Procedure Manual Series

Procedure Manual for

Community Health Nursing

Includes All Important Procedures of CHN as per the INC Syllabus

N Gowri
G Grace Jebakani Sweety

Foreword
Rev Fr T Arokia Baskar DCL

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CONTENTS

CHAPTER

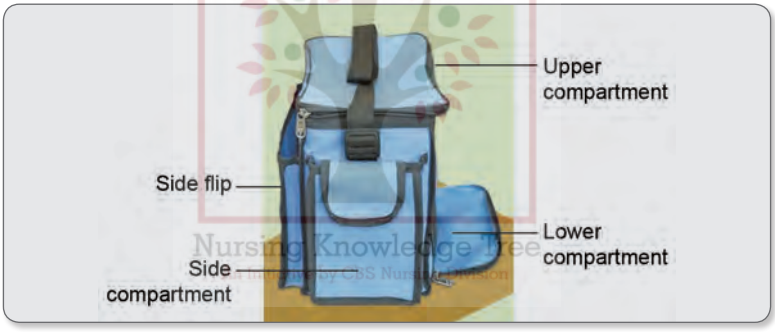
3

Community Health Bag and Bag Technique

INTRODUCTION

The community health nursing bag is devised to carry the equipment and materials needed during home visit.

Community health bag serves as a working tool or kit of a community health nurse which helps him/her to work efficiently during nursing procedures at the home, school or factory.



ARTICLES

Side Compartment

- Soap in a soap dish
- Nail brush
- Hand towel

Side Flip

- Newspaper
- Stethoscope
- Inch tape
- Paper bag
- Disposable syringe and gloves
- Fetoscope
- Flash card
- Family folder
- Pocket articles (pen, pencil, eraser, scale, pen torch)

Lower Compartment

Urine analysis kit (spirit lamp, specimen bottle, two test tubes, test tube stand, test tube holder, measuring cup, dropper, plastic kidney tray, swab stick and match box)

Upper Compartment

- Oral and rectal thermometer
- Solution bottles—4
- Temperature pack
- Medicine box
- Nutritional cup
- Dressing box (Stainless steel box containing artery forceps, thumb forceps, small bowl—2 and scissors)
- Cotton ball box

BAG TECHNIQUE

Definition

The bag technique is a tool by which the nurse, during his/her visit will enable him/her to perform a nursing procedure with ease and deftness, to save time and effort with the end view of providing effective nursing care to clients.

Purposes

- To carry equipment and materials needed during the visit to the home, school or factory
- To carry equipment and materials that are needed to do tests and to demonstrate care such as dressing, injections, urine testing, etc.

Principles

- Keep the bag away from the children and pet animals
- Keep the bag on the flat and raised surface
- Keep the community bag always clean and equip it economically
- Sterilize/boil contaminated articles before keeping them again into the bag
- Provide privacy to the clients and maintain the standards of community procedures

Procedure

S. No.	Steps	Rationale
1.	Select a work area, country yard or the verandah	To prevent children or domestic animals getting in the way
2.	Spread a newspaper or plastic square on a flat surface area	To create a clean area
3.	Make newspaper bag	To discard the waste
4.	Loosen the buttons of the bag	To open the bag after hand washing
5.	Perform hand washing	To avoid cross infection
6.	Take out necessary articles for the procedure and place on the clean area without touching the outside of the bag.	To perform the procedure
7.	Give nursing services as indicated	To meet the needs and problems
8.	After the procedure, wash the hands with soap and water.	To avoid cross infection
9.	Return the articles to the bag, use cotton swab moistened with sprit and wipe outside of used bottles. All other instruments used during the visit must be boiled for 5 minutes before replacing into the bag.	To avoid cross infection and to disinfect the articles.
10.	Fold the used paper bag and close the bag.	For disposing of used paper bag
11.	Write a brief report on what was observed, what was done, instruction given and plan for next visit.	To facilitate follow-up

CARE OF EQUIPMENT

Regular care of equipment is most important:

- To prevent any possibility of cross-infection because of carrying contaminated articles from house to house.
- To preserve the equipment for use as long as possible
- To put it to the best possible use.

Care of Equipment of Community Health Bag

- **Bag:** If the bag is made of metal, it may be well washed with soap and water or boiled. If it is a canvas bag, it should not be boiled but can be dried in the sun, after cleaning and washing. The bag must have a clean,

boiled lining of cotton (preshrink cotton), which can be removed easily and often replaced.

- **Rubber goods:** All such goods should be well washed in soap and water and rinsed. For sterilizing rubber goods, put them in boiling water and boil for ten minutes.
- **Thermometer:** The thermometer and the case may be soaked in antiseptic solution, after washing with soap and water.
- **Instruments:** All instruments should be washed well with cold water after use.
- **Methods of disinfecting the bag**
  - Empty the bag completely and boil all boilable articles. Soak other equipment in antiseptic or soapy water.
  - Wash the bag. When everything is disinfected, wash your hands well.
  - Place a clean towel or a cover on a table, and fill up the bag once again the contents will not be sterilized but will be free from infection.

Points to Remember

Things to be remembered	Rationale
Do not carry in the bag anything which cannot be disinfected, such as notebooks, etc., and never put any personal items such as handkerchiefs or money inside the community bag.	To maintain professionalism
Do not handle the contents of the bag without washing your hands.	To prevent cross infection
Do not take out any materials from the bag more than what is required for the particular nursing care to be carried out	To prevent contamination
Do not place the bag near fire and water service area.	To prevent harmful issues

CHAPTER 5

Checking Vital Signs at Home

INTRODUCTION

Vital signs include temperature, pulse, respiration, blood pressure and oxygen saturation. Method of taking temperature is determined by age, condition and diagnosis. Body temperature is the balance between the amount of heat produced by the body processes and the amount of heat lost to the external environment.

DEFINITION

Vital signs are a group of most important medical signs that indicate the status of the body's vital functions. These measurements are taken to help assess the general physical health of a person, give clues to possible diseases, and show progress toward recovery.

Purposes

- To assess and appraise the health status
- To diagnose the health condition
- To record the body temperature

Articles Needed

S. No.	Articles	Purpose
1.	Thermometer	To check the temperature
2.	Spirit	To disinfect the thermometer
3.	Temperature pack (contains cotton balls with one cotton pledget)	To wipe the thermometer
4.	Paper bag	To discard the waste
5.	Wrist watch	To note the time
6.	Washing material	To wash hands
7.	Lubricants (oil/available in home) if rectal thermometer is to be used	To lubricate the rectal area
8.	Sphygmomanometer and stethoscope	To check the blood pressure

PREPARATION OF CLIENTS

- Explain the procedure to get cooperation and confidence of the client
- Explain the sequence of procedure and tell him how the client can cooperate
- Tell the client not to drink or eat, smoke or chew betel leaves 15 minutes prior to the oral temperature procedure
- Place the client in comfortable position (either lying or sitting)

Procedure

S. No.	Steps	Rationale
1.	Follow the steps 1–5 given in the bag technique	To get ready the necessary articles to perform the temperature checking
2.	Take out the thermometer, temperature pack, cotton ball box and spirit container from the upper compartment of the bag. Close the upper compartment with upper flap	To perform the procedure effectively
3.	Take out the thermometer from the case and leave the case in the working area. Take the thermometer and pledget to the hand washing area. Soak the pledget with soap and rinse the thermometer with running water and bring it to the working area	For disinfecting the thermometer
4.	Take the first cotton ball and wipe the thermometer from bulb to stem	To clean from less contaminated area to more contaminated area

Contd...

S. No.	Steps	Rationale
5.	Place the thermometer under the tongue for 3 minutes or in the axilla for 5 minutes. Concurrently check the pulse and respiratory rate. **Note:** For axillary temperature take one cotton ball from cotton ball box and wipe the axilla.	To know the temperature of the client
6.	Take out the thermometer, clean it from stem to bulb in circular manner by using the same cotton swab and discard the swab into the paper bag	To clean from more contaminated area to less contaminated area
7.	Read the temperature at eye level	To prevent parallax error
8.	Go to washing area, wash the thermometer in running water and keep it in the cotton pledget	To disinfect the thermometer properly
9.	After 10 minutes remove the thermometer and rinse under running water and bring the thermometer to the working area	To prevent the cross infection
10.	Dry the thermometer with second cotton swab in circular motion from bulb to stem and discard it in the paper bag. Apply spirit and clean the thermometer case. Keep the thermometer in the case	To disinfect the articles properly
11.	Discard the soapy cotton. Open the bag and replace the things	To dispose the wastes properly
12.	Check the blood pressure if the beneficiary is above 18 years	To assess the hemodynamic stability
13.	Perform recording	To document the findings

Note: While checking temperature of the beneficiary, the pulse rate and respiratory rate should also be checked.

Normal vital signs ranges for the average healthy adult while resting are:

Vital signs	Normal range
Temperature	97.8°F to 99.1°F (36.5°C to 37.3°C); average 98.6°F (37°C)
Pulse	60–100 beats per minute
Respiration	12–18 breaths per minute
Blood pressure	100/70 mm Hg to 120/80 mm Hg

CHAPTER

6

Urine Testing for Glucose and Albumin

INTRODUCTION

Analysis of urine is important as disturbance of normal physiological functions are often reflected in the urine. It assists in monitoring the disease process inside the body and efficacy of treatment.

DEFINITION

The analysis of urine to check the protein and/or sugar is called urine testing for glucose and albumin.

Purpose

To test urine for albumin and sugar and other abnormalities

Indications

- Beneficiaries above 40 years
- Diabetic, hypertensive clients and antenatal mothers

Articles Needed

S. No.	Articles	Purpose
1.	Test tube	To perform the procedure
2.	Test tube holder	To hold the test tube
3.	Benedict's solution and acetic acid solution	To perform sugar and albumin test
4.	Spirit lamp	To heat the solution
5.	Match box	To lit the spirit lamp
6.	Dropper	To take the urine from the specimen container for the procedure
7.	Ounce glass	To measure the Benedict's solution
8.	Specimen container	To collect the urine
9.	Kidney tray and paper bag	To collect the wastes
10.	Swab stick	To dry the test tubes

Procedure

Figs A and B: Carrying out the urine test in lab

S. No.	Procedure	Rationale
1.	Follow steps 1–5 of the bag technique	To prevent contamination
2.	Take the urine analysis articles from the lower compartment of the bag	To perform the procedure
3.	Provide a labeled specimen container	To collect urine
4.	Instruct the person to clean the genitalia with clean water and collect the midstream urine in giving container	To get clean sample of urine
5.	Select the area outside home and take half-sheet of newspaper and spread it and keep the urine analysis articles such as test tube, test tube holder, measuring glass, kidney tray, spirit lamp, match box, dropper and urine test pack	To do the procedure
6.	Instruct the client to place the specimen container in the kidney tray and keep it in the half-way opened manner	To take the specimen easily
	Test for glucose	
7.	Pour 5 cc Benedict's solution in the test tube	To find out presence of glucose in urine
8.	Light sprit lamp and heat the solution at the bottom till it boils, holding the test tube with its mouth facing in the opposite direction; watch for color change; if color changes, discard and use new solutions	To check purity of the Benedict's solution

Contd...

S. No.	Procedure	Rationale
9.	Add eight drops of urine into the test tube using dropper through the upper side of the test tube and boil it for few seconds. Then blow off the lamp and allow the solution to cool.	When the Benedict's solution and simple carbohydrates are heated, the solution changes from green to brick red. This reaction is caused by the reducing property of simple carbohydrates. The copper (II) ions in the solution are reduced to copper (I) ions which causes the color change.
10.	Watch for color change and compare with standard color code	To interpret the values
	Blue: Nil — No glucose <180 mg/dL Green (+) — 180–200 mg/dL Yellow (++) — 200–250 mg/dL Orange (+++) — 250–300 mg/dL Brick red (++++) — >300 mg/dL	
	Test for albumin	
11.	Take 2/3 of urine in the test tube and boil the top portion of the test tube	To find out the presence of albumin
12.	If the cloudiness appears, add 2 drops of 5% acetic acid and heat the test tube again.	It may be due to presence of albumin or phosphate
13.	Read the test tube for cloudiness. If the cloudiness disappears after adding acetic acid, it shows that there is no albumin	To confirm the presence of albumin
14.	If the turbidity does not disappear, it infers the test is positive	The turbidity is confirmed due to the presence of albumin
15.	Discard urine in toilet and rinse specimen container, test tube, kidney tray and dropper with water. Dry the test tube with swab sticks. Then dry the above mentioned items in the sunlight	To disinfect the articles
16.	Wash hands and replace the spirit, Benedict's, acetic acid containers and cotton ball box in the upper compartment after wiping it with spirit cotton and then replace the lower compartment articles	Reduces the risk of transmission of microorganisms
17.	Record the result and inform the findings to the client	For regular follow-up

CHAPTER 12

Steam Inhalation at Home

INTRODUCTION

Steam inhalation is one of the most widely used home remedies to soothe and open the nasal passages and to get relief from the symptoms of a cold or sinus infection.

DEFINITION

It is also called steam therapy and it involves the inhalation of water vapor.

Purposes

- To relieve the inflammation and congestion of the mucus membranes of the respiratory tract and paranasal sinuses, thus to produce symptomatic relief in acute cold and sinusitis
- To soften thick, tenacious mucus and help its expulsion from the respiratory tract, thus to relieve cough in bronchitis, postoperative cases, etc.
- To provide heat and moisture and to prevent the dryness of the mucous membranes of the lungs and upper respiratory passages following operations such as tracheostomy
- To aid in the absorption of oxygen
- To relieve spastic conditions of the larynx and bronchi
- To provide antiseptic action on the respiratory tract

Indications

- Common cold
- Flu (influenza)
- Sinus infections (infectious sinusitis)
- Bronchitis
- Bronchial asthma
- Nasal allergies
- Headache, congested (stuffy) nose
- Throat irritation, breathing problems caused by airway congestion
- Dry or irritated nasal passages, cough

Articles Needed

- Big towel
- Small towel
- Utensil with wide mouth
- Utensil with small mouth (Lota used for drinking water)
- Plastic cup or empty ice cream cup for discarding secretions/sputum.

Procedure

Fig. Steam inhalation at home

- Explain the procedure to the client and relatives.
- Ask the client to boil water according to the capacity of utensil of small mouth.
- Ask the client to empty the bladder.
- Place the utensil of small mouth in utensil with wide mouth and put small towel around it.
- Pour boiled water into inner utensil.
- Ask the client to sit comfortably on bed or floor. Cover the client with big towel and keep the utensil in front of the client.
- Ask the client to inhale fumes coming from boiled water in the utensil. Ask to take deep breaths.
- Small towel should be kept near the client so that he can wipe sweating, if any.
- Ask him to continue the same till water becomes cold.
- Vicks VapoRub or eucalyptus can be added to the water.
- Keep the sputum cup near the client so that he can spit in it if required.
- Record the observations and procedure on client's diary and in the nursing workbook.

NURSE'S RESPONSIBILITY

- Auscultate the client's chest before and after the procedure.
- Switch off the fans to prevent draught.
- Keep the client warm to prevent draught during, before and after the procedure.
- Effective steam inhalation should be at least for 15–20 minutes.
- Wash the articles with warm soapy water after emptying their contents and then rinse with clean water.

CHAPTER 20

Care of Tuberculosis Client at Home

INTRODUCTION

Tuberculosis (TB) is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected. About one-quarter of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit the disease.

DEFINITION

Tuberculosis (TB) is caused by bacteria (*Mycobacterium tuberculosis*) that most often affects the lungs. Tuberculosis is curable and preventable.

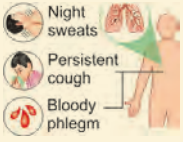
SYMPTOMS OF TUBERCULOSIS

People who have any of the following symptoms should be evaluated for TB disease:

- Persistent cough (3 weeks or longer)
- Chest pain
- Bloody sputum
- Weight loss or loss of appetite
- Fever
- Chills
- Night sweats
- Malaise
- Fatigue

CARE OF TB PATIENT AT HOME

The following instructions should be followed by the TB clients at home in order to prevent the spreading of infection to the family members.

Cover the mouth and nose tightly with a disposable tissue or handkerchief while coughing or sneezing		If there is no tissue paper, cover the nose and mouth with flexed elbow.	
Put the tissue in a plastic bag right away after use and/or put it in the waste basket		Wash the hands with water and soap	
Sleep alone in your own room and ventilate the room by opening windows in the morning and evening at least for 15 minutes.		Cloths and bed linens should be washed frequently	
Eat balanced diet		The used utensils should be washed as usual	
Avoid close contact with other people		Do outdoor exercises if it is not too strenuous	
Evaluate the resident for signs and symptoms of TB disease for early detection and treatment			

CHAPTER 24

Anthropometric Measurements

INTRODUCTION

Anthropometric measurement is a system of assessment of physical built and nutritional status of children by using measurements such as weight, height, chest circumference (CC) and head circumference (HC).

DEFINITION

Anthropometric measurements are systematic measurements of the size, shape and composition of the human body. For example, body mass index or BMI, is a measurement of a person's weight-to-height ratio, and waist-to-hip ratio is a measure of the waist circumference divided by the hip circumference.

Purposes

- To appraise the physical well-being of the beneficiaries
- To detect disease in its early stages
- To determine the nature of the treatment or nursing care needed for the beneficiaries

ANTHROPOMETRIC MEASUREMENTS OF NEONATES, NEWBORNS AND INFANTS

Articles Needed

S. No.	Articles	Purpose
1.	Weighing machine	To weigh the client
2.	A scale	To mark the height point
3.	Measuring tape	To measure the height, HC, CC and MAC

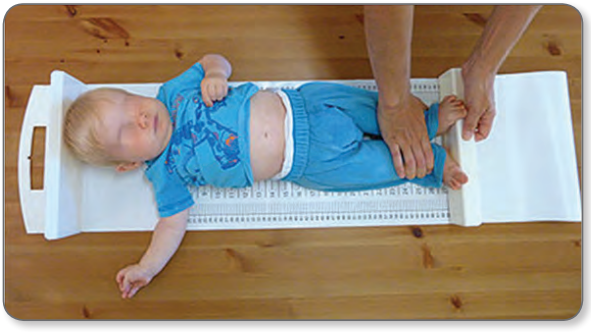
Measurement of Weight

Procedure

S. No.	Steps	Rationale
1.	Place the infantometer on the flat surface	To check the weight accurately
2.	Adjust the scale to zero level before weight is taken	To prevent zero error
3.	Weigh the child with minimum of clothing	Less clothing prevents accuracy of weight
4.	Place the child in the infantometer in a secured manner	To prevent falling
5.	Read the weight from a distance of one foot with the eye vertically at the level with the dial	To measure the reading accurately
6.	Record the weight clearly in the recording sheet/ proforma	Record is a legal document

$$\text{Expected weight formula for infant} = \frac{\text{Age in months} + 9}{2}$$

Measurement of Length



Procedure

S. No.	Steps	Rationale
1.	Spread the clean paper/plastic sheet over a flat plain surface	To provide clean area for the procedure
2.	Gently place the infant or child in supine position. Check to make sure that the child is looking up and that the head, body and toes are in a straight line.	To provide accurate measurement of height
3.	Hold the child's legs together just above the knees and gently push both legs down against the measuring board with one hand, fully extending the child.	To provide accurate measurement of height
4.	Place a mark over the newspaper at head end. With the other hand, slide the same cardboard against the child's feet until the heels of both feet touch the footboard with toes pointed upward. Place a mark over the newspaper at foot end.	To mark the accurate height
5.	Remove the baby out of the paper and place over the mat in a comfortable position. Read the measurement to the nearest centimeter in the paper.	To mark the accurate height
6.	Record the measured length of the newborn.	Record is a legal document

Head and Chest Circumference

Procedure

Steps	Rationale
Head circumference	
• Instruct the mother to hold the child properly	• It provides accuracy
• Check the circumference by encircling the head. A maximum circumference of the head in the occipitofrontal diameter	• To know the actual head circumference

Contd...

Steps	Rationale
Chest circumference	
• Check the circumference by encircling both the nipples of the chest	• To provide accurate measurement

ANTHROPOMETRIC MEASUREMENT OF PRESCHOOL CHILD

Preschool is the period between completions of 1 year and 5 years.

Measuring Weight of Children

If the child is more than 2-year-old, take the weight of the mother and baby (A), and then take the weight of the mother (B). Calculate the weight of the baby by using the following formula:

Weight of the baby = A – B

Expected weight formula for preschool child = Age in years × 2 + 8

Measuring Height of Children

Procedure

S. No.	Steps	Rationale
1.	Make the child to stand against a wall. Shoulders, back of head (occiput), heel and sacrum should touch the wall and keep the feet parallel	To provide accurate measurement of height
2.	Make a mark on the wall with the help of scale/board touching the top of the head horizontally. Make the child to move away and measure the length on the wall by using measuring tape	To provide accurate measurement of height
3.	Record the length/height in centimeters	Record is a legal document

Measuring Mid-arm Circumference

Procedure

Steps	Rationale
Mid-arm circumference	
Measure the length of upper arm from acromion process to olecranon fossa and take the median, then measure the MAC	It provides accuracy A color coded Shakir's tape is also used to measure mid-arm circumference which is marked as: • 13.5–16 cm: Green – normal; nutritional status (13.5 cm = 85%; 16 cm = 100%) • 12.5–13.4 cm: Yellow – mild malnutrition • Below 12.5 cm: Red – moderate to severe malnutrition

ANTHROPOMETRIC MEASUREMENT OF SCHOOL CHILD

School age is the period between 6 and 12 years.

Measuring Weight of Child

Procedure

S. No.	Steps	Rationale
1.	Explain the procedure to the schoolchild	To get cooperation
2.	Select an even surface and place the weighing scale	To provide accurate weight
3.	Check the zero error; if not, adjust the screw level, and make the reading at the zero level	To prevent zero error
4.	Instruct the child to stand on the weighing scale in a straight manner and note the weight	To measure the reading accurately

Expected weight formula for school child $= \dfrac{\text{Age in years} \times 7 + 5}{2}$

Measuring Height of School Child

Procedure

S. No.	Steps	Rationale
1.	Make the child to stand against a wall. Shoulders, back of head (occiput), heel and sacrum should touch the wall and keep the feet parallel	To provide accurate measurement of height
2.	Make a mark on the wall with the help of scale/board touching the top of the head horizontally. Make the child to move away and measure the length on the wall by using measuring tape	To provide accurate measurement of height
3.	Record the length/height in centimeters	Record is a legal document

Expected height formula for 1–12 years = Age in years × 6 + 77

Degree of Malnutrition

$$\text{Weight for age (\%)} = \frac{\text{Actual weight of the child}}{\text{Expected weight of the child}} \times 100$$

GOMEZ Classification

Weight for age (%)	Malnutrition
90% and above	Normal
75–89%	Grade I
60–74%	Grade II
Below 60%	Grade III

ANTHROPOMETRIC MEASUREMENT OF ADOLESCENT, ADULT AND OLD AGE

Measuring Weight

Procedure

S. No.	Steps	Rationale
1.	Explain the procedure to the client	To get cooperation
2.	Select an even surface and place the weighing scale	To provide accurate weight
3.	Check the zero error; if not, adjust the screw level, and make the reading at the zero level	To prevent zero error
4.	Instruct the client to stand on the weighing scale in a straight manner and note the weight	To measure the reading accurately

Measuring Height

Procedure

S. No.	Steps	Rationale
1.	Make the client to stand against a wall. Shoulders, back of head (occiput), heel and sacrum should touch the wall and keep the feet parallel	To provide accurate measurement of height
2.	Make a mark on the wall with the help of scale/board touching the top of the head horizontally Make the client to move away and measure the length on the wall by using measuring tape	To provide accurate measurement of height
3.	Record the height in centimeters	Record is a legal document

Formula for measuring weight

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m}^2\text{)}}$$

Interpretation (in kg/m^2)

BMI	Nutritional status
<18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	Class I obesity
35.0–39.9	Class II obesity
>40	Class III obesity

Salient Features

- This manual is an amalgamation of various concepts derived from the vast ocean of knowledge in the field of Community Health Nursing
- This manual has been written in simple and easy-to-digest language that will help the nursing students grasp the procedures easily
- A fully-colored manual extensively covering all the procedures with their respective rationales for real time implementation
- A number of figures and images have been incorporated to complement the learning process
- All the relevant information regarding procedures in Community Health Nursing practice have been included.

About the Authors

N Gowri, MSc (N) is currently working as an HOD & Professor in the Department of Community Health Nursing in Our Lady of Health School and College of Nursing, Thanjavur, Tamil Nadu. She graduated from Adhiparasakthi College of Nursing, Melmaruvathur, Chennai, Tamil Nadu and received the best outgoing student award. She completed MSc (N) in Community Health Nursing from Rani Meyyammai College of Nursing, Annamalai University and received gold medal in the year 2007. She has 15 years of teaching experience. Her rich and various experiences as a Tutor, Lecturer, Reader and Professor helped to prepare this manual in a student-friendly manner. She has published several research articles in various reputed journals. She also holds a membership in TNAI.

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