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Cumulative Record Book
Fundamentals of Clinical Nursing
As per revised INC Syllabus

Name of the Candidate: _____

Name of the Institution: _____

_____

Mohd Suhail Jogi
Shazia Gurgani

JAYPEE

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FOUNDATIONS OF NURSING – I

Note: Student should get the signatures from concerned teacher in skill lab columns whereas in clinical posting columns student should get signatures from clinical instructor or preceptor.

PLACEMENT – I SEMESTER

S. No.	Skills and Procedures	Skill Lab		Clinical Posting			Page No.
		Demonstration	Return Demonstration	Observed	Assisted	Performed	
		Date/Signature	Date/Signature	Date/Signature	Date/Signature	Date/Signature	
1.	**Communication and Nurse-Patient Relationship**						
a.	Communicate with patient and families						
b.	Making IPR with patient and families						
c.	Documentation and reporting:						
c.a.	Documenting patient care and procedures						
c.b.	Verbal report						
c.c.	Written report						
2.	**Vital Signs**						
a.	Core temperature (mercury/digital):						
a.a.	Oral						
a.b.	Axillary						
a.c.	Rectal						
b.	Surface temperature:						
b.a.	Infrared thermometer						
b.b.	Touch (dorsum of hand)						
c.	Pulse:						
c.a.	Apical						
c.b.	Radial						
c.c.	Brachial						
c.d.	Femoral						
c.e.	Other						
d.	Respiration						
e.	Blood pressure						
f.	Pulse oximetry						
g.	Interpret and report alteration						
h.	Hot and cold applications:						
h.a.	Cold compress						
h.b.	Ice cap						
h.c.	Tepid sponge						
h.d.	Hot compress						
i.	Care of equipments:						
i.a.	Thermometer						
i.b.	BP apparatus						
i.c.	Stethoscope						
i.d.	Pulse oximeter						

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S. No.	Skills and Procedures	Skill Lab		Clinical Posting			Page No.
		Demonstration	Return Demonstration	Observed	Assisted	Performed	
		Date/Signature	Date/Signature	Date/Signature	Date/Signature	Date/Signature	
j.	Infection control in clinical settings:						
j.a.	Hand hygiene						
j.b.	Use of PPE						
3.	**Comfort, Rest and Sleep, Pain and Promoting Safety in Health Care Environment**						
a.	Comfort, rest and sleep:						
a.a.	Prepare beds						
a.a	Open bed						
a.b.	Closed bed						
a.c.	Occupied bed						
a.d.	Postoperative bed						
a.e.	Cardiac bed						
a.f	Fracture bed						
b.	Comfort devices:						
b.a.	Pillows						
b.b.	Cardiac table						
b.c.	Back rest						
b.d.	Bed cradle						
c.	Therapeutic positions:						
c.a.	Supine						
c.b.	Fowlers (low, semi and high)						
c.c.	Lateral						
c.d.	Prone						
c.e.	Sim's						
c.f.	Trendelenburg						
c.g.	Dorsal recumbent						
c.h.	Lithotomy						
c.i.	Knee chest						
d.	Pain						
d.a.	Pain assessment and provision for comfort						
e.	Promoting safety in health care environment:						
e.a.	Care of patient's unit						
e.b.	Use of safety devices:						
e.b.a.	Side rails						
e.b.b.	Restraints (physical)						
e.c.	Fall risk assessment						
e.d.	Post fall assessment						
4.	**Hospital Admission and Discharge, Mobility and Immobility and Patient Education**						
a	Hospital admission and discharge:						
a.a	Perform and document:						

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S. No.	Skills and Procedures	Skill Lab		Clinical Posting			Page No.
		Demonstration	Return Demonstration	Observed	Assisted	Performed	
		Date/Signature	Date/Signature	Date/Signature	Date/Signature	Date/Signature	
a.a.a	Admission						
a.a.b.	Transfer						
a.c.	Planned discharge						
b.	Mobility and immobility:						
b.a.	ROM exercises						
b.b.	Assist patient in:						
b.b.a	Moving						
b.b.b.	Turning						
b.b.c.	Logrolling						
c.	Changing position of helpless patient						
d.	Transferring (bed to and from chair/wheelchair/stretcher)						
e.	Patient education						
5.	**First Aid and Emergencies**						
a.	Basic bandages:						
a.a.	Circular						
a.b.	Spiral						
a.c.	Reverse spiral						
a.d.	Recurrent						
a.e.	Figure of eight						
b.	Special bandages:						
b.a.	Caplin						
b.b.	Eye/Ear bandage						
b.c.	Jaw bandage						
b.d.	Shoulder spica						
b.e.	Thumb spica						
b.f.	Triangular bandage/Sling						
b.g.	Binders						
c.	Basic CPR						

CLINICAL REQUIREMENTS FOR SEMESTER – I

S. No.	Clinical Requirements	S. No.	Date	Signature
A.	Care plan of patient with altered vital signs (2)	1.		
		2.		
B.	Fall risk assessment (2)	1.		
		2.		
C.	Individual Teaching (2)	1.		
		2.		
D.	First aid module			

Instructor's Signature:

.....

Principal's Signature

.....

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EVALUATION CRITERIA

DATE...../...../.....

Checklist for Evaluation of Student's Clinical Performance							
Caring Interventions	**L3**	**L2**	**L1**	**Psychological Support**	**L3**	**L2**	**L1**
Maintains a therapeutic and caring relationship with clients and families in an acute care setting.				Includes patient support system into the plan of care.			
Implements an individualized and multi-disciplinary plan of care for more than one adult patient with an actual or potential health problem.				Incorporates patient's spiritual and religious need in the plan of care.			
Supports the adult patient and the family in the dying process.				Supports the patient in situation of grief and loss.			
Nursing Process				**Documentation**			
Performs comprehensive assessment of patient to develop plan of care.				Maintains the documents of patient care as per the policy of hospital.			
Prioritizes nursing diagnoses to implement plan care, implements plan of care and then evaluates.				Writes comprehensive, accurate and clear care plan.			
Incorporates research finding to provide safe nursing care.				Writes shift change/incidental/transfer report and keeps record of assigned patient.			
Management of Care				**Professional Characteristics**	☒/☑		
Maintains patient rights.				Competence			
Maintains confidentiality and privacy of patient.				Knowledge			
				Conscientiousness			
Maintains safe patient care environment.				Integrity			
Teaching and Learning Activities				Dependability			
Fulfils health educational need of adult patients and their families.				Punctuality			
				Respect			
Participates in activities that promote professional and personal growth.				Emotional intelligence			
				Grooming			
Seeks new learning experience for effective healthcare delivery.				Appropriateness			
				Confidence			

Instructor's Comments:

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Criteria	
L3=Level 3	Student is able to perform the competency without supervision
L2=Level 2	Student is able to perform each competency with supervision
L1=Level 1	Student is not able to perform that competency/skill even with supervision

Signature of Instructor .....

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CERTIFICATE (SEMESTER – I)

Student's Name .....

Class Roll No. .....

Examination Roll No. .....

College/Institute .....

Student's Declaration:

I ..... CERTIFY that I have completed the Clinical Posting for Semester-I of nursing programme and gained professional experience, knowledge and skills under supervision as detailed in my procedure book. All the contents in my procedure record book are true and real to the best of my knowledge.

Places of Posting:

1. Name of Hospital .....
   Address .....
2. Name of Hospital .....
   Address .....
3. Name of Hospital .....
   Address .....

Student's Signature:

.....

Instructor's Declaration:

I CERTIFY that this student has completed the Clinical Posting for Semester-I of nursing programme in accordance with the guidelines provided by institution and has, in my opinion, reached a level of professional experience expected from a first year student.

Instructor's Signature: **Principal's Signature:**

....

Internal Examiner's Signature: **External Examiner's Signature:**

....

Date ...../...../..... **Date ...../...../.....**

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CERTIFICATE TO REAPPEAR

Student's Name: .....

Class Roll No.: .....

Examination Roll No.: .....

College/Institute: .....

Student's Declaration:

I.....CERTIFY that I have completed the Clinical Posting for this subject of nursing programme and gained professional experience, knowledge and skills under supervision as detailed in my procedure book. All the contents in my procedure record book are true and real to the best of my knowledge.

Places of posting:

1. Name of Hospital: .....
   Address: .....
2. Name of Hospital: .....
   Address: .....
3. Name of Hospital: .....
   Address: .....

Student's Signature:

.....

Instructor's Declaration:

I CERTIFY that this student has completed the Clinical Posting for this subject of nursing programme in accordance with the guidelines provided by institution and has, in my opinion, reached a level of professional experience as expected.

Instructor's Signature:

.....

Principal's Signature:

.....

Internal Examiner's Signature:

.....

External Examiner's Signature:

.....

Date...../...../.....

Date...../...../.....

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Cumulative Record Book
Fundamentals of Clinical Nursing
As per revised INC Syllabus

Salient Features

- User-friendly Record Book with prearranged formats and checklists
- Cost effective with entire clinical requirements comprised all together
- Snapshots for quick reference
- Clinical Diary for daily clinical notes
- Easy-to-evaluate total clinical performance
- Competency assessment for interns.

Mohd Suhail Jogi MSc Nursing (Mental Health) is a Nursing Officer, Department of Nursing, at Sher-I-Kashmir Institute of Medical Sciences (SKIMS), Srinagar, Jammu and Kashmir, India. He has worked in critical care areas and is currently working in Pediatric Emergency Department (PED), SKIMS. He has done BSc Nursing from Bibi Halima College of Nursing and Medical Technology, Srinagar, Jammu and Kashmir and Internship from King Fahad Medical City, Riyadh, Saudi Arabia. He earned his master's degree in Mental Health Nursing from MMINSR, SKIMS. His research work is widely published as original research papers in peer reviewed international journals. He has participated in various national and international nursing conferences.

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