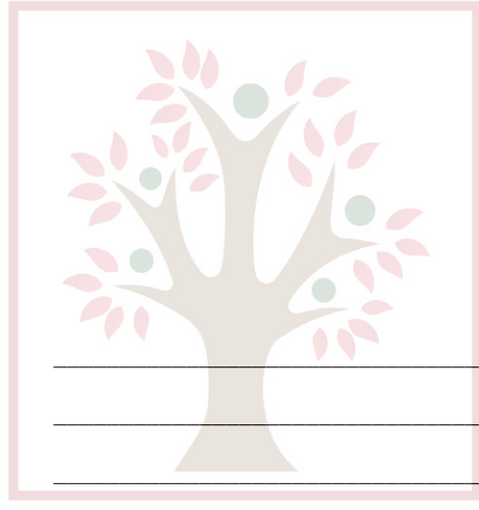
STUDENT PROFILE

Paste your passport size photo



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Name of the Student: _____

Registration No./Enrollment No.: _____

Course/Semester and Batch: _____

Name of the College: _____

Name of the University: _____

_____ _____

Signature of the Student **Signature of the Subject Coordinator**

_____

Signature of the Principal

ADULT HEALTH NURSING

Practical Requirements

Sl. No.	Contents	Signature of the Student	Signature of the Teacher
I.	**Nursing Care Plan**		
	1.		
	2.		
	3.		
	4.		
II.	**Nursing Case Study**		
	1.		
	2.		
	Nursing Case Presentation		
	1.		
	2.		
	3.		
	4.		
	5.		
III.	**Health Talk to Patients and Families**		
	1.		
	2.		
IV.	**Drug Presentation**		
	1.		
	2.		
	3.		
V.	**Operation Theater Report**		
VI.	**Assist as a Circulating Nurse in the Major Operation Theater**		
	1.		
	2.		
	3.		
	4.		
	5.		

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Sl. No.	Contents	Signature of the Student	Signature of the Teacher
VII.	**Assist as a Circulating Nurse in the Minor Operation Theater**		
	1.		
	2.		
	3.		
	4.		
	5.		
VIII.	**Assist as a Scrub Nurse in the Major Operation Theater**		
	1.		
	2.		
	3.		
	4.		
	5.		
IX.	**Assist as a Scrub Nurse in the Minor Operation Theater**		
	1.		
	2.		
	3.		
	4.		
	5.		
X.	**Assist in Draping and Positioning of the Patient in Operation Theater**		
	1.		
	2.		
	3.		
	4.		
	5.		

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Signature of the Internal Examiner

Name: _____

Date: _____

Signature of the External Examiner

Name: _____

Date: _____

EVALUATION CRITERIA FOR NURSING CARE PLAN

Name of the Student: _____

Ward/Unit: _____

Date of Submission: _____

Nursing Care Plan on: _____

Sl. No.	Evaluation Criteria	Maximum Marks	Marks Obtained
1.	Baseline data of the patient accurately recorded	2	
2.	Medical/surgical and personal history	2	
3.	Physical assessment	3	
4.	Investigations and treatment	1	
Nursing Process			
5.	Subjective and objective assessment	2	
6.	Prioritized nursing diagnosis	2	
7.	Expected outcomes	2	
8.	Intervention	2	
9.	Nursing implementation with rationale	2	
10.	Evaluation	2	
11.	Health education	1	
12.	Dietary management	1	
13.	References/bibliography	1	
14.	Timely submission	2	
Total Marks		**25**	

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Remarks:

_____

_____

_____

_____

_____ _____

Signature of the Student with Date **Signature of the Clinical Supervisor with Date**