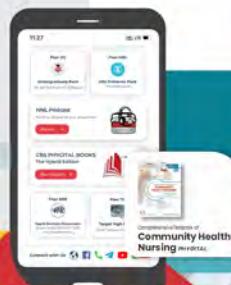


study with **CBS** **PHYGITAL** Books
Physical Book + Digital App

Now make your learning More **Interactive, Integrated & Simplified** with this **PHYGITAL** Edition

Golden Points • Solved/Unsolved papers • MCQs • Important Topics from the book • Mini Tests/Semester Tests & Grand Tests • High Yield Images/Tables • Important Mastermind Videos • Recent Updates



LOOKinside

Comprehensive Textbook of
Community Health Nursing **PHYGITAL**

Based on INC Syllabus 2021-22

V & VII
Semester
Combined

Comprehensive Textbook of **COMMUNITY HEALTH NURSING**

Including Environmental Science and Epidemiology

for BSc Nursing Students

(Covering Community Health Nursing I & II Syllabus)

As per the Revised INC Syllabus (2021-22) for BSc Nursing

Special Features

- Authored by a subject expert and reviewed by the renowned academicians PAN India
- Recent updates covered from **Park's 27th ed**
- **30+** Community Health Nursing Procedures covered
- **300+** Illustrations/Flowcharts/Tables covered
- **300+** Chapter-wise Multiple Choice Questions included
- Perfect Amalgamation of Theoretical and Practical Approach
- Glossary and Abbreviations included



CBS Publishers & Distributors Pvt. Ltd.

Shyamala D Manivannan

Community Health Nursing Approaches, Concepts, Roles and Responsibilities of Community Health Nursing Personnel

CHAPTER

6

LEARNING OBJECTIVES

This chapter is designed to enable the learner to:

- Describe various community health nursing approaches to provide care in the community.
- Demonstrate skills in using epidemiological approach and problem solving approach.
- Describe the steps in evidence-based practice.
- Describe the roles and responsibilities of community health nurse in family health services.
- List the principles, purposes, advantages and process of home visit.
- Demonstrate skills in using community health nursing bag.
- Apply the qualities of community health nurse.
- List the principles of counseling.
- Explain the techniques of counseling.

CHAPTER OUTLINE

- Approaches
- Home Visit: Concept, Principles, Process
- Community Health Nurses Bag
- Hand Washing Procedure in the Community
- Using Traditional (Khaki or Blue Cloth Over Iron Frame) Community Health Nursing Bag
- Traditional Cloth Bag: Checking Rectal Temperature
- Traditional Cloth Bag: Wound Dressing
- Features of Rexine Community Health Nursing Bag
- Oral Temperature Checking (Using Rexine Bag)
- Principles of Community Health Nursing
- Qualities of Community Health Nurse
- Family Health Services
- Roles and Responsibilities of Community Health Nurse in Family Care
- Principles and Techniques of Counseling

KEY TERMS

- Approaches
- Nursing process
- Epidemiological approach
- Problem solving approach
- Evidence-based practice (EBP)
- PICOT method
- Disease and health status surveillance
- Problem solving approach
- The managerial decision-making process
- Empowering people to care for themselves
- Primary health care
- Comprehensive health care
- Home visit
- Principles of work for home visit
- Steps in home visit
- Principles of community health nursing
- Qualities of CHN
- Family health services
- Counseling-Definition
- Principles of counseling
- Techniques of counseling

APPROACHES

The Nursing Process

The nursing process is a deliberate, problem-solving approach to meeting the health care and nursing needs of patients. It involves assessment (data collection), nursing diagnosis, planning, implementation, and evaluation. The nursing process functions in cyclical steps that are interrelated, interdependent, and recurrent.

Steps in the Nursing Process (Fig. 6.1)

1. **Assessment:** Systematic collection of data to determine the patient's health status and to identify any actual or potential health problems.
2. **Nursing diagnosis:** Identification of actual or potential health problems that are amenable to resolution by nursing actions.
3. **Planning:** Development of goals and a care plan designed to assist the patient in resolving the nursing diagnoses.
4. **Implementation:** Actualization of the care plan through nursing interventions or supervision of others to do the same.
5. **Evaluation:** Determination of the patient's responses to the nursing interventions and of the extent to which the goals have been achieved.

1. Assessment

Subjective Data

This refers to the information from the client's point of view ("symptoms"), including feelings, perceptions, and concerns.

Getting into community, gaining confidence of the family/individual is very basic and vital to continue further steps in nursing process.

- Community health nurse (CHN) collects subjective data by interviewing the patient, family members, or significant other and reviewing past medical records.
- During history collection CHN expresses interest, support, and understanding to the patient, wins confidence to establish a rapport. CHN assesses the problems and needs of the individual and family.

Objective Data

Objective data are **observable and measurable data** ("signs") obtained through observation, physical examination, and laboratory and diagnostic testing:

- Objective data provide privacy while examining the patient either in community center or at home. Objective data provide comfortable environment and show concern and respect.
- Objective data help to determine the patient's physical status, limitations, and assets.
- Apart from assessing the individual CHN can also observe the family, other members of the family, their interaction as well the housing conditions and environment.
- Document all the findings (subjective objective data).

Objective data perform required test (Urine sugar, blood sugar, hemoglobin, etc.). If person needs further lab tests refer him to higher level care. Document and report the findings. For example, ANM in the subcenter refers the person identified with abnormal sugar levels to the medical officer for further management.

1. Access nursing diagnosis from NANDA International taxonomy, standardized nursing language, which includes evidence-based definitions, defining characteristics, and etiologic factors.
2. NANDA International and the University of Iowa Center for Nursing Classification and Clinical Effectiveness continue to refine and improve the NANDA nursing language.

2. Nursing Diagnosis

"Nursing diagnosis is a **clinical judgment about individual, family, or community responses to actual or potential health problems/life processes**. Nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable."

Nursing diagnosis helps to determine the appropriate plan of care. Nursing interventions selected based on the nursing diagnosis to achieve desired outcomes. CHN focusses not only on actual and potential problems but also on the needs of the individual and family.

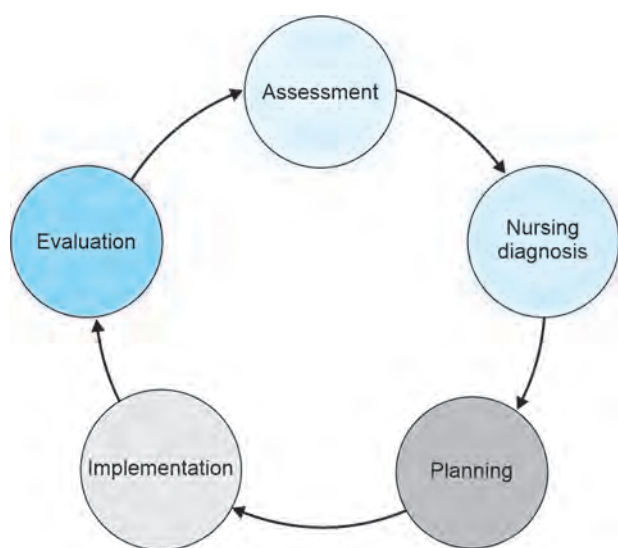


Fig. 6.1: Steps in nursing process



3. Planning

After the nursing diagnosis CHN prioritizes the nursing diagnosis:

- Assign highest priority to problems that are the most urgent and critical.
- Establish goals or expected outcomes derived from the nursing diagnoses (problems) and needs of the individual and family.

The CHN puts down the short-term, intermediate, and long-term goals by working with the patient and family.

- Goals should be specific, measurable, and patient-centered with a timeframe.
- Identify appropriate nursing interventions for goal attainment.
- An intervention is defined as any treatment, based on clinical judgment and knowledge, which a nurse performs to enhance patient/client outcomes.
- Formulate the nursing care plan. Include nursing diagnoses, expected outcomes, interventions, and a space for evaluation.

The CHN make independent nursing actions as well as collaborative interventions based on medical orders. For example, nurses can include steam inhalation in her plan without doctor's advice. They are also equipped with standing orders/protocol to use certain medicines like administering Tab. Paracetamol to a fever patient.

Protocol gives specific sequential instructions for treating patients with a particular problem, including who is responsible and what specific actions should be taken in terms of assessment, planning, interventions, teaching, recognizing complications, evaluation and documentation.

Nurses can also include screening measures in their planning as per protocol, e.g. breast examination to find any lump.

4. Implementation

Once the planning process is completed, a CHN puts everything into action and implementation. She coordinates activities of the patient, family, nursing team members, and other health team members. She performs the planned interventions in primary health centers or at home or school.

The CHN delegates specific nursing interventions to other members of the community health nursing team as appropriate. She also ensures the capabilities of the personnel while delegating responsibilities. After completing the intervention, document the patient's responses to nursing interventions precisely and concisely.

5. Evaluation

Governs the success of nursing care and the need to alter the care plan.

- Make an assessment at this stage.
- Compare patient's actual outcomes to expected outcomes to determine to what extent the goals have been achieved.
- Include the patient, family, in the evaluation.
- Identify if any alterations require in the goals and the nursing care plan.

Continuation of the Nursing Process

- Continue repeating all steps of the nursing process in subsequent visits at home: assessment, nursing diagnosis, planning, implementation, and evaluation.
- Continuous evaluation promotes quality of nursing care and gain confidence from the individual and the family.

Epidemiological Approach

Epidemiology in nursing took strong roots from Florence Nightingale's (1820–1910) time. Nightingale, being a statistician, had keen interest in knowing more from William Farr (who established medical statistics) about disease classification. Her brilliant statistical representation on preventable deaths among soldiers of Crimean War is an exemplary example of use of epidemiological approach by the nurse many years ago.

Epidemiology gives vision to make scientific questions and that provides the foundation for further construction of this discipline. Epidemiology also absorbs methods from other scientific fields that include but not limited to biostatistics and informatics, biology, economics, social and behavioral sciences. It is a foundational science for public health uses its quantitative abilities to cautiously observe and assess the health-related states and events. However, one should not perceive it as a mere research activity because it is the central component of public health.

Definition

There are many definitions on epidemiology but the most applied practice is:

Epidemiology is defined as “the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the prevention and control of health problems.” (Last, 1988).

Distribution

Epidemiology studies the frequency and pattern of health events in a population:

- **Frequency:** It is not a mere count of number of health events like the number of cases of hypertension or diabetes in a population, but also the relationship of that number to the size of the population. The results of this allow epidemiologists to compare disease occurrence through different populations.
- **Pattern:** Refers to the occurrence of health-related events by time, place and person.
Time patterns may be annual, seasonal, weekly, daily, hourly, weekday versus weekend, or any other breakdown of time that may influence disease or injury occurrence.
- **Place:** This includes the variations found in geographic region, urban and rural differences and location of work sites.
- **Personal characteristics** include demographic factors which may influence the risk of illness, injury or disability such as age, sex, marital status and socioeconomic status, behaviors and environmental exposures.

Determinants

Determinant is any factor that decides the change in an event, characteristic or other definable entity that contribute to the development of some illnesses. No disease or event occurs in vacuum. There will be some root causes or predisposing factors to trigger disease or condition. Epidemiologists frequently use analytical epidemiology for finding out the causes.

i. Health-Related States or Events

The original focus of epidemiology was exclusively on epidemics of communicable diseases but later expanded to address endemic communicable diseases and non-communicable infectious diseases. Actually, the term health-related states or events may be seen as anything that affects the well-being of a population.

ii. Specified Populations

The physician in the hospital shows interest on the health of an individual, whereas the epidemiologist is concerned about the health of the people in a community or population. The physician's focus is the individual patient; the epidemiologist's "patient" is the community.

The clinician usually focuses on curing and caring for the individual, the epidemiologist focuses on identifying the exposure or source that caused the illness.

Application

Epidemiology does not stop with studying the health of the population. The significant feature of epidemiology is application of the gained knowledge for community-based

practice. Diagnosing the health of a community is the major component of epidemiology. This helps to form relevant, feasible and acceptable public health interventions to control and prevent disease in the community.

Using Epidemiological Approach

Disease and Health Status Surveillance

As a practitioner in the field, CHN has to have adequate information about the community she serves and she should have the knowledge on new, emerging and re-emerging diseases in the community. Epidemiological measurement and analysis will give an insight about the health status of the community. Health status indicators can help to have a snapshot of the diseases, disabilities and injuries in the community. This would help in planning, prioritizing and for budgeting.

Through surveillance data the CHN can estimate the magnitude of health problems in the community, understand the natural history of the disease as well any strange presentation in the disease journey, know endemic disease, and discover any epidemics and help in control of the disease through timely notification and other active measures.

The CHN will be able to get surveillance data from existing records, registers or from government sources. Management information system and registries are the best sources of data.

Search for Etiology

Monthly review meetings and audits on perinatal mortality, maternal mortality and under five mortality audits will provide her great information and motivate her to investigate on actual causes of these. Common sources for routinely collected data in India are: data sources of government and private agencies.

Evaluating care: Care provided in the health care facilities, like subcenter, PHC, etc. can be evaluated using explorative and evaluative studies.

Using Descriptive Epidemiological Approach in Nursing

- **Defining the population:** Defined population means either the whole population or a representative sample.
- **Defining the disease under the study:** It is described in terms of time, place and person. This would help us to identify whether these characteristics are associated with the presence or absence of the disease.

Disease is examined by asking three questions:

1. When is the disease occurring? Time distribution.
2. Where is it occurring? Place distribution.
3. Who is getting the disease? Person distribution.



Fig. 6.2: Three pillars of descriptive epidemiology

- **Describing the disease by time, place and person:** These characteristics are carefully considered when a disease outbreak occurs, because they provide important clues regarding the source of the outbreak (Fig. 6.2). The CHN will be able to describe the disease using time, place and person.
- **Comparing with known indices:** This would help her compare the present happening with the past or between the regions/countries.
- **Formulation of causal hypothesis:** Using the information from the previous steps the CHN can formulate hypothesis. This formulated hypothesis can be tested using analytical epidemiology.

Investigating Food Poisoning

Once the CHN receives the information on food poisoning in a location she will act quickly to contact the person with the symptoms and asks the following questions to run the epidemiological approach:

- What did they eat?
- Was there any special event like marriage/festival?
- Where did they eat prior to illness?
- When did they eat?
- What are all the symptoms?
- Who were all developed the problem?
- Have there been others who ate with also experienced any symptoms?
- Have they been on holiday to other places?
- These questions would help in making epidemiological investigation.

Problem-Solving Approach

Experts suggest using a structured or professional approach that involves applying a theoretical model in problem solving and decision-making. Decision-making is one step in the problem-solving process, an important task that relies heavily on critical-thinking skills (Marquis and Huston, 1995).

Traditional Problem-Solving Approach

The traditional problem-solving model is the most known among the other methods.

The seven steps are:

1. Identify the problem.
2. Gather data to analyze the causes and consequences of the problem.
3. Explore alternative solutions.
4. Evaluate the alternatives.
5. Select the appropriate solution (Decision making).
6. Implement the solution.
7. Evaluate the results.

Managerial Decision-Making Process

The managerial decision-making model, a modified traditional model, eliminates the weakness of the traditional model by adding a goal-setting step. Harrison (1981) has delineated the following steps in the managerial decision-making process:

1. Set objectives
2. Search for alternatives
3. Evaluate alternatives
4. Choose
5. Implement
6. Follow-up and control.

Nursing Process

The nursing process provides another theoretical system for solving problems and making decisions. Educators have identified the nursing process as an effective decision making model (Pesutand Herman, 1998). The managerial decision-making process flows more or less like the nursing process (Fig. 6.3).

In day-to-day to practice nurses use nursing process approach for problem solving and decision making.

As a decision-making model, the most significant element of the nursing process is its "feedback mechanism" which other two models lack.

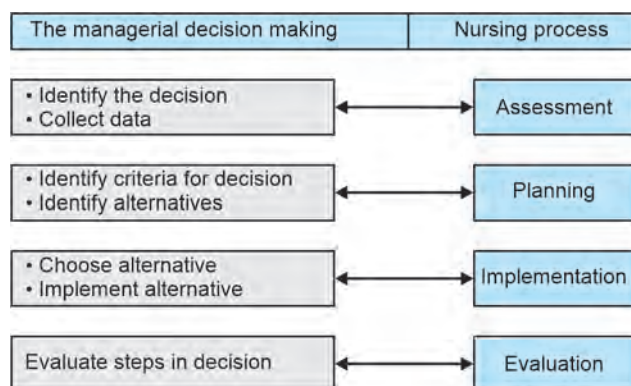


Fig. 6.3: Managerial decision making and nursing process

Evidence-Based Practice Approach

Public health decision making is a complicated process because of complex inputs and group decision making. Public health evidence often derives from cross-sectional studies and quasi-experimental studies, rather than the so-called “gold standard” of randomized controlled trials often used in clinical medicine (Fig. 6.4).

Definition and Meaning

Evidence-based practice (EBP) is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996).

Evidence-based practice integrates clinical expertise, patient values and the best research evidence for deciding upon patient care. In community health nursing, we equalize clinical expertise to the community health nurse’s experience,



Fig. 6.4: Elements of evidence-based practice

education and clinical skills. The patient or the client or a person in the community has his personal preferences, concerns, expectations and value system.

Hence, EBP unifies research evidence with clinical expertise and encourages individualization of care through inclusion of patient preferences.

The best research evidence comes from relevant research work that has been conducted using rigorous methodology in the field of community health nursing to adopt into practice.

There have been situations in our community health nursing clinical practice where we wondered about the ways of carrying out certain tasks (Why do we do it like this?) and maintained silence by getting known that was the usual way or that was the only way it works. After a long period of silence anyone may end to ask, “Does this make sense?” Here comes the answer: Community health nurses adopting evidence-based practice.

Steps Involved in Evidence-Based Practice in Community Health Nursing

1. Evidence-based practice in community health nursing has several steps that includes an initial step of developing a well-constructed clinical question that will drive all the other aspects. Our work environment gives many opportunities for constructing a compelling question, e.g., why do nurses always use a black pen to write their notes? Black ink shows up better than blue when scanning and photocopying.
2. Assess on the amount of evidence available to answer the question.
3. If lots of evidences exist on the question it need not be asked again. If this might be the situation in relation, we need to look for making another question.
4. In contrast, if no evidence is available to support the question, it is really an important question that should be explored.
5. There are many methods used to conduct evidence-based projects in community health nursing. PICO format, presented by Melnyk and Fineout-Overholt (2005).

Steps of Evidence-Based Nursing Practice (EBP)

Melnik and Fineout-Overholt (2011) outlined the following steps in EBP:

0. Cultivate a Spirit of Inquiry

Asking questions like “Why are we doing this?” and “Is there evidence to support this practice?” demonstrates this spirit of inquiry. To bring about change in our educational and practice field we must continually examine our existing practices.



1. Ask the Burning Clinical Question in PICOT Format

(PICOT explanation at the end of the steps. Apply it to make burning clinical question for this step)

The PICOT question is one way to develop an answerable, searchable EBP question.

2. Search for and Collect the Most Relevant Best Evidence

To collect best evidences, the appropriate are integrative or systematic reviews that compile all recent studies and summarize what is known about the problem or situation. The Cochrane Collaboration (www.cochrane.org) lists systematic reviews on various topics of interest to both physicians and nurses. There are various websites providing excellent information. Nurses need to have adequate knowledge on how to search for the sources to conduct community health nursing projects.

3. Critical Appraisal of the Evidence

Systematic reviews should be carefully examined to determine validity (Schlosser, 2007). One can do this by asking these types of questions:

What was the review question? (Specific population, intervention, etc.)

- Were search strategies explained and are they reasonable?
- What were exclusion criteria/were any important, relevant studies overlooked

After analyzing all the above, the nurses can recognize the evidence for practice.

4. Integrating the Evidence

In this step, the CHN needs to make a decision on incorporating the practice which she has found through above steps. The CHN uses her clinical expertise and knowledge about her clients' values and preferences, for incorporating the information into practice.

- How can I apply these results to my community health nursing practice?
- Will it benefit my clients?
- Are my clients similar to the population studied?
- Do I have the necessary resources?
- Does this go against my client's values or preferences?

5. Evaluating Outcomes

The final step of the EBP process is to evaluate any practice change. To know the change that had taken place she needs to compare the newly introduced practice with the one existed before.

6. Disseminating the Outcome

The final step is disseminating the outcome. The results need to be shared in order to improve the body of knowledge in public health nursing and provide studies that can be used in future systematic reviews. We can share outcomes information with our colleagues locally, through informal networking, blogs, listservs, etc.

PICOT Method

The PICOT stands for:

P—Patient population of interest

I—Intervention of interest

C—Comparison of interest

O—Outcome of interest

T—Time frame

Step 1: Defining the Patient (Population of Interest)

Initially, we need to define on what population of the community we like to examine: Are we interested in infants, children, adults (women/men) or geriatric individuals? Perhaps we may be interested in antenatal or high-risk pregnancies in the community.

Step 2: Identifying the Intervention or Process of Interest

In this step we need to decide on what intervention or process we need to examine. What do you want to do for this patient population? In other words, what are we going to do specifically for this population?

Step 3: Examining the Comparison of Interest

The comparison of interest is the alternative to intervention that we will decide.

The comparison can be a controlled (Group which receives no treatment) versus a placebo (Group which receives a fake treatment). The comparison can also include measuring the intervention of interest against what is considered the "gold standard" of treatment for a particular situation or disease process.

Step 4: Outcome of Interest

Here the result is examined. In this step, we establish the outcome of interest. What will be improved or what do we want to happen in the intervention group? What do we want to accomplish or measure?

Step 5: Time Frame

Fine out-Overholt and Johnston (2005) have recommended adding a fifth element to the PICO method, addressing it the

PICOT method. The last component “T” stands for time; the timeframe in which the question occurs.

Example: Use of PICO method: Does the incidence of protein energy malnutrition among infants (P) of village “A” decrease (O) with the administration of nutritious balls (I) for 6 months compared to infants of village “B” (C)?

Other method: Schlosser and Costello (2007) proposed the PESICO method, which stands for person, environment, stakeholders, intervention, comparison and outcome.

Empowering People to Care for Themselves

Self-care is a vital strategy to promote health and prevent disease. Though it is vital, the advancing world of medical technology did not emphasize or implement much on self-care. At the regional conference (2008) on “revitalizing primary health care”, Jakarta came out with a new definition of health for all: “A stage of health development, whereby everyone has access to quality health care or practices self-care protected by financial security so that no individual or family experiences catastrophic expenditure that may bring about impoverishment”.

Self-care should be the core of promotive, preventive, curative and rehabilitative care. The role of community health nursing is fundamental for empowering people to implement self-care. Health information may need to be demystified to make self-care easily understood by all people.

On day-to-day practice, many health-related goods and services line up in the market. The public receive information through various sources gets into dilemma, and becomes indecisive on many occasions. Health or health-related services always must reach individuals in an appropriate, acceptable, and affordable form. As we have learnt, we use four principles in implementing primary health care like universal coverage, community participation, multisectoral collaboration, and use of appropriate technology. Fortunately, self-care embraces all of these principles. Appropriate strategies are essential in empowering the community: Self-care is found basic to bring down the load on our health systems, reduce cost, and ease our efforts in achieving universal coverage.

Self-care should be a continuum of care with a developmental approach from birth through childhood, adolescent, adulthood and elderly. Experts look at self-care as a translation of community participation in health development. To strengthen community participation, the first activity is the empowerment of women. Women empowerment is the biggest strategy for revitalizing and shaping the interest on self-care in the community. Information is wealth. However, having access to information from various sources alone will not help. The kind and quality of information is very important to enrich and promote self-care activities among people.

There need to be well-developed policies for promoting self-care activities that include self, families, groups, and communities. Some of the examples of community empowerment plans are: health capacity building in the community, national health campaigns, health clubs, and peer support activities. Some examples of healthy public policy include: (1) Establishment of health promotion fund, (2) National Health Act, (3) Tobacco Consumption Control Act, and (4) Alcohol Consumption Control Act.

Definition: Self-Care

WHO/SEARO Working Definition 1991(1996)

“Self-care in health is behavior where individuals, families, neighborhoods, and communities undertake promotive, preventive, curative and rehabilitative action to enhance their health”.

Self-care Promotion at Various Levels

Self-care is everyone’s responsibility. However, it is government’s responsibility to provide necessary framework to promote self-care at various levels.

National and Sub-National Levels

- Policy and legislative support.
- Adequate budget provision for self-care plans.
- Self-care intervention to be included in all relevant programs and projects.

Community Level

- Provision for adequate fund to support self-help groups.
- Adequate representation by women.

Family and Individuals

- Continuing education.
- Support and follow-up including self-care advice on discharge from hospital.

Institutions for Self-Care Promotion

Enhance communication skills of health workers through pre-service education and in-service reorientation:

- Services from local government and other relevant public sector offices/organizations.
- Faith-based groups.
- Self-help groups.
- CBOs/NGOs/professional associations.
- Private sector schools.

Multisectoral sectors, like education; information; industry and the media.



Primary Health Care and Comprehensive Primary Health Care

Learners to Refer Chapter 2 of this book for reviewing this topic

PROCEDURE

HOME VISIT: CONCEPT, PRINCIPLES, PROCESS

Home visit refers to identification and prioritization of health needs of the individual and family at their door steps and provision of care using available resources. In natural setting (home) of people, the nurse not only provides care but prevents disease, promotes health and plans for health maintenance using her knowledge, technical and analytical skills and decision-making abilities. Home is not like hospital where you find ready sets of items/equipment to perform procedures or provide care. As a CHN you are carrying your own articles, your smart brain and skillful hands. CHN uses a bag which contains the necessary items to provide care at home.

Smart Principles of Work for Home Visit

- Learn your community by collecting relevant information and that would help in diagnosing the community.
- Identify the resources of the community and use them efficiently.
- Be one among the community by establishing a good rapport with community.
- Learn policies and procedures of your agencies that would allow you to perform your duties freely as well to protect you legally.
- Conducts need analysis that provides the platform for planning home visits. Need analysis avoids wastage of manpower, time, money and material.
- Prioritizes the identified needs and plan further.
- Prior to home visit know about the family by collecting information from the family folder or from "information system" available in the agencies.
- Empathize and be patient in listening.
- Respect the individual, culture and family.
- Your procedures and health messages must have scientific rationale.
- Never try to present in a way that you are the only one who knows everything. Nowadays people have many opportunities to come across health messages from various sources like newspaper, radio and television, etc.
- Involve family in planning and executing the care; work collectively toward the goal.
- Though you may go with a need-based plan for home visit, problems identified and require immediate attention takes up the priority.
- While assessing and caring an individual, your observation must also be on other members of the family.

- Need-based plan concentrates on vulnerable group (women, children and elderly).
- Problem-based plan concentrates on morbidities.
- Write a note in your diary or individual record; as per the institutional policy the data may be kept in the family folders or fed to the system.
- Evaluate the work to assure quality for further improvement.

Advantages of Home Visit

- It helps in prevention of disease, promotion of health and maintenance of health, early detection of disease, surveillance and follow-up.
- It is possible to meet all the members of the family at a time in their natural setting.
- Family tends to develop confidence in the subsequent visits of the CHN.
- Helpful in assessing the individual and family in action.
- Helps in assessing the existing relationship between the family members.
- Family members will be relaxed and at ease in their home environment.
- Older people of the family can be contacted and their influence on the family members can be observed.
- Family members' attitude and practices can be observed in natural setting.
- Helps in referring the people who are in need for higher level care.
- Governmental agencies and nonprofit voluntary agencies do not charge the patients.
- Patients can get health messages in their houses itself.
- Home visits help community health nurses to learn the culture of the family and to provide culturally sensitive care.
- The CHN can assess the progress or growth of the family.
- Home visit helps in identifying the new problems and plan needed care accordingly.

Purposes of Home Visit

The CHN visits the home with various purposes. Some of the usual purposes are:

- To fulfill the planned or scheduled visits.

- Family seeks help from the nurse to visit one of the members who is sick or injured or has some other problem.
- To visit the antenatal or high-risk mother who needs continuous support.
- To assess the postnatal mother and newborn to assess their health status.
- To alert the mother on immunization that is due for her or for her baby or child.
- To assess the nutritional status and conduct physical examination.
- As a follow-up measure.
- To check the treatment compliance of patients with communicable diseases, like tuberculosis and non-communicable diseases like hypertension, diabetes, etc.
- To screen the contacts for communicable diseases.
- To provide health education and reinforce previous teaching.
- To lead and supervise the other health workers.

Steps Involved in Home Visit

The steps involved in home visit are as follows:

Planning for a Home Visit

- Before proceeding to plan get to know the day's issues (like political issues, very hot day, heavy rain or road blocks or any fairs and festivals) in the area to be visited.
- Stick on to agency or institution's policy in scheduling the home visits.
- Elicit the due visits from institution's information system or manually from the family folders and individual records.
- Plan to visit group of houses located in the same area to save energy and time unless there is an emergency or problem or need from other streets or areas.
- Plan the approximate duration of time to be spent for each family based on the required care.
- Planning of the care includes activities related to health promotion and health maintenance, disease prevention, early detection of disease and rehabilitation.
- Individual care is planned may fall in one of the above levels of care.
- Fill the community health bag with adequate supplies to perform the procedures at home.
- Plan and arrange for the transport to reach the area.
- The community health nurses who have the teaching responsibilities for nursing students should schedule her time for that too.

- Community health nurses should give preference to cotton saris or salwar suits (as per agency policy) and suitable footwear to walk in the area.
- Carrying an umbrella and a water bottle is a must to protect health.

Locating the House

- Once you reach the area it is your duty to locate the house or family to be visited.
- Identify the address from family folder or from the information system list from the institution and note down the landmarks (like near to school, opposite to temple, next to rice mill, etc.) to locate the house.
- If you are new to the area you can very well ask people by respectfully presenting the name of the head of the family of the house to be visited.

Establishing Rapport with the Family

- When you reached the house to be visited and if the door is opened and the family members are standing out, you do not have the job of knocking the door but make sure that the people are from that house only.
- If the door is closed, look for the availability of calling bell, if so you can press the bell and wait-do not ring the bell continuously, this may annoy the family.
- If there is no calling bell, give a decent knock on the door.
- When people are out, greet them and tell the purpose of your visit by introducing yourself and your agency. For the subsequent visits, greeting alone can help to enter into the house.
- Leave your footwear and enter into the house.
- Show your respect and cheerful face to all the members of the family.
- When family offers a seat accept it cheerfully.
- Be friendly and show your respect humbleness in all your doings.

Observation

- Make a note of family's response; you need to be a good observer of the verbal and nonverbal cues of the family to initiate further action.
- Observing the house and the surroundings will help you to get to know the strong and weak factors that promote or demote the health of the individuals.
- Initiate conversation with the members of the family to know about each individual of the family. Get to know their concern about the prevailing health problems or any other issues about the family and its members.

- During the conversation, CHN also observes for any person with acute or chronic illnesses, woman who is pregnant, children with watering nose or with skin rashes or eruptions or injuries and anyone crying in pain at home.
- Encourage a discussion with the members and get to know their previous and further plans to tackle the prevailing situation (like water stagnation and mosquito breeding in front of the house).
- She also observes the attitude and practices of family members.

Interviewing Technique

An interview is a conversation where questions are delivered with a purpose to a person who willingly answers to the same. Family interview will reveal more information about the individual and family health. Although an understanding of the health care values of various cultures are helpful, community health nurses should remember that persons within a culture are different from each other.

Principles of Interviewing

- Develop trust with the client/family.
- Choose appropriate environment. Provide environment free of distractions.
- Provide privacy.
- Be confidential.
- Make the patient as comfortable as possible.
- Maintain personal distance level of 3 feet.
- Maintain good eye contact and interact at eye level.
- The CHN should be a good listener.
- No preconceived ideas about the client or family.
- Time and duration should be planned.
- Recording the interview.
- Evaluation of the interview.
- Set essential follow-up goals.

Phases of Interview

There are three phases of interview. They are:

1. Introduction or Initial Phase

- Introduce yourself.
- Respect the client and family.
- Make the client comfortable.
- Watch for signs of client discomfort; do not overture the client or family.

- Use polite, humble and professional tone through the interview.
- Thoroughly explain the interview procedure
- Always initiate the interview with general concerns, then move on to specific ones.

2. Focus or Working Phase

- Take notes only needed. Do not write throughout.
- Use effective communication techniques
- Control the process of interview, but do not monopolize
- Be flexible
- Treat the individual and the family with respect
- Do not contradict the views or beliefs of the individual or family
- Never try to impose your own moral standards upon the individual
- Be compassionate and empathetic
- Create conducive atmosphere.

3. Termination or Recapitulation and Transition Phase

- Recap the interview results.
- Set further goals and discuss the follow-up plans or care
- At the end find out from the individual if anything else he/she wishes to discuss.

Community Health Nurse in Action at Home

- Assessment of individual and family for existing health problems. Assessing the knowledge, attitude, beliefs and practices of people.
- Involving family members in goal setting to prevent disease and promote health.
- Reinforcing the previous health educational topic.
- Providing the planned care at home. For example, checking temperature of the baby.
- Conducting planned health teaching sessions.
- Improvisation and use of equipment at home for various procedures. For example, using indolium paladai in place of feeding bottle. Stainless steel paladai spout will be very sharp, so indolium is better.
- Demonstrating home remedies: Preparation of oral rehydration solution at home.

Closing the Visit

Here the CHN concludes her visit by giving out the summary of the visit. She also conveys her plan for next visit (within how many days, weeks, or months) and confirms their availability. CHN completes the day's visit by thanking the family.

COMMUNITY HEALTH NURSES BAG

Community health nurses use a bag that contains necessary items to provide care at home in the community. Usually these bags have an iron or aluminium frame to provide structure to the bag. Using the frame bags are made out of khaki cloth or any washable, durable cloth material most often preferred color is found to be blue. These bags also come in leather or rexine-mixed material. Furthermore, some institutions use improvised vanity boxes as community bags. Again, the shape of the bag differs from institution to institution. But traditionally the community health nursing bags are made out of cloth material. Whatsoever could be the material, shape and size of the bag the basic idea is it should be smartly designed to follow the principles in performing procedures at home.

Features of Ideal Community Health Nursing Bag

- It has an iron or any other metal frame to provide structure to the bag.
- It has inner and outer lining with adequate pockets inside.
- It should permit us practice with scientific principles.
- It should help us differentiate between clean and dirty utility compartments.
- There need to be sufficient space to keep the articles; it should not be too big or too small.
- There should be provision to wash or clean the bag.
- It should not cause irritation over the shoulder.
- It should not be made out of color fading cloth.
- Double sewing is essential for cloth material.

Commonly Found Items in Community Health Nursing Bag

- Newspaper
- Hand towel in a small plastic bag

- Soap dish with a soap
- A plastic apron
- Inch tape
- Fetoscope
- Stainless steel instruments like pair of scissors, an artery clamp, thumb forceps
- Two stainless steel small dressing cups
- A small khaki bag with sterile cotton
- A small khaki bag with clean cotton
- A small bag with sterile pad
- A small bag with sterile gauze pieces
- A small bag with umbilical cord care packs
- Disposable syringes: 1 mL, 2 mL and 5 mL
- Disposable needles: 23G, 26G and 20G
- Thermometers: Oral and rectal
- Disposable spatula
- Swab sticks
- Kidney basin
- Red rubber catheter
- A spirit lamp
- Match box
- Small transparent containers for spirit, Benedict's solution, betadine, acetic acid and nitric acid
- A dropper
- Medium-sized test tube
- Test tube holder
- Bandages
- Micropore plaster tape
- Some tablets can be carried as per the agency policy—antipyretics, nonsteroidal anti-inflammatory drugs or any others.

PROCEDURE

HAND WASHING PROCEDURE IN THE COMMUNITY

Hand washing is need of the hour for everybody not only for nurses. This calls for individuals' attention to keep their hands clean since hands are the greatest channels of transmission of infection from one person to another. Nurses being the health care professionals should be very much cautious whenever they render care to people because they tend to carry many organisms while caring the individuals and families. Hand washing includes five simple steps:

1. Wet your hands
2. Lather your hands
3. Scrub your hands
4. Rinse your hands
5. Dry your hands

Community health nurse's bag readily holds soap and towel in its outer side pocket to initiate hand washing whenever needed.

And you can consider it to reduce the spread of diarrheal and respiratory illnesses so you can stay healthy. Regular hand washing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. It's quick, it's simple, and it can keep us all away from getting sick. Hand washing is essential for everyone. Before, during the bag technique and after performing any procedure in the community it is very much essential to wash your hands.

Purposes

- To avoid spreading infection through hands.
- To protect people from infectious diseases.



- To prevent cross infection.
- To protect self (doctor, nurses, etc.).

Articles Required

- Soap and towel
- Water

Hand Washing Steps in Community

1. Greet the family members.
2. Place the community health bag on the newspaper.
3. Remove your watch and pin it in your sari.
4. Open the side pocket and take out soap dish with a soap and towel.
5. Locate hand washing area with the help of the family members.
6. Keep your soap dish and towel in an elevated area.
7. If there is a tap you can use the tap water.
8. If no tap water facilities you better ask for water and a mug from family.
9. If the family member is willing to help you in pouring water to wash your hands you can get his/her help. This helps you teach the hand washing technique for the family member.
10. If no such help available, you assist yourself changing the mug to each hand.
11. Initially pour water on your hands and wet with soap.
12. Apply soap properly and rub with palms to cover both hands.
13. Spread the lather over back of the hands.
14. Ensure that the soap spreads to the spaces between the fingers.
15. Grip the fingers alternatively on each hand and rub.
16. Give attention to thumbs.
17. Press fingertips of one hand into the palm of the other hand and rub.
18. Now take water and pour alternatively on each hand and wash it off.
19. Wipe with your towel.

This hand washing is followed in all procedures carried out in the community (Fig. 6.5).

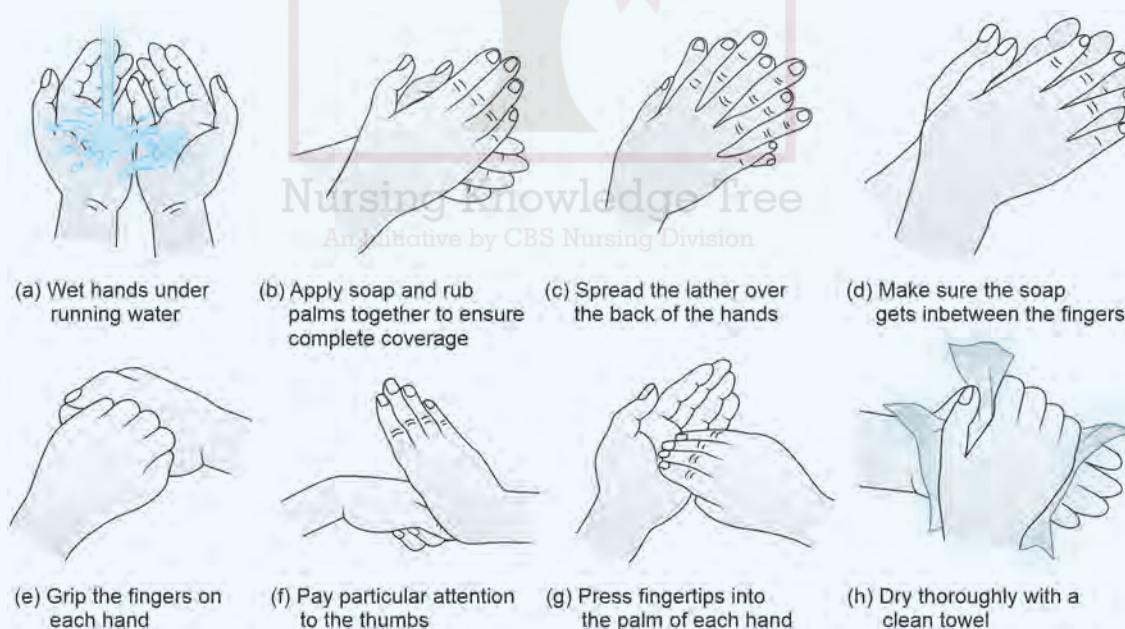


Fig. 6.5: Hand washing

PROCEDURE

USING TRADITIONAL (KHAKI OR BLUE CLOTH OVER IRON FRAME) COMMUNITY HEALTH NURSING BAG

Though many nursing colleges have started to use various kinds of modified community health nursing bags, some colleges are still using this traditional bag. The basic procedures like temperature (oral and rectal) checking and wound dressing are explained using this traditional bag.

Traditional Cloth Bag: Checking Oral Temperature

Purposes

- As part of physical examination.
- As a requirement prior to carrying out some procedures like baby bath.
- After immunization.
- As one of the diagnostic criteria.

Needed Articles from the Bag

- Newspaper to spread on the floor.
- Rectangular shape newspaper to make paper bag.
- Soap dish with soap.
- Towel pack.
- Oral thermometer.
- Two cotton balls.
- Long layer of cotton strip to disinfect thermometer.
- Spirit container.

Steps Involved in the Procedure

1. After greeting the family members, find a clean area to place the bag.
2. Explain the procedure.
3. Take out the newspaper from the outer cover and spread it on the flat surface and place the bag on it. Even a plastic square can be used to place the bag.
4. Get a newspaper from the family or from the outer cover and make a paper bag for discarding the soiled cotton and dressing material.
5. Explain the importance of paper bag to the family and keep the paper bag stand at one corner of the newspaper.
6. Remove your watch and pin it in your sari.
7. Unbutton the outer lining of the bag or open the bag in case of nonbuttoned bags by touching only the outer part of the bag.
8. Remove the soap and towel pack from the bag.
9. Identify suitable washing area with the help of the family member and keep your towel and soap dish there.

10. Wash your hands with soap and water and scrub for 3–5 minutes following hand washing technique. If tap water is available, it is easy to wash. Otherwise you can use a mug from family and help yourself. Be economic in using the water, especially in places that have water scarcity.
11. Air dry or use towel to dry your hands.
12. Open the outer layer by touching the inner part.
13. Open inner lining by rolling the left and right flaps toward concerned sides and keep the folds stay aside. This step can be improvised according to the design of inner lining of the bag.
14. Now take out the items from the bag for performing the specific procedure (oral temperature).
15. Items needed for checking oral temperature: Oral thermometer, two cotton balls and a long layer of cotton to disinfect thermometer.
16. Go with the oral thermometer to the place where your wash-items are placed.
17. Wash the oral thermometer in running cold water or wash by pouring water.
18. Take a cotton ball that is placed on the newspaper and wipe the thermometer from bulb to stem and have it in your hand.
19. Slowly rotate thermometer at eye level to read mercury level.
20. Mercury is to be below 96°F (35.5°C). Thermometer reading must be below patient's actual temperature before use.
21. If mercury is higher than desired level, shake thermometer downward.
22. By explaining the procedure with client's permission keep the thermometer under the tongue and ask the patient to close the mouth carefully and use lip grip over the thermometer.
23. Give a 3 minutes' period of time
24. After 3 minutes, remove the thermometer, read the temperature at eye level and wipe from stem to bulb with the same cotton used for drying the thermometer. Discard the used cotton into paper bag.
25. Apply soap into long strip cotton and wrap thermometer with it and leave safely.
26. Wash hands and come back to the place where bag is kept.
27. Now you can use the time effectively to collect history or health educate individual or do physical or nutritional assessment.

28. After around 10–15 minutes of time pick up the thermometer wrapped in the soapy cotton and provide spiral motion toward the bulb, and pull out the thermometer with the other hand.
29. Now rinse the thermometer with water, dry it with cotton ball and clean it with alcohol and replace it in its case.
30. Now discard all the used cotton into paper bag including the soapy swab used for disinfecting the thermometer and close the flap of the paper bag and give to family for disposal by burning.
31. Now wash your hands with soap and water, wipe your hands and return to bag. Open the bag and replace all the articles (thermometer and spirit bottle) and button the bag. Half close the inner lining. Improvize this step according to the type of bag used.
32. Now bring soap dish and the towel pack replace them in the outer pocket
33. Now close bag by touching the outer part of the outer lining and close the bag
34. Now pick up the paper and fold it in such a way the side which contacted the floor surface goes inside
35. Do not forget to dry your towel.

PROCEDURE

TRADITIONAL CLOTH BAG: CHECKING RECTAL TEMPERATURE

Purposes

- As part of physical examination, specifically in newborns.
- As a requirement prior to carrying out some procedures like baby bath.
- After immunization.
- As one of the diagnostic criteria.

Needed Articles from the Bag

- Newspaper to spread on the floor.
- Rectangular shape newspaper to make paper bag.
- Plastic apron.
- Soap dish with soap.
- Towel pack.
- Rectal thermometer.
- Three cotton balls and a long layer of cotton strip to disinfect thermometer.
- A drop of oil from family.
- Spirit container.

Steps Involved in the Procedure

1. After greeting the family members, find a clean area to place the bag.
2. Explain the procedure.
3. Take out the newspaper from the outer cover and spread it on the flat surface and place the bag on it. Even a plastic square can be used to place the bag.
4. Get a newspaper from the family or from the outer cover and make a paper bag for discarding the soiled cotton and dressing material.
5. Explain the importance of paper bag to the family and keep the paper bag stand at one corner of the newspaper.
6. Remove your watch and pin it in your sari.
7. Unbutton the outer lining of the bag or open the bag in case of nonbuttoned bags by touching only the outer part of the bag.
8. Put on the plastic apron.
9. Remove the soap and towel pack from the bag.
10. Identify suitable washing area with the help of the family member and keep your towel and soap dish there.
11. Wash your hands with soap and water and scrub for 3–5 minutes following hand washing technique. If tap water is available, it is easy to wash. Otherwise you can use a mug from family and help yourself. Be economic in using the water, especially in places that have water scarcity.
12. Air dry or use towel to dry your hands.
13. Open the outer layer by touching the inner part.
14. Open inner lining by rolling the left and right flaps toward concerned sides and keep the folds stay aside. This step can be improvized according to the design of the bag.
15. Now take out the items required from the bag for performing the specific procedure-rectal temperature: Three cotton balls and a long strip of cotton to disinfect the thermometer, spirit, get some oil from family to lubricate the thermometer (rectal temperature).
16. Go with the rectal thermometer to the place where your wash-items are placed.
17. Wash the rectal thermometer in running cold water or wash by pouring water.
18. Take a cotton ball that is placed on the newspaper and wipe the thermometer from bulb to stem and have it in your hand.
19. Get a drop of oil from family and lubricate the bulb of the thermometer.

20. Insert the rectal thermometer by asking the mother to hold the baby in appropriate position.
21. After 3 minutes take out the rectal thermometer wipe it from stem to bulb and read it.
22. Discard the cotton ball into paper bag and go to wash area with the thermometer and long strip of cotton
23. Rinse the thermometer with running water, apply soap to long strip of cotton and wrap the thermometer in it, allow it to stay for 15 minutes for disinfection.
24. Remove your apron wash it (if soiled) hang it to dry.
25. Wash your hands thoroughly and air dry.
26. Get back to your working place and continue with other procedures like history collection, physical assessment or health teaching, etc.
27. After 15 minutes rotate the thermometer well in the soapy swab using friction and wash the thermometer.
28. Wipe the thermometer with another cotton ball and discard the cotton ball into paper bag.
29. Take another cotton ball and clean from bulb to stem using spirit and replace it in its case. Discard the cotton ball into paper bag.
30. Take the paper bag to wash area and discard soapy swab into paper bag.
31. Close the paper bag with its flap and give it to family member for discarding (burning).
32. Wash your hands with soap and water wipe your hands and return to bag. Open the bag and replace all the articles (thermometer and spirit bottle) and button the bag. Half close the inner lining. Improve this step according to the type of bag used.
33. Bring soap dish, the towel pack and apron and replace them in the outer pocket.
34. Close bag by touching the outer part of the outer lining and close the bag.
35. Now pick up the paper and fold it in such a way the side which contacted the floor surface goes inside.
36. Do not forget to dry your towel.

PROCEDURE

TRADITIONAL CLOTH BAG: WOUND DRESSING

Purposes

- To enhance wound healing.
- To provide comfort.
- To prevent infection.

Articles Required

- Artery clamp
- Thumb forceps
- Two dressing bowls
- K-basin—if the wound is big
- Saline water prepared at home
- Prescribed antibiotic powder or ointment
- Antiseptic solution (savlon or betadine)-as per the institutional policy
- Sterile cotton balls
- Sterile gauze pieces
- Small dressing pad, if necessary
- Micropore plaster
- Bandage, if needed
- If any antibiotic powder or ointment prescribed (patient may have it).

Steps Involved in the Procedure

Explain the procedure to the family. Ask for a wide-mouthed vessel with a lid from the family and keep it aside:

1. Take out the newspaper from the outer cover, spread it on the flat surface, and place the bag on it. Even a plastic square can be used to place the bag.
2. Get a newspaper from the family or from the outer cover and make a big-sized paper bag for discarding the soiled cotton and dressing material.
3. Explain the importance of paper bag to the family and keep the paper bag stand at one corner of the newspaper.
4. Remove your watch and pin it in your sari.
5. Unbutton the outer lining of the bag or open the bag in case of nonbuttoned bags by touching only the outer part of the bag.
6. Remove the soap and towel pack from the bag.
7. Identify suitable washing area with the help of the family member and keep your towel and soap dish there.
8. Wash your hands with soap and water and scrub for 3–5 minutes following hand washing technique. If tap water is available, it is easy to wash. Otherwise you can use a mug from family and help yourself. Be economic in using the water, especially in places that have water scarcity.
9. Air dry or use towel to dry your hands.
10. Open the outer layer by touching the inner part.
11. Open inner lining by rolling the left and right flaps toward concerned sides and keep the folds stay aside. This step is improvised according to the design of inner lining of the bag.

12. Now take out the articles required like artery forceps, thumb forceps, dressing cups, k-basin and cotton and gauze bags and solutions.
13. Put the dressing cups, artery forceps and thumb forceps in the vessel with water, turn the lid and cover the vessel, boil the same for 10–15 minutes.
14. You can utilize the time effectively for some other work like assessment while the articles get boiled.
15. Now drain the water from the vessel, hold it upside down, and place it on the newspaper. Take off the vessel carefully so that the articles lie in the lid.
16. Make the patient to assume comfortable position.
17. A polythene paper from the house can be placed under site to protect the bed.
18. Open if there is any previous dressing and discard into paper bag.
19. Wash your hands and air dry.
20. Pick up the artery clamp and using that lift the dressing cups and lay.
21. Pour betadine or other antiseptic solution into dressing cup.
22. Transfer needed cotton and gauge to another dressing cup.
23. Clean the wound from center to periphery by using saline water (saline can be prepared at home by putting one tablespoon of salt in 200 mL of water and boiling it for 10–15 minutes).
24. Dress with betadine or any other antibiotic powder or ointment prescribed to patient.
25. Discard used cottons into paper bag after each use.
26. If necessary, use dressing pad or dress only with gauze and secure with a micropore tape.
27. If wound site is suitable for bandaging, use a bandage and secure it by putting a knot.
28. Now take the paper bag, close it with its flap and tell the family member to burn it.
29. Collect all the used articles and wash it thoroughly; Leave it under the sun to dry.
30. Wash your hands and come back to working area try to provide health education.
31. Collect all the articles and replace into bag. Follow same principles like any other procedure for closing the bag. Inform about your next visit.

Note: While reaching the center, the instruments used for dressing can be soaked in sodium hypochlorite solution for 10 minutes, washed, dried and replaced into the bag.

FEATURES OF REXINE COMMUNITY HEALTH NURSING BAG

As discussed earlier, the community health nursing bags come in different materials and designs. In Figure 6.6, one of the rexine bags (with side pockets, and upper and lower compartments), is shown which is found in most nursing colleges. It is chosen as model to explain the community health nursing procedures. This bag differs in many ways from the khaki cloth bag used traditionally in the nursing colleges. This

bag consists of zip for opening the bag. Once you open the bag you can find an additional layer made out of a cardboard.

The overall design of the bag includes outer opened flap, side pockets (left and right), upper compartment and lower compartment.

Outer Opened Flap (Fig. 6.7)

This bag has an outer opened flap at the opposite side of the face of the bag to keep newspaper, teaching material, apron (plastic), fetoscope and stethoscope.



Fig. 6.6: Modern rexine community health nursing bag



Fig. 6.7: Items kept in outer open-flap

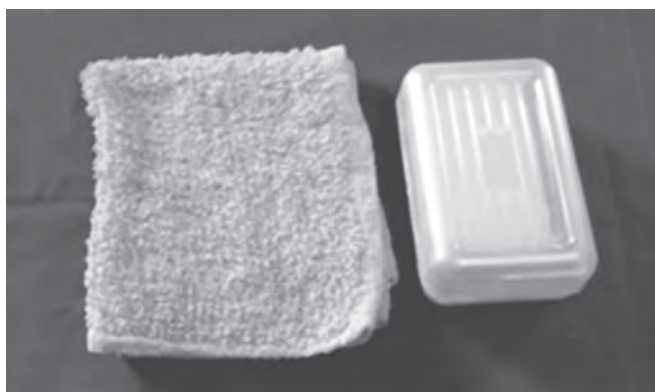


Fig. 6.8: Items kept in side pocket-1



Fig. 6.9: Items kept in side pocket-2

Side Pockets (Figs 6.8 and 6.9)

- It has two side pockets with zip.
- One holds the soap with soap dish and towel in a towel pack and another accommodates your inch tape, standardized nutritional assessment cups, a pair of scissors, micropore tape.

Upper Compartment (Figs 6.10 and 6.11)

Upper compartment is divided into three:

1. One with side pockets accommodates the solution bottles like acetic acid, spirit, sulpha salicylic acid, providon iodine (betadine) and Benedict's solution and thermometers in their cases (oral and rectal).
2. The second one accommodates stainless steel dressing box that contains sterile artery forceps, thumb forceps, a pair of scissors, two dressing cups and a small box which has sterile cord care pack. It also contains two sterile bags



Fig. 6.10: Items kept in upper compartment-1



Fig. 6.11: Items kept in upper compartment-2

consisting of cotton balls and gauge pieces for wound care/dressing.

3. The third one consists of clean cotton balls in a small bag, disposable syringes with needles, bandage rolls and small plastic medicine boxes (Fig. 6.12).

Lower Compartment (Fig. 6.13)

This has test tubes two in numbers, test tube holder, test tube stand, kidney tray, droppers 2, ounce glass (plastic), spirit lamp, a small squared piece of mackintosh and matchbox.



Fig. 6.12: Items kept in upper compartment-3



Fig. 6.13: Items kept in lower compartment

PROCEDURE

ORAL TEMPERATURE CHECKING (USING REXINE BAG)

Steps Involved (Figs 6.14 to 6.20)

1. Take out the newspaper from the outer opened flap, spread it on the flat surface, and place the bag on it. Even a plastic square can be used to place the bag.
2. Get a newspaper from the family or from the outer cover and make a paper bag for discarding the soiled cotton and place it at one corner of the paper since you need to have the clean space on your paper to place other articles.
3. Explain the importance of paper bag to the family and keep the paper bag stand at one corner of the newspaper.
4. Remove your watch and pin it in your sari. Students who use salwar-kameez as uniform can pin accordingly.
5. Identify suitable washing area with the help of the family member and keep your towel and soap dish there.
6. Wash your hands with soap and water and scrub for 3–5 minutes following hand washing technique. If tap water is available, it is easy to wash. Otherwise you can use a mug from family and help yourself. Be economic in using the water, especially in places that have water scarcity.
7. Air dry or use towel to dry your hands.
8. Go to working area where your bag is placed. Lift the unzipped outer covering of the upper compartment using your elbow.
9. Open the inner cardboard lining by holding the small piece of cloth attached at the center of the cardboard lining.
10. Now take out the items from the bag for performing the specific procedure (oral temperature).
11. Items needed for checking oral temperature: Oral thermometer, two cotton balls, a long layer of cotton to disinfect thermometer and spirit. Place these on the newspaper (Figs 6.21 and 6.22).
12. Now close inner cardboard lining of the bag to avoid contamination.
13. Go with the oral thermometer to the place where your wash items are placed.
14. Wash the oral thermometer in running cold water or wash by pouring water.
15. Take a cotton ball that is placed on the newspaper and wipe the thermometer from bulb to stem and have it in your hand.
16. By explaining the procedure with client's permission keep the thermometer under the tongue and ask the patient to close the mouth carefully and use lip grip over the thermometer.
17. Give a 3 minutes' period of time.
18. After 3 minutes remove the thermometer read the temperature at eye level and wipe from stem to bulb with the same cotton used for drying the thermometer.
19. Discard the used cotton into paper bag.
20. Now take long strip of cotton and thermometer to washing area. Apply soap to long strip of cotton, wrap the thermometer in it and leave safely for 10–15 minutes.
21. Wash hands and come back to the place where bag is kept.
22. Now you can use the time effectively to collect history or health educate individual or do physical or nutritional assessment.
23. After around 10–15 minutes of time pick up the thermometer wrapped in the soapy cotton and provide spiral motion toward the bulb and pull out the thermometer with the other hand.
24. Now rinse the thermometer with water, dry it with cotton ball, clean it with spirit, and replace it in its case, leave it on newspaper. Wash your hands thoroughly. Replace thermometer and spirit (Figs 6.23 to 6.27)

25. Close the inner cardboard lining and upper lining do not zip (Figs 6.28 and 6.29).
26. Take the paper bag to wash area and discard soapy swab into paper bag.
27. Close the paper bag with its flap and give it to family member for discarding (burning).
28. Bring soap dish and the towel pack replace them in the outer side pocket and zip.
29. Now close bag's upper lining and pull the zips from both the sides so that the zips remain in the middle.
30. Now hang the bag on your shoulder and pick up the paper and fold it in such a way so that the side which contacted the floor surface goes inside (Figs 6.30 to 6.32).
31. Do not forget to dry your towel once you return back to center.

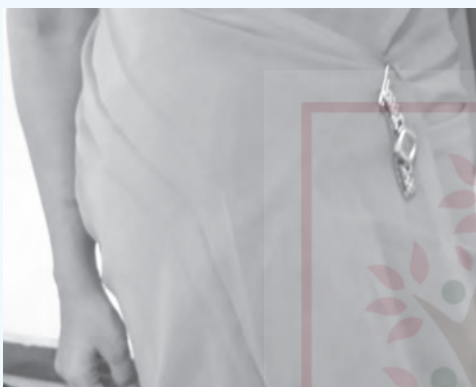


Fig. 6.14: Pin your watch in your sari



Fig. 6.17: Taking out soap and towel from side pocket



Fig. 6.15: Keep the paper bag at one corner of the field



Fig. 6.18: Lifting the outer lining with elbow after hand washing



Fig. 6.16: Unzipping the upper compartment (Unzip the side pocket and remove the soap dish and a towel)



Fig. 6.19: Opening the inner lining



Fig. 6.20: Items needed to check oral temperature



Fig. 6.24: Wrapping thermometer in long strip of soapy cotton



Fig. 6.21: Closing inner lining after removing items



Fig. 6.25: Spirit to clean thermometer



Fig. 6.22: Cleaning from bulb to stem



Fig. 6.26: Replacing thermometer



Fig. 6.23: Cleaning from stem to bulb



Fig. 6.27: Closing inner lining



Fig. 6.28: Closing outer lining



Fig. 6.29: Closing the paper bag for disposal

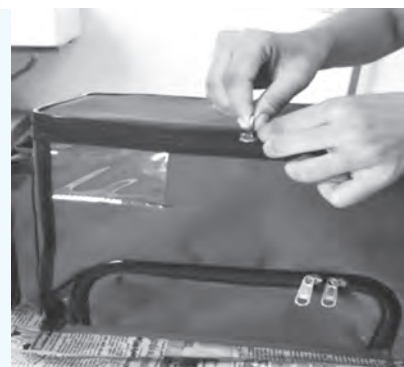


Fig. 6.30: Closing the upper compartment's zip



Fig. 6.31: Removing the paper



Fig. 6.32: Replacing the newspaper into outer open cover

PRINCIPLES OF COMMUNITY HEALTH NURSING

Before we getting to know about the **qualities of a CHN** we must have a good understanding about the principles of community health nursing.

Community health nurses build their expertise in a specialty area and demonstrate skills using the following principles:

- Promote, protect and preserve health, prevent disease and injury.
- Promote, protect and preserve the environment that contributes to health.
- Advocate for healthy public policy.
- Lead the integration of comprehensive and multiple health promotion approaches that build the capacity of clients.
- Respect the diversity of clients and caregivers, focus on the linkages between health and illness experiences and enable clients to achieve health.
- Provide evidence-informed care in a variety of settings such as the client's home, school, office, clinics, on the street, communal living settings or workplace.
- Cooperate, coordinate and collaborate with a variety of partners, disciplines and sectors.
- Recognize that healthy communities and systems that support health contribute to health for all. Engage a range of resources to support health by coordinating care, and planning services, and programs.
- Work with a high degree of autonomy to initiate strategies that will address the determinants of health and positively impact people and their community.

QUALITIES OF COMMUNITY HEALTH NURSE

- **She needs to be adaptable with resourcefulness:** The CHN goes to people and works with them. She needs to know how to adapt to hard situations. Since she works in various settings she should be alert about the hierarchy and functions and whom to approach.
- **Well-organized with excellent leadership and management skills:** She must be well-organized to manage and lead the community toward an appropriate directions.
- **Culturally sensitive:** She should have a thorough assessment about her culture and community culture. She needs to be culturally sensitive while providing care.
- **Coping abilities:** She needs to possess good coping skills to manage stressful situations. Community health nurses may have to walk from house-to-house and street-to-street. One must have patience to increase coping abilities.
- **Caring is core:** The main core of community health nursing is the caring quality of the community health nurses.

There need to be a call from within to care for the community.

- **Compassionate:** Stealing the hearts of people through mere relationships equals the word compassion.
Compassion takes its platform tacitly designed on empathy, respect and dignity. Some address compassion as intelligent kindness.
- **Competent:** Competence is the technical skills, which the CHN must possess. Thus the ability to understand client's health and social needs and provide effective care using his/her expertise, clinical and technical knowledge based on research and evidence.
- **Communication skill:** Communication is one of the tools of community health nursing. It is vital for successful caring relationships and effective team working. Communication, collaboration and contracting are primary tools for community health nurses. They form the basis for effective relationships and for the protection and promotion of aggregate health.
- **Courageous:** Courage provides great foundation for our personal strength and vision. Courageous CHN will be able to help her community with assertive notion, correct decisions and prompt action.
- **Commitment:** Community nurses are committed to individual family and community. All the achievements seen, community is the results of someone's committed services.

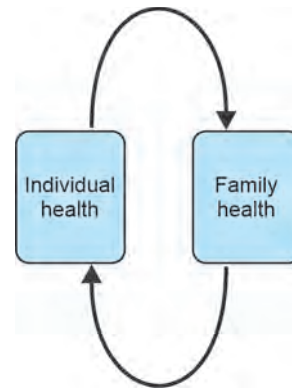


Fig. 6.33: Family health care

- **Current knowledge:** “Not outdated” but, “updated”—always with current knowledge and essential and desirable skills to practice the profession.

FAMILY HEALTH SERVICES

Family health is a dynamic state of well-being, which includes the biological, psychological, spiritual, sociological, and cultural factors of individual members and the whole family system (Hanson, 2005). This definition appropriates that the family is a functioning system and the members of the family as the elements that make system. At any given point of time, if the individual member of the family faces an illness or poor health that affects the entire family—the functioning system. When the system malfunctions that again affects the health of the other members too (Fig. 6.33). Helping a family member may include physical, psychological, social, moral and financial supports.

Family Health care Nursing—Definition

This is defined as the process of providing for the health care needs of families that are within the scope of nursing practice. This nursing care can be aimed toward the family as context, the family as a whole, the family as a system or the family as a component of society (Hanson, 2005)

Family health services refer to the health services that are available for all the members of the family. The family members may be classified into various categories based on their age like neonate, infant, toddler, school age, adolescent, adult and old age. Again there are special categories that face normal physiological changes those need extra care and attention—antenatal, postnatal women and newborn. The community health nurses function to promote, protect and maintain health; prevent disease and works for rehabilitating people.

ROLES AND RESPONSIBILITIES OF COMMUNITY HEALTH NURSE IN FAMILY CARE

The followings are the various roles performed by the community health nurses in family care:

As a Planner

A CHN recognizes the needs and problems of individuals and families. She prioritizes the problems/needs and plan nursing care.

As a Care Provider

A CHN assumes various roles and responsibilities in providing family health services, and culturally sensitive and holistic health services to people across their life span. A CHN looks after direct nursing care to sick and diseased and disabled at home. She enhances the family's capacity to care for the sick and disabled of the family.

As a Coordinator and Collaborator

A CHN coordinates with various members of the health team to provide services to individuals, families, and groups. She would be a key person in helping families to access resources—from inpatient care, outpatient care, home health care and social services to rehabilitation. Some of the important roles played by a community health nurse include:

- **Health educator:** CHN provides health education based on the needs of the individual and families using appropriate audio-visual aids.
- **Family advocate:** The CHN advocates for families. She empowers family members to speak for them. If not, the nurse speaks out for the family. An example is the nurse who is advocating for family on safe disposal of waste by supporting legislation that requires the family uses appropriate waste disposal system.
- **Role model:** CHN sets herself as good example of healthful living to the members of the community.
- **Counselor:** A CHN functions as counselor for the individual and family. She plays a therapeutic role in helping individuals and families solve problems or change behavior.
- **“Case-finder” and epidemiologist:** The CHN is actively involved in case-finding and becomes a tracker of disease. For example, consider the situation in which a family member has been recently diagnosed with tuberculosis. The nurse would engage in investigating the sources of the transmission and in helping other contacts to seek treatment. She is deeply engaged in screening of families and referral of the family members.

- **Change agent:** Motivates in individuals, families, groups and communities to bring about desired changes in lifestyle in order to promote and maintain their health.
- **Recorder/statistician:** Prepares and submits periodic reports and records on family, maintain complete records and reports, prepares statistical data by going through the records and reports.
- **Researcher:** Engages in research work and pursues evidence-based community health nursing practice.

PRINCIPLES AND TECHNIQUES OF COUNSELING

Definition

Counseling is a collaborative relationship between the counselor and the client.

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (American Counseling Association, 2010)

Counseling Types

- Individual counseling is the most common type of counseling that focuses on the growth and mental health of an individual.
- Couples or marriage counseling focuses on assisting couples in overcoming conflict and working toward a stronger relationship.
- Family counseling involves different family dynamics and their impact on the family structure.
- Group counseling is the use of group interaction to facilitate growth.

Principles of Counseling

- **Principle of acceptance:** Accept the patient with his physical, psychological, social, economical and cultural conditions.
- **Principle of communication:** Communication should be verbal as well as non-verbal and should be skillful.
- **Principle of empathy:** Empathy is ability to identify with a person. Instead of showing sympathy put yourself in patients shoes and then give reflections accordingly.
- **Principle of nonjudgmental attitude:** Do not criticize or comment negatively regarding client's complaints.
- **Principle of confidentiality:** Always keep the patient's name, and the problem strictly secret and assure the patient about the same.
- **Principle of individuality:** Treat each and every patient as unique and respect his problem as well.



- **Principles of nonemotional involvement:** Not getting emotionally involved with the patient and avoid getting carried away with his feelings.

Counseling Techniques

Some of the most important counseling techniques followed in counseling sessions are as follows:

Listening/Observing

Listening is one of the most valuable counseling skills in the therapeutic relationship. Listening can be:

- **Attending:** Attending is the ability to show that the counselor is physically present for the client. Counselor extends exclusive attention through appropriate eye contact, mirroring body language, and nodding. These attending behaviors convey that the counselor cares for the client.
- **Active listening:** Counselor uses all senses while listening. Active listening involves listening with your body, heart, ears, eyes, and mouth.
- **Verbal listening:** The counselor listens through the words that the client uses. Verbal cues show attention to encourage and explore from the client. This can be as simple as 'yes', or 'go on'. It can also be in the form of paraphrasing or repeating a word of emotion that the client has just said.

Asking Questions

Questions are helpful in the therapeutic environment because they help the counselor to learn more about the client. The type of questions that counselor asks will set the tone of the session and the entire counseling process. Counselor is cautious in using questions:

- **Closed:** This type of question provides options and the answer could be 'yes' or 'no'. Counseling does not include closed questions, as these questions do not give opportunity for deeper exploration.
- **Open:** An open question does not limit the expressions of the client. An open question requires reflection or exploration on the client's end. Open questions are intentional and therapeutic.

Reflection

This describes the client's state from his/her verbal or nonverbal cues.

- **Feelings reflections:** Reflections allow clients to hear the feelings they have just expressed. Sometimes the counselor looks for the descriptive feeling in a client's statement. This can also be helpful to look at a client's nonverbal feeling cues.

- **Restating/rephrasing:** This helps to build a stronger client therapist relationship. Rephrasing a client's statement allows the counselor to understand better what a client has just said and to gain further clarity, if gotten it wrong.
- **Affirmation:** Affirmation is a form of encouragement that is used to affirm behaviors or life choices. This is one of the ways of empowering, in which the client is encouraged to do what is important for him.

Empathy

Empathy is the ability to put yourself in someone else's shoes. It is much more than sympathy in that the counselor is able to show his understanding of clients feeling surrounding an experience.

Genuineness

Being genuine is creating congruence between the counselor and his words. It is important to remain genuine in all counseling techniques and verbal and nonverbal cues.

Unconditional Positive Regard

Demonstrating unconditional positive regard is the idea of accepting the client for who they are. It is a means of expressing warmth and respect.

Counselor Self-Disclosure

This is a tricky counseling skill to move. A general rule to follow is to only share personal information that is beneficial to the therapeutic process. This help the counselor relate better with their client.

SUMMARY

A CHN uses various approaches for providing care in the community. CHN uses the approaches, like nursing process, epidemiology, evidence-based practice and problem solving for providing care in the community. Nursing process involves assessment (data collection), nursing diagnosis, planning, implementation, and evaluation. The process functions in cyclical steps that are interrelated, interdependent, and recurrent.

Epidemiology in nursing took strong roots from Florence Nightingale's (1820–1910) time. Nightingale, being a statistician she had keen interest in knowing more from William Farr (who established medical statistics) about disease classification. Epidemiology gives vision to make scientific questions and that provides the foundation for further construction of this discipline.

Epidemiology is defined as "the study of the distribution and determinants of health-related states or events in specified

populations, and the application of this study to the prevention and control of health problems.” (Last, 1988).

Epidemiology studies the frequency and pattern of health events in a population. As a practitioner in the field, CHN has to have adequate information about the community she serves and she should have the knowledge on new, emerging and re-emerging diseases in the community. Epidemiological measurement and analysis will give an insight about the health status of the community.

Experts suggest using a structured or professional approach that involves applying a theoretical model in problem solving and decision-making. The managerial decision-making model, a modified traditional model, eliminates the weakness of the traditional model by adding a goal-setting step. Harrison (1981) has delineated the following steps in the managerial decision-making process:

1. Set objectives
2. Search for alternatives
3. Evaluate alternatives
4. Choose
5. Implement
6. Follow-up and control.

The EBP is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996).

The Melnyk and Fineout-Overholt (2011) outlined the following steps in EBP

0. Cultivate a spirit of inquiry.
1. Ask the burning clinical question in PICOT format
2. Search for and collect the most relevant best evidence
3. Critically appraise the evidence for its validity, reliability and applicability, then synthesize that evidence.
4. Integrate the best evidence with one’s clinical expertise and patient preferences and values in making a practice decision or change.
5. Evaluate outcomes of the practice decision or change based on evidence.
6. Disseminate the outcomes of the EBP decision or change.

Self-care should be the core of promotive, preventive, curative and rehabilitative care. The role of community health nursing is fundamental for empowering people to implement self-care. Health information may need to be demystified to make self-care easily understood by all people.

- Home visit refers to identification and prioritization of health needs of the individual and family at their door steps and provision of care using available resources. In natural setting (home) of people, the nurse not only provides care but prevents disease, promotes health and plans for health maintenance using her knowledge, technical and analytical skills and decision-making abilities. CHN visits the home with various purposes. Some of the usual purposes are:
- To fulfill the planned or scheduled visits,
- Family seeks help from the nurse to visit one of the members who is sick or injured or has some other problem.
- To visit the antenatal or high-risk mother who needs continuous support, etc.

Community health nurses use a bag that contains necessary items to provide care at home in the community. Usually these bags have an iron or aluminum frame to provide structure to the bag. Using the frame bags are made out of khaki cloth or any washable, durable cloth material most often preferred color is found to be blue. Whatsoever could be the material, shape and size of the bag, the basic idea is that it should be smartly designed to follow the principles in performing procedures at home.

This is defined as the process of providing for the health care needs of families that are within the scope of nursing practice. This nursing care can be aimed toward the family as context, the family as a whole, the family as a system or the family as a component of society (Hanson, 2005). Family health services refer to the health services that are available for all the members of the family.

Counseling is a collaborative relationship between the counselor and the client. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (American counseling association, 2010). Principles of counseling include acceptance, communication, empathy, nonjudgmental attitude and confidentiality. There are various counseling techniques followed in counseling sessions.

ASSESS YOURSELF

I. Write Short Notes on:

1. Evidence-Based Practice Approach
2. PICOT method
3. Empowering people to care for themselves
4. Home visit
5. Principles of counseling
6. Family health services
7. Counseling
8. Problem solving approach
9. Qualities of community health nurse
10. Interviewing technique

II. Long Answer Questions:

1. Describe various approaches in community health nursing
2. Define counseling. Write down the principles and techniques of counseling
3. Write down the purposes, principles and advantages of home visit.

III. Multiple Choice Questions:

1. The ability to put yourself in someone else's shoes refers to:
 - a. Empathy
 - b. Sympathy
 - c. Self-disclosure
 - d. Positive regard

2. Principles of counseling include all; except:

- a. Principle of acceptance
- b. Principle of communication
- c. Principle of discussion
- d. Principle of confidentiality

3. Which of the following is not the component of PICOT?

- a. Patient population of interest
- b. Intervention of interest
- c. Comparison of interest
- d. Outcome of interest
- e. Technique of interest

4. Phases of interview include:

- a. Introduction or initial phase
- b. Focus or working phase
- c. Termination or recapitulation and transition phase
- d. All of the above

5. Community health nurses action at closing the home visit include all; except:

- a. Summarizing the visit
- b. Rescheduling the visit
- c. Thanking the client
- d. Scheduling next visit

Answer Key

1. a 2. c 3. e 4. b 5. d

Nursing Knowledge Tree
An Initiative by CBS Nursing Division



Assess Yourself

Every Step Counts

It's time to do self-assessment. Are you ready for the competition!

Mini Test (Topic-wise) 6 Tests based on important topics of the respective subjects	Semester-wise Test (All semester subject) 2 Tests based on all the subjects of particular semester	Mega Grand Test (All subject) 2 Tests based on all the UG subjects (1 Test from Target High book)
--	---	--

Scan the QR Code to Download the App



Nursing Next Live
The Next Level of Nursing Education

CBS Phygitai Books > Comprehensive Textbook of Community Health Nursing PHYGITAL

Comprehensive Textbook of COMMUNITY HEALTH NURSING

Including Environmental Science and Epidemiology
for BSc Nursing Students

Learning Objectives given in the beginning of the chapter, these enlist what the students will learn after reading the chapter.

LEARNING OBJECTIVES

This chapter is designed to enable the learner to:

- Describe various community health nursing approaches to provide care in the community.
- Demonstrate skills in using epidemiological approach and problem solving approach.
- Describe the steps in evidence-based practice.
- Describe the roles and responsibilities of community health nurse in family health services.
- List the principles, purposes, advantages and process of home visit.

Important **Key Terms** used in the chapter are highlighted.

KEY TERMS

- Approaches
- Nursing process
- Epidemiological approach
- Problem solving approach
- Evidence-based practice (EBP)
- PICOT method
- The managerial decision-making process
- Empowering people to care for themselves
- Primary health care
- Comprehensive health care

Chapter Outline gives a glimpse of the content covered in the Chapter.

CHAPTER OUTLINE

- Approaches
- Home Visit: Concept, Principles, Process
- Qualities of Community Health Nurse
- Family Health Services
- Roles and Responsibilities of Community Health Nurse in Family Care



Numerous **Flowcharts and Figures** are used to make learning easy for students.

Steps of **Procedure** covering all the important procedures in Community Health Nursing is accompanying this compendium to provide an extra edge to the study.

PROCEDURE MEASURING LENGTH OF THE NEWBORN AT HOME

Articles Required

- A clean sheet on a firm surface.
- Inch tape.
- Soap and towel.

Purposes

- To assess the length and compare it with future growth readings (Fig. 7.9).
- To assess the adequacy of breast feeding.



Fig. 7.9: Measuring length of newborn

Summary has been included at the end of every chapter. This will act as revision for the students to focus on the important concepts discussed in the chapter.

SUMMARY

A standing order may be defined as an order for some form of treatment, medication, or procedure to be carried out by a nurse in the absence of a doctor. To be valid, it must be written, signed by a doctor, and applicable to a specific patient or situation. A standing order **does not** allow a person to generate a prescription and provide it to a patient to buy medicine.

Abdominal pain or stomach pain is a widely reported common chief complaint in the community, and unfortunately there are many different causes. Management of pain depends upon the underlying condition. For the severe episodic spasmodic pain, antispasmodics can be given. Analgesics can be given to tide over the situation depending upon the severity and response to the given drugs. Nausea and vomiting may be a part of signs and symptoms of stomach-related problems like gastritis or obstruction. Stable patients are given

Table 9.6: Indian classification of leprosy

Types	Description
Indeterminate	Includes early cases with one or two vague hypopigmented patches and definite sensory impairment. Bacteriologically negative.
Tuberculoid	Cases with one or two well defined lesions like flat or raised, hypopigmented or erythematous those are anesthetic. Lesions are bacteriologically negative.
Borderline	Four or more lesions, flat or raised, ill or well defined, hypopigmented or erythematous and show sensory impairment or loss. Bacteriological positivity is variable.

Numerous **Tables** summarizing important information have been included wherever necessary.

ASSESS YOURSELF

I. Short Answer Questions:

- List four waste collection methods from houses.
- List solid waste treatment methods.
- Give four disadvantages of open burning.
- Give two methods used for landfill.
- List four disadvantages of landfill.
- List four benefits of three "R's".
- List five categories of biomedical waste with one example each.

II. Write Short Notes on:

- Waste management in clinic.
- Categories of biomedical waste.

III. Long Answer Questions:

- Describe the process of waste collection, segregation, transportation and management in the community.

IV. Multiple Choice Questions:

- In which of these methods users bring and dispose their garbage in to bins:
 - House-to-house
 - Community bins
 - Kerb-side
 - Self-delivered
- In which of these methods users place garbage outside their homes and the assigned workers collect it as per the schedule:
 - House-to-house
 - Community bins
 - Kerb-side
 - Self-delivered
- Solid waste treatment methods include all except:
 - Chemical treatment
 - Thermal treatment
 - Dumps and landfills
 - Biological waste treatment
- Which of these following uses the available sloppy area to dump the waste?
 - Trench method
 - Area method
 - Ramp method
 - None of these
- Three "R's" of basic waste prevention strategies refers to:
 - Reduce, Reuse, Recycle
 - Reduce, Reuse, Repair
 - Reduce, Reuse, Recycle
 - Reduce, Reuse, Repair

At the end of chapters, **Assess Yourself** section is given which contains variety of subjective and multiple choice questions to help students assess their learning.

Box 8.2: Uses of epidemiology in nutrition

- Provides an understanding of presumed cause and effect in populations.
- Prevents and controls disease in populations.
- Assists in health policy planning.
- Nurses use it as a specific method for assessing the health of community.
- Serves as a reference for investigating and improving clinical practice in any setting.

Numerous **Boxes** summarizing important information have been included wherever necessary.

About the Author



Shyamala D Manivannan PhD(N), MSc(N), RM, RN

Former Professor and Director (Faculty of Nursing)
Dr M G R Educational and Research Institute (Deemed University)
Chennai, Tamil Nadu, India



Scan the QR Code to Download the **UPDATED**
CBS Nursing
Catalogue 2022-23



CBS Publishers & Distributors Pvt. Ltd.

4819/XI, Prahlad Street, 24 Ansari Road, Daryaganj, New Delhi 110 002, India

E-mail: feedback@cbspd.com, Website: www.cbspd.com

New Delhi | Bengaluru | Chennai | Kochi | Kolkata | Lucknow | Mumbai | Pune
Hyderabad | Nagpur | Patna | Vijayawada

ISBN: 978-93-90619-37-5

