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Child Health Nursing-I

SECTION OUTLINE

CHAPTER 1 Modern Concepts of Child Care: An Introduction

CHAPTER 2 Healthy Child

CHAPTER 3 Nursing Care of Neonate

CHAPTER 4 Integrated Management of Neonatal and Childhood Illnesses

CHAPTER 5 Nursing Management in Common Childhood Diseases

CHAPTER 6 Childhood Emergencies

Modern Concepts of Child Care: An Introduction

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Child development: The continuous and sequential process of physical, cognitive, and emotional growth and maturation experienced by an individual from birth through adolescence.

Nondiscrimination: The principle that every child, regardless of its background, should enjoy the same rights and opportunities, emphasizing equal treatment and protection for all children irrespective of factors such as race, gender, or socioeconomic status.

Play-based learning: An educational approach that emphasizes the use of play as a central method for promoting cognitive, social, emotional, and physical development in children, fostering creativity and critical thinking in a joyful, interactive environment.

Preventive pediatrics: A branch of pediatrics focusing on proactive measures for child health, including immunization programs to prevent infectious diseases, maintaining a cold chain for vaccine effectiveness, and well-baby clinics for regular check-ups.

Vaccine equity: The fair and accessible distribution of vaccines, aiming to provide equal opportunities for all individuals, regardless of geographical location or socioeconomic status, to receive timely and adequate immunization, contributing to global health equity.

Women, Infants, and Children (WIC) Program: A federal assistance program that provides nutrition education, healthy food, and support to low-income pregnant women, new mothers, and young children to ensure proper nutrition and overall well-being.



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HISTORICAL DEVELOPMENT OF CHILD HEALTH

Time period	Key events and developments in child health
Ancient times	- Limited understanding of child health. - High child mortality rates due to infectious diseases and lack of medical knowledge.
Middle ages	- Limited progress in child health. - High infant mortality rates.
18th century	- Beginning of vaccination against smallpox by Edward Jenner. - Growing awareness of hygiene and sanitation.
19th century	- Improvements in public health and sanitation reduce child mortality. - Emergence of pediatric medicine as a distinct field. - Advances in understanding childhood diseases.
Early 20th century	- Development of vaccines for diseases like diphtheria, pertussis, and tetanus. - Improved nutrition for children. - Introduction of child labor laws.
Mid-20th century	- Antibiotics revolutionize treatment of bacterial infections. - Widespread implementation of vaccination programs. - Recognition of the importance of prenatal care.
Late 20th century	- Advances in neonatal care for premature infants. - Focus on preventive healthcare for children. - Implementation of child safety measures (car seats, childproofing).

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Time period	Key events and developments in child health
21st century	- Continued advancements in genetics and personalized medicine for pediatric care. - Increased emphasis on mental health and developmental screening. - Global efforts to address malnutrition and infectious diseases in children. - Integration of technology in pediatric healthcare.

PHILOSOPHY AND MODERN CONCEPT OF CHILD CARE

Aspect	Philosophical perspectives	Modern concepts and practices
Childhood view	- Children as miniature adults. - Emphasis on discipline and obedience.	- Recognition of childhood as a unique and important developmental stage. - Child-centered approach, respecting the child's individuality and needs.
Parental role	- Authoritarian parenting style. - Parents as authority figures.	- Emphasis on authoritative and supportive parenting. - Focus on positive parenting, nurturing, and involvement.
Education and play	- Formal and rigid education. - Limited importance given to play.	- Emphasis on play-based learning, fostering creativity and exploration. - Recognition of the educational value of play in cognitive development.
Health and well-being	- Limited knowledge of child health. - Limited emphasis on preventive care.	- Holistic approach, including physical, mental, and emotional well-being. - Preventive healthcare, regular check-ups, and vaccinations.
Safety	- Varied awareness of child safety. - Limited use of safety measures.	- Stringent safety standards, childproofing, and safety education. - Implementation of safety devices (car seats, child locks, etc.).
Socialization	- Limited understanding of the importance of socialization. - Limited focus on emotional development.	- Recognition of social and emotional development; importance of peers. - Promotion of social skills, empathy, and emotional intelligence.
Technology integration	- No concept of technology in child care. - Absence of digital media.	- Moderated and educational use of technology; digital literacy. - Concerns about screen time and age-appropriate content.
Cultural sensitivity	- Varied cultural attitudes toward child-rearing. - Limited global perspectives.	- Emphasis on cultural competence, recognizing diverse family structures. - Inclusivity in child care practices and programs.

CULTURAL AND RELIGIOUS CONSIDERATIONS IN CHILD CARE

Aspect	Cultural perspectives	Modern concepts and practices
Childhood view	- Varied cultural views on childhood and child roles. - Cultural beliefs shaping expectations and roles for children.	- Recognition of diverse cultural perspectives on childhood. - Emphasis on understanding and respecting diverse cultural practices.
Parental role	- Role expectations for parents shaped by cultural norms. - Cultural expectations regarding authority and discipline.	- Acknowledgment and respect for cultural variations in parenting styles. - Integration of culturally sensitive parenting approaches.
Education and values	- Educational priorities influenced by cultural values. - Emphasis on cultural and religious values in upbringing.	- Inclusion of culturally relevant content in education. - Efforts to make education culturally inclusive and relevant.
Health and well-being	- Cultural beliefs influencing health practices for children. - Traditional healing practices alongside modern medicine.	- Cultural competency in healthcare to understand diverse perspectives. - Collaboration between traditional and modern healthcare practices.

Contd...

malnutrition or developmental delays, allowing for timely intervention.

Conclusion: ICDS is implemented through Anganwadi centers, which serve as grassroots-level centers in villages and urban areas. Anganwadi workers and helpers play pivotal roles in delivering the services under ICDS. The program operates

under the Ministry of Women and Child Development in India and has undergone various modifications and expansions to address emerging challenges and meet the evolving needs of children and mothers. ICDS continues to be a critical intervention for promoting the health, nutrition, and early childhood development of vulnerable populations in India.

20. Differentiate between under-five clinic and well-baby clinic. (KUHS)

Answer

Differences between under-five clinic and well-baby clinic

Criteria	Under-five clinic	Well-baby clinic
Purpose	Provides healthcare services for children under the age of five	Focuses specifically on the health and development of infants and young babies
Age group	Typically covers children from birth to five years old	Primarily caters to babies from birth up to one or two years of age
Services offered	Comprehensive healthcare services, including vaccinations, growth monitoring, nutritional counseling, and treatment of common childhood illnesses	Emphasizes routine check-ups, vaccinations, developmental assessments, and parental guidance on baby care
Frequency of visits	Regular visits may occur less frequently as the child gets older, with emphasis on specific milestones and immunizations	More frequent visits, especially during the first year of life, to closely monitor growth and development
Parental involvement	Involves parents in discussions about overall child health, nutrition, and well-being	Highly encourages parental involvement, providing guidance on breastfeeding, weaning, and early childhood care
Developmental focus	Emphasizes the overall health and development of the child, including physical, mental, and emotional aspects	Specifically concentrates on the developmental milestones achieved by infants during their first few years of life
Location and setting	Can be part of a general pediatric clinic or a separate facility dedicated to the health of children under-five	May be a specialized section within a pediatric clinic or a standalone clinic focused solely on infant care

21. Differentiate between child mortality and child morbidity. (KUHS)

Answer

Child mortality and child morbidity are distinct concepts related to the health outcomes of children. Here is a differentiation between the two:

Criteria	Child mortality	Child morbidity
Definition	Refers to the number of deaths of children under the age of five in a given population or region	Relates to the incidence and prevalence of illnesses, diseases, or health conditions in children
Measurement	Typically expressed as a rate, such as the Under-Five Mortality Rate (U5MR), which represents the number of deaths per 1,000 live births.	Measured through indicators like the prevalence of specific diseases, the number of sick children, or the rate of health conditions in a population
Focus	Centers on the outcome of death and is concerned with the probability of a child dying before reaching the age of five	Concentrates on the presence and impact of diseases or health conditions on a child's well-being without necessarily leading to death

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Criteria	Child mortality	Child morbidity
Indicator of health	Considered a key indicator of the overall health and well-being of a population, reflecting healthcare access, nutrition, and living conditions	Reflects the burden of diseases on the health system, individual children, and the community, impacting quality of life
Common metrics	Common metrics include under-five mortality rate (U5MR), Infant Mortality Rate (IMR), and Neonatal Mortality Rate (NMR).	Metrics include prevalence rates, incidence rates, and specific health indicators for diseases such as malaria, respiratory infections, or malnutrition
Preventive measures	Prevention strategies often involve improving healthcare access, promoting vaccinations, enhancing nutrition, and addressing socioeconomic factors	Focuses on preventive measures like vaccinations, proper nutrition, hygiene, and early detection and treatment of illnesses to reduce the impact of diseases on children's health

22. Differentiate between under-five clinic and child guidance clinic. (KUHS)

Answer

Under-five clinic and child guidance clinic are both healthcare facilities that serve the needs of children, but they have distinct purposes and areas of focus. The distinctions between the two are as follows:

Criteria	Under-five clinic	Child guidance clinic
Purpose	Provides healthcare services for children under the age of five, focusing on preventive care, vaccinations, growth monitoring, and treatment of common childhood illnesses	Specializes in providing mental health and behavioral support for children, addressing emotional, developmental, and psychological concerns
Age group	Typically covers children from birth to five years old	Generally serves a broader age range, including older children and adolescents, depending on the clinic's scope and services
Services offered	Offers a range of healthcare services, including vaccinations, growth assessments, nutritional counseling, and treatment for common childhood ailments	Emphasizes mental health services, such as counseling, therapy, and assessments to address behavioral, emotional, or developmental challenges
Frequency of visits	Regular visits may occur less frequently as the child gets older, with emphasis on specific milestones and immunizations	Frequency of visits depends on the nature of the child's mental health needs and the treatment plan, often involving ongoing therapy sessions
Parental involvement	Involves parents in discussions about overall child health, nutrition, and well-being	Encourages parental involvement but primarily focuses on addressing the child's mental and emotional well-being through therapeutic interventions
Developmental focus	Emphasizes the overall health and development of the child, including physical, mental, and emotional aspects	Specifically concentrates on the mental and emotional development of the child, addressing issues such as behavioral disorders, anxiety, or developmental delays
Location and setting	Can be part of a general pediatric clinic or a separate facility dedicated to the health of children under-five	Often part of a broader mental health clinic or may function independently, offering specialized services for children's mental and emotional well-being

Conclusion: Under-five clinic primarily focuses on the physical health of children under the age of five, while a child guidance clinic specializes in providing mental health and behavioral support for children, addressing emotional and psychological concerns. Under-five clinics and child guidance clinics both play a crucial role in ensuring the overall well-being of children at different stages of development.

23. Differentiate between adult and child. (MGR, KUHS)

Answer

Differences between adults and children

Criteria	Children	Adults
Physical development	Rapid growth and development, ongoing changes in height, weight, and physical capabilities	Physical growth is complete, with potential for gradual aging and decline in physical abilities
Cognitive abilities	Developing cognitive skills, language acquisition, and gaining problem-solving abilities	Fully developed cognitive abilities, including complex reasoning, critical thinking, and decision-making
Emotional and social development	Learning emotional regulation, forming attachments, and developing social skills	Established emotional regulation, navigating complex social relationships, and managing various social roles
Dependency/independence	Dependence on adults for care, support, and guidance; Limited autonomy in decision-making	Achieve independence and self-sufficiency, making personal decisions and taking responsibility for their lives
Learning and education	Engaging in formal education to acquire foundational skills and knowledge	May continue learning throughout life, often through informal or vocational means, building on existing knowledge
Responsibilities	Fewer responsibilities, with adults making decisions on their behalf	Carry various responsibilities such as work, finances, and household tasks, with a high degree of autonomy
Healthcare needs	More frequent healthcare check-ups, vaccinations, and monitoring of growth and development	Need to maintain overall health through lifestyle choices, regular medical check-ups, and managing age-related health issues
Legal status	Subject to legal protections and restrictions, including age-specific laws	Have full legal rights and responsibilities, accountable for their actions under the law

Conclusion: It is important to recognize that individual differences exist, and these generalizations may not apply universally to every child or adult. Additionally, the transition from childhood to adulthood is a dynamic process, and individuals may vary in their development and experiences.

24. Differentiate between killed and live vaccines. (KUHS)

Answer

Differences between killed and live vaccines

Criteria	Killed (inactivated) vaccines	Live (attenuated) vaccines
Composition	Pathogens are inactivated or killed, often by heat, chemicals, or radiation	Pathogens are live but weakened or attenuated to reduce virulence
Replication	Cannot replicate in the host, as they are inactivated	Can replicate in the host, but at a much slower rate compared to the original, more virulent form
Immune response	Typically elicits a weaker immune response, mainly stimulating antibody production	Induces a robust immune response involving both antibodies and cell-mediated immunity
Duration of immunity	Immunity may wane over time, requiring booster shots to maintain protection	Often provides longer-lasting immunity, and booster shots are less frequently needed
Safety concerns	Generally considered safe, even for individuals with weakened immune systems	May pose a risk to individuals with compromised immune systems, pregnant women, or certain health conditions
Examples	Injected Polio Vaccine (IPV), Hepatitis A Vaccine, Influenza (inactivated) Vaccine	Measles, Mumps, and Rubella (MMR) Vaccine, Oral Polio Vaccine (OPV), Yellow Fever Vaccine



25. Differentiate between negativism and sibling rivalry. (KUHS)

Answer

Differences between negativism and sibling rivalry

Criteria	Negativism	Sibling rivalry
Definition	The tendency to resist or oppose suggestions, requests, or external influences, often characterized by saying 'no' or opposing without apparent reason	A competition, animosity, or jealousy between siblings, involving conflicts or struggles for parental attention, resources, or status
Behavioral aspect	Involves a negative or contrary response to various stimuli, often expressed through verbal resistance or noncompliance	Involves competitive or antagonistic behaviors between siblings, such as fighting, arguing, or vying for parental approval
Common age range	Commonly observed in toddlers and preschoolers as they assert their independence and test boundaries	Can occur at various stages of childhood and adolescence, but often more pronounced during early childhood and adolescence
Motivation	Often driven by a child's desire for autonomy, a need to assert independence, or a developmental stage where 'no' becomes a common expression	Rooted in a desire for parental attention, approval, and resources; Siblings may vie for the perceived favoritism of parents
Expression	Usually manifested through verbal expressions of refusal, resistance, or opposition	Manifests through physical actions, verbal conflicts, or nonverbal expressions of rivalry and competition
Parental response	Parents may need to balance setting boundaries and providing choices to empower the child within limits	Requires parental intervention to foster positive sibling relationships, teach conflict resolution, and ensure fair treatment
Impact on relationships	Can strain parent-child relationships if not managed properly, but is often a normal part of child development	May lead to strained sibling relationships if not addressed, impacting family dynamics and individual well-being
Developmental perspective	Often seen as a phase in a child's development, with negativism diminishing as communication and emotional regulation skills develop	Can persist throughout childhood and adolescence, evolving in form but requiring ongoing parental guidance and support

26. Give reasons for the following:

- Immunization is vital for all children. (KUHS)
- Sibling rivalry is a common behavioral characteristic in toddlers. (KUHS)

Answer

a. Immunization for all Children

- Prevention of communicable diseases:** Immunization is crucial for preventing the spread of communicable diseases among children. By vaccinating all children, especially during early childhood, the likelihood of outbreaks of vaccine-preventable diseases is significantly reduced.
- Herd immunity:** Achieving high vaccination rates within a population contributes to herd immunity. This protects not only those who are vaccinated but also those who are unable to receive vaccinations due to medical reasons

or age, such as infants or individuals with certain health conditions.

- Reducing morbidity and mortality:** Immunization has been proven to be highly effective in reducing the morbidity and mortality associated with various infectious diseases. Vaccines protect children from serious illnesses and their complications, promoting overall health and well-being.
- Public health impact:** Immunization programs play a crucial role in public health by controlling and even eradicating certain diseases. They contribute to the overall health and longevity of the population, leading to better community well-being.

b. Sibling Rivalry is a Common Behavioral Characteristic in Toddlers

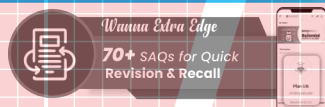
- Developmental stage:** Toddlers are in a stage of rapid cognitive, emotional, and social development. Sibling



rivalry often emerges as they start to assert their independence, develop a sense of self, and compete for attention and resources within the family.

- **Limited communication skills:** Toddlers may not have fully developed communication and conflict resolution skills, leading to the expression of frustration or competition through physical actions or verbal expressions.
- **Desire for attention:** Toddlers crave attention and approval, and sibling rivalry may be a way for them to seek recognition from parents. The presence of a sibling introduces a new dynamic that can lead to rivalry as they compete for parental attention.
- **Exploration of relationships:** Sibling rivalry is often a normal part of the process of establishing relationships within the family. It provides opportunities for children to learn about social interactions, sharing, and cooperation.
- **Limited understanding of sharing:** Toddlers may not yet fully comprehend the concept of sharing, leading to conflicts over toys, parental attention, or other resources. Sibling rivalry serves as a developmental phase for learning these important social skills.

SHORT ANSWER QUESTIONS



1. Define infant mortality rate. (Tamil Nadu, MGR)

Answer

Infant mortality rate: Infant Mortality Rate (IMR) is a crucial demographic indicator representing the number of deaths of infants under one year old per 1,000 live births in a given population and time period. It reflects the overall health and well-being of newborns, serving as a key measure of a community or country's healthcare and socioeconomic conditions.

2. Write four trends in pediatric care. (Tamil Nadu, MGR)

Answer

The four trends in pediatric nursing are:

1. **Telehealth integration:** Increasing adoption of telehealth services in pediatric care enables remote consultations,

enhancing accessibility and reducing barriers to healthcare for children.

2. **Emphasis on preventive care:** A growing trend focuses on preventive measures and early interventions, promoting child health and reducing the burden of preventable illnesses.
3. **Incorporation of technology:** Integration of advanced technologies, such as wearable devices and electronic health records, streamlines pediatric care, improving monitoring, diagnostics and treatment.
4. **Family-centered care models:** Pediatric care increasingly embraces family-centered approaches, recognizing the vital role of families in a child's health and well-being, fostering collaboration and personalized care plans.

3. Write four differences between adult nursing and child health nursing. (MGR)

Answer

Differences between adult nursing and child health nursing

Criteria	Adult nursing	Child health nursing
Patient population	Primarily focuses on caring for adults, including young and middle-aged individuals, and the elderly	Specializes in providing care to infants, children, and adolescents, typically up to 18 years of age
Developmental considerations	Emphasizes understanding the unique needs of adults in terms of chronic conditions, aging, and lifestyle factors	Focuses on the dynamic stages of child development, including growth, cognitive changes, and behavioral patterns
Communication skills	Requires effective communication skills to interact with adult patients, considering their life experiences and preferences	Involves specialized communication skills to engage with children, considering their age, developmental stage, and potential anxiety
Family involvement	Often involves interaction with families but may not be as central to care as in child health nursing	Recognizes the central role of families in pediatric care, involving them in decision-making and providing support and education



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- Modern concepts of childcare prioritize holistic approaches that consider the physical, cognitive, social, emotional, and psychological aspects of child development.
- Child-centered care emphasizes the importance of understanding and responding to the individual needs, preferences, and abilities of each child.
- Collaborative caregiving involves engaging parents, caregivers, educators, and healthcare professionals in partnership to support the well-being and development of children.
- Evidence-based practices in childcare draw from scientific research and best practices to inform decision-making and interventions that promote optimal outcomes for children.
- Promoting a nurturing and supportive environment is essential for fostering healthy attachment, emotional security, and resilience in children.
- Inclusive childcare practices prioritize diversity, equity, and inclusion to ensure that all children, regardless of background or ability, have access to high-quality care and education.
- Early childhood education programs focus on stimulating and enriching experiences that promote cognitive development, language acquisition, and school readiness.
- Play-based learning approaches recognize play as a fundamental mechanism through which children explore, learn, and develop essential skills and competencies.
- Responsive caregiving emphasizes the importance of attentiveness, sensitivity, and warmth in interactions with children, promoting secure attachments and positive relationships.
- Continuity of care and consistent routines provide stability and predictability for children, supporting their sense of security and well-being in childcare settings.
- Immunization Schedule is a systematic plan outlining the recommended timing and sequence of vaccines for different age groups, ensuring optimal protection against diseases and promoting the overall health and development of children.
- Head Start Program is a comprehensive early childhood development program in the United States that focuses on preparing low-income children for school by providing educational, health, and social services to enhance their cognitive and social-emotional development.
- Healthcare Mandates are the laws that dictate the provision of adequate healthcare services for children, encompassing preventive measures, immunizations, and access to medical treatment, aiming to promote and protect the overall health and well-being of children.
- Healthcare Mandates dictate the provision of adequate healthcare services for children, encompassing preventive measures, immunizations, and access to medical treatment, aiming to promote and protect the overall health and well-being of children.
- Child Protection Laws are the legal frameworks designed to safeguard children from abuse, neglect, and exploitation, outlining the responsibilities of individuals and institutions to ensure a safe environment for children.

MULTIPLE CHOICE QUESTIONS

1. Which legislation in India focuses on the protection and welfare of children by prohibiting child labor and ensuring their right to education?
 - a. Maternity Benefit Act
 - b. Juvenile Justice (Care and Protection of Children) Act
 - c. Employees' State Insurance Act
 - d. Right to Information Act

Ans. b. Juvenile Justice (Care and Protection of Children) Act



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2. Which national policy in India aims to reduce child mortality, improve maternal health, and combat diseases affecting children and mothers?
 - a. National Rural Health Mission (NRHM)
 - b. Food Security Act
 - c. Consumer Protection Act
 - d. Wildlife Protection Act

Ans. a. National Rural Health Mission (NRHM)



3. Which national program in India focuses on providing comprehensive healthcare services to children, including immunizations, nutrition, and maternal care?

- Swachh Bharat Mission
- Pradhan Mantri Awas Yojana
- Integrated Child Development Services (ICDS)
- Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

Ans. c. Integrated Child Development Services (ICDS)

4. Which agency in India is responsible for the implementation of the National Nutrition Mission (POSHAN Abhiyaan), aimed at addressing malnutrition and improving the nutritional status of children?

- Ministry of Health and Family Welfare
- Ministry of Women and Child Development
- Ministry of Human Resource Development
- Ministry of Rural Development

Ans. b. Ministry of Women and Child Development

5. Which document outlines the internationally accepted rights of the child and serves as a guiding framework for ensuring their protection and well-being?

- United Nations Charter
- Universal Declaration of Human Rights
- Convention on the Rights of the Child (CRC)
- Geneva Conventions

Ans. c. Convention on the Rights of the Child (CRC)

6. Which of the following is one of the fundamental principles of the Convention on the Rights of the Child (CRC), emphasizing the best interests of the child in all actions concerning them?

- Right to education
- Right to freedom of expression
- Right to play and recreation
- Principle of nondiscrimination

Ans. d. Principle of nondiscrimination

7. Which of the following is the flagship immunization program in India aimed at providing free vaccines to all children across the country?

- National Rural Health Mission (NRHM)
- National Health Mission (NHM)
- Universal Immunization Program (UIP)
- National AIDS Control Program (NACP)

Ans. c. Universal Immunization Program (UIP)

8. In India, which organization is responsible for the implementation and monitoring of the Universal Immunization Program (UIP)?

- Ministry of Health and Family Welfare
- Indian Council of Medical Research (ICMR)
- National Center for Disease Control (NCDC)
- World Health Organization (WHO)

Ans. a. Ministry of Health and Family Welfare

9. What is the goal of India's Mission Indradhanush program related to immunization?

- To eradicate polio completely from the country
- To increase the coverage of routine immunization across the country
- To provide free immunization services only to rural areas
- To prevent the spread of vector-borne diseases

Ans. b. To increase the coverage of routine immunization across the country

10. Which initiative in India focuses on strengthening the cold chain system to ensure the safe storage and transportation of vaccines for immunization programs?

- National Health Mission (NHM)
- Pulse Polio Immunization Program
- Mission Indradhanush
- Intensified Mission Indradhanush (IMI)

Ans. a. National Health Mission (NHM)

11. What is the primary purpose of maintaining the cold chain system in immunization programs in India?

- To extend the shelf life of vaccines
- To reduce the cost of vaccines
- To prevent spoilage and ensure vaccine potency
- To increase the availability of vaccines in remote areas

Ans. c. To prevent spoilage and ensure vaccine potency

12. Which organization in India is primarily responsible for overseeing the maintenance and management of the cold chain system for immunization programs?

- Ministry of Health and Family Welfare
- National Institute of Virology (NIV)
- Indian Council of Medical Research (ICMR)
- World Health Organization (WHO)

Ans. a. Ministry of Health and Family Welfare



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13. Which government initiative in India focuses on providing comprehensive healthcare services, including immunizations, growth monitoring, and nutritional counseling, to children under the age of five?

- Swachh Bharat Mission
- National Rural Health Mission (NRHM)
- Integrated Child Development Services (ICDS)
- National Health Mission (NHM)

Ans. d. National Health Mission (NHM)

14. What is the primary purpose of Under-five Clinics/Well-baby clinics in India?

- To provide free treatment for children under the age of five
- To conduct research on child health issues
- To offer preventive healthcare services and monitor the growth and development of children
- To provide specialized care for pregnant women

Ans. c. To offer preventive healthcare services and monitor the growth and development of children

15. Which healthcare professionals are typically involved in providing care at Under-five Clinics/Well-baby clinics in India?

- Pediatricians and obstetricians
- Nurses and midwives
- Surgeons and anesthesiologists
- Dentists and ophthalmologists

Ans. b. Nurses and midwives

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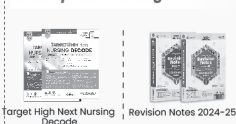
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Child Health Nursing-II

SECTION OUTLINE

- CHAPTER 1** Cardiovascular System/Hematological Conditions/Gastrointestinal System/Genitourinary System/Nervous System
- CHAPTER 2** Orthopedic Disorders/Disorders of Eye, Ear and Skin and Communicable Diseases

- CHAPTER 3** Management of Behavioral and Social Problems in Children

Cardiovascular System/ Hematological Conditions/ Gastrointestinal System/ Genitourinary System/Nervous System

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Anemia: A blood disorder characterized by a decrease in red blood cells or hemoglobin, leading to reduced oxygen-carrying capacity and fatigue.

Atrial septal defect (ASD): An opening in the wall between the heart's upper chambers, leading to abnormal blood flow and potential complications.

Gastroesophageal reflux disease (GERD): A chronic condition where stomach contents flow back into the esophagus, causing discomfort and potential complications.

Hemophilia: A genetic disorder impairing blood clotting, causing prolonged bleeding and potential joint damage.

Thrombocytopenia: A condition with low platelet levels, affecting blood clotting and potentially leading to excessive bleeding.

Ventricular septal defect (VSD): A hole in the wall between the heart's lower chambers, impacting blood circulation and requiring intervention.



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CLINICAL MANIFESTATION AND NURSING MANAGEMENT OF CONGENITAL MALFORMATIONS

Congenital malformation	Clinical manifestation	Nursing management
Cleft lip and palate	Visible cleft in the lip and/or palate at birth	Preoperative education for parents, referral to specialized surgical team, feeding assistance
Congenital heart defects	Cyanosis, poor feeding, failure to thrive, abnormal heart sounds on auscultation	Monitor vital signs, administer medications as prescribed, educate parents on disease management, prepare for surgical intervention if needed
Neural tube defects	Visible opening in the spine (spina bifida), abnormal neurologic signs	Protect the exposed neural tissue, prevent infection, assess for signs of hydrocephalus, provide education on care needs
Clubfoot	Abnormal positioning of the foot, may appear twisted or rotated	Gentle manipulation and casting of the foot, provide parental education on stretching exercises and bracing
Down syndrome	Typical facial features (flattened facial profile, slanted eyes), developmental delays	Provide developmental support, assist with feeding difficulties, monitor for medical complications, offer genetic counseling
Congenital diaphragmatic hernia	Respiratory distress, scaphoid abdomen, bowel sounds in the chest	Provide respiratory support, monitor oxygenation, position to optimize lung expansion, prepare for surgical repair

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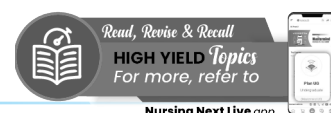


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Congenital malformation	Clinical manifestation	Nursing management
Congenital hip dysplasia	Asymmetry in gluteal or thigh folds, limited hip abduction	Pavlik harness or other orthotic devices, referral for surgical consultation if needed, parental education on hip positioning
Congenital cataracts	Clouding of the eye lens, visual impairment	Monitor for complications, referral to ophthalmologist for assessment and potential surgical intervention, educate parents on visual stimulation



CONGENITAL HEART DISEASES: CYANOTIC AND ACYANOTIC

Congenital heart disease	Clinical manifestations	Nursing management
Cyanotic congenital heart diseases		
Tetralogy of fallot (TOF)	Cyanosis, clubbing of fingers, dyspnea on exertion, squatting behavior, harsh systolic murmur, right ventricular hypertrophy on ECG and chest X-ray	Monitor oxygen saturation, positioning to relieve cyanosis (e.g., knee-chest position), administer medications as prescribed (e.g., prostaglandins, β -blockers), Prepare for surgical repair (total repair)
Coarctation of the aorta	- High blood pressure in the arms and low blood pressure in the legs. - Weak or absent femoral pulses. - Murmur heard over the back. - Shortness of breath, particularly during exercise. - Headache. - Leg cramps or cold legs. - Poor growth in infants.	- Monitor blood pressure in all extremities. - Assess for signs of heart failure. - Administer medications as prescribed (e.g., antihypertensives). - Prepare the child and family for possible surgical intervention. - Educate parents on signs of complications and the importance of follow-up care. - Promote rest and minimize stress to decrease cardiac workload.
Ebstein anomaly	- Cyanosis (bluish color of the skin and lips). - Shortness of breath, especially with exertion. - Fatigue. - Heart palpitations or arrhythmias. - Swelling in the legs and abdomen. - Murmur heard upon auscultation.	- Monitor oxygen saturation and respiratory status. - Administer oxygen therapy as needed. - Assess for signs of heart failure and administer diuretics as prescribed. - Educate family about activity restrictions and signs of worsening condition. - Prepare for potential surgical intervention if indicated. - Provide emotional support and education about the condition.
Hypoplastic Left Heart Syndrome	- Cyanosis. - Rapid breathing and difficulty breathing. - Poor feeding and growth. - Lethargy. - Cold extremities. - Weak pulse and low blood pressure.	- Monitor vital signs and oxygen saturation closely. - Provide prostaglandin E1 infusion to keep the ductus arteriosus open. - Prepare for staged surgical interventions (Norwood, Glenn, Fontan procedures). - Educate parents about feeding techniques and signs of complications. - Provide emotional support and connect the family with support groups. - Coordinate multidisciplinary care and follow-up.
Total Anomalous Pulmonary Venous Return (TAPVR)	- Cyanosis. - Rapid breathing. - Poor feeding and weight gain. - Heart murmur. - Signs of heart failure (e.g., tachycardia, hepatomegaly).	- Monitor respiratory status and administer oxygen as needed. - Prepare the child for surgical correction. - Provide pre- and postoperative care, including monitoring for complications. - Educate parents on the condition, surgical procedures, and postoperative care. - Ensure follow-up appointments are scheduled and kept. - Provide emotional support to the family.



Congenital heart disease	Clinical manifestations	Nursing management
Transposition of the Great Arteries (TGA)	- Severe cyanosis shortly after birth. - Rapid breathing and difficulty breathing. - Poor feeding and weight gain. - Heart murmur. - Fatigue and lethargy.	- Administer prostaglandin E1 to maintain ductal patency. - Monitor oxygen saturation and provide supplemental oxygen. - Prepare for balloon atrial septostomy or surgical repair. - Provide pre- and postoperative care and monitor for complications. - Educate parents on the condition, surgical intervention, and home care. - Support the family emotionally and connect them with resources.
Truncus Arteriosus	- Cyanosis. - Rapid breathing. - Poor feeding and growth. - Heart murmur. - Signs of heart failure (e.g., tachycardia, edema).	- Monitor vital signs and respiratory status. - Administer medications as prescribed (e.g., diuretics, ACE inhibitors). - Prepare the child for surgical correction. - Provide pre- and postoperative care, including monitoring for complications. - Educate parents on the condition, surgical procedures, and postoperative care. - Offer emotional support and connect the family with support groups.
Acyanotic congenital heart diseases		
Atrial septal defect (ASD)	Asymptomatic or Symptoms such as exertional dyspnea, fatigue, recurrent respiratory infections, Right-sided heart failure, Wide, fixed split S2 on auscultation	Monitor for signs of heart failure, administer medications (e.g., diuretics, ACE inhibitors), prepare for closure procedures (surgical or transcatheter closure)
Ventricular septal defect (VSD)	Asymptomatic or Symptoms such as poor feeding, failure to thrive, recurrent respiratory infections, harsh holosystolic murmur, thriving and failure to thrive groups	Monitor for signs of heart failure, administer medications (e.g., diuretics, ACE inhibitors), prepare for closure procedures (surgical or transcatheter closure)
Patent ductus arteriosus (PDA)	Asymptomatic or Symptoms such as poor feeding, failure to thrive, recurrent respiratory infections, continuous "machinery-like" murmur, wide pulse pressure	Administer medications (e.g., indomethacin, ibuprofen), prepare for closure procedures (surgical or transcatheter closure)

OTHERS: RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE, CONGESTIVE CARDIAC FAILURE

Condition	Identification	Nursing management
Rheumatic fever	History of recent or recurrent streptococcal infection, fever, joint pain and swelling (polyarthritides), carditis (heart inflammation), skin rash (erythema marginatum), chorea (involuntary movements)	Administer antibiotics (usually penicillin), Monitor for complications (carditis, chorea), Provide symptomatic relief (e.g., pain management), Educate about prevention of recurrent infections
Rheumatic heart disease	History of rheumatic fever, cardiac murmurs, Signs of heart failure (shortness of breath, fatigue, edema), history of valvular heart disease	Monitor cardiac status, administer medications (e.g., diuretics, β -blockers-blockers), educate about adherence to antibiotic prophylaxis, prepare for surgical intervention if needed (valve repair or replacement)
Congestive cardiac failure (CCF)	Signs and symptoms: Dyspnea orthopnea, Paroxysmal nocturnal dyspnea, edema, fatigue, reduced exercise tolerance, crackles on auscultation, elevated jugular venous pressure	Monitor vital signs and oxygen saturation, administer medications (e.g., diuretics, ACE inhibitors), monitor fluid balance, provide oxygen therapy as needed, educate about dietary restrictions and medication adherence, monitor for signs of worsening heart failure and complications



CONCEPTUAL EXERCISES

LONG ANSWER QUESTIONS

CARDIOVASCULAR SYSTEM, CONGENITAL HEART DISEASE, HEMATOLOGICAL CONDITIONS

1. a. Define acyanotic heart disease and cyanotic heart disease.
- b. Write in detail about Tetralogy of Fallot.
- c. Explain the role of a nurse in care of a child with heart disease. (KUHS)

Answer

a. Acyanotic Heart Disease and Cyanotic Heart Disease

- **Acyanotic heart disease:** Acyanotic heart diseases are congenital heart conditions that do not significantly affect the oxygen saturation of the blood. In these conditions, blood flow patterns may be altered, leading to symptoms such as heart murmurs, but oxygen levels in the bloodstream remain relatively normal. Examples include atrial septal defect (ASD), ventricular septal defect (VSD) and coarctation of the aorta.
- **Cyanotic heart disease:** Cyanotic heart diseases are congenital heart conditions that result in a decreased oxygen saturation of the blood. These conditions often lead to a bluish discoloration of the skin and mucous membranes, known as cyanosis. Examples include Tetralogy of Fallot, transposition of the great arteries and truncus arteriosus.

b. Tetralogy of Fallot

Tetralogy of Fallot is a complex congenital heart defect characterized by four primary features:

1. **Ventricular septal defect (VSD):** A hole in the septum (wall) between the heart's lower chambers (ventricles)
2. **Pulmonary stenosis:** Narrowing or obstruction of the pulmonary valve or the passage from the right ventricle to the pulmonary artery
3. **Overriding aorta:** The aorta is positioned directly over the VSD, receiving blood from both ventricles.
4. **Right ventricular hypertrophy:** Thickening of the muscular wall of the right ventricle due to increased workload.
 - **Clinical manifestations**
 - ♦ Cyanosis (bluish discoloration of skin and lips)

- ♦ Difficulty breathing, especially during physical activity
- ♦ Poor weight gain and growth
- ♦ Tiring easily
- ♦ Clubbing of fingers and toes

■ Treatment:

- ♦ **Surgical repair:** Corrective surgery is usually performed early in life to address the VSD and relieve pulmonary stenosis.
- ♦ **Medications:** Medications may be prescribed to manage symptoms and optimize heart function.

c. Role of the Nurse in Care of a Child with Heart Disease

• Assessment:

- Conduct regular assessments of the child's cardiac and respiratory status.
- Monitor vital signs, oxygen saturation and fluid balance.

• Medication administration:

- Administer prescribed medications accurately and monitor for side effects.
- Educate parents on medication administration at home.

• Monitoring and intervention:

- Observe for signs of worsening heart failure or cyanosis.
- Intervene promptly in cases of respiratory distress.

• Emotional support:

- Provide emotional support to the child and family.
- Educate them about the condition and treatment plan.

• Nutritional support:

- Collaborate with a dietitian to ensure appropriate nutrition for growth.
- Monitor and support feeding strategies, especially for infants.

• Collaboration with healthcare team:

- Collaborate with cardiologists, surgeons and other healthcare professionals to coordinate care.
- Ensure continuity of care during hospitalization and follow-up.

• Education:

- Educate parents about signs of infection and the importance of prompt medical attention.
- Provide information on home care and lifestyle modifications.



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- **Preventive measures:**
 - Educate about the importance of vaccinations to prevent respiratory infections.
 - Encourage good hand hygiene to minimize infection risk.
-
2. Baby Rinky, aged 1.5 years is admitted to pediatric medical ward with a complaint of cyanosis, breathlessness on exertion and development delay and is diagnosed as a case of congenital heart disease (CHD). (KUHS)
- a. Define and classify various types of CHD.
 - b. Write down the diagnostic evaluation of CHD.
 - c. As a nurse, what nursing care will you provide to Rinky during her stay in the hospital?

Answer

a. Congenital Heart Disease (CHD)

Definition

Congenital Heart Disease (CHD) refers to structural anomalies in the heart or major blood vessels that are present at birth. These abnormalities can affect the heart's structure, function and blood flow, leading to various clinical manifestations.

Classification of CHD

- **Cyanotic CHD:**
 - Tetralogy of fallot
 - Transposition of the great arteries
 - Truncus arteriosus
 - Total anomalous pulmonary venous connection (TAPVC).
 - Hypoplastic left heart syndrome and tricuspid atresia
- **Acyanotic CHD:**
 - Atrial septal defect (ASD)
 - Ventricular septal defect (VSD)
 - Patent ductus arteriosus (PDA)
 - Coarctation of the aorta
 - AV canal defect, pulmonary stenosis and aortic stenosis.

b. Diagnostic Evaluation of CHD

- **Clinical assessment:** Physical examination for signs of cyanosis, heart murmurs or abnormal chest sounds.
- **Imaging studies:**
 - **Echocardiography:** Ultrasound to visualize the heart's structure and assess blood flow
 - **Chest X-ray:** To evaluate heart size and pulmonary blood flow
- **Electrocardiogram (ECG or EKG):** Records the electrical activity of the heart, identifying any abnormal rhythms or patterns.

- **Cardiac catheterization:** Invasive procedure to assess pressure, oxygen levels and blood flow within the heart chambers.
- **MRI or CT scan:** Provides detailed images of the heart's structure and blood vessels.

c. Nursing Care for Baby Rinky with CHD

- **Monitoring:** Continuously monitor vital signs, including oxygen saturation, heart rate and respiratory rate.
- **Positioning:** Position the baby for optimal respiratory function, often in a semi-Fowler's position.
- **Oxygen therapy:** Administer supplemental oxygen as prescribed to alleviate cyanosis and improve oxygenation.
- **Feeding support:** Assist with feeding if necessary, considering the energy expenditure and potential fatigue.
- **Emotional support:** Provide emotional support to parents and caregivers, addressing concerns and explaining procedures.
- **Preventive measures:** Implement infection control measures to prevent respiratory infections.
- **Educational support:**
 - Educate parents about the child's condition, medications and signs of distress.
 - Demonstrate care techniques, including monitoring oxygen saturation.
- **Collaboration with healthcare team:** Collaborate with pediatric cardiologists and other healthcare professionals in the management plan.
- **Preoperative and postoperative care:** If surgery is required, assist with preoperative and postoperative care, monitoring for complications.
- **Transition planning:** Plan for the transition to home care, providing parents with the necessary skills and resources.

3. A 5-year-old baby of Swati was admitted to NICU and diagnosed as a case of Fallot's tetralogy.

- a. Define Fallot's tetralogy.
- b. Write the clinical manifestations of Fallot's tetralogy.
- c. Describe the nursing management of the baby using nursing process approach with 4 important nursing diagnoses. (RUHS)

Answer

a. Fallot's Tetralogy

Fallot's tetralogy is a congenital heart defect characterized by a combination of four specific heart abnormalities. These include:





- **Ventricular septal defect (VSD):** A hole in the wall that separates the heart's lower chambers (ventricles).
- **Pulmonary stenosis:** Narrowing of the pulmonary valve and the passage from the right ventricle to the pulmonary artery, restricting blood flow to the lungs.
- **Right ventricular hypertrophy:** Thickening of the muscular wall of the right ventricle due to increased workload
- **Overriding aorta:** The aorta is positioned directly over the VSD, receiving blood from both the right and left ventricles.

b. Clinical Manifestations of Fallot's Tetralogy

- **Cyanosis:** Due to reduced oxygen levels in the blood.
- **Clubbing of fingers and toes:** Chronic low oxygen levels may lead to clubbed fingers and toes.
- **Tet spells:** Sudden episodes of deep cyanosis and hypoxia, often triggered by crying or feeding.
- **Failure to thrive:** Insufficient oxygen supply can affect growth and development.
- **Murmurs:** Heart murmurs may be audible due to the structural abnormalities.

c. Nursing Management using Nursing Process Approach

- **Assessment:**
 - **Monitor oxygen saturation:** Continuously monitor oxygen levels to detect changes and assess the effectiveness of interventions.
 - **Evaluate tet spells:** Observe for signs of tet spells and identify triggers.
 - **Assess growth and development:** Track the baby's growth and development to identify any signs of failure to thrive.
- **Diagnosis:**
 - **Ineffective tissue perfusion:** Related to decreased oxygen supply.

- **Risk for impaired gas exchange:** Due to pulmonary stenosis and decreased lung perfusion.
- **Delayed growth and development:** Related to chronic hypoxia.
- **Parental anxiety:** Related to the child's health status and potential interventions.

• Planning:

- **Improve oxygenation:** Administer oxygen as prescribed and monitor its effectiveness.
- **Enhance cardiac output:** Implement measures to optimize cardiac function.
- **Promote growth and development:** Collaborate with other healthcare professionals to create a plan for optimal nutrition and developmental milestones.
- **Provide emotional support:** Offer support and education to parents to alleviate anxiety.

• Intervention:

- **Administer oxygen therapy:** Ensure the baby receives adequate oxygen to maintain oxygen saturation.
- **Positioning:** Place the infant in a position that promotes optimal blood flow and reduces cyanosis.
- **Monitor and manage tet spells:** Implement measures to prevent and manage tet spells, such as calming techniques.
- **Collaborate with healthcare team:** Work with physicians and other specialists to plan and implement interventions.

4. a. Write the difference between cyanotic and acyanotic heart diseases.
- b. Explain the pathophysiology and clinical features of Tetralogy of Fallot.
- c. Explain the surgical and nursing management of a child with Tetralogy of Fallot. (MGR)

Answer

a. Following are the Differences between Cyanotic and Acyanotic Heart Diseases

Characteristic	Cyanotic heart diseases	Acyanotic heart diseases
Definition	Characterized by cyanosis (bluish discoloration) due to decreased oxygen levels in systemic circulation.	Characterized by normal or near-normal oxygen levels in the systemic circulation; cyanosis is typically absent or minimal.
Cyanosis	Present due to mixing of oxygen-poor and oxygen-rich blood.	Generally absent or minimal, as there is no significant mixing of deoxygenated and oxygenated blood.
Shunting of blood	Abnormal shunting leading to the mixing of deoxygenated blood with oxygenated blood	Shunting may be present, but it does not result in significant mixing of deoxygenated and oxygenated blood.

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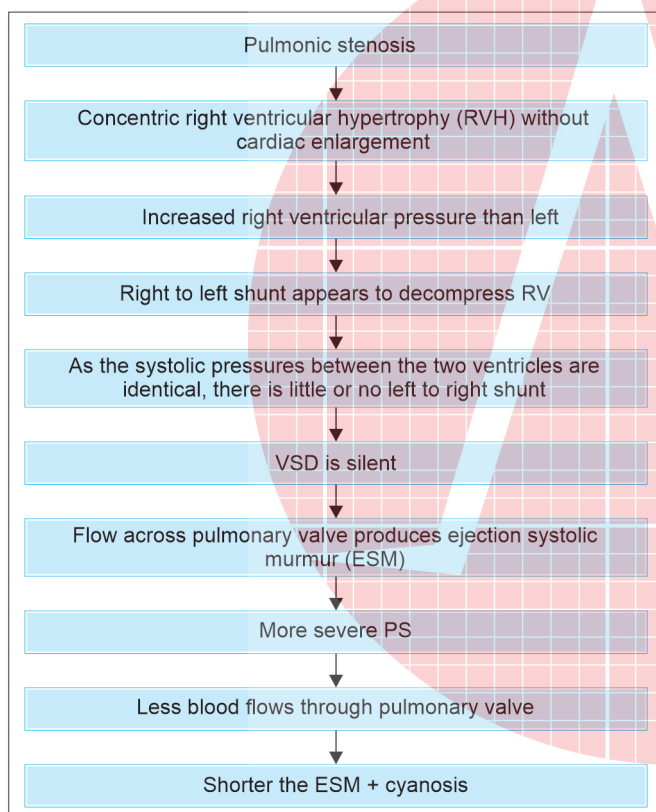


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Characteristic	Cyanotic heart diseases	Acyanotic heart diseases
Common conditions	Tetralogy of Fallot, Transposition of the Great Arteries, Total Anomalous Pulmonary Venous Connection	Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Patent Ductus Arteriosus (PDA)
Oxygen saturation	Decreased oxygen saturation in systemic circulation	Normal or near-normal oxygen saturation in systemic circulation
Clinical presentation	Cyanosis, clubbing of fingers, squatting position in severe cases	Murmurs, poor growth, respiratory symptoms, heart failure symptoms
Examples of conditions	Tetralogy of Fallot, Transposition of the Great Arteries, Total Anomalous Pulmonary Venous Connection	Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Patent Ductus Arteriosus (PDA)

b. Pathophysiology of Tetralogy of Fallot



Clinical Features

- **Cyanosis:**
 - Bluish discoloration of the skin and mucous membranes due to inadequate oxygenation of the blood.
 - Cyanosis is a hallmark feature and is often more pronounced during episodes of crying or feeding.
- **Clubbing of fingers and toes:** Chronic cyanosis can lead to the abnormal enlargement of the fingertips and toes.
- **Murmur:** A characteristic heart murmur is often audible during a physical examination due to the turbulent blood flow across the ventricular septal defect.

- **Squatting position:**
 - Children with Tetralogy of Fallot may instinctively assume a squatting position during episodes of cyanosis.
 - Squatting helps increase systemic vascular resistance, redirecting blood flow to the lungs.
- **Poor growth and development:** In severe cases, inadequate oxygenation can lead to poor growth and delayed development.
- **Tet spells (hypercyanotic spells):**
 - Sudden, severe episodes of cyanosis, usually during crying or feeding.
 - May be associated with respiratory distress and can be life-threatening, if not addressed promptly.
- **Fatigue and exercise intolerance:** Due to the heart's compromised ability to pump blood efficiently to meet the body's oxygen demands.
- **Frequent respiratory infections:** Increased susceptibility to respiratory infections due to the altered blood flow and potential congestion in the lungs.

c. Surgical and Nursing Management

For Ans, Refer to Long Question 1. (b), Pg. No. 175

5. a. Enumerate the congenital heart diseases and differentiate between acyanotic and cyanotic disorders.
b. Write the medical and surgical management of cyanotic disorder.
c. Describe the nursing management of postoperative patients with cardiac disorder.

Answer

a. Congenital Heart Diseases

Congenital heart disease (CHD) refers to structural anomalies in the heart or major blood vessels that are present at birth. These abnormalities can affect the heart's structure, function, and blood flow, leading to various clinical manifestations.



Types of Congenital Heart Disease (CHD) are:

- Atrial Septal Defect (ASD)
- Ventricular Septal Defect (VSD)
- Patent Ductus Arteriosus (PDA)
- Atrioventricular Septal Defect (AVSD)
- Coarctation of the Aorta
- Pulmonary stenosis
- Aortic stenosis
- Pulmonary atresia
- Tetralogy of Fallot (ToF)
- Transposition of the Great Arteries (TGA)
- Hypoplastic Left Heart Syndrome (HLHS)

Difference between Acyanotic and Cyanotic Heart Disease

For Ans, Refer to Long Question 4. (a), Pg. No. 177

b. Medical Management of Cyanotic Disorders

- **Oxygen therapy:** Administer supplemental oxygen to improve oxygen saturation in the blood and alleviate cyanosis.
- **Prostaglandin E1 (PGE1):** Infuse PGE1 to maintain the patency of the ductus arteriosus, allowing for right-to-left shunting to improve systemic oxygenation.
- **Management of hypercyanotic spells:**
 - Place the child in the knee-chest position.
 - Administer oxygen and morphine to reduce systemic vascular resistance.
 - Administer IV fluids to increase intravascular volume.
- **Preventive antibiotics:** Prescribe prophylactic antibiotics to prevent infective endocarditis, especially in cases with structural heart defects.
- **Nutritional support:** Ensure adequate nutrition to support growth and development.

Surgical Management of Cyanotic Disorders

- **Repair of cardiac defects:** Surgical correction of specific defects, such as Tetralogy of Fallot (ToF) or Transposition of the great arteries (TGA).
- **Shunt procedures:** Palliative shunt procedures (e.g., Blalock-Taussig shunt) may be performed to improve systemic blood flow and oxygenation.
- **Fontan procedure:** For certain complex congenital heart defects, the Fontan procedure may be considered to redirect venous blood directly to the pulmonary arteries.
- **Heart transplantation:** In severe cases or when other interventions are not feasible, heart transplantation may be considered.

c. Nursing Management of Postoperative Patients with Cardiac Disorders

- **Monitoring vital signs:** Regularly monitor heart rate, respiratory rate, blood pressure and oxygen saturation.
- **Pain management:** Administer prescribed pain medication to ensure the child's comfort.
- **Fluid balance:** Monitor fluid balance closely to prevent dehydration or fluid overload.
- **Respiratory care:** Implement respiratory care measures, such as incentive spirometry to prevent respiratory complications.
- **Chest tube care:** Monitor and care for chest tubes if present, ensuring proper drainage and assessing for signs of complications.
- **Infection prevention:** Implement strict infection control measures to prevent postoperative infections.
- **Emotional support:** Provide emotional support to both the child and the family, as cardiac surgeries can be emotionally challenging.
- **Parental education:** Educate parents on postoperative care, signs of complications and the importance of follow-up appointments.
- **Nutritional support:** Collaborate with the nutrition team to ensure adequate nutritional support for optimal recovery.
- **Activity and mobility:** Gradually introduce age-appropriate activities and promote mobility as tolerated.

6. A 7-month-old female baby is admitted to the Pediatric surgical unit with the diagnosis of ventricular septal defect. (MGR)

- Define ventricular septal defect.
- Explain the altered hemodynamics in it.
- Describe its therapeutic management.
- Draw a nursing care plan for this patient.

Answer

a. Ventricular Septal Defect (VSD)

- Ventricular septal defect is a congenital heart defect characterized by an abnormal opening in the septum (the wall) between two lower chambers of the heart, known as the ventricles.
- This opening allows oxygenated blood from the left ventricle to flow back into the right ventricle, leading to increased blood volume and pressure in the right side of the heart.

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Headache in a child with meningitis: Meningitis causes inflammation of the meninges and an increase in intracranial pressure, leading to headaches as a common symptom.

25. Projectile vomiting in infants with hypertrophic pyloric stenosis. (KUHS)**Answer**

Projectile vomiting in infants with hypertrophic pyloric stenosis: Hypertrophic pyloric stenosis, a condition narrowing the opening between the stomach and small intestine, causes projectile vomiting in infants due to the forceful expulsion of stomach contents.

26. Head end elevation is recommended for a child with head injury. (KUHS)**Answer**

Head end elevation is recommended for a child with head injury: Elevation of the head helps reduce intracranial pressure and promotes cerebral perfusion, aiding in the management of head injuries.

27. Squatting position is assumed by children with tetralogy of fallot. (KUHS)**Answer**

Squatting position assumed by children with tetralogy of fallot: Children with tetralogy of fallot may instinctively assume a squatting position to alleviate symptoms by increasing systemic vascular resistance and improving blood flow to the lungs.

28. Sudden exposure to noise and light must be minimized for a child with meningitis. (KUHS)**Answer**

Minimizing sudden exposure to noise and light for children with meningitis: Children with meningitis are sensitive to stimuli and sudden exposure to noise and light can exacerbate symptoms and discomfort.

29. Head end elevation should be given for a child with gastroesophageal reflux disease. (KUHS)**Answer**

Head end elevation for a child with gastroesophageal reflux disease (GERD): Elevating the head of the bed helps prevent the backflow of stomach contents into the esophagus, reducing symptoms of GERD in children.

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- Tetralogy of fallot is a congenital heart defect involving four abnormalities, leading to inadequate oxygenation and impaired heart function.
- Coarctation of the aorta is a narrowing of the aorta, restricting blood flow and potentially causing hypertension.
- Tracheoesophageal fistula is a congenital abnormal connection between proximal or distal esophagus and trachea.
- Esophageal atresia is defined as the complete interruption in the continuity of esophagus to stomach.
- Intestinal obstruction is surgical condition causing interference with the normal passage of the bowel content along the lumen.
- Intussusception is invagination or telescoping of one part of intestine to another distal part of intestine resulting in impairment of blood supply and necrosis of the involved segment.
- Gastroschisis is a defect in the full anterior abdominal wall through which abdominal content protrudes into the amniotic cavity.
- Vesicoureteral reflux (VUR) is abnormal flow of urine from the bladder back into the ureters, potentially leading to kidney damage.
- Hypospadias is a congenital condition where the urethral opening is on the underside of the penis instead of the tip.



- Epispadias is congenital defect present in males in which the urethra opens on the upper surface of penis.
- Bladder exstrophy is a rare congenital malformation of bladder and urethra in which the bladder is turned upside down.
- Hydronephrosis is the swelling of kidney due to accumulation of urine.
- Epilepsy is a chronic disorder characterized by unprovoked recurrent paroxysmal seizures.
- Spina bifida is a neural tube defect characterized by incomplete closure of neural tube and vertebrae.

MULTIPLE CHOICE QUESTIONS



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1. Which of the following is a congenital heart defect characterized by a hole in the wall between the heart's upper chambers?

- Tetralogy of fallot
- Ventricular septal defect (VSD)
- Patent ductus arteriosus (PDA)
- Aortic stenosis

Ans. b. Ventricular septal defect (VSD)

2. Which hematological condition is characterized by an abnormal decrease in the number of platelets in the blood?

- Thrombocytosis
- Leukemia
- Thrombocytopenia
- Hemophilia

Ans. c. Thrombocytopenia

3. What is the primary function of the gastrointestinal system?

- Regulation of blood pressure
- Production of hormones
- Absorption of nutrients
- Filtration of toxins

Ans. c. Absorption of nutrients

4. Which condition is characterized by inflammation of the lining of the stomach and intestines, leading to symptoms such as abdominal pain, diarrhea and vomiting?

- Appendicitis
- Gastritis
- Hepatitis
- Pancreatitis

Ans. b. Gastritis

5. Which of the following structures is part of the genitourinary system?

- Liver
- Kidneys
- Spleen
- Thyroid gland

Ans. b. Kidneys

6. What is a common congenital anomaly of the genitourinary system characterized by the abnormal development of the kidneys and urinary tract?

- Polycystic kidney disease
- Nephrotic syndrome
- Vesicoureteral reflux (VUR)
- Renal agenesis

Ans. d. Renal agenesis

7. Which of the following is a common symptom of heart failure in children?

- Increased appetite
- Bradycardia
- Fatigue and difficulty breathing
- Hyperactivity

Ans. c. Fatigue and difficulty breathing

8. What is the most common type of anemia, characterized by a deficiency of red blood cells or hemoglobin?

- Iron-deficiency anemia
- Sickle cell anemia
- Thalassemia
- Aplastic anemia

Ans. a. Iron-deficiency anemia

9. Which gastrointestinal disorder is characterized by chronic inflammation of the colon and rectum, leading to symptoms such as abdominal pain, diarrhea and rectal bleeding?

- Crohn's disease
- Diverticulitis
- Ulcerative colitis
- Irritable bowel syndrome (IBS)

Ans. c. Ulcerative colitis



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10. Which congenital heart defect involves narrowing of the aorta, resulting in decreased blood flow to the lower body?

- Atrial septal defect (ASD)
- Coarctation of the aorta
- Tetralogy of fallot
- Transposition of the great arteries (TGA)

Ans. b. Coarctation of the aorta

11. What is the primary function of the kidneys in the genitourinary system?

- Regulation of blood glucose levels
- Production of urine
- Synthesis of bile
- Storage of urine

Ans. b. Production of urine

12. Which hematological condition is characterized by abnormal clotting of blood within blood vessels, potentially leading to organ damage and thrombosis?

- Thrombocytopenia
- Von Willebrand disease
- Disseminated intravascular coagulation (DIC)
- Hemophilia

Ans. c. Disseminated intravascular coagulation (DIC)

13. Which gastrointestinal disorder is characterized by chronic inflammation of the small intestine, leading to malabsorption of nutrients and symptoms such as diarrhea, abdominal pain and weight loss?

- Celiac disease
- Gastroesophageal reflux disease (GERD)
- Peptic ulcer disease
- Pancreatitis

Ans. a. Celiac disease

14. Which congenital heart defect involves abnormal positioning of the heart's major blood vessels, leading to mixed oxygenated and deoxygenated blood circulation?

- Atrial septal defect (ASD)
- Coarctation of the aorta
- Tetralogy of fallot
- Transposition of the great arteries (TGA)

Ans. d. Transposition of the great arteries (TGA)

15. What is the primary function of the urinary bladder in the genitourinary system?

- Production of urine
- Filtration of blood
- Storage of urine
- Regulation of blood pressure

Ans. c. Storage of urine

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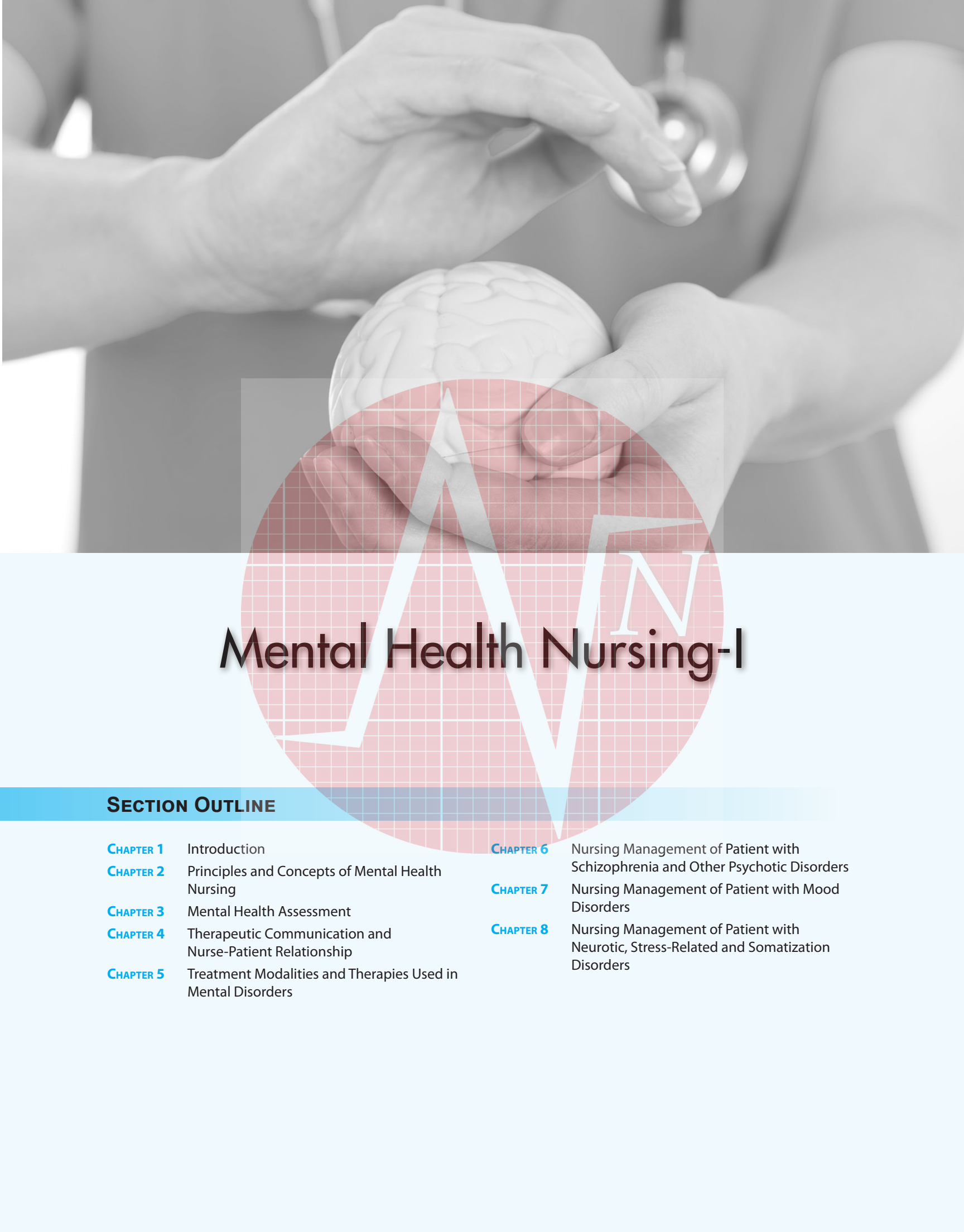
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Mental Health Nursing-I

SECTION OUTLINE

- CHAPTER 1** Introduction
- CHAPTER 2** Principles and Concepts of Mental Health Nursing
- CHAPTER 3** Mental Health Assessment
- CHAPTER 4** Therapeutic Communication and Nurse-Patient Relationship
- CHAPTER 5** Treatment Modalities and Therapies Used in Mental Disorders

- CHAPTER 6** Nursing Management of Patient with Schizophrenia and Other Psychotic Disorders
- CHAPTER 7** Nursing Management of Patient with Mood Disorders
- CHAPTER 8** Nursing Management of Patient with Neurotic, Stress-Related and Somatization Disorders

Introduction

CONCEPTUAL THEORY

Terminology



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Abnormal behavior: The word “anomaly” with the prefix “ab” means “away from normal”. Abnormality is a negative concept, which means deviation from a norm or standard or rule.

Forensic psychiatric nurse: A forensic psychiatric nurse performs psychiatric assessments, prescribes, and administers psychiatric medications. Also provides therapeutic services to witnesses and crime victims.

Normal behavior: The word comes from “normal” Latin word “norma”, which means a rule, following a rule and setting a pattern of standard. A person carries out a daily activity efficiently and is satisfied with a daily life, this is called normal behavior.

Psychiatric nurse: A registered nurse with specialty training in taking care of persons with mental illness including Diploma, MSc, MPhil. and PhD in psychiatric nursing. Responsible for the direct care of the patient from admission till discharge and inclusive all the activities, therapeutic measures during the hospital stay.

Psychiatrist: A registered medical practitioner with specialty training in psychiatry. Main responsibilities include screening, diagnosis, treatment plans, and is usually considered the leader of an interdisciplinary mental health team.

Tele health/tele nurse: A nurse engaged in providing care using advanced technologies.

PERSPECTIVES OF MENTAL HEALTH AND MENTAL HEALTH NURSING

- Karl Menninger defines mental health as, “An adjustment of human beings to the world and to each other with a maximum effectiveness of happiness.”
- Factors affecting mental health are heredity, childhood experiences and life circumstances.
- **Characteristics of a mentally healthy persons are:**
 - Positive identity and self-worth.
 - Healthy self-concepts and values.
 - Sense of harmony, altruistic attitude, and optimistic nature.
 - Reasonable self-esteem and confidence, vitality, and meaningfulness in life.
 - Healthy adaptive social life and ability to enjoy.
 - Balance between intimacy and separateness and effective coping and problem solving.
 - Logical thinking and insightful reasoning.

- According to WHO, “Mental illness is understood as clinically significant conditions characterized by alterations in thinking, mood or emotions associated with personal distress or impaired functioning”.

- Factors affecting mental illnesses are biological, physiological, psychological, and social factors.
- Features of mental illnesses are disturbed somatic functions, disturbed mental functions, and disturbed personal and social functions.

Somatic functions	Mental functions	Personal and Social functions
• Disturbed sleep • Loss of appetite • Bowel and bladder disturbance • Decreased interest in sex. • Frequent complaints of pain	• Disturbances in level of consciousness • Thought, Speech • Emotions, Behavior • Perception, Memory • Intelligence and Judgment	Withdrawnness, isolation, over sociality, insecure feeling, oversensitive to criticism, loss of job, less adaptability to work and family environment



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Myths and Facts about Mental Illness

Myths	Facts
- Mental illness develops due to evil spirits and supernatural powers. - Mentally ill people always exhibit violent behavior. - Mental illness is incurable - Marriage can cure mental illness - Mental illness cannot affect me - Children misbehave or fail in school just to get attention - Mental illnesses are infectious	- Mental illness develops due to multifactorial cases - In general, they are not violent - It can be treated well with early identification, diagnosis and prompt treatment - Marriage worsen the symptoms. Either person take care of oneself or the spouse - It can affect anyone according to the circumstances - Behavioral problems can be the cause of emotional, behavioral or learning disorders - It is not infectious but the causes are multifactorial

Evolution of Psychiatric Nursing Practices (Important Milestones)

Years	Important milestones
1873	The first professional psychiatric nurse Ms Linda Richards graduated from New England Hospital for women and children
1912	Indian Lunacy Act established
1987	National Mental Health Act established by the government of India
2014	National mental health policy established
2017	The National Mental Healthcare Act was established

EVOLUTION OF MENTAL HEALTH SERVICES AND TREATMENTS IN INDIA

Table: Evolution of mental health services and treatments in India

Years	Important milestones
1773	The first mental hospital was built in the United States.
1793	Philippe Pinel stated that mental illness is often curable and shackled the chain of mentally ill admitted in a hospital outside Paris (Bicetre). This marked the beginning of first Psychiatric Revolution.
1912	The term "Schizophrenia" was coined by Eugen Bleuler; Insulin coma therapy was introduced for Schizophrenia.
1912	The Indian Lunacy Act was passed.
1938	Electroconvulsive therapy (ECT) was first used for Psychosis by Cerletti and Bini.

Years	Important milestones
1946	Bhore Committee recommended five Psychiatric hospitals across India; in Amritsar (1947), Hyderabad (1953), Srinagar (1958), Jamnagar (1960), and Delhi (1966).
1949	Lithium was used as a drug of choice for mania for the first time.
1952	Chlorpromazine, a psychotherapeutic agent was introduced; which revolutionized mental healthcare.
1954	All India Institute of Mental Health, Bengaluru renamed as National Institute of Mental Health and Neurosciences (NIMHANS) which was a mental asylum since 1847.
1963	Community mental health service was started as part of the Comprehensive Rural Health Services Project (CRHSP), in Ballabgarh, by the All India Institute of Medical Sciences (AIIMS), New Delhi.
1980	The Government of India formulated a committee in the field of Psychiatry for the assessment of mental health needs and providing care.
1981	Primary mental healthcare approach was initiated in the community Psychiatry centers (Raipur Rani, Chandigarh, and Sakkalwara Bengaluru).
1982	National Mental Health Program (NMHP) was launched to ensure the availability and accessibility of minimum level of mental healthcare for all.
1987	The Indian Mental Health Act was established.
1996	The District Mental Health Program (DMHP) was started as an extension of NMHP on the success of Bellary model Karnataka.
1997	National Human Rights Commission recommended an action plan for improving the mental hospital's infrastructure.
2001	Advanced Center for Ayurveda in Mental Health and Neurosciences started at NIMHANS.
2002	National Survey of Mental Health initiated by Directorate General of Health Services, Ministry of Health and Family Welfare.
2008	World Health Organization's mental health action program was launched for mental, neurological and substance use disorder services (in low and middle income countries).
2013	Mental health action plan was launched by WHO to identify a significant role of mental health in achieving "Health for all".
2013	Under the 12th Five-Year Plan, the Government of India enhanced NMHP by integrating other community health programs like National Rural Health Mission (NRHM), School health and Reproductive and Child Health (RCH) to improve its community participation.
2013	Mental Healthcare Bill was introduced in Rajya Sabha.
2017	Mental Healthcare Act was passed on April 7, 2017
2018	Mental Healthcare Act came into force on May 29, 2018. The major amendment of this act was decriminalization of attempted suicide which was earlier punishable under Indian Penal Code Section 309.

Contd...



MENTAL HEALTH TEAM (FIG. 1.1)

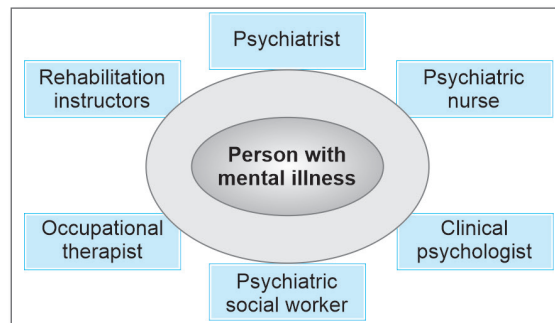


Figure 1.1: Mental health team

NATURE AND SCOPE OF MENTAL HEALTH NURSING (FIGURE 1.2)

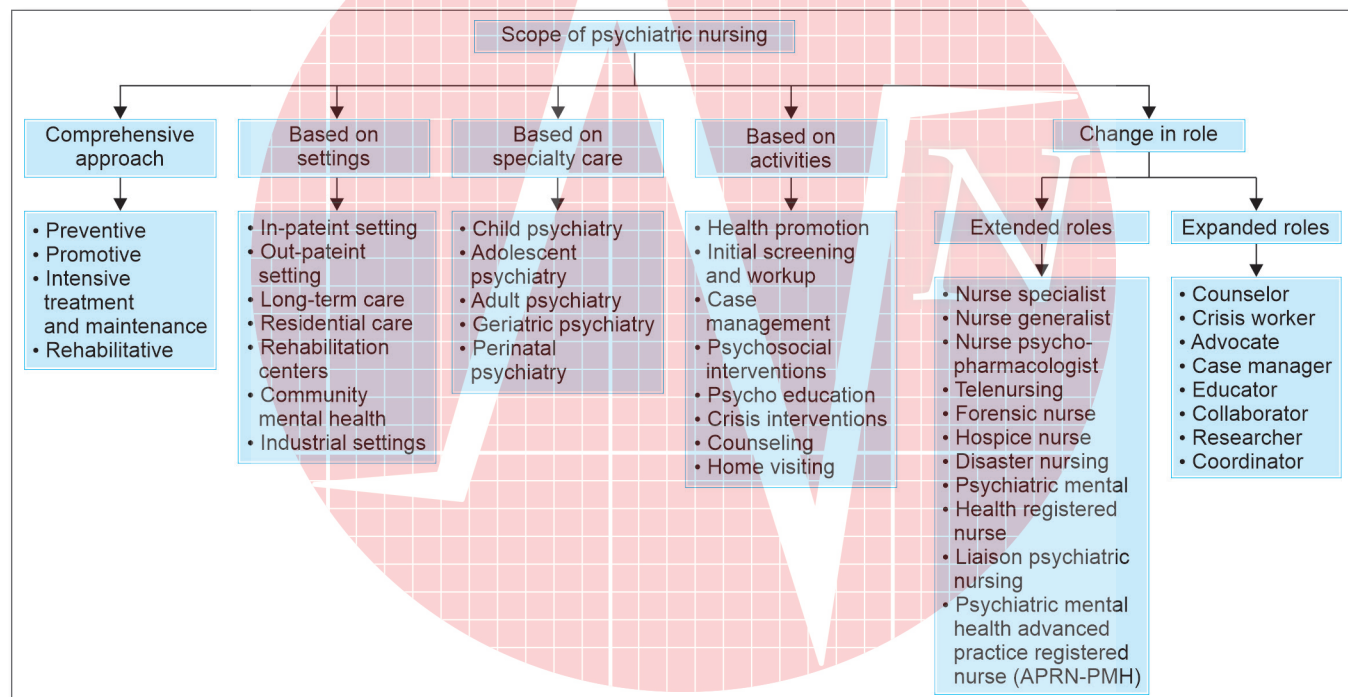


Figure 1.2: Scope of psychiatric nursing

ROLE AND FUNCTIONS OF MENTAL HEALTH NURSE IN VARIOUS SETTINGS

- **Psychiatric mental health registered nurse:** A psychiatric mental health registered nurse provides care at the bed side. She demonstrates competence in caring for patients with mental illness, mental health problems and psychiatric disorders.
- **Psychiatric mental health advanced practice registered nurse:** A licensed registered nurse who is educationally prepared at the master's or doctorate level in the specialty of psychiatric mental health nursing.
- **Nurse psychopharmacologist:** One of the latest roles is that of the nurse—psychopharmacologist—the psychiatric clinical nurse specialist with prescriptive authority.
- **Nurse generalist:** The psychiatric mental health generalist nurse is licensed registered nurse for delivering primary mental healthcare.
- **Clinical nurse specialist:** Holds a master degree in psychiatric mental health nursing.
- **Geropsychiatric nurse:** Geropsychiatric nursing is expanding the psychiatric nursing practice to aged people.
- **Parish nurse:** Parish nursing is a program that promotes health and wellness of the body, mind, spirit.



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- **Nurse researcher:** They are the scientists who seek to find answers to questions through methodological observations and experimentations.
- **Psychiatric home care nurse:** It is one aspect of community health nursing.
- **Community mental health nurse:** It is the application of knowledge of psychiatric nursing in the community.
- **Psychiatric nurse educator:** Works in educational institutions, staff development departments of healthcare agencies and patient education department
- **Psychiatric case manager:** The nurse case manager plays the role of advocate for the patient and his family members.
- **Psychiatric consultation liaison nurse:** Consultation liaison activities take place in general healthcare areas such as hospitals, extended facilities, rehabilitation centers, schools, nursing homes and outpatient clinics.
- **Tele health/tele nurse:** Nurses engaged in providing care using advanced technologies.
- **Forensic psychiatric nurse:** It performs psychiatric assessments, prescribes, and administers psychiatric medications. Also provide therapeutic services to witnesses and crime victims.
- **Disaster psychiatric mental health nursing:** Encompasses a wide range of activities, including public health preparations in emergencies.

Factors Affecting Level of Practice

- **The factors affecting healthcare practices are:**
 - Healthcare reforms and legislations.
 - Human and consumer rights.
 - Professional practice standards.
 - Institutional policies and regulations.
 - Qualification and area of practice.
 - Quality and safety in healthcare.
 - Proper documentations.

NORMAL AND ABNORMAL BEHAVIORS



Normal and abnormal behaviors are mainly distinguished based on diagnostic guidelines in psychiatry. It depends upon several models of health.

Medical model	Abnormality in thought, perception, psychomotor activity, and verbal output due to organic pathology, mainly related to brain and genetics
Psychological model	Abnormal behavior is due to unhealed internal traumas and problems with ego defense mechanisms
Sociocultural model	Environmental stressors and learned behavior which led to abnormal behavior
Statistical model	Behavioral deviation in accordance with statistical evidence when rating against the standardized parameters of health

Normal and Abnormal behavior as Continuum (Figure 1.3)

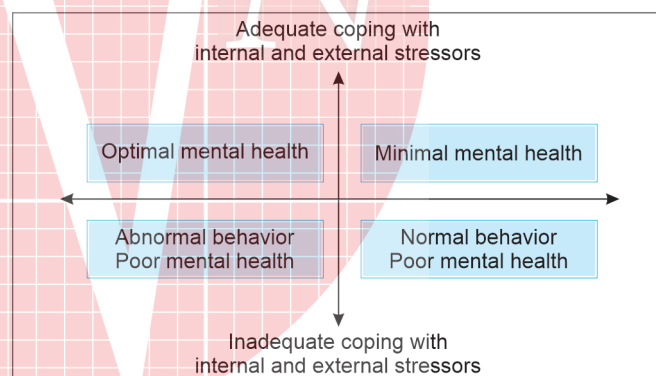


Figure 1.3: Adequate and inadequate coping with internal and external stressors

CONCEPTUAL EXERCISES

LONG ANSWER QUESTION

1. Enumerate about the nature and scope of mental health nursing.

Answer

The nature and scope of mental health nursing envelop a wide range of obligations pointed at advancing mental well-being,

avoiding mental sickness, and giving nursing care to people encountering mental well-being challenges.

Nature of Mental Health Nursing

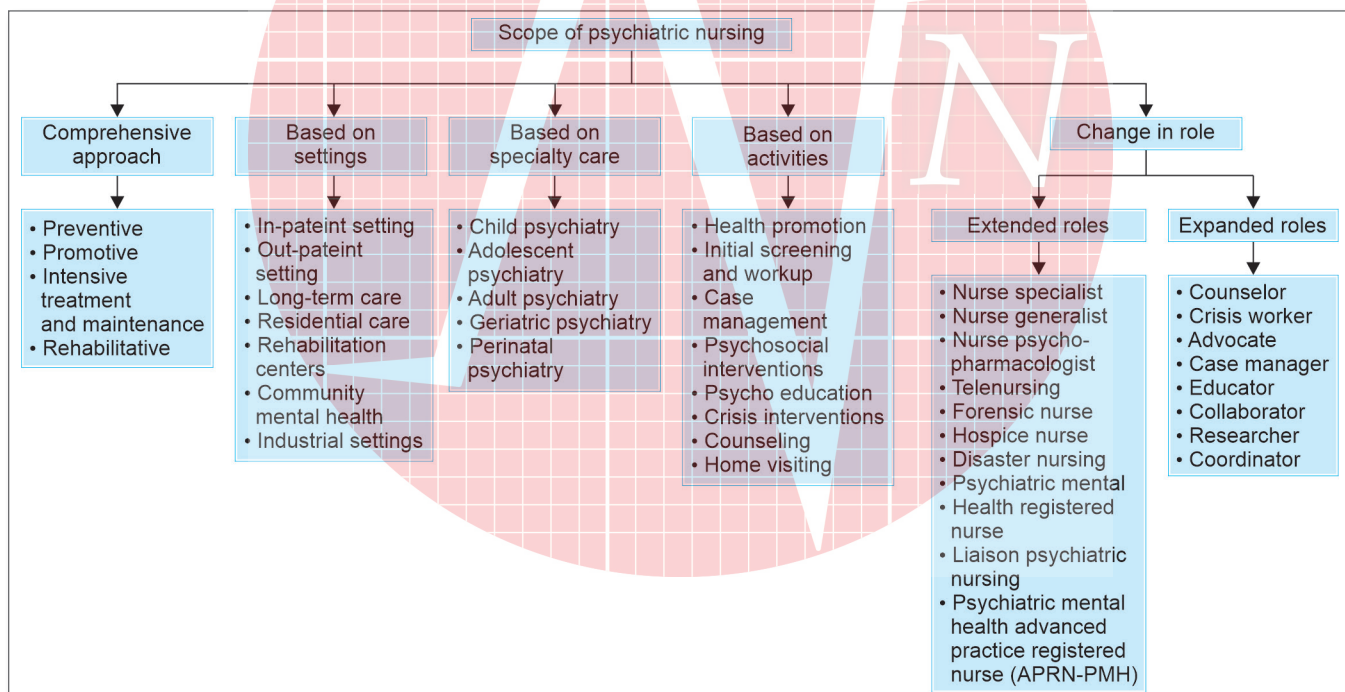
- **Multi-factorial approach:** Mental health nurses take an all-encompassing approach to care, considering the interconnecting of individuals' physical, mental, and social well-being.



- **Personal-centered care:** Emphasizes personal-centered care, recognizing each individual's interests, inclinations, and needs within the arrangement of care.
- **Evidence-based practice:** Mental Health Nursing is grounded in evidence-based practice, consolidating ethical and clinical decision-making.
- **Restorative relationship:** Central to mental health nursing is the foundation of a helpful relationship between the nurse and the patient, built on belief, compassion, and successful communication.
- **Advancement of mental health:** It includes advancing mental well-being and anticipating mental ailment through instruction, promotion, and community outreach.
- **Collaborative care:** It is the collaboration with multidisciplinary groups and community assets to guarantee comprehensive and facilitated care for people with mental well-being needs.
- **Social competence:** Mental health nurses illustrate social competence in their practice, recognizing and regarding the different social foundations and convictions of people and communities.

Scope of Mental Health Nursing

- **Comprehensive approach:** Mental health nursing survey individuals' mental well-being, status of the patient, conduct demonstrative assessments, and define care plans based on recognized needs and objectives.
- **Mediations management:** Mental health nurses execute helpful intercessions, counting, guiding, psychotherapy, and behavioral mediations, to address mental health issues and advance need of mental care.
- **Psychoeducation:** Psychoeducational teachings to the people, families, and communities, help in advancing mental well-being mindfulness, destigmatization, and procedures for adapting and versatility.



- **Case administration:** Mental health nurses are responsible for case administration exercises, planning care, encouraging referrals, and supporting assets and back administrations for people with mental well-being needs.
- **Community outreach:** It complies interest in community outreach activities, giving instruction, bolster, and meanings to advance mental well-being and well-being in differing settings.
- **Long-term care:** Mental health nurses contribute to inquire about and instruction within the field of mental well-being nursing, progressing information and advancing evidence-based practice through educating, mentoring, and insightful exercises for a long term purpose.
- **Advancement in mental health nursing:** It includes proceeding proficient improvement exercises to upgrade clinical aptitudes, remain side by side of current patterns and inquire about mental well-being nursing, and keep up licensure and certification prerequisites.



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SHORT NOTES

1 Enlist the characteristics of a mentally healthy person.

Answer

Mental Health

Mental health is the ability of the mind where the individual adjusts himself positively with respect to the external world.

Characteristics of a Mentally Healthy Person

Characteristics of a mentally healthy person are:

- Positive identity and self-worth.
- Logical thinking and insightful reasoning.
- Sense of harmony.
- Ability to enjoy.
- Healthy self-concept and values.
- Effective coping and problem solving.
- Altruistic attitude and optimistic nature.
- Healthy and adaptive social life.
- Reasonable self-esteem and confidence.
- Vitality and meaningfulness in life.
- Balance between intimacy and separateness.

2. Write the difference between normal and abnormal behavior.

Answer

Difference Between Normal and Abnormal Behavior

Normal behavior	Abnormal behavior
Normal behavior alludes to activities, contemplations, and feelings that are reliable with social standards.	Abnormal behavior goes astray essentially from societal or social standards and is regularly characterized by disapproval, trouble, or disability in working.
It envelops behaviors that are versatile, utilitarian, and socially worthy inside a given setting.	It may show as extraordinary or bizarre contemplations, feelings, or activities that meddle with an individual's capacity to lead a satisfying life.
Normal behavior changes as per the people, societies, and circumstances permits people to operate well in their day to day lives.	Abnormal behavior can be demonstrative of mental well-being clutters or basic mental issues that require clinical interventions and treatment.

Contd...

Normal behavior

In Mental Health Nursing, understanding normal behavior makes a difference, as the nurses build up a standard for appraisal and distinguish normal pattern that will demonstrate mental well-being concerns.

Abnormal behavior

Cases of abnormal behavior incorporate serious uneasiness, determined mental fatigue, self-destructive ideation, disorganized though process, and impeded social working.

SHORT ANSWER QUESTIONS

1. Define mental health and enumerate its indicators.

Answer

Mental Health

The adjustments of human beings to the world and to each other with a maximum of effectiveness and happiness.

—Karl Meninger, 1893

Indicators of Mental Health

- **A positive self-attitude:** Knowledge and acceptance of strength and limitations.
- **Growth, development and the ability to self-actualize:** Successful achievement of tasks associated with the each level of development.
- **Integration:** Development in regard with philosophy of life.
- **Autonomy:** Ability to perform in an independent self directed manner.
- **Perception of reality:** Capacity for empathy and social sensitivity—a respect and concern for the wants and needs of others.
- **Environmental mastery:** Ability to achieve a satisfactory role within the group, society or environment.

2. Write four characteristics of mental health.

Answer

Four characteristics of mental health are:

1. It poses an ability to make adjustments.
2. It poses a sense of personal worth, feeling valuable and important.



3. A person solves his problems largely by his own effort and makes his own decisions.
4. It poses a sense of personal security and makes one feel secure in a group.

- Demographic changes.
- Changes in needs of the patient.

3. List the issues of mental health nursing.

Answer

The issues of mental health nursing are enlisted below:

- Economic issues.
- Changes in illness orientation.
- Changes in delivery care.
- Information technology.
- Consumer empowerment.
- Physician shortage and gaps in service.

4. What are the traits commonly found in normal individuals?

Answer

Traits commonly found in normal individuals are:

- Reality orientation.
- Self awareness and self knowledge.
- Self esteem and self acceptance.
- Ability to exercise voluntary control over their behavior.
- Ability to form affectionate relationships.
- Pursuance of productive and goal directed activities.

CONCEPTUAL REVISION

Golden Points

- Mental health as 'An adjustment of human beings to the world and to each other with a maximum effectiveness of happiness'.
- Mental illness occurs when a person is unsuccessful in coping with environmental stresses due to imbalances in personal, social, physical, and chemical functioning.
- Mental health nurse needs to be clinically competent awareness about legal and ethical issues and deliver primary healthcare in various settings.
- Behavioral disorders appear in the cognitive domain (thinking, knowledge, memory), emotional domain (emotions), and cognitive domain (psychomotor activity).
- Behavioral problems can be the cause of emotional, behavioral or learning disorders.
- Common mental disorders such as depression, anxiety disorders and substance use disorders are as high as 10% in the total population.
- Normal and abnormal behaviors depend on various explanatory models such as medical model, psychological model, sociocultural model and statistical model.
- The expanded role of psychiatry nurse as counselor, crisis worker, advocate, case manager, educator, collaborator, researcher, coordinator.



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MULTIPLE CHOICE QUESTIONS

1. Mental health is defined as:

- The ability to distinguish what is real from what is not.
- A state of well-being where a person can realize his own abilities to cope with normal stresses of life and work productively.
- The promotion of mental health, prevention of mental disorders, nursing care of patients during illness and rehabilitation
- Absence of mental illness

Ans. b. A state of well-being where a person can realize his own abilities to cope with normal stresses of life and work productively

2. The nurse acts as a patient advocate when she does one of the following?

- She encourages the client to express her feeling regarding her experience.
- She assesses the client for injuries.
- She postpones the physical assessment until the client is calm
- Explains to the client that her reactions are normal

Ans. c. She postpones the physical assessment until the client is calm

3. Which client outcome is most appropriately achieved in a community approach setting in psychiatric nursing?

- The client performs activities of daily living and learns crafts.
- The client is able to prevent aggressive behavior and monitors his use of medications.
- The client demonstrates self-reliance and social adaptation.
- The client experiences relief from anxiety and learns about his symptoms.

Ans. c. The client demonstrates self-reliance and social adaptation

4. Which of the following will the nurse use when communicating with a client who has a cognitive impairment?

- Complete explanations with multiple details
- Picture or gestures instead of words
- Stimulating words and phrases to capture the client's attention
- Short words and simple sentences

Ans. d. Short words and simple sentences



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5. Which nursing intervention is best for facilitating communication with a psychiatric client who speaks a foreign language?

- Rely on nonverbal communication
- Select symbolic pictures as aids
- Speak in universal phrases
- Use the services of an interpreter

Ans. d. Use the services of an interpreter

6. The nurse exemplifies awareness of the rights of a client whose anger is escalating by:

- Taking a directive role in verbalizing feelings
- Using an authoritarian, confrontational approach
- Putting the client in a seclusion room
- Applying mechanical restraints

Ans. a. Taking a directive role in verbalizing feelings

7. The care of a client places priority on which of the following?

- Monitoring his vital signs every hour
- Providing a quiet, dim room
- Encouraging adequate fluids and nutritious foods
- Administering Librium as ordered

Ans. a. Monitoring his vital signs every hour

8. Indian Lunacy Act was passed in the year:

- 1912
- 1920
- 1987
- 1946

Ans. a. 1912

9. National Mental Health Program was started in the year:

- 1987
- 1978
- 1982
- 1952

Ans. c. 1982

10. The following are appropriate nursing diagnoses for a client, except:

- Ineffective individual coping
- Alteration in comfort, pain
- Altered role performance
- Impaired social interaction

Ans. d. Impaired social interaction



Mental Health Nursing-II

SECTION OUTLINE

- CHAPTER 1** Nursing Management of Patients with Substance Use Disorders
- CHAPTER 2** Nursing Management of Patients with Personality and Sexual Disorders
- CHAPTER 3** Nursing Management of Behavioral and Emotional Disorders Occurring During Childhood and Adolescence

- CHAPTER 4** Nursing Management of Organic Brain Disorders (Delirium, Dementia, Amnestic Disorders)
- CHAPTER 5** Psychiatric Emergencies and Crisis Interventions
- CHAPTER 6** Legal Issues in Mental Health Nursing
- CHAPTER 7** Community Mental Health Nursing

Nursing Management of Patients with Substance Use Disorders

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Compulsions: Stereotype behaviors that are repeated many times. If resisted, produces anxiety.

Craving: A state of motivation or strong desire to seek out a particular substance.

Dependence: It refers to a group of signs and symptoms that occur in a client preoccupied with the substance and its use is of utmost important for him than any other thing.

Detoxification: It is the process in which the patient is made drug free by either gradually reducing or completely stopping the substance intake under a supervised treatment plan safely and effectively.

Lapse: It refers to the occasional slip following the abstinence period.

Misuse: It refers to a pattern of substance use in which the client takes substance in a harmful way and suffers adverse consequences.

Relapse: It refers to the return of a client to a previous pattern of substance use after a period of abstinence.

Substance abuse: It refers to the pattern of substance use in which client uses a substance in a harmful way and for a prolonged time. As a result, suffers from adverse consequences.

Withdrawal symptoms: It refers to a group of signs and symptoms which occur when a client who is dependent on a substance considerably reduces it in a short time or completely abstains from it.



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SUBSTANCE USE DISORDERS

Introduction

Substance use disorder refers to a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.

Common Substance Abuse in India

- Alcohol
- Cannabis
- Hypnotics, sedatives and antianxiety drugs
- Amphetamines
- Barbiturates
- Cocaine
- Hallucinogens
- Inhalants
- Nicotine
- Phencyclidine

Prevalence and Incidence

- The psychoactive substances are used by people of all social classes and groups. Adult men are the major group among those taking substances.
- Alcohol is primary substance of abuse in India.
- Prevalence rate of alcohol is 14.6% of the population.
- The other common substances are cannabis and opioids with the prevalence of 2.8% and 2.1% respectively.
- Commonly used psychotropic drugs are alcohol, opioids, cannabis, sedative hypnotics, cocaine, stimulants like caffeine, hallucinogens, tobacco and volatile solvents.

Classifications, Forms, Routes, Action, Intoxication and Withdrawal

- ICD 11 classification of substance use disorders.
- Disorders due to use of alcohol [6C40] to disorders due to use of nonpsychoactive substances [6C4H].
- ICD 10 classification of substance use disorders.



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- Mental and behavior disorders due to use of alcohol [F10]– Mental and behavioral disorders due to multiple drug use and other psychoactive substances [F19].

Table 1.1 shows different types of substances along with their forms, routes, action, intoxication symptoms and withdrawal symptoms.

Table 1.1: Types of substance use, routes, action, intoxication effects and withdrawal symptoms



Classification	Common drugs	Forms	Routes	Action	Intoxication symptoms	Withdrawal symptoms
Antidepressants	- Fluoxetine - Sertraline	- Tablet - Capsules	Oral	Increase serotonin/norepinephrine levels	Nausea, insomnia, dizziness	Anxiety, irritability, flu-like symptoms
Antipsychotics	- Haloperidol - Olanzapine	- Tablets - Injections	Oral, IM	Dopamine receptor antagonists	Sedation, weight gain, tardive dyskinesia	Insomnia, agitation, return of psychotic symptoms
Anxiolytics	- Diazepam - Lorazepam	- Tablets - Liquids	Oral, IM, IV	Enhance GABA effect	Drowsiness, confusion, impaired coordination	Anxiety, tremors, seizures
Mood Stabilizers	- Lithium - Valproate	- Tablets - Capsules	Oral	Stabilize mood by affecting neurotransmitters	Nausea, hand tremors, increased urination	Mood swings, irritability
Stimulants	- Methylphenidate - Amphetamine	- Tablet - Capsules	Oral	Increase dopamine and norepinephrine levels	Increased heart rate, euphoria, agitation	Fatigue, depression, sleep disturbances
Opioids	- Morphine - Oxycodone	- Tablets - Injections - Patches	Oral, IM, IV, Transdermal	Bind to opioid receptors to reduce pain perception	Euphoria, drowsiness, respiratory depression	Muscle pain, insomnia, diarrhea
Sedative-Hypnotics	- Zolpidem - Temazepam	- Tablets - Capsules	Oral	Enhance GABA effect, induce sleep	Drowsiness, dizziness, amnesia	Rebound insomnia, anxiety, tremors
Anticholinergics	- Benztropine - Trihexyphenidyl	- Tablets - Injections	Oral, IM	Block acetylcholine receptors	Dry mouth, blurred vision, constipation	Nausea, vomiting, sleep disturbances
Cannabinoids	Tetrahydrocannabinol (THC)	- Smoke - Edible - Oils	Inhalation, Oral	Act on cannabinoid receptors affecting mood and perception	Euphoria, altered senses, impaired memory	Irritability, sleep problems, decreased appetite

Psychodynamics/Etiology of Substance use Disorder (Terminologies: Substance use, Abuse, Tolerance, Dependence and Withdrawal)

The etiology of substance use disorders are biological factors, personality factors, sociocultural factors, cultural and ethical influences.

- Substance use:** It is a psychoactive drug use of any class or type, used alone or in a combination that poses significant hazards to health.
- Abuse:** It refers to the pattern of substance use in which client uses a substance in a harmful way or uses a substance for a prolonged time. As a result, suffers from adverse consequences.
- Tolerance:** It means when the person needs more amount of the drug to have the same effect.
- Dependence:** It refers to a group of signs and symptoms that occur in a client preoccupied with the substance and its use is of utmost important to him than anything else.



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- Rationalization is a defense mechanism which means that using logical reasoning and giving justifications to one's unacceptable actions or behaviors.
- Alcoholics use this defense mechanism to justify their drinking habit.
- Alcoholics suffer with feelings of guilt, anger and aggression and to deal with these feelings they use unhealthy ways and defense mechanism.

8. Write a note on Prevention of Drug Abuse. (RUHS)

Answer

Prevention of Drug Abuse

- Drug abuse can be prevented by providing complete knowledge to people.
- Especially adolescents need to be taught regarding psychoactive agents, their harmful impact on all aspects of life, development of physical and psychological addiction and the kinds of loss associated with drug abuse.
- Creating awareness by organizing programs in community.
- Organizing school health programs to spread awareness among children.
- To make them aware about the peer pressure and the impact of mass media putting on their minds.
- To make them aware about the healthy coping mechanism to deal with everyday stresses and frustrations of life.
- To make them aware of the enabling environment in prevention of drug abuse.
- To teach parents about providing such an environment to the kids at home so that they can talk about their feelings and emotions freely with their parents.
- To teach parents to demonstrate healthy coping mechanisms.
- To teach parents to strengthen family values and belief system.

9. Role of nurse in Delirium tremens. (RUHS)

Answer

Role of Nurse in Management of Patient with Delirium Tremens

- Ongoing assessment should be performed.
- Respiratory assessment should be done because DT can cause respiratory difficulties.
- Oxygen administration should be started in case of respiratory difficulties.
- Maintain patent airway.

- Administer fluid and electrolyte balance. Start IV fluid administration.
- Provide safe environment and take all seizure related precautions.
- Keep environmental stimuli at low levels to avoid any trigger.
- Do not leave the patient unattended.
- Re-orient the patient in calm manner in case of confusion and disorientation.
- Help in alleviating the anxiety by addressing all doubts
- Safety measures to be taken extra care as per the need of the students.
- Support and enunciate student health education followed by routine check up and follow-up.

SHORT ANSWER QUESTIONS



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1. What are the stages of craving?

Answer

Stages of Craving

- **Normal craving:** It will not cause any distress to individual.
- **Excessive craving:** It causes significant distress to individual and is not a socially acceptable behavior.
- **Obsessional craving:** Repeated thoughts to consume a particular substance.
- **Compulsive craving:** With repeated consumption of drugs, an individual finds it difficult to control the behavior of consuming drugs.

2. What are the symptoms of Disulfiram-ethanol reaction?

Answer

Symptoms of Disulfiram-ethanol Reaction

- When the client takes disulfiram along with the alcohol it might lead to disulfiram-ethanol reaction.
- It includes facial flushing, nausea, vomiting, hypotension, shock, fatigue, general malaise, epigastric pain, sweating, excessive thirst, blurred vision, shortness of breath, liver failure, heart attack, abnormal heartbeat and throbbing headache.



3. What is Ethanol challenge test?

Answer

Ethanol Challenge Test

- It is performed to create cognitive awareness of disulfiram-ethanol reaction [DER].
- This test has to be done after informed consent.
- Patient has to take in 250 mg of disulfiram as initial dose for 5 days. Alcohol has to be administered approximately 40 mL [15 mL for every 15 minutes] as maximum 90 mL can be given.
- Monitor the vital signs and keep IV line open so that, if blood pressure drops, vasopressor can be administered.

4. Mention the clinical features of opioid withdrawal syndrome.

Answer

Clinical Features of Opioid Withdrawal Syndrome

- Opioid is the exudate from dried seeds of "Papaver Somniferum". The street name is smack and brown sugar.

Synthetic opioid derivatives cause more dependence tendency than natural.

- Withdrawal effects of opioids cause increase in heart rate, temperature, respiration, pulse, dilated pupils, lacrimation, sweating, rhinorrhea, muscle cramps, body ache, anxiety, nausea, vomiting, piloerection, anorexia and insomnia.

5. What are the complications of cocaine?

Answer

Complications of Cocaine

- **Psychological:** Anxiety, psychotic symptoms such as tactile hallucination, persecutory delusions, compulsive behavior and out of control behavior.
- **Intranasal:** Nasal septum perforation, mucosal vasoconstriction and anosmia.
- **Systemic:** GI necrosis, respiratory depression, coronary artery disease, arrhythmias, convulsions and fetal anoxia.

CONCEPTUAL REVISION

Golden Points

- Drug dependence is considered a multifactorial health disorder that requires the expertise of many disciplines.
- The prevalence of people consuming illicit substances is progressively increasing and the age of onset of substance use is decreasing.
- Substance use is associated with health problems, poverty, violence and social exclusion and the cost to society is difficult to estimate.
- Alcohol has a depressant effect on the central nervous system, resulting in behavioral, cognitive and mood changes based on blood alcohol concentration.
- Opioid group of substances activates the opioid receptors found in the brain, spinal cord and gut.
- Cocaine is a common illicit substance used worldwide. It is a CNS stimulant and induces euphoria and hyperactivity upon intake.
- Volatile inhalants such as organic solvents, glues, gasoline products, nitrates and some gases such as butane and toluene are abused for psychoactive effects.
- Psychosocial interventions are a vital component in the process of management of substance abuse.
- Management of psychoactive substances includes different treatment modalities including detoxification therapy, maintenance treatment, individual counseling, group therapy, etc.
- Nurses have a major role in drug addiction programs and care of patients with substance use disorders.



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MULTIPLE CHOICE QUESTIONS



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1. Name the tool used to assess the intensity of nicotine addiction?

- a. Fagerstrom test
- b. CIWA-Rr
- c. Urine nicotine levels
- d. COWS

Ans. a. Fagerstrom test

2. Complications of chronic cannabis use are all; except:

- a. Psychosis
- b. Memory dysfunction
- c. Impaired spermatogenesis
- d. Increased lipolysis

Ans. d. Increased lipolysis

3. Withdrawal seizures are seen with:

- a. Cannabis
- b. Opioid
- c. Alcohol
- d. Cocaine

Ans. c. Alcohol

4. Adam is the Street name of which of the following illicit drugs?

- a. Cocaine
- b. Lysergic acid diethylamide
- c. Methylenedioxymethamphetamine
- d. Hashish

Ans. c. Methylenedioxymethamphetamine

5. For the cessation of Nicotine abuse, the following drug is used:

- a. Sodium valproate
- b. Varenicline
- c. Vilazodone
- d. Vortioxetine

Ans. b. Varenicline

6. A boy is having diarrhea, rhinorrhea, sweating and lacrimation. What is the most probable diagnosis?

- a. Cocaine withdrawal
- b. Heroin withdrawal
- c. Alcohol withdrawal
- d. LSD withdrawal

Ans. b. Heroin withdrawal

7. Which of the following causes Amotivational syndrome?

- a. Cannabis
- b. Cocaine
- c. Amphetamine
- d. Heroin

Ans. a. Cannabis

8. Formication is commonly associated with:

- a. Cannabis-induced psychosis
- b. Amphetamine-induced psychosis
- c. Alcohol-induced psychosis
- d. Cocaine-induced psychosis

Ans. d. Cocaine-induced psychosis

9. Naltrexone is used in opioid addiction:

- a. To treat withdrawal symptoms
- b. To treat overdose of opioids and prevent respiratory depression
- c. To prevent relapse
- d. To detoxify opioids

Ans. c. To prevent relapse

10. The term 'Alcohol Palimpsest' refers to:

- a. Delirium tremens
- b. Amnesic episodes during intoxication
- c. Alcoholic hallucinosis
- d. Withdrawal convulsions

Ans. b. Amnesic episodes during intoxication

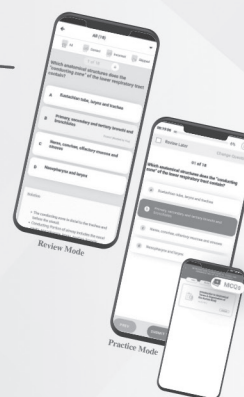


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Educational Technology/Nursing Education

SECTION OUTLINE

CHAPTER 1 Introduction and Theoretical Foundations
CHAPTER 2 Assessment and Planning
CHAPTER 3 Implementation (Communication and Teaching Methods)
CHAPTER 4 Teaching in the Clinical Setting—Teaching Methods

CHAPTER 5 Educational/Teaching Media
CHAPTER 6 Assessment Methods/Evaluation Strategies
CHAPTER 7 Guidance/Academic Advising, Counseling and Discipline
CHAPTER 8 Ethics and Evidence-Based Teaching in Nursing Education

Introduction and Theoretical Foundations

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Education: It is the process of impacting or acquiring knowledge, developing the powers of reasoning and judgement and generally preparing student intellectually.

Learning: It is the process of acquiring new knowledge, behavior, skills, values, attitudes and preference.

Philosophy: The study of basic ideas about knowledge, truth, right and wrong and nature and meaning of life.

Teaching: It is the act or practice or profession of impacting knowledge or teaching to pupil.

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EDUCATION

- Education is the manifestation of existing perfection in a man. Like fire in a piece of flint, knowledge exists in the mind. Suggestion is friction which brings it out.
- Education is the bi-directional act of teaching knowledge to others and as well as receiving knowledge from someone else.
- Education can also be the knowledge which is received through schooling or enrollment to institution of teaching.

Approaches of Education

Approaches of education are the scientific ways or methods which are used to promote personal development, preparation for success and facilitation of learning.



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Aims of Education

Aims of education are shown in Figure 1.1.

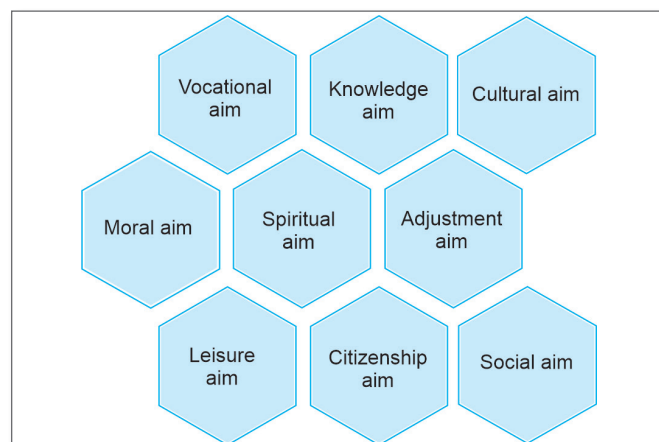


Figure 1.1: Aims of education

Types of approaches	Descriptions
Learner centered	• This choice of teaching method and techniques is learner-centric, like his nature, innate feelings or abilities, how he learns, his development stage, multiple intelligences, learning styles, needs, concerns, interests, feelings and his home and education background.
Teacher centered	• This method focuses on instructor, instructor talks and student listens. Student works alone. Instructor chooses topics and students have to go according to that. • Instructor evaluates the learner.
High-tech approach	• This method focuses on technological tools in classrooms like email, drive, tablets and laptops. • Education-focused social media platforms.
Low-tech approach	• This method focuses on physical presence and interaction between the educator and the student. • Many types of vocational or practical training cannot be learned virtually whether it be laboratory experiment or wood working.



EDUCATIONAL PHILOSOPHY

Definition

Philosophy is a search for comprehensive view of nature, an attempt at a universal explanation of the nature of things.

—Alfred Weber

The educational philosophy helps in examining the goals, methods of teaching, and creative ideas of education. The various philosophies given are to describe the fundamental and the philosophical analysis. It requires systematic and critical thinking about educational practice.

Traditional Educational Philosophies

Naturalism	Idealism	Pragmatism	Realism
Naturalism is based on the basic assumption that nature is a total system. It explains all existence including human nature and human beings. Chief proponents are: - Jean Jacques Rousseau - Herbert Spencer - Rabindranath Tagore	Idealism refers to oldest system of philosophy known to man. Its origin goes back to ancient India in the East and to Plato in the West. Idealists use intuition for knowing the ultimate. Chief proponents are: - Plato - Guru Nanak Dev Ji - Rabindranath Tagore	The aim of education is to teach individuals how to think so that they can adjust to an ever-changing society. It does not believe in standard, permanent and eternal values. Chief proponents are: - Williams James - John Dewey - Charles Sanders Pierce - Margaret H.	Realism is also known as objectivism. It aims in making the man's life useful, where one can enjoy his activities and comfort in reality. Chief proponents are: - Aristotle - Johann Friedrich Herbart - Herbert Spencer - John Locke

Modern Educational Philosophies

Perennialism	Essentialism	Existentialism	Reconstructionism	Progressivism
The major aim of education is to ensure that students acquire understanding about the great ideas of western civilization that focus on enduring truths which are constant. Chief proponents are: - Thomas Aquinas - Robert Hutchins	Essentialism means a 'traditional' or 'back' to the basics approach toward education. It strives to instill in students the essentials of academic knowledge and character development. Chief proponents are: - William Bagley - James D. Koerner	Existentialism refers to set of ideas about human existence beyond the terms used in ancient philosophy and objective science. Chief proponents are: - Friedrich Nietzsche - Maxine Greene	Reconstructionism is a philosophical theory with the belief that society should continually reform itself in order to establish more perfect governments or social networks. Chief proponents are: - Theodore Brameld - George Counts	Progressive philosophy believes that the school must play a leading role in preparing citizens for active civic participation in a democratic society. Chief proponents are: - Henry Barnard - Johan Dewey

Philosophy of Nursing Education

"Philosophy of nursing education is the written statement of the beliefs, values, attitudes and ideas which the faculty as a group agreed upon in relation to the nursing educational programs such as health, disease, nursing, nurse, nursing profession, education, learner, society, patient nursing education and preparation of nurses." It is important:

- To improve education system and methods for betterment of humanity.

Comparison of Educational Philosophies

There are various schools of educational philosophies. Some of the main traditional and modern contemporary educational philosophies are discussed as follows:

Traditional philosophies	Modern philosophies
- Naturalism - Idealism - Pragmatism - Realism	- Perennialism - Essentialism - Existentialism - Reconstructionism - Progressivism



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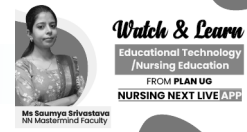


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- To study the process in order to understand how it works, improves and perfects its application in society.

EDUCATIONAL TECHNOLOGY

Educational technology consists of the usage of tools, technologies, processes, etc. to enhance the learning experiences in a variety of settings, such as formal learning, informal learning, nonformal learning, lifelong learning, learning on demand, workplace learning, and just-in-time learning.



Scope of Educational Technology

- Analysis of the process of teaching and learning.
- Spelling out the educational goals or objectives.
- Development of curriculum.
- Development of teaching-learning material.
- Teaching preparation or teaching-training.
- Development and selection of the teaching-learning strategies and topics.
- Development, selection and use of the appropriate audio-visual aid.

Uses of Educational Technology

- Training and retraining a large number of school teachers in an effective way.
- Distance education.
- Correspondence education.

TEACHING

- Transferring or imparting knowledge through interaction.
- Interaction means the participation of both the teacher and the student with both benefitting from this.
- Teaching is inspiration, guidance, direction and encouragement rendered by learning.
- The teacher simplifies the techniques, modifies the environment, helps children adjust, strengthens their knowledge, and assists them in developing skills, abilities, and knowledge.

Principles of Teaching

- Principles of teaching are a set of guidelines which will help the faculty or teacher to optimize its purposes and knowledge to its fullest extent.
- The 4 quantum principles of teaching are given in Figure 1.2.

Correlation of the subjects	Well defined objectives
Principles of teaching	
Motivation for arousal of interest	Selection, revision and practice

Figure 1.2: Quantum principles of teaching

Maxims of Teaching

- Teaching is both an art and a science which is governed by principles that guide the teachers or faculty in their attempt to facilitate effective learning.

- Some of the fundamental maxims of teaching are as follows:

- Simple to complex
- Analysis to synthesis
- Concrete to abstract
- Known to unknown
- Empirical to rational
- Induction to deduction
- Particular to general
- Whole to parts
- Definite to indefinite
- Psychological to logical
- Actual to representative

Objectives of Teaching

- Objectives of teaching serve as a guiding line or principles for teaching faculty to effectively plan, execute and assess their teaching methodology.
- SMART objectives are an essential tool to help in effective learning.
- Components of SMART objectives are:
 - **Specific:** Help in providing clarity that what the learner wants to achieve, leaving no room for confusion.
 - **Measurable:** Setting criteria to facilitate progress and determining when the objective is achieved.
 - **Achievable:** The set goals should be realistic and within reach and consideration should be taken of available resources and constraints.
 - **Relevant:** The objective should align with educational goals and ensure positive learning outcomes.
 - **Time-bound:** Specific timeframe should be set within which the objective will be accomplished, and learning is effective.

LEARNING

- Learning is a process of apprehension, clarification and application of meanings.
- Learning is a process of using knowledge to bring the desired behavioral change.

Characteristics of Learning

Learning is defined as the mental process through which knowledge, skills, aptitude and ideas are exchanged or acquired hence resulting in change of beliefs and behavior.

The characteristics of learning are:

- Learning is unique
- Learning is dynamic
- Learning is exchangeable



- Learning is purposive
- Learning is self-guiding
- Learning is individualistic and social.

Principles of Learning

Principles of learning are shown in Figure 1.3.

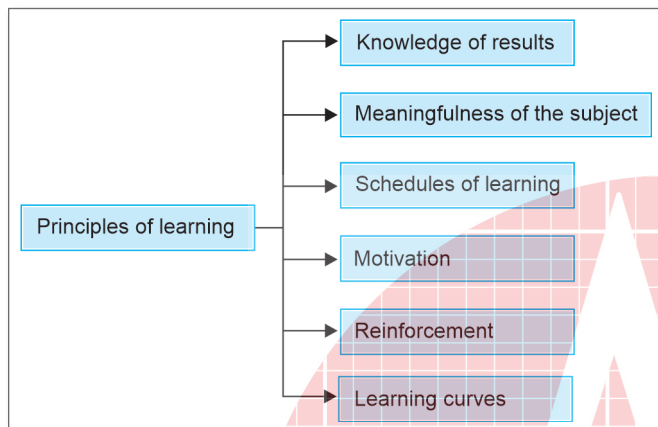


Figure 1.3: Principles of learning

Theories of Learning

Theories of learning are shown in Figure 1.4.

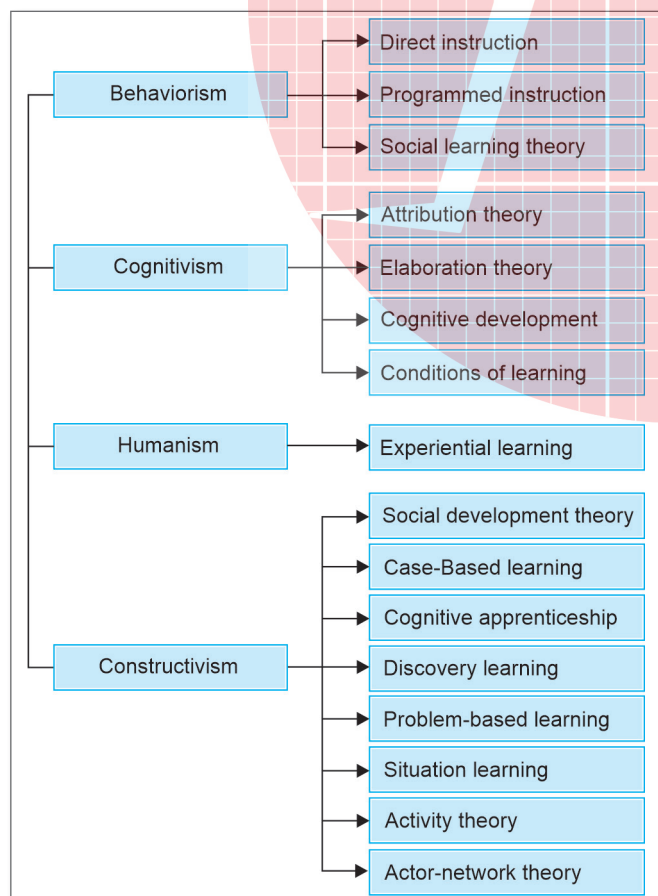


Figure 1.4: Theories of learning

Approaches of Learning

Different Approaches of Learning	Characteristics
Experiential learning	The learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, being creative and constructing meaning.
Reflective learning	• It is looking back on something. • Past experiences or ideas and critically analyzing events fall under this type of learning.
Scenario-based learning	In this approach, learner is given opportunity to develop skills by practicing in true to life simulated environment.
Simulation-based learning	It is a form of experiential learning that provides learners with real world like opportunity to develop and practice their knowledge and skills but in simulated environment.
Blended learning	• It is also known as hybrid learning. • It is an approach to education that combines online educational material and opportunities for interaction with traditional (classroom) methods.

Barriers to Teaching and Learning

The barriers to teaching and learning are something that prevent both learner and teacher from being fully engaged in the teaching learning process. Some of the barriers are discussed here:

- Lack of goals.
- Emotional factors.
- Peer pressure.
- Lack of confidence and competence.
- Cognitive learning barriers.
- Fear.
- Course format.
- Learning environment.
- Mental health barriers.
- Denial of learning needs.
- Learning challenges.
- Communicational barriers.



CONCEPTUAL EXERCISES

LONG ANSWER QUESTIONS

1. a. Define the philosophies of education.
- b. Explain the aims of education.
- c. List modern philosophies of education. Explain any two. (DU)

Answer

a. Philosophies of Education

- The philosophies of education can be defined as an examination of the goals, forms, methods, and meaning of education.
- Philosophy is an attempt to think about human experience in order to make out whole experience intelligible.

b. Aims of Education

The aims of education are as following:

- **Knowledge aim:**
 - It is the aim of nursing education, which focuses on imparting scientific and up to date knowledge in the areas of biological, behavioral, social, and medical science.
 - Nursing education's primary focus is to indicate the appropriate nursing skills and the right attitude among the student nurses.
 - Nursing education curriculum must have sufficient theory and practical content as well as experience to prepare nursing students for nursing services.
- **Leadership aim:**
 - Nursing education aims at preparing nurses to be good leaders.
 - Nurses are in a pivotal position not only to render quality care but also to assess and monitor the quality of care.
 - Nursing education prepares nurses to participate in decision-making and policy-making with respect to health matters.
- **Professional development aim:**
 - Nursing education aims at the professional development of each individual nurse.
 - A nurse should be trained to keep up with the ethics and standards of the profession.
 - It enables the nurse to develop the appropriate skills and attitude required for the practice of the profession.

• Personality development aim:

- Nursing education also aims to contribute to the all-round development of the individual.
- The focus of the nursing education system is to help nurses develop personal attributes such as self-awareness, self-direction, and self-motivation.

• Resource aim:

- Education should always be resourceful for both its practicality and reasoning.
- Education enables ample resources helpful for the learner in satisfying his/her needs of interest.
- Education should align with the best course of optimal utilizing of resources in efficient manner.

c. Modern Philosophies of Education

The philosophy of education helps in examining the goals, methods of teaching and creative ideas of education.

The following is the list of modern theories of education:

- | | |
|-----------------|---------------------|
| • Perennialism | • Reconstructionism |
| • Essentialism | • Eclecticism |
| • Progressivism | • Existentialism |

1. Essentialism

- Essentialists believe that there is a common core of knowledge that needs to be transmitted to students in a systematic and disciplined way.
- The emphasis in this conservative perspective is on intellectual and moral standards that schools should teach.
- The core of the curriculum is essential knowledge and skills and academic rigor.
- This theory emphasizes more on practical teaching. Example—hands-on practice for various nursing procedures making the student valuable for society.
- Student should know the value of hard work and respect authority.
- Educators/Teachers should help students to check and work on their nonproductive habits such as anger, intolerance, etc.

2. Reconstructionism

- It is also known as critical thinking theory.
- Social reconstructionism is a philosophy that emphasizes the addressing of social questions and a quest to create a better society and worldwide democracy.
- It helps in preparing the individuals to solve the social problems.



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- Reconstructionist educators focus on a curriculum that highlights social reform as the aim of education.
- Reconstructionist not only enforces the education for generations to solve the problem but also figures out the correct path to many of the social problems as well.
- The reconstructionism theory involves the students in current affairs of the society so as to know the perception of the students related to social issues.

2. a. Enlist the maxims of teaching, and explain each maxim of teaching.
- b. Explain factors affecting learning. (DU)

Answer

a. Maxims of Teaching

Maxims are statements like a dictum that are treated as general rules of conduct. The maxims of teaching are as follows:

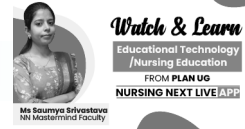
Maxims of teaching	Meaning
From known to unknown	• Knowledge must be given by linking to previous knowledge. • Called the most basic and primary of all the maxims.
From simple to complex	Simple and easy concepts are taught first, followed by complex and complicated concepts.
From concrete to abstract	• From actual tangible objects that can be visualized and be verified by five senses. • It is based on cognitive development of the students.
From particular to general	From particular statement, specific concept, or subject matter to more generalized principles.
From whole to part	Student should be acquainted with complete lesson, chapter concept, theory, or idea first, and then with breakdown of different elements for discussion.
From psychological to logical	Student's interest, aptitude, memory, creativity, attitude, developmental need, and levels are taken into account while teaching.
From induction to deduction	• Inductive reasoning involves supplying some evidence or argument to conclude the truth. Broad generalizations are made based on definite observation. • Deductive reasoning is when every possibility is examined to reach a valid conclusion.

Contd...

Maxims of teaching	Meaning
From empirical to rationale	• Empirical knowledge is based on verified, observable experiences. • Rational knowledge is based on reasons and logic.
From analysis to synthesis	• Analysis is a process of breaking down an idea, concept, or phenomenon into constituent elements. • Synthesis is compounding of various ideas, concepts, or phenomena to form theory, or system.

b. Factors Affecting Learning

- **Intellectual factors:**
 - The term intellectual refers to the individual's mental level.
 - Learners with varying intelligences often encounter serious difficulty mastering school work.
 - Sometimes students cannot learn due to intellectual disabilities.
- **Learning factors:**
 - Factors like a lack of mastery of what has been taught.
 - Faulty methods of work or study.
 - Narrowness of experimental background.
- **Physical factors:**
 - Physical factors such as health, physical development, nutrition, visual and physical defects, and glandular abnormality.
 - Physical factors cause difficulty in learning and understanding concepts.
- **Mental factors:**
 - Attitude falls under mental factors. Attitudes are made up of organic and kinesthetic elements.
 - Attitudes play a large part in the mental organization and general behavior of the individual, which impacts the learning process.
- **Emotional and social factors:**
 - Emotional factors such as instincts and feelings.
 - Social factors such as cooperation and rivalry are directly related to complex psychological motivations.
 - Various responses of the individual to different stimuli are determined by a wide variety of emotional tendencies.
- **Teacher's personality:**
 - The teacher's individual personality is an important element in terms of failures and successes of the learner.
 - Teacher's interaction with the personalities of the pupils being taught helps to determine the kind of behavior that emerges from the learning situation.



- Students enjoy learning from sympathetic, enthusiastic, and cheerful teachers.
 - **Environmental factors:**
 - One of the factors that affect the efficiency of learning is the condition in which learning takes place.
 - This includes the classroom, textbooks, equipment, school supplies, and other instructional materials.
-
3. a. Define learning.
 - b. Enumerate the characteristics of learning.
 - c. Discuss the aims of nursing education. (DU)

Answer

a. Learning

- Learning is the process by which an organism, in satisfying its motivation, adopts and adjusts its behavior in order to overcome obstacles and barriers. (Hunter and Hilgard).
- Learning is the acquisition of habits, knowledge, and attitudes.
- It involves new way of doing things, and it operates in an individual's attempt to overcome obstacles or to re-adjust to new situations.

b. Characteristics of Learning

The characteristics of learning are:

- **Learning is the change in behavior:** By acquisition of different traits and the actual reason behind them, one can change his attitude or the behavior toward the society.
- **Learning is a continuous life long process:** The process of learning starts with birth and is carry forwarded till the end of one's existence.
- **Learning is universal:** Learning happens to individuals and they learn about their present/past cultural practices, societal, and demographic boundaries and also the purpose of one.
- **Learning is purposeful and goal-directed:** Learning is usually fueled by intentional norms and objectives, with the purpose of seeking desired outcomes.
- **Learning involves reconstruction of experience:** Learning enables individual to understand the process of reinterpreting and restructuring prior knowledge and experiences to form new concepts.
- **Learning is the product of actively responding to the stimulus:** Learning often takes place by the engagement and interaction with stimuli, where active participation leads to knowledge acquisition and positive skill development.

- **Learning is intellectual:** It involves cognitive processes such as comprehension, analysis, synthesis, and evaluation, contributing to self-intellectual growth and development.
- **Learning is both individual and social:** It occurs through both independent exploration and collaborative interactions with others via social exchange of knowledge.
- **Learning helps in proper growth and development:** It renders holistic development, nurturing cognitive, emotional, social, and physical aspects of individuals, leading to overall well-being of the individual.
- **Learning helps in attaining teaching and learning objectives:** It serves as the common means through which educational goals are achieved, resulting in the attainment of desired outcomes.

c. Aims of Nursing Education

- The ultimate purpose of nursing education is to produce well-qualified and competent professional nurses.
- **The specific aims of nursing education are:**

Aim	Description
Knowledge aim	• Nursing education aims at imparting scientific and up to date knowledge in the areas of biological, behavioral, social, and medical science. • Its primary focus is to include proper nursing skills and the right attitude among nursing students. • Theoretical and practical knowledge is essential for rendering intelligent and efficient nursing services.
Leadership aim	• Nursing education aims at preparing nurses to be good leaders. • Nurses are in an important position as they care for and monitor the quality of care. • It prepares the nursing students for decision-making skills. • Nurses are educated to plan, organize, and manage the healthcare program of the country.
Professional development aim	• Nursing education aims at the professional development of each individual nurse. • A nurse should be trained to keep up with the ethics and standards of the profession. • Nursing education enables the skills and attitudes required for the practice of the profession.
Personality development aim	Nursing education also aims at contributing to the overall development of the individual.
	The focus of the nursing education system is to help a nurse develop personal attributes.

Contd...



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Aim	Description
Nursing research aim	Research opens the horizons for the growth of the profession, and nursing education aims at preparing nurses to carry out research so as to add to the body of knowledge by means of scientific investigations.
Democratic citizenship	Nursing education includes values such as respect for individuality, equality, toleration, cooperative living, and faith in change through persuasion.

SHORT NOTES

1. Write in short about maxims of teaching. (DU)

Answer

For Ans, Refer to Long Question 2 a., Pg. No. 480

2. Write a note on functions of education.

Answer

Functions of Education

Education plays a very important role in serving multifaceted functions that extend beyond academic realm, it is also essential for personal development and societal progress.

Acquisition of Knowledge

- Education serves as a platform for the acquisition and dissemination of knowledge across various disciplines.
- It emphasizes the importance of fostering or catering for knowledge.

Skill Development

- Education equips individuals with the necessary skills to navigate through life's challenges and contribute meaningfully to society.
- One of the most important aspects is enabling the individuals critical thinking, problem-solving, and adaptability.

Socialization and Cultural Transmission

- Education facilitates socialization by exposing individuals to shared norms, values, and cultural practices.
- By having knowledge of the social working of culture and regional aspects, one gets to know more about his/her role in the society.

Personal Development

- Education fosters personal growth by nurturing cognitive, emotional, and ethical dimensions.
- Acquiring knowledge is a very important aspect of self-awareness, empathy, and resilience.

Economic Empowerment

- Education serves as a pathway to economic opportunities by enhancing employability and fostering entrepreneurship.
- It helps to abide the relationship between education, income inequality, and socioeconomic mobility.

3. Differentiate between philosophy and education.

Answer



Difference between Philosophy and Education

Characteristics	Philosophy	Education
Definition	It is a set of ideas, principles, goals, standards, and values thus, it is reality and truth.	Education works out the values of philosophy by imparting knowledge and changing the behavior of learners as per the goal.
Nature	It is both theoretical and speculative.	It explains how to achieve the goals through man's educational efforts.
Aim	It deals with abstract ideas and ends the situational process.	It is an active and applied side of philosophy. It deals with concrete things.
Basis	Philosophy is based on reasoning and discussion.	Education is the science of this art.
Working	Philosophy formulates the method.	It deals with the process of method.

4. Write a note on educational technology.

Answer

Educational Technology

Educational technology consists of the usage of tools, technologies, processes, etc. to enhance the learning experiences in a variety of settings, such as formal learning, informal



learning, nonformal learning, lifelong learning, learning on demand, workplace learning, and just-in-time learning.

Forms of Educational Technology

- **Teaching technology:**
 - Teaching technology is concerned with the job of systematizing the teaching process. Teaching, on the other hand, cannot be reduced to a collection of specific teaching abilities.
 - A teacher must learn the art and science of teaching in order to play the function of technician.
- **Instructional technology:**
 - The term “instructional technology” refers to the technology that is utilized to deliver instruction.
 - It includes any technology that aids in the learning process.
- **Behavioral technology:**
 - As one of a kinds/types in its board form, behavioral technology can be used to study and modify the behavior of all living species.
 - Behavioral technology, in a broader technical sense, may also include behavior modification strategies which are not based on learning principles.
- **Instructional design technology:**
 - In its most basic sense, instructional design refers to the blueprint or plan that describes how an instruction process (including teaching and learning and their interaction) should be carried out in order to meet the specified goals.

Uses of Educational Technology

- Training and retraining a large number of school teachers in an effective way.
- Distance education.
- Correspondence education.

SHORT ANSWER QUESTIONS



1. Define philosophy. Mention any two types of educational philosophy. (MGR, CCU)

Answer

Philosophy

- Philosophy is an attempt to think truly about human experience or to make the whole experience intelligible.

- **The two educational philosophies are as follows:**

1. Idealism:

- ◆ Plato is the father of idealism. It states the presence of a universal mind.
- ◆ It regards man as a spiritual being, and the world of ideas and values is superior to the materialistic world.
- ◆ Its aim is to bring about self-realization and to develop incentives and creative powers.
- ◆ It also develops moral sense and cultivates spiritual values.

2. Naturalism:

- ◆ It is given by Rousseau and Aristotle.
- ◆ It is a system in which learning by doing is included.
- ◆ It is child-centered education.
- ◆ Education is the natural development of a child's power and capacities.
- ◆ The role of the teacher is to guide the student.

2. List the characteristics of learning.

Answer

Learning

- Learning is the acquisition of habits, knowledge, and attitudes.
- It represents a progressive change in behavior. It enables him to satisfy his interest and attain his goal. (Crow and Crow).
- **Characteristics of learning are:**
 - Learning is the change in behavior.
 - Learning is a continuous, lifelong process.
 - Learning is universal.
 - Learning is purposeful and goal-directed.
 - Learning involves the reconstruction of experience.
 - Learning is the product of actively responding to the stimulus.
 - Learning is intellectual.
 - Learning is both individual and social.
 - Learning helps in proper growth and development.
 - Learning helps in attainment of teaching and learning objectives.



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3. What are the elements of teaching-learning process? (MGR)

Answer

The elements of teaching-learning process are:

- A learner
- A teacher
- A series of learning objectives
- A sequence of stimulus-response situation
- Reinforcement of behavior
- The monitoring assessment, and evaluation.

4. Write four methods of teaching in naturalism. (MGR)

Answer

- Naturalism philosophies advocate return to nature and states nature is whole reality. It excludes whatever is supernatural.
- **The four methods of teaching in naturalism are as:**
 1. Field trip (direct observation)
 2. Education through sense

3. Play way method
4. Kindergarten method.

5. Enumerate types of education.

Answer

Types of Education

- **Formal:** It is preplanned, direct, organized and given in specific educational institutions such as schools and colleges.
- **Informal:** Informal schooling is unplanned and unintentional. It is not preplanned, it is indirect, incidental, and spontaneous, there are no specific agencies or institutions, such as schools, to impart this type of education.
- **Nonformal:** It is classified as both formal and informal education. It is appropriate for people of all ages. It is a process that lasts a lifetime and is intertwined with life and work. It is concerned with the quality of life and the environment.

CONCEPTUAL REVISION

Golden Points

- The taxonomy of educational objectives was presented in 1956 by Benjamin S Bloom.
- Aims of education include utilitarian aims, vocational and social aim, intellectual aim, mental and emotional development and self-realization.
- Types of education include formal, informal and nonformal education.
- Informal education is incidental teaching that we get from our society, culture, friends and family.
- Nonformal education include education that comes in between formal and informal education. Example- correspondence course, distance learning or learning organized by NGOs.
- Aims of nursing education include leadership aim, to prepare global nurses, professional development, high-tech high-tough approach, harmonious development and proactive role in learning.
- Current trends in education include student-centered, teacher as a facilitator, activity-centered, nonformal education and use of innovative methods in teaching.
- Traditional philosophies in education include idealism, naturalism, pragmatism and realism.
- Modern philosophies in education include perennialism, essentialism, reconstructionism and progressivism.
- The method of teaching adopted by idealism was "kindergarten".
- Elements of teaching-learning process include a learner, a teacher, a series of learning objectives, a sequence of stimulus-response situation, reinforcement of behavior and the monitoring assessment and evaluation.
- Principles of teaching include motivation, activity, individual difference, revision, correlation, well-defined activities and arising interest in students.
- Maxims of teaching include from known to unknown, simple to complex, from concrete to abstract, from particular to general, from whole to part, from psychological to logical, from induction to deduction, from empirical to rational and from analysis to synthesis.



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MULTIPLE CHOICE QUESTIONS



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1. Which among the following is the aim of nursing education?

- a. Physical development
- b. Mental development
- c. Professional development
- d. All of the above

Ans. c. Professional development

2. Who among the following considered education as a means to achieve justice?

- a. Pavlov
- b. Plato
- c. Skinner
- d. Bandura

Ans. b. Plato

3. Who among the following is the founder of a Philosophical movement in education called "Pragmatism"?

- a. Emile Durkheim
- b. Talcott Parsons
- c. John Dewey
- d. Herbert Spencer

Ans. c. John Dewey

4. Teaching is based on:

- a. Spiritual capacity
- b. Physical capacity
- c. Intellectual capacity
- d. Social capacity

Ans. c. Intellectual capacity

5. Who is known as the father of modern media education?

- a. Edgar Dale
- b. Flanders
- c. Erikson
- d. Charles Babbage

Ans. a. Edgar Dale

6. The use of technology to enhance learning process is called _____ in education.

- a. IT
- b. ICT
- c. Information technology
- d. Communication technology

Ans. b. ICT

7. Affective domain of Bloom's Taxonomy includes all of the following, except:

- a. Synthesis
- b. Receiving
- c. Responding
- d. Valuing

Ans. a. Synthesis

8. Which health education method is used by visiting a blood bank during community postings?

- a. Field trip method
- b. Demonstration
- c. Role play
- d. Skit

Ans. a. Field trip method

9. Which of the following is not the maxim of teaching?

- a. Known to unknown
- b. Complex to simple
- c. Concrete to abstract
- d. Analysis to synthesis

Ans. b. Complex to simple

10. Which of the following is not the principle of lesson planning?

- a. Single teaching method
- b. Flexible
- c. Active student participation
- d. Adequate training on the topic

Ans. a. Single teaching method



Nursing Management and Leadership

SECTION OUTLINE

- | | | | |
|-------------------|---|-------------------|---|
| CHAPTER 1 | Healthcare and Development of Nursing Services in India | CHAPTER 11 | Nursing Informatics/Information Management—Review |
| CHAPTER 2 | Management Basics Applied to Nursing | CHAPTER 12 | Personal Management—Review |
| CHAPTER 3 | Planning Nursing Services | CHAPTER 13 | Establishment of Nursing Educational Institutions |
| CHAPTER 4 | Organizing | CHAPTER 14 | Planning and Organizing |
| CHAPTER 5 | Staffing (Human Resource Management) | CHAPTER 15 | Staffing and Student Selection |
| CHAPTER 6 | Directing and Leading | CHAPTER 16 | Directing and Controlling |
| CHAPTER 7 | Leadership | CHAPTER 17 | Professional Considerations |
| CHAPTER 8 | Controlling | CHAPTER 18 | Professional Advancement |
| CHAPTER 9 | Organizational Behavior and Human Relations | | |
| CHAPTER 10 | Financial Management | | |

Healthcare and Development of Nursing Services in India

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Five-year plan: Planning commission has formulated successive five-year plans to rebuild rural India, to lay the foundation of industrial progress and to secure the balanced development of all parts of the country.

Indigenous systems of medicine: Indigenous systems of Medicine consist of Ayurveda, Siddha, Unani, Homeopathy, Naturopathy, Yoga.

Panchayati Raj: The Panchayati Raj is a 3-tier structure of rural local self-government in India linking the villages to the district. The three institution are—Gram Panchayat, Panchayat Samiti and Zila Parishad.

100+ key terminologies for Quick Recall & Revision

CURRENT HEALTHCARE DELIVERY SYSTEM OF INDIA

Primary Health Sector

It consists of three independent yet co-related system of healthcare, i.e., (Fig. 1.1)

1. **Primary health center:** It is the backbone of the Indian healthcare system and is based on principles, like equitable distribution, community participation, manpower development, etc.
2. **Community health center:** The CHC's are designed to provide referral healthcare for cases from the primary level and for cases in need of special care, approaching the center directly (Table 1.1).
3. **District health system:** It is the fundamental basis for implementing various health policies and delivery of healthcare, management of health services for a geographical defined area (Tables 1.2 and 1.3).

Private Health Sector

It is concerned with the private establishment of healthcare setups, such as polyclinics, nursing homes, general practitioners and clinics.

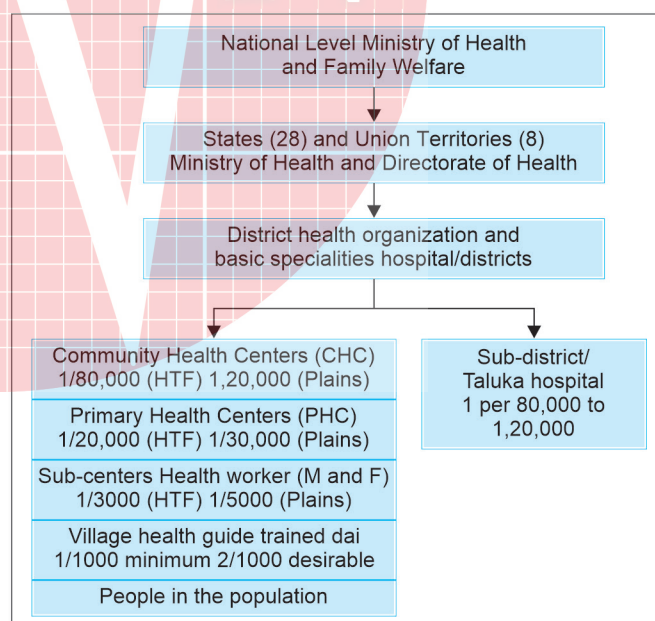


Figure 1.1: Healthcare delivery system

Indigenous Systems of Medicine

Indigenous systems of medicine consist of AYUSH, which stands for:

Target High Next Nursing **DECODE** 3rd Year**Table 1.1:** Organization of nursing services at center level

DGHS		
Additional DG	Additional DG (N)	Additional DG
	Deputy DG (N)	
Assistant Director General (ADG) (Community Nursing Service)	Assistant Director General (ADG) (Nursing Education and Research)	Assistant Director General (ADG) (Hospital Nursing Service)
Deputy Assistant Director General (DADG)	Deputy Assistant Director General (DADG)	Deputy Assistant Director General (DADG)
Community Nursing Director	Principal tutor SON	Nursing Superintendent
PHN Supervisor	Senior tutor	Deputy Nursing Superintendent
PHN	Tutor	Assistant Nursing Superintendent
LHV	Clinical instructors	Ward sister
ANM	-----	Staff nurse

Table 1.2: Recommended organization at the State Level for nursing services (Union Territory Level)

Secretary (Health)		
Director, Nursing Services		
Joint Director, Nursing Services		
ADNS (Community Nursing Service)	ADNS (Nursing Education and Research)	ADNS (Hospital Nursing Service)
DADNS	DADNS	DADNS
District Nursing Officer	Principal SON	Nursing Superintendent
Public Health Nurse	Senior tutor	Deputy Nursing Superintendent
PHN at PHC	Tutor	Assistant Nursing Superintendent
LHV	Clinical instructors	Ward sister
ANM	-----	Staff nurse

Note: The Principal, College of Nursing will be equal to the rank of ADNS and will be eligible for promotion to the post of DDNS/DNS. The salary scales and structure of the staff of colleges of nursing will be as per norms of the Indian Nursing Council and the UGC.

Table 1.3: Recommended organization at the District Level for nursing services

Director, Nursing Services	
Deputy Director, Nursing Services	
Assistant Director, Nursing Services	
Deputy Assistant Director, Nursing Services	
District Nursing Officer	
Assistant District Nursing Officer (Hospital and Nursing Education)	Assistant District Nursing Officer (Community)

Contd...

Nursing Superintendent/Deputy Nursing Superintendent	District P. N. O.
Assistant Nursing Superintendent	P. N. Supervisor (CHC)
Ward sister	PN (PHC)
Staff nurse	LHV/HS
-----	ANM

- A - Ayurveda
- Y- Yoga
- U- Unani and Naturopathy
- S- Siddha
- H- Homeopathy

Voluntary Health Agencies

These are the dedicated health agencies which is primarily concerned with the community well-being via volunteer efforts and offering resources to help with health issues ensuring necessary support and legal aid.

National Health Programs

Fueled by comprehensive initiatives, often government-led, which is aimed at to promote public health on a national scale, addressing diverse needs from preventive care to disease management with structured strategies and resources.

PLANNING AND DEVELOPMENT OF NURSING SERVICES AND EDUCATION AT GLOBAL AND NATIONAL SCENARIO

- To look into the existing working conditions of nurses with particular reference to the status of the nursing care services, both in rural and urban areas.
- To study and recommend the staffing norms.
- To look into the training of all categories and levels of nursing, midwifery personnel.

CURRENT TRENDS OF NURSING IN INDIA

- **Reduction in the distance by introduction of communication:** Introduction of innovative communication means, like mobile phone, email, zoom calls has significantly helped in reducing the gap between the patients and healthcare staff.
- **Quality assurance in nursing:** As the consumers become more knowledgeable so is the standard of nursing quality care to meet up the mutual expectations.
- **Decentralized approach:** This approach makes the nurse accountable for the care of the allotted patient.



- **Continuing nursing education (CNE):** The main focus of this is to upscale the motivation of the working population by enhancing their skills and direct knowledge.
- **Evidence-based practice (EBP):** The nursing staff today should possess a scientific bent of mind and a multifactorial approach to the patient-care.

Issues Affecting Nursing Practice



- **Demographical changes:** These changes include the increased occurrence of illness at a younger age, increased poverty, lack of outreach of immunization and nutritional programs.
- **Environmental changes:** These changes include issues such as natural as well as human-made calamities, pollution and over population, etc.
- **Change in patient care practices:** Comprehensive training on new technologies is provided to enhance efficiency and patient care such as electronic health records to support workflow.
- **Emerging bioethical issues:** It is primarily concerned with establishing ethics committees to provide guidance and offer options for safe patient practice to navigate through ethical challenges.

- **Degree vs diploma for practice:** The distinction between the level of qualification and level of entry in service should be clearly defined. Recently an attempt is made by the government in this regard.
- **Specialization in clinical areas:** Currently, there are 5 clinical specializations in nursing education in India, the expanded role of the nurse based on these specializations is not yet in practice.
- **Nursing care standards:** Nursing standards are directed at the structure, process and outcome issues and guide the review of systems function, staff performance and client care.
- **Nurse-patient ratio:** Staffing is an issue of both professional and personal concerns for nurses. If staffing is inadequate, nurses contend and it further threatens patient's health and safety.
- **Long working hours:** Implement strategies such as flexible scheduling and incentives to retain experienced nurses. Utilize technology for workload management and to streamline processes.
- **Workplace hazards:** Providing comprehensive training on conflict resolution and de-escalation techniques in case of violent behaviors exhibited by patient to establish clear reporting procedures and support systems for concerned staff.

CONCEPTUAL EXERCISES

LONG ANSWER QUESTION

1. Define nursing profession. Discuss the aims and objectives of nursing practice and the characteristics of professional nursing. (MGR)

Answer

Nursing Profession



- The nursing profession is a dynamic and integral component of the healthcare system and encompasses a range of roles and responsibilities aimed at promoting, maintaining and restoring health.
- At its core, nursing is a compassionate and evidence-based discipline that combines art and science to provide holistic care to the individuals, families and communities.
- The profession is rooted in a commitment to the well-being of patients and guided by ethical principles and standards of the nurse.

- Nurses play a crucial role in collaborating with other healthcare professionals to deliver high-quality, patient-centred care across diverse settings.

Aims and Objectives of Nursing Practice

- **Promotion of health and prevention of illness:**
 - Nurses aim to educate individuals and communities about health promotion and disease prevention strategies.
 - Objectives include implementing immunization programs, conducting health screenings and fostering healthy lifestyles.
- **Holistic patient care:**
 - The nursing profession focuses on addressing the physical, emotional, social and spiritual needs of patients.
 - Objectives involve comprehensive assessments, individualized care plans and fostering a therapeutic nurse-patient relationship.



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CONCEPTUAL REVISION

Golden Points

- Primary health center is the backbone of all rural health services.
- Subcenters are set up under Primary Healthcare centers to increase the accessibility of health services.
- The secondary level of healthcare includes Community Health Centers.
- CHC's constitute the First Referral Units (FRU's) and the district hospitals.
- Employee State Insurance Scheme was introduced by Parliament in 1948, it covers employees drawing wages < 10,000 rs. /month.
- A voluntary health agency is an organization that is administered by an autonomous board, such as- Indian Red Cross Society.
- Nursing service budget is a statement of plans for the nursing service expressed in accounting terms.
- In-service education programs are conducted to provide knowledge to new employees facilitating them to learn about their duties.
- The introduction of different mobile applications has made the healthcare consultation available at fingertips.
- Continuing Nursing Education (CNE) is aimed to build the skills and capacities of employees according to their designations.
- Staffing is an issue of both professional and personal concerns for nurses today.



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MULTIPLE CHOICE QUESTIONS

1. The Indian Nursing Council was established in:

- a. 1922 b. 1939
c. 1947 d. 1949

Ans. c. 1947

2. As per the Indian Nursing Council, if the annual intake is 60 students in BSc(N) and 25 students for MSc(N) program, the number of reader/associate professors required in this institute will be:

- a. 19 b. 2
c. 8 d. 5

Ans. d. 5

3. From which year did INC start providing registration of foreign nurses?

- a. 1948 b. 1957
c. 1975 d. 1982

Ans. b. 1957

4. As per the Indian Nursing Council, the professor cum principal of a nursing college has to possess:

- a. Master's degree in nursing
b. 14 years of experience after master's degree
c. 3 years of experience in administration
d. All of the above

Ans. d. All of the above

5. Some of the nursing officers are posted in OPD as per their roster on 16th August. For OPD, nurse-patient ratio should be:

- a. 1:50
b. 1:100
c. 1:125
d. 1:150

Ans. b. 1:100

6. In an ANM training center, teacher-student ratio should not be less than:

- a. 1:5
b. 1:10
c. 1:20
d. 1:2

Ans. b. 1:10

7. For annual intake of 40 students, a school of nursing should have at least:

- a. 120 bedded parent/affiliated hospital
b. 200 bedded parent/affiliated hospital
c. 125 bedded parent/affiliated hospital
d. 50 bedded parent/affiliated hospital

Ans. a. 120 bedded parent/affiliated hospital

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Community Health Nursing-I

SECTION OUTLINE

- | | | | |
|------------------|---|-------------------|---|
| CHAPTER 1 | Concepts of Community Health and Community Health Nursing | CHAPTER 7 | Assisting Individuals and Families to Promote and Maintain their Health |
| CHAPTER 2 | Healthcare Planning and Organization of Healthcare at Various Levels | CHAPTER 8 | Introduction to Epidemiology—Epidemiological Approaches and Processes |
| CHAPTER 3 | Environmental Science, Environmental Health and Sanitation | CHAPTER 9 | Communicable Diseases and National Health Programs |
| CHAPTER 4 | Nutrition Assessment and Nutrition Education | CHAPTER 10 | Noncommunicable Diseases and National Health Programs |
| CHAPTER 5 | Communication Management and Health Education | CHAPTER 11 | School Health Services |
| CHAPTER 6 | Community Health Nursing Approaches, Concepts, Roles and Responsibilities of Community Health Nursing Personnel | | |

Concepts of Community Health and Community Health Nursing

CHAPTER

1

CONCEPTUAL THEORY

Terminology

Community: Collection of people who interact with one another and their common interests form the basis for a sense of unity or belonging.

Community health: Health status of a defined group of people and actions to promote, protect and preserve their health.

Family: Two or more individuals who depend upon each other for emotional, physical and economical support.

Health: Person's physical, mental, social and spiritual well-being.

Illness: State of being relatively unhealthy.

Intervention: Attempt to intervene or interrupt the usual sequence in the development of disease in man.

Prevention: The act of stopping something from happening especially the occurrence of disease.

Public health: Organized community efforts aimed at the prevention of disease and promotion of health.

Public health nursing: Nursing that promote and protect the health of populations using the knowledge of nursing, social and public health sciences.

Wellness: The capacity to develop a person's potential to lead a fulfilling and productive life.

100+ key terminologies for Quick Recall & Revision



HEALTH

Health refers to the state of physical, mental, social and spiritual well-being and not merely an absence of disease or infirmity.

—WHO

Concepts of Health

Biomedical Concept

- It states that a person who is free from diseases is said to be healthy.
- An individual's body is like a machine, disease is the fault in the machine and doctors are the correctors of the machine.

Ecological Concept

- Health is the dynamic equilibrium between environment and humans.
- Adaptation of man to the natural environment can result in prolonged life expectations and good quality of life even though there is absence of modern facilities of health.

Psychological Concept

Health is also the combination of social, economical, psychological, cultural and political entities.

Holistic Concept

Holistic concept focuses on the protection and promotion of health by the integration of various departments like agriculture, animal husbandry, food, industry, education, housing, public works, communication, etc.

Right to Health

As per the Universal Declaration of Human Rights in 1948, the right to health consists of the following:

- Right to medical care
- Right to responsibility for health
- Right to a healthy environment
- Right to food
- Right to procreate or not
- Right of the deceased persons
- Right to die





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Community Involvement

Community health nurse works with individuals, families, groups within the community to provide community health nursing services. They need to mobilize, encourage organize and prepare the community to take greater interest and responsibilities, develop self-reliance for their own health matters.

Intersectoral Approach

Health workers including community health nurses working at the grass root level for primary healthcare need to identify these sectors and coordinate with them to provide desired services which serve as entry points for the development and implementation of primary care services.

Epidemiological Approach

Researchers can estimate a population's health state and the frequency of diseases by using epidemiological analysis and measurement. Disease surveillance generates epidemiological intelligence data by methodically counting the prevalence of diseases. These data can then be utilized to determine the extent of health issues within the community, identify epidemics, comprehend the normal course of a disease or identify possible hazards from emerging infectious diseases.

Evidence-Based Approach

An evidence-based approach is a problem-solving strategy for providing healthcare that combines clinical skill, patient preferences and values, and the best available evidence from research and client care data. Integrating patient values, clinical competence, and the best available research data into patient care decision-making is known as evidence-based practice (EBP).

Problem-Solving Approach

People can utilize a problem-solving strategy to formulate the best possible answers and to gain a deeper understanding of the issues they confront. By assisting individuals in overcoming outdated thinking, they enable them to come up with more creative ideas.

3. Write about scope and principles of community health nursing. (RUHS)

Answer



Scope of Community Health Nursing

Community health nursing services are not only concerned in taking care of the sick people but also in preventing the disease

and promotion of health of the people in the whole community either in rural or urban area. The community health nursing has enormous scope globally. The following are the scope of community health nursing.

- **Home care/home visit:** Community health nursing caters the needs of the people in the community, families and individuals in their comfortable environment of home by conducting frequent home visits.
- **Nursing homes:** Nursing homes are run by the public health nurses to provide nursing care and counseling to the needed people.
- **Health centers:** Community health nurses play a vital role in all the health centers run by the government.
- **Schools nursing services:** Community health nurses provide services in schools like immunization, early detection of diseases, dental checkup, first aid, health education, referral services and eye checkup.
- **Maternal and child health nursing services:** Community health nurses provide the antenatal, intranatal and postnatal services.
- **Industrial nursing services:** Community health nurses provide services like periodic health checkup, care of the sick, first aid, industrial sanitation and safety measures, rehabilitation for the disabled and ill workers, immunization and maintenance of records and reports in the industries.
- **Geriatric nursing services:** Community health nurses provide the healthcare services for the elderly population in the community.
- **Mental health nursing services:** Community health nurses focuses on the early diagnosis and treatment of mental illness.
- **Rehabilitative nursing services:** Community health nurses provide care for people with disabilities in rehabilitation units in the community.

Principles of Community Health Nursing

Community health nursing has some basic principles to be followed by the community health nurse.

Community health nurses should be qualified with a general or basic nursing degree. It is widely accepted that qualified nurses would work better in providing care for sick people by applying their theoretical knowledge in their practice by following scientific principles.

- Community health nurses are accountable for their health services. They should bear the responsibility of their work in all instances.
- Job environment should be conducive for the community health nurses with good pay and job satisfaction. As the community health nurses are spending more amount of time in community and health centers, they should be well paid to retain them in the same area for the continuation of health services.



CONCEPTUAL REVISION

Golden Points



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- Health is the state of physical, mental, social and spiritual well-being and not merely disease or infirmity.
- The biomedical concept of health is the absence of disease.
- Right of health is the Universal Declaration of Human Rights by WHO in 1948.
- Dimensions of health consist of elements like physical, mental, social, intellectual, spiritual, emotional, vocational and environmental dimensions.
- Determinants of health reflect the factors that combine to affect the health of individuals and communities.
- Types of communities include geographic, common interest and community of solution.
- The scope of community health nursing implies the different fields of work by the qualified public/community health professionals as a team to provide comprehensive care to the public.
- Natural history of disease explains the way in which a disease evolves over time from prepathogenesis phase to its termination, as recovery, disability or death.
- Risk factor is a determinant that can be modified by intervention thereby reducing the possibility of occurrence of disease or other specified outcomes.
- Levels of prevention correspond to four levels of prevention that specify the different phases in the development of disease.
- Immunization refers to the process by which a person becomes protected against a disease through vaccination.
- Rehabilitation refers to the combined and coordinated use of medical, social, educational and vocational measures for training the affected individual to regain his lost ability.
- Hippocrates (460 BC) highlighted the importance of environment and human behaviors in health.
- Johan Snow was named as "Father of modern epidemiology".
- Mary Robinson was named as the first district nurse.
- Evidence-based practice is a public health practice that uses evidence derived from a variety of sciences and social sciences research.
- Bhore Committee in 1946 gave recommendations on the nurse to population ratio.
- Indian Nursing Council was established in 1949.

MULTIPLE CHOICE QUESTIONS



Wanna Practice & Revise

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1. In which year was Indian Factories Act formed?

- | | |
|---------|---------|
| a. 1861 | b. 1871 |
| c. 1881 | d. 1891 |

Ans. c. 1881

2. In which place was the All India Institute of Hygiene and Public Health established?

- | | |
|------------|-------------|
| a. Delhi | b. Calcutta |
| c. Chennai | d. Mumbai |

Ans. c. Chennai

3. In which year was Health Survey and Development Committee formed by Sir Joseph Bhore?

- | | |
|---------|---------|
| a. 1943 | b. 1953 |
| c. 1963 | d. 1973 |

Ans. a. 1943

4. In which year was the Employees State Insurance Act passed?

- | |
|---------|
| a. 1958 |
| b. 1948 |
| c. 1968 |
| d. 1978 |

Ans. b. 1948

5. What is the year of launch of Community Development Program?

- | |
|---------|
| a. 1952 |
| b. 1962 |
| c. 1972 |
| d. 1982 |

Ans. a. 1952



6. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) project in India was initiated by _____.

- a. UNICEF and NACO b. INC and NACO
c. USAID and NACO d. USAID and INC

Ans. b. INC and NACO

7. When was the Trained Nurses' Association of India formed?

- a. 1908 b. 1918
c. 1928 d. 1938

Ans. a. 1908

8. In which year did the Prime Minister of India Mr. Modi, initiate Swachh Bharat Abhiyan?

- a. 2011 b. 2012
c. 2013 d. 2014

Ans. d. 2014

9. The main aim of tertiary prevention is _____.

- a. To detect and treat health problems
b. To minimize disability and restore function
c. To prevent the occurrence of disease
d. To diagnose the disease

Ans. b. To minimize disability and restore function

10. The broader concepts of health promotion are _____.

- a. Early diagnosis and treatment
b. Health education and health maintenance
c. Diagnosis and disability prevention
d. Health education and disability prevention

Ans. b. Health education and health maintenance

11. Treatment and rehabilitation of persons after a stroke to reduce impairment is the example for _____.

- a. Primordial prevention b. Primary prevention
c. Secondary prevention d. Tertiary prevention

Ans. d. Tertiary prevention

12. Screening of diseases by laboratory investigations is an example of _____.

- a. Primordial prevention b. Primary prevention
c. Secondary prevention d. Tertiary prevention

Ans. c. Secondary prevention

13. Immunization is the example of _____.

- a. Primordial prevention b. Primary prevention
c. Secondary prevention d. Tertiary prevention

Ans. b. Primary prevention

14. Individual and mass health education are the examples of _____.

- a. Primordial prevention
b. Primary prevention
c. Secondary prevention
d. Tertiary prevention

Ans. a. Primordial prevention

15. What type of rehabilitation restores the capacity of the individual to earn a livelihood?

- a. Physical rehabilitation
b. Psychological rehabilitation
c. Social rehabilitation
d. Vocational rehabilitation

Ans. d. Vocational rehabilitation

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Child Health Nursing (Pediatrics)



Dr. Ankit Goel
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Modern Concepts of Child Care: An Introduction

CHAPTER 1

CONCEPTUAL THEORY

Terminology
Child development: The continuous and sequential process of physical, cognitive, and emotional growth and maturation experienced by an individual from birth through adolescence. **Nondevelopment:** The principle that every child, regardless of his/her physical, mental, or emotional state, possesses the capacity to learn and grow. **Developmental delay:** An abnormality in the rate of development that results in a child's performance being significantly below the expected level for his/her age.

Conceptual Theory Important synopses of all the chapters have been covered in a nutshell referring to the frequently asked Topics in the previous year examinations for brief overview in one go.

CONCEPTUAL EXERCISES

LONG ANSWER QUESTION

1. Enumerate about the nature and scope of health nursing.

Answer
The nature and scope of mental health nursing is a range of obligations pointed at advancing mental health, avoiding mental sickness, and giving nursing care encompassing mental well-being challenges.

SHORT ANSWER QUESTIONS

1. Define epileptic and hysterical fits (K/2005)

Answer
Epileptic Fit
Epileptic fit or epilepsy has an organic basis. Epilepsy is a neurological disease condition associated with recurrent seizures.

Hysterical Fit
Hysterical fit or hysteria does not have an organic basis. Hysterical fits are a psychosomatic condition.

Subject-wise cum Topic-wise Content List

Refer '7' for figures and '3' for tables, respectively

CHILD HEALTH NURSING I AND II

Conceptual Exercises 200+ Long Answer Qs and 300+ Short Answer Qs have been included after referring to all the important universities previous examination papers of last 10 Years.

Subject-wise Cum Topic-wise Content

In the beginning of the book detailed Subject-wise cum Topic-wise TOC has been provided for quick access to respective Topic Qs which makes the book useful with dual approach.

Golden Points

- Tetralogy of Fallot is a congenital heart defect involving four abnormalities, leading to inadequate oxygenation and impaired heart function.
- Coarctation of the aorta is a narrowing of the aorta, restricting blood flow and potentially causing hypertension.
- Tracheoesophageal fistula is a congenital abnormal connection between proximal or distal esophagus and trachea.
- Esophageal atresia is defined as the complete interruption in the continuity of esophagus to stomach.
- Intestinal obstruction is a surgical condition causing interference with the normal passage of the bowel content along the lumen.
- Intussusception is invagination or telescoping of one part of intestine to another distal part of intestine resulting in impairment of blood supply and necrosis of the involved segment.
- Gastroschisis is a defect in the full anterior abdominal wall through which abdominal content protrudes into the amniotic cavity.
- Vesicoureteral reflux (VUR) is abnormal flow of urine from the bladder back into the ureters, potentially leading to kidney damage.
- Hypospadias is a congenital condition where the urethral opening is on the underside of the penis instead of the top.

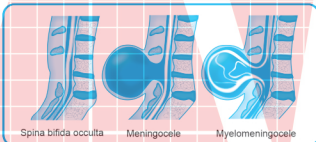
MULTIPLE CHOICE QUESTIONS

1. The most commonly used pharmacotherapy for delirium is
a. Risperidone
b. Lorazepam
c. Clozapine
d. Haloperidol
Ans. d. Haloperidol
2. Which of the following antidepressants is used in treating tobacco dependence syndrome?
a. Bupropion
b. Venlafaxine
c. Desipramine
d. Escitalopram
Ans. a. Bupropion

Answer

Therapeutic Impasses

Therapeutic impasses are resistance, transference, countertransference and boundary violations. Major steps to manage the therapeutic impasses are as follows:
• Maintain limits with the patient.
• Do not use nontherapeutic techniques on the patient



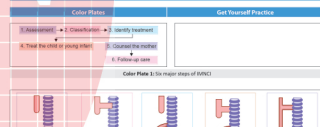
Purely Examination-oriented Content

Each answer has been solved keeping the latest marking scheme criteria in mind which gives a complete visualization of real-time examination and also supplemented by Figures, Flowcharts, Tables for helping students in grasping the core idea of the topics discussed in the chapters.

Pictorial Worksheets

These worksheets cover 40+ colored images, figures and flowcharts related to Child Health Nursing, Mental Health Nursing, Community Health Nursing, and Nursing Management and Leadership. These illustrations are highly important which enhance the visualization and recall feature from the practice point of view. All the illustrations have been provided with enough space for students to conveniently reproduce the same in the examination with ease.

CHILD HEALTH NURSING



Extra Edges

MENTAL HEALTH NURSING

ICD-10 & DSM-IV Classification of Mental Disorders		ICD-10 & DSM-IV Classification of Mental Disorders		
Neurodevelopmental disorders		To disorders		
F00	Severe intellectual disability (profound developmental disorder)	F07.20	F07.21	Tourette's disorder
F01	Moderate intellectual disability	F07.22	F07.23	Prosthetic (phobic) mania or severe manic depression
F02	Mild intellectual disability	F07.24	F07.25	Prosthetic (phobic) mania or severe manic depression
F03	Severe intellectual disability	F07.26	F07.27	Prosthetic (phobic) mania or severe manic depression
F04	Moderate intellectual disability	F07.28	F07.29	Prosthetic (phobic) mania or severe manic depression
F05	Mild intellectual disability	F07.30	F07.31	Prosthetic (phobic) mania or severe manic depression
F06	Severe intellectual disability	F07.32	F07.33	Prosthetic (phobic) mania or severe manic depression
F07	Moderate intellectual disability	F07.34	F07.35	Prosthetic (phobic) mania or severe manic depression
F08	Mild intellectual disability	F07.36	F07.37	Prosthetic (phobic) mania or severe manic depression
F09	Severe intellectual disability	F07.38	F07.39	Prosthetic (phobic) mania or severe manic depression
F10	Moderate intellectual disability	F07.40	F07.41	Prosthetic (phobic) mania or severe manic depression
F11	Mild intellectual disability	F07.42	F07.43	Prosthetic (phobic) mania or severe manic depression
F12	Severe intellectual disability	F07.44	F07.45	Prosthetic (phobic) mania or severe manic depression
F13	Moderate intellectual disability	F07.46	F07.47	Prosthetic (phobic) mania or severe manic depression
F14	Mild intellectual disability	F07.48	F07.49	Prosthetic (phobic) mania or severe manic depression
F15	Severe intellectual disability	F07.50	F07.51	Prosthetic (phobic) mania or severe manic depression
F16	Moderate intellectual disability	F07.52	F07.53	Prosthetic (phobic) mania or severe manic depression
F17	Mild intellectual disability	F07.54	F07.55	Prosthetic (phobic) mania or severe manic depression
F18	Severe intellectual disability	F07.56	F07.57	Prosthetic (phobic) mania or severe manic depression
F19	Moderate intellectual disability	F07.58	F07.59	Prosthetic (phobic) mania or severe manic depression
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F24	Severe intellectual disability	F07.68	F07.69	Prosthetic (phobic) mania or severe manic depression
F25	Moderate intellectual disability	F07.70	F07.71	Prosthetic (phobic) mania or severe manic depression
F26	Mild intellectual disability	F07.72	F07.73	Prosthetic (phobic) mania or severe manic depression
F27	Severe intellectual disability	F07.74	F07.75	Prosthetic (phobic) mania or severe manic depression
F28	Moderate intellectual disability	F07.76	F07.77	Prosthetic (phobic) mania or severe manic depression
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F30	Severe intellectual disability	F07.80	F07.81	Prosthetic (phobic) mania or severe manic depression
F31	Moderate intellectual disability	F07.82	F07.83	Prosthetic (phobic) mania or severe manic depression
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F46	Moderate intellectual disability	F08.12	F08.13	Prosthetic (phobic) mania or severe manic depression
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G48	Moderate intellectual disability	F10.16	F10.17	Prosthetic (phobic) mania or severe manic depression
G49	Mild intellectual disability	F10.18	F10.19	Prosthetic (phobic) mania or severe manic depression
G50	Severe intellectual disability	F10.20	F10.21	Prosthetic (phobic) mania or severe manic depression
G51	Moderate intellectual disability	F10.22	F10.23	Prosthetic (phobic) mania or severe manic depression
G52	Mild intellectual disability	F10.24	F10.25	Prosthetic (phobic) mania or severe manic depression
G53	Severe intellectual disability	F10.26	F10.27	Prosthetic (phobic) mania or severe manic depression
G54	Moderate intellectual disability	F10.28	F10.29	Prosthetic (phobic) mania or severe manic depression
G55	Mild intellectual disability	F10.30	F10.31	Prosthetic (phobic) mania or severe manic depression
G56	Severe intellectual disability	F10.32	F10.33	Prosthetic (phobic) mania or severe manic depression
G57	Moderate intellectual disability	F10.34	F10.35	Prosthetic (phobic) mania or severe manic depression
G58	Mild intellectual disability	F10.36	F10.37	Prosthetic (phobic) mania or severe manic depression
G59	Severe intellectual disability	F10.38	F10.39	Prosthetic (phobic) mania or severe manic depression
G60	Moderate intellectual disability	F10.40	F10.41	Prosthetic (phobic) mania or severe manic depression
G61	Mild intellectual disability	F10.42	F10.43	Prosthetic (phobic) mania or severe manic depression
G62	Severe intellectual disability	F10.44	F10.45	Prosthetic (phobic) mania or severe manic depression
G63	Moderate intellectual disability	F10.46	F10.47	Prosthetic (phobic) mania or severe manic depression
G64	Mild intellectual disability	F10.48	F10.49	Prosthetic (phobic) mania or severe manic depression
G65	Severe intellectual disability	F10.50	F10.51	Prosthetic (phobic) mania or severe manic depression
G66	Moderate intellectual disability	F10.52	F10.53	Prosthetic (phobic) mania or severe manic depression
G67	Mild intellectual disability	F10.54	F10.55	Prosthetic (phobic) mania or severe manic depression
G68	Severe intellectual disability	F10.56	F10.57	Prosthetic (phobic) mania or severe manic depression
G69	Moderate intellectual disability	F10.58	F10.59	Prosthetic (phobic) mania or severe manic depression
G70	Mild intellectual disability	F10.60	F10.61	Prosthetic (phobic) mania or severe manic depression
G71	Severe intellectual disability	F10.62	F10.63	Prosthetic (phobic) mania or severe manic depression
G72	Moderate intellectual disability	F10.64	F10.65	Prosthetic (phobic) mania or severe manic depression
G73	Mild intellectual disability	F10.66	F10.67	Prosthetic (phobic) mania or severe manic depression
G74	Severe intellectual disability	F10.68	F10.69	Prosthetic (phobic) mania or severe manic depression
G75	Moderate intellectual disability	F10.70	F10.71	Prosthetic (phobic) mania or severe manic depression
G76	Mild intellectual disability	F10.72	F10.73	Prosthetic (phobic) mania or severe manic depression
G77	Severe intellectual disability	F10.74	F10.75	Prosthetic (phobic) mania or severe manic depression
G78	Moderate intellectual disability	F10.76	F10.77	Prosthetic (phobic) mania or severe manic depression
G79	Mild intellectual disability	F10.78	F10.79	Prosthetic (phobic) mania or severe manic depression
G80	Severe intellectual disability	F10.80	F10.81	Prosthetic (phobic) mania or severe manic depression
G81	Moderate intellectual disability	F10.82	F10.83	Prosthetic (phobic) mania or severe manic depression
G82	Mild intellectual disability	F10.84	F10.85	Prosthetic (phobic) mania or severe manic depression
G83	Severe intellectual disability	F10.86	F10.87	Prosthetic (phobic) mania or severe manic depression
G84	Moderate intellectual disability	F10.88	F10.89	Prosthetic (phobic) mania or severe manic depression
G85	Mild intellectual disability	F10.90	F10.91	Prosthetic (phobic) mania or severe manic depression
G86	Severe intellectual disability	F10.92	F10.93	Prosthetic (phobic) mania or severe manic depression
G87	Moderate intellectual disability	F10.94	F10.95	Prosthetic (phobic) mania or severe manic depression
G88	Mild intellectual disability	F10.96	F10.97	Prosthetic (phobic) mania or severe manic depression
G89	Severe intellectual disability	F10.98	F10.99	Prosthetic (phobic) mania or severe manic depression
G90	Moderate intellectual disability	F11.00	F11.01	Prosthetic (phobic) mania or severe manic depression
G91	Mild intellectual disability	F11.02	F11.03	Prosthetic (phobic) mania or severe manic depression
G92	Severe intellectual disability	F11.04	F11.05	Prosthetic (phobic) mania or severe manic depression
G93	Moderate intellectual disability	F11.06	F11.07	Prosthetic (phobic) mania or severe manic depression
G94	Mild intellectual disability	F11.08	F11.09	Prosthetic (phobic) mania or severe manic depression
G95	Severe intellectual disability	F11.10	F11.11	Prosthetic (phobic) mania or severe manic depression
G96	Moderate intellectual disability	F11.12	F11.13	Prosthetic (phobic) mania or severe manic depression
G97	Mild intellectual disability	F11.14	F11.15	Prosthetic (phobic) mania or severe manic depression
G98	Severe intellectual disability	F11.16	F11.17	Prosthetic (phobic) mania or severe manic depression
G99	Moderate intellectual disability	F11.18	F11.19	Prosthetic (phobic) mania or severe manic depression
H00	Mild intellectual disability	F11.20	F11.21	Prosthetic (phobic) mania or severe manic depression
H01	Severe intellectual disability	F11.22	F11.23	Prosthetic (phobic) mania or severe manic depression
H02	Moderate intellectual disability	F11.24	F11.25	Prosthetic (phobic) mania or severe manic depression
H03	Mild intellectual disability	F11.26	F11.27	Prosthetic (phobic) mania or severe manic depression
H04	Severe intellectual disability	F11.28	F11.29	Prosthetic (phobic) mania or severe manic depression
H05	Moderate intellectual disability	F11.30	F11.31	Prosthetic (phobic) mania or severe manic depression
H06	Mild intellectual disability	F11.32	F11.33	Prosthetic (phobic) mania or severe manic depression
H07	Severe intellectual disability	F11.34	F11.35	Prosthetic (phobic) mania or severe manic depression
H08	Moderate intellectual disability	F11.36	F11.37	Prosthetic (phobic) mania or severe manic depression
H09	Mild intellectual disability	F11.38	F11.39	Prosthetic (phobic) mania or severe manic depression
H10	Severe intellectual disability	F11.40	F11.41	Prosthetic (phobic) mania or severe manic depression
H11	Moderate intellectual disability	F11.42	F11.43	Prosthetic (phobic) mania or severe manic depression
H12	Mild intellectual disability	F11.44	F11.45	Prosthetic (phobic) mania or severe manic depression
H13	Severe intellectual disability	F11.46</		