**Council for Technical Education & Vocational Training**

**Sanothimi, Bhaktapur**

**Internal Practical Evaluation Tools**

**Child Health Nursing**

**EVALUATION SCHEME**

**Internal Practical Evaluation Tools**

**Name of Institute: Total Marks: 50**

**Year: Third Pass Marks: 25**

**Subject: Child Health Nursing (4 weeks)**

**Clinical Area:** Children ward

**Evaluation Scheme**

**Direction:** The students should be exposed in Paediatric Hospital/Wards for 4 weeks to application of knowledge into practice. Student’s clinical performance will be evaluated as the scheme mentioned below within the period of practicum.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Activities** | **Marks** | **No. of Assignment** |
| 1 | Health assessment (history and physical examination) | 5 | 1 |
| 2 | Nursing care Plan | 5 | 1 |
| **3** | Health Teaching | 5 | **1** |
| 4. | Case study | 10 | 1 |
| 5. | Case Presentation | 5 | 1 |
| 6. | Health Exhibition | 10 | 1 |
| **7** | Performance evaluation | 10 | 1 |
|  | **Total** | **50** |  |

**Council for Technical Education & Vocational Training**

**Sanothimi, Bhaktapur**

**Course**: PCL Nursing **Student's Name**:

**Year**: Third **Full Mark**: 10

**Subject**: Child Health Nursing **Pass Mark**: 5

**Area of Practice**: Hospital **Obtained Mark**:

**Case Study**

**Direction:**  Each student should complete one case study during clinical practice and submit on time. The criteria for evaluation are as follows. The marks will be offered as the given marks.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Criteria** | **Full**  **Mark** | **Obtained Mark** | **Remarks** |
| 1 | Selects an appropriate child for case study. | 0.5 |  |  |
| 2 | Assessment of the child using health assessment format. (Annex 1) | 1 |  |  |
| 3 | State the findings of physical examination of the child. | 1 |  |  |
| 4 | Compares the developmental tasks/ milestone of the child. | 1 |  |  |
| 5 | Describe thoroughly about disease with its causes, pathophysiology, sign/symptoms management and compare it with references. | 1 |  |  |
| 6 | Include nursing care plan as per the nursing process. | 1 |  |  |
| 7 | Considers the dignity, value and rights of the child and parent throughout the care process. | 0.5 |  |  |
| 8 | Describes appropriate diversional therapy using age appropriate play materials by utilizing the local resources. | 0.5 |  |  |
| 9 | Include health teaching provided to the parent/child before discharge. | 1 |  |  |
| 10 | Self-evaluation of care provided and demonstrates acquired new knowledge through the study. | 1 |  |  |
| 11 | Shows positive attitude toward the child/parent. | 0.5 |  |  |
| 12 | Prepare complete, clear and in-depth case study report & submit in time | 1 |  |  |
| **Total** | | 10 |  |  |

Strengths:

Area to be improved:

**......................................... .........................**

**Signature of Supervisor Date**

**Council for Technical Educational & Vocational Training**

**Sanothimi, Bhaktapur**

**Course**: PCL Nursing **Student's Name**:

**Year**: Third **Full Mark**: 10

**Subject**: Child Health Nursing **Pass Mark**: 5

**Area of Practice**: **Obtained Mark**:

**Health Exhibition**

**Directions**: Students will be divided into five groups and will perform one complete project work. Display the play materials and health related information according to age group in clinical area. The marks will be offered as mention below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Criteria** | **Full Mark** | **Obtained Mark** | **Remarks** |
| 1 | Sets objectives for the selection of particular project. | 1 |  |  |
| 2. | Select the informative topics appropriate to age group. | 2 |  |  |
| 3. | Develops play materials using local available resources (safe, proper shape and size, attractive and age appropriate) | 2 |  |  |
| 3 | Arrange the appropriate area/setting for exhibition. | 1 |  |  |
| 4 | Explains the content confidently and clearly. | 2 |  |  |
| 5. | Responds positively if any queries. | 1 |  |  |
| 6. | Prepares and submits the report on time. | 1 |  |  |
|  | **Total** | 10 |  |  |

Strengths:

Area to be improved:

**………………………… …………………….**

**Signature of the Supervisor Date**

**Council for Technical Educational & Vocational Training**

**Sanothimi, Bhaktapur**

**Course**: PCL Nursing **Student's Name**:

**Year**: Third **Full Mark**: 5

**Subject**: Child Health Nursing **Pass Mark**: 2.5

**Area of** P**ractice**: Hospital **Obtained Mark**:

**Nursing Care Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Criteria for evaluation** | **1** | **1.5** | **2** |
| 1 | Identifies the child’s present and potential problem appropriately. |  |  |  |
| 2 | Prioritizes problem as its severity and specialty and their significant cause. |  |  |  |
| 3 | Formulates the nursing diagnosis. |  |  |  |
| 4 | Plans the nursing action accordingly. |  |  |  |
| 5 | Gives rational for each nursing action in relation to the problem. |  |  |  |
| 6 | Implementation of planned care. |  |  |  |
| 7 | Involves the child and the family in the care process accordingly. |  |  |  |
| 8 | Evaluates the progress of child’s condition after giving care. |  |  |  |
| 9 | Revises the care plan if needed. |  |  |  |
| 10 | Documentation and information to the seniors and faculty properly in time |  |  |  |
| **Total** | |  |  |  |

**Direction:** Students will care the assigned patient developing the Nursing Care Plan using Nursing Process. Each student has to submit five nursing care plan in child care unit/ward and one will be evaluated through criteria below. The marks will be offered as given rating scale.

**Key for Marking:** **Satisfactory Good Excellent**

1 1.5 2

(**Total marks is divided by 4)**

Strengths:

Area to be improved:

**………………………… …………………….**

**Signature of the Supervisor Date**

**Council for Technical Educational & Vocational Training**

**Sanothimi, Bhaktapur**

**Course**: PCL Nursing **Student's Name**:

**Year**: Third **Full Mark**: 5

**Subject**: Child Health Nursing **Pass Mark**: 2.5

**Area of Practice**: Hospital **Obtained Mark**:

**Health Teaching**

**Direction:** Each student has to provide a planned health teaching to the child and family in the respective clinical area. The criteria for evaluation are mention below. The marks will be offered as given rating scale.

**Key for Marking:**

Satisfactory Good Excellent

1 1.5 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Criteria** | **1** | **1.5** | **2** |
| 1 | Identifies specific need for health teaching including topic and target group |  |  |  |
| 2 | Prepares objectives and lesson plan |  |  |  |
| 3 | Assesses level of knowledge of group being taught. |  |  |  |
| 4 | Prepares and uses appropriate A/V aids from local material as much as possible. |  |  |  |
| 5 | Organizes time and place for participants. |  |  |  |
| 6 | Uses simple language appropriate to participants and teachers, accurate, up – to – date information. |  |  |  |
| 7 | Encourages active group participation |  |  |  |
| 8 | Shows positive attitude toward participants and teacher. |  |  |  |
| 9 | Communicates Clearly (audible and pleasant) and confident |  |  |  |
| 10 | Self- evaluation and accept constructive feedback. |  |  |  |
| **Total** | |  |  |  | |

(**Total marks is divided by 4)**

Strengths:

Area to be improved:

………………………… …………………….

Signature of the Supervisor Date

**Council for Technical Educational & Vocational Training (CTEVT)**

**Sanothimi, Bhaktapur**

**Course: PCL Nursing Student’s name:**

**Year: Third Full Mark: 5**

**Subject: Child Health Nursing Pass Mark: 2.5**

**Area of practice: Hospital Obtained marks:**

**CASE PRESENTATION**

**Direction:** Each student will present one case study in clinical setting. The student will be evaluated according to the following criteria. The marks will be offered as the given rating scale.

**Key for Marking:**

Satisfactory Good Excellent

1 1.5 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Criteria** | **1** | **1.5** | **2** |
| 1 | Plans, selects and informs the team for case presentation |  |  |  |
| 2 | Arranges an appropriate place and logistics |  |  |  |
| 3 | Organizes the presentation according to the given format. |  |  |  |
| 4 | Communicates an overview of presentation to the audience |  |  |  |
| 5 | Presents in-depth information about case |  |  |  |
| 6 | Uses adequate relevant A/V aids |  |  |  |
| 7 | Demonstrates in-depth knowledge and confidence about presentation. |  |  |  |
| 8 | Interacts with audience and respond their queries |  |  |  |
| 9 | Summarizes the presentation within the timeframe |  |  |  |
| 10. | Self-evaluation and accept the feed back |  |  |  |
|  | **Total** |  |  |  |

(**Total marks is divided by 4**)

Strengths:

Area to be improved:

**………………………… …………………….**

**Signature of the supervisor Date**

**Council for Teaching Education & Vocational Training**

**Sanothimi, Bhaktapur**

**Course-** PCL Nursing **Student’s name-**

**Subject-** Midwifery III **Full Mark- 5**

**Year-** Third **Pass Mark- 2.5**

**Area of Practice-** Postnatal Ward **Student’s mark-**

**Date**-

**Health Assessment**

**Directions:** Each student will practice history and physical examination of admitted patient during the clinical period of fundamental of nursing in medical/surgical ward. Individual student have to perform 5 patients assessment according to given format and one will be evaluated through criteria below.

**Key** **for** **Marking**:

**Satisfactory Good Excellent**

**1 1.5 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N.** | **Expected Behavior** | **1** | **1.5** | **2** |
| 1 | Explain the procedure to the patient before doing the procedure. |  |  |  |
| 2 | Prepare the necessary articles in an organized way. |  |  |  |
| 3 | Demonstrate concern for the patient’s safety and privacy to make the patient comfortable. |  |  |  |
| 4 | Wash hands thoroughly before and after the procedure |  |  |  |
| 5 | Maintain respect and dignity of the patient during the procedure. |  |  |  |
| 6 | Follow the appropriate techniques (inspection, palpation, percussion and auscultation) during the assessment. |  |  |  |
| 7 | Make patient comfortable after the procedure and provide related health information. |  |  |  |
| 8 | Assure the patient for keeping the information confidential. |  |  |  |
| 9 | Replace the articles in their proper place. |  |  |  |
| 10 | Maintain record and report to supervisor/staff in time. |  |  |  |
|  | **Total** |  |  |  |

**Strengths:**

**Areas to be improved:**

…………………………… **…………………….**

**Signature of supervisor Date**

**Council for Technical Education & Vocational Training**

Sanothimi, Bhaktapur

**Course:** PCL Nursing  **Student Name:**

**Subject:** Child Health Nursing  **Full Mark:** 10

**Year:** Third  **Pass Mark:** 5

**Area of practice: Paediatric** **Ward Obtained Mark:**

# **Clinical Performance**

**Directions:** During the student’s practical exposure in Pediatric ward, the student’s performance will be evaluated as criteria mentioned below. The marks will be offered as the following rating scale.

**Key for Marking**

Satisfactory Good Excellent

1 1.5 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S**N** | Criteria for evaluation | **1** | **1.5** | **2** |
| 1. | Communicates in a warm and friendly manner with child, family, staffs and teachers in relation of the child’s condition. |  |  |  |
| 2. | Takes responsibility towards the child and provide care as per need. |  |  |  |
| 3. | Assess the child‘s general physical condition systematically to identify the needs of child. (Follow the IMCI guideline ) |  |  |  |
| 4 | Plans the nursing care according to nursing process. |  |  |  |
| 5. | Follows the scientific principle for selection of nursing action. |  |  |  |
| 6. | Implementation of care plan. |  |  |  |
| 7. | Considers the dignity, value and rights of the child and parent throughout the care process. |  |  |  |
| 8. | Evaluates the care plan and revise if needed |  |  |  |
| 9 | Provide health teaching to the care giver, parents as needed before discharge. |  |  |  |
| 10 | Follows universal precaution forinfection control. |  |  |  |
| 11 | Demonstrate interest in learning behavior by asking questions and seeking for information. |  |  |  |
| 12 | Maintain complete handover-takeover with staffs, colleagues in each shift. |  |  |  |
| 13. | Shows positive attitude toward the clinical teacher, mother and maintaining personal and professional personality. |  |  |  |
| 14. | Maintain proper documentation. |  |  |  |
| 15 | Self evaluation and accepts constructive feedback from teachers, seniors and collegues |  |  |  |
|  | **Total** |  |  |  |

(Total marks divided by 3)

**Strengths:**

**Area to be improved:**

…………………………. ………………….

Signature of Supervisor Date

**Annex -I**

**Council for Technical Education& Vocational Training**

**Sanothimi, Bhaktapur**

**Health Assessment Format**

**(History Taking and Physical Examination)**

1. **HISTORY TAKING**
2. **Demographical data of child and parents:**

* Name of child:………………………………………………………………………........
* Age/ sex:………………………………………………………………………………….
* Address:…………………………………………………………………………………..
* Name of informant:………………………………………………………………………
* Relation with child:………………………………………………………………………
* Caste/ethnic group:……………………………………………………………………….
* Religion:………………………………………………………………………………….
* Date and time of history collection:………………………………………………………
* Name of unit:……………………………………………………………………………..
* Bed no.:…………………………………………………………………………………..
* Birth place:……………………………………………………………………………….
* Birth weight:……………………………………………………………………………...
* Medical diagnosis:………………………………………………………………………..
* Attending doctor:………………………………………………………………………. ...

1. **Chief complain (present problem):**

…………………………………………………...........................................................................................

…………………………………………………………………………………………………………………………………………………………………...........................................................................................

1. **History of present illness(Obtain all details related to chief complain):**

* Onset:…………………………………………………………………………………
* Location of pain:……………………………………………………………………...
* Duration :……………………………………………………………………………..
* Alleviating factor/ Aggravating factor:………………………………………………
* Treatment done to relieve problem:…………………………………………………..

1. **History of past illness:**
   1. **Major medical /surgical illness:**

* (Operation, Blood Transfusion) If yes, write on details………………………………………

…………………………………………………………………………………………………

* Trauma (Fracture, Lacerations):……………………………………………………………..
* Previous hospitalization and its reason: ………………………………………………………
* Current medication:…………………………………………………………………………..
* Known allergy (not just drugs):……………………………………………………………….
* Immunizations:……………………………………………………………………………….
* Childhood illness like measles, mumps, whooping cough, polio, rheumatic fever, tuberculosis………….

…………………………………………………………………………………………………

* Chest infections (Pneumonia, tuberculosis)…………………………………………………..

4.2. **Prenatal history:**

* Maternal medical disorder: Malaria, HTN, Diabetes, Heart disease etc:…………………….

………………………………………………………………………………………………...

* Blood group/RH factor:………………………………………………………………………
* Dose of TT Vaccine:………………………………………………………………………….
* No. of ANC check up and place:…………………………………………………………......
* History of drug taken during pregnancy:……………………………………………………..
* Gestational age at delivery:…………………………………………………………………...

4.3**.Natal history:**

* Time of rupture of membrane:………………………………………………………………..
* Duration of labor:……………………………………………………………………………..
* Types of delivery:…………………………………………………………………………….
* Evidence of fetal and maternal distress:……………………………………………………...
* Cord tie around the neck:……………………………………………………………………..
* Birth injuries during birth:……………………………………………………………………
* Congenital abnormalities:…………………………………………………………………….
* Any complication during labor:………………………………………………………………

4.**4 Neonatal history immediately after birth:**

* Apgar score:…………………………………………………………………………………..
* If home delivery who assisted delivery?...................................................................................
* Did the baby breast feed after delivery?...................................................................................
* Did the child develop jaundice?................................................................................................
* Did baby develop rashes?.........................................................................................................
* Length of hospitalization:…………………………………………………………………….

4.5. **Growth and developmental history:**

* Age of first smile:…………………………………………………………………………….
* Age of first roll over:…………………………………………………………………………
* Age at sit on own:…………………………………………………………………………….
* Age of first tooth eruption:…………………………………………………………………...
* Age at walk on own:………………………………………………………………………….
* Age at first talk:………………………………………………………………………………
* Age at speaking complete sentence:………………………………………………………….
* Behavioural problems:………………………………………………………………………..

**If older child:**

* Age of schooling:……………………………………………………………………..
* Participation in play:………………………………………………………………….
* Participation in intellectual activity:………………………………………………….
* Participation in group:………………………………………………………………...
* Favourite play:………………………………………………………………………..

**Development of secondary sex characteristic:**

* Age of menarche:…………………………………………………………………………….

1. **Family History:**
   1. **Family Tree:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Family** | **Name** | **age** | **Education** | **occupation** | **Chronic Illness (COPD, DM, HD, CA, HTN, congenital problem)** | **Remarks** |
|  | Father |  |  |  |  |  |  |
|  | Mother |  |  |  |  |  |  |
|  | Sibling I |  |  |  |  |  |  |
|  | Sibling II |  |  |  |  |  |  |

1. **Environmental history:**

**6.1 Housing:**

* Types of drainage:…………………………………………………………………....
* Types of latrine;………………………………………………………………………
* Types of kitchen:……………………………………………………………………..
* Provision of ventilation:……………………………………………………………...

1. **Nutritional history:**

* Breast feeding ( how often):…………………………………………………………..
* Weaning started At: (how often):…………………………………………………….
* Appetite of child:……………………………………………………………………..
* Favourite food:……………………………………………………………………….
* Feed himself or others:……………………………………………………………….
* How often per day:…………………………………………………………………...
* Bottle feeding:………………………………………………………………………..

1. **Immunization history:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Age** | **Immunization** | **Yes** | **No** | **Remarks** |
| 1. | Birth | BCG |  |  |  |
| 2. | 6 weeks | DPT, HBV, HIB and OPV |  |  |  |
| 3. | 10 weeks | DPT, HBV, HIB and OPV |  |  |  |
| 4. | 14 weeks | DPT, HBV, HIB and OPV |  |  |  |
| 5. | 9 month | Measles, Rubella |  |  |  |
| 6. | After 12 month | Japanese encephalitis |  |  |  |
| 7. | Others |  |  |  |  |

**Review of system:** (usually very abbreviated for infants and younger children)

1. Weight - recent changes, weight at birth
2. Skin and Lymph - rashes, adenopathy, lumps, bruising and bleeding, pigmentation changes
3. HEENT (Head, Eye, Ear, Nose & Throat) - headaches, concussions, unusual head shape, strabismus, conjunctivitis, visual problems, hearing, ear infections, draining ears, cold and sore throats, tonsillitis, mouth breathing, snoring, apnea, oral thrush, epistaxis, caries
4. Cardiac - cyanosis and dyspnea, heart murmurs, exercise tolerance, squatting, chest pain, palpitations
5. Respiratory - pneumonia, bronchiolitis, wheezing, chronic cough, sputum, hemoptysis, TB
6. GI - stool color and character, diarrhea, constipation, vomiting, hematemesis, jaundice, abdominal pain, colic, appetite
7. GU - frequency, dysuria, hematuria, discharge, abdominal pains, quality of urinary stream, polyuria, previous infections, facial edema
8. Musculoskeletal - joint pains or swelling, fevers, scoliosis, myalgia or weakness, injuries, gait changes
9. Pubertal - secondary sexual characteristics, menses and menstrual problems, pregnancies, sexual activity
10. Allergy - urticaria, hay fever, allergic rhinitis, asthma, eczema, drug reaction.

**B. PHYSICAL EXAMINATION:**

1. **Anthropometric Measurements:**

* Weight:………………………………………………………………………………..
* Length:………………………………………………………………………………..
* Head circumference:………………………………………………………………….
* Chest circumference:…………………………………………………………………

1. **Vital sign:**

* Body temperature:……………………………………………………………………
* Heart rate:……………………………………………………………………………..
* Respiratory rate:………………………………………………………………………
* Blood pressure:……………………………………………………………………….

1. **General appearance:**

* Facial expression: …………………………………………………………………….
* Nutritional status: ……………………………………………………………………
* Hygiene………………………………………………………………………………
* Level of consciousness: ………………………………………………………………
* Gait: …………………………………………………………………………………...
* Posture /movement (irregular/jurky movement, jitteriness): …………………………..

1. **Skin:**

* **Inspection:**
* Color (jaundice, pallor, cyanosis):……………………………………………………..
* Edema:……………………………………………………………………………….
* Postules/blisters:……………………………………………………………………...
* Cut and abrasion:……………………………………………………………………..
* Bruises/rashes/patechiae/pallor):……………………………………………………..
* Birth marks (nevi, Hemangiomas, mongolian spots :…………………………………
* Lanugo /vernix:……………………………………………………………………….
* **Palpation:**
* Temperature (generalized):…………………………………………………………...
* Texture/turger:………………………………………………………………………..
* Dehydration:…………………………………………………………………………
* Pitting edema:………………………………………………………………………...

1. **Lymphatic system**:

* **Inspection:**
* Lymph nodes (enlargement, location)……………………………………………….
* **Palpation:**
* Tenderness/ size/ mobility/location:…………………………………………………

1. **Head:**

* **Inspection:**
* Shape /size:…………………………………………………………………………...
* Anterior fontanel:……………………………………………………………………
* Posterior fontanel:……………………………………………………………………
* Color of hair: …………………………………………………………………………
* Hygiene (pediculosis, lice, dandruff): ……………………………………………….
* Movement of head/head holding:…………………………………………………….
* **Palpation:**
* Nodules/masses:………………………………………………………………………
* Previous scars of injuries / operations:……………………………………………….

1. **Eyes:**

* **Inspection;**
* Eye brow symmetrical:……………………………………………………………….
* Eye lashes (entropion, ectropion, stye):………………………………………………
* Eye lid (swelling):………………………………………………………………........
* Eyes (shape and size):………………………………………………………………..
* Infection, discharge:………………………………………………………………….
* Congunctiva, sclera (jaundice and anemia): ………………………………………...
* Pupil (PERRLA: pupil equal, round, react to light, and accommodation):…………...

………………………………………………………………………………………..

* Strabismus/nystagmus:……………………………………………………………….
* Blockage of nasolacrimal duct:……………………………………………………….

1. **Ears:**

* **Inspection**:
* Position of ear (observe from front and draw line from inner canthus of eye to occiput):………………………………………………………………………………
* Shape and size:………………………………………………………………………..
* Discharges/bleeding/foreign bodies:………………………………………………….
* Tympanic membrane:………………………………………………………………...
* **Palpation:**
* Tenderness around the pinna:……………………………………………………….

1. **Nose:**

* **Inspection**:
* Shape/size:……………………………………………………………………………
* Discharge/bleeding/lesion/patency:…………………………………………………..
* Nasal flaring:………………………………………………………………………….
* Sinus areas tenderness:……………………………………………………………….

1. **Mouth:**

* **Inspection**:
* Lips (color, moisture, cracks, dehydration):…………………………………………….
* Buccal mucosa (color, lesion, moist, dry):……………………………………………..
* Tongue (color, pappilae, tremors):……………………………………………………...
* Teeth and gums(number of teeth, dental carries, gingivitis, missing teeth):…………..
* Palate and uvula (intact uvula centrally located):…………………………………….
* Tonsils (size, colour, swelling):……………………………………………………….
* Gag reflex:……………………………………………………………………………
* **Palpation:**
* Gums and palate:……………………………………………………………………...

1. **Neck:**

* Inspection:
* Skin folds:……………………………………………………………………………
* Rashes:……………………………………………………………………………….
* Movement (range of movement):…………………………………………………….
* Jugular vein:……………………………………………………………….………….
* Palpation:
* Thyroid gland:……………………………………………………………………….
* Cervical nodes:………………………………………………………………………

1. **Chest:**

* Inspection:
* Size/shape/symmetrical movement:…………………………………………………
* Pattern of breathing:…………………………………………………………………
* Use of accessory muscle (retraction, indrawing):……………………………………
* Clubbing of finger nail:………………………………………………………………
* Breast development:…………………………………………………………………
* Anterior posterior diameter…………………………………………………………
* Lateral diameter:……………………………………………………………………
* Palpation and percussion often not significant in small baby (below 2 years) and in case of older children, it is done as in adult.
* Auscultation:
* Equality of breath sound: ……………………………………………………………
* Presence of abnormal sound (rales ronchi, wheezing): ………………………………

1. **Cardiovascular system:**

* Inspection:
* Color and temperature of extremities………………………………………………...
* Capillary refill time:………………………………………………………………….Clubbing/cyanosis:……………………………………………………………………
* Auscultation:
* Heart sound, rate rhythm, murmur sound:……………………………………………..
* Apical pulse:………………………………………………………………………….

1. **Abdomen:**

* Inspection:
* Size/shape/skin color/scars:…………………………………………………………..
* Umbilical cord/hernias/prominent vein/masses:……………………………………..
* Auscultation;
* Bowel sound (frequency of peristalsis movement):………………………………….
* Palpation:
* Skin turger: ……………………………………………………………………………
* Inguinal lymph nodes; ………………………………………………………………...
* Rebound tenderness, guarding: ……………………………………………………….
* Vital organs for any tenderness and masses (liver, kidney, spleen):………………….

1. **Genito urinary system:**

* **Female**: Inspection:
* Labia majora…………………………………………………………………………
* Labia minora…………………………………………………………………………
* Clitoris:………………………………………………………………………………
* Urination within 24 hours:……………………………………………………………
* Discharges:……………………………………………………………………………

(**NOTE:** Rectal and pelvic exam not done routinely - special indications may exist).

* **Male**: Inspection:
* Urethral opening:……………………………………………………………………..
* Testes (hydrocele):……………………………………………………………………
* Urinary meatus;……………………………………………………………………….
* Urination within 24 hours:……………………………………………………………
* Palpation of undescended testes:……………………………………………………..

1. **Anus and rectum**:

* Inspection:
* Anorectal malformation:……………………………………………………………...
* Irritation:……………………………………………………………………………...
* Constipation, diarrhea:………………………………………………………………..

1. **Musculoskeletal system**;

* Upper extremities:
* Symmetrical size :…………………………………………………………………….
* Fingers (syndactyal/polydactyl):……………………………………………………...
* Palmer crease:………………………………………………………………………...
* Erb’s palsy:…………………………………………………………………………...
* Palmer grasp:…………………………………………………………………………
* Pincer grasp:…………………………………………………………………………..
* Lower extremities:
* Symmetrical :…………………………………………………………………………
* Gluteal fold:…………………………………………………………………………..
* Toes (Intoeing, Out toeing, bow legs, knock knee):………………………………...
* Solar crease:…………………………………………………………………………..
* Range of motion:……………………………………………………………………...
* Knee reflexes:………………………………………………………………………...
* Hip dislocation (Ortolani’s signand Borlow’s sign):………………………………..
* Tenderness of joint: …………………………………………………………………...
* Balance and coordination: …………………………………………………………….

1. **Back:**

* Inspection:
* Position of spine: ……………………….…………………………………………….
* Sacral dimpling /spinobifida/meningomylocyle: ……………………………………..
* Kyphosis/lordosis /scolosis: …………………………………………………………..

1. **Neurological system:**

* Neonatal reflexes:
* Moro reflex: …………………………………………………………………………..
* Rooting reflex: ………………………………………………………………………..
* Sucking reflex; ………………………………………………………………………..
* Knee reflex: …………………………………………………………………………...
* Babinski reflex: ……………………………………………………………………….
* Stepping reflex: ……………………………………………………………………….
* Tonic neck reflex……………………………………………………………………..
* Sensory function (hearing, vision, light to touch, pain, sensation): …………………………
* Muscle tone, balance, coordination: …………………………………………………………

Annex II

**Council for Technical Education & Vocational Training**

Sanothimi, Bhaktapur

# **Nursing Care Plan Format**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Problems/Needs** | **Objective/Goals** | **Plan of Action** | **Rational** | **Evaluation** |
|  |  |  |  |  |  |

Student's signature:

Strength :

Area to be improved:

Signature of Evaluator : ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_