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# OSCEs & OSPEs

Manual for

# Clinical Skills in Nursing Foundation

As per the revised INC Syllabus

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*Foreword*  
**Harindarjeet Goyal**

**Noorul Amin**

# OSCEs & OSPEs

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# Clinical Skills in Nursing Foundation

As per the revised INC Syllabus



Nursing Knowledge Tree  
An Initiative by CBS Nursing Division

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MSc Nursing

Senior Nursing Officer

Sher-i-Kashmir Institute of Medical Sciences (SKIMS)

Soura, Srinagar, Jammu and Kashmir

Foreword

An Initiative by CBS Nursing Division

**Harindarjeet Goyal**



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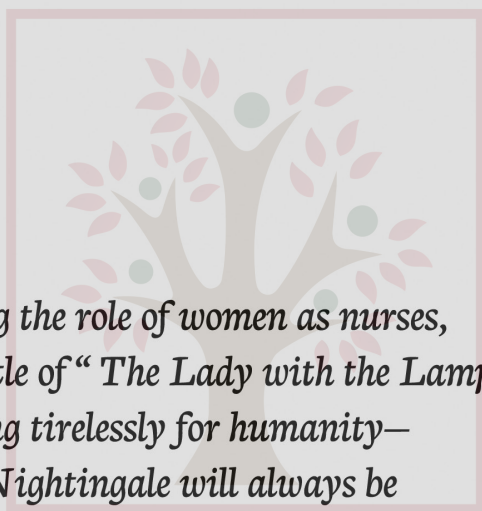
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## CBS Nursing Knowledge Tree

### Extends its Tribute to

## *Florence Nightingale*



*For glorifying the role of women as nurses,  
For holding the title of “The Lady with the Lamp,”  
For working tirelessly for humanity—  
Florence Nightingale will always be  
remembered for her  
selfless and memorable services to the  
human race.*



**Florence Nightingale**  
(May 1820 – August 1910)





# Foreword

It gives me immense pleasure to write the foreword for *OSCEs and OSPEs Manual for Clinical Skills in Nursing Foundation*, a timely and thoughtfully curated book by Mr Noorul Amin. In today's outcome-based education system, where clinical competence and skill-based learning are at the core of nursing education, the relevance of Objective Structured Clinical Examinations (OSCEs) and Objective Structured Practical Examinations (OSPEs) cannot be overstated.

This manual stands as a bridge between theoretical learning and clinical application, offering a comprehensive guide that supports both students and educators in the effective preparation and execution of skill-based assessments.

The structure of the book is systematic, adhering to current standards and aligning well with the Indian Nursing Council (INC) guidelines and university examination patterns across the country.

Mr Noorul Amin has meticulously compiled essential nursing foundation skills in a manner that is easy to understand, logically sequenced, and aligned with core competencies. The inclusion of checklists, procedural steps, and expected outcomes enhances the practical utility of the manual, making it a valuable resource not only for students preparing for OSCEs and OSPEs but also for faculty members involved in training and assessment.

This book reflects a deep understanding of the evolving needs in nursing education and a commitment to excellence in clinical training. I am confident that this manual will significantly contribute to nurturing competent, confident, and compassionate nursing professionals.

I extend my heartfelt congratulations to Mr Noorul Amin for this commendable contribution and recommend this book as an essential addition to every nursing student's and educator's library.



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# Preface

The art and science of nursing demand not only theoretical understanding but also the proficient application of clinical skills. In today's evolving healthcare environment, the emphasis on competency-based education has made practical examinations like OSCE and OSPE integral to nursing education and assessment. These tools offer structured, objective, and reproducible methods to evaluate students' clinical skills, critical thinking, and decision-making abilities.

This book, *"OSCEs and OSPEs Manual for Clinical Skills in Nursing Foundation"*, has been designed to serve as a comprehensive guide for nursing students, educators, and examiners. It covers a wide range of fundamental nursing procedures with clearly defined objectives, step-by-step guidelines, checklists, rationales, and expected outcomes. The content aligns with national nursing curricula and reflects best practices and evidence-based standards in foundational nursing care.

As the author, my aim is to provide a practical resource that not only supports students in their preparation for examinations, but also fosters confidence, competence, and compassion in clinical practice. Each chapter has been carefully crafted to bridge the gap between theory and practice, promoting active learning and self-assessment; however, as human beings, there is always some scope for improvement and modifications, which will be made, once you, as worthy readers, let us know.

I express my gratitude to all the mentors, educators, and clinical experts whose insights have shaped this work. I also acknowledge the dedication of nursing students who continually inspire improvements in teaching and assessment methods.

I sincerely hope that this book will be a valuable tool in enhancing clinical excellence and promoting safe, effective, and ethical nursing care.

**Noorul Amin**

# Acknowledgments

With immense gratitude and humility, I extend my heartfelt appreciation to all those who have contributed to the development of this book, *“OSCEs and OSPEs Manual for Clinical Skills in Nursing Foundation”*. First and foremost, I express my sincere thanks to the Almighty for providing me with the strength, health, and perseverance to undertake and complete this work. I am grateful to my spouse, parents, family and friends for their unwavering support, encouragement, and understanding throughout the writing of this book.

I am deeply grateful to all of my mentors and teachers, particularly Professor (Dr) Asmat Parveen, Founder Principal Nursing Colleges, IUST, J&K, Ms Nasreen Jan, Principal, Bibi Halima College of Nursing & Medical Technology, Srinagar, J&K, and colleagues, whose guidance and encouragement have been instrumental throughout my academic and professional journey. Their insights into nursing education and clinical practice have enriched the content and structure of this book.

I would like to express special thanks to the Nursing and Medical Professionals of the Department of Nursing Administration and Medical Oncology, SKIMS, Soura, respectively, whose expertise and collaboration played a key role in shaping this manuscript. Their valuable suggestions and constructive feedback have been a constant source of improvement.

My heartfelt appreciation goes to the students whose enthusiasm and curiosity inspired the creation of a resource that supports both learning and practical excellence. This book is dedicated to their growth, confidence, and success in becoming compassionate and competent nursing professionals.

I would like to thank **Mr Satish Kumar Jain** (Chairman) and **Mr Varun Jain** (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for providing me the platform in bringing out the book. I have no words to describe the role, efforts, inputs and initiatives undertaken by **Mr Bhupesh Aarora** [Sr. Vice President – Publishing and Marketing (Health Sciences Division)] for helping and motivating me.

Last but not least, I sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. I would like to thank Ms Nitasha Arora (Assistant General Manager Publishing – Medical and Nursing), and Dr Anju Dhira (Sr. Product Manager and Medical Development Editor) for their publishing support. I would also like to extend my thanks to Ms Surbhi Gupta, Team Lead (Editorial), Mr Ashutosh Pathak (Assistant Production Manager) and all the production team members for devoting laborious hours in editing, designing and typesetting the book.



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# From the Publisher's Desk

*Dear Reader,*

Nursing Education has a rich history, often characterized by traditional teaching techniques that have evolved over time. Primarily, teaching took place within classroom settings. Lectures, textbooks, and clinical rotations were the core teaching tools; and students majorly relied on textbooks by local or foreign publishers for quality education. However, today, technology has completely transformed the field of nursing education, making it an integral part of the curriculum. It has evolved to include a range of technological tools that enhance the learning experience and better prepare students for clinical practice.



As publishers, we've been contributing to the field of Medical Science, Nursing and Allied Sciences and earned the trust of many. By supporting **Indian authors**, coupled with **nursing webinars and conferences**, we have paved an easier path for aspiring nurses, empowering them to excel in national and state level exams. With this, we're not only enhancing the quality of patient care but also enabling future nurses to adapt to new challenges and innovations in the rapidly evolving world of healthcare. Following the ideology of **Bringing learning to people instead of people going for learning**, so far, we've been doing our part by:

- Developing quality content by qualified and well-versed authors
- Building a strong community of faculty and students
- Introducing a smart approach with Digital/Hybrid Books, and
- Offering simulation Nursing Procedures, etc.

Innovative teaching methodologies, such as modern-age Phygital Books, have sparked the interest of the Next-Gen students in pursuing advanced education. The enhancement of educational standards through **Omnipresent Knowledge Sharing Platforms** has further facilitated learning, bridging the gap between doctors and nurses.

At Nursing Next Live, a sister concern of CBS Publishers & Distributors, we have long recognized the immense potential within the nursing field. Our journey in innovating nursing education has allowed us to make substantial and meaningful contributions. With the vision of strengthening learning at every stage, we have introduced several plans that cater to the specific needs of the students, including but not limited to **Plan UG** for undergraduates, **Plan MSc** for postgraduate aspirants, **Plan FDP** for upskilling faculties, **SDL** for integrated learning and **Plan NP** for bridging the gap between theoretical & practical learning. Additionally, we have successfully completed seven series of our **Target High** Book in a very

short period, setting a milestone in the education industry. We have been able to achieve all this just with the sole vision of laying the foundation of diversified knowledge for all. With the rise of a new generation of educated, tech-savvy individuals, we anticipate even more remarkable advancements in the coming years.

We take immense pride in our achievements and eagerly look forward to the future, brimming with new opportunities for innovation, growth and collaborations with experienced minds such as yourself who can contribute to our mission as Authors, Reviewers and/or Faculties. Together, let's foster a generation of nurses who are confident, competent, and prepared to succeed in a technology-driven healthcare system.



**Nursing Knowledge Tree**  
An Initiative by CBS Nursing Division

A handwritten signature in black ink, appearing to read 'Bhupesh Aarora', with a long, sweeping horizontal line extending to the right.

**Mr Bhupesh Aarora**

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# List of Abbreviations

Abbreviation	Full Form/Meaning
ABG	Arterial blood gas
AED	Automated external defibrillator
BiPAP	Bilevel positive airway pressure
BP	Blood pressure
BMI	Body mass index
BLS	Basic life support
BSE	Breast self-examination
CPAP	Continuous positive airway pressure
CSF	Cerebrospinal fluid
DIPSI	Diabetes in pregnancy study group India
DOB	Date of birth
GI	Gastrointestinal
GCS	Glasgow coma scale
HR/PR	Heart rate/pulse rate
ICU	Intensive care unit
I&O	Intake and output
ID	Intradermal
IM	Intramuscular
IPD	Inpatient department
IUCD	Intrauterine contraceptive device
IV	Intravenous
IVF	In vitro fertilization
KMC	Kangaroo mother care
LMP	Last menstrual period
LFT	Liver function test
LOC	Level of consciousness
LP	Lumbar puncture
MRD No.	Medical records department number

Contd...



# Chapter 6

## Hygiene

### CHAPTER OUTLINE

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- 6.1 Oral Hygiene and Care
- 6.2 Hair Washing and Care
- 6.3 Pediculosis Treatment
- 6.4 Perineal Hygiene and Care
- 6.5 Sponge Bath
- 6.6 Back Massage
- 6.7 Measuring Pressure Ulcer/Bedsore
- 6.8 Dressing of Pressure Ulcer/Bedsore



Nursing Knowledge Tree  
An Initiative by CBS Nursing Division

## 6.1 ORAL HYGIENE AND CARE

**Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Enrollment Number:** \_\_\_\_\_ **Exam Roll Number:** \_\_\_\_\_

**Name of Assessor:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Assessment Modes:** Written ☐ Oral ☐ Demonstration ☐ Simulation ☐

### Remarks:

Legend	Interpretation
0.	Not done
1.	Done with assistance
2.	Done correctly

### Definition:

**Oral hygiene** and care refers to the practice of keeping the mouth, teeth, gums, and tongue clean to prevent dental issues and maintain overall health. It involves routine activities such as brushing, flossing, mouth rinsing, and regular visits to the dentist. It is especially important for individuals who are bedridden, elderly or unable to perform their own oral hygiene due to illness or disability.

### Articles required:

Sl. no.	Items and supportive supplies
1.	Toothbrush (soft-bristled)
2.	Toothpaste or mouthwash

*Contd...*

Sl. no.	Items and supportive supplies
3.	Cup of clean water
4.	Towel or disposable drape
5.	Gloves
6.	Kidney tray
7.	Cotton swabs (if needed for unconscious patients)
8.	Moisturizer for lips (e.g., petroleum jelly)

**Checklist:**

Sl. no.	Procedure	0	1	2
1.	Gather necessary equipment.			
2.	Wash your hands. Put on gloves.			
3.	Identify and greet patient.			
4.	Explain the procedure to the patient, and check the patient's oral cavity for sores, dryness, bleeding, infection or any abnormalities.			
5.	Determine the patient's ability to perform oral care independently.			
6.	Provide screen to maintain the privacy of the patient.			
7.	Adjust the bed to a comfortable working height.			
8.	Position the patient (sitting or semi-Fowler's position for conscious patients, lateral position for unconscious patients to prevent aspiration).			
9.	Place a towel or drape around the neck to protect clothing.			
10.	Use a kidney tray to catch excess fluid or debris.			

*Contd...*

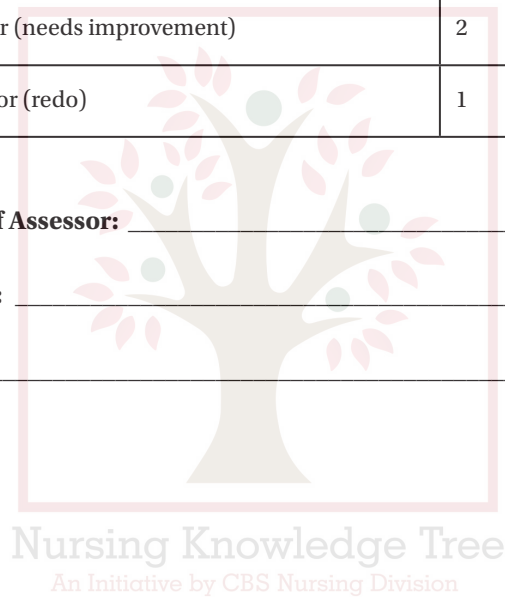
Sl. no.	Procedure	0	1	2
11(a)	<b>For conscious patients:</b>			
11.1	Provide the patient with a toothbrush and toothpaste.			
11.2	Assist the patient as needed to brush teeth, gums, and tongue gently in a circular motion.			
11.3	Instruct the patient to rinse and spit into the kidney tray or sink.			
11.4	Provide clean water to rinse.			
11(b)	<b>For unconscious patients:</b>			
11.1	Turn the patient to their side to prevent aspiration.			
11.2	Use a swab moistened with water or mouthwash to clean teeth, gums, and tongue gently.			
11.3	Remove any secretions with the swab and suction excess fluid if needed.			
11.4	Use a moistened swab or syringe to rinse and suction fluid.			
12.	Pat the lips and mouth dry with a clean towel.			
13.	Apply a moisturizer to the lips to prevent dryness or cracking.			
14.	Discard used materials and remove the gloves appropriately.			
15.	Wash the hands thoroughly.			
16.	Ensure the patient is comfortable and clean.			
17.	Return the bed to its original position.			
18.	Document the procedure, noting any abnormalities or changes in the oral cavity.			
<b>Total score obtained: ____/36</b>				

Score	Level of performance	Marks
29–36	Excellent	5
22–28	Very good	4
15–21	Good	3
8–14	Fair (needs improvement)	2
0–7	Poor (redo)	1

**Name and Signature of Assessor:** \_\_\_\_\_

**Date for Reassessment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_





## 6.2 HAIR WASHING AND CARE

**Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Enrollment Number:** \_\_\_\_\_ **Exam Roll Number:** \_\_\_\_\_

**Name of Assessor:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Assessment Modes:** Written ☐ Oral ☐ Demonstration ☐ Simulation ☐

### Remarks:

Legend	Interpretation
0.	Not done
1.	Done with assistance
2.	Done correctly

### Definition:

**Hair washing** is a part of personal hygiene care that promotes cleanliness, comfort, and well-being. It is often performed for patients who are bedridden or have limited mobility.

### Articles required:

Sl. no.	Items and supportive supplies
1.	Clean towels (2-3)
2.	Shampoo and conditioner (mild or prescribed type)
3.	Basin or inflatable shampoo tray

*Contd...*

Sl. no.	Items and supportive supplies
4.	Jug or pitcher for water
5.	Warm water (37°–40°C)
6.	Comb or brush
7.	Waterproof sheet or plastic cover
8.	Disposable gloves (if needed)
9.	Hair dryer (optional)

**Checklist:**

Sl. no.	Procedure	0	1	2
1.	Gather necessary equipment near the bedside or the area where procedure is to be carried out.			
2.	Ensure the room is warm and free of drafts to keep the patient comfortable.			
3.	Wash your hands. Put on gloves.			
4.	Identify the patient by name and MRD number and greet the patient.			
5.	Explain the procedure to the patient and evaluate the patient's ability to assist with the procedure.			
6.	Prepare and position the patient as appropriate and as per the activity and involvement level.			
6.1	For a bed-bound patient, place the patient in a supine position with their head near the edge of the bed.			

Contd...

Sl. no.	Procedure	0	1	2
6.1.1	Slide an inflatable shampoo tray or waterproof sheet under the patient's head to channel water into a basin.			
6.2	For a sitting patient, position the patient on a chair with their head tilted back over a sink or basin.			
7.	Place a towel or waterproof sheet under the patient's head and shoulders.			
8.	Cover the patient's shoulders and chest with another towel to prevent water from soaking their clothes.			
9.	Use a jug or pitcher to pour warm water over the hair gently to wet the entire scalp and do not let it spill in the patient's eyes, ears or nose.			
10.	Take a small amount of shampoo in your hands and apply it to the patient's scalp, massage it with your fingertips to lather through the hair roots to the ends.			
11.	Pour warm water over the scalp till shampoo gets removed completely.			
12.	Gently squeeze out excess water from the hair using your hands.			
13.	Pat the hair and scalp dry with a clean towel.			
14.	Comb or brush the hair gently to remove tangles.			
15.	Use a hair dryer if required, ensuring it is set to a comfortable temperature.			
16.	Remove and dispose of used towels, gloves and waterproof sheets.			
17.	Clean and store equipment properly.			
18.	Wash your hands after the procedure.			

Sl. no.	Procedure	0	1	2
19.	Document the findings after performing the procedure and report any abnormality noted.			
<b>Total score obtained:</b> ____/38				

Score	Level of performance	Marks
33-38	Excellent	5
25-32	Very good	4
17-24	Good	3
9-16	Fair (needs improvement)	2
0-8	Poor (redo)	1

**Name and Signature of Assessor:** \_\_\_\_\_

**Date for Reassessment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

## 6.6 BACK MASSAGE

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Exam Roll Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Assessment Modes: Written ☐ Oral ☐ Demonstration ☐ Simulation ☐

### Remarks:

Legend	Interpretation
0.	Not done
1.	Done with assistance
2.	Done correctly

### Definition:

**Back massage** is a therapeutic nursing intervention that promotes relaxation, improves circulation, and relieves muscle tension. It is often included as part of nursing care to enhance patient comfort and well-being.

### Articles required:

Sl. no.	Items and supportive supplies
1.	Clean towels or sheets.
2.	Massage oil, lotion or powder (nonallergenic and suitable for the patient's skin type).
3.	Warm water and a basin (optional, for cleaning the back before the massage).
4.	Disposable gloves (if required for hygiene).
5.	Pillow or rolled towel for patient positioning.



**Checklist:**

Sl. no.	Procedure	0	1	2
1.	Gather necessary equipment near the bedside or the area where procedure is to be carried out.			
2.	Ensure the room is warm and free of drafts to maintain the patient's comfort.			
3.	Wash your hands. Put on gloves.			
4.	Identify the patient by name and MRD number.			
5.	Explain the procedure to the patient and evaluate the patient's ability to assist with the procedure.			
6.	Assist the patient in a prone position (lying on their abdomen) or a side-lying position if prone is uncomfortable.			
7.	Place a pillow under the patient's chest or abdomen for comfort, and another under the ankles to reduce strain on the lower back.			
8.	Expose the patient's back, keeping the rest of the body covered for privacy and warmth.			
9.	Clean the back with a damp towel and pat dry to remove sweat or dirt.			
10.	Warm the lotion or oil in your hands, rub it well and apply evenly over the patient's back.			
11.	Use smooth, rhythmic movements to ensure comfort and relaxation.			
12.	<b>Effleurage (gliding strokes):</b>			
12.1	Use both hands to perform long, gentle strokes from the lower back up to the shoulders and down along the sides.			
12.2	Repeat 4-5 times to warm the muscles and relax the patient.			
13.	<b>Petrissage (kneading):</b>			
13.1	Gently knead the muscles using your fingers and thumbs, focusing on areas with tension or stiffness.			

Contd...

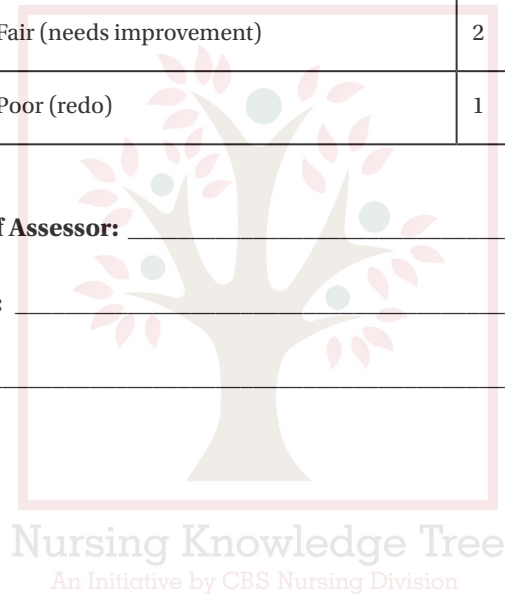
Sl. no.	Procedure	0	1	2
13.2	Avoid applying too much pressure near the spine.			
14.	<b>Circular motions:</b>			
14.1	Use your fingertips or palms to make small circular motions, especially around the shoulders and lower back.			
14.2	Apply moderate pressure, ensuring it is comfortable for the patient.			
15.	<b>Tapotement (tapping or percussion):</b>			
15.1	Lightly tap the back using the edges of your hands or fingertips to stimulate circulation.			
15.2	Avoid using this technique for elderly or frail patients.			
16.	<b>Feathering (light stroking):</b>			
16.1	End the massage with gentle, feather-like strokes to relax the patient and signal the end of the session.			
17.	Wipe off any excess oil or lotion with a clean towel, and place the patient in a comfortable position.			
18.	Observe any redness, discomfort or other skin changes.			
19.	Dispose of used water, linens, and gloves appropriately and perform hand hygiene.			
20.	Document the procedure and inform any findings to concerned healthcare worker.			
<b>Total score obtained: _____/40</b>				

Score	Level of performance	Marks
33-40	Excellent	5
25-32	Very good	4
17-24	Good	3
9-16	Fair (needs improvement)	2
0-8	Poor (redo)	1

**Name and Signature of Assessor:** \_\_\_\_\_

**Date for Reassessment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_



## 6.7 MEASURING PRESSURE ULCER/BEDSORE

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Exam Roll Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Assessment Modes: Written ☐ Oral ☐ Demonstration ☐ Simulation ☐

### Remarks:

Legend	Interpretation
0.	Not done
1.	Done with assistance
2.	Done correctly

### Definition:

**Pressure ulcer**, also known as a bedsore or wound, decubitus ulcer or pressure injury, is an area of damaged skin and tissue caused by prolonged pressure on the skin. It typically occurs over bony prominences, such as the heels, sacrum, elbows, and hips, where the skin is compressed between a bone and an external surface, such as a mattress or wheelchair, thus there is sustained pressure on the skin, cutting off blood supply to the area, which can lead to tissue ischemia (lack of oxygen) and eventually necrosis (tissue death). To assess the impact and effectiveness of treatment strategies, measurement of pressure ulcers becomes essential.

### Articles required:

Sl. no.	Items and supportive supplies
1.	MRD file
2.	Saline gauze

Contd...

Sl. no.	Items and supportive supplies
3.	Measurement tape
4.	Cotton tip applicator
5.	Sanitizer
6.	Gloves
7.	Normal saline

**Checklist:**

Sl. no.	Procedure	0	1	2
1.	Identify the patient with proper credentials like MRD number, bed number and DOB.			
2.	Explain the procedure to the patient or attendant and gain confidence and get consent for the same.			
3.	Position the patient as needed and required area to be exposed and a comfortable position for the patient.			
4.	Gather all the equipment and supplies near the procedure site to measure the wound.			
5.	Wash hands with soap and water or perform hand hygiene as appropriate.			
6.	Now, put on the gloves and clean the wound with saline solution or wound cleaner.			
7.	Measure length of wound (wound edges in a straight line; from head to toe) and record in centimeters.			
8.	Measure wound width (from shoulder to shoulder) and record in centimeters.			
9.	Measure depth of wound (distance from visible surface to the deepest area of wound).			
9.1	Place cotton tip applicator in the deepest part of the wound.			

Contd...

Sl. no.	Procedure	0	1	2
9.2	Grasp applicator with thumb and forefinger at point corresponding to wound margin.			
9.3	Withdraw the applicator while maintaining the position of thumb and forefinger.			
9.4	Measure from tip of applicator to the position against centimeter ruler.			
9.5	Record the measurement in centimeters.			
10.	Replace the articles in the appropriate place and discard the disposable items as per the policy.			
11.	Perform hand hygiene or handwash as appropriate before leaving the area.			
12.	Document wound measurements as follows: Length × Width × Depth.			
<b>Total score obtained:</b> ____/24				

Score	Level of Performance	Marks
21-24	Excellent	5
16-20	Very good	4
11-15	Good	3
6-10	Fair (needs improvement)	2
0-5	Poor (redo)	1

**Name and Signature of Assessor:** \_\_\_\_\_

**Date for Reassessment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

## 6.8 DRESSING OF PRESSURE ULCER/BEDSORE

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Exam Roll Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Assessment Modes: Written ☐ Oral ☐ Demonstration ☐ Simulation ☐

### Remarks:

Legend	Interpretation
0.	Not done
1.	Done with assistance
2.	Done correctly

### Definition:

Dressing a pressure ulcer involves covering the sore with a special bandage to promote healing, protect it from infection, and keep it moist. Different types of dressings are available, and the choice depends on the ulcer's stage, size, and the amount of drainage it produces.

### Articles required:

Sl. no.	Items and supportive supplies
1.	Swab tube
2.	Swab stick
3.	Betadine

Contd...

Sl. no.	Items and supportive supplies
4.	Dressing material (foam/silicone/colloidal/hydrofiber)
5.	Tegaderm
6.	Adhesive
7.	Sterile gloves
8.	Gauze
9.	Sponge
10.	Abdominal pads

**Checklist:**

Sl. no.	Procedure	0	1	2
1.	Identify the patient with proper credentials like MRD number, bed number and DOB.			
2.	Explain the procedure to the patient or attendant and gain confidence and get consent for the same.			
3.	Position the patient as needed and required area to be exposed and a comfortable position for the patient.			
4.	Gather all the equipment and supplies near the procedure site.			
5.	Place trash bag or wastebasket at bedside of the patient where procedure is to be carried out.			
6.	Put on a pair of nonsterile gloves to remove the old dressing, then discard in trash receptacle and discard the gloves.			
7.	Wash hands with soap and water or perform hand hygiene as appropriate, if required, put on a PPE kit.			

Contd...



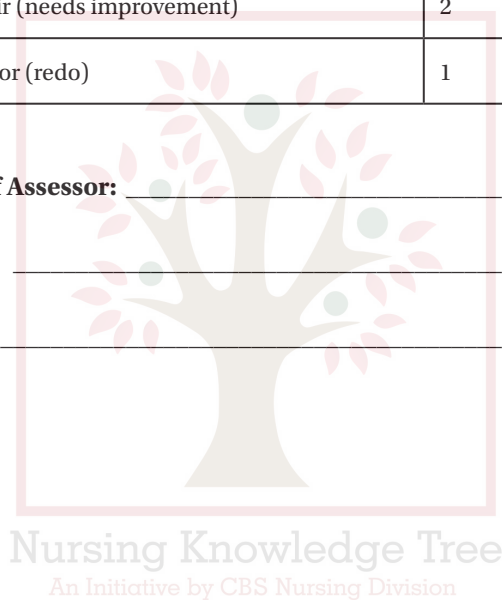
Sl. no.	Procedure	0	1	2
8.	Now clean the pressure ulcer with an appropriate cleaning solution or by spraying saline from 1 to 6 inches away from the wound and place a basin under the wound to catch drainage/splash.			
9.	Remove the basin containing drainage or fluid/splash and let the surrounding skin dry or pat with a dry, clean and disposable towel to dry it.			
10.	Apply new dressing as availability and advice of the medical officer/senior nursing officer on duty			
11.	<b>Ensure not to:</b>			
11.1	Touch packaged dressings once you have touched the pressure ulcer			
11.2	Store dressings in a clean, dry place			
11.3	Keep dressings in the original package or other closed plastic package.			
12.	Replace the articles in the appropriate place and discard the disposable items as per the policy			
13.	Perform hand hygiene or handwash as appropriate before leaving the area			
14.	Document the dressing done, condition of wound, improvement or other important information			
<b>Total score obtained: _____/28</b>				

Score	Level of performance	Marks
25-28	Excellent	5
19-24	Very good	4
13-18	Good	3
7-12	Fair (needs improvement)	2
0-6	Poor (redo)	1

**Name and Signature of Assessor:** \_\_\_\_\_

**Date for Reassessment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_



# Viva Voce Questions



**1. What is communication in nursing?**

Communication in nursing is the exchange of information, feelings, and thoughts between a nurse and a patient to promote healing and the patient's well-being.

**2. What are the elements of the communication process?**

Sender, message, encoding, channel, receiver, decoding, feedback, and noise (barriers).

**3. What are the types of communication used in nursing?**

Verbal (spoken or written), nonverbal (body language, facial expressions, gestures), and meta-communication (tone, pitch, context).

**4. Define the nurse-patient relationship.**

A professional, therapeutic relationship that focuses on the patient's well-being, where the nurse uses communication and interpersonal skills.

**5. What are the phases of the nurse-patient relationship?**

- **Preinteraction phase:** Preparing before meeting the patient.

- **Orientation phase:** Introduction and building trust.

- **Working phase:** Active involvement in care.

- **Termination phase:** Ending the relationship after goals are met.

**6. Mention five therapeutic communication techniques.**

1. Active listening.
2. Open-ended questions.
3. Clarification.
4. Empathy.
5. Silence.

**7. What are common barriers to nurse-patient communication?**

- Language differences.
- Hearing or speech impairments.
- Emotional distress.
- Cultural differences.
- Environmental noise.

**8. How can a nurse overcome communication barriers?**

By using translators, visual aids, maintaining a calm environment, using simple language, and also being culturally sensitive.

- 9. Is maintaining confidentiality a part of effective communication? Why?**  
Yes, because it builds trust and ensures that patient's privacy is respected.
- 10. What is nontherapeutic communication? Give an example.**  
Communication that blocks the patient's expression or trust. For example, "You shouldn't feel that way."
- 11. What are the vital signs?**  
The vital signs are essential physiological measurements that indicate the state of a person's vital body functions. These include:
- Temperature.
  - Pulse.
  - Respiration.
  - Blood pressure.
  - Oxygen saturation and pain (considered the 5th and 6th vital signs).
- 12. What is the normal range of body temperature?**
- **Oral:** 36.5°–37.5°C (97.7°–99.5°F).
  - **Rectal:** 0.5°C higher than oral.
  - **Axillary:** 0.5°C lower than oral.
- 13. What are the normal pulse rates for different age groups?**
- **Newborn:** 120–160 beats/min.
  - **Child:** 75–100 beats/min.
  - **Adult:** 60–100 beats/min.
  - **Older adult:** 60–100 beats/min (may be lower in athletes).
- 14. What are the sites for checking the pulse?**
- Radial
  - Carotid
  - Brachial
  - Femoral
  - Popliteal
  - Dorsalis pedis
  - Apical (over the heart)
- 15. What is the normal respiratory rate?**
- **Adults:** 12–20 breaths/min
  - **Infants:** 30–60 breaths/min
  - **Children:** 20–30 breaths/min
- 16. What is normal blood pressure in adults?**
- **Normal:** 120/80 mm Hg
  - **Prehypertension:** 120–139/80–89 mm Hg
  - **Hypertension:** ≥140/90 mm Hg
- 17. What are systolic and diastolic pressures?**
- **Systolic:** Pressure when the heart contracts
  - **Diastolic:** Pressure when the heart relaxes
- 18. What instruments are used to measure vital signs?**
- Thermometer (digital, mercury, tympanic, infrared).
  - Sphygmomanometer and stethoscope (for BP).
  - Watch with second hand (for pulse/respiration).
  - Pulse oximeter (for SpO<sub>2</sub>).
- 19. What is pulse oximetry?**  
A noninvasive method to measure oxygen saturation (SpO<sub>2</sub>) in the blood. A normal SpO<sub>2</sub> reading is generally between 95% and 100%.
- 20. What is the apical pulse, and when is it taken?**  
The apical pulse is taken over the apex of the heart (5th intercostal space, midclavicular line). It is used when:
- Pulse is irregular.
  - In infants and young children.
  - Before administering cardiac medications.
- 21. What are febrile, afebrile, and pyrexia?**
- **Febrile:** With fever.
  - **Afebrile:** Without fever.
  - **Pyrexia:** Fever (temperature >37.5°C).
- 22. What is the normal temperature range for a newborn?**  
36.5°–37.5°C (axillary route is preferred for safety).

# OSCEs & OSPEs Manual for Clinical Skills in Nursing Foundation

## Salient Features

### Definition:

A **glass/bulb thermometer** is a type of thermometer that consists of a glass tube with a bulb at one end, filled with liquid (usually mercury or alcohol) that expands or contracts based on the temperature. The temperature is measured by the rise and fall of the liquid within a thermometer's tube. Temperature is the balance between heat generated and heat lost by the body.

Each OSCE procedure begins with a general **definition** that provides a quick overview of the procedure.

### Articles required:

Sl. no.	Items and supportive supplies
1.	Patient's treatment chart
2.	Bulb thermometer
3.	Gloves

A comprehensive list of **articles** has been included to provide an in-depth understanding of the clinical equipment/instrument used in a respective procedure.

### Checklist:

Sl. no.	Procedure	0	1	2
1.	Gather necessary equipment			
2.	Wash your hands and put on gloves.			
3.	Identify and greet patient.			
4.	Explain what you are going to do.			
5.	Provide privacy.			
6.	The patient should be in a sitting/lying down position.			
7.	Make sure that the oral probe is plugged into the thermometer.			
8.	Remove the probe from the unit and insert it into a probe cover.			
9.	Ask the patient to open their mouth and raise their tongue; place the covered probe at the base of the tongue on either side.			
10.	Ask the patient to lower their tongue and close their mouth.			
11.	The nurse assistant should hold the probe in the patient's mouth until the beep tone is heard or when there is a flashing or steady light.			
12.	Read the temperature on the digital display.			
13.	Record, report and document the findings in addition to communicating with the patient.			
Total score obtained: ____/26				

A step-by-step presentation of the **checklist** for each procedure is provided to ensure a thorough understanding of the clinical process, leaving no step overlooked.

Score	Level of performance	Marks
25-30	Excellent	5
19-24	Very good	4
13-18	Good	3
7-12	Fair (needs improvement)	2
0-6	Poor (redo)	1

A **score/self-evaluation** table is provided to assess the performed procedure based on the checklist, aiding in the evaluation of clinical understanding

Abbreviation	Full Form/Meaning
ABG	Arterial Blood Gas
AED	Automated External Defibrillator
BIPAP	Bilevel Positive Airway Pressure
BP	Blood Pressure
BMI	Body Mass Index
BLS	Basic Life Support
BSE	Breast Self-Examination

A separate list of **abbreviations** has been provided to help readers understand the short forms used throughout the book.

### Viva Voce Questions

1. What is communication in nursing?  
Communication in nursing is the exchange of information, feelings, and thoughts between a nurse and a patient to promote healing and the patient's well-being.
2. What are the elements of the communication process?  
Sender, message, encoding, channel, receiver, decoding, feedback, and noise (barriers).
3. What are the types of communication used in nursing?  
Verbal (spoken or written), nonverbal (body language, facial expressions, gestures), and meta-communication (tone, pitch, context).
4. Define the nurse-patient relationship.  
A professional, therapeutic relationship that focuses on the patient's well-being, where the nurse uses communication and interpersonal skills.
5. What are the phases of the nurse-patient relationship?
  - **Pretention phase:** Preparing before meeting the patient.
  - **Orientation phase:** Introduction and building trust.
  - **Working phase:** Active involvement in care.
  - **Termination phase:** Ending the relationship after goals are met.
6. Mention five therapeutic communication techniques.
  - 1. Active listening.
  - 2. Open-ended questions.
  - 3. Clarification.
  - 4. Empathy.
  - 5. Silence.
7. What are common barriers to nurse-patient communication?
  - Language differences.
  - Hearing or speech impairments.
  - Emotional distress.
  - Cultural differences.
  - Environmental noise.
8. How can a nurse overcome communication barriers?  
By using translators, visual aids, maintaining a calm environment, using simple language, and also being culturally sensitive.

A separate **viva voce** section has been included to give a practical edge to the content, specifically from the perspective of practical examinations.

## About the Author



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