Practical Record Book of Adult Health Nursing-I

As per the Revised INC Syllabus

Name of the Candidate: _____

Name of the Institution: _____

_____

Academic Year: _____

Rajesh Kumar Sharma

2nd Edition

JAYPEE

Contents

Section 1: Clinical Learning

Section 2: Basic Clinical Concepts

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CHAPTER

Case Study

MEDICAL NURSING CASE STUDY

Patient's Data

Name of the patient	
Age	
Sex	
Religion	
Marital status	
Address	
In-patient no (IPD no.)	
Name of the ward	
Date of admission	
Date of discharge	
Educational status	
Occupation	
Consultant doctor	
Provisional diagnosis	
Final diagnosis	

Chief Complaints (Describe the complaints with which the patient has come to hospital)

History of Present Illness (Describe the client's problems with character, onset, duration, severity, precipitating factors, etc.)

Past History of Illness (Describe the past medical and surgical history with its treatment, etc.)

Family History

Sl. No.	*Name of the family member*	*Relationship with patient*	*Age/Sex*	*Marital status*	*Occupation*	*Health status*	*Educational background*

Family Tree

Health Facility Near Home: Hospital/health center, distance, transport facility, etc.

_____

_____

_____

_____

Socioeconomic Status

Housing: _____

_____

_____

Water supply: _____

_____

_____

Sanitation: _____

_____

_____

Income: _____

Personal History

- Hobbies: _____
- Dietary habits: _____
- Addictions: _____

Personal Hygiene

Oral hygiene: tooth paste/neem stick _____ **Mode:** brush/finger _____

Bath: Per day frequency _____ **Agent used for bath:** _____

Diet: Veg/egg/non-veg _____ **No of meals per day:** _____

Food preferences: _____ **Type of food:** _____

Fluid: _____ glasses per day **Tea and coffee:** _____ Cups/day

Sleep and rest: _____ hours/day If **sleep** uninterrupted/interrupted _____

Explain: _____

Elimination

Bowel per day: _____ Regular/irregular, Is there constipation? Yes/No _____

If Yes, then how frequently _____

Urine frequency: During day _____ During night _____

Mobility and Exercise

Exercise/Activity: Sedentary/Mild/Moderate/Heavy/No activity _____

Joints: Pain/Discomfort/restriction, Specify _____

Menstrual History

Regular/Irregular/Amenorrhea/Post-menopausal _____

If regular: Scanty/Heavy cycle _____

LMP _____ **Any other problem** _____

Sexual and Marital History

Spouse health: Good/Fair/bad _____ **Spouse occupation:** Working/Non-working

Relationship: Satisfactory/Unsatisfactory **Staying together:** Yes/No

No. of children: Male _____ Female _____

General health of children: _____

Addiction use: Yes/No

If Yes, then specify: Tobacco/Drug/Alcohol/any other, specify _____

Immediate Problem Due to Hospitalization on Admission Day: _____

_____

_____

PHYSICAL ASSESSMENT

General Appearance and Behavior

Gender _____

Body built _____

Posture and gait _____

Hygiene and grooming _____

Nutritional status _____

Level of consciousness _____

Orientation (time, place, person) _____

Weight: _____ Height: _____

Head to Foot Examination

Head

Scalp _____

Hair distribution and characteristics _____

Any abnormalities _____

Eyes

Eyebrows _____ Eyelids _____

Eyelashes _____ Sclera _____

Conjunctiva _____ Pupil _____

Vision _____

Any abnormalities _____

Ears

Hearing _____ Right ear _____ Left ear _____

Discharges _____ Pain _____

Cerumen _____ Any abnormalities _____

Nose

Nasal septum _____ Nasal polyps _____

Discharges/Epistaxis _____ Any abnormalities _____

Mouth

Lips _____ Gums _____

Teeth _____ Tongue _____

Any other observation _____

Throat

Inflammation _____ Pus _____

Any other observation _____

Neck

Inspection (any abnormal swelling or masses) _____

Palpation (thyroid and cervical lymph nodes) _____

Any other observation _____

Chest

Shape _____ Breast _____

Inspection: Symmetry _____ Skin _____

Nipple _____

Palpation: Mass _____ Axillary lymph nodes _____

Discharges from nipple _____

Abdomen

Color _____ Skin texture _____

Distention _____ Tenderness _____

Visible movement _____ Any abnormalities _____

Back

Color _____ Lesions _____

Shape of vertebral column _____ Any other observation _____

Extremities

Symmetry _____ Color _____

Muscle strength and tone _____ any abnormalities _____

SYSTEMIC EXAMINATION

Respiratory System

1. Inspect for nasal flaring and pursed lip breathing: _____
2. Observe color of face, lips and chest: _____
3. Thoracic cage shape (Barrel/Pigeon/Kyphosis/Normal): _____
4. Skin color and condition (Normal/Cyanosis/Normal): _____
5. Inspect the color and shape of nails: _____
6. Patient is on (Room air/BiPAP/Ventilator): _____
   a. If on oxygen support, flow rate: _____ Mode: _____
7. Respiratory rate: _____
8. Sensation and tenderness (Warm/Cold/Pain/Mass, etc.): _____
9. Chest expansion (Symmetric/Asymmetric): _____
10. Percussion of lung field (Clear/not clear): _____
11. Resonance (Hyperresonance/Dull): _____
12. Diaphragmatic excursion (Dull/Normal): _____
13. Lung auscultation (normal/abnormal—such as whispered/Rhonchi/Rales/Crackles): _____
14. Breath sound (Vesicular/Bronchial/Broncho vesicular): _____

Cardiovascular System

Neck

1. Jugular venous distension: _____
2. Carotid pulse: _____
3. Pulse rate: _____

Heart

1. Heat sounds (S1, S2 heard): _____
2. Abnormal heart sounds (S3 or S4 present/Absent): _____
3. Peripheral pulses (Volume/Rhythm/Irregular): _____
4. Murmurs (Present/Absent): _____

5. Blood pressure: _____
6. Cyanosis: Present/Absent: _____
7. Capillary refill time: _____
8. Brachial pulse: _____
9. Edema: (Present/Absent): _____
10. Type of edema: (Pitting/Non-pitting): _____
11. Varicose veins: (Present/Absent): _____
12. Venous ulcer: (Present/Absent): _____

Gastrointestinal System

Inspection

1. Skin: (Color/Rashes/Bruises/Turgor lesions/Edema/Striae/Pigmentation/Intact/Shiny/Smooth scar/Umbilicus): _____
2. Abdomen: (Hernias/Bulges/Ascites/Visible pulsations/Veins/Inability to lie flat): _____
3. Abdominal pain: (Onset/Quality/Radiation/Severity/Time/Pain scale): _____
4. Presence of scars or mass: _____
5. Abdominal girth: _____
6. Diarrhea/Constipation: _____
7. Bowel incontinence: _____

Auscultation

Bowel sounds (Normal/Hypoactive/Hyperactive/High pitch rusting/high pitch tinkling/Present/Absent/Gurgles):

_____

_____

_____

Percussion

1. Ascites/Peritonitis: _____
2. No gas/Fluid collection: _____

Palpation:

1. Organomegaly/Hepatomegaly/Splenomegaly: _____
2. Tenderness or indurations (Present/Absent): _____
3. Fluid collection: (Present/Absent): _____
4. Masses/Soft: _____

Neurological System

1. Level of consciousness (Alert/Lethargic/Stuporous/Semi-comatose/coma): _____
2. Orientation (Time, place, person); Oriented/confused/Un-oriented): _____
3. Memory/Concentration (Recent memory/Long-term memory): _____
4. Communication and language skills: _____
5. Knowledge test: _____

6. Thinking: _____
7. Judgment: _____
8. Insight: _____
9. Describe tics, twitches, paresthesia: _____
10. Gaits: _____ Reflex: _____
11. Accessory (CN XI) _____
12. Coordination _____
13. Cranial nerves _____
14. Any abnormalities _____

Genitourinary System

1. Urinary frequency (normal/more/less): _____
   Polyuria: _____ Oliguria: _____
2. Urinary pattern:
   Urgency: _____ Hesitancy: _____
   Intermittency: _____ Dysuria: _____
   Incontinence: _____ Retention: _____
3. Burning micturition (Present/Absent): _____
4. Hematuria (Present/Absent): _____
5. Bladder discharge (Yes/No): _____
6. Urethral discharge (Yes/No): _____
7. Bladder tenderness: _____

Musculoskeletal System

1. Gait: _____
2. Posture: _____
3. Range of motion (Normal/Limited): _____
   _____
4. Joint pain/Swelling/Other: _____
   _____
5. Any abnormality (Weakness/Paralysis/Contracture): _____
   _____
6. Muscle strength: (Grade 1,2,3,4,5/Normal): _____
   _____
7. Spine: (Lordosis/Kyphosis/Scoliosis): _____
8. Assess for symmetry, curvature, shape of cervical/Thoracic/Lumbar: _____
   _____

Limbs and Joints

1. Assess for symmetry, color, swelling, any lumps or masses, etc. _____
   _____

2. Assess patient in sitting, standing and walking for positions, shape and alignment of toes and fist: _____

_____

3. Palpate knees for tenderness, swelling, warmth, bony prominence, nodules, etc.: _____

_____

_____

4. Movements (Flexion and hyperextension/Adduction and abduction/External and internal rotation)
   a. Upper limb: _____

_____

_____

   b. Lower limb: _____

_____

_____

Integumentary System

Color _____ Moisture _____

Temperature _____ Vascularity and edema _____

Skin turgor _____ Skin texture _____

Any lesions or breaks in skin integrity _____

Examination of nails: Color _____ Shape _____ Strength _____

VITAL SIGNS

Date	*Temperature*	*Pulse (beat/min.)*	*Respiration (breath/min.)*	*Blood pressure (mm of Hg)*

INVESTIGATIONS

Sl. No.	*Investigation carried out*	*Patient value—date wise*					*Normal values*	*Remarks*

Special Investigation: (X-ray, CT scan, MRI, angiography, hearing test, etc.)

Name of investigation	*Result or impression*

PLAN OF TREATMENT

Medical Management

Medication

Sl. No	*Started on*	*Stopped on*	*Name of drug*	*Route/ Dose/Time*	*Action*	*1st day*	*2nd day*	*3rd day*	*4th day*	*5th day*	*Remark*

Practical Record Book of Adult Health Nursing-I

Salient Features

- This logbook includes the specific objectives to be achieved during each medical surgical area for clinical experience in BSc Nursing program.
- Comprehensively, it includes the practical requirements of Adult Health Nursing-I of BSc Nursing students, such as physical assessment, nursing care plan, operation theater experience, gadget presentation, health talk plan, and observational visits.
- Helpful in monitoring the clinical performance of the students in a systematic manner.
- Provides basic instructions and guidelines to deliver safe and effective nursing care to the patients.
- The book is based on the revised syllabus as prescribed by the Indian Nursing Council (INC). This logbook covers the important topics, such as Fundamentals of Adult Health Nursing, Common Signs and Symptoms, Physical Examination, Pharmacology, Disorders of Respiratory, Cardiology, Digestive, Endocrine, Skin, Musculoskeletal and Communicable Diseases, Operation Theater Experience.
- All the chapters are also equipped with common nursing diagnosis as per the system wise.

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