explain types of wound.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>misused in reference to incisions.</p> <ul style="list-style-type: none"> • <u>Abrasions</u> (grazes), superficial wounds in which the topmost layer of the <u>skin</u> (the epidermis) is scraped off. Abrasions are often caused by a sliding fall onto a rough surface. • <u>Avulsions</u>, injuries in which a body structure is forcibly detached from its normal point of insertion. A type of amputation where the extremity is pulled off rather than cut off. • <u>Puncture wounds</u>, caused by an object puncturing the <u>skin</u>, such as a <u>splinter</u>, nail or <u>needle</u>. • <u>Penetration wounds</u>, caused by an object such as a knife entering and coming out from the skin. • <u>Gunshot wounds</u>, caused by a <u>bullet</u> or similar projectile driving into or through the body. There may be two wounds, one at the site of entry and one at the site of exit, generally referred to as a "through-and-through." <p>Closed wound: The types of closed wounds are:</p> <ul style="list-style-type: none"> • <u>Hematomas</u>, also called a blood tumor, caused by damage to a <u>blood vessel</u> that in turn causes <u>blood</u> to collect under the <u>skin</u>. <ul style="list-style-type: none"> ◦ Hematomas that originate from internal blood vessel pathology are <u>petechiae</u>, <u>purpura</u>, and <u>ecchymosis</u>. The different classifications are based on size. ◦ Hematomas that originate from an external source of 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>trauma are <u>contusions</u>, also commonly called bruises.</p> <ul style="list-style-type: none"> • <u>Crush injury</u>, caused by a great or extreme amount of force applied over a long period of time. 		
3.	10 minutes	To understand first aid management of wound	<p>First aid Management of Wound:</p> <p>Cleaning Evidence to support the cleaning of wounds before closure is poor. For simple lacerations, cleaning can be accomplished using a number of different solutions, including <u>tap water</u> and <u>sterile saline solution</u>. Infection rates may be lower with the use of tap water in regions where water quality is high. Cleaning of a wound is also known as wound toilet</p> <p>Closure If a person presents to a healthcare centre within 6 hours of a laceration they are typically closed immediately after evaluating and cleaning the wound. After this point in time, however, there is a theoretical concern of increased risks of infection if closed immediately. Thus some healthcare providers may delay closure while others may be willing to immediately close up to 24 hours after the injury. Adhesive glue and sutures have comparable cosmetic outcomes for minor lacerations <5 cm in adults and children.</p> <p>Dressings In the case of clean surgical wounds, there is no evidence that the use</p>	T: Described the first aid management of asphyxia in details with help of simulator.	Q. What first aid measures you will provide to a asphyxiated patient.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>of <u>topical antibiotics</u> reduces infection rates in comparison with non-antibiotic ointment or no ointment at all.</p> <p>Alternative medicine</p> <p>There is moderate evidence that honey is more effective than antiseptic followed by gauze for healing wounds infected after surgical operations..</p>		
4	5 min	To define bleeding	<p>Definition</p> <p>Bleeding, technically known as hemorrhaging or hemorrhaging , is <u>blood</u> escaping from the circulatory system. Bleeding can occur internally, where blood leaks from <u>blood vessels</u> inside the body, or externally, either through a natural opening such as the <u>mouth</u>, <u>nose</u>, <u>ear</u>, <u>urethra</u>, <u>vagina</u> or <u>anus</u>, or through a break in the <u>skin</u>.</p>	T: Explained definition of bleeding Students takes down notes.	Q. What do you mean by drowning?
6	10 min	To enlist types and causes of bleeding	<p>Classification of bleeding:</p> <p>A <u>subconjunctival hemorrhage</u> is a common and relatively minor post-<u>LASIK</u> complication.</p> <p>Blood loss</p> <p>Haemorrhaging is broken down into four classes by the American College of Surgeons' <u>advanced trauma life support</u> .</p> <ul style="list-style-type: none"> • Class I Hemorrhage involves up to 15% of blood volume. There is typically no change in vital signs and <u>fluid resuscitation</u> is not usually necessary. 	T: Explained the types and causes of bleeding. Students takes down notes.	Q. What first aid measures you will use for a drowning case.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Class II Hemorrhage involves 15-30% of total blood volume. A patient is often tachycardia (rapid heartbeat) with a narrowing of the difference between the <u>systolic</u> and <u>diastolic</u> blood pressures.. • Class III Hemorrhage involves loss of 30-40% of circulating blood volume. Class IV Hemorrhage involves loss of >40% of circulating blood volume. • Mouth <ul style="list-style-type: none"> ◦ <u>Hematemesis</u> – vomiting fresh blood ◦ <u>Hemoptysis</u> – coughing up blood from the lungs • Anus <ul style="list-style-type: none"> ◦ <u>Hematochezia</u> – rectal blood • Urinary tract <ul style="list-style-type: none"> ◦ <u>Hematuria</u> – blood in the urine from urinary bleeding • Upper head • <u>Intracranial hemorrhage</u> – bleeding in the skull. • <u>Cerebral hemorrhage</u> – a type of intracranial hemorrhage, bleeding within the brain tissue itself. • <u>Intracerebral hemorrhage</u> – bleeding in the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>brain caused by the rupture of a blood vessel within the head. See also <u>hemorrhagic stroke</u>.</p> <ul style="list-style-type: none"> • <u>Subarachnoid hemorrhage</u> (SAH) implies the presence of blood within the <u>subarachnoid space</u> from some pathologic process. The common medical use of the term SAH refers to the non-traumatic types of hemorrhages, usually from rupture of a berry aneurysm or <u>arteriovenous malformation</u>(AVM). • Lungs • <u>Pulmonary hemorrhage</u> • Gynecologic • <u>Vaginal bleeding</u> <ul style="list-style-type: none"> ▪ <u>Postpartum hemorrhage</u> ▪ <u>Breakthrough bleeding</u> ○ <u>Ovarian bleeding</u>. This is a potentially catastrophic and not so rare complication among lean patients with <u>polycystic ovary syndrome</u> undergoing <u>transvaginal oocyte retrieval</u>.^[6] • Gastrointestinal <ul style="list-style-type: none"> ○ <u>Upper gastrointestinal bleed</u> 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> ○ Lower <u>gastrointestinal</u> bleed ○ <u>Occult</u> gastrointestinal bleed <p>Causes of bleeding:</p> <p>Traumatic Injury: Traumatic bleeding is caused by some type of injury. There are different types of <u>wounds</u> which may cause traumatic bleeding. These include:</p> <ul style="list-style-type: none"> • <u>Abrasion</u> - Also called a graze, this is caused by transverse action of a foreign object against the skin, and usually does not penetrate below the <u>epidermis</u> • <u>Excoriation</u> - In common with Abrasion, this is caused by mechanical destruction of the skin, although it usually has an underlying medical cause • <u>Hematoma</u> - Caused by damage to a blood vessel that in turn causes blood to collect under the skin. • <u>Laceration</u> - Irregular wound caused by blunt impact to soft tissue overlying hard tissue or tearing such as in childbirth. In some instances, this can also be used to describe an incision. • <u>Incision</u> - A cut into a body tissue or organ, such as by a <u>scalpel</u>, made during surgery. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Puncture <u>Wound</u> - Caused by an object that penetrated the skin and underlying layers, such as a nail, needle or knife • <u>Contusion</u> - Also known as a bruise, this is a blunt trauma damaging tissue under the surface of the skin • Crushing Injuries - Caused by a great or extreme amount of force applied over a period of time. The extent of a crushing injury may not immediately present itself. • <u>Ballistic Trauma</u> - Caused by a projectile weapon such as a firearm. This may include two external wounds (entry and exit) and a contiguous wound between the two. 		
7.	10 minutes	To understand first aid management of bleeding.	External bleeding. 1. Apply direct pressure to the bleeding wound <ul style="list-style-type: none"> • Apply firm pressure over the wound. Use a sterile or clean bulky pad and apply it firmly with hand pressure. Apply a bandage to keep the dressing in place. • If bleeding is severe, DO NOT waste time looking for suitable padding but be prepared to use the patient's hand or your hand to hold the wound together if the patient is unable to do this 	T: Explained the first aid management of bleeding. Students takes down notes.	Q. What is the first aid management for a bleeding case.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>unaided.</p> <p>Apply direct pressure to the bleeding wound</p> <p>2. Raise the injured area</p> <ul style="list-style-type: none"> • If the wound is on a limb, raise it in a supported position to reduce blood flow to the injured area. • If an arm is injured, you could apply an arm sling or elevation sling. <p>Try to avoid any direct contact with the patient's blood or other body fluids. Use disposable gloves if possible. If gloves are not available, place your hands inside a plastic bag..</p> <p>Raise the injured area</p> <p>3. If a foreign body is embedded in the wound</p> <ul style="list-style-type: none"> • DO NOT remove it but apply padding on either side of the object and build it up to avoid pressure on the foreign body. • Hold the padding firmly in place with a roller bandage or folded triangular bandage applied in a criss-cross method to avoid pressure on the object. <p>DO NOT remove the foreign object, but apply padding on either side.</p> <p>4. Keep the patient at total rest</p> <ul style="list-style-type: none"> • Even if the injury involves the arm or upper part of the body, the patient should rest in a position of greatest comfort for at least 10 minutes to help control the bleeding. <p>5. Seek medical assistance</p> <ul style="list-style-type: none"> • If the wound appears to be minor and the patient is able to 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>travel by car, arrange an urgent appointment with a local doctor to assess and treat the injury.</p> <p>If the injury is severe or the patient is very unwell – call for an ambulance as soon as possible.</p> <p>6. If blood leaks through the pressure pad and bandage</p> <ul style="list-style-type: none"> • Apply a second pad over the first. Use a tea towel or similar bulky fabric and apply maximum pressure to the area. • For major uncontrolled bleeding quickly remove the blood-soaked pad and bandage and replace with a fresh bulky pad and bandage. <p>If blood leaks through the pressure pad and bandage</p> <p>Wounds that need special care</p> <p>Amputation:</p> <p>1. Control any bleeding</p> <ul style="list-style-type: none"> • Use a bulky pad and apply it firmly to the bleeding area. Raise if possible. <p>2. Recover the severed part</p> <ul style="list-style-type: none"> • If possible, gently place it into a plastic bag. Seal the bag with a little air inside to protect the severed part with a ‘cushion’ of air. • Place the inflated bag into a container or bucket of cold water to which several ice cubes have been added. • Ensure the severed part is transferred to hospital with the patient. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Crush injury:</p> <ol style="list-style-type: none"> 1. Remove the crushing force <ul style="list-style-type: none"> Remove the crushing force if possible because permanent tissue damage may occur with severe crushing force. If the crushing force has been in place for some time. 2. Treat the patient's injuries <ul style="list-style-type: none"> Assess and treat any injuries in order of their importance. Control any bleeding with a sterile pad applied firmly to the injured area. Assist the patient into the position of greatest comfort and use soft padding to provide support for the injured part. If a limb is involved, support and immobilize the injured area. While waiting for the ambulance to arrive, observe the patient closely for any change in condition. <p>Nose bleed</p> <p>For a child, always check whether there is a foreign body present – e.g. a bead or coin. If this has occurred, seek prompt medical advice and DO NOT try to remove the object yourself because this may cause further damage.</p> <ol style="list-style-type: none"> 1. Apply firm pressure, elevation and rest <ul style="list-style-type: none"> The patient needs to hold the head well forward and breathe through the mouth while pinching the entire soft part of the nose for 10 to 20 minutes. The patient must be sitting down and at total rest until the 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>bleeding stops.</p> <p>Apply firm pressure, elevation and rest</p> <p>If bleeding continues after 20 minutes of pressure, continue the pressure and call for an ambulance.</p> <p>A cold compress can be used.</p> <p>2. Once the bleeding has stopped</p> <ul style="list-style-type: none"> • Tell the patient not to blow their nose for a few hours because this may restart the bleeding. <p>An abrasion (graze)</p> <p>How you can help</p> <ul style="list-style-type: none"> • Gently clean with soapy water or saline. If there are pieces of gravel embedded in the wound, ask the patient to try to remove them while the area is soaking in soapy water. • Dry the area well by blotting with gauze swabs or a pad of tissues. • If a protective dressing is necessary, apply a non-adherent sterile dressing and fix it in place with a light roller bandage or tape. <p>An abrasion (graze)</p> <p>A puncture wound</p> <p>How you can help</p> <ul style="list-style-type: none"> • Clean the wound with warm soapy water and allow it to penetrate the puncture track because tetanus spores may be trapped deep in the wound. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Allow the wound to dry thoroughly in the air before covering it. • If a protective dressing is needed, use a porous adhesive dressing and change it daily to keep the wound healthy and dry. <p>Contact a local doctor for advice about tetanus immunisation.</p> <p>A puncture wound</p> <p>Internal bleeding:</p> <p>Place the patient at total rest</p> <p>Assist the patient into the position of greatest comfort.</p> <p>Cover the patient with a blanket to maintain body heat.</p> <p>Place protective fabric underneath the patient if the surface is rough, cold or hot – e.g. a coat if the patient is lying on a road.</p> <ol style="list-style-type: none"> 1. While waiting for the ambulance <ul style="list-style-type: none"> • Manage any other injuries. • Ensure that all restrictive clothing has been loosened, especially at the neck and waist. • Keep any bystanders clear. • Reassure the patient. • DO NOT allow the patient to eat, drink. drink. or smoke. 		

Summary:& Evaluation(10 Min) <ul style="list-style-type: none"> ➤ What are the causes of wound and bleeding. ➤ What are the first aid measures available for wound and bleeding?
Assignment: What are the first aid measures available for wound and bleeding.
Evaluation: Unit test for 50 marks once the unit III is completed.
Bibliography: 1. Yalayyaswamy N.N, First aid and emergency nursing, CBS publishers & distributors PVT Ltd.2014 ist edition,118-121. 2.Gowda nanjunde SN, Gowda nanjunde jyothi. Fundamentals of nursing for general nursing and midwifery, Jaypee brothers medical and publishers pvt limited.2010 second edition.418-419.

LESSON PLAN

Subject	: Nursing foundation- first aid
Unit	: III, First aid in emergencies
Topic	: Injuries to the bones, joints and muscles –fractures, sprains, strains, hanging, falls
Group	: GNM 1 st year students
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify injuries to the bones, joints and muscles and Their management.
General Objective	: At the end of the class the students will be able to gain knowledge regarding injuries to the bones, joints and muscles.
Specific Objectives	: At the end of the class the students will be able to
	1.Enlist causes of fractures
	2.Classify types of fractures
	3.Describe signs and symptoms of fracture
	4.Explain care of different fracture

Introduction:

Ask the students if they know any one who has suffered from fracture in front of them and what intervention they have provided to them.

Also mention the objectives of the lesson to the students here

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Enlist causes of fracture	<ul style="list-style-type: none"> • Direct force; when the bones breaks at the place where force is applied • Indirect force: the bone that breaks is away from the place where force is applied • The force of muscular action • Pathological fracture: bones of old age breaks easily with very little force. 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Enlist causes of fracture?</p>
2	10 mins	Classify types of fractures	<ol style="list-style-type: none"> 1. Closed or simple fracture: it is one in which there is no wound leading down to the broken bone and the bone has not cut through the skin 2. Open or compound fracture: it is the one in which the broken bone is in contact with the outside of air as a result of the injury. In such cases, germs get into the wound including the bone. 3. Complicated fracture: when in connection with the fracture, there is injury to the some important internal part. A complicated fracture may be either open or closed. 4. Comminuted fracture: when the bone is broken with several pieces. 5. Depressed fracture: a fracture of the skull when the 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Write the Classify types of fractures?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>broken part is driven inwards by pressing the brain.</p> <p>6. Green stick fracture: this occurs in children when the bone is cracked and bent without breaking completely across</p> <p>7. Impacted fracture: where the broken bones ride over one another.</p>		
3	10 mins	Describe signs and symptoms of fracture	<ul style="list-style-type: none"> • Pain in the fractured part • Tenderness or discomfort • Swelling of the area • Dislocation of the part • Loss of the normal movements of the part injured • Deformity of the limb • Normal shape is altered • Irregularity • Unnatural movements 	T: explain the procedure. S: Listens and takes notes.	Q. Describe signs and symptoms of fracture?
4	20 mins	Explain care of different fractures	<p>First aid treatment of fracture:</p> <ul style="list-style-type: none"> - Do not move the part of fracture - Immobilize the part - Avoid unnecessary movements of the injured part - In open fracture cut away clothing over the wound, stop bleeding and cover with dry sterile dressing - Treat for shock 	T: explain the procedure. S: Listens and takes notes.	Q: Explain care of different fractures?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - Never try to bring the bones to normal position or reduce the fracture <p>Using bandage</p> <ul style="list-style-type: none"> - Tie a broken arm to the body - Do not apply a bandage over the site of the fracture - Bandage should not be tight - Tie the knots on the uninjured side or on the splints. <p>Using splints:</p> <p>Splints may be made of any firm material like wood, plastic or metal. The splints should be wide enough to fit well to the limb and long enough to immobilize the joint above and below the fracture.</p> <p>First aid measures for injuries to the upper extremities:</p> <ul style="list-style-type: none"> - Place a pad in the axilla - Lightly tie the arm to the chest - Bend the elbow and with the hand on the opposite shoulder apply a collar <p>Fracture of forearm:</p> <ul style="list-style-type: none"> - Place the forearm across the chest at right angle with thumb finger uppermost and palm of the hand towards the body - Rolled the folded newspaper around the forearm - Apply one bandage above the fracture and one around 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>the wrist support the arm in a sling with fingers, slightly higher than elbow</p> <ul style="list-style-type: none"> - Watch the fingers for signs of interference with the blood circulation injuries to the lower extremities - Tear for shock - Pad between the leg and brings the good leg along side the injured one - Tie together the knees, ankles, hips above and below the fracture <p>Rib injury:</p> <ul style="list-style-type: none"> - Apply two bandages to the area of pain - . The upper bandage should overlap the lower one by half its width. Tie them lightly first after the patient has breathed out. - Support the arm to the injured side in a sling <p>Injuries to the pelvis:</p> <ul style="list-style-type: none"> - Lay the patient in comfortable position - Transport him to the nearest hospital - Apply pads between the knees and ankles, tie two overlapping broad bandages. - Tie the knees together with a broad bandage - Tie a figure of eight bandage around the ankles and feet 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Spinal injuries:</p> <ul style="list-style-type: none"> - Warn the patient not to move - Make the patient lie over the board - Cover the board with a folded blanket and place small pillows or pads to fit the neck and middle of the back - At least four helpers are needed to get the patient lying on the board. First place padding between the legs. Tie together the ankles and feet with figure of eight bandage and his knees together. - Tie the casualty to the board to prevent movement during transport - If there is a neck injury, do not use a pillow under the neck - Transfer the patient to the hospital. 		

Summary:& Evaluation(10 Min)

- List various causes of fractures
- What are the first aid measures for fracture

Assignment: explain the various first aid measures for different fractures.

Evaluation: Unit test for 50 marks once the unit III is completed.

Bibliography: Yalayyaswamy N N. First aid and emergency nursing. CBC publisher and distributor. New Delhi pp23-34

LESSON PLAN

Subject	: Nursing Foundation- First aid
Unit	: III, First aid in emergencies
Topic	: Injuries to the bones, joints and muscles –fractures, sprains, strains, hanging, falls
Group	: GNM 1 st year students
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify injuries to the bones, joints and muscles and Their management.
General Objective	: At the end of the class the students will be able to gain knowledge regarding injuries to the bones, joints and muscles.
Specific Objectives	: At the end of the class the students will be able to
	1.Enlist causes of fractures
	2.Classify types of fractures
	3.Describe signs and symptoms of fracture
	4.Explain care of different fracture

Introduction:

Ask the students if they know any one who has suffered from fracture in front of them and what intervention they have provided to them.

Also mention the objectives of the lesson to the students here

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Enlist causes of fracture	<ul style="list-style-type: none"> • Direct force; when the bones breaks at the place where force is applied • Indirect force: the bone that breaks is away from the place where force is applied • The force of muscular action • Pathological fracture: bones of old age breaks easily with very little force. 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Enlist causes of fracture?</p>
2	10 mins	Classify types of fractures	<ol style="list-style-type: none"> 1. Closed or simple fracture: it is one in which there is no wound leading down to the broken bone and the bone has not cut through the skin 2. Open or compound fracture: it is the one in which the broken bone is in contact with the outside of air as a result of the injury. In such cases, germs get into the wound including the bone. 3. Complicated fracture: when in connection with the fracture, there is injury to the some important internal part. A complicated fracture may be either open or closed. 4. Comminuted fracture: when the bone is broken with several pieces. 5. Depressed fracture: a fracture of the skull when the 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Write the Classify types of fractures?</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>broken part is driven inwards by pressing the brain.</p> <p>6. Green stick fracture: this occurs in children when the bone is cracked and bent without breaking completely across</p> <p>7. Impacted fracture: where the broken bones ride over one another.</p>		
3	10 mins	Describe signs and symptoms of fracture	<ul style="list-style-type: none"> • Pain in the fractured part • Tenderness or discomfort • Swelling of the area • Dislocation of the part • Loss of the normal movements of the part injured • Deformity of the limb • Normal shape is altered • Irregularity • Unnatural movements 	T: explain the procedure. S: Listens and takes notes.	Q. Describe signs and symptoms of fracture?
4	20 mins	Explain care of different fractures	<p>First aid treatment of fracture:</p> <ul style="list-style-type: none"> - Do not move the part of fracture - Immobilize the part - Avoid unnecessary movements of the injured part - In open fracture cut away clothing over the wound, stop bleeding and cover with dry sterile dressing - Treat for shock 	T: explain the procedure. S: Listens and takes notes.	Q: Explain care of different fractures?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - Never try to bring the bones to normal position or reduce the fracture <p>Using bandage</p> <ul style="list-style-type: none"> - Tie a broken arm to the body - Do not apply a bandage over the site of the fracture - Bandage should not be tight - Tie the knots on the uninjured side or on the splints. <p>Using splints:</p> <p>Splints may be made of any firm material like wood, plastic or metal. The splints should be wide enough to fit well to the limb and long enough to immobilize the joint above and below the fracture.</p> <p>First aid measures for injuries to the upper extremities:</p> <ul style="list-style-type: none"> - Place a pad in the axilla - Lightly tie the arm to the chest - Bend the elbow and with the hand on the opposite shoulder apply a collar <p>Fracture of forearm:</p> <ul style="list-style-type: none"> - Place the forearm across the chest at right angle with thumb finger uppermost and palm of the hand towards the body - Rolled the folded newspaper around the forearm - Apply one bandage above the fracture and one around 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>the wrist support the arm in a sling with fingers, slightly higher than elbow</p> <ul style="list-style-type: none"> - Watch the fingers for signs of interference with the blood circulation injuries to the lower extremities - Tear for shock - Pad between the leg and brings the good leg along side the injured one - Tie together the knees, ankles, hips above and below the fracture <p>Rib injury:</p> <ul style="list-style-type: none"> - Apply two bandages to the area of pain - . The upper bandage should overlap the lower one by half its width. Tie them lightly first after the patient has breathed out. - Support the arm to the injured side in a sling <p>Injuries to the pelvis:</p> <ul style="list-style-type: none"> - Lay the patient in comfortable position - Transport him to the nearest hospital - Apply pads between the knees and ankles, tie two overlapping broad bandages. - Tie the knees together with a broad bandage - Tie a figure of eight bandage around the ankles and feet. 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - SPINAL INJURY: Warn the patient not to move - Make the patient lie over the board - Cover the board with a folded blanket and place small pillows or pads to fit the neck and middle of the back - At least four helpers are needed to get the patient lying on the board. First place padding between the legs. Tie together the ankles and feet with figure of eight bandage and his knees together. - Tie the casualty to the board to prevent movement during transport - If there is a neck injury, do not use a pillow under the neck - Transfer the patient to the hospital. 		

Summary:& Evaluation(10 Min)

- List various causes of fractures
- What are the first aid measures for fracture

Assignment: explain the various first aid measures for different fractures.

Evaluation: Unit test for 50 marks once the unit III is completed.

Bibliography: Yalayyaswamy N N. First aid and emergency nursing. CBC publisher and distributor. New Delhi pp23-34

LESSON PLAN

Subject	: Nursing foundation- First aid
Unit	: III, First aid in emergencies
Topic	: Burns and scalds
Group	: GNM 1 st year students
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify burn emergencies and their management.
General Objective	: At the end of the class the students will be able to gain knowledge regarding burn and scalds.
Specific Objectives	: At the end of the class the students will be able to
	1.Enlist types of burns.
	2. Classify the burn
	3. Describe first aid measures in burns and scalds.
	4. Explain care of burn wound

Introduction:

Ask the students if they know any one who has suffered from minor or major burn in front of them and what intervention they have provided to them.

Also mention the objectives of the lesson to the students here

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Enlist types of burns	<ul style="list-style-type: none"> Heat injury: burns or injuries that results from dry heat like fire, flame, the sun .scalds are caused by moist heat due to boiling water, steam oil, hot tar etc. Electric burn: contact with high tension electric current or by lighting or friction. Chemical burn: caused by strong acids or strong alkalise. Nuclear burn: caused by nuclear explosion 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Enlist types of burns?
2	15 mins	Classify the burn	<p>Burns are classified on the basis of area by the rule of nine. In this method as diagram has shown different parts of body are given different percentage of burn. Like:</p> <p>Anterior part of face – 4^{1/2}%</p> <p>Posterior part of face- 4^{1/2}%</p> <p>Anterior part of chest and abdomen 18%</p> <p>Posterior part of chest and abdomen 18%</p> <p>Anterior part of one upper arm 4^{1/2}%</p> <p>Posterior part of one upper arm 4^{1/2}%</p> <p>Anterior part of one lower extremity 9%</p> <p>Posterior part of one lower extremity 9%</p> <p>Genitalia – 1%</p> <p>Burns larger than 2.5 cm square require medical attention.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Explain rule of nine to calculate percentage of burn?

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	15 mins	Describe first aid measures in burns and scalds	Immediate attention is required in critical burns <ul style="list-style-type: none"> • Stop the burn, make the patient lie, roll over the surface, cover him with blanket or whatever cloth available and cool him. • Keep the patient quiet and reassure them • Remove the cloths • Do not remove adhering particles of charred clothing. • Cover burnt area with sterile or clean dressing and bandage. If the large area is burnt cover the area with clean sheet or towel. • Keep the patient warm but do not overheat him • Keep burnt feet or legs elevated • Assess for breathing difficulty • Immediately transfer the patient to the nearest hospital • Do not open blisters • Remove rings, bangles, belts and boots • Do not apply any ointment, oil or lotion. 	T: explains with power point presentation. S: Listens and takes notes.	Q. Describe first aid measures in burns and scalds client.
4	10 mins	Explain care of burn wound	1. Minor burns and scalds - Clean the wound with clean water for 10 minutes	T: explain the procedure.	Explain care of chemical

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - apply antibiotic cream - wrap with clean bandage - give tea or coffee to drink <p>2. Chemical burns</p> <ul style="list-style-type: none"> - clean the wound with clean water - remove the chemical from the body - remove cloths - immerse the body part in water - shift the patient to the hospital - Bathe the part freely with some alkaline solution such as two teaspoons of baking soda in case of acidic burn. - Bathe part freely with weak acid solution like lemon juice diluted with equal amount of water. <p>3. Chemical burns to the eye</p> <ul style="list-style-type: none"> - Hold the affected eye under gently running cold water for 10 minutes - Irrigate both sides of the eyelids thoroughly - If the eye is shut in a spasm of pain, gently pull the eye lids open - Cover the eye with a sterile pad or pad of clean material. 	S: Listens and takes notes.	burn wound

Summary:& Evaluation(10 Min) <ul style="list-style-type: none"> ➤ List various causes of burns ➤ What are the first aid measures for burn
Assignment: List and explain the various first aid measures for burn injuries.
Evaluation: Unit test for 50 marks once the unit III is completed.
Bibliography: Yalayyaswamy N N. First aid and emergency nursing. CBC publisher and distributor.New Delhi pp23-34

LESSON PLAN

Subject	: Nursing foundation – First aid.
Unit	: First aid in emergencies.
Topic	: Poisoning- Ingestion, Inhalation, Bites and Stings.
Group	: G.N.M 1 st year.
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the cases of poisoning.
General Objective	: At the end of the class the students will be able to gain knowledge about identifying poisoning cases and give first aid to them.
Specific Objectives	: At the end of the class the students will be able to <ol style="list-style-type: none">1. Define poisoning.2. To explain the routes of poisoning.3. To explain poisoning by ingestion.4. List substances that cause ingested poisoning, its symptoms and signs and first aid.5. Discuss poisoning by inhalation, its symptoms and signs and first aid.6. Explain poisoning by bites and stings, its symptoms and signs and first aid.

Review of previous class: Ask questions regarding poisoning cases, their symptoms and signs and various first aid generally given.

Introduction:

Ask the students if they observed any case of poisoning and its first aid given.

Brainstorm what first aid care should be given at sight in case of same.

And now we are to going learn definition of poisoning, routes, their symptoms and signs and first aid.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	5 mins	Define poisoning.	Poisons are the harmful substances and when sufficient doses are taken may kill a person.	T: explains with power point presentation. S: Listens and takes notes.	Q. Define poisoning.
2	5 mins	Explain different routes of poisoning.	Routes of poisoning – <ul style="list-style-type: none"> • Ingestion. • Inhalation. • Bites and stings. 	T: explains with power point presentation. S: Listens and takes notes.	Q. Explain different routes of poisoning.
3	10 mins	Explain poisoning by ingestion.	When a poison enters in body by eating or drinking, poisonous substances by mouth is known as ingestion poisoning. Ingestion poisoning affects food passage and cause vomiting, abdomen pain and diarrhea. Corrosive substances burn lips, mouth, gut, stomach and cause pain	T: Demonstrates the procedure. S: Observe and practice demonstration.	Q. Explain poisoning by ingestion.
4	15 mins	Discuss the substances that cause ingestion	<u>Substances</u> 1. Acids(Nitric sulphuric hcl oxalic acetic acids)	T: explains with power point presentation.	Q. Discuss the substances that cause

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		poisoning, their symptoms and first aid treatment.	<p>2. Alkali poisoning</p> <p>(Ammonia)</p> <p>Potassium hydroxide</p> <p>3. Castor oil plant</p> <p>4. Jamal gota</p> <p>5. Cannabis</p> <p>6. Dhutura</p> <p>7. Atropa belladonna</p> <p>8. Cocaine coca plant</p> <p>9. White oleander kaner</p> <p>10. Yellow oleander</p> <p>11. Aconite mitha jahar dudhi vish</p> <p>12. Mushroom poisoning</p> <p>13. Tobacco addictive smoking swallowing</p>	S: Listens and takes notes.	ingestion poisoning, their symptoms and first aid treatment.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>14.Opium</p> <p>15.Drugs (phenobarbitol)</p> <p>16. Aspirin overdose</p> <p>17. Metal poisoning</p> <p>1. Lead</p> <p>2.Mercury</p> <p>3.Copper</p> <p>4.Arsenic</p> <p>Organic chemical poisoning</p> <p>1.DDT</p> <p>2.Petroleum distillates(diesel, kerosene, paint, thinner)</p> <p>3.Insecticides</p> <p>Naphtheline</p> <p>Cyanide</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Alcohol poisoning</p> <p>1.Methyl poisoning</p> <p>Ethyl alcohol poisoning</p> <p>Food poisoning</p> <p>1.Staphylococcal poisoning</p> <p>2.Salmonella poisoning</p> <p>Carbon monoxide, phosgene, chlorine, nitrogen dioxide, sulphur dioxide, nitrogen sulphide, ammonia</p> <p>1.Insect bite</p> <p>Scorpion bite</p> <p>Sting of mites, ticks and leeches</p> <p>Snake bite</p> <p>Dog bite</p> <p>Snake bite</p> <p><u>Symptoms</u></p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Burns on or around lips, Burning of mouth ,throat and stomach, Intense thirst</p> <p>Membrane of the mouth may be white and swollen</p> <ul style="list-style-type: none"> • Soapy appearance in the mouth • Abdominal pain • Vomiting containing blood and mucus • Pain in throat and abdomen • Nausea • Vomiting • Diarrhea • Burning pain in mouth ,throat, abdomen • Salivation vomiting gripping pain • Excitement • Visual hallucination • Euphoria • Increase appetite • Narcosis • Dilated pupil • deep sleep • bitter test • dry mouth and throat • burning pain in stomach 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Difficulty in swallowing • Dry hot skin rise in temp • Restlessness • Talkativeness • Dry mouth, throat • Reflexes increased • Difficulty in speaking and swallowing • Pain abdomen • Vomiting • Diarrhea • Salivation • Rapid pulse dilated pupil • Severe burning • Tingling of mouth, tongue and throat • Vomiting • Vertigo • Muscle spasm • Burning of throat and stomach • Abdomen pain • Vomiting and diarrhea • Headache and cramps 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> • Coma • Burning , acid sensation in mouth, throat and stomach, increase salivation • Nausea, vomiting • Headache • Stage of euphoria • Stage of stupor • Stage of narcosis • Euphoria • Talkativeness • Desire to sleep • 		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - cyanosis - foam in mouth - respiratory failure <p>fatigue, nausea, vomiting, headache, temporary visual burning, loss of vision, shallow breathing, cyanosis, dilated pupil smell of alcohol, vomiting, slurred speech, in coordination, double vision, visual impairment, convulsions, flushing of face, rapid pulse, dilated pupil</p> <p>appear in two or six hours</p> <p>nausea vomiting, headache, abdominal pain, diarrhea</p> <p>appear after few hours or days</p> <p>fever, nausea, vomiting, diarrhea, abdominal pain, signs of shock</p> <p>Difficulty in breathing, weakness, nausea, vomiting, confusion, dizziness, unconsciousness</p> <p>Sharp pain</p> <p>Swelling around affected area</p> <p>Sting may be there in wound</p> <p>Shock</p> <p>Stings in the mouth and throat may cause swelling leading to asphyxia</p> <p>Itching</p> <p>Swelling</p> <p>Burning pain</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Numbness near biting site Nausea and vomiting Profuse sweating 4-6 hours after biting</p> <p>These attach firmly to the skin Mites and ticks carry typhus and may transmit Leeches are harmless but suck blood</p> <p>Pain and numbness at site Drowsiness, burning, pain Swelling, dimness in vision Difficulty in breathing and speech Area becomes bluish purple Dribbling of saliva Paralysis, convulsions, coma History of bite discomfort ,pain Symptoms of rabies Headache, nausea Vomiting, agitation, hallucination Difficulty in swallowing Foaming at mouth, respiratory paralysis difficulty in drinking in water</p> <p><u>Treatment</u> -Do not induce vomiting -Give half liter of water or milk added with 50 gram of milk of</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>magnesia</p> <p>Shift hospital immediately</p> <p>give plenty of water</p> <p>induce vomiting</p> <p>shift to hospital</p> <p>vegetables oil given</p> <ul style="list-style-type: none"> - liquid paraffin slows down absorption of poisoning - shift to hospital - general positioning - treatment - shift to hospital <p>start resuscitation immediately</p> <ul style="list-style-type: none"> - Amyl nitrate should be inhaled in one or two minute - Shift to hospital <p>Give water, milk or white egg</p> <p>Induce vomiting</p> <p>Ethyl alcohol will reduce toxicity</p> <p>Shift to hospital</p> <p>Maintain open airway</p> <p>Place in recovery position</p> <p>Shift to hospital</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Keep the patient at rest Plenty of fluids Induce vomiting Shift to hospital</p> <p>Keep in fresh air Oxygen mask Shift to hospital immediately</p> <p>Remove sting Do not squeeze Poising sac Apply ammonia or soda on bee sting apply alkaline substance on wasp sting Jelly fish sting-calamine lotion Cold compressing surgical spirit on sting</p> <p><u>Stings of mites ticks leeches--</u> Put the burning end of a stick to the body of ticks and leeches they will fall off Apply salt Clean area with methylated spirit Apply ammonia, soda or calamine lotion on the wound</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
	5 min	Definition, meaning and causes of inhalation po	<p>Snake bite--</p> <p>Lay down patient give rest</p> <p>Calm and reassure him</p> <p>Do not make him to walk</p> <p>Apply tourniquet immediately and should be loosened at a regular interval</p> <p>Apply ice packs</p> <p>On wound</p> <p>Resuscitation</p> <p>Take the killed snake for identification</p> <p>Shift to hospital immediately</p> <p>Dog bite</p> <p>Wash the wound with soap and water</p> <p>Put sterile dressing</p> <p>Shift hospital immediately</p> <p>Inhalation poisoning-</p> <p>Keep in fresh air</p> <p>Oxygen mask</p> <p>Shift immediately to hospital</p>		

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
	20 min	To explain poisoning by bites and stings	<p>Insect bite-Remove stings</p> <ul style="list-style-type: none"> - Do not squeeze poisoning sac - Apply ammonia or soda on the sting on bee - Apply alkaline substance on wasp sting - Jelly fish sting-calamine lotion - Cold compress and surgical spirit on sting <p>Scorpion bite--</p> <p>Apply tourniquet proximal on sting site to prevent gangrene formation</p> <p>Apply ice packs to slow down absorption of poison</p> <p>Apply KMNO₄ solution</p> <p>Shift to hospital</p>		

Summary:& Evaluation(10 Min)

- Foreign body in eye, its symptoms and first aid.
- Foreign body in ear, its symptoms and first aid.
- Foreign body in nose, its symptoms and first aid.
- Foreign body in throat, its symptoms and first aid.

Assignment: Explain foreign body in eye, ear, nose and throat, their symptoms and first aid.

Evaluation: Unit test for 50 marks once the unit is completed.

Bibliography:

1. Manual of first aid – L.C Gupte and Abhitabh Gupta. (Jaypee brothers) PAGE NO: 305- 311.

LESSON PLAN

Subject	: Nursing foundation – First aid.
Unit	: First aid in emergencies.
Topic	: Foreign body in eye, ear, nose and throat.
Group	: G.N.M 1 st year.
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should have knowledge about anatomy and physiology of eye, ear, nose and throat.
General Objective	: At the end of the class the students will be able to do first aid in removing foreign body embedded in eyes, ear, nose and throat.
Specific Objectives	: At the end of the class the students will be able to <ol style="list-style-type: none">1. Define foreign body embedded in our body.2. List types of foreign body embedded in our body.3. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in eye.4. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in ear.5. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in nose.6. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in throat.

Review of previous class: Ask questions regarding anatomy and physiology of eye, ear, nose and throat.

Introduction:

Ask the students if they observed any case of foreign body in eye, ear, nose and throat.

Brainstorm what first aid care should be given at sight in case of same.

And now we are to going learn definition of foreign body embedded in eye, ear, nose and throat with symptoms and

signs and first aid.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	3 mins	Define foreign body embedded in our body.	Foreign body means any external material that enters the body through; wound in the skin Via one of the natural openings of the body inserted or swallowed.	T: explains with power point presentation. S: Listens and takes notes.	Q. Define foreign body embedded in our body.
2	2 mins	List types of foreign body embedded in our body.	Two types of f.b. embedded in our body A. Loose F. B. B. Embedded F. B	T: explains with power point presentation. S: Listens and takes notes.	Q. List types of foreign body embedded in our body.
3	15 mins	Explain and demonstrate symptoms and signs and first aid treatment of foreign body in	All eye injuries are serious because particles may perforate the eye ball and may cause infection and internal damage. Particles of dirt or loose eye lashes stick to the outer surface of the eyeball or become lodged under the eye lid normally and cause considerable discomfort and inflammation. Symptoms and signs <ul style="list-style-type: none"> • Pain and itching in eye. • Vision may be impaired. 	T: Demonstrates the procedure. S: Observe and practice demonstration.	Q. Explain and demonstrate symptoms and signs and first aid treatment of foreign body

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		eye.	<ul style="list-style-type: none"> • Waterying of affected eye. • Redness in eye. <p>Treatment</p> <ul style="list-style-type: none"> • Ask to not to rub the eye. • Ask to sit down in a chair, facing the light and lean back. • Stand behind the casualty, hold the chin in one hand and use the index finger and thumb of other hand to separate the affected lids. • Ask the casualty to look left, right, up and down so that every part of the eye can be examined properly. • If foreign body is visible, wash it with sterile water and a eye irrigator. • If this is unsuccessful or water is not available and foreign body is not sticking to the eye, lift the foreign body using the moistened swab or the damp corner of the clean cloth. • If foreign body is under the upper lid, ask the casualty to look down. Grasp the eye lashes and pull the upper lid downward and outward over the lower lid. 		in eye.

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> Now foreign body can be removed. If cannot be removed, cover the affected eye with a eye pad, secure it lightly and consult the doctor. Do not try to remove foreign body from eyeball or colored part of the eye. 		
4	10 mins	Explain and demonstrate symptoms and signs and first aid treatment of foreign body in ear.	<p>Foreign body in the ear –</p> <ul style="list-style-type: none"> Common in children. Insect may become logged in a person's ear. <p>Symptoms and signs</p> <ul style="list-style-type: none"> Pain in the ear. Vibration, if the insect is inside the ear. Hearing may be impaired on the affected side. <p>Treatment</p> <ul style="list-style-type: none"> Reassure the casualty. If a foreign body is suspected, do not attempt to dislodge it, as probing may penetrate the ear drum. If there is insect, gently flood the ear with the tepid water to float it out. Shift the casualty to the hospital. 	<p>T: Demonstrates the procedure with the simulator.</p> <p>S: Observe and practice demonstration in simulation</p>	<p>Q. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in ear.</p>

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5	10 mins	Explain and demonstrate symptoms and signs and first aid treatment of foreign body in throat.	Foreign body in throat – <ul style="list-style-type: none"> • Smooth swallowed objects do not cause any alarm (coins, buttons). • A sharp object on the other hand can cause severe damage (pins, needles). • Always shift him or her to hospital. • Children often swallow small objects such as pins, coins, and buttons. Symptoms and signs <ul style="list-style-type: none"> • History of swallowing of object. Treatment <ul style="list-style-type: none"> • Reassure the patient and family members. • Shift him or her to the hospital. • Do not give anything by mouth. 	T: Demonstrates the procedure. S: Observe and practice demonstration.	Q. Explain and demonstrate symptoms and signs and first aid treatment of foreign body in throat.
6	10 mins	Explain and demonstrate symptoms and signs	Foreign body in nose – <ul style="list-style-type: none"> • Usually in small children. • Small objects may lodge in the nose but a sharp object can easily damage the tissues of the nose. 	T: Demonstrates the procedure with the simulator.	Q. Explain and demonstrate symptoms

S. No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		and first aid treatment of foreign body in nose.	Symptoms and sign <ul style="list-style-type: none"> • Difficulty in breathing through nose. • Nose appears swollen. • Discharge from one or both sides of the nose. Treatment <ul style="list-style-type: none"> • Reassure the casualty. • Shift him or her to hospital. • Do not attempt to remove the foreign body. 	S: Observe and practice demonstration in simulation.	and signs and first aid treatment of foreign body in nose.

Summary:& Evaluation(10 Min)

- Foreign body in eye, its symptoms and first aid.
- Foreign body in ear, its symptoms and first aid.
- Foreign body in nose, its symptoms and first aid.
- Foreign body in throat, its symptoms and first aid.

Assignment: Explain foreign body in eye, ear, nose and throat, their symptoms and first aid.

Evaluation: Unit test for 50 marks once the unit is completed.

Bibliography:

1. Manual of first aid – L.C Gupte and Abhitabh Gupta. (Jaypee brothers) PAGE NO: 305- 311.

LESSON PLAN

Subject	: Nursing Foundation-First Aid
Unit	: IV, Community emergencies and community resources.
Topic	: Role of nurse in disaster management.
Group	: G.N.M 1 st year
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture.
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the role of nurse in disaster management.
General Objective	: At the end of the class the students will be able to gain knowledge regarding disaster management and role of nurse in disaster management.
Specific Objectives	: At the end of the class the students will be able to
1. Define disaster.	
2. Explain the types of disaster.	
3. natural disaster and explain the types of natural disaster.	
4. Define manmade disaster and explain the types of manmade disaster.	
5. Define disaster management.	
6. Explain the phases of disaster management.	
7. Role of nurse in disaster management.	

Review of previous class: Ask questions regarding community emergencies and community resources..

Introduction:

Ask the students if they have faced any disaster and if faced then how they coped up with it.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	05 mins	Define disaster.	The disaster management act, 2005 defines a disaster as “a catastrophe, mishap, calamity or grave occurrence from natural or man-made causes, which is beyond the coping capacity of the affected community”.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define disaster.
2	05 mins	Explain the types of disaster.	Two types of disaster:- Natural disaster. Man-made disaster.	T: explains with power point presentation. S: Listens and takes notes.	Q: Explain the types of disaster.
3	05 mins	Discuss the types of natural disaster.	Types of natural disaster:- Floods- A flood is an overflow of water that submerges land which is usually dry. Droughts- A drought is an event that results from lower than normal expected rainfall over a season or period. Earthquake- An earthquake is a result of a sudden release of energy in the Earth’s crust that creates seismic waves. Cyclones- They are violent storms, often of vast extent, characterized by strong and high winds rotating about a calm centre of low atmospheric pressure. Tsunami- It is a series of water waves caused by the displacement of a large volume of a body of water, usually an ocean. Landslides disaster.	T: explains with power point presentation and displaying the charts. S: Listens and takes notes.	Q: Discuss the types of natural disaster.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
4	05 mins	Discuss the types of man-made disaster.	5 types of man-made disasters are there:- Road accidents. Railway accidents. Air accidents. Industrial disasters. Nuclear disasters. Fire. Explosions.	T: explains with power point presentation and displaying the charts. S: Listens and takes notes.	Q: Discuss the types of man-made disaster.
5	05 mins	Define disaster management.	It is the term used to designate the efforts of government, communities or businesses to plan for and co-ordinate all personnel and materials required to either mitigate the effects for recover from, natural or man-made disasters.	T: explains with power point presentation. S: Listens and takes notes.	Q: define disaster management.
6	10 mins	Explain the phases of disaster management.	There are 5 phases of disaster management:- Prevention. Mitigation. Preparedness. Response. Recovery.	T: explains with power point presentation and displaying the charts. S: Listens and takes notes.	Q: Explain the phases of disaster management.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
7	15 mins	Discuss the roles of nurses in disaster management.	<p>She should provide them medical and nursing care and she should look after the injured and sick persons.</p> <p>She should give constant observation and treatment to seriously wounded person to arrest the bleeding and to save the life.</p> <p>She should take measures to check the infection.</p> <p>She should maintain the sanitation and cleanliness around the place of relief.</p> <p>Arrange to put up a temporary shelter place quickly.</p> <p>She should arrange the initial examination and health check up of all those coming to the relief center.</p> <p>Arrange the nutritional facilities to the injured, children and infants.</p> <p>Arrange them for drinking water, give special care to the pregnant mothers, infants, old age people, people with other problems.</p> <p>She should arrange for transporting them immediately to the hospital or health centers.</p> <p>Make arrangement to intimate to their relatives, as early as possible.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q: Discuss the roles of nurses in disaster management.

Summary:& Evaluation(10 Min)

Define disaster.

Discuss the types of disaster.

Discuss the types of natural disaster.

Discuss the types of man-made disaster.

Define disaster management.

Explain the phases of disaster management.

Discuss the role of nurse in disaster management.

Assignment: Write about the disaster management in India and national disaster management act.

Evaluation: Unit test for 50 marks once the unit is completed.

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1.First aid and emergency nursing – N.N. Yalayyaswamy. (CBS publishers and distributors pvt. Ltd.)

2.India and world geography – Manoj sonekar, anupam rastogi. (Arihant publications ltd.)

LESSON PLAN

Subject	: Nursing Foundation-First Aid
Unit	: IV, Community emergencies and community resources.
Topic	: Fire, explosions, earthquake, floods and famines.
Group	: 1 st year G.N.M
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture.
AV aids / instructional aids	: Black Board and chalk, chart ,LCD, Computer
Student Pre requisite	: The students should be able to identify the hazards of fire, explosions, earthquake, Floods and famines on community and measures to prevent them as well rescue the people affected by it.
General Objective	: At the end of the class the students will be able to gain knowledge regarding the various types of disasters and methods of preventing such hazards and role of nurse in disaster management.
Specific Objectives	: At the end of the class the students will be able to
Define flood and its causes, effects and management.	
Define earthquake and discuss its causes, types and management.	
Define famine and discuss management.	
Define fire and discuss its phases, effects and management.	
Define explosions and discuss its types, causes, properties and management.	
Review of previous class:	Ask questions regarding community emergencies and community resources..

Introduction:

Ask the students if they have faced any disaster and if faced then how they coped up with it.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	10 mins	Define flood and discuss its causes, effects and management.	Definition:- Flood is an overflow of water that submerges land which is usually dry. Causes:- Heavy rain. High winds. Cyclones. Tsunami. Melting snow. Cloud burst. Inadequate drainage system. Deforestation. Faulty agriculture practice. Bursting of dams. Siltation in river beds. Accelerated urbanization. Effects:- Material loss. Crop loss. Structural damage. Damage of public utilities.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define flood and discuss its causes, effects and management.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Increase in the water borne disease.</p> <p>Management:-</p> <p>Identification of frequency and magnitude of floods in flood prone areas.</p> <p>Flood forecasting which involve giving prior information regarding the floods.</p> <p>Flood control can be achieved through various means like reducing run off through forestation, construction of dams, deepening or increasing the embankment of rivers.</p> <p>Land use planning which involve proper engineering of buildings in the flood prone areas and connecting these areas to transport network so that help can reach in short period of time.</p> <p>The dwellers should evacuated to a safe place and the first aider, as fast as possible should try to minimize the damage going to happen to life and property.</p> <p>Young children require special attention and should be rescued first from drowning due to flood water.</p> <p>Adult and aged must be helped to get into a safe place.</p> <p>In case the person drowned are treated with the first aid measures taken routinely for drowning and asphyxia.</p> <p>If the victim requires hospital management they should be send to nearby hospital for further treatment.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
2	10 mins	Define earthquake and discuss its causes, types and management.	<p>Definition:- An earthquake is the result of a sudden release of energy in the earth's crust that creates seismic waves.</p> <p>Causes:-</p> <ul style="list-style-type: none"> Tectonic activities. Volcanic eruption. Rock falls. Landslides. Subsidence mining area. <p>Seismic zones in India:-</p> <ul style="list-style-type: none"> Zone 5 Zone 4 Zone 3 Zone 2 <p>Management:-</p> <ul style="list-style-type: none"> Community preparedness for mitigating earthquake impact. Construction of houses and buildings according to standards. Public education can be helpful. Isolating the victims and attending to the serious victims first according to the priority. A helping squad from the nearby hospital should be summoned in case of medical team arrive late. The victims who need hospital management should be sent to the hospital. The first aider should record the observations on the patient 	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	<p>Q: Define earthquake and discuss its causes, types and management.</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	05 mins	Define famine and discuss management.	Definition:- Famine is a disaster caused by the nature. Management:- The first aider in cases of famine should contact the voluntary or government agencies to get assistance which may be in the field of either food or shelter or both. The first aider can also help in arranging immediate requirement such as drinking water, milk, bread or other staple food from the nearby places or through some voluntary agencies	T: explains with power point presentation. S: Listens and takes notes.	Q: Define famine and discuss management.
4	05 mins	Define fire and discuss its phases, effects and management.	Definition:- Fire is the rapid oxidation of a material in the exothermic chemical process of combustion, releasing heat, light, and various reaction products. Phases:- Flame. Plasma Conflagration Effects:- Water contamination Atmospheric pollution Hazards to life and property Removing protective vegetation causes soil erosion and loss	T: explains with power point presentation. S: Listens and takes notes.	Q: Define fire and discuss its phases, effects and management.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			of fertility of soil. Uses:- Rituals. Clearing agriculture land For cooking Signaling Smelting Propulsion Forging Incineration of waste Cremation Mode of destruction		
5	20 mins	Define explosions and discuss its types, causes, properties and management.	Definition:- An explosion is a rapid increase in volume and release of energy in an extreme manner, usually with the generation of high temperatures and the release of gases. Types:- Supersonic Subsonic Causes:- Natural Astronomical Chemical Electrical and magnetic	T: explains with power point presentation. S: Listens and takes notes.	Q: Define explosions and discuss its types, causes, properties and management.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Mechanical and vapor</p> <p>Nuclear</p> <p>Properties:-</p> <p>Force</p> <p>Velocity</p> <p>Evolution of heat</p> <p>Initiation of reaction</p> <p>Fragmentation</p> <p>Management:-</p> <ul style="list-style-type: none"> - organizing an observation service, prevention and alarm (security) service at local and regional levels. - implementing legislation regulating the use of fire by all the population present in or at the edge of forests, and more particularly by owners and individuals exercising a professional activity in sensitive areas. - planning and concrete preparation (periodic maintenance) for fire-fighting through adequate landscaping of the territory and appropriate forest cultivation limiting fire propagation (alternating vegetation, clearance, trimming), creating and maintaining access paths (extinction) and fire-break areas as well as fire-fighting equipment such as water supplies (conduits, cisterns), watch towers and meteorological posts, and the construction of helicopter landing pads. - surveillance and detection of fires as soon as the danger of 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>fires is forecast by the ad hoc meteorological service (which comprises automatic or mobile statistics posts observing the winds and the vegetation: dryness, force, direction, evolution).</p> <ul style="list-style-type: none"> - as soon as the danger of fire increases, activating an alarm plan (basic intervention plan) requiring the engagement of preventive intervention squads (firemen), and their wide positioning as near as possible to the threatened zones, and making available water bombers and specialized aerial machines ready for action. - preparation and concretization (organization) of an intervention mechanism: this requires the setting up of specialized management programmers ensuring the coordination of powerful and efficient equipment and means for fighting forest fires (instruction). - Preparedness management and the coordination of the use of the means of intervention of the authorities and the information and alarm services for the population require a secure transmission network (radio network). - planning the evacuation of the population possibly under threat in the various sensitive areas, particularly if there are risks of explosion (reservoirs and gas conduits explosives or ammunition dumps, hydrocarbon production, handling or transport installations, other dangerous material, etc.). 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<ul style="list-style-type: none"> - keep matches and lighters out of the reach of children and teach them caution around fires and inflammable objects; - do not keep inflammable products (alcohol, petrol, gas containers, paper, cloth, dried vegetable matter, etc.) near any source of heat; - know the instructions relating to fires, find out about protection measures, know the whereabouts of gas and electricity conduits and learn to use domestic fire-fighting equipment (extinguishers, fire reels and hoses, nozzles ,etc.); - do not smoke, do not light fires, do not switch on electrical equipment or machinery likely to make sparks when handling, or pouring inflammable or toxic products (petrol, alcohol, gas, etc...), or if they are leaking; - know the telephone numbers of the fire-fighting and civil protection services and of the police; - respect instructions forbidding staying, lighting fires, or smoking in forests, plantations, agricultural installations, wooden houses, etc., during dry spells or violent winds; - obey the rules, regulations and orders of the authorities, their control organs and the representatives of fire or police services; 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>During a fire</p> <ul style="list-style-type: none"> - act in a calm and thoughtful manner, avoid panic; - call for assistance by first alerting the firemen (fire service) and precisely identifying the area (locality, road, number, type of accident, and also the name and address of the caller); - immediately warn persons in danger and those responsible for security in the building or the enterprise, especially in public places; - try to rescue persons and animals in danger (wrap people whose clothing is alight in blankets or coats and roll them on the ground); - prevent the rush of air by closing all doors and windows and switching off ventilation; - do not use the lifts, leave the premises (stairs, exits and emergency exits); - if stair wells and corridors are filled with smoke, stay in the flat, close the door and water it frequently, draught-proof it with wet rags. Show your presence at the windows (without opening them); - if you are in a place that is getting filled with smoke, stay low on the ground where the air remains fresh; - fight the fire with all available means (fire extinguishers, in-house hydrants, pouring water from utensils using the bath tub 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>or sink as an improvised water reservoir;</p> <ul style="list-style-type: none"> - extinguish oil or fat fires (liquids or recipients on fire) by covering them with a damp cloth. If an electrical apparatus catches fire do not use water on it witch off the current immediately and pull out the plug; - inform and guide firemen or other rescuers and follow their instructions; <p>In case of a "forest fire":</p> <ul style="list-style-type: none"> - leave your house if it is a weak structure; - open the entry gate to the building to facilitate the entry of rescuers; - turn off gas bottles stored outside and place them away from the building but not in an access path; - shelter vehicles, with their windows closed, against the side of the building protected from the wind; - bring in watering hoses which may be used after the main fire is extinguished; - close shutters and entrance doors and take refuge in the house with all your family and domestic animals; if necessary, shelter the homeless and the passers-by fleeing the fire; - keep calm even if smoke enters the house despite the draught-proofing of the doors and windows; - watch the situation and how the fire progresses (fire moves 		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>at a speed of 20 to 30 meters per minute) from a door or window situated on the side of the house facing the wind.</p> <p>After the main fire has passed</p> <ul style="list-style-type: none"> - leave the house only if all parts of your body are protected (leather shoes, gloves, hat, clothes made of non-synthetic material); - inspect your house and extinguish those parts which are burning (doors, shutters, etc.); - inspect the roof, the timber frame, the attic and extinguish the cinders which may have infiltrated under the roof tiles and small openings by using the water hose or other recipients filled with water; - water the vegetation surrounding your home and extinguish small flames if any; - assist your neighbors and persons in danger (first aid); - obey orders of the firemen and of the authorities' representatives. 		

Summary:& Evaluation(10 Min)

Define flood and its causes, effects and management.

Define earthquake and discuss its causes, types and management.

Define famine and discuss management.

Define fire and discuss its phases, effects and management.

Define explosions and discuss its types, causes, properties and management.

Assignment: Write about the types of disaster faced by the community and its management organized by the governmental organization.

Evaluation: Unit test for 50 marks once the unit is completed.

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LESSON PLAN

Subject	: Nursing Foundation-First Aid Referral
Unit	: IV, Community Emergencies & Community Resources
Topic	: Rehabilitation
Group	: I year GNM class
Place	: Class room and demonstration room
Date & time	: 60 minutes
Teaching method	: Lecture cum demonstration
AV aids / instructional Aids	: Black Board and chalk, chart, LCD, Computer
Student Pre requisite	: The students should be able to identify the need of rehabilitation and would be able to recognize the importance of rehabilitation.
General Objective	: At the end of the class the students will be able to gain knowledge regarding of rehabilitation.
Specific Objectives	: At the end of the class the students will be able to <ol style="list-style-type: none">1. Define rehabilitation.2. Explain the main purposes of rehabilitation3. Enlist the types of rehabilitation.4. Understand the each types of rehabilitation5. Explain the rehabilitative interventions.6. Describe various rehabilitation approaches.7. Enumerate the Rehabilitation services in India.8. Tell about the Legislative aspect in India regarding rehabilitation.

Review of previous class: Ask questions regarding rehabilitation and importance of rehabilitation.

Introduction:

Elderly suffer from various medical problems and disorders. It is associated with reductions in physical capacities such as muscle strength, joint flexibility and speed of response, and stamina and activities of daily living.

This is tertiary level of prevention in community health care.

Ask the students if they know rehabilitation.

Tell a story of any patient with loss of limb, amputation where people seek help from people government to restore their life in family, society, community etc.

Brainstorm how a person and family will survive without proper health.

Also mention the objectives of the lesson to the students here.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
1	05mins	To define the rehabilitation.	Definition: Combined and coordinated use of medical, social, educational and vocational measures for training and retraining the individual to the highest possible level of functional ability. It includes all measures aimed at reducing the impact of disabling conditions and at enabling the disabled to achieve social integration. It involves disciplines such as physical therapy, occupational therapy, audiology and speech therapy, psychosocial work, prosthetics and orthotics, education, vocational guidance and placement.	T: explains with power point presentation. S: Listens and takes notes.	Q: Define the rehabilitation.
2	3 mins	Explain the purposes of rehabilitation.	The purpose of rehabilitative measures are:- 1) Training to increase independence in self-care; 2) Educational and vocational measures aimed at achieving economic independence 3) Social measures to ensure full integration and acceptance in community 4) The state of personal happiness and satisfaction with the present life.	T: explains with power point presentation. S: Listens and takes notes.	Q. Explain the purposes of rehabilitation.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
3	2 mins	To enlist the types of rehabilitation.	The types of rehabilitation - Medical rehabilitation, Vocational rehabilitation, Social rehabilitation, and Psychosocial rehabilitation.	T: explains with power point presentation. S: Listens and takes notes.	Q: enlist the types of rehabilitation
4	10 mins	To understand the each types of rehabilitation.	Medical/physical Rehabilitation Persons with disabilities often suffer from the following physical problems: Motor weakness/paralysis ,Spasticity, Sensory Loss, Pressure sores, Deformities and Contractures, Loss of limb , Urinary and fecal incontinence/ retention, Pain. Due these physical problems, there are functional limitations in the performance of activities of daily living (ADL). The examples: locomotors Mobility, ambulation and transportation, Self-care activities like toileting, bathing, grooming etc. Vocational Rehabilitation Although the disabled elderly do not often require vocational rehabilitation as compared to young disabled, it is important to	T: Demonstrates the procedure with the simulator. S: Observe and practice demonstration in simulation.	Q. explain types of rehabilitation.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>understand the process of vocational rehabilitation in order to know the rehabilitation process in its totality.</p> <p>With increased emphasis on the utilization of all manpower and the obvious need to offer opportunity to everyone to utilize his capacities, the Productive potential of the disabled has to be developed to enable them to find their places in national economy.</p> <p>Social rehabilitation –</p> <p>Growing old is a painful process in the modern industrial society. In Indian society, family works as an institution, taking up the role of insurance of the individual where, in times of crises, the family members do help each other and the old persons have the scope to secure the tender loving care from the members and lead a peaceful life.</p> <p>The cultural norms and values still have importance in the society, but considering the gradual rise in the number of the aged in the population of the country and the rapid</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>changes resulting from industrialization and urbanization, it is necessary to use highest caution and protect our cultural norms that provide accommodation to every member of the society.</p> <p>Psychosocial rehabilitation- Illness and injury always induce some anxiety in the patient and relatives, and the response to incapacity depends on the patient's personality, education and social and economic situation. Some common psychological problems of patients with disabilities are - depression, anxiety, feeling of insecurity, loneliness, behavioral disorders, affective disorders, personality disorders, suicidal tendencies, dependence, low self-esteem, irritability, impaired psychomotor coordination, malingering and hysteria.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
5	10 mins	Explain the rehabilitative interventions.	<p><u>Rehabilitative interventions</u></p> <p>For physical/medical related problems - restoration and rehabilitation interventions are as follows-</p> <p>Appropriate exercise therapy for maintaining the ROM of the joints, improving the muscle power in the weak muscles and strengthening of normal muscles.</p> <p>Restoring the function of the affected extremity by appropriate training, including gait training.</p> <p>Provision of external appliance, splint or caliper if required.</p> <p>Relief of pain by means of physical modalities like heat, cold, electricity etc.</p> <p>Bladder1 bowel training to achieve continence.</p> <p>Training in the activities of daily living in order to restore the various lost functions like transfers, self-care etc. It may require the use of self-help devices, if indicated.</p> <p>Education of the patient to maintain the</p>	<p>T: Demonstrates model appliances, crutches splint or caliper.</p> <p>S: Observe and practice demonstration</p>	Q. Explain the rehabilitative interventions.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
6	10 min	Describe the various rehabilitative approaches for rehabilitation Enumerate the Rehabilitation	<p>physical status so achieved preventing any complications.</p> <p>Artificial limbs (prostheses); splints, calipers, walking aids like crutches, sticks, canes, walker or wheel chair may be prescribed depending upon the physical status of the patient. These are to be fabricated or made available to him and patient trained in their use.</p> <p>Patients with physical disabilities cannot afford to negotiate narrow entrances and lanes, elevated platforms, cemented or wooden doorsteps and stairs.</p> <p>REHABILITATION APPROACHES</p> <p>There are three major strategies –</p> <p>Institutions based Rehabilitation (IBR)</p> <p>This takes place in the institutions like apex institutions in the country (AIIMS, New Delhi, PGIMER, Chandigarh), state medical</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes.</p>	Q. Describe the rehabilitative interventions.

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
		services in India.	<p>colleges hospitals etc. People with disabilities attend the rehabilitation institution in order to undergo training under the direction of staff in the institution set up. These institution also serve as referral centers to a Community Based Rehabilitation (CBR) programme.</p> <p>Outreach Programme for Rehabilitation Advice is given on how to improve in specific activities such as self-care, moving around or communication. The outreach services could either form an extension of the institution to the neighboring area or by organizing camps in the neighboring area from time to time.</p> <p>Community based Rehabilitation (CBR) This is a strategy within the community for the development of the rehabilitation services. CBR is implemented through the combined efforts of disabled themselves, their families and communities and the appropriate health, education, vocational and social services.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>The World Health Organization (WHO) model of Community Based Rehabilitation (CRR) is a unique concept, which transfers knowledge and skill to the family member of a Person With a Disabilities (PWDs) by using a training manual and its training packages (TPs) as field tested tools, in order to rehabilitate the disabled person within the community. It also provides referral support from health posts, schools, training centre's, and non-governmental organizations (NGOs) whenever and wherever needed. The program operates through a village level committee called Community Rehabilitation Committee (CRC), which varies in its constitution in different countries, but it is essential for this CRC to be empowered. The person with disabilities is served through a network of family trainers. Local Supervisors and Middle Level Rehabilitation Worker (MLRW). The family trainer uses the Training Packages (TPs) to train the PWDs. The local supervisor</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
7.	5 min	Enumerate the rehabilitation services in india.	<p>(LS) identifies and assists the family trainer in this job, monitors the progress and ensures access to referral support when needed and the mid level worker runs the first level referral support when needed and the mid level worker runs the first level referral support and train the Local Supervisor (LS).</p> <p>REHABILITATION SERVICES IN INDIA</p> <p>In India, the nodal ministry to plan the rehabilitation services for the disabled persons is the Ministry of Social Justice and Empowerment.</p> <p>The medical rehabilitation component is being taken care of by the Ministry of Health and Family Welfare.</p> <p>The other Ministries involved are Labor, Human Resource Development, Information and Broadcasting, Rural Development and Urban Development etc.</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes</p>	Q. Describe the rehabilitative interventions

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>Presently, there are National level institutions in each area of disabilities viz. locomotors, hearing and speech, visual and mental retardation. These are under the direct control of the Ministry of Social Justice and Empowerment. Some of them have regional centre's in various states.</p> <p>Their main activities are provision of nodal services in their respective area, manpower development, research and planning. They also act as referral centre's, when the patient's needs cannot be dealt with at the peripheral levels.</p> <p>An Artificial Limb Manufacturing Corporation (ALIMCO) has been set up at Kanpur to produce aids and appliances required by the disabled persons to assist in regaining their lost functions.</p> <p>Under the Ministry of Health and Family Welfare, there are Rehabilitation centre's in some of the Medical colleges, which provide institutional based rehabilitation services and</p>	<p>T: explains with power point presentation.</p> <p>S: Listens and takes notes</p>	<p>Q. Describe the rehabilitative interventions</p>

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
8.	5 Min.	Tell about the Legislative aspect in India regarding rehabilitation.	<p>also engaged in manpower development in the specialty or rehabilitation, both medical and paramedical.</p> <p>In addition to these, a large number of Non-Governmental Organizations (NGOs) are providing need based services especially in the area of education, training and therapeutic interventions.</p> <p>LEGISLATIVE ASPECT</p> <p>Rehabilitation Council of India</p> <p>Rehabilitation Council of India (RCI) which is a statutory body came into being in 1993, on the lines of Medical Council of India, whose primary function is to regulate the manpower training by standardizing the various training programmes in the field of Rehabilitation, so that quality services could be planned and provided to the disabled masses.</p> <p>Persons with Disabilities Act, 1995</p> <p>In the year 1995, a Bill entitled "Persons with Disabilities Act, 1995" (Equal opportunities, Protection of Rights and Full Participation)</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>was passed by the Parliament, which was made into a law. The purpose of the Bill is to fix responsibilities on the Central and State Governments to the extent their resources permit, to provide services, create facilities and give support to people with disabilities in order to enable them to have equal opportunities in participating as productive and contributing citizens of the country to their fullest extent.</p> <p>The Government has from time to time announced concessions for the people with disabilities to facilitate their lives, such as concessions in travel, income tax rebate, priority in house allotment etc.</p> <p>Disability Evaluation</p> <p>The quantification of disability is essential for maintaining the progress of patient, program evaluation, quality assurance and improvement of services. The scales used in measurement should be simple, sensitive, valid, reliable and accurate.</p>		

S.No	Time	Specific objective	Content	Teaching learning activity	Evaluation
			<p>The disability is reversible and activity and participation is increased, if the personal are also supportive such as, age, gender Co-morbid diseases, fitness, life style, coping style, education and individuals psychological assets etc.</p> <p>Hence, disability evaluation requires-</p> <ol style="list-style-type: none"> 1) Physical evaluation 2) Educational evaluation 3) Emotional evaluation 4) Environmental evaluation 5) Social evaluation 6) Vocational evaluation <p>Thus disability evaluation is an administrative issue that needs to be addressed by a rehabilitation team comprising of physician, physical therapist, occupational therapist, speech therapist, medical social worker, clinical psychologist and vocational counsellor.</p>		

Summary:& Evaluation(10 Min)

- Define rehabilitation and purposes of rehabilitation
- Enlist the types of rehabilitation.
- Explain the rehabilitative interventions.
- Tell about the Legislative aspect in India regarding rehabilitation.
- **Assignment:** Describe rehabilitation with various rehabilitation approaches.

Evaluation: Unit test for 25 marks once the unit IV is completed.

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