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الحقيبة التعليمية لمادة

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للسنة الدراسية الأولى
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The First Modular Unit

Fundamental of Nursing
(Nursing, Nurse, health, Hospital)

A/ Overview

1- **Target population** :-This learning package had been designe to the first year students in the community health department of Technical Institute of Karbala.

2- **Rationale**:- This unit will aid those who want to learn the fundamental of nursing and some definitions it also intended for students who have little or no science background .

3- **Central ideas** :-

3.1- The History of Nursing .
3.2- Definition Nursing & Nurse & the qualification of a nurse .
3.3- Definition of health and Factors that affecting health.
3.4- Definition of hospital and Functions of hospitals .
3.5- Definition of Patient and disease.
3.6- The basic needs of the patient.

4- **Instruction** :-

4.1- Study the over view carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .

- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

- After you studying this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the second modular unit .
- IN case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studying , perform the post- test examination for .

B/Performance objectives

After this studying this unit you should be able to:

1- Identify the history of nursing.
2- Define the nursing, nurse, and determine the qualification of nurse.
3- Define health & the factors that affecting it .
4- Define the hospital & the function of it .
5- Define the disease, patient, and determine the basic needs of the patient. .

C/ Per- test

Put a circle in front of right sentences.

1- The factors that affecting health is .

a- Environment pollution .
b- Control of communicable disease .
c- Body alignment & activity .
d- Elimination

2- The function of hospital is .

a- Safety of the environment .
b- Care of the patient .
c- Temperature & humidity of the air .

3- The qualification of nurse is .

d- Breath normally .
e- Avoid environmental dangers .
f- Eliminate body wastes .
g- Mental & physical health & good power of observation .

Lec:1 Fundamental of Nursing , definition (Nursing , Nurse, health, Hospital)

The History of Nursing

Nursing in Arab's world:-

1. Before Islam

Women carried out nursing. Medicine aware of good families

2. Beginning of Islam

Women took care of sick and wounded person during the war. The first nurse in Islam was Rufaida AL-Aslamia.

3. Nursing and Medicine in Islamic Emperor:-

- Improvement occurred in physiology, chemistry and health science and pharmacy.
- Arabic hospital in Cairo was established in 1293 and such big services needed for sure big number of nurses and special system to prepare them.

4. Nursing in extension years:-

- New in discoveries e.g :

Microscopes and thermometers in 1700.

Vaccines of small pox in 1800.

Stethoscope in 1818.

Anesthesia in 1846.

But nursing level was very low and needs for trained nurses.

Flourence Nightingle: The first nurse in England.

5. Nursing in Iraq:-

- Beginning of the 19th century.
- Health services were bad.
- Care of the sick were none.
- Nursing services of fared by French.
- 1st medical college in Baghdad in 1927 by catholic nurses and with a teaching hospital and nursing services given by British nurses.
- 1st school of nursing in Baghdad in 1933.

Definitions

Nursing: As a part of the health care system, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages.

Nurse: Is a person who has completed a program of basic nursing education and is qualified to practice nursing.

Qualifications of a nurse:

1. Good power of observation.
2. Good memory.
3. Mental and physical health.
4. Well educated.
5. Manual dexterity.
6. A calm, clear, pleasant speaking voice.
7. Normal hearing ability and good to listen.
8. A sense of discipline and responsibility.
9. An optimistic attitude toward life and success.
10. An integrated personality.

Test 1: What is the meaning of nursing?

Health: Is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Factors that affecting health.

1. Environmental pollution.
2. Nutrition and food.
3. Illiteracy poverty and traditions.
4. Micro- organisms.
5. Medications and treatments.

Test 2: Enumerate the factors that affected health .

Hospital: Is a place in which sick or injured persons are given medical or surgical treatment.

Functions of hospitals:

1. Care of the patient (pt.).
2. In service education.
3. Promotion of the level of heath.
4. Scientific researches.

Test 3: Mention the function of hospital.

Patient: Is an individual who require assistance to achieve health and independence or peaceful death.

The basic needs of the patient:

. Breathe normally.
. Eat and drink adequately.
. Eliminate body wastes.
. Sleep and rest.
. Keep the body clean.
. Avoid environmental dangers.

Disease: It is a disturbance that effects on a person causing impairment of health and prevents the body function from working normally.

Post- test Put a circle in front of right sentences.

1- The qualification of nurse is .
a- Breath normally .
b- Avoid environmental dangers .
c - Eliminate body wastes .
d- Mental & physical health & good power of observation .

2- The function of hospital is .
a- Safety of the environment .
b- Care of the patient .
c- Temperature & humidity of the air .

3- The factors that affecting health is .
a- Environment pollution .
b- Control of communicable disease .
c- Body alignment & activity .
d- Elimination .

Key of answers

Pre- test

1- A
2- B
3- D

Post- test

1- d
2- b
3- a

Test 1- :- As an art , science & spiritual in the giving of health nursing to help people to be in a good status & prevent illness .

Test 2- :- 1- Environment pollution .
2- Nutrition & food .
3-EIllitenacy , poverty & traditions .
4- Micro-organisms .
5- Medication & treatment .

Test 3- :-
1- Care of the patient .
2- In service education .
3- Promotion of the level of health .
4- Scientific research .

Reference :-

1- Miller-Rosser, K., Chapman, Y., Francis, K. (July 19, 2006): "Historical, Cultural, and Contemporary Influences on the Status of Women in Nursing in Saudi Arabia". OJIN: The Online Journal of Issues in Nursing. Vol. 11, No. 3.

2- Al-Hassani, Salin TS. "Women's Contribution to Classical Islamic Civilisation: Science, Medicine, and Politics". Muslim Heritage. Retrieved 24 November 2013.

3- Kasule, O. H. (2003). Historical roots of the nursing profession in Islam. Retrieved June 2004.

4- Mosby's Dictionary of Medicine, Nursing & Health Professions – eBook, tenth edition, 2012.

THE 2nd & 3rd MODULAR UNIT

Admission &discharge of patient from hospital

A/ Overview

1- Target population :-This learning package had been designed t
the first year students in the community health department of
Technical Institute of Karbala.

1- Rationale :- This unit will aid those who want to learn the admission & discharge of patient from hospital it also intended for students who have little or no science background .

2- Central ideas.: -

3.1- The goals of admission of patient .

3.2- Information that record by nurse when the patient admitted hospital .

3.3- Discharge from hospital.

3.4 -Clean the unit of patient after discharge.

3.5- Nursing process.

4- Instruction :-

4.1- Study the over view carefully .

4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the third modular unit .

4- Instruction :-

4.1- Study the over view carefully .

4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the third modular unit .
- In case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for.

B/ Performance objectives

After this studding this modular unit you should be able to :

1- Enumerate the goals of admission of patient .
2- Enumerate the information that record by nurse when the patient inters the hospital .
3- Explain the observation that made by nurse .
4- Enumerate the nursing process .

C/ Per- test

Put a circle in front of right sentences.

1- Nursing process includes .

a- Assess the clinical status of patient .
b- Diagnosis & planning .
c- Doctor recommending admission .
d- Examination.

2- Definition of evaluation is.

a- The effect of action.
b- The act of reviewing a human situation from a data.
c- Abnormalities of skin , hair & mouth .

Data collection

1- After discharging the patient from hospital ,

a- Provide the patient instruction for home care about the diet & activity of patient.

b- Follow up nursing care lick made dressing.

c- Sends linen & blankets to laundry .

d- General reaction of patient .

2- The nature of clinical condition forms.

a- Provisional diagnosis made .

b- Measure weight & recorded .

c- Any abnormalities of skin & other structure .

d- Physical therapy and X-ray therapy.

Lec. 2&3 Admission and discharge of Patient from hospital

Patient admission:

All measures undertaken by the hospital personal especially the nurse to help patient in taking treatment.

There are two major types of hospital admissions: **Emergent** and **Elective**.

Emergent: Usually happens when a patient seen in the emergency department after that admitted to the hospital.

Elective: Hospital admissions occur when a doctor requests a bed be reserved for a patient on a specific day.

Test 1: Enumerate the types of hospital admissions.

Reporting and Documenting:

Reporting: oral, written, or computer account of patient status; between members of health care team. Report should be clear, concise, and comprehensive.

Documenting: patient record/chart provides written documentation of patient's status and treatment.

Purpose of documentation:

1. Continuity of care.
2. legal documentation.
3. For research.
4. For statistics.
5. For education.
6. For audits.

Patient's chart:

Is a systematic documentation of a patient's individual, A record that is used by all professional personal for patient data.

Patient's chart includes:

1. A face sheet which gives general information, patient's name, address, age, sex, marital status, religion, etc..
2. A graphic form, for recording temperature, pulse, respiratory rates, blood pressure, post-operative days, and post admission days.
3. Height and weight.

4. Fluid intake and output.

5. Sheet of recording the patient's past medical history, physical examination and the physician's diagnosis.

6. Sheet to guide the physician in recording details of the patient's progress.

7. Sheet for recording the results of test in laboratory.

8. Sheet for recording all medications administrate to the pt. and all observations about the pt.

9. Other forms may be used depending on the nature of clinical condition for example:

a. Anesthesia and operative records.

b. Behavior records in psychiatry.

c. Labor and delivery records.

d. Physical therapy and X-ray therapy.

Discharge from hospital:

1. Discharge planning aims' to teach the patient and his family about his illness and its effect on his life-style.
2. Provide the patient instruction for home care about the diet and the activity of patient.
3. Arrangement made for suitable transport.
4. Give written instruction regarding treatment.
5. Follow up care if necessary, like made dressing if the patient had operation.

After discharge of the patient:

1. Sends linen and blankets to laundry.
2. Sends mattress and pillow to autoclaved.
3. Wash the bed and table bedside.
4. Locker scrubbed out.

Nursing process: Is the method used to assess and diagnose needs, plan and implement interventions, and evaluate the outcomes of the care provided.

Nursing process includes:

Assessing: is the act of reviewing a human situation from a data base in order to diagnose, potential client problem**.**

a. History taking.

b. Physical examination.

c. Nursing diagnosis.

d. Other component of data base.

Diagnosis: is the first diagnosis when the patient entered the hospital, it done by the signs and symptoms that patient compliant of.

Planning:

a. Setting priorities.

b. Establishing goals and nursing role.

c. Establishing expected outcome.

d. Determining the team planning.

Implementation:

a. General categories of nursing interventions.

b. Delegating nursing action.

c. Recording outcomes

Evaluation: is the effect of action.

a. Quality assurance.

b. Outcome criteria.

Test 2: Mention nursing process .

Post- test Put a circle in front of right sentences.

1- The goals of admission patient in hospital .
   a. Provisional diagnosis made .
   b. Measure weight & recorded .
   c. Any abnormalities of skin & other structure .
   d. Assess the clinical status of patient .

2- After discharging the patient from hospital ,
   a. Provide the patient instruction for home care about the diet & activity of patient.
   b. Follow up nursing care lick made dressing.
   c. Sends linen & blankets to laundry .
   d. General reaction of patient .

3- Definition of evaluation is.

   a. The effect of action.
   b. The act of reviewing a human situation from a data.
   c. Abnormalities of skin , hair & mouth .

4- Nursing process includes .

   a. Assess the clinical status of patient .
   b. Diagnosis & planning .
   c. Doctor recommending admission .

Key of answers

Pre- test

1- B
2- A
3- C
4- D

Post- test

1- D
2- C
3- A
4- B

Test 1- :- 1- Emergent .
2- Elective.

Test 2- :- 1-.Assessing .
2- Diagnosis.
3- Planning.
4- Implementation.
5- Evaluation .

References:
1- Charles P. D: Hospital Admissions Introduction, eMedicineHealth, 2014.

2- American Nurses Association: The Nursing Process, 2003.

3- Jorge R.R: Medical Record, Wikibook of Health Informatics, PediaPress, 2014, Pp. 52.

THE 4th & 5th MODULAR UNIT

Physical Examination

A/ Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the physical examination, it also intended for students who have little or no science b ground .

3- Central ideas.: -

3.1- Techniques of physical examination .
3.2- Common instrument used .
3.3- Preparing patient to the examination .
3.4 - Abdominal paracentesis .
3.5- Preparation of patient .
3.6-Thoracentesis and the purpose of it .

4- Instruction :-

4.1- Study the over view carefully .

4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the third modular unit .
- In case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the physical examination .
2- Enumerate the instrument that used in physical examination .
3- Define the abdominal paracentesis & the purpose of it .
4- Determined the sit of abdominal paracentesis& thoracentesis .

C/ Per- test

Put a circle in front of right sentences:

1- In which technique of physical examination used visual sense .

a- Palpation examination .
b- Inspection examination .
c- Percussion examination .
d- Auscultation examination .

1- Ton meter used to test the .

a- Pressure with in the eye.
b- The various structures is side of the eye .
c- To test the hearing .

2- The purpose of abdominal paracentesis is ,
a- Aspiration fluid from the peritoneal cavity to diagnosed it .
b- Assessing the patient in his position.
c- To check vital signs .

3- The site of paracentesis is .
a- In the back .
b- Measuring the site of injection .
c- Any abnormalities of skin & other structure .
d- Midway between the umbilicus & sym physis pubis in center of abdomen

Lec:4&5 Physical examination

Techniques of physical examination:

1. **Inspection method:** it involves the visual sense, such as looking to observe the color of skin, or listening to the quality of voice or smelling the characteristic of an odor.
2. **Palpation method:** involves the sense of touch or the examiner used his hand, fingers to feel or press on the body for tenderness or soft or masses.

3. Percussion method: tapping a particular area of the body, either with the finger or with percussion hummer.

4. Auscultation method: use the sense of hearing to interpret sounds made the body usually is performed with the aid of stethoscope to listens heart sound.

Test 1: Enumerate the type of physical examination .

Preparing the patient to the examination:

1. Explain to the patient what we do.
2. Undress the wear the patient gown.
3. Empty urinary bladder.
4. Provide privacy to the patient.
5. Draping the client.
6. Put the patient in correct position essential for examination. .

Test 2: How you prepare the patient to the examination .

Role of the nurse during examination:-

1. Save time for the patient and the physician.
2. Assist the physician.
3. Help the patient to assume the position essential for examination.
4. Drape patient and remove the equipment which used.

Collection of the samples

1. The nurse must be having good and complete information about the procedure of samples collection.
2. Tell the laboratory before samples send.
3. Tell and preparation the patient before samples collection (e.g. fasting blood sugar) demand the patient fasting from any type of food.
4. Prepare the equipment.
5. Nursing care after collection of samples.
6. Labeling the test tube by patient name, date, type of sample, type of investigation, name of doctor, number of room, number of bed and ward.
7. Washing all the equipment after the collection of samples.

Commonly instruments used:

1. **Ophthalmic scope:** to see various structures in side of the eye.
2. **Otoscope:** to see interior of the external ear.
3. **Tuning fork:** to test hearing.
4. **Percussion hummer:** to test reflexes and determine tissue density.
5. **Tone meter:** to test pressure within the eye.

Other equipment:

Tongue depressor, skin pencil, tape measure, safety pins, light, cotton, test tubes, gloves, lubricant, paper towels, and waste container.

References :-

1- Mark F R.: Nursing Skills Physical , Foundations of Nursing Abejo Physical Assessment ,2001.

Post- test

Put a circle in front of right sentences.

1- The purpose of abdominal paracentesis is ,

a. Aspiration fluid from the peritoneal cavity to diagnosed it .

b. Assessing the patient in his position.

c- To check vital signs

2- The site of paracentesis is .

a. In the back .

b. Measuring the site of injection .

c. Any abnormalities of skin & other structure .

d- Midway between the umbilicus & symphysis pubis in center of abdomen .

3. In which technique of physical examination used visual sense .

a- Palpation examination .

b- Inspection examination .

c- Percussion examination .

d- Auscultation examination .

4. Tone meter used to test the

a- Pressure with in the eye.

b- The various structures is side of the eye.

c - To test the hearing.

Key of answers

Pre- test

1-B
2- A
3- A
4- D

Post- test

1- A
2- D
3- B
4- A

Test 1 :-
1- Inspection examination.
2- Palpation examination..
3- Percussion examination.
4- Auscultation examination.

Test 2 :-
1-.Explain to the patient what we do .
2- Undress the wear the patient gown .
3- Empty urinary blabber.
4- Provide privacy to the patient .
5- Draping the client .
6- Put the patient in good position .
7- Assessing the patient in his position as well as his health status.

THE 6th MODULAR UNIT

Body positions

A/ Overview

1- Target population :-This learning package had been designed the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the bo positions , it also intended for students who have little or no science b ground .

3- Central ideas.: -

3.1- Definition of body posture.
3.2- The important of exercise.
3.3- Common danger immobility.
3.4 - Types of body positions.
3.5- The purpose of changing position.

4- Instruction :-

4.1- Study the over view carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the fifth modular unit .
- In case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking .

B/Performance objective

After this studding this modular unit you should be able to :

1-Explain the importance of exercise.
2-Enumerate the common danger immobility .
3- Enumerate the purpose of changing patient position .
4- Enumerate the body position for comfort .

C/ Per- test

Put a circle in front of right sentences.

1- The important of exercise .

a. The relation various parts of body at rest .
b. Improve blood circulation.
c. Keep important organs in their correct anatomical &physiological position .
d. For general health .

2- Standing position is .

a. Anatomical position .
b. Lithotomy position .
c. Sitting position .
d. Knee- Chest position.

3- The danger of immobility cased in respiratory system made .

a. Thrombosis .
b. Bed sores .
c. Collapse of lung tissue .
d. Pain.

4- The purpose of changing body position is .

a- For emotional status .
b- To feeling of self confidence .
c- Used the base of support .
d- For diagnosis .

Lec:6 Body positions

Body posture (position): Is the relation of various parts of the body at rest or in any phase of activity.

The important of exercise:

1. Improve the strength and flexibility of all body muscle.
2. Improve blood circulation.
3. Promote good respiratory function.
4. Relieve depression.

Test 1 : Mention the important of exercise

Common danger immobility:

1. **Respiratory system:** like atelectasis, collapse of lung tissue.
2. **Circulatory system:** like thrombosis, bed sores.
3. **Urinary system:** like urinary tract infection or stone.
4. **Gastro intestinal system:** happened disturbance in appetite, poor digestion, constipation.
5. **Psychological effects.**

Test 2 : Enumerate the common danger immobility.

Types of body positions

1. Standing position (Anatomical position)

This is the normal standing position ,for inspect body counters – posture, muscles and extremities with ease.

2. Dorsal position (Horizontal Recumbent)

The patient lies flat on his back with his legs together in bed his head may be supported with pillow and his legs extended or slightly flexed at the knees to relax the abdominal wall, for examination abdomen, chest interiorly the breast , reflexes, head, neck, eye, ears throat, etc…

3. Dorsal Recumbent position

The patient lies on her back with legs separated and the knees flexed, the soles of the feet flat on the bed or table. One pillow may be placed under the head. This position is used primarily for examination of the rectum or the vagina of the female patient.

4. Lithotomy position

The same as the dorsal recumbent position except that the patient is usually on a table equipped with foot stirrups. The patient buttocks are brought to edge of the bed. This position for examination of the rectum or instrument examination of the vagina.

5.Sim's Lateral position

The patient lies on either side. In left Sims position the patient lies on his side and rest his left arm behind his body, the right arm is forward with the elbow flexed and the arm resting on a pillow placed under the patient's head. The knees are flexed, the position used for examination vaginal, rectum, buttocks.

6. Knee- chest position

The patients rest on his knee and chest. In this position the head turned to one side rest on a small pillow. A small pillow also may be placed under the chest. The arm is above head or may be flexed. This position used examination of urethra, vagina, or for treatment (To return uterus to normal position).

7. Prone position

Patient rests on his abdomen, the head to one side, and his arms over head. This position used to examination back or treatment of back.

8. Trendelenburg's position

Trendelenburg's position involves lowering the head of the bed and raising the foot of the bed of the patient. Patients who have hypotension can benefit from this position because it promotes venous return.

9. Reverse Trendelenburg

Reverse Trendelenburg is the opposite of Trendelenburg's position. Here the head of the bed is elevated with the foot of bed down. This is often a position of choice for patients with gastrointestinal problems as it can help minimize esophageal reflux.

The purpose of changing position:

1. For diagnosis.
2. To prevent bed sores.
3. To help out of drainage.
4. For rest.
5. For therapeutic.

Test 3 : Mention the purpose of changing position.

Post- test

Put a circle in front of right sentences .

1- The purpose of changing body position is .

   a. For emotional status .
   b. To feeling of self confidence .
   c. Used the base of support .
   d. For diagnosis .

2- The danger of immobility cased in respiratory system made

   a. Thrombosis .
   b. Bed sores .
   c. Collapse of lung tissue.

3- This position for examination of the rectum or instrument examination of the vagina. .

a. Lithotomy position.

b. Dorsal position .

c. Prone position.

d. Anatomical position.

4- The purpose of changing position.

a. The relation various parts of body at rest .

b. For diagnosis.

c. Keep important organs in their correct anatomical &physiological position .

d. For general health .

Key of answers

Pre- test

1- B
2- A
3- C
4- D

Post- test

1- D
2- C
3- A
4- B

Test 1:

1- Improve the strength and flexibility of all body muscle.
2. Improve blood circulation.
3- Promote good respiratory function.
4- Relieve depression.

Test 2:

1- Respiratory system.
2- Circulatory system.
3- Urinary system.
4- Gastro intestinal system.
5-Psychological effects.

Test 3

1- For diagnosis.
2- To prevent bed sores.
3-To help out of drainage.
4- For rest.
5- For therapeutic.

References :-

1- Singh R: The Importance of Exercise as a Therapeutic Agent, Malays J Med Sci. 2002 Jul;9(2):7-16.
2- Jones AY, Dean E: Body position change and its effect on hemodynamic and metabolic status , Heart Lung. 2004 Sep-Oct;33(5):281-90.

THE 7th & 8th MODULAR UNIT

Basic Needs of Patient

Patient Unit & Body hygiene

A/Overview

1- Target population :-This learning package had been designed the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn patient unit, body and oral hygiene , it also intended for students who have lit or no science back ground .

3- Central ideas.: -

3.1- Definition of patient unit and intensive care unit.
3.2- Definition of oral hygiene & halitosis .
3.3- Back massage .
3.4 – The purpose of back massage .
3.5- Definition of bed sores .
3.6- Causes of bed sores .
3.7- Areas of bed sores .
3.8- Signs & symptoms of bed sores .
3.9- Factors affecting the formation bed sores .
3.10- Nursing care of bed sores .

4- Instruction :-

4.1- Study the overview carefully .

4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the sixth modular unit .
- In case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define patient unit, intensive care unit, oral hygiene & halitosis.
2- Enumerate the purpose of oral hygiene .
3- Define back massage & the purpose of it .
4- Enumerate the causes bed sores .
5- Define bed sores .
6- Determined the areas of bed sores.
7- Determined the signs & symptoms of bed sores.
8- Mention the factors affecting the formation of sores .
9- Explain how you making nursing care to the patient with bed sores .

C/ Per- test

Put a circle in front of right sentences:

1- The purpose of bake massage is .

a. To keep the teeth & mouth & gums in good condition .
b. To stimulate circulation of blood supply to the area .
c. Recording date & time of making procedure .

1- The causes of bed sores.

a. Poor Nutrition .
b. Pain in area of sores .
c. Redness in the area.

2- Factors that affecting the formation of bed sores is .

a. Disturbance of vital signs .
b. Sterile sponges .
c. Poor hygiene & poor nutrition .

3- The area of bed sores is .

a. Unclean of skin .
b. Elbows & coccyx .
c. Any abnormalities in bake .

Lec:7&8 Patient's Unit:

Patient's Unit

A special area for the patient when he is in the hospital for treatment.

Intensive Care Unit

Is defined as an area where seriously ill patient can be treated by the most highly qualified staff under the best possible condition with the most modern equipment within as reach.

Body & oral hygiene

Definition of hygiene: a science of the establishment and maintenance of health.

Oral hygiene: Cleaning and freshening the teeth, gums and mouth.

Purpose:

1. To keep the teeth, gums and mouth in a good condition.
2. To freshen the mouth and relieve of halitosis.
3. To prevent sores and infection.
4. To promote sense of well-being and comfort.

Equipment:

1. Tooth brush and paste.
2. Kidney basin.
3. Face towel.
4. Paper wipes.
5. Glass containing water or mouth wash.

Halitosis: full odor of breath caused by high number of bacteria.

Caries: decay of teeth with the formation of cavities.

Periodentitis or pyorrhea: sever inflammation of the gums, including bone tissue around the teeth.

Test 1: Define the following .

a. Oral hygiene b. caries c. periodentitis

Back massage:

Definition: making massage to the individual back to give comfort and therapeutic.

Purpose:

1. To stimulate circulation of blood supply to the area.
2. To observe any signs on the skin (sores).
3. To promote relaxation and relive tension.

Important points:

1. If skin is dry don't use alcohol but use Vaseline or lotion.
2. Massage that given to the patient skin must be no break

Test 2: What is the important point in making back massage .

After making back massage:

1. Recording date and time.

   Any abnormal defect observed during making back massage.

Bed sores (pressure ulcer):

Is progressive destruction of the under lying tissue.

Causes of bed sores:

1. Poor nutrition.
2. Poor circulation of blood.
3. Dry skin and without resistance.
4. Unclean of skin.
5. Lie or sleep for long periods.

Areas of pressure sores:

1. Heels.
2. Elbows.
3. Coccyx.
4. Scapula.
5. Back of the head.

Signs and symptoms:

1. Painful.
2. Redness in the area.
3. Fever.

Care of pressure ulcer:

It is important to proper positioning of the patient in order to prevent further pressure on affected areas.

Equipments:

1. Sterile water.
2. Sterile sponges.
3. Lotion, powder, and alcohol.

Factors affecting the formation of pressure sores:

1. Moisture**:** due to urine, feces, drainage and perspiration.
2. Hygiene**:** poor hygiene, high number of micro-organism present on the skin (bacteria).
3. Poor nutrition.
4. Body heat**.**

Test 3: Enumerate the signs& symptom of bed sores

Nursing care for bed sores:

1. Clean and dress sores.
2. Change position every 2 hours.
3. Reduce friction by using powder.
4. Use floating mattress.
5. Change clothing and sheets.
6. Make back massage to prevent new sores.
7. Prevent sleep on sores side.
8. Check vital signs.
9. Giving good nutrition and fluid.
10. Reduce pressure on site of pressure (fulcrum area).

Post- test

Put a circle in front of right sentences .

1- The area of bed sores is .

a. Unclean of skin .
b. Elbows & coccyx .
c. Any abnormalities in bake The purpose of changing body position

2- Factors that affecting the formation of bed sores is .

a. Disturbance of vital signs .
b. Sterile sponges .
c. Poor hygiene & poor nutrition .

3- The causes of bed sores.

a. Poor Nutrition .
b. Pain in area of sores .
c. Redness in the area.

4- The purpose of bake massage is .

a. To keep the teeth & mouth & gums in good condition .
b. To stimulate circulation of blood supply to the area .
c. Recording date & time of making procedure .

Key of answers

Pre- test

1-B
2- A
3-C
4- B

Post- test

1- B
2- C
3- A
4- B

Test 1 : a. Oral hygiene:- Cleaning of& freshening teeth, & mouth .
b. Carries:- Decay of teeth with the formation of cavities .
c. Periodentitis :- Sever inflammation of the gums , including bone tissue around the teeth .

Test 2 : 1- If skin is dry don't use alcohol but use Vaseline or lotion .
2- Massage that given to the patient skin must be no break .

Test 3 : 1- Painful.
2- Redness in the area .
3- Fever .

References :-

1- Beth W. O: A Guide to Good Personal Hygiene, Everyday Health, 2000.
2- National Center for Complementary and Integrative Health: Massage Therapy for Health Purposes, 2010.
3- Mayo Foundation for Medical Education and Research: Bedsores (pressure ulcers), 2004.

THE 9th &10th MODULAR UNIT

Sterilization & Dressing

A/Overview

1- Target population :-This learning package had been designed the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the Sterilization & Dressing , it also intended for students who have little no science back ground .

3- Central ideas.: -

3.1- Definition of Sterilization & disinfectant .
3.2- Definition of medical sterilization & surgical sterilization.
3.3- Characteristic of good disinfectant.
3.4- Methods of sterilization.
3.5- Definition of Dressings.
3.6- Objectives of wound dressing.
3.7- Types of dressing.

Types of body positions

1. Standing position (Anatomical position)

This is the normal standing position ,for inspect body counters – posture, muscles and extremities with ease.

2. Dorsal position (Horizontal Recumbent)

The patient lies flat on his back with his legs together in bed his head may be supported with pillow and his legs extended or slightly flexed at the knees to relax the abdominal wall, for examination abdomen, chest interiorly the breast , reflexes, head, neck, eye, ears throat, etc…

B/Performance objectives

After this studding this modular unit you should be able to :

1- Definition of Sterilization & disinfectant .
2 - Enumerate the characteristic of good disinfectant.
3 - Enumerate the methods of sterilization.
4 - Definition of dressings & types of it.
5- Enumerate the objectives of wound dressing.

C/ Per- test

Put a circle in front of right sentences:

1- Practices that keep an area or object free of all microorganisms its :

a. Surgical asepsis.
b. Clean & free from damp or solid of patient .
c. Comfortable position .

2- Physical method of sterilization.

a. Autoclave.
b. phenol.
c. Inflamed.

3- One of the moist dressing:

a. Pads.
b. Gauze with water.
c. Hand washing.

Test 1: Mention the Principles of medical sterilization.

Lec:9&10 Sterilization and Disinfection

Sterilization: - Destroys all microorganisms, including spores. Sterilization occurs by using heat, steam under pressure, gas, ultraviolet (UV) light, or chemicals.

Antiseptic: - A substance used to destroy pathogens on living object such as skin and mucous membrane.

Disinfectant: - Refers to a substance used to destroy or inhibits the activity of microorganisms by antimicrobial agent, but it has no effect on spores.

Asepsis: - Is the absence of disease which producing the microorganisms.

1- Medical asepsis (clean):

Includes all practices to limits the number, growth, and transmission of microorganisms

2- Surgical asepsis (sterile):

Practices that keep an area or object free of all microorganisms.

Characteristic of good disinfectant:-

1. Killing the largest number of microorganism.

2. Rapid action.

3. Not toxic.

4. Not allergic.

5. Good action in presence of blood or pus cells.

Test 2: Mention the Characteristic of good disinfectant.

Methods of sterilization:-

A. Physical method

1. Dry heat
    a. Oven
    b. Ironing
    c. Inflamed
    d. Ultra-violet rays
2. Moist heat
    a. Pasteurization.
    b. Boiling.
    c. Tantalization.
    d. Autoclave.

B. Chemical method

1. Gases (formalin, ethylene oxide)

2. Solution (alcohol, phenol, dettol, hibitine …)

Test 3: Mention the Chemical method of sterilization.

Principles of medical sterilization:-

1. Hand washing.

2. Protect the hands from injuries.

3. Burn the contamination pads.

4. Do not use the equipment for more patients.

Wound Dressing:-

Sterile dressing covering applied to a wound or incision using the aseptic technique with or without medication.

Objectives of wound dressing:-

1. To reduce pain,
2. To apply compression for bleeding stop.
3. To immobilize an injured body part,
4. To protect the wound from contamination and prevent infection.
5. To absorb discharge and wound healing.

The basic principles for the management of a wound or laceration are:

1- Hemostasis: Is the process that causes bleeding to stop. In most wounds, hemostasis will be spontaneous. In cases of significant injury or laceration of vessels, steps may need to be taken to reduce bleeding and aid hemostasis. These include pressure, elevation, tourniquet, and suturing.

2- Cleaning the Wound: Is important for reducing infection and promoting healing.

3- Analgesia: Analgesia will allow for easier closure of the wound. A local anesthetic is the most common form of analgesia used, with regular systemic analgesia (paracetamol/ibuprofen) used as an adjunct.

4- Skin closure: For wound healing, the edges of the wound can be manually opposed. There are four main methods of doing so; skin adhesive strips, tissue adhesive glue, staples, and sutures.

5- Dressing and follow-up advice: The correct dressing of the wound will reduce infection and contamination. When applying a wound dressing to a non-infected laceration, the first layer should be non-adherent (such as a saline-soaked gauze), followed by an absorbent material to attract any wound exudate, and finally, soft gauze tape to secure the dressing in place.

Major principles of wound dressing:

1- Use Standard Precautions at all times.

2- When using a swab or gauze to cleanse a wound, work from the clean area out toward the dirtier area. (Example: When cleaning a surgical incision, start over the incision line, and swab downward from top to bottom). Change the swab and proceed again on either side of the incision, using a new swab each time.

3- When washing a wound, warm the solution to room temperature, preferably to body temperature, to prevent lowering of the tissue temperature. Be sure to allow the solution to flow from the cleanest area to the contaminated area to avoid spreading pathogens.

Types of dressing:-

1. Dry

    a. Bandage.

    b. Pads.

    c. Absorbent gauze.

2. Moist dressing

    a. Gauze with water.

    b. Therapeutic dressing e.g. sofratol.

    c. Gauze with salt solution for wound washing.

Post- test

Put a circle in front of right sentences .

1- One of the moist dressing:

a. Pads.
b. Gauze with water.
c. Hand washing.

2- Practices that keep an area or object free of all microorganisms its :

a. Surgical asepsis.
b. Clean & free from damp or solid of patient .
c. Comfortable position .

2- Physical method of sterilization.

a. Autoclave.
b. phenol.
c. Inflamed.

Key of answers

Pre- test

1- A
2- C
3- B

Post- test

1- B
2- A
3- C

Test 1:

1. Hand washing.
2. Protect the hands from injuries.
3. Burn the contamination pads.
4. Do not use the equipment for more patients.

Test 2:

1. Killing the largest number of microorganism.
2. Rapid action.
3. Not toxic.
4. Not allergic.
5. Good action in presence of blood or pus cells.

Test 3:

1. Gases (formalin, ethylene oxide)
2. Solution (alcohol, phenol, dettol, hibitine …)

THE 11&12 MODULAR UNIT



A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn vital signs , it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of vital signs .
3.2- The purpose of vital signs.
3.3- Definition of body temperature .
3.4 - Methods of measuring body temperature .
3.5- Kind of thermometers.
3.6- The formula that used to convert one degree from one system to anther
3.7- Definition of fever, signs &symptom &nursing care .
3.8- Preparation of disinfected solution .
3.9- Definition of pulse.
3.10-Factors that affecting pulse rate.
3.11-Site of taking pulse.
3.12 -Definition of respiration & blood pressure .
3.13- Factors that maintaining normal arterial pressure .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (3) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (3) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (3) degree or more , you must go to learn the nine modular unit .
- In case you get less than (3) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define vital signs.
2- Enumerate the purpose of checking vital signs.
3- What is the methods of checking body temperature .
4- Mention the contraindication of checking body temperature .
5- How you convert 37c to F.
6- Enumerate the factors that affecting body temperature .
7- What is the signs & symptom of fever.
8- Determined the nursing care that gives to the patient with fever
9- Enumerate the notes that observed when you check pulse rate.
10- Mention the site of checking pulse.
11-What is the meaning of
   a. Brady cardiac b. arrhythmia c. Dyspnea
   d. Sterturous e. poly apnea

12- Mention the factors that maintaining blood pressure.

C/ Per- test Put a circle in front of right sentences.

1- The purpose of checking vital signs.

a. For making diagnosis.
b. Change in health status.
c. For physical exercise.
d. For patient who breath from mouth.

2- Methods for measuring body temperature is .

a. Planning progressing of patient .
b. Orally, Auxiliary,& Rectal method .
c. Facial artery .
d. Posterior pads artery.

3- Tacky cardiac means .

a. Irregular pulse rhythm .
b. Increase & depth of respiration .
c. Pulse rate is over 100 beat / minute .
d. Pulse rate is below 60 beat / minute .

4- Factors that affecting pulse rate is.

a. Arterial wall condition.
b. Rhythm of pulse.
c. Volume of pulse.
d. Sleeping ,Sex , Age , & Body build.

Lec:11&12 Vital signs

Definition: further information about patient's health status is obtained by taking his vital signs; it includes temperature, pulse, respiration and blood pressure.

Times assess vital signs:

1. Change in health status.
2. Admission the patient to health care agency.
3. Nursing or medical order.
4. Before or after surgery or diagnostic procedure.
5. Before and after administration of medication.
6. Before and after any nursing intervention.

The purpose of checking vital signs:

1- For making diagnosis.
2- Planning progressing of patient.
3- Seeing reactions of patient to the specific medications treatment and care.

Test 1: What is the purpose of checking vital signs.

Body temperature:

Definition: is a balance between heat production and heat loss, the normal degree of body temperature is 37C° (98.6 F)

Methods for measuring body temperature:

1- Orally method.
2- Auxiliary method.
3- Rectal method.

Oral body temperature:

Measuring body temperature by putting thermometer under tongue for 3 -5 minute.

Contraindication:

1- For unconscious patient.
2- Infant.
3- Patient who breathe from mouth.
4- Patient who has disease in the oral cavity or surgery of nose or mouth.

Test 2: Enumerate the contraindication of checking body temperature by mouth .

Auxiliary method: by putting thermometer in auxiliary place for 10 minute.

1- Be ensuring that thermometer is contact with skin surface.

2- Pluses 0.5 degree to the degree of checking temperature.

Rectal method: check temperature by rectal when you cannot take temperature by mouth or auxiliary.

1- Put thermometer inside rectal by using especial thermometer with square bulb.

2- Putting thermometer inside the rectal for 2 minute and minus 0.5 degree from the degree of checking temperature.

Clinical thermometer: is the instrument that used to measure the body temperature it constructed of the bulb and stem.

Kind of thermometer:

1. Mercury thermometer
2. Electric thermometer
3. Electronic thermometer

- ✓ The normal degree of body temperature is 36 – 37 C° or 98.6 F
- ✓ How you change one degree from one system to other.
- ✓ To convert one degree from one system to another need to know the following formula:

- From C° to F $\left[\frac{(C° \times 9)}{5} + 32 = F\right]$
- From F to C° $\left[\frac{(F - 32) \times 5}{9} = C°\right]$

Factors affecting body temperature:

1- Time of the day.
2- Physical exercise.
3- Sex
4- Age and growth hormone.

Test 3: Mention the factors that affecting body temperature .

Fever (pyrexia):

The body temperature is above usual range (37 C^{o})

The type of fever:

1. Intermittent fever.
2. Remittent fever.
3. Continued fever.

Signs and symptoms of fever:

1. High heat rate.
2. High and depth of respiratory rate.
3. Flash face and sweating.
4. Back pain.
5. Fatigue.
6. Headache.
7. Nausea and vomiting.
8. Chilling and thirst.
9. Delirium.
10. Loss of appetite.

Nursing care:

1. Check body temperature every 10 minute.
2. Cold compress made for patient.
3. Give good nutrition and fluid.
4. Change clothing if necessary.
5. Make bathing if necessary.
6. Reduced physical activity.
7. Giving antipyrol drugs (paracetamol, aspgic,….).
8. If cold compress is unless used alcohol bath (70% alcohol with water).
9. Make oral hygiene.
10. Good ventilation and circulation.

Test 4: How you made nursing care to the patient with fever .

Preparation of disinfecting solution:

To prepare (100cc) of disinfected solution you need to mixed (99cc) of alcohol 70% with (1cc) of iodine.

Pulse:

Definition: is the expansion of the arterial wall occurring with each ventricular contraction.

The normal range of pulse is (60 -100) beat /minute.

tes when taking pulse

- Pulse rate:

the number of heart beat in minute it is (60 -100) beat /minute.

Factors affecting pulse rate:

1. **Sleeping:** pulse rate morning lowest than at afternoon.
2. **Sex:** female is faster about (7 -8) beat / minute than male.
3. **Age:** infant higher than adult.
   - ✓ Infant 120 - 130 beat /minute
   - ✓ Adult 60 - 100 beat /minute
4. **Body build:** body size and build may affect pulse rates.

✓ Thin and long body …… low pulse

✓ Fat and small body……high pulse

5. Other factors are emotion, medication, activity, digestion of food and hormones

-Tacky cardiac: pulse rate is over 100 beat /minute

- Brady cardiac: pulse rate is below 60 beat /minute

- Arrhythmia: irregular pulse rhythm.

B- Rhythm of pulse: it means the time interval between heart beats is equal.

Arrhythmia: Irregularity of time interval between heart beats.

C- Volume of pulse:

Is the degree of fullness of the artery and reflects the strength of the left ventricular contraction.

- ✓ **Bounded pulse:** when is not particularly easy to do.
- ✓ **Feeble or weak pulse:** when the volume of blood is small and very easy to stop the feel of the pulse.

D- Arterial wall condition:

The condition of wall artery and this become abnormal with old age

Site of taking pulse:

1. Radial artery
2. Temporal artery.
3. Carotid artery.
4. Facial artery.
5. Femoral artery
6. Posterior tibia artery.
7. Dorsal pedis artery
8. Brachial artery.
9. Apical pulse rate.

Test 5: Determined the site of checking pulse .

Respiration:

Is the process by which oxygen and carbon dioxide are interchanged.

- **The normal adult breath is (14 – 24) time in minute.**

External respiration:

Is providing oxygen to the blood and removal carbon dioxide from the blood.

Internal respiration:

Is providing oxygen that is in the blood to the cells in the body and removal of carbon dioxide from the tissue to the blood.

Notes in observed respiration:

1. Respiratory rate.
2. Respiratory depth.
3. Pulse volume.
4. Nature of Respiration (ordinarily regular, or irregular).
    - ✓ **Eupnoea:** normal Respiration.
    - ✓ **Polynea :** increase rate of Respiration.
    - ✓ **Hyperpnoea:** increase depth of Respiration.
    - ✓ **Dypnea:** difficult breathing.
    - ✓ **Stertorous:** breathing with sound.

Is the snoring sound resulting from secretion in trachea and large bronchi.

Blood pressure:

Definition: the pressure is exerted on the wall of the arteries when the left ventricles of the heart push blood into the aorta.

- ✓ Systolic pressure: is the maximum of the pressure 100 – 140 mm /Hg.
- ✓ Diastolic pressure: is the minimum of the pressure 60 - 90 mm /Hg.
- ✓ The average of blood pressure $\frac{120}{80}$ mm /Hg.

Factors maintaining normal arterial pressure:

1. Cardiac output.
2. Peripheral resistance.
3. The quantity of blood.
4. The viscosity of blood.
5. The elasticity of vessel walls.

- ✓ **Hypertension:** the pressure is above 140 mm /Hg.
- ✓ **Hypotension:** the pressure is below 60 mm /Hg.
- ✓ Blood pressure checked by **sphygmomanometer** and **stethoscope.**

Test 6: Define the following .

Blood pressure:

Definition: the pressure is exerted on the wall of the arteries when the left ventricles of the heart push blood into the aorta.

- ✓ Systolic pressure: is the maximum of the pressure 100 – 140 mm /Hg.
- ✓ Diastolic pressure: is the minimum of the pressure 60 - 90 mm /Hg.
- ✓ The average of blood pressure $\frac{120}{80}$ mm /Hg.

Factors maintaining normal arterial pressure:

1. Cardiac output.
2. Peripheral resistance.
3. The quantity of blood.
4. The viscosity of blood.
5. The elasticity of vessel walls.

- ✓ **Hypertension:** the pressure is above 140 mm /Hg.
- ✓ **Hypotension:** the pressure is below 60 mm /Hg.
- ✓ Blood pressure checked by **sphygmomanometer** and **stethoscope.**

Test 6: Define the following : - Hypertension 2-Systolic pressure

Post- test

Put a circle in front of right sentences .

1- Tacky cardiac means .

a. Irregular pulse rhythm .
b. Increase & depth of respiration .
c. Pulse rate is over 100 beat / minute .
d. Pulse rate is below 60 beat / minute .

2- Factors that affecting pulse rate is.

a. Arterial wall condition.
b. Rhythm of pulse.
c. Volume of pulse.

3- Methods for measuring body temperature is .

a. Planning progressing of patient .
b. Orally, Auxiliary,& Rectal method .
c. Facial artery .
d. Posterior pads artery.

4- The purpose of checking vital signs.

a. For making diagnosis.
b. Change in health status.
c. For physical exercise.
d. For patient who breath from mouth

Key of answers

Pre- test

1- A
2- B
3- C
4- D

Post- test

1- C
2- D
3- B
4- A

Test 1: 1- For making diagnosis .
2- Planning progressing of patient.
3- Seeing reaction of patient to the specific medication.

Test 2: 1- For unconscious patient .
2- the infant patient .
3- Patient who breath from mouth.
4- Patient who had disease in oral cavity or surgery of nose or mouth .

Test 3: 1- Time of the day .
2- Physical exercise .
3- Sex.
4- Age & growth hormone .

Test 4: Nursing care:

1- Check body temperature every 10 minute.
2- Cold compress made for patient.
3- Give good nutrition and fluid.
4- Change clothing if necessary.
5- Make bathing if necessary
6- Reduced physical activity.
7- Giving anti pyreal drugs (paracetamol, aspegic,….).
8- If cold compress is unless used alcohol bath (70% alcohol with water).
9- Make oral hygiene.
10- Good ventilation and circulation.

Test 5: 1- Radial artery

1- Temporal artery.
2- Carotid artery.
3- Facial artery.
4- Femoral artery
5- Posterior tibial artery.
6- Dorsal pedis artery
7- Brachial artery.
8- Apical pulse rate.

Test 6:

Hypertension:- It means blood pressure is above 140 mm/hg.

Diastolic pressure :- It means blood pressure is below 60 mm/hg.

THE 13&14 MODULAR UNIT

Drug administration

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn drug administration , it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of drug .
3.2- The purpose of giving drugs.
3.3- Principle of administration of medication .
3.4 – The six rights .
3.5- Methods of drugs administration .
3.6- Administration of medication by mouth.
3.7- Disadvantages of drugs giving .
3.8- Injection methods .
3.9- . Disadvantages of Injection methods.
3.10-Factor that help absorb of drug.
3.11-Type of giving injection.
3.12 -The purpose of subcutaneous injection .
3.13- Definition of intra dermal injection .
3.14- The purpose of intra dermal injection.
3.15- Definition of intra muscular injection.
3.16- The purpose of intra muscular injection.
3.17- Definition of intra venous injection.
3.18- The purpose of intra venous injection.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (7) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (7) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (7) degree or more , you must go to learn the ten modular unit .
- In case you get less than (7) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the drugs.
2- Enumerate the purpose of giving drugs.
3- Mention the principles of giving drugs .
4- Enumerate the six right .
5- How you gives the drug by mouth.
6- What is the disadvantages of giving drugs by mouth .
7- Enumerate methods of administration drugs by injection.
8- Mention the purpose of giving drugs by intra dermal injection.
9- Determined the site of injection for intra dermal injection .
10- How you gives injection by intra muscular .
11- What is the observation that record after injection.

C/ Per- test

Put a circle in front of right sentences:

1- The purpose of giving drug is.

a. For diagnosis 7 cure.
b. For giving drug by mouth.
c. The effect of drug .
d. The irritation of drug.

1- Disadvantage of giving drug by mouth is .

a. Cannot stop the action of drug .
b. Cannot measure the dose of drug .
c. Record the medication given to the patient .
d. May cause infection if the drug wrong .

2- Type of giving injection is .

a. Oral method .
b. Intra spinally method .
c. Intra dermal, intra muscular, & intra venous injection .
d. Inhalation method.

4- The purpose of intra dermal injection is.

a. For receiving quantity of medication .
b. For some medication which not suitable in any other methods.
c. For some of drugs that not digested in stomach.
d. For diagnosis , prevention, & treatment purpose.

5- The factors that help absorbs of drugs is.

a. Massage , moving of area & dilute of drug.
b. Thickness of tissue.
c. Fasting of giving drug.
d. Recording the medication given.

6- The site of intra dermal injection is.

a. Any vein in the body .
b. Subs scapular region of the back (the end of the shoulder).
c. Cephalic vein .
d. By intra spinally injection .

7- The observation that record after injection is .

a. The absorbed of drug .
b. The moving of area .
c. Method & site of injection .
d. Irritation of stomach by some drugs .

8- The principles of administration of drug is .

a. Local & general effect .
b. Peripheral resistance .
c. Safety drugs that gives to the patient .
d. Observe the six right when giving drugs .

Lec:13&14 Administration of medication

Definition of drug: drug is the substance which used to prevent, treat and diagnosed the disease.

Effect of drugs:

1. Local effect.
2. General effect.

The purpose of giving drug:

1. For diagnosis (such as T.B test).
2. For cure (like antibiotic).
3. For prevention (like vaccines).
4. For treatment (like paracetamol, vit……).

Principle of administration of drug

1. Doctor prescription and this include.
    a. Name of drug.
    b. Name of patient.
    c. Dosage.
    d. Frequency.
    e. Route.
    f. Time.
    g. Doctor name.
    h. Date.
2. Washing hand before giving drugs.
3. Clean the equipment.
4. Not to give the drugs without reported in chart.
5. Don't used hand in giving drugs.
6. Don't return the drug to the tube.
7. Be sure of expire day of the drug.
8. Don't mix any drug without the order of doctor.

9- Check the name of drug, patient, and doctor before give it to patient.
10. If the drugs have another name reported their name drug.
11. Repot the time of giving drug, date, name of drug, dosage, methods of giving drug and the signature of nurse.

The six rights:

1. True patient.
2. True time.
3. True rout.
4. True dose
5. True effect.
6. True drug.

Methods of drugs administration:

1. Oral Method.
2. Injection Method.
3. Intra spinally Method.
4. Intra peritoneal Method.
5. Inhalation Method.
6. Rectally Method.

Advantage of drug by mouth:

1. It is safety to gives the drug by mouth.
2. Easily to give the drug.

Disadvantage of this method:

1. Irritation of stomach by some drug.
2. Some of drugs not digested in stomach.
3. Cannot measure the dose of the drug.
4. If the patient has any defect in mouth we cannot give the drug by mouth.
5. Patient with vomiting or feeding tube or gastric lavage.

How to give drug by mouth:

1. Check the order for medication and medicine chart, patient name, date, drug, dose, method, frequency, time and doctors signature.
2. Red the labile 3 times while preparing drug.
3. Identify the patient carefully; check the bed cart, asked the patients name.
4. Give patient his medication; be sure that he swelled it.
5. Record the medication given, refused or omitted.

Injection method:

It is easy to give all the doses of drug by inject but it's expensively for patient.

Disadvantage of injection method:

1. May cause infection or death if the drug is wrong.
2. Cannot stop the action of drug when it given by injection.

Factors help absorption of drugs:

1. Massage.
2. Moving of area.
3. Dilute of drug.

Selection of needle size:

1. Kind of drug.
2. Method of drug.
3. Thickness of tissue.
4. Fasting of giving drug.

Types of giving injection:

1. Subcutaneous injection.
2. Intra dermal injection.
3. Intra muscular injection.
4. Intravenous injection.

Subcutaneous injection (S.C):

Definition: forcing liquid into the fatty tissue under the skin.

The purpose:

1. When the patient must receive repeated subcutaneous injection like diabetic patient who received insulin subcutaneously.
2. For diagnosis like sensitivity test.
3. For some medication which is not suitable in any other method.

The site of injection for this method:

1. The outer surface of upper arm below the shoulder.
2. In the middle anterior position of the thigh.
3. In the abdomen.
4. Injection angle is 45 °.

Intra dermal injection (I.D).

Definition: forcing of a small amount of fluid in to the dermal layer of the skin.

The purpose:

- ✓ For diagnostic purpose like (T.B) test.
- ✓ For preventive purpose like (B.C.G).
- ✓ For treatment.

The site of injection for this method:

1. Inner aspect of forearm is usually used for diagnostic test.
2. Sub scapular region of the back (the end of shoulder).
3. For skin treatment, the site depends on doctor order like abdomen.
4. Injection angle is 15 ˚.

Intramuscular injection (I.M):

Definition: forcing of a medicine into muscle tissue.

The purpose:

1. When drug is too irritating for use subcutaneously.
2. Large quantities of drug given.
3. When absorbed more rapidly into the blood stream than (S.C).

The site of injection:

1. Dividing the gluteus into quadrants, the injection is given in the upper outer quadrant of buttocks.
2. The vastus laterals muscle of the thigh and below the hip joint for (4 inches)
3. In the deltoid muscle.
4. Injection angle is 90 ˚.

Intravenous injection (I.V):

Definition: injection of liquid medicine directly into the vein.

The purpose:

1. When a very rapid action is desired.
2. For diagnostic test.
3. When the medication cannot be given by other methods.

The site of injection:

1. Cephalic vein.
2. Median basilica vein.
3. Any other accessible vein
4. Injection angle is 45 °.

The observation that record after injection:

1. Date of injection.
2. Name of medication and dosage.
3. Method of injection.
4. Site of injection.
5. Reaction of patient.
6. Signature of nurse.

Post- test

Put a circle in front of right sentences .

1- The observation that record after injection is .
   a. The absorbed of drug .
   b. The moving of area .
   c. Method & site of injection .
   d. Irritation of stomach by some drugs .

2- The principles of administration of drug is .
   a. Local & general effect .
   b. Peripheral resistance .
   c. Safety drugs that gives to the patient .
   d. Observe the six right when giving drugs .

3- The factors that help absorbs of drugs is.
   a. Massage , moving of area & dilute of drug.
   b. Thickness of tissue.
   c. Fasting of giving drug.
   d. Recording the medication given.

4- The site of intra dermal injection is.
   a. Any vein in the body .
   b. Subs scapular region of the back (the end of the shoulder).
   c. Cephalic vein .
   d. By intra spinally injection .

5- Type of giving injection is .

a. Oral method .
b. Intra spinally method .
c. Intra dermal, intra muscular, & intra venous injection .
d. Inhalation method.

6- The purpose of intra dermal injection is.

a. For receiving quantity of medication .
b. For some medication which not suitable in any other methods.
c. For some of drugs that not digested in stomach.
d. For diagnosis , prevention, & treatment purpose.

7- The purpose of giving drug is.

.

a. For diagnosis 7 cure.
b. For giving drug by mouth.
c. The effect of drug .
d. The irritation of drug.

8- Disadvantage of giving drug by mouth is .

a. Cannot stop the action of drug .
b. Cannot measure the dose of drug .
c. Record the medication given to the patient .
d. May cause infection if the drug wrong .

Key of answers

Pre- test

1- A
2- B
3- C
4- D
5- A
6- B
7- C
8- D

Post- test

1- C
2- D
3- A
4- B
5- C
6- D
7- A
8- B

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THE 15 &16 MODULAR UNIT

Fluid & Intravenous infusion

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn intra venous infusion , it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of intravenous infusion & blood transfusion .
3.2- The purpose of giving intra venous infusion.
3.3- The equipment that need in giving intra venous infusion .
3.4 - Kind of needles cannula .
3.5- The number of drop fluid rate .
3.6- The factors that affecting rate given of fluid.
3.7- Notes that nurse should be observed.
3.8- The formula that used to calculate the number of drop in hours.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (2) degree or more , you must go to learn the eleven modular unit .
- In case you get less than (2) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objective

After this studding this modular unit you should be able to :

1- Define intra venous infusion ..

a. What is the purpose of giving intra venous infusion .
b. Enumerate the kind of needles cannula .
c. Enumerate the factors that affecting in giving fluids.
d. How you calculate the number of drop in hours.

C/Pre- test

Put a circle in front of right sentences.

1- The purpose of giving intra venous infusion is.

a. When very rapid effect of drugs is need.
b. The size of needle that gives.
c. The viscosity of the fluid .

2- The factors that affecting rate given of fluid is.

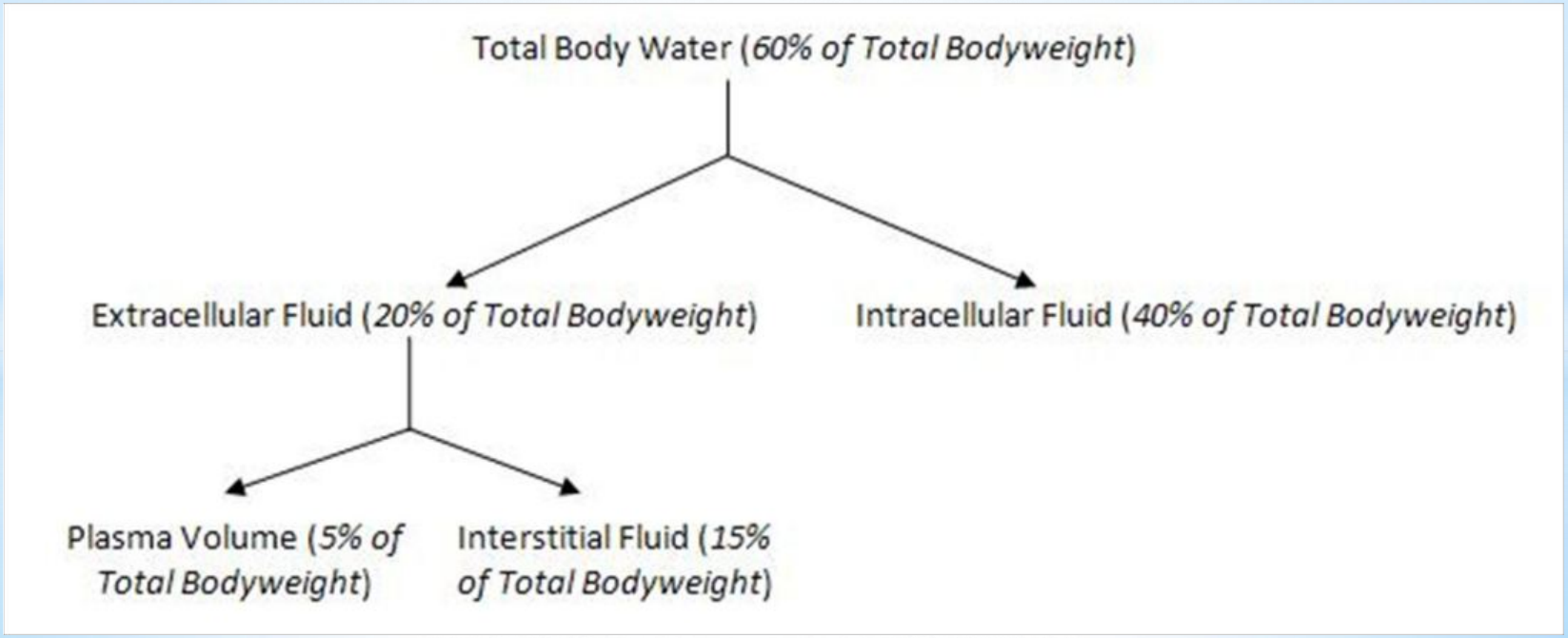
a. The raped of infusion .
b. High of the bottle & the viscosity of fluid.
c. Giving large quantity of solution directly in to the vein.

3-The notes that nurse should be observed is .

a. The size of needle .
b. The infusion set .
c. The continue of solution into the vein.

Lec. 15&16 Fluid Therapy

Fluid Therapy: Is the administration of fluids to a patient as a treatment or preventative measure. It can be administered intravenous, intraperitoneal, subcutaneous and oral routes. 60% of total body weight is accounted for by the total body water. This can further be divided into intracellular or extracellular as shown below.



Indications:

1. Hypotension
2. Hypovolemia
3. Electrolyte, metabolic and acid-base disorders
4. Decreased oxygen delivery
5. Geriatric patients at risk of organ failure

Contraindications of intravenous fluid therapy:

1. Herat failure.
2. Pulmonary congestion.
3. Poor renal function.
4. Hypertension.

Intravenous infusion: Is giving a large quantity of solution directly into the vein.

Purpose:

1. When a very rapid effect is need of drug.
2. When drug is too irritating or ineffective if given by any other way.
3. In treating the blood and blood vessels.
4. When the patient unable to take and return oral nourishment.

Equipment that need:

1. Fluid.
2. Cannula.
3. Infusion set.
4. Tourniquet, cotton and alcohol.

Kind of needles cannula:

1. Intricate
2. Butterfly

Factors affecting rate given of fluid:

1. Size of the needle.
2. High of the bottle.
3. Viscosity of the fluid.

Test 1: Enumerate the factors that affecting rate given of fluid.

Notes that nurse should be observed:

1. The rapid of infusion.
2. The continues of solution into the vein.
3. The quantity of infusion that patient need.
4. Any medication that added to the bottle.
5. The movement of the arm because it cause tension of the vein and out of the needle from vein.

Test 2: What is the notes that nurse should be observed in giving intra venous infusion.

How to calculate the number of drop in hours:

By using this formula:

$$\frac{\text{1000 ml x 15 drop (or 20 or 60)}}{\text{Number of hours x 60 minute}}$$

e.g.: Give (3) bottle of fluid for (8) hours with (20) drop in minute, to the patient?

1000 x3 = 3000 ml of fluid.

$$\frac{3000 \times 20}{8 \times 60} = \frac{60000}{480} = 125 \text{ drop /hours}$$

Blood transfusion

A blood transfusion is the transfer of blood or blood products from one person (donor) into another person's bloodstream (recipient). This is usually done as a lifesaving maneuver to replace blood cells or blood products lost through severe bleeding, during surgery when blood loss occurs or to increase the blood count in an anemic patient.

Blood transfusion giving for cases of:-

1. A severe infection or liver disease that stops your body from properly making blood or some parts of blood.

2. An illness that causes anemia, such as kidney disease or cancer.

Medicines or radiation used to treat a medical condition also can cause anemia. There are many types of anemia, including aplastic, Fanconi, hemolytic, iron-deficiency, pernicious, and sickle cell anemias and thalassemia .

3. A bleeding disorder, such as hemophilia or thrombocytopenia.

4. Before surgery.

Blood transfusion reaction:

Blood transfusion may cause the following sign:

A- Allergic reactions can be mild or severe. Symptoms can include:

1. Anxiety
2. Chest and/or back pain
3. Trouble breathing
4. Fever, chills, flushing, and clammy skin
5. A quick pulse or low blood pressure
6. Nausea (feeling sick to the stomach)

A nurse or doctor will stop the transfusion at the first signs of an allergic reaction. The health care team determines how mild or severe the reaction is, what treatments are needed, and whether the transfusion can safely be restarted.

B- Acute immune hemolytic reaction

Acute immune hemolytic reaction is very serious, but also very rare. It occurs if the blood type get during a transfusion doesn't match or work with the blood type. The body attacks the new red blood cells, which then produce substances that harm the kidneys.

The immune hemolytic reaction symptoms include:

1. Chills
2. Fever
3. Nausea
4. Chest or back pain
5. Dark urine

The doctor will stop the transfusion at the first sign of this reaction.

C- Delayed hemolytic reaction

This is a much slower version of acute immune hemolytic reaction. The body destroys red blood cells so slowly that the problem can go unnoticed until your red blood cell level is very low.

Both acute and delayed hemolytic reactions are most common in patients who have had a previous transfusion.

Test 3: Enumerate the signs& symptoms of the immune hemolytic reaction.

Steps of blood transfusion:-

1. Sure from blood incompatibilities.
2. Speed organization of blood drops (40 drop/min)
3. Observe any abnormal signs (chill, backache, dyspnea)
4. Recording in patient chart (time, quantity, name of nurse)

Post- test

Put a circle in front of right sentences .

1- The notes that nurse should be observed is .

a. The size of needle .

b. The infusion set .

c. The continue of solution into the vein.

2- The purpose of giving intra venous infusion is.

a. When very rapid effect of drugs is need.

b. The size of needle that gives.

c. The viscosity of the fluid .

3- The factors that affecting rate given of fluid is.

a. The raped of infusion .

b. High of the bottle & the viscosity of fluid.

c. Giving large quantity of solution directly in to the vein.

THE 17 MODULAR UNIT

Inhalation & Giving oxygen

A/Overview

1- Target population :-This learning package had been designed to t
first year students in the community health department of Technical
Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn inhalation, it
also intended for students who have little or no science back ground .

3- Central ideas.: -

- 3.1- Definition of inhalation.
- 3.2- the purpose of inhalation .
- 3.3- Indication for using inhalation.
- 3.4- Oxygen administration .
- 3.5- Type of giving O_2

4- Instruction :-

4.1- Study the over view care filly .

4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (2) degree or more , you must go to learn the sixteen modular unit .
- In case you get less than (2) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define of inhalation.
2- What is the purpose of inhalation .
3- Mention the indication of using inhalation.
4- How you define hypoxia.
5- Enumerate the type of giving O_2.
6- Determined the cases that used inhalation .

C/Pre- test

Put a circle in front of right sentences.

1- The indication of using inhalation is.
   a. For head injury .
   b. For respiratory insufficiency & asthma .
   c. For paralyzed patient .

2- The important point of giving oxygen is .
   a. Allow no open flam or smoking & electric.
   a. Patient who have asthma.
   b. Patient with heart failure.

3- type of giving o_2 is.
   a. Toxicity by co_1.
   b. Respiratory problem.
   c. Oxygen mask& tent.

Lec:17 Inhalation

Inhalation: Is the process of breath of air vapors steam or drugs or oxygen by the lungs.

The purposes:

1- To supply of oxygen to the body.

2- To make mucus and secretion out of respiratory tract.

Test 1: What is the purpose of inhalation?

Indication for use:

1. Respiratory insufficiency.
2. Asthma.
3. Emphysema.

Oxygen administration

Equipment that need:

1- Oxygen supply.

2- Oxygen mask or tent or nasal catheter.

Important point for oxygen administration :

1. Allow no open flame or smoking.
2. Allow no electrical use.
3. No use of oil, alcohol, or lotion.
4. Use matters without wool, or nylon

Hypoxia:

Insufficiency or oxygenation of blood caused heart failure, respiration inefficiency and asthma.

Cyanosis:

Bluish color of membranes, nail, or skin due to deoxygenation of hemoglobin.

Test 1: Define the hypoxia.

Type of giving O_2:

1. Nasal catheter, the equipment that need:
    a. Nasal catheter size 8 – 14 with several opening at end.
    b. Rubber tube.
    c. Lubricant and adhesive tape.
2. Oxygen mask: it covers the patient nose and mouth made of plastic or rubber.
3. Oxygen tend: there is:
    a. Face tend.
    b. Body tend.

Cases that used inhalation:

1. Pneumonia.
2. Asthma.
3. Respiratory problem.
4. Heart failure.
5. Toxicity by CO1

Test 3: What are the cases that used inhalation?

Post- test

Put a circle in front of right sentences .

1- type of giving o_2 is.

a. Toxicity by co_1.
b. Respiratory problem.
c. Oxygen mask& tent.

2- Important point of giving oxygen is .

a. Allow no open flam or smoking & electric.
b. Patient who have asthma.
c. Patient with heart failure.

3-The indication of using inhalation.

a. For head injury .
b. For respiratory insufficiency & asthma .
c. For paralyzed patient .

Key of answers

Pre- test

1- A
2- B
3- C

Post- test

1- B
2- A
3- C

Test 1: 1- To supply of oxygen to the body.
2- To make mucus and secretion out of respiratory tract

Test 2:

Hypoxia: insufficiency or oxygenation of blood caused heart failure, respiration inefficiency and asthma.

Test 3:

1. Pneumonia.
2. Asthma.
3. Respiratory problem.
4. Heart failure.
5. Toxicity by CO1.

The 18 MODULAR UNIT

Nasogastric feeding
And
Gastric lavage

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn nasogastric feeding & gastric lavage , it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of gastric gavages & lavages .
3.2- The purpose of gastric gavages & lavages.
3.3- Kind of foods that gives to the patient.
3.4 - Equipment that need in gastric gavages .
3.5- Nursing care that gives to the patient who have gastric gavages .
3.6- Nursing care that gives to the patient who have gastric lavages.

4- Instruction :-

4.1- Study the overview carefully ..
4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (2) degree or more , you must go to learn the eight modular unit .
- In case you get less than (2) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objective

After this studding this modular unit you should be able to :

1- Define gastric gavages & lavages.
2- Enumerate the purpose of gastric gavages.
3- Explain the way of gastric gavages tube .
4- Mention the nursing care that gives to the patient how have gastric gavages& lavages.

C/ Per- test

Put a circle in front of right sentences.

1- The purpose of making gastric gavages is.

a. To gives food& fluid to the patient who had unable to eat &drink.
b. Giving frequent mouth care.
c. Process of giving fluid.

2- The way of nasal gastric tube is .

a. The tube passed through the mouth to the intestinal .
b. The tube inserted through one nostril down the nasal pharynx & esophagus in to the stomach .
c. The tube passed from the mouth to the stomach .

3- Patient who needs gastric gavages are.

a. Patient with injuries .
b. Patient who had fever .
c. Unconscious patient .

Lec:18 Nasogastric Feeding

Definition: Is a process of feeding the patient through a tube passed into the esophagus and stomach by way of the nose.

Purpose:

1. To provide food or fluid to patient who had unable to take nourishment by mouth.
    a. Unconsciousness.
    b. Fracture of jaw.
    c. Cleft palate.
    d. Psychosis and delirium patient.
    e. Operations on the mouth or patient with nausea and vomiting.

2. To provide for maximal nutritional recovering from disease for injury.

Test 1: Enumerate the purpose of nasogastric feeding .

The way of nasal gastric tube:

1- The tube inserted through one of the nostrils down the nasal pharynx and esophagus into the stomach.

2- The tube is passed through the mouth and pharynx into esophagus and stomach.

Kind of food that gives to the patient:

1- Milk, sugar with water, eggs and vegetable.

2- The quantity of food order by doctor.

Equipment that need:

1. Nasogastric tube (plastic tube).
2. Tongue depressor, lubricant, and syringes.
3. Pitcher with liquid feeding 500 CC / 37C^{o}
4. Paper tissues and towel.
5. Adhesive tap.
6. Glycerin and ice.

Important point for Nasogastric Feeding:

1. Tube feeding must be refrigerated for 15 -20 min.
2. Put patient in semi sitting position.

Nursing care:

1. Clean the nostril and gastric tube with moistened cotton.
2. Apply water soluble lubricant to the nostril if it dries.
3. Giving frequent mouth care.
4. Record the intake and out put liquid that gives to the stomach.

Gastric lavage

Definition: It means empty of the content of the stomach by insert the tube from mouth or noise to the stomach.

Equipment that needs:

1. Rubber tube.
2. Syringe 50 cc.
3. Solution for irrigation (sodium bicarbonate).
4. Oil or lubricant and ice.

Test 2: Mention the equipment of gastric lavage.

Nursing care:

1. Clean the noise and mouth before and after procedure.
2. Collecting the specimens to measuring.
3. Return the procedure until solution from the stomach is clean.
4. Clean the equipment that used in procedure.
5. Record the time of procedure and abnormal signs of patient in chart.

Test 3: What is the nursing care to the patient with gastric lavages .

Post- test

Put a circle in front of right sentences .

1- Patient who needs gastric gavages are.

a. Patient with injuries .
b. Patient who had fever .
c. Unconscious patient .

2- The way of nasogastric tube is .

a. The tube passed through the mouth to the intestinal .
b. The tube inserted through one nostril down the nasal pharynx & esophagus in to the stomach .
c. The tube passed from the mouth to the stomach.

3- Factors that helping to improve the patient appetite .

a. Emotional status .
b. Comfortable position .
c. process of feeding of the patient .

Key of answers

Pre- test

1- A
2- B
3- C

Post- test

1- C
2- B
3- A

Test 1:
1- Unconscious patient .
2- Fracture of jaw.
3- Cleft palate .
4- Psychosis & delirium patient .
5- Operation in the mouth or patient with nausea& vomiting.

Test 2:
1- Rubber tube .
2- Syringe 50cc .
3- Solution for irrigation (sodium bicarbonate).
4- Oil or lubricant & ice .

Test 3:
1- Clean the nostril & gastric tube with moistened cotton .
2- Apply water soluble lubricant to the nostril if it dries .
3- Giving frequent mouth care.
4- Recorded the intake &out put liquid that gives .

The 19 MODULAR UNIT

Urinary Catheterization

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn urinary catheterization, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of urinary catheterization .
3.2- The causes of catheterization .
3.3- The complication of making catheterization.
3.4- Nursing observation .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .

- If you get (1) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (1) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (1) degree or more , you must go to learn the modular unit .

- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define of urinary catheterization.

2- What is the causes of making catheterization .

3- Enumerate the complication of making catheterization.

4-How you gives nursing care to the patient after catheterization .

C/Pre - test

Put a circle in front of right sentences.

1- The purpose of making catheterization is.

a. To remove urine from the bladder .
b. To prevent happened of hypotension .
c. To stop bleeding.

2- The nursing care that gives to the patient with catheterization i

a. Change the position of patient .
b. Measuring the amount of urine & record intake &output sheet.
c. prevent fever.

Lec. 19 Urinary catheterization

Definition: Is the introduction of catheter through the urethra into the bladder for the purpose of removing urine from the bladder.

The causes of catheterization:

1. Collocation of a sterile urine specimen .
2. Measurement of residual urine.
3. Complete empty of bladder from urine to prepare the patient to surgical operation .

Test 1: Enumerate the causes of catheterization.

The complication of making catheterization:

1. May be happened infection of urinary tract.
2. Trauma may be happened .

The equipment of catheterization:

1. Sterile catheterization set .
2. Sterile bowl .
3. Gloves.

Nursing observation:

Measuring the amount of urine & record intake & 0utput sheet.

1. Report any unusual characteristics of urine .
2. Note procedure date & time.
3. Note if specimen was sent to the laboratory.

Test 2: What is the nursing care that gives to the patient with catheterization?

Post- test

Put a circle in front of right sentences .

1- The nursing care that gives to the patient with catheterization is .

a. Change the position of patient .

b. Measuring the amount of urine & record intake &output sheet.

2- The purpose of making catheterization is:

a. To remove urine from the bladder .

b. To prevent happened of hypotension .

Key of answers

Pre- test

1- A
2- B

Post- test

1- B
2- A

Test 1:

1- Collocation of a sterile urine specimen.

2-Measurement of residual urine .

3-Complete empty of bladder from urine to prepare the patient to surgical operation

Test 2:

1- Measuring the amount of urine & record intake & 0utput sheet.

2- Report any unusual characteristics of urine.

3- Note procedure date & time.

4- Note if specimen was sent to the laboratory.

THE 20 MODULAR UNIT

Pre& Postoperative Nursing care

A/Overview

1- Target population :-This learning package had been designed the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn pre & post-operative nursing care, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Nursing responsibilities for pre-operative care .
3.2- Nursing responsibilities before day of operation .
3.3- Nursing responsibilities of the operative day .
3.4- Nursing responsibilities in the recovery room.
3.5- Post operative complication.
3.6- Nursing care of the complication.
3.7- Nursing care that gives to the patient with infection wound.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .

4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .

- If you get (6) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (6) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (6) degree or more , you must go to learn the modular unit .

- In case you get less than (6) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Enumerate the nursing responsibility of pre-operative care.

2- What is the responsibility of nurse in recovery room .

3- Enumerate the nursing care that gives to the patient before operation..

4-How you gives nursing care after surgical operation.

C/Pre- test

Put a circle in front of right sentences.

1- Nursing care that gives to the patient before operation is.

a. Psychological &physiological support gives .

b. Explain to patient the important foods that gives to him after operation .

c. A & B.

2- Rotten information about patient includes .

a. Check vital signs & reported .

b. A & C.

c. Observe any abnormal signs & notify physician.

3- The nursing responsibility of the operative day is.

a. Gives sedation before the operation.

b. Put the patient in lateral position.

c. Clean the mouth from the secretion .

4- Nursing responsibility in recovery room is.

a. Empty the bladder from urine.
b. Put air way tube to help patient to breath.
c. A & B.

5-The complication that happened during 24 hours is.

a. Fair of operation.
b. Toxicity by CO1 .
c. Hemorrhage & shock .

6-The signs & symptoms of internal bleeding is.

a. Hypotension & tacky cardiac.
b. Fever & seating .
c. Lose of apatite.

7- When the wound is infected the nursing responsibility is.

a. Check vital signs every 15 minutes.
b. Dressing the wound to discharge of the pus out.
c. Giving sedation.

8- Shock happened because of .

a. Increase of potassium.
b. Sedation that gives to the patient.
c. Loosing large quantity of blood.

Lec.20 Pre& Post-operative nursing care

Nursing responsibility for pre-operative care:-

1- Giving psychological & physiological support because of the anxiety of& fair of operation.

2- Report of routine information about patient examination &its includes .

3- Check vital signs& charted.

4- Check the weigh & charted.

5- Made general investigation to the patient for blood & urine &E.C.G.

6- Observe any abnormal signs & notify the physician about it.

7- Explain to the patient & his family the important foods that gives after operation.

8- Personal hygiene must be gives to the patient.

9- Explain to the patient the operation that made to him & the drugs that gives before the operation done.

Test 1: What is the nursing responsibility of pre- operative care.

Nursing responsibility before day of operation :-

1- Shaving the area of operation because hair caused infection of the wound .
2- Stop any drugs that gives to the patient before 24 hours of making operation.
3- Make enema to empty of intestinal & empty the bladder by making catheterization .
4- Stop foods & fluid before 6 hours of operation.
5- Check vital signs & reported.
6- Explain to the patient the important of exercise after operation.

Nursing responsibility in the operative day :-

1- Check vital signs before operation done & notify physician about any change in it.
2- Personal hygiene must be done to the patient.
3- Empty the bladder from urine.
4- Giving sedation before operation like pethidine.
5- Transport the patient to the operating room with his chart.

Test 2: Who you gives nursing care to the patient in the day of operation.

Nursing responsibilities in the recovery room:-

1- Put the patient lateral position or semi prone without pillow to prevent aspiration of secretion or vomiting.
2- Put air way tube in his mouth to prevent obstruct of air way.
3- Gives O_2 by mask to the patient.
4- Clean the mouth from accumulation of secretion.
5- Put blanket on the patient to prevent chilling.
6- Check vital signs every 15 minute .
7- Observe the dressing wound to observe bleeding if happened.
8- Observe intravenous infusion that gives to the patient.
9- Giving sedation to reduce the pain of operation.
10- Observe the activity of respiratory system & retrain of patient to his conscious.
11- Take the patient to his room in the surgical word.

Test 3: Enumerate the nursing responsibility in recovery room.

Post- operative complication:-

The complication that happened during 24 hours are:-

1- Hemorrhage ,that includes:
   a. External bleeding.
   b. Internal bleeding.

Signs & symptoms of internal bleeding:-

1- Hypotension.
2- Tacky cardiac.
3- Restless of patient .
4- Pallor of skin.
5- Thirsty & cold skin.

Test 4: What is the signs & symptoms of internal bleeding.

1- Shock because of losing of large quantity of fluid or blood or pain.
2- Hypoxia because of sedation that gives before operation.
3- Cardiac arrest because of ,
   a. Hypotension.
   b. Decries of blood in the artery .
   c. Increase of potassium.
   d. Cardiac failure may be occur.

In case of cardiac arrest happened the nursing care that gives are :-

1- Giving artificial respiration to the patient.
2- Cardiac massage had done.
3- Tracheotomy operation done to stimulate respiratory system action.

General complication of post- operative operation:-

1- Vomiting.
2- Pain in the area of operation.
3- Returning of urine .
4- Constipation or distention of abdomen.
5- Paralytic intestinal.
6- Complication of respiratory system, like pneumonia, bronchitis.
7- Thrombosis.
8- Wound infection.

Nursing care of complication:-

1- Put the patient in bed rest.
2- Change the position of the patient to prevent retention of urine& stimulate blood circulation.
3- Giving large quantity of fluid.
4- Putting hot compress on the abdomen to prevent constipation.
5- Promote the patient to make breathing exercises to stimulate the secretion out of the body.

Test 5: Enumerate the Nursing care of complication .

Nursing care that gives to the wound infection:-

1- Dressing the wound to discharge of the pus from the wound.
2- Making swap to the infection that happened to know the kind of bacteria that caused infection.
3- Giving anti biotic by the order of physician .
4- Giving good nutrition.
5- Psychological support must be gives to the patient.
6- Prevent the activity of patient.

Test 6: What is the nursing care that gives when the wound is infected.

Post- test

Put a circle in front of right sentences .

1- The complication that happened during 24 hours is.

a. Fair of operation.
b. Toxicity by CO1 .
c. Hemorrhage & shock .

2- The signs & symptoms of internal bleeding is.

a. Hypotension & tacky cardiac.
b. Fever & seating .
c. Lose of apatite.

3- When the wound is infected the nursing responsibility is.

a. Check vital signs every 15 minutes.
b. Dressing the wound to discharge of the pus out.
c. Giving sedation.

4- Shock happened because of .

a. Increase of potassium.
b. Sedation that gives to the patient.
c. Loosing large quantity of blood.

5- Nursing care that gives to the patient before operation is.

a. Psychological &physiological support gives .

b. Explain to patient the important foods that gives to him after operation .

c. A & B.

6- Rotten information about patient includes .

a. Check vital signs & reported .

b. A & C.

c. Observe any abnormal signs & notify physician.

7- The nursing responsibility of the operative day is.

a. Gives sedation before the operation.

b. Put the patient in lateral position.

c. Clean the mouth from the secretion .

8- Nursing responsibility in recovery room is.

a. Empty the bladder from urine.

b. Put air way tube to help patient to breath.

c. A & B.

Key of answers

Pre- test

1- C
2- B
3- A
4- B
5- C
6- A
7- B
8- C

Post- test

1- C
2- A
3- B
4- C
5- C
6- B
7- A
8- B

Test 1:

1- Giving psychological & physiological support because of the anxiety of& fair of operation.
2- Report of routine information about patient examination &its includes .
3- Check vital signs& charted.
4- Check the weigh & carted.
5- Made general investigation to the patient for blood & urine &E.C.G.
6- Observe any abnormal signs & notify the physician about it.
7- Explain to the patient & his family the important foods that gives after operation.
8- Personal hygiene must be gives to the patient.
9- Explain to the patient the operation that made to him & the drugs that gives before the operation done.

Test 2:

1- Check vital signs before operation done & notify physician about any change in it.
2- Personal hygiene must be done to the patient.
3- Empty the bladder from urine.
4- Giving sedation before operation like pethidine.
5- Transport the patient to the operating room with his chart.

Test 3:

1- Put the patient lateral position or semi prone without pillow to prevent aspiration of secretion or vomiting.
2- Put air way tube in his mouth to prevent obstruct of air way.
3- Gives O_2 by mask to the patient.
4- Clean the mouth from accumulation of secretion.
5- Put blanket on the patient to prevent chilling.
6- Check vital signs every 15 minute .
7- Observe the dressing wound to observe bleeding if happened.
8- Observe intravenous infusion that gives to the patient.
9- Giving sedation to reduce the pain of operation.
10-Observe the activity of respiratory system & retrain of patient to his conscious.
11-Take the patient to his room in the surgical word.

Test 4:

1- Hypotension.
2- Tacky cardiac.
3- Restless of patient .
4- Pallor of skin.

Test 5:

1- Put the patient in bed rest.
2- Change the position of the patient to prevent retention of urine& stimulate blood circulation.
3- Giving large quantity of fluid.
Putting hot compress on the abdomen to prevent constipation.
4- Promote the patient to make breathing exercises to stimulate the secretion out of the body.

Test 6:

1- Dressing the wound to discharge of the pus from the wound.
2- Making swap to the infection that happened to know the kind of bacteria that caused infection.
3- Giving anti biotic by the order of physician .
4- Giving good nutrition.
5- Psychological support must be gives to the patient.
6- Prevent the activity of patient.

The 21 MODULAR UNIT

First aids

Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn first aids , it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of first aid.

3.2- The purpose of first aid.

3.3- The priorities of first aid.

3.4- General principles in first aid.

4- Instruction :-

4.1- Study the overview carefully .

4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .
- If you get (6) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (6) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (6) degree or more , you must go to learn the modular unit .
- In case you get less than (6) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the first aid.
2- Mention the purpose of first aid.
3- Enumerate the priorities of first aid.
4- know the general principles in first aid.

C/Pre- test

Put a circle in front of right sentences.

1- The priorities of first aid are:.
   a. To maintain an open airway
   b. Maintain breathing.
   c. A & B.

2- The purposes of first aid are:-
   a. To save life.
   b. A & B.
   c. Prevent further injury.

3- If the situation danger for the casualty.
   a. Determine the safe area .
   b. Put the patient in lateral position.
   c. Clean the mouth from the secretion .

4- a situation with more than one casualty limit your assessment to looking for.

a. Bleeding.
b. An open airway.
c. Shock.

5- Moving the casualty during the examination.

a. Frequently.
b. With any step .
c. No more than is necessary.

6- In open wounds or burns care must be using .

a. wore gloves.
b. The fingers.
c. un-sterile objects.

7- Do not give the casualty anything to eat or drink because it may cause.

a. Diarrhea.
b. Vomiting.
c. Constipation.

8- Is the emergency care before professional medical services are obtained..

a. Intensive care unit.
b. Palliative care.
c. First aid.

Lec.21 First Aids

First aid is the emergency care and treatment of a sick or injured person before professional medical services are obtained.

The goals of first aid are:-

(1) To save life.

(2) Prevent further injury.

(3) To minimize or prevent infection.

Test 1: What is the goals of first aid.

The priorities of first aid are:-

(1) To maintain an open airway

(2) Maintain breathing.

(3) To maintain circulation.

(4) Control bleeding

(5) Reduce or prevent shock.

Test 2: Mention the priorities of first aid.

General principles in first aid:

1. Determine if the area is safe. If the situation danger for the casualty this threat against the possible damage caused by early movement.

2. Determine the extent of the illness or injury and how it happened. e.g if the casualty is unconscious.

3. In a situation with more than one casualty limit your assessment to looking for an open airway, breathing, bleeding, and circulation, the life-threatening conditions.

4. During the examination, moving the casualty no more than is necessary. Loosen restrictive clothing, at the neck, waist, and where it binds.

5. Do not touch open wounds or burns with the fingers or un-sterile objects unless it is necessary. Washing the hands with soap and warm water immediately after providing care, even if you wore gloves or used another barrier.

6. Do not give the casualty anything to eat or drink because it may cause vomiting, and because of the possible need for surgery.

Test 3: Enumerate the general principles in first aid.

Post- test Put a circle in front of right sentences .

1- First aid is the emergency care and treatment for:

a. Healthy person.
b. Patient .
c. The casualty.

2- From the goal of first aids is:

a. Prevent further injury.
b. Surgery.
c. Give the causality some food.

3- When the wound is open:

a. Check vital signs every 15 minutes.
b. Don't touch the wound without barriers.
c. Giving sedation.

4- The third priorities of first aid is:

a. Increase of potassium.
b. Prevent bleeding.
c. Maintain circulation.

5- Moving the causality from the injury situation in case of:

a. Fractures injuries .
b. difficult of breathing.
c. The situation is danger.

6- Loosen restrictive clothing at:

a. Legs .
b. Neck.
c. Arms.

7- Washing the hands immediately after providing care with:

a. Soap and warm water.
b. Antimicrobial soap.
c. A&B .

8- If the casualty is unconscious:

a. Empty the bladder from urine.
b. Check the extent illness or injury and how it happened .
c. A & B.

Key of answers

Pre- test

1- C
2- B
3- A
4- B
5- C
6- A
7- B
8- C

Post- test

1- C
2- A
3- B
4- C
5- C
6- B
7- C
8- B

Test 1:

1- To save life.
2- Prevent further injury.
3- To minimize or prevent infection.

Test 2:

1- To maintain an open airway
2- Maintain breathing.
3- To maintain circulation.
4- Control bleeding
5- Reduce or prevent shock.

Test 3:

1. Determine if the area is safe. If the situation danger for the casualty this threat against the possible damage caused by early movement.
2. Determine the extent of the illness or injury and how it happened. e.g if the casualty is unconscious.

3. In a situation with more than one casualty limit your assessment to looking for an open airway, breathing, bleeding, and circulation, the life-threatening conditions.

4. During the examination, moving the casualty no more than is necessary. Loosen restrictive clothing, at the neck, waist, and where it binds.

5. Do not touch open wounds or burns with the fingers or un-sterile objects unless it is necessary. Washing the hands with soap and warm water immediately after providing care, even if you wore gloves or used another barrier.

6. Do not give the casualty anything to eat or drink because it may cause vomiting, and because of the possible need for surgery.

The 22 MODULAR UNIT



Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first aids of wounds, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of wounds .
3.2- Classification of Wounds.
3.3- Types of Wounds
3.4- The signs & symptoms of wound infection.
3.5- First aid of Wounds.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package .
4.3- Perform the pre- test of this unit .

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .

- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the wounds.
2- Classify of wounds.
3- Mention the types of wounds.
4- Enumerate the signs & symptoms of wound infection.
5- Enumerate the first aid of wounds.

C/Pre- test

Put a circle in front of right sentences.

1- The main threats with the wounds are:
   a. Bleeding and infection.
   b. Healing .
   c. Injection.

2- Classification of wounds depend general condition:
   a. Large wound .
   b. New wound .
   c. Open wound .

3-The hematomas occur in:
   a. Open wound .
   b. Burns.
   c. Closed wound .

Lec:22 First aids of wounds

Definition of wounds:

Injuries that cause a break in the skin, underlying soft tissue, or other body membrane are known as a wound. The two main threats with these injuries are bleeding and infection.

Classification of wounds:

Wounds are classified according to their general condition, size, location, the manner in which the skin or tissue is broken, and the agent that caused the wound.

A- General Condition

1. New wound.
2. The wound is old and infected.
3. The wound contains foreign objects.

B- Size

1. (Large wounds) are more serious than small ones and they usually involve severe bleeding, more damage to the underlying tissues and organs, and a greater degree of shock.
2. (Small wounds) are sometimes more dangerous than large ones: they may become infected more readily due to neglect.

C- Location

The depth of a wound also is important because it may lead to a serious damage to deep structures, as well as to the skin and tissues below it, the location is an important consideration.

Test 1: Classification of wounds depend on what?

Types of wounds:-

1. Open wound: - Is one in which the skin surface has been broken. This damage can cause serious internal and external bleeding. the wound becomes contaminated and may become infected.

2. Closed wound: - A closed wound is where the skin surface is unbroken but underlying tissues have been damaged called hematomas. (Hematomas):- Are the results of a severe blunt injury with extensive soft tissue damage, tearing of large blood vessels, and pooling of large amounts of blood below the skin.

Signs and symptoms of wound infection:

1. Fever

Patients who are running a fever may also have headaches and decreased appetite. Contaminated or infected wounds may benefit from antimicrobial dressings.

2. Feeling of Overall Malaise

Feelings of fatigue and lack of energy.

3. Green, Cloudy (Purulent) or Malodorous Drainage

If the drainage becomes purulent or has a foul odor it can indicate an infection.

4. Increasing or Continual Pain from Wound.

5. Redness Around Wound

Wounds appear red due to the natural inflammatory process of healing, but that redness should gradually decrease in approximately 5-7 days. Redness around the wound that continues of wound infection.

6. Swelling of Wounded Area

Like redness, swelling is normal at the beginning stages of wound healing. However, swelling should be continually decreasing. Persistent swelling could be a further sign of infection or other complications.

7. Hot Skin Near Wound
The heat is caused by the release of vasoactive chemicals increasing blood flow to that area. In addition, the immune system generates more heat by sending lymphocytes to produce antibodies to destroy the pathogen and phagocytes to ingest the dead bacteria.

8. Loss of Function and Movement
The patient has lost the ability to move the wounded area normally. While surgery and injuries can sometimes cause difficulty in movement The wound can be common to have burning, numbness or tingling around the wound when the patient tries to move.

Test 2: Enumerate the signs and symptoms of wound infection.

First aid of wounds:-
1. Controlling the flow of blood to control bleeding.
2. Treating for shock.
3. Preventing infection.
4. When necessary, tear or cut clothing away from the wound because excessive movement of the injured part will cause pain and additional damage.
5. Give antibiotics drugs.

Test 3: Mention the first aids of wounds.

Post- test

Put a circle in front of right sentences .

1- Swelling of wounded area due to:
   a. Headache.
   b. Wound infection.
   c. Bleeding.

2- For treating the infection of wound:
   a. Fluid intake.
   b. Give antibiotics drugs.
   c. Give sedations.

3- Feeling of overall malaise mean:
   a. fatigue and lack of energy.
   b. Anxiety.
   c. Loss of appetite.

Key of answers

Pre- test

1- A
2- B
3- C

Post- test

1- B
2- C
3- A

Test 1:

A- General Condition

1. New wound.
2. The wound is old and infected.
3. The wound contains foreign objects.

B- Size

1. Large wounds.
2. Small wounds.

C- Location: The depth of a wound.

Test 2:

1. Fever
2. Feeling of Overall Malaise
3. Green, Cloudy (Purulent) or Malodorous Drainage
5. Redness Around Wound
6. Swelling of Wounded Area
7. Hot Skin Near Wound
8. Loss of Function and Movement.

Test 3:

1. Controlling the flow of blood to control bleeding.
2. Treating for shock.
3. Preventing infection.
4. When necessary, tear or cut clothing away from the wound because excessive movement of the injured part will cause pain and additional damage.
5. Give antibiotics drugs.

THE 23 MODULAR UNIT

First aid of bleeding

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn bleeding, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of bleeding .

3.2- The signs & symptoms of bleeding .

3.3- The nursing care that gives to the patient with bleeding .

4- Instruction :-

4.1- Study the overview carefully .

4.2- Learn briefly the modular units of this package.

4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .
- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .
- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .
- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .
- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the bleeding.

2- Enumerate the signs & symptoms of bleeding .

1- How you gives nursing care to the patient with bleeding.

C/Pre- test

Put a circle in front of right sentences.

1- The definition of bleeding is.

a. Losing of blood away from the body when there is cutting in the vein .

b. Giving a large quantity of solution directly in to the vein .

c. Injected of liquid medication directly in to the vein .

2- The signs & symptoms of bleeding is .

a. Headache .

b. Faster & weaker of pulse .

c. Back pain .

3-The nursing care of bleeding is .

a. Making back massage .

b. Oral hygiene must be done .

c. Stopping the bleeding by dressing the wound.

Lec:23 Bleeding

Definition: losing of blood away from the body when there is cutting in the artery or vein.

Types of bleeding:

A- External Bleeding:

1- Capillary Bleeding

Capillaries are the smallest blood vessels. When a minor scrape or cut opens some capillaries, the bleeding is almost always very slow and small in quantity.

* The body's natural clotting mechanism is able to stop most cases of capillary bleeding within seconds to minutes.

2- Venous Bleeding

Deep lesions have the potential to cut veins. A cut vein typically results in a steady but relatively slow flow of dark red blood.

* The best way to stop most cases of venous bleeding is to put direct pressure on the wound.

3- Arterial Bleeding

This is the least common and most dangerous type of bleeding. It involves bright red blood that comes out in large volume.

*In most cases of arterial bleeding, direct and extremely firm pressure on the wound is the best way of stopping it. If direct pressure is not applied, a severe arterial wound can cause bleed to death within a few minutes.

Test 1: Mention the types of bleeding.

Signs and symptoms:

1. Face and lips become pale.
2. Cold skin.
3. Faster and weaker of pulse;
4. The patient feels thirsty.
5. Blurring of vision and drowsiness.
6. Fainting due to reduce of blood to the brain.

Test 2: What is the signs & symptoms of bleeding?

First aid of bleeding:

1. Stopping the bleeding by dressing the wound.
2. Giving a large amount of fluid and nutrition.
3. Warmed the patient to prevent cooling.
4. Put the patient in bed and promote comfort and sleep
5. Apply another padding when the bleeding is continues and bandage firmly.
6. Don't remove the original dressing to prevent restart of the bleeding.
7. If the patient need blood give him blood transfusion by the order of doctor.

Test 3: Mention the nursing care that gives to the patient with bleeding.

Post- test

Put a circle in front of right sentences .

1- The signs & symptoms of bleeding is .
   a. Headache .
   a. Faster & weaker of pulse .
   b. Back pain .

2- The nursing care of bleeding is .
   a. Making back massage .
   b. Oral hygiene must be done .
   c. Stopping the bleeding by dressing the wound .

3- The definition of bleeding is.
   a. Losing of blood away from the body when there is cutting in the vein .
   b. Giving a large quantity of solution directly in to the vein .
   c. Injected of liquid medication directly in to the vein .

Key of answers

Pre- test	Post- test
1- A	1- B
2- B	2- C
3- C	3- A

Test 1:

1- Capillary Bleeding
2- Venous Bleeding
3- Arterial Bleeding

Test 2:

1- Face and lips become pale.
2- Cold skin.
3- Faster and weaker of pulse;
4- The patient feels thirsty.
5- Blurring of vision and drowsiness.
6- Fainting due to reduce of blood to the brain.

Test 3:

1- Stopping the bleeding by dressing the wound.
2- Giving a large amount of fluid and nutrition.
3- Warmed the patient to prevent cooling.
4- Put the patient in bed and promote comfort and sleep
5- Apply another padding when the bleeding is continues and bandage firmly.
6- Don't remove the original dressing to prevent restart of the bleeding.
7- If the patient need blood give him blood transfusion by the order of doctor.

References:
1- Ben Kim, Bleeding: How to Treat Different Types of Bleeding, Oct 31, 2016.
2- Killick, N; Malik, V; Nirmal Kumar, B (Mar 2014). "Nasal packing for epistaxis: an evidence-based review". British journal of hospital medicine, England ,2005.

THE 24 MODULAR UNIT

First aid of shock

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first ai of shock, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of shock.
3.2- The signs & symptoms of shock.
3.3- Types of shock.
3.4- The first aid that gives to the patient with shock .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the shock.
2- Enumerate the signs & symptoms of shock .
3- Enumerate the types of shock.
4- How you gives first aid to the patient with shock.

C/Pre- test

Put a circle in front of right sentences.

1- Shock, is the failure of the:
   a. Heart and blood vessels.
   b. Giving a large quantity of solution directly in to the vein .
   c. Injected of liquid medication directly in to the vein .

2- The signs & symptoms of shock is:
   a. Nausea and vomiting.
   b. Faster & weaker of pulse .
   c. A&B.

3- Anaphylactic shock caused by:
   a. Lack of blood .
   b. Multiple infection.
   c. Exposing for sensitive substance.

Lec:24 Shock

Definition: Shock, is the failure of the heart and blood vessels (circulatory system) to maintain enough oxygen-rich blood flowing (perfusion) to the vital organs of the body. There is shock to some degree with every illness or injury; shock can be life threatening.

The signs and symptoms of the of shock are:

1. Anxiety, restlessness and fainting.
2. Nausea and vomiting.
3. Excessive thirst (polydipsia).
4. Eyes are vacant, dull (lackluster), large (dilated) pupils.
5. Shallow, rapid (tachypnea), and irregular breathing.
6. Pale, cold, moist (clammy) skin.
7. Weak, rapid (tachycardia), or absent pulse.

Test 1: Mention the signs & symptoms of shock.

Respiration:

Is the process by which oxygen and carbon dioxide are interchanged.

- **The normal adult breath is (14 – 24) time in minute.**

External respiration:

Is providing oxygen to the blood and removal carbon dioxide from the blood.

Internal respiration:

Is providing oxygen that is in the blood to the cells in the body and removal of carbon dioxide from the tissue to the blood.

Notes in observed respiration:

1. Respiratory rate.
2. Respiratory depth.
3. Pulse volume.
4. Nature of Respiration (ordinarily regular, or irregular).
    - ✓ **Eupnoea:** normal Respiration.
    - ✓ **Polynea :** increase rate of Respiration.
    - ✓ **Hyperpnoea:** increase depth of Respiration.
    - ✓ **Dypnea:** difficult breathing.
    - ✓ **Stertorous:** breathing with sound.

Is the snoring sound resulting from secretion in trachea and large bronchi.

4. Anaphylactic Shock

Anaphylactic (allergic) shock occurs when an individual is exposed to a substance to which his or her body is sensitive. The individual may experience a burning sensation, loss of voice, itching, severe swelling, and difficulty breathing.

5. Septic shock: Occurs with multiple infection.
6. Cardiogenic shock: Occurs when the heart muscle is weak.

Test 2: Enumerate the types of shock.

First aids of Shock:-

1. Maintain open airway - Head-tilt/chin-lift or jaw-thrust.
2. Control bleeding - Direct pressure, elevation, indirect pressure, or tourniquet if indicated.

3. Place the casualty on his or her back, with legs elevated 6 to 12 inches. If it is possible, take advantage of a natural slope of ground and place the casualty so that the head is lower than the feet.

4. Keep the casualty comfortable, and warm enough to maintain normal body temperature.

5. Keep the casualty as calm as possible and check vital signs every 15 minute.

6. Do not give the casualty anything to eat or drink because it may cause vomiting. If the casualty complains of thirst, wet his or her lips with a wet towel.

7. Request medical assistance - Ask bystanders to call the local emergency number or medical personnel.

Test 3: Mention the first aid that gives to the patient with shock.

Post- test

Put a circle in front of right sentences .

1- shock is caused by an abnormal enlargement of the blood vessels

a. Hypovolemic .
b. Neurogenic.
c. Cardiogenic.

2- Psychogenic shock produced by:

a. Weak in cardiac muscle.
b. excessive fear, joy, anger, etc..
c. Blood vasodilation .

3- Keep the casualty as calm as possible and check vital signs Every:

a. Hour.
b. 30 minute .
c. 15 minute.

Key of answers

Pre- test

1- B
2- B
3- C

Post- test

1- B
2- C
3- A

Test 1:

1. Anxiety, restlessness and fainting.
2. Nausea and vomiting.
3. Excessive thirst (polydipsia).
4. Eyes are vacant, dull (lackluster), large (dilated) pupils.
5. Shallow, rapid (tachypnea), and irregular breathing.
6. Pale, cold, moist (clammy) skin.
7. Weak, rapid (tachycardia), or absent pulse.

Test 2:

1. Hypovolemic Shock
2. Neurogenic Shock
3. Psychogenic Shock
4. Anaphylactic Shock
5. Septic shock
6. Cardiogenic shock

Test 3:

1. Maintain open airway - Head-tilt/chin-lift or jaw-thrust.
2. Control bleeding - Direct pressure, elevation, indirect pressure, or tourniquet if indicated.
3. Place the casualty on his or her back, with legs elevated 6 to 12 inches. If it is possible, take advantage of a natural slope of ground and place the casualty so that the head is lower than the feet.
4. Keep the casualty comfortable, and warm enough to maintain normal body temperature.
5. Keep the casualty as calm as possible and check vital signs every 15 minute.
6. Do not give the casualty anything to eat or drink because it may cause vomiting. If the casualty complains of thirst, wet his or her lips with a wet towel.
7. Request medical assistance - Ask bystanders to call the local emergency number or medical personnel.

THE 25 MODULAR UNIT

First aid of fractures

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first ai of shock, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of shock.
3.2- The signs & symptoms of shock.
3.3- Types of shock.
3.4- The first aid that gives to the patient with shock .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the fractures.
2- Enumerate the signs & symptoms of fractures .
3- Enumerate the complications of fractures.
4- How you gives first aid to the causality with fractures.

C/Pre- test

Put a circle in front of right sentences.

1- A closed fracture:
   a. does not produce an open wound.
   b. produce an open wound.
   c. compound fracture.

2- The signs & symptoms of fracture is:
   a. Swelling.
   b. Dislocation of bone.
   c. A&B.

3- Open wounds are caused by:
   a. Tearing .
   b. Multiple infection.
   c. sharp end of broken bones.

Lec:25 Fractures

Definition: A break or rupture in a bone. There are two basic types; open and closed.

A **closed fracture** does not produce an open wound in the skin, also known as a simple fracture.

An **open fracture** produces an open wound in the skin, also known as a compound fracture. Open wounds are caused by the sharp end of broken bones pushing through the skin. Open fractures are usually more serious than closed fractures. They involve extensive tissue damage and are likely to become infected.

Signs & symptoms of fractures:

It is not easy to recognize a fracture.

1- All fractures, whether open or closed, can cause severe pain or shock.

2- Dislocation, fractures can cause the injured part to become deformed.

3- Pain, discoloration, and swelling may be at the fracture site.

4- Instability if the bone is broken clear through.

Test 1: Remember the signs of fractures.

Complications of fractures:

An old fracture with nonunion of the fracture fragments Some fractures may lead to serious complications including a condition known as compartment syndrome. If not treated, eventually, compartment syndrome may require amputation of the affected limb.

Other complications may include non-union, where the fractured bone fails to heal or mal-union, where the fractured bone heals in a deformed manner.
Complications of fractures may be classified into three broad groups, depending upon their time of occurrence. These are as follows:

A- Immediate complications – occurs at the time of the fracture such as:

1. Injury to major vessels
2. Injury to muscles and tendons
3. Injury to joints
4. Injury to viscera
5. Hypovolemic shock

B- **Early complications** – occurring in the initial few days after the fracture such as:

1. Hypovolemic shock
2. ARDS – Adult respiratory distress syndrome
3. Fat embolism syndrome
4. Deep vein thrombosis
5- Pulmonary syndrome
6- Aseptic traumatic fever
7- Septicemia (in open fracture)
8- Crush syndrome
9- Infection
10-Compartment syndrome

C-Late complications – occurring a long time after the fracture such as:

1- Bone union problems (e.g Mal union, Delayed union).
2- Avascular necrosis
3- Shortening
4- Joint stiffness
5- Osteomyelitis
6- Osteoarthritis

Test 2: Classify the complications of fractures depending upon their time of occurrence .

First aid of fractures:

1. Control bleeding with direct pressure, indirect pressure, or tourniquet only as a last resort.
2. Treat for shock.
3. Monitor the airway, breathing, and circulation (ABCs).
4. Gently cut clothing away so that you don't move the injured part and cause further damage.
5. Check the distal pulse of the injured part, if pulse is absent, gently move injured part to restore circulation.
6. Cover all wounds with sterile dressings, including open fractures. Do not push bone ends back into the skin. Avoid excessive pressure on the wound.
7. Apply splint - Do not attempt to straighten broken bones.
8. Request medical assistance - All suspected fractures require professional medical treatment.

Test 3: Mention the first aid that gives to the patient with fractures

Post- test

Put a circle in front of right sentences .

1- Immediate complications of fractures:

a. Fever .

b. Injury to major vessels.

c. Infection.

2- Early complications of fractures:

a. Injury to joints.

b. Deep vein thrombosis.

c. Blood vasodilation .

3- Osteoarthritis classified as:

a. Early complication.

b. Immediate complication .

c. Late complication.

Key of answers

Pre- test

1- B
2- C
3- C

Post- test

1- B
2- B
3- C

Test 1:

1- All fractures, whether open or closed, can cause severe pain or shock.
2- Dislocation, fractures can cause the injured part to become deformed.
3- Pain, discoloration, and swelling may be at the fracture site.
4- Instability if the bone is broken clear through.

Test 2:

1- Immediate complication .
2- Early complication.
3- Late complication.

Test 3:

1. Control bleeding with direct pressure, indirect pressure, or tourniquet.
2. Treat for shock.
3. Monitor the airway, breathing, and circulation (ABCs).
4. Gently cut clothing away so that you don't move the injured part and cause further damage.
5. Check the distal pulse of the injured part, if pulse is absent, gently move injured part to restore circulation.
6. Cover all wounds with sterile dressings, including open fractures. Do no push bone ends back into the skin. Avoid excessive pressure on the wound
7. Apply splint - Do not attempt to straighten broken bones.
8. Request medical assistance - All suspected fractures require professiona medical treatment.

THE 26 MODULAR UNIT

First aid of burns

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first ai of burns, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of burns.
3.2- The causes of burns.
3.3- Burns degrees.
3.4- The first aid that gives to the causality with burns .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the burns.
2- Enumerate the degrees of burns.
3- Enumerate the complications of burns.
4- How you gives first aid to the causality with burns.

C/Pre- test

Put a circle in front of right sentences.

1- The skin is red, dry, warm, sensitive to touch:
   a. First degree.
   b. Second degree.
   c. Third degree..

2- Develop as the burn wound heals.:
   a. Physical burn complications.
   b. Burn injury infection.
   c. Hypovolemia.

3- Second-degree burns healing takes:
   a. 4 weeks .
   b. 2 - 3 weeks.
   c. 1 week.

Lec:26 Burns

Definition:

Burn is damage the skin and underling tissues caused by exposure to the heat.

Causes of burns:

1. Heat Exposure
a. Dry Heat (hot solids)
b. Moist Heat (hot liquids)
2. Friction.
3. Corrosive chemical (acidic or alkaline).
4. Dry cold e.g liquid gases attachment (O_2 and CO_2 liquids)
5. Electrical causes, Electrical burns may be more serious than they first appear. The entrance and exit wounds may be small, but as electricity penetrates the skin, it burns a large area below the surface.

Test 1: Mention the Causes of burns.

Types of body positions

1. Standing position (Anatomical position)

This is the normal standing position ,for inspect body counters – posture, muscles and extremities with ease.

2. Dorsal position (Horizontal Recumbent)

The patient lies flat on his back with his legs together in bed his head may be supported with pillow and his legs extended or slightly flexed at the knees to relax the abdominal wall, for examination abdomen, chest interiorly the breast , reflexes, head, neck, eye, ears throat, etc…

Complications of Burns:

1- Burn injury infection:
Is one of the most common burn complications.
2- Physical Burn Complications:
Physical burn complications develop as the burn wound heals. Burn scarring occurs in virtually all burn cases that are severe enough to require medical treatment. In third and fourth degree burns, scarring may be severe and lifelong.
3- Psychological Burn Complications
Severe burn patients, especially children, may develop psychological trauma such as post-traumatic stress disorder (PTSD) from the burn event.
4- Blood Clots
Patients who suffer severe burns are more susceptible to developing blood clots in the limbs. This occurs due to the extended periods of bed rest required for burn recovery.
5- Hypovolemia, or low blood volume:
Is a burn complication from damaged blood vessels. As a result of blood vessel damage, excessive fluid loss may occur.

Test 2: What are the complications of burns?

First aids of burns:-

1. Hand washing and sterilization.
2. Remove clothing gently from the burned area. Do not remove clothing that is sticking to the skin.
3. Do not break blisters to prevent infection.
4. Cover area with dry, sterile dressings, if possible. Cover large areas with clean, dry sheets.
5. Fluid intake and give medication e.g Aspirin.
6. In chemical burns: - wash the area with large quantities of water.

- wash the acidic burn by sodium bicarbonate with water.
- wash the alkaline burn by the sour or lemon.

Test 3: Mention the first aid that gives to the causality with burns.

Post- test

Put a circle in front of right sentences .

1-Third-degree Burns characteristic by:

:

a. Fever .
b. Sensitive to touch.
c. Pain will be absent.

2- Blood clots occurs due to the extended periods of:

a. Burn contamination.
b. post-traumatic stress disorder.
c. Bed rest.

3- Wash the acidic burn by:

a. the sour.
b. Lemon .
c. sodium bicarbonate with water..

Key of answers

Pre- test

1- A
2- A
3- B

Post- test

1- C
2- C
3- C

Test 1:

1. Heat Exposure
   a. Dry Heat (hot solids)
   b. Moist Heat (hot liquids)
2. Friction.
3. Corrosive chemical (acidic or alkaline).
4. Dry cold e.g liquid gases attachment (O2 and CO2 liquids)
5. Electrical causes, Electrical burns may be more serious than they first appear. The entrance and exit wounds may be small, but as electricity penetrates the skin, it burns a large area below the surface.

Test 2:

1- Burn injury infection
2- Physical Burn Complications
3- Psychological Burn Complications
4- Blood Clots
5- Hypovolemia

Test 3:

1. Hand washing and sterilization.
2. Remove clothing gently from the burned area. Do not remove clothing that is sticking to the skin.
3. Do not break blisters to prevent infection.
4. Cover area with dry, sterile dressings, if possible. Cover large areas with clean, dry sheets.
5. Fluid intake and give medication e.g Aspirin.
6. In chemical burns: - wash the area with large quantities of water.
- wash the acidic burn by sodium bicarbonate with water.
- wash the alkaline burn by the sour or lemon.

References:

1- "Avoid complications with pediatric burn injuries." ED Nursing 1 May 2008. Academic OneFile. Web. 20 Dec. 2014.
2- Rowley-Conwy, Gabby. "Infection prevention and treatment in patients with major burn injuries." Nursing Standard 25.7 (2010): 51+. Academic OneFile. Web. 20 Dec. 2013.

THE 27 MODULAR UNIT

First aid of Poisoning

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first ai of Poisoning, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of Poisoning.
3.2- The signs & symptoms of Poisoning.
3.3- Types of Poisoning .
3.4- The first aid that gives to the causality with Poisoning .

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the Poisoning.
2- Enumerate the types of Poisoning.
3- Enumerate the signs & symptoms of Poisoning.
4- How you gives first aid to the causality with Poisoning.

C/Pre- test

Put a circle in front of right sentences.

1- Definition of poisoning:
   a. Tissue break down.
   b. Over-exposure to poison substances.
   c. Ingestion disturbance.

2- An overdose of prescription.:
   a. Drug poisoning.
   b. Swallowed poisons.
   c. Food poisoning.

3- Inhalation of this deadly gas.:
   a. Carbon Monoxide poisoning.
   b. Alcohol poisoning.
   c. Swallowed poisons.

Lec:27 Poisoning

Definition:

Over-exposure to poison substances. A poison can be in a solid,liquid, or gaseous state. Poisons can be ingested (swallowed), inhaled, absorbed, or injected into the body.

Types of poisoning:

1- Alcohol poisoning: Can happen when someone has drunk an excessive amount.
2- Drug poisoning: Caused by an overdose of prescription or illegal drugs.
3- Food poisoning: Caused by eating contaminated food.
4- Carbon Monoxide poisoning - Caused by inhalation of this deadly gas.
5- Swallowed poisons: When someone ingests poisonous. substances, such as: chemicals, drugs, plants, fungi or berries.

Test 1: Enumerate the types of poisoning.

Signs and symptoms of ingested poisoning include:

1. Large (dilated) or small (constricted) pupils.
2. Slow or abnormal breathing, chemical odors and unusual breath.
3. Burns or stains around the mouth.
4. Nausea, vomiting and diarrhea.
5. Excessive salivation, sweating, and tear formation.
6. Convulsions or seizures.

Test 2: What are the signs and symptoms of ingested poisoning?

The first aids of ingested poisoning:

1. Monitor the airway, breathing, and circulation.
2. Position the casualty sitting and leaning slightly forward, to prevent aspiration of vomit into the lungs.
3. Obtain if possible, all containers the substance was ingested from. If the casualty vomits, obtain a sample.
4. Contact local Poison Control Center or medical personnel immediately.
5. Request medical assistance for Ingestion of poisons immediately.

Test 3: Mention the first aid that gives to the causality with poisoning.

Post- test

Put a circle in front of right sentences .

1- Can happen when someone has drunk an excessive amount:

a. Chemicals .

b. Alcohol poisoning.

c. Carbon Monoxide poisoning.

2- Poisons can be ingested:

a. Inhaled.

b. absorbed.

c. A & B.

3- Signs and symptoms of ingested poisoning include:

a. Excessive salivation.

b. Rapid breathing .

c. Hypertension.

Key of answers

Pre- test

1- B
2- A
3- A

Post- test

1- B
2- C
3- A

Test 1:

1- Alcohol poisoning: Can happen when someone has drunk an excessive amount.
2- Drug poisoning: Caused by an overdose of prescription or illegal drugs.
3- Food poisoning: Caused by eating contaminated food.
4- Carbon Monoxide poisoning - Caused by inhalation of this deadly gas.
5- Swallowed poisons: When someone ingests poisonous. substances, such as: chemicals, drugs, plants, fungi or berries.

Test 2:

1. Large (dilated) or small (constricted) pupils.
2. Slow or abnormal breathing, chemical odors and unusual breath.
3. Burns or stains around the mouth.
4. Nausea, vomiting and diarrhea.
5. Excessive salivation, sweating, and tear formation.
6. Convulsions or seizures.

Test 3:

1. Monitor the airway, breathing, and circulation.
2. Position the casualty sitting and leaning slightly forward, to prevent aspiration of vomit into the lungs.
3. Obtain if possible, all containers the substance was ingested from. If the casualty vomits, obtain a sample.
4. Contact local Poison Control Center or medical personnel immediately.
5. Request medical assistance for Ingestion of poisons immediately.

References:

1- St John Ambulance: First Aid Tips, Information & Advice, Poisoning, 2015.

THE 28 MODULAR UNIT

First aid of asphyxia & drowning

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first aid of asphyxia& drowning, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of asphyxia& drowning.
3.2- The causes of asphyxia.
3.3- The signs & symptoms of asphyxia &drowning.
3.4- The first aid that gives to the causality with asphyxia & drowning.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the asphyxia &drowning.
2- Mention the causes of asphyxia.
3- Enumerate the signs & symptoms of asphyxia &drowning.
4- How you gives first aid to the causality with asphyxia &drowning.

C/Pre- test

Put a circle in front of right sentences.

1- A condition where the body doesn't get enough oxygen.
   a. Drowning.
   b. Poisoning.
   c. Asphyxia.

2- Pathological asphyxia due to:
   a. Diseases.
   b. Mechanical cause.
   c. Food cause.

3- Signs and Symptoms of Drowning:
   a. Hypertension.
   b. Eyes glassy and empty, unable to focus.
   c. Fever.

Lec:28 Asphyxia

Definition:

Asphyxia is a condition where the body doesn't get enough oxygen. If left untreated, it can cause coma or death.

Causes of Asphyxia

1- Airway obstruction such as choking from food, blood, vomit, broken teeth, or the tongue falls to the back of the throat in the unconscious victim.
2- Chest compression or collapsed lung, from road accidents or any penetrating injury to the chest
3- Drowning.
4- Gas poisoning (e.g: Carbon monoxide)
5- Allergic reactions: Causing laryngeal edema.
6- Whooping cough.
7- Strangulation.

Test 1: What are the causes of Asphyxia?

Signs and Symptoms of Asphyxia

1- Difficulty breathing

2- Rapid pulse

3- High blood pressure (hypertension)

4- Cyanosis of the face

5- Swollen veins on the head and neck

6- Convulsions

7- Paralysis

8- Slowly losing consciousness

Test 2: What are the signs and symptoms of asphyxia?

First aid of Asphyxia:

1- Check the casualty's airways and clear any obstructions, if practical.
2- If the casualty has drowned, tilt the head to one side.
3- If the casualty was strangled, remove the object such as a band or a rope used for the strangulation attempt, immediately from his neck.
4-If asphyxia is caused due to a toxic gas or asthma attack or inflammation in the throat, take the casualty outside where there is fresh air and initiate an evacuation immediately.
5- For all casualties of asphyxia, it is important that you loosen any tight clothing, especially around the neck including collars, ties and accessories.
6- Check the ABCs & begin CPR immediately if needed. If rescue breaths are impractical or not working, continue giving chest compressions & Repeat the circuit of 30 chest compressions and 2 rescue breaths till the casualty recovers or till help arrives.

Drowning

Definition:

Respiratory impairment when the victim is under water and cannot breathe, causing death if he is not assisted.

Signs and Symptoms of Drowning

1- Head low in the water, mouth at water level.
2- Head tilted back with mouth open.
3- Eyes glassy and empty, unable to focus.
4- Eyes open, with fear evident on the face.
5- Hyperventilating or gasping.
6- Trying to swim in a particular direction but not making headway
7- The uncontrollable movement of arms and legs.

Test 3: What are the Signs and Symptoms of Drowning?

First aid treatment of drowning:

1- Do not put yourself at risk.
2- Putting the person in the recovery position. Immobilize the person as much as possible.
3- Support the head and neck. (Suspect a neck injury)
4- If the person is vomiting, clear his or her mouth of it.
5- Remove cold, wet clothes. Cover the person with a blanket, etc.
6 - Check Airway and Breathing. – Perform rescue breaths & CPR if necessary (if they are not breathing normally)
7- Call for emergency medical help.

Test 4: Mention the first aid that gives to the causality with drowning.

Post- test Put a circle in front of right sentences .

1- Causes of Asphyxia:
a. Drowning.
b. Whooping cough.
c. A&B.

2- Support the head and neck:
a. Vomiting.
b. Bleeding.
c. Suspect a neck injury.

3- Signs and symptoms of drowning:
   a. Excessive salivation.
   b. Unable to focus.
   c. Excessive focus.

Key of answers

Pre- test

1- C
2- A
3- B

Post- test

1- C
2- C
3- B

Test 1:

1- Airway obstruction such as choking from food, blood, vomit, broken teeth, or the tongue falls to the back of the throat in the unconscious victim.
2- Chest compression or collapsed lung, from road accidents or any penetrating injury to the chest
3- Drowning.
4- Gas poisoning (e.g: Carbon monoxide)
5- Allergic reactions: Causing laryngeal edema.
6- Whooping cough.
7- Strangulation.

Test 2:

1- Difficulty breathing
2- Rapid pulse
3- High blood pressure (hypertension)
4- Cyanosis of the face
5- Swollen veins on the head and neck
6- Convulsions
7- Paralysis
8- Slowly losing consciousness

Test 3:

1- Head low in the water, mouth at water level.
2- Head tilted back with mouth open.
3- Eyes glassy and empty, unable to focus.
4- Eyes open, with fear evident on the face.
5- Hyperventilating or gasping.
6- Trying to swim in a particular direction but not making headway
7- The uncontrollable movement of arms and legs.

Test 4:

1- Do not put yourself at risk.
2- Put the person in the recovery position. Immobilize the person as much as possible.
3- Support the head and neck. (Suspect a neck injury)
4- If the person is vomiting, clear his or her mouth of it.
5- Remove cold, wet clothes. Cover the person with a blanket, etc.
6 - Check Airway and Breathing. – Perform rescue breaths & CPR if necessary (if they are not breathing normally)
7- Call for emergency medical help.

References:

1- Daya CH: Asphyxia : Definition, Causes, Pathophysiology, Symptoms, Signs, & Treatment, March 20, 2017.
2- E.F. van Beeck; C.M. Branche; and others (2005), A new definition of drowning: towards documentation and prevention of a global public health problem, 83, Bulletin of the World Health Organization, pp. 801–880, archived from the original on 22 October 2012.
3- American Institute for Preventive Medicine: Emergency & First Aid: Drowning: First Aid For Drowning - Emergency Conditions.

THE 29 MODULAR UNIT

First aid of cardiac arrest and respiration failure

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the first aid of cardiac arrest and respiration failure, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of cardiac arrest and respiration failure.
3.2- The definition of artificial respiration.
3.3- The causes of cardiac arrest and artificial respiration.
3.4- The first aid that gives to the causality with cardiac arrest and respiration failure.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the cardiac arrest and respiration failure.
2- Define the artificial respiration.
3- Enumerate the causes of cardiac arrest and artificial respiration.
4- How you gives first aid to the causality with cardiac arrest and respiration failure.

C/Pre- test

Put a circle in front of right sentences.

1- Ventricular fibrillation.
   a. Drowning.
   b. Abnormal heart rhythm.
   c. Normal heart rhythm.

2- Causes of cardiac arrest:
   a. All diseases.
   b. Coronary heart disease.
   c. Diabetes.

3- Causes of respiratory failure:
   a. Chronic obstructive pulmonary disease.
   b. Pneumonia.
   c. A&B.

Lec:29 Cardiac arrest and Respiration failure

Definition of cardiac arrest:

Is a life-threatening due to a sudden loss of blood flow resulting from the failure of the heart to effectively pump (**ventricular fibrillation**) leading to loss of consciousness and abnormal or absent breathing.

Ventricular fibrillation (VF): Is abnormal heart rhythm happens when the electrical activity of the heart becomes so chaotic that the heart stops pumping and quivers or 'fibrillates' instead.

Test 1: Define the ventricular fibrillation.

Causes of cardiac arrest:

1- Coronary heart disease

2- Heart attack

3- Cardiomyopathy and some inherited heart conditions

4- Congenital heart disease

5- Heart valve disease

6-Acute myocarditis (inflammation of the heart muscle)

7- Heart conduction disorders (e.g Long QT syndrome).

8- Electrocution

9- Drug overdose

10- Severe of blood hemorrhage

11- Drowning.

First aid of cardiac arrest:

1- Start Cardiopulmonary resuscitation (CPR) immediately:

Step 1: Shake and shout

Step 2: Check for normal breathing

Step 3: Call an ambulance

Step 4: Give 30 chest compressions

Step 5: Give two rescue breaths

Step 6: Repeat until an ambulance arrives

2- Defibrillation

Defibrillation is indicated if a shockable rhythm is present. The two shockable rhythms are ventricular fibrillation and pulseless ventricular tachycardia.

Test 2: Remember the first aid of cardiac arrest.

Definition of respiration failure:

The inability of the lungs to keep the O2, CO2 or both at normal levels leading to Increased respiratory rate due to abnormal blood gases (hypoxemia, hypercapnia, or both).

Causes of respiratory failure:

1- Chronic obstructive pulmonary disease (COPD).
2- Pneumonia
3- Pulmonary oedema.
4- Pulmonary fibrosis.
5- Asthma.
6- Pneumothorax.
7- Pulmonary embolism.
8- Cyanotic congenital heart disease.
9- Acute respiratory distress syndrome.
10- Hypothyroidism.

Test 3: Mention the causes of respiratory failure.

First aid of respiration failure:

1- Check the person's airway, breathing, and pulse. If necessary, begin CPR.
2- Loosen any tight clothing.
3- Help the person use any prescribed medicine (an asthma inhaler or home oxygen).
4- Continue to monitor the person's breathing and pulse until medical help arrives.
5- If there are open wounds in the neck or chest, they must be closed with Bandage immediately, especially if air bubbles appear in the wound.
6- Do not Give the person food or drink.
7- Do not move the person if there has been a chest or airway injury, unless it is absolutely necessary.
8- Do not place a pillow under the person's head. This can close the airway.

Test 4: Mention the first aid that gives to the causality with respiration failure.

Post- test

Put a circle in front of right sentences .

1- First aid of cardiac arrest:
   a. Cardiopulmonary resuscitation.
   b. Defibrillation.
   c. A&B.

2- Respiration failure mean:
   a. Hypoxemia.
   b. Hypercapnia.
   c. A&B.

3- First aid of respiration failure:
   a. Do not give the person food or drink.
   b. Give the person food or drink.
   c. Not all above.

Key of answers

Pre- test	Post- test
1- B	1- C
2- B	2- C
3- C	3- A

Test 1:

Ventricular fibrillation (VF): Is abnormal heart rhythm happens when the electrical activity of the heart becomes so chaotic that the heart stops pumping and quivers or 'fibrillates' instead.

Test 2:

1- Start Cardiopulmonary resuscitation (CPR) immediately:
Step 1: Shake and shout
Step 2: Check for normal breathing
Step 3: Call an ambulance
Step 4: Give 30 chest compressions
Step 5: Give two rescue breaths
Step 6: Repeat until an ambulance arrives

2- Defibrillation
Defibrillation is indicated if a shockable rhythm is present. The two shockable rhythms are ventricular fibrillation and pulseless ventricular tachycardia.

Test 3:

1- Chronic obstructive pulmonary disease (COPD).
2- Pneumonia
3- Pulmonary oedema.
4- Pulmonary fibrosis.
5- Asthma.
6- Pneumothorax.
7- Pulmonary embolism.
8- Cyanotic congenital heart disease.
9- Acute respiratory distress syndrome.
10- Hypothyroidism.

Test 4:

1- Check the person's airway, breathing, and pulse. If necessary, begin CPR.
2- Loosen any tight clothing.
3- Help the person use any prescribed medicine (an asthma inhaler).
4- Continue to monitor the person's breathing and pulse until medical help arrives.
5- If there are open wounds in the neck or chest, they must be closed with Bandage immediately, especially if air bubbles appear in the wound.
6- Do not Give the person food or drink.
7- Do not move the person if there has been a chest or airway injury, unless it is absolutely necessary.
8- Do not place a pillow under the person's head. This can close the airway.

References:

1- How Is Sudden Cardiac Arrest Treated?". NHLBI. June 22, 2016. Archived from the original on 27 August 2016.
2- British Heart Foundation: Cardiac arrest, Definition. Aug 4, 2015.
3- Tulaimat, A; Patel, A; Wisniewski, M; Gueret, R (August 2016). "The validity and reliability of the clinical assessment of increased work of breathing in acutely ill patients". Journal of critical care. 34: 111–5. 2016

THE 30 MODULAR UNIT

cardiac arrest

A/Overview

1- Target population :-This learning package had been designed to the first year students in the community health department of Technical Institute of Karbala.

2- Rationale :- This unit will aid those who want to learn the cardiac arrest, it also intended for students who have little or no science back ground .

3- Central ideas.: -

3.1- Definition of cardiac massage.
3.2- The Signs &Symptoms of cardiac arrest.
3.3- Definition of Cardiopulmonary resuscitation.
3.4- Purposes of cardiac massage.
3.5- Principles of cardiac massage.
3.6-The Nursing Procedure of cardiac massage.

4- Instruction :-

4.1- Study the overview carefully .
4.2- Learn briefly the modular units of this package.
4.3- Perform the pre- test of this unit.

- Compare your answer with the key in the last page .

- If you get (2) degree or more you will not need to learn this modular unit , in this case you must contact with your teacher to inform him about your results .

- But when you get less than (2) degree in this case , you will need to continue learning this modular unit .

4.4- After you studding this modular unit , the post-test you must doing it.

- Compare your answer with the key in the last page .

- If you get (2) degree or more , you must go to learn the twelve modular unit .
- In case you get less than (1) degree , you must return to the same unit in order to learn ,&understand the steps which you need .

- After you complete the studding , perform the post- test examination for checking.

B/Performance objectives

After this studding this modular unit you should be able to :

1- Define the cardiac massage.
2- Define the Cardiopulmonary resuscitation.
3- Enumerate the Signs &Symptoms of cardiac arrest.
4- Enumerate the Purposes of cardiac massage.
5- Enumerate the Principles of cardiac massage.
6- Give the Nursing Procedure of cardiac massage.

C/Pre- test

Put a circle in front of right sentences.

1- Signs &symptoms of cardiac massage.
   a. Normal breathing.
   b. Tachycardia.
   c. Loss of consciousness.

2- Is an emergency procedure that combines chest compressions:
   a. CPR.
   b. Cardiac catheterization.
   c. Cardiac surgery.

3- Proper positioning of facilities assessment of the:
   a. Cardiac and respiratory status.
   b. Successful internal cardiac massage.
   c. A&B.

Lec:30 Cardiac arrest

Cardiac Massage Definition: An emergency procedure that employs rhythmic compression of the heart (either through the chest wall or, during surgery, directly to the heart) in an attempt to maintain circulation during cardiac arrest.

Signs &Symptoms of cardiac arrest:

1- Sudden collapse
2- No pulse
3- No breathing
4- Loss of consciousness
5- Fatigue
6- Fainting
7- Blackouts
8- Dizziness
9- Chest pain
10- Shortness of breath
11- Weakness
12- Palpitations or vomiting.

Test 1: Enumerate the signs and symptoms of cardiac arrest.

Cardiopulmonary resuscitation (CPR)

Definition: Is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

Purposes:

1. Establish airway
2. Initiate breathing
3. Maintain circulation
4. Elevate suffering
5. Prolong life

Test 2: Enumerate the purposes of cardiac massage.

Principles:

1. Maintain proper body mechanics
2. Chest comprehension board
3. Body substance isolating items
   - a- Gloves
   - b- Face shield
   - c- Mask/CPR oral barrier
   - d. Ambu bag
   - e. Oral airway
   - f. Emergency resuscitation chart
   - g. Documentation forms

Nursing Procedure of cardiac massage:

1. Proper positioning of facilities assessment of the cardiac and respiratory status and successful internal cardiac massage. And to prevent further head and neck injury.

2. A patients airway is essential to successful artificial respiratory. The head tilt assists in preventing the tongue from blocking the airway. The jaw thrust is used when the head or neck injury is suspected because it prevents extension and decreases the potential for further injury.

3. CPR should not be administering to a client with spontaneous respiratory or pulse due to potential risk of injury.

4. Pressing the nostrils and performing all over the client's mouth will prevent air leakage and provide full infiltration of the lungs.
5. Visual assessment of the chest movement helps confirm an open airway. A volume of 800-1200ml is sufficient to make the chest rise in the most adult.

6. Allow maximum compression of the heart between the sternum and vertebrae.
7. Keeping fingers off the chest during the compression to reduces the risk of the rib fracture.

8. Ensuring from returning of the spontaneous pulse and respiratory.

Test 3: Give the nursing procedure of cardiac massage.

Post- test

Put a circle in front of right sentences .

1- Body substance isolating items of cardiac massage:

a. Mask/CPR oral barrier .
b. Gloves.
c. A&B.

2- The purpose of cardiac massage:

a. Maintain circulation.
b. Establish airway.
c. A&B.

3- An emergency procedure that employs rhythmic compression of the heart:

a. Cardiac Massage.
b. I.V infusion.
c. Not all above.

Key of answers

Pre- test

1- C
2- A
3- C

Post- test

1- C
2- C
3- A

Test 1:

1- Sudden collapse
2- No pulse
3- No breathing
4- Loss of consciousness
5- Fatigue
6- Fainting
7- Blackouts
8- Dizziness
9- Chest pain
10- Shortness of breath
11- Weakness
12- Palpitations or vomiting.

Test 2:

1.Establish airway
2.Initiate breathing
3.Maintain circulation
4.Elevate suffering
5.Prolong life

Test 3:

1. Proper positioning of facilities assessment of the cardiac and respiratory status and successful internal cardiac massage. And to prevent further head and neck injury.

2. A patients airway is essential to successful artificial respiratory. The head tilt assists in preventing the tongue from blocking the airway. The jaw thrust is used when the head or neck injury is suspected because it prevents extension and decreases the potential for further injury.

3. CPR should not be administering to a client with spontaneous respiratory or pulse due to potential risk of injury.

4. Pressing the nostrils and performing all over the client's mouth will prevent air leakage and provide full infiltration of the lungs.
5. Visual assessment of the chest movement helps confirm an open airway. A volume of 800-1200ml is sufficient to make the chest rise in the most adult.

6. Allow maximum compression of the heart between the sternum and vertebrae.
7. Keeping fingers off the chest during the compression to reduces the risk of the rib fracture.

8. Ensuring from returning of the spontaneous pulse and respiratory.

References:
1- Atkins, DL; Berger, S; and others (3 November 2015). "Part 11: Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality: American Heart Association Guidelines.
2- Mayo Foundation for Medical Education and Research (MFMER).Sudden Cardiac Arrest, March 07,2016.

Weeks	Theory Topics
First week	Fundamental of Nursing , definition (Nursing , Nurse, health, Hospital.
Second & third We.	Administration & discharge of patient from hospital, pt. chart , oral report, written of report , Nursing process.(Assessing , planning , Implementation , Evaluation).
4,5th weeks	Physical examination, prepare the pt. to exam, role of Nurse in physical examination , collection of sample ,prepare the equipment .
6.week	Position of patient, patient lifting and its risks.
7.8 week	Basic Needs of Pt. care of Pt. unit , bed making , personal hygiene patient bath, mouth and tooth care. Bed sores, care of sores, causes & prevention of bed sores.
9.10	Method of sterilization, surgical sterilization , Medical sterilization , kind of disinfectant, Dressing the wound , kind of sterilize of surgical equipment ,principle of Dressing & remove of stitches.
11, 12	Vital signs, Definition of Temperature, check Temperature, Type of check Temp-oral,axllia, Rectal definition of fever , causes, signs, & symptom, Nursing care of pyrexia , pulse, definition, factors affecting of pulse , site of taking pulse, Nursing point in check pulse , Respiration , definition of respiration, definition of Blood pressure. definition of diastolic & systolic pressure.

13,14	Drug administration , define of drug Type of administration of medication , and Injection , {I.M,I.V.,S.c,I.D,} cold & hot. Compress, nose eyes & ears drops.
15,16	Giving fluid & Blood by intravenous infusion, role of Nurse in giving intravenous infusion, Role of Nurse in giving blood transfusion the goal of blood transfusion , important notes in blood infusion .
17	Inhalation & oxygen, method of giving oxygen, goals, nursing observations during giving oxygen.
18	Nasogastric feeding, nursing procedures and nursing care, gastric lavage, definition, goals, nursing care during gastric lavage.
19	Urinary catheterization, definition, goals, nursing observations, enema, definition, goals, nursing observations.
20	Pre & post operative nursing care nursing care in recovery room, complications after surgery (bleeding, wound contamination, embolus, constipation.
21	First aid, goals, general principles in first aid.
22	First aid of wounds, types of wounds (open, close) wounds contamination, signs and symptoms of wound infection treatment procedures.

23	First aid in bleeding, definition, types of bleeding (arterial, venous, capillary) first aid of all types of bleeding, Epitasis, definition, first aid and nursing procedures.
24	First aid of shock, definition, types of shock (neurogenic, psychiatric, toxic, anaphylactic, cardiogenic).
25	First aid in fractures, definition, types of fractures ,signs and symptoms, complications, nursing care for patient treated by splint.
26	First aid of burns, definition, types and degree of burns, complications.
27	First aid of poison and poisoning, definition, sign and symptoms, types of poisons, general principles in poisoning treatment of poisoning.
28	First aid of asphyxia, definition, signs and symptoms of asphyxia, drowning, definition, signs and symptoms of drowning, first aid for drowning person.
29	First aid of cardiac arrest and respiration failure, definition of artificial respiration, types (mouth to mouth, Schafer's method).
30	Cardiac arrest, signs, cardiac massage and nursing procedures during cardiac massage.