nformation on nursing books, visit our website www.jaypeebrothers.com, for detailed information on nursing books, visit our website www.jaypeebrothers.com



Nursing Foundation

for BSc Nursing-I

As per the Revised Nursing Syllabus

Shiv Shankar Tyagi
Richa Gangwar

Foreword
C Vasantha Kalyani

JAYPEE

Contents

1. Introduction to Health and Illness 1

- Concept of Health *2*
- Modern Health Concept *3*
- Definitions of Health *3*
- Dimensions of Health *5*
- Maslow's Hierarchy of Needs *7*
- Health-illness Continuum *10*
- Factors Influencing Health *14*
- Causes and Risk Factors for Developing Illnesses *14*
- Illness *15*
- Difference between Illness and Disease *15*
- Types of Illness *15*
- Illness Behavior *15*
- Stages of Illness Behavior *17*
- Impact of Illness on Patient or Family *18*

2. Healthcare Delivery System 20

- Central Level Healthcare Delivery System *20*
- Organizational Set Up *21*
- Organizational Structure *21*
- Director General of Health Services *22*
- Central Council of Health *25*
- Functions of Municipal Board *27*
- Panchayati Raj *27*
- Panchayti Raj System *27*
- Nurses' Placement in a Healthcare Organization *28*
- Level of Prevention *32*
- Healthcare Agencies *33*
- Healthcare Services *34*
- Public Health Sector *35*
- Private Sector *38*
- Indigenous System *38*
- Non-profitable Organizations *38*
- Long-term Care/Extended Care Facilities *39*
- Institutions and Hospices for Extended Care *39*
- Rehabilitation *40*
- Hospital *42*
- Hospital Organization *47*
- Healthcare Team *47*
- History of Nursing and Evolution of Nursing Profession *54*

3. History of Nursing and Nursing as a Profession 54
- Establishment of the First Nurse Training School *55*
- Background of Miss Florence Nightingale *56*
- Contributions of Miss Florence Nightingale *57*
- Nursing as a Profession *60*
- Code of Ethics *63*
- Professional Conduct for Nurses *66*
- ICN Code *76*

4. Communication and Nurse-Patient Relationship 79
- Levels of Communication *80*
- Basic Elements of Communication Process *80*
- Factors Influencing Communication *84*
- Developing Communication Skills *85*
- Barriers to Effective Communication *87*
- Therapeutic Communication *89*
- Behaviors/Attitudes to Enhance Communication *90*
- Principles of Therapeutic Communication *91*
- Techniques of Therapeutic Communication *92*
- Using Therapeutic Communication in the Nursing Process *93*
- Using Therapeutic Communication in a Relationship of Support *94*
- Therapeutic Communication Skills *95*
- Barriers of Therapeutic Communication *96*
- Communication with Vulnerable Groups *97*

5. Documentation and Reporting 102
- Purpose of the Nursing Documentation *103*
- Principles of Nursing Documentation *104*
- Record *106*
- Reports *110*
- Nurses Responsibility in Keeping Records and Reports *112*
- Confidentiality of Medical Records *113*
- Medical Council of India Guidelines on Medical Records *114*

6. Vital Signs 119
- Purposes *120*
- Checking Temperature *120*
- Temperature Reading Conversion *129*
- Hyperthermia *129*
- Hypothermia *131*
- Pyrexia *137*
- Hot Application *139*
- Cold Application *143*
- Checking Pulse *147*
- Respiration *150*
- Blood Pressure *152*
- Pulse Oximeter *156*
- Checklist for Vital Signs *157*

7. Equipment and Linens 169
- Terminologies *169*
- Importance of Equipment and Linens *170*
- Classification of Linen *171*
- Infection Control Practices for Linen Disposal *172*

- Laundry Process *173*
- Monitoring *174*
- Comprehensive List of Basic Medical Supplies *175*
- Indenting *182*
- Inventory *183*
- Maintenance of Equipment *184*
- Physical Agents *185*
- Chemical Agents *188*
- Equipment *189*
- Hospital Scrubs and Linens *193*
- Autoclave and Sterilizer *194*
- Surgical Instruments *196*
- Dental Instruments *200*
- Orthopedic Instruments *203*
- Height and Weight Scales *205*
- X-ray Supplies *206*
- Anesthesia Equipment *208*
- Air Cushion Face Masks *209*
- Miscellaneous *212*

8. Introduction to Infection Control in Clinical Setting 214
- Infection *215*
- Infection Prevention *217*
- Standard Precautions or Standard Safety Measures *219*
- Practical Guidance on Giving Medications *240*
- Practical Guidance in Administering Injections *241*
- Ensuring that Injections are Performed Correctly *241*
- Newer Technologies for Safer Injections *242*
- Role of Surveillance in Injection Safety *242*
- Fundamental Elements to Prevent Transmission of Infectious Agents in Healthcare Settings *242*

9. Comfort, Rest and Sleep, and Pain 243
- Comfort *244*
- Comfort Devices *244*
- Patient Positioning *251*
- Bed Making *260*
- Normal Sleep and Sleep Pattern and Disturbances *277*
- Normal Sleep Patterns and Requirements *281*
- Functions of Sleep *282*
- Factors affecting Sleep *283*
- Common Sleep Disorders *284*
- Pain *288*
- Clinical Institute Narcotic Assessment (CINA) Scale for Withdrawal Symptoms *292*

10. Promoting Safety in Healthcare Environment 294
- Importance of Safety *295*
- Patient Safety *295*
- Temperature and Patient Comfort *296*
- Humidity *297*
- Ventilation *297*
- Light *299*
- Consult a Lighting Professional *300*
- Features of High-quality Hospital Lighting *301*

- Reliable Hospital Lighting Everywhere *301*
- Pests Control *302*
- Odor *303*
- Reduction of Physical Hazards—Fire Accidents *306*
- Reference Guide *312*
- Safety Devices in Healthcare Practices *317*
- Standards Required *324*
- Training Requirements *325*
- Physical Restraint Informed Consent *330*
- Understanding Restraint Use *331*
- Legal Implications *332*
- Bed Rails for Patient Safety *335*

11. Hospital Admission and Discharge 337
- Admission *339*
- Medicolegal Issues in Admission *342*
- Record Keeping *344*
- Discharged against Medical Advice *346*
- Discharge Procedure *346*
- Care of Unit after Discharge of the Patient *349*

12. Mobility and Immobility 351
- Range of Motion Exercises *356*
- Body Mechanics *357*
- Principles of Body Mechanics *358*
- Methods of Transporting Patients *360*
- Care of Patients with Immobility *363*
- Assisting Clients with Ambulation *365*
- Ambulation Assistance *367*
- Documentation *368*

13. Patient Education 385
- Patient Teaching *385*
- Assessment *386*
- Planning *387*
- Implementation *388*
- Evaluation *390*

14. First Aid 393
- Control of External Bleeding *399*
- Procedure for Control of Internal Bleeding *401*
- Procedure for Control of Bleeding in Various Conditions *401*
- Steps of First Aid for Shock *403*
- First Aid for Burns *404*
- First Aid Procedure in Different Foreign Bodies *406*
- For Baby *408*
- First Aid Procedure for Different Kinds of Bite and Sting *409*
- Steps *410*
- Extreme Heat Conditions *411*
- Extreme Cold Conditions *417*

Multiple Choice Questions (MCQs) 421

Index 439

UNIT

4

Communication and Nurse-Patient Relationship

Unit Outline

- Communication—levels, elements and process, types, modes, factors influencing communication
- Methods of effective communication/ therapeutic communication techniques
- Barriers to effective communication/ nontherapeutic communication techniques
- Professional communication
- Helping relationships (nurse-patient relationship)
- Communicating effectively with patient, families and team members
- Maintaining effective human relations and communication with vulnerable

LEARNING OBJECTIVES

At the end of this unit, reader will be able to:

- Define communication.
- Describe the levels of communication.
- Explain communication process and its elements.
- Enlist the types of communication.
- Enumerate the forms of communication.
- Enlist factors influencing communication.
- Define barriers of effective communication.
- Describe therapeutic communication.
- Apply therapeutic communication in nursing process.
- Explain helping relationship.
- Define communication skills with vulnerable group.

INTRODUCTION

For nurses, communication is a lifelong process. Nurses communicate with clients, families, and co-workers who are under stress. To ask the proper questions and speak up, nurses need to be confident. In the course of their work, nurses come into contact with a variety of people. Competency in communication helps the nurse maintain effective relationships within the entire globe of professional practice and help in meeting legal, ethical and clinical standards of care.

JAYPEE BROTHERS

LEVELS OF COMMUNICATION

1. Interpersonal Communication

Interpersonal communication is a one-on-one exchange between a nurse and other person often occurs. It is the level that is most frequently used in nursing circumstances.

2. Intrapersonal Communication

A strong form of communication that takes place within an individual is intrapersonal communication. This type of communication is also known as inner thought, self-talk, and self-verbalization.

3. Transpersonal Communication

Interaction that takes place in a person's spiritual realm is referred to as transpersonal communication. Many people communicate with their "higher power" through prayer, meditation, rituals, or other means.

4. Small-group Communication

Small group communication consists of three or more individuals who work together to achieve a common goal.

Small group interact with one another through an interpersonal exchange process of knowledge, feelings and active listening.

5. Public Communication

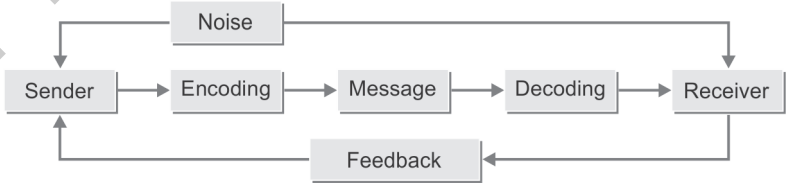
Public communication is when you interact with a crowd. Nurses have the chance to lead class discussions with peers or students and talk with group of persons about health-related themes. To effectively transmit a message, significant adjustments must be made as eye contact, gestures, voice inflection, and the usage of effective material media.

BASIC ELEMENTS OF COMMUNICATION PROCESS

Communication Process

The main components of communication process are message, communicator, audience, and channels of communication.

The diagram that illustrate the communication process.



1. Referent

The referent encourages interaction between two people. Sights, sounds, smells, schedules, messages, objects, ideas, and other cues serve as conversation starters in the healthcare setting.

JAYPEE BROTHERS

2. Sender

The sender is the one who encrypts the message and delivers.

3. Receiver

The receiver is the one who receives and decrypts message.

4. Messages

The communication's message is its subject matter. It might use symbolic, verbal, and nonverbal language.

5. Channel

Channels are ways to transmit and receive information using the audiovisual, and touch senses.

6. Feedback

The message that the recipient sends back is called feedback. It reveals whether the recipient received the sender's message's meaning.

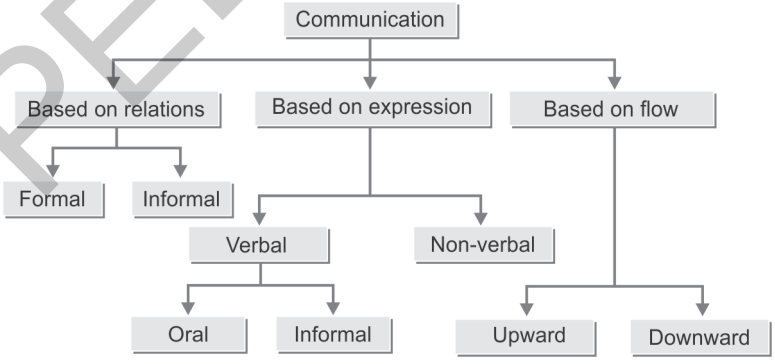
7. Interpersonal Variables

Interpersonal variables are the elements that affect communication between the sender and the receiver.

Environment is the setting for sender-receiver interaction.

Types of Communication

Communication is categorized as:



- **On the basis of relationship:**
  - **Formal:** Given in accordance with the organizational structure.
  - **Informal:** This is the process by which individuals carryout social but unscheduled activities within the limits of an organization (rumor).

JAYPEE BROTHERS

- **On the basis of expression:**
  - **Non-verbal communication:** In this style of communication, bodily movements, touch, facial and eye expressions, etc., are included, words are not used in this, monodrama for imparting health education is an ideal example of this.
  - **Verbal communication:** Written or spoken words are employed in this sort of communication.
    - **Oral communication:** Oral communication can take place through conversations, phone calls, interviews, lectures, conferences, and other ways, but ambiguous language and the lack of a permanent record can cause misunderstandings and harm.
    - **Written communication:** This can be done by posters, handbooks, pamphlets, letters, news articles, periodicals, bulletins, and notice boards are all examples of written communication. But the records of viewers should be able to understand the language for effective communication.
- **On the basis of direction:**
  - **Downward communication:** Downward communication is when information is passed from top to bottom with the primary goal of conveying orders, guidelines, instructions, etc.
  - **Upward communication:** It is the flow of information from lower-level employees to their supervisor. It takes the form of reports, grievances, and suggestions. The message progresses from level one to level two.
  - **Horizontal level:** Information sharing on a horizontal level occurs between people with the same status or title.

Types of Communication based upon Expression

People can communicate verbally and nonverbally.

Verbal Communication

The sharing of information through spoken and written words is known as verbal communication. Language is necessary for spoken communication. Language is a set of rules for how words should be used so that communication may take place. Words in language have a common definition as well as a way of being put in a particular order.

Communication in both written and verbal form reveals a lot about a person. In order to facilitate to share answers during the communication process, nurses must also refine their own language abilities.

When conversing with patients, making oral reports to other nurses, drafting care plans, and recording in nursing progress notes, nurses use verbal communication extensively. Speaking in front of an audience, writing for a newspaper, and creating signs and posters are more examples of verbal communication. In each of these examples, others are spoken to and understood through language.

Nonverbal Communication

Nonverbal communication, sometimes known as what is not stated in words, Nonverbal communication is the transmission of information without using words; it is what is not said. It is the verbal conveyance of information. The means of nonverbal communication vary greatly based on an individual's or cultural tendencies. Sometimes referred to as body image, it frequently helps us to perceive subtle & hidden implications in what is being conveyed orally. To

JAYPEE BROTHERS

prevent misinterpreting nonverbal communication, nurses dealing with patients from different ethnic backgrounds should make an effort to understand cultural differences. The following are some examples of nonverbal communication.

i. Touch

As a kind of nonverbal communication, tactile perception has received much attention. Touch is a private act that has diverse meanings to many individuals. One of the best nonverbal ways through touch to communicate emotions like comfort, love, affection, security, rage, annoyance, aggression, excitement, etc.

ii. Eye Contact

Eye contact is frequently the first step in communication. Making eye contact conveys respect, a desire to listen and maintain open lines of conversation. In some cultures, people are encouraged to avoid eye contact out of respect for the superiors. Its absence frequently signals uneasiness, defensiveness, or a desire to avoid conversation.

A blank stare can imply daydreaming or inattentiveness, for example, while the eyes fix in a state during rage, tend to narrow in disgust, and typically open wide in panic.

iii. Facial Expression

The most expressive feature of the body is the face, which may communicate messages of anger, excitement, suspicion, grief, fear, and disregard, among other emotions. Nurses need to develop some self-control over their own facial expression because some people have extremely expressive faces while others hide their emotions. For example, a patient who has sustained severe burns might observe the nurse's response while she changes the burn dressing for the first time. Any indication of repulsiveness or distaste could seriously harm the patient's recovery and sense of self.

iv. Gait

A happy, focused stroll typically conveys a message of well-being. Certain gaits are linked to disease, and a less deliberate, shuffling gait frequently indicates that the person is depressed or disheartened.

For example, patients recovering from recent abdominal surgery typically move slowly and with a little bent, and they may require handrails or assistance from another person.

v. Gestures

Various body parts can be used in gestures to convey a variety of messages;

For example, giving someone the thumbs up denotes victory, while giving someone the thumbs down conveys defeat. Kicking something often conveys anger. Wringing your hands or tapping your foot typically denotes anxiousness or anger. Waving your hand signals for someone to approach. When two people who speak different languages try to communicate with one another, gestures are frequently utilized.

vi. Posture

Nonverbal cues are sent through the way a person holds their body. People who are healthy and positive tend to keep their bodies in good alignment. Additionally, posture frequently reveals nonverbal cues about physical limitations and suffering. For example, a stiff, hard appearance may be a reliable sign of tension and pain.

JAYPEE BROTHERS

vii. General Appearance

Most illnesses result in some changes to overall physical appearance, therefore it's crucial for nurses to keep an eye out for these changes while diagnosing illnesses or assessing the efficacy of treatment.

For example, a person who doesn't drink enough water may have dry skin that wrinkles quickly, eyes that may appear sunken and dull, and low muscle tone. In contrast, a person who is in good health would typically look healthy overall.

viii. Dress and Grooming Style

A person's grooming habits and wardrobe provide powerful nonverbal cues.

For example, fit, confident people prefer to focus on the finer points of grooming and dressing. Those who hold them in low regard are significantly less interested in them. People who are ill frequently show little care in their appearance or choice of clothing.

ix. Sounds

Oral but nonverbal communication such as crying, groaning, gasping, and sighing can be perceived in many different ways.

For example, a person may cry on show of happiness or despair, and gasping frequently denotes fear, agony, or surprise.

x. Silence

During a conversation, silence often contains significant nonverbal cues. When two individuals are silent, it could be a sign of total understanding or it could be a sign of hostility.

FACTORS INFLUENCING COMMUNICATION

Developmental Consideration

The rate of language development might vary, but it is influenced by cognitive and neurologic development. To effectively communicate with patients of all ages, nurses need have an understanding of the process of language development. It is helpful for nurses to understand the process of language development so that they can communicate appropriately with patients of all ages.

Gender

Due to their differing communication preferences, men and women may interpret the same discourse in different ways. According to Tannen (1990), this is because boys and girls communicate differently at childhood. While boys use language to negotiate to establish their independence and to negotiate status activities in large groups. Girls play with their "best friends" and use language to seek conformity, minimize differences, and establish or reinforce intimacy.

Sociocultural Differences

The nurse must learn to recognize how a patient's preferred mode of communication which is influenced by different factors including culture, economic status, and overall lifestyle. This will enable the nurse to comprehend what the patient is saying and speak in terms that they can comprehend. The use of medical vocabulary anxious patients and can prevent future

JAYPEE BROTHERS

conversation. It is preferable to communicate to patients in lay terms unless it is recognized that they are healthcare professionals.

Roles and Responsibilities

An individual's occupation may give nurses a basic idea of his or her skills, of his or her abilities, talents, interests, and economic status, a person according to occupation can be misleading, however and should be avoided. This can be especially risky when nurses presume that patients who are healthcare professionals already know everything, they know about their diseases and only require little nursing care, education, and counseling. The difficulty for the nurse caregiver is to respect the patient's duties and responsibilities without compromising the patient's need for care.

Space and Territoriality

The real physical distance between the nurse and patient during a contact is also important. People feel most ease in spaces they claim as their own. Each person is aware of how much distance between people is required and ideal for privacy.

Mental, Economical, and Physical State

Communication is also influenced by how physically comfortable and emotionally and psychologically free individuals are to converse. Communication can be badly impacted by a full bladder, a drowsy headache, a crushing chest pain, anxiety over an impending diagnosis, what is happening at home or at work, or any kind of dread.

Values

Communication is influenced by the way people value themselves one another and the purpose of human interaction.

Environment

The finest communication occurs when the necessary information can be exchanged quickly. In order to put a patient at ease, it may be necessary to reduce distractions, ensure privacy, or use music, art, and décor, depending on the objectives of the contact. Ex- a patient who has just received an HIV diagnosis will find it challenging to give the necessary sexual history or to talk about genital warts if the session is taking place in a crowded hall.

DEVELOPING COMMUNICATION SKILLS

Conversation Skills

The exchange of spoken communication during a social contact is a good way to start. Nurses can enhance patient communication and build stronger supporting relationships in the following ways:

- Control your voice tone in order to speak exactly what you mean to say and not to send a hidden message.
- Have correct information and know the subject of the talk.
- Be flexible.
- Make your statements as simply as you can, and be clear and concise.

JAYPEE BROTHERS

- Avoid using language that could be misunderstood.
- Tell the truth.
- Be open-minded.
- Take advantage of the opportunities that are available.

Listening Skills

The ability to listen entails both hearing and understanding what the other person is saying. To better understand the genuine meaning of what is being stated, it takes attention and concentration to sort out, assess, and validate hints.

- Sit whenever you speaking with a patient.
- Take enough time so that the patient feels comfortable during the conversation. Be attentive but unhurried.
- Try to sound as natural during conversation, and refrain from being overly eager.
- Use suitable facial expressions and body language to show the patient that you are listening to what they are saying.
- Think before responding to the patient.
- Don't act as though you're listening.
- Listen for themes in the patients comments.

Silence

By taking the time to wait for the patient to commence or continue communication, the nurse can use silence effectively. Silence during conversations can signify many different things, including the following:

- In the nurse-patient interaction, the patient may feel at ease and content.
- The patient might be making an effort to project self-control and independence.
- The pt may be exploring his or her inner thoughts or feelings, and conversation would disrupt this.
- The patient may be scared and use silence as an escape from a fear.

Interviewing Techniques

Any interview's goal is to gather precise, thorough information. The interview is a crucial tool in nursing for gathering information during the assessment stage of the nursing process. An explanation of the interview's purpose should be given at the outset of every interview. In order to gather the necessary information during the interview, the nurse employs a variety of interviewing tactics.

1. Open-ended Questions

The open-ended question strategy is used by the nurse to get a nursing history since it gives the patient a wide range of potential answers. The main benefit of this strategy is that it discourages the patient from responding with a straightforward yes or no.

2. Closed-ended Questions

Closed inquiries are designed to get precise information from a patient and let the nurse and patient concentrate on a certain topic. They include few options for possible answers and are frequently answered with the words "yes" or "no."

JAYPEE BROTHERS

3. Validating Question or Comment

This type of question or comment serves to validate what the nurse believes, he or she has heard or observed.

4. Clarifying Question or Comment

A nurse can use the clarifying question technique, a nurse can try to gain an understanding of a patient's comment.

5. Reflective Question or Comment

The reflective question technique involves repeating what the person has said or describing the person's feelings.

6. Sequencing Question or Comment

This is done to chronologically sequence the occurrences and to look at any potential cause-and-effect relationships between events.

7. Directing Question or Comment

It could occasionally be essential to go further into a subject that was raised earlier in the interview or to introduce a new aspect of the current topic.

Humor

Humor is being regarded more and more as a therapeutic tool for patients as well as a social skill for nurses. When nurses can utilize humor well to keep a balanced perspective in their work and to inspire patients to do the same, they have a great tool.

Assertive Skills

When interacting with patients, families, nurses, doctors, and other healthcare team members. Nurses ought to speak in a way that respects each patient. It is important to distinguish between assertive behavior, which is a hallmark of professional nursing relationship, aggressive behavior, which is significantly distinct from assertive behavior, and avoidance or acquiescence, which is the opposite of assertive behavior.

Obstructions to Communication

- Failure to treat the sufferer with compassion.
- Inability to hear.
- In pertinent remarks and inquiries.
- Using questions that only accept a yes/no response.
- By using question that elicit information.
- Using remarks that offer guidance.

BARRIERS TO EFFECTIVE COMMUNICATION

For the nurse, communication hurdles are a genuine obstacle, but they don't have to avoid communication. The nurse uses critical thinking abilities to devise ways for getting over obstacles.

JAYPEE BROTHERS

Language barriers: Patients who speak English as a second language may have trouble in navigating the healthcare system. The effectiveness of the client's responses to interventions is negatively impacted by ineffective communication with healthcare professionals. Language use varies significantly across civilizations and subcultures. The way a person communicates is a reflection of his culture.

Learning the language, utilizing interpreters, visual aids like drawings and symbols, and using dictionaries in other languages can all help to decrease the impact of this barrier.

Language use varies significantly across civilizations and subcultures. The way a person communicates is a reflection of his culture.

Gender: Men and women communicate differently while sending, receiving, and interpreting messages. Nonverbal cue (such as facial expression, eye contact, etc.) usage and impact oftenly vary by gender. Men prefer more personal space between themselves and others than women do, and men tend to be better at reading nonverbal clues.

Health status: One's state of health has an impact on communication. A client who is oriented, for example, will converse more effectively than one who is delirious, confused, or disoriented. Changes in sensory perception, such as loss of vision or hearing, have an impact on communication.

Development level: Failure to communicate at the client's developmental level can be a roadblock. For example, a youngster cannot think in abstract concepts, thus communicating with them demands using different language and strategies than communicating with adults.

Knowledge gaps: Nurses regularly analyze clients' knowledge levels to find the most effective strategy to fill in knowledge gaps. When determining the level of understanding, the nurse should:

- The client's vocabulary should be noted.
- Keep an eye on the quantity and variety of facts the client possesses.
- Find out the client's educational history.

Emotional distance: Satisfying interactions take place when both parties are willing to be "present" as individuals and are described by phrases like rapport and empathy. On the other hand, emotional distance entails seeing the client as a unknown, a problem, or an illness, which prevents fulfilling interaction and could lead to antagonism. Nurses can reduce emotional distance by building connection with all clients, regardless of their situation.

Emotions: When a client or nurse feels anxious, communication may alter, cease, or go in an unproductive direction. For the client's anxiety to be reduced and communication to be improved, it is important that the nurse appear calm.

Daydreaming: When daydreaming, a person's hearing is quicker than their speaking. As a result, the listener may lose focus and miss the entire objective of a message. Another reason for mind-wandering is boredom or being focused with negative ideas.

Use of medical language: Using medical terminology can make a client feel anxious. The vocabulary used by nurses and other healthcare professionals is specific to their profession. When nurses speak with patients, they are probably obstructing communication by using medical terminology. In order to make medical terminology understandable, nurses must utilize language that is simple to understand.

JAYPEE BROTHERS

or detailed information on nursing books, visit our website www.jaypeebrothers.com, for detailed information on nursing books, visit our website www.jaypeeb

Nursing Foundation

for BSc Nursing-I

Salient Features

- Strictly written as per the revised Indian Nursing Council (INC) syllabus for BSc Nursing.
- Simple language along with examples is the strength of this book. This book will help students to understand the concept of nursing foundation with respect to application in clinical settings and in daily life events.
- Each unit of this textbook is supported by pictures, graphs, and tables as per need.

Shiv Shankar Tyagi is a PhD (N) from Bareilly International University, Bareilly, Uttar Pradesh, India. He has completed his MSc (N) in Community Health Nursing from College of Nursing, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India. He is External Examiner, Evaluator, and Paper setter for various universities. He has also addressed many conferences as a Resource Person. He has published many research articles in indexed journals. Currently, he is working as Director at RK Institute of Medical Sciences, Bareilly, Uttar Pradesh, India. He is Vice-President of Nursing Scholar Society (NSS, UP Chapter) and also holds the post of President of Rohilkhand Nursing Association. He has been appreciated with award from the Government of India for active participation in various initiatives regarding social issues. He is also merit holder of RIMSNR (Saifai), SGPGI, AMU, UPPSC (two times), and DGME.

Richa Gangwar MSc (N) is an eminent Scholar and Medalist of Teerthanker Mahaveer University (TMU), Moradabad, Uttar Pradesh, India. She has completed her MSc (N) in Obstetrics from TMU College of Nursing, Moradabad. She is a Nursing Faculty in Government College of Nursing (selected through DGME). She was previously working as Vice-Principal at RK Institute of Medical Sciences (College of Nursing), Bareilly, Uttar Pradesh. She has been appointed many times as an External Examiner by Uttar Pradesh State Medical Faculty (UPSMF), Lucknow, and Atal Bihari Vajpayee Medical University (ABVMU), Lucknow, Uttar Pradesh. She also evaluated answer sheets for Mahatma Jyotiba Phule Rohilkhand University (MJPRU), Bareilly. She is merit holder of UP CHO, RML, NHM and DGME (for both Assistant Professor and Nursing Tutor). She has attended many conferences as a delegate and also organizes workshops on first-aid management. She has published research articles in indexed journals.

Printed in India

Available at all medical bookstores
or buy online at www.jaypeebrothers.com



JAYPEE BROTHERS
Medical Publishers (P) Ltd.
EMCA House, 23/23-B, Ansari Road,
Daryaganj, New Delhi - 110 002, INDIA
www.jaypeebrothers.com

Join us on facebook.com/JaypeeMedicalPublishers

