Krishna Vishwa Vidyapeeth (Deemed to be University) Krishna Institute of Nursing Sciences, Karad



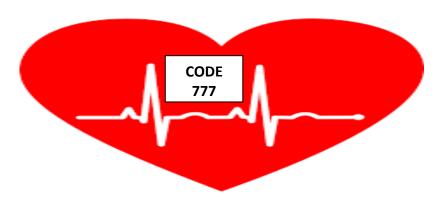
Syllabus

Postgraduate Diploma in Quick Response Nurses Team

Choice Based Credit System (C.B.C.S.)

Program code: 4505 Course code: 4505-11

Krishna Vishwa Vidyapeeth (Deemed to be University) Krishna Institute of Nursing Sciences, Karad



POST GRADUATE DEPLOMA IN

QUICK RESPONSE NURSES TEAM





Disaster Nursing





CONTENTS

Sr. No.	Item	Page No
1	Introduction	1
2	Philosophy	1
3	Scope, aims and objectives of the curriculum	1
4	Admission requirements	2
5	Entrance / selection test	3
6	Organization of course	3
7	Course of instruction	3
8	Distribution of theory hours as per units	4
9	Clinical experience	4
10	Examination scheme	5
11	Equipment required	6
12	Syllabus	7
13	Suggested literature, Textbooks	17

INTRODUCTION

The increasingly common use of quick response nurses team(QRNT) or rapid response teams (RRT) in hospitals is simultaneously saving patients' lives and boosting the nursing profession. Too often, nurses have a gut feeling that something is not quite right with a patient,

but unless the patient displays definitive signs of distress or goes into cardiac arrest, the nurse has little recourse. Rapid response teams can change that dynamic, by honoring those instincts and gut feelings and giving nurses a way to get help. In hospitals that have QRNT, any healthcare worker can bypass the typical chain of command and call for an intervention, without waiting for physician's orders.

In recent years, the care of people with acute healthcare problems has made enormous progress throughout globe and India. To bring existing evidence-based and best practice knowledge to all professional nurses is a key objective of KIMS Deemed To Be University For this reason KIMS deemed To Be University has developed one year diploma in quick response nurses team.

PHILOSOPHY

Krishna Vishwa Vidyapeeth (Deemed to be University) believes that registered nurses need to be trained quick response and management in emergency clinical setting as well as in community independently. In order to provide independent competent care and for effective participation in patients comprehensive management trained nurses need to prepare them for work in quick response nursing team for managing emergency conditions.

SCOPE, AIMS AND OBJECTIVES OF THE CURRICULUM

Quick Response Nursing Team are integrated part of the broader community Home Health team and as such is supported by an inter-professional team. In collaboration with community programs, client, and families and with each client's primary care provider, the QRNT provides emergency care in hospital and field setting. This role is key to maintaining individual's health by providing acute care visits and supporting safe discharges. QRNT will assist with acute care flow while also assisting in reducing long length of stay (LLOS) by supporting individuals.

QRNT Responsible and accountable for the comprehensive assessment of patients and clients including diagnosing diseases, disorders and conditions. Initiates treatment including health care management, therapeutic interventions and prescribes medications in accordance with the statutory and regulatory standards, limits and conditions, and employer policies and procedures. Provides professional guidance to other health professionals and participates autonomously as a member of the interdisciplinary health teams.

Collaborates with clients and other health professionals to identify and assess trends and patterns that have implications for clients, families and communities; develops and implements population and evidence-based strategies to improve health and participate in policy-making and

quality improvement activities that influence health services and practices. Participates in peer, program and self-review to evaluate the outcome of the services at the client, community and population level. Is responsible for own professional development and maintaining competence in the position, and maintaining privileges as active medical staff as required.

Aim:

To evaluate the impact of quick response nurses team implementation on patient outcome during emergencies situations.

Objectives:

- 1. Apply knowledge in providing quick emergency management care to individuals in community as well as who are admitted in hospital.
- 2. Demonstrate skill in managing acute emergency conditions of individuals who are admitted in hospital or having health problems in community area.
- 3. Provide nursing care based on steps of nursing process in collaboration with the individuals
- 5. Utilize the latest trends and technology in quick management of emergency health situations.
- 6. Provide promotive, preventive and restorative health services in line with the national health policies and programs.
- 7. Practice within the framework of code of ethics and professional conduct and acceptable standards of practice within the legal boundaries.
- 8. Communicate effectively with individuals and groups and members of the health team in order to promote effective interpersonal relationships and teamwork.
- 9. Demonstrate skills in teaching to individuals and groups in clinical/ community health settings.
- 10. Participate effectively as members of the health team in health care delivery system.
- 11. Demonstrate leadership and managerial skills in clinical / community health settings.
- 12. Conduct need based research studies in various settings and utilize the research findings to improve the quality of care.
- 13. To save patient lives & eventually improve quality of hospital care & improve patient safety
- 14. Increase early intervention & stabilization to prevent clinical deterioration on any individual prior to the event of cardiopulmonary arrest or other life threatening health event
- 15. Decrease the number of cardiopulmonary arrests that occur outside the ICU & ER department

16. Increase patient, family & staff satisfaction

17. Decrease mortality rate

ELIGIBLITY:

1. The minimum age for admission shall be 20 years on or before 31st Dec. of the year of

admission

2. The minimum educational requirements shall be the passing of BScN/Post Basic BSc and

registered with state nursing council

3. Should have at least 6 month clinical experience preferably in surgical areas after passing

degree/ diploma course

ENTRANCE / SELECTION TEST

Selection of the candidates should be based on the merit of the entrance examination held by University or competent authority.

ORGANIZATION OF COURSE

Course duration: One year

Intake Capacity: 5

	Area	Hours	Credit Points 26
Core	Core Syllabus Theory	75	5
	Core Syllabus Practical	10	5
	Core Clinical Hours	365	12
Elective	Subject Elective Specific		
	Theory	15	1
	Clinical	60	2
	Subject Specific Generic		
	Theory	15	1
	Clinical		
Total		540 Hours	26

SEMESTER I

Unit	Title	Hours	Credits			
Theory						
Ι	Review of Anatomy and Physiology	7	1			
II	Basics of emergency care and life support skills	8				
III	First Aid Nursing Management During Emergency	15	1			
IV	Disaster Nursing Management	15	1			
\mathbf{V}	Nursing Management OF Emergency Conditions	15	1			
VI	Emergency Pharmacotherapy	5	1			
VIII	Introduction to ambulance nursing	10				
	Practical's					
Ι	Lab Demonstration	10	5			
	Clinical's					
I	Clinical Posting	365	12			
	Subject Specific Elective(Theory)					
	(Select any One)					
I	Professionalism	15	1			
II	Human Value	15				
	Subject Specific Elective(Clinical)					
	(Select any One)					
I	Clinical Posting	60	2			
	Subject Specific Generic (Theory)					
	(Select any One)	-				
I	Yoga & Meditation	15	1			
II	Stress Management	15				
Total		540	26			

SEMESTER II

Unit	Title	Hours	Credits		
Theory					
I	Operation theatre Skills	15	1		
II	Nursing management of home emergency	15	1		
III	Types of psychiatric emergencies and their management	7	1		
IV	Emergency Social Psychology	8			
V	Nursing Management Of Patient With High Altitude	7	1		
	Disorders/Mountain Sickness				
VI	Nursing Management Of Patient With Medical Emergency At	8			
	Bus, Railway, Plane				
VIII	Protection Of Healthcare Workers Against Violence	15	1		
	Practical's				
I	Lab Demonstration	10	5		
	Clinical's				
Ι	Clinical Posting	365	12		
	Subject Specific Elective(Theory)				
	(Select any One)				
I	Bioethics	15	1		
II	Health Economics	15			
	Subject Specific Elective(Clinical)				
	(Select any One)				
I	Clinical Posting	60	2		
	Subject Specific Generic (Theory)				
	(Select any One)	,			
I	Soft Skill Development	15	1		
II	Time management	15			
Total		540	26		

EQUIPMENT LIST:

1. BP apparatus (Manual) (5)	30. Simple face mask(Paed) (2)
2. BP apparatus (Automatic) (5)	31. Non-rebreather Face Mask (2)
3. Pulsoximeter (5)	32. Partial rebreather face Mask (2)
4. Thermometer (5)	33. Reservoir bag (2)
5. Stethoscope (5)	34. Nebulization Mask (Adult) (2)
6. Torch (5)	35. Laryngeal Mask Airway (4)
7. Glucometer (2)	36. Oxygen Cylinder B Type
8. Spine Board with Straps (4)	37. Oxygen Cylinder D Type
9. Head Motion Immobilizer (HMR) (4)	38. Flow meter (2)
10. Cervical Collar Large (4)	39. Humidifier (2)
11. Cervical Collar Medium (4)	40. Regulator
12. Cervical Collar Small (4)	41. Nebulizer
13. Stair Chair	42. Suction machine (Automatic)
14. Wheel Chair	43. Suction pump (Manual)
15. Scoop Streture (2)	44. Suction Catheter hard tip (2)
16. Helmet (2)	45. Suction Catheter soft tip All Size (2)
17. CPR Manikin Adult (10)	46. Laryngoscope with Blades* (2)
18. CPR Manikin Infant (10)	47. Endotracheal Tube* All Size (2)
19. Pocket Mask Adult (10)	48. IV Cannula 16,18,20,22,24 (2 each)
20. Adult Ambu Bag with Mask (10)	49. Macrodrip IV set (2)
21. Infant Ambu Bag with Mask (10)	50. Microdrip IV Set (2)
22. Automated External Defibrillator (AED) 2	51. IV Fluid NS,RL,D25%, (2 each)
23. AHA BLS DVD	52. Syringes 5ml,10ml,50ml (2 each)
24. Adult Airway manikin	53. Malleable Splints (2 Sets)
25. Oropharyngeal Airways 00,0,1,2,3,4 2 Set	54. Bandages 6cm,10cm,15cm. (2 Sets)
26. Nasopharyngeal airways (2 Sets)	55. Crepe Bandages 6cm,10cm,15cm (2 Sets)
27. Nasal Cannula (Adult) (2)	56. Inhalers (2)
28. Nasal Cannula (Paed) (2)	57. Collapsible Trolley Stretcher
29. Simple face mask (Adult) (2)	58. Fully Equipped Ambulance

QUICK RESPONSE NURSES TEAM

Theory hours -150 Clinical Posting -730 Supervised practice hours -20 Total Hours - 900

SEMESTER I (THEORY)

Unit	Learning Objectives	Content	Teaching Learning	Assessment Methods
I	Describe structure and function of whole body.	Review of Anatomy and Physiology -Cell And Cell Division -Musculoskeletal System -Respiratory System -Cardiovascular System -Neurological System -GIT System -Genitourinary System -Endocrine System -Sensory Organs	-Lecture cum discussions	-Short answer -Objective type -Essay type
II	Describe the importance, principle of first aid and first aid in common emergencies	First Aid Nursing Management During Emergency Introduction a) Definition, Aims and Importance of firstaid b) Rules/ General principles of FirstAid c) Concept of emergency First Aid For Common Emergencies a) Asphyxia, drowning, shock b) Wounds and Bleeding c) Injuries to the Bones, Joints and Muscle - fractures, sprains, strains, hanging, falls d) Burns and scalds e) Poisoning – ingestion, inhalation, bites and stings f) Foreign body in eye, ear, noseand throat.	-Lecture cum discussions -Videos -Demonstration	Short answer Objective type
III	Describe nursing managemen t of various	Disaster Nursing Management a) Natural disaster - Fire - Explosion,	-Lecture cum discussions. -Videos	-Short answer -Objective

	T	T	T	T
	disaster	- Floods	- Mock drill	type
		- Earth-Quakes,	- Simulation	-Essay type
		- Famines,	exercise	
		- Volcanic Eruptions	- Field visit to	
		- Epidemics,	voluntary	
		- Cyclones etc	agencies.	
		b) Man-made disaster	-Videos	
		-Explosion		
		-War		
		-Fire		
		-Terrorism		
		-Bio-chemical war		
		c) Accidents Emergency preparedness		
		d) Role of nurses in disaster management		
		e) Triage		
		f) Rehabilitation		
		g) Community Resources		
		-Police,		
		-Ambulance services		
		-Voluntary agencies-local, state national		
		and international		
IV	Describe	Nursing Management OF Emergency	-Lecture cum	-Short
	nursing	Conditions	discussions.	answer
	managemen	a) Scope and practice of emergency	-Videos	-Objective
	t of various	nursing	- Mock drill	type
	Medical &	-Principles of emergency care	- Simulation	-Essay type
	Surgical	b) Medical Surgical Emergencies	exercise	Essay type
	emergency	-Airway obstruction	- Field visit to	
	conditions.	- Hemorrhage	voluntary	
		- Shock, Anaphylactic	agencies.	
		reaction, Allergies	-Videos	
		,	, 100	
		- Trauma – intra abdominal,		
		crushinjuries, multiple injures		
		fractures, acid attacks, Road traffic		
		accidents		
		- Poisoning-Ingested poisoning,		
		- Torsoning ingested poisoning,		
1		Inhaled poisoning, Foodpoisoning,		
		Inhaled poisoning, Foodpoisoning,		
		Inhaled poisoning, Foodpoisoning, Injected poisons		
		Inhaled poisoning, Foodpoisoning,Injected poisonsStinging insectsSnake bites Chemical burns		
		 Inhaled poisoning, Foodpoisoning, Injected poisons Stinging insects Snake bites Chemical burns Environmental emergencies- 		
		 Inhaled poisoning, Foodpoisoning, Injected poisons Stinging insects Snake bites Chemical burns Environmental emergencies- Heatstroke, Frostbite, Neardrowning 		
		 Inhaled poisoning, Foodpoisoning, Injected poisons Stinging insects Snake bites Chemical burns Environmental emergencies- Heatstroke, Frostbite, Neardrowning Hanging 		
		 Inhaled poisoning, Foodpoisoning, Injected poisons Stinging insects Snake bites Chemical burns Environmental emergencies- Heatstroke, Frostbite, Neardrowning Hanging Cardiac Emergencies 		
		 Inhaled poisoning, Foodpoisoning, Injected poisons Stinging insects Snake bites Chemical burns Environmental emergencies- Heatstroke, Frostbite, Neardrowning Hanging 		

			1	1
		 Pediatric Emergencies Psychiatric Emergencies Obstetrical Emergences Violence, Abuse, Sexual assault Cardio pulmonary Resuscitation Crisis Intervention Role of the nurse; Communication And inter personal Relation 		
V	Describe drugs used for emergency conditions.	 Emergency Pharmacotherapy Pediatric Emergencies Psychiatric Emergencies Obstetrical Emergences Cardiac Emergences Respiratory Emergences Neurological Emergences Renal and genitourinary GIT Orthopedic Emergency Other treatment modalities of management of emergency 	-Lecture cum discussions Drug Presentations	-Short answer -Objective type -Essay type
VI	Describe ambulance nursing.	 Introduction to ambulance nursing a. Duties and responsibilities of an ambulance nurse b. Advance practices in ambulance nursing 	-Lecture cum discussions Demonstratio n / simulation	-Short answer -Objective type
VII	Describe professional lisum and values.	Professionalism and Values a. Code of conduct, professional accountability and responsibility, misconduct b. Leadership and decision making c. Ethics in healthcare – Privacy, confidentiality, consent, medico legal aspects d. Understanding scope of work and avoiding scope creep e. Handling objections f. Gather information from observation, experience and reasoning g. Identification of rapidly changing situations and adapt accordingly h. Planning and organization of work	-Lecture cum discussions.	Short answer -Objective type -Essay type

Subject Specific Elective (Theory) (Select any One)

- 1. Professionalism
- 2. Human Value

Subject Specific Generic (Theory) (Select any One)

- 1. Yoga & Meditation
- 2. Stress Management

SEMESTER II (THEORY)

Unit	Learning Objectives	Content	Teaching Learning Activities	Assessment Methods
VIII	Describe Basics of emergency care and life support skills.	Basics of emergency care and life support skills a. Vital signs and primary assessment b. Basic emergency care – first aid and triage c. Drug tray and use of drugs: complications and their management d. Identifying signs and taking measures for management of i. Choking and Heimlich Maneuver ii. Bleeding including nosebleeds iii. Minor burns iv. Hypothermia v. Asthma attack vi. Bites and stings vii. Fainting viii. Sprain e. Ventilations including use of bagvalve-masks (BVMs) f. Choking, rescue breathing methods g. One- and Two-rescuer CPR h. Using an AED (Automated external defibrillator). i. Managing an emergency including moving a patient	-Lecture cum discussions Demonstration	Short answer -Objective type -Essay type
IX	Demonstrat e skill in theatre techniques	Operation theatre Skills: a) Theatre Technique - Scrubbing - Hand washing - Gowning - Gloving - Positioning of patient for various surgical procedures. - Draping of patient. b) Preparation of theatre, equipment and supplies - Cleaning - Needles, sutures types and their uses	-Lecture cum discussion -Explain about the instruments -Demonstration CSSD	-Short answer -Objective type -Essay type -Return demonstrati on

		- Packing and sterilization of dressings,		
		linen rubber ware suture material,		
		instruments, needlesandother materials.		
X	Describe	Nursing management of home	-Lecture cum	-Short
1	nursing	emergency	discussion	answer
	managemen	Fever (adults) (children) Excessive	discussion	-Objective
	t of home	sweating		type
	emergency.	Lumps and swellings		-Essay type
	chicigchey.	Feeling faint		-Essay type
		Headache		Community
		Vertigo		health
		Numbness and/or tingling		education
				education
		Facial pain		
		Difficulty speaking		
		Forgetfulness or confusion		
		General skin problems, Rash with fever		
		Eye pain or irritation Earache		
		Sore throat		
		Coughing (adults) (children)		
		Breathing problems (adults) (children)		
		Vomiting (adults) (children) Abdominal		
		pain (adults) (women) (children)		
		Diarrhea(adults)(children) Constipation		
		Chest pain&Palpitations		
		Poor bladder control		
		Painful urination		
		Back pain		
		Neck pain or stiffness		
		Arm or hand pain		
		Leg pain		
		Joint pain Swollen ankles		
		Erectile dysfunction		
		Testes and scrotum problems		
		Penis problems		
		Breast problems		
		Menstrual related problems		
3777	T.1	Genital irritation (women).	T , 1' '	G1 ·
XII	Identify	Types of psychiatric emergencies and	-Lecture discussion	-Short
	psychiatric	their management	-Demonstration	answer
	emergencies	• Stress adaptation Model: stress and	-Practice session	-Objective
	and carry	stressor, coping, resources and	-Clinical practice	type
	out crisis	mechanism		-Essay type
	intervention	• Grief: Theories of grieving process,		
		principles, techniques of counseling		

		T		
		• Types of crisis		
		• Crisis Intervention: Principles,		
		Techniques and Process		
		Geriatric considerations Role and		
		responsibilities of nurse Practice		
XIII	Describe	Emergency Social Psychology	-Lecture discussion	-Short
	Emergency	Motives for Prosocial Behavior		answer
	Psychology	- Responding To Emergency		-Objective
		- Bystanders External and Internal		type
		Influences on Helping Behavior		-Essay type
		-Long Term Commitment to Prosocial		J J1
		Acts		
		Social Cognition		
		- Schema		
		- Heuristics		
		Automatic and Controlled Processing		
		- Errors in Social Cognition		
		– Effect and Cognition Social		
		Perception		
		– Non Verbal Communication		
		- Attribution		
		 Impression Formation and 		
		Impression& Management		
XIV	Describe	Nursing Management Of Patient With	-Lecture discussion	-Short
XIV	managemen	· ·	-Lecture discussion	answer
XIV		Nursing Management Of Patient With	-Lecture discussion	
XIV	managemen	Nursing Management Of Patient With High Altitude Disorders/Mountain	-Lecture discussion	answer
XIV	managemen t of	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema)	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema)	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters])	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast	-Lecture discussion	answer -Objective
XIV	managemen t of mountain	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion	-Lecture discussion	answer -Objective
	managemen t of mountain sickness	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude		answer -Objective type
XIV	managemen t of mountain sickness	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With	-Lecture discussion	answer -Objective type -Short
	managemen t of mountain sickness Describe Nursing	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		answer -Objective type -Short answer
	managemen t of mountain sickness Describe Nursing Managemen	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With		-Short answer -Objective
	managemen t of mountain sickness Describe Nursing Managemen t Of Patient	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		-Short answer -Objective type
	managemen t of mountain sickness Describe Nursing Managemen t Of Patient With	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		-Short answer -Objective
	managemen t of mountain sickness Describe Nursing Managemen t Of Patient With Medical	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		-Short answer -Objective type
	managemen t of mountain sickness Describe Nursing Managemen t Of Patient With Medical Emergency	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		-Short answer -Objective type
	managemen t of mountain sickness Describe Nursing Managemen t Of Patient With Medical	Nursing Management Of Patient With High Altitude Disorders/Mountain Sickness -Brain (causing acute mountain sickness and rarely high-altitude cerebral edema) -Lungs (causing high-altitude pulmonary edema) -Previous altitude disease -Living at sea level or very low altitude (below 3,000 feet [900 meters]) -Going too high too fast -Overexertion -Sleeping at too high an altitude Nursing Management Of Patient With Medical Emergency At Bus, Railway,		-Short answer -Objective type

	Plane			
XV	Describe	Protection of Healthcare Workers	-Lecture And	-Short
	Protection	Against Violence:	Discussion	answer
	Of	1 Background, scope and	-Simulation	-Objective
	Healthcare	1.1 – Extent of workplace violence	-Mock drills	type
	Workers	1.2 – Scope		-Essay type
	Against	1.3 – Definition		
	Violence,Pr	2 — GENERAL RIGHTS AND		
	evention of	RESPONSIBILITIES		
	Violence	2.1 – Governments		
	and Damage	2.2 – Employers		
	or Loss of	2.3 – Workers		
	Property	2.4 – Professional bodies		
	ACT 2017	2.5 – Enlarged community		
	and	3—APPROACH		
	activation of	3.1 – Preventive		
	CODE 777	3.2 – Participative		
		3.3 – Culture/gender-sensitive and non-		
		discriminatory		
		3.4 – Systematic		
		4 — VIOLENCE RECOGNITION		
		4. 1 – Organizations at risk		
		4.2 – Potential perpetrators 4.3 – Potential victim		
		5 — VIOLENCE ASSESSMENT		
		5. 1 – Analyzing available information		
		5.2 – Identifying situations at special risk		
		6 — WORKPLACE		
		INTERVENTIONS		
		6.1 – Pre-conditions		
		6.2 – Organizational interventions		
		6.3 – Environmental interventions		
		6.4 – Individual-focused interventions		
		6. 5 – After-the-event interventions		
		7 — EVALUATION.		
		8 - Protection of Medical Service		
		Persons and Medical Service		
		Institutions (Prevention of Violence and		
		Damage or Loss of Property) Act, 2017.		
		9 - Protocol of Activation of code 777		
		10 – Activation of emergency codes		
		11 - Self Defense Education		
		-Karate		

Subject Specific Elective (Theory) (Select any One)

- 1. Bioethics
- 2. Health Economics

Subject Specific Generic (Theory) (Select any One) 1. Soft Skill Development

- 2. Time management

PRACTICAL:

Clinical Posting -730

Area	Objectives	Skill	Assignment	Assessment
Casualty	Achieve	Procedures and	Demonstrate	Assess
	skills in first	Techniques in	procedures	Performance
	aid	First Aid		with rating
	techniques	-Preparation of First		scale.
		Aid kit.		And
		-Dressing,		Remonstration
		bandaging and		
		splinting(spiral,		
		reverse spiral,		
		figure of 8 spica,		
		shoulder, hip, ankle,		
		thumb, finger,		
		stump, single and		
		double eye, single		
		and double ear,		
		breast, jaw,		
		capelin), triangle		
		bandage uses,		
		abdominal binder		
		and bandage, breast		
		binder, T and many		
		tail bandage, knots		
		reef,clove.		
		-Transportation of		
		theinjured		
		-CPR : Mouth to		
		mouth, Sylvester,		
		Schafer, External		
		cardiacmassage		
		-Suturing		
Casualty	Provide care	-Practice'triage".	Practie	Assess
ICU/	to patients	-Assist with	'triage".	Performance
Surgical	in	assessment,		with rating
ICU/	emergency	examination,		scale.
Neurological	and disaster	investigation &		
ICU/	situation.	their		
Pediatric	Counsel	interpretation, in		
ICU/	patient and	emergency and		
Neonatal	relatives for	disaster		
ICU/	grief and	situations.		
Critical Care	0			

ICU/	bereavement	-Provide first aid		
Trauma		-ACLS /BLS		
Center/		-Assist in legal		
Hinduja		documentation		
Hospital		s and		
_		procedures in		
		emergency unit.		
		-Counsel patient		
		and families grief		
		and bereavement.		
		-Activation of		
		Code 777		
Operation		-Perform scrubbing,	Practicing	Assist
Theater		gowning, gloving	and	various
		-Identify instruments,	demonstration	surgeries
		suturing materials for	of OT	
		common operations.	procedures	
		-		
		- Prepare the OT		
		table depending upon		
		the operation -		
		Positioning and		
		monitoring of patient		
		- Assisting with		
		minor & major		
		operations		
		- Handling specimens		
		- Segregation and		
		disposal of biomedical waste as		
		per guideline		
		-Following universal		
		precaution		

Internal assessment examination will be converted to out of 25 marks theory and 25 marks practical and will be added in End semester examination.

End semester examination:

Question Paper Pattern:

Theory: 75 Marks

Answer all the questions.

- I. Multiple Choice Question (MCQ) = $15 \times 1 = 15$
- II. Essay question: $20 \times 1 = 20$
- III. Long Answers (Answer 2 out of 3) = $2 \times 10 = 20$
- IV. Short Answers (Answers 4 out of 6) = $4 \times 5 = 20$

Total = 70 Marks

Practical:

Oral Examination: 25 Marks

Practical Examination 50 Marks

Total Marks: 75.

Total exam marks for end semester are 100 marks theory and 100 marks practical.

1. Promotion and award of grades

A student shall be declared PASS and eligible for getting he/she secures at least 50% marks in that particular course including internal assessment..

2. Carry forward of marks

In case a student fails to secure the minimum 50% in any Theory or Practical course as specified ,then he/she shall reappear for the end semester examination of that course. However his/her marks of the Internal Assessment shall be carried over and he/she shall be entitled for grade obtained by him/her on passing.

3. Improvement of internal assessment

A student shall have the opportunity to improve his/her performance only once in the Sessional exam component of the internal assessment. The re-conduct of the Sessional exam shall be completed before the commencement of next end semester theory examinations.

Grading of performances

Letter grades and grade points allocations:

Based on the performances, each student shall be awarded a final letter grade at the end of the semester for each course. The letter grades and their corresponding grade points are given in table I

Table –I Letter grades and grade points equivalent to Percentage of marks and performances

Percentage of Marks Obtained	Letter Grade	Grade Point	Performance
90.00 – 100	О	10	Outstanding
80.00 - 89.99	A	9	Excellent
70.00 – 79.99	В	8	Good
60.00 - 69.99	С	7	Fair
50.00 - 59.99	D	6	Average
Less than 50	F	0	Fail
Absent	AB	0	Fail

A learner who remains absent for any end semester examination shall be assigned a letter grade of AB and a corresponding grade point of zero. He/she should reappear for the said evaluation/examination in due course.

The Semester grade point average (SGPA)

The performance of a student in a semester is indicated by a number called 'Semester Grade Point Average' (SGPA). The SGPA is the weighted average of the grade points obtained in all the courses by the student during the semester. For example, if a student takes five courses(Theory/Practical) in a semester with credits C1, C2, C3, C4 and C5 and the student's grade points in these courses are G1, G2, G3, G4 and G5, respectively, and then students' SGPA is equal to:

$$SGPA =$$

$$C_{1}G_{1} + C_{2}G_{2} + C_{3}G_{3} + C_{4}G_{4} + C_{5}G_{5} + C_{6}G_{6} + C_{7}G_{7} + C_{8}G_{8} + C_{9}G_{9} + C_{6}G_{6} + C_{7}G_{7} + C_{8}G_{8} + C_{9}G_{9}$$

The SGPA is calculated to two decimal points. It should be noted that, the SGPA for any semester shall take into consideration the F and ABS grade awarded in that semester. For example if a learner has a F or ABS grade in course 4, the SGPA shall then be computed as:

SGPA =

$$C_1G_1 + C_2G_2 + C_3G_3 + C_4*Zero + C_5G_5 + C_6G_6 + C_7G_7 + C_8G_8 + C_9G_9 + C_6G_6 + C_7G_7 + C_8G_8 + C_9G_9$$

$$C1 + C2 + C3 + C4 + C5 + C6 + C7 + C8 + C9 + C10 C11 + C12 + C13$$

Cumulative Grade Point Average (CGPA)

The CGPA is calculated with the SGPA of all the II semesters to two decimal points and is indicated in final grade report card/final transcript showing the grades of all II semesters and their courses. The CGPA shall reflect the failed status in case of F grade(s),till the course(s) is/are passed. When the course(s)is/are passed by obtaining a pass grade on subsequent examination(s) the CGPA shall only reflect the new grade and not the fail grades earned earlier. The CGPA is calculated as:

$$CGPA = C_1S_1 + C_2S_2 + C_3S_3 + C_4S_4 + C_5S_5 + C_6S_6 + C_7S_7 + C_8S_8 + C_2S_2 + C_3S_3 + C_4S_4 + C_5S_5 + C_6S_6$$

$$C_1 + C_2 + C_3 + C_4 + C_5 + C_6 + C_7 + C_8 + C_9 + C_{10} + C_{11} + C_{12} + C_{13}$$

where C_1 , C_2 , C_3 ,... is the total number of credits for semester I,II, and S_1 , S_2 , is the SGPA of semester I,II,

Declaration of class

The class shall be awarded on the basis of CGPA as follows:

First Class with Distinction= CGPA of. 7.50 and above

First Class= CGPA of 6.00 to 7.49

Second Class= CGPA of 5.00 to 5.99

Award of Ranks

Ranks and Medals shall be awarded on the basis of final CGPA.

Award of degree

Candidates who fulfil the requirements mentioned above shall be eligible for award of degree during the ensuing convocation.

Final Mark list of University Examination

Sr. No.	Semester	Internal Assessment		End Semester Examination		Total	
		Theory 25 marks	Practical 25 marks	Theory 75 marks	Practical 75 marks	Theory 100 marks	Practical 100 marks
1	Semester I						
2	Semester II						

References:

- 1. Waugh, Anne (2003), "Ross& Wilson's Anatomy & Physiology in health & illness' 10thed., Churchill Livingstone.
- 2. Anthony & Thibodcon (2000), "Anatomy & Physiology for nurses" 11th ed., C.V. Mosby Co., London.
- 3. Greig, Rhind, "Riddle's Anatomy & Physiology", 7th ed., Churchill Livingstone.
- 4. Singh, I. B. (2005), "Anatomy & Physiology for nurses", 1st ed., Jaypee.
- 5. Tortora, (2003), "Principles of Anatomy & Physiology," 10th ed., Wiley inter.
- 6. Chaurasia, B.D. (2004), "Human Anatomy", 4th ed., CBS publishers.
- 7. Sembulingam, "Essentials of Medical Physiology," 3rd Edition 2004 J.P.Publications. 10.TClenister and Jean Rosy (1974).
- 8. "Anatomy and Physiology for Nurses" 2nd Edition, William Hernmarni Medical BK. Ltd.
- 9. Ganong. F. William, "Review of Medical Physiology", 15th Edition, Prentice Hall International, Inc., Appleton and Lange.
- 10. Guyton and Hall, "Textbook of Medical Physiology," 9th Edition, A Prism2. Indian Edn. Pvt.Ltd
- 11. Black J.M. Hawk, J.H. (2005) Medical Surgical Nursing Clinical Management for Positive

Outcomes. (7thed) Elsevier.

- 12. Brunner S. B., Suddarth D.S. The Lippincott Manual of Nursing practice J.B.Lippincott. Philadelphia.
- 13. Medical Surgical Nursing : an integrated approach 2nded , White, L, Delmar Thomson learning (2002) United States
- 14. Lewis, Heitkemper&Dirksen (2000) Medical Surgical Nursing Assessment and Management of Clinical Problem (6 thed) Mosby.
- 15. Colmer R.M. (1995) Moroney's Surgery for Nurses (16 thed) ELBS.
- 16. Shah N.S. (2003) A P I textbook of Medicine, The Association of Physicians of India Mumbai.
- 17. Satoskar R.S., Bhandarkar S.D. &Rege N.N. (2003) Pharmacology and Pharmacotherapeutics (19 thed) Popular Prakashan, Mumbai.

- 18. Phipps W.J., Long C.B. & Wood N.F. (2001) Shaffer's Medical Surgical Nursing B.T.Publication Pvt. Ltd. New Delhi.
- 19. Datta T.K. (2003) Fundamentals of Operation Theatre Services, Jaypee, New Delhi.
- 20. Maheswari J Essentials of Orthopedics (3rd ed) Mehta Publication, NewDelhi.
- 21. Pasricha J.S., Gupta R. (2001) Illustrated Text book of Dermatology (2nded) Jaypee brothers New Delhi.
- 22. Haslett C., Chilvers E.R., Hunder J.A.A. &Boon, N.A. (1999) Davidson's Principles and Practice of Medicine (18 thed) Churchill living stone. Edinburgh.
- 23. Walsh M. (2002) Watson's Clinical Nursing and Related Sciences (^{6thed}) Bailliere Tindall Edinburgh.
- 24. Medical Surgical Nursing : an integrated approach 2nded , White, L, Delmar Thomson learning (2002) United States
- 25. Medical Surgical Nursing: A Nursing process approach Vol. I & II, , Ignatacicius, Donna & Workman, Linda, W. B. Saunders company, Philadelphia (1995)
- 26. The Lippincott Manual of Nursing practice, 7thed, Nettina, Sandra, Lippincott Williams& Wilkins, Philadelphia (2001)
- 27. Short Term Training Curriculum Handbook EMERGENCY MEDICAL TECHNICIAN BASIC, Standards in accordance with The National Skills Qualifications Framework (NSQF) Ministry of Skill Development and Entrepreneurship.
- 28. Home emergency guide by DK publications, US
- 29. Framework Guidelines for Addressing Workplace Violence in the Health Sector by WHO