



**SEVA MANDAL EDUCATION SOCIETY'S
SMT. SUNANDA PRAVIN GAMBHIRCHAND
COLLEGE OF NURSING**

8.1.1 Clinical Skills for Nurses covers the skills and procedures used most frequently in clinical practice. This includes Point of Care training in clinical skills and simulation labs which are organised with reference to acquisition and enhancement of skilled in basic and advanced procedures such as: -

- ET Tube Suctioning and Dressing
- Tracheostomy suctioning, care and dressing
- IM injection, IV Cannulation and Venepuncture
- Oral Suctioning
- Ryle's tube feeding
- BLS/ACLS
- CPR
- Venipunctures
- ET intubation
- Ventilator management
- Colostomy Care.

Above procedure are the part of Nursing curriculum and need to practice develop skill. These procedures are very important and use by Nurse as a Life saving measures in an emergency situation.



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AIM:

-To enhance Clinical skills of students, hence develop confidence to work independently at bed-side for providing quality care.

OBJECTIVES:

- To provide equal opportunity for student.
- To develop standard guidelines to work in clinical posting.
- To conduct clinical posting smoothly.

PROCESS/PROCEDURE:

-Planning by the University (INC/MNC)

- 1.All the practical/demonstration related subjects have got clinical postings from the university.
- 2.University decides the allotted hours of clinicals for all practical subjects.
- 3.Each practical subject needs to be revised each year for any types of additional learning.

-Planning by the College Committee

- 1.At the beginning of the year, all the class-coordinators along with their HOD's need to plan Academic Calendar.
- 2.Master rotation plan has to be prepared accordingly by all batches coordinators.
- 3.Clinical rotation plan has to be prepared by all class coordinators in collaboration with all batches.
- 4.Prior permission has to be taken by in -warding letter in the given Institution (Hospital).
- 5.Follow up of the Inward letter has to be done.



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COLLEGE OF NURSING**

6. Dean permission and HOD's permission of each department where students will be placed has to be done.
7. Prior Payment of clinical experience has to be done at the Hospital side for each student.
8. All posting letters has to be forwarded to Matron and In-Charges of particular wards where students are posted.
9. Prior intimation regarding students posted in wards should be done to the Matron as well as In-Charges.

-Before Placing Student in the Clinicals

1. Teach student all the procedure at college level. Provide adequate study material from exam point of view.
2. Show any related videos/Specimens required for the procedures.
3. All teachers should have common way of instructions and common steps should be followed for Demonstration, Re-Demonstration and Procedures.
4. Teacher needs to show all procedures to the students on the Dummy with Scientific Principles, Articles required, Patient preparation, Environment preparation, Documentations etc.
5. Student will re-demonstrate the procedure on dummy confidently (any repetition required has to be done by the student and teacher).
6. Demonstration/Re-Demonstration signatures should be given after student has performed the procedure on dummy and given Viva on the same.
7. All articles required from college (Assignment sheets, articles, Objectives of the posting, Face shield, Mask) should be provided a day prior posting.
8. Any Vaccines required prior posting of students should be provided for the students before posting students in the ward.



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9. Related instructions should be also provided for the students a day prior to posting (Lunch box, Travel related, any consent required etc.)
10. Devision of Students according to ward and Mentors/Supervisor.
11. Daily diary, Common procedure books a common format should be provided and taught to the students how to write/complete.
12. Stratergic plan should be followed on Student, teacher, ward and assignment distribution.
13. Proper permissions have to be taken prior to posting along with the payment of clinical posting.
14. Arrangement of changing room should be done prior to posting.

Implementation process and enhancement of skills

1. Teaching is done in classroom followed by demonstration in a laboratory. Where students are trained for the above procedures and re-demonstration is taken from each student to develop skill and confidence
2. Then they are allowed to do this procedure under supervision of teacher in clinical area on patient once a student confidence is developed students is allowed to practice skill independently.
3. Hands on updated training in given through Add on courses as well as best practices of what's new lecture by clinical field experts and Medical Representatives of various companies.
4. For organization of clinical skill Demonstration, use Medical Surgical & Fundamental of Nursing lab and MCH training lab.
5. Maximum use of mannequin CPR dummy of adult and peditric, IV hand, Venipunctures, colostomy model, ET intubation, suctioning and delivery model.
- 6 . Arranging skill courses.
 - 7 Re-demonstration were planned and supervised by class coordinator and OSPE/OSCE sessions were plan for evaluation



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- a. Planning session at Parent hospital ICU.
- b. Each student should be evaluated by teacher by doing procedure on patient, checklist for re demonstration and peer review.
- c. It is mandatory for each student to complete 80% of redemonstration of procedure in clinical area to appear for exam

On the day of Posting

1. All students and new teachers should be oriented to all wards and hospital set-up.
2. Orientation to individual wards along with the introduction with the matron and ward in charges should be done.
3. Each ward should have supervisors over students to supervise their procedures.
4. All teachers and students should carry posting related documents.

All throughout the Posting

1. Posting related assignments/objectives should be priorly discussed with the students.
2. Students should be familiar with the posting Objectives.
3. Common nursing process formats and nurse's notes should be discussed with students.
4. Any mishaps/incidents in the ward should be taken care by the supervisors on duty.
5. Plan prepared should be followed by all teachers and students relevant to evaluation and assignments.
6. All students should be given individualized attention throughout the posting by the supervisors.
7. Counter checking will be done by the HODs and Senior Faculty.


Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400 019.





**SEVA MANDAL EDUCATION SOCIETY'S
SMT. SUNANDA PRAVIN GAMBHIRCHAND
COLLEGE OF NURSING**

TIME TABLE OF DEMONSTRATION AND RE- DEMONSTRATION

SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING 338, R.A KIDWAI ROAD, MATUNGA, MUMBAI-400019						
TIMETABLE						DATE: 14.10.22
CLASS :-	FINAL YR BASIC BSC NURSING					
PERIOD FROM :	17.10.22 TO 22.10.22					
TIME	MONDAY 17.10.22	TUESDAY 18.10.22	WEDNESDAY 19.10.22	THURSDAY 20.10.22	FRIDAY 21.10.22	SATURDAY 22.10.22
8.00-9.00AM	ADMIN (GM)	CHN-II BDO, 3 TIER SYSTEM/CENTRAL, STATE, DISTRICT (PT)	CHN-II (SG) NON COMMUNICABLE	CHN-II (ST) HEALTH CARE DEL. SYS -RURAL	CHN-II RE DEMO (PT)	D
9.00-10.00AM	BREAK					
10.00-10.30AM						W
10.30-11.30AM	CHN-II MCH, RCH (SS)	CHN-II COMMUNICABLE DISEASE (PG)	CHN-II (SG) OCCUPATIONAL HEALTH	CHN-II (ST) SCHOOL HEALTH	CHN-II RE DEMO (SG)	A
11.30-12.30PM	LUNCH					
1.00-2.00PM	CHN-II HEALTH CARE DEL. SYS - URBAN (PG)	CHN-II COMMUNICABLE DISEASE (PG)	CHN-II HEALTH ISSUES IN INDIA (PG)	CHN-II (ST) NUT PROGRAM DRUG ACT.	CLEANING DRIVE	L
2.00-3.00 PM	CHN-II UNDERFIVE, ADULT, OLD AGE ASSESSMENT (SP)	CHN-II (SS)				I
3.00-4.00PM	CHN-II DEMO (SS)	CHN-II RE DEMO (SP)	CHN-II REDEMO (PG)	CHN-II RE DEMO (ST)		HOLIDAY
4.00-5.00PM	DEMO TOPIC	DEMO TOPIC	DEMO TOPIC	DEMO TOPIC	DEMO TOPIC	
SUBJECTS	Cumulative hours allotted (T)	Cumulative hours allotted (P)	Cumulative hours completed (T/P)	Total hours allotted last week	Total hours taken last week	Total hrs completed b/t this week
MIDWIFERY		0	0	13	13	37
CHN-II	22	12	34	15	15	48
ADMIN	2	0	2	11	11	15
LIBRARY	0	0	0	0	0	1
EXTRACURRICULAR ACTIVITY	0	0	0	0	0	16
SIGN. OF CLASS COORDINATOR			SIGN OF PRINCIPAL			

SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING 338, R.A KIDWAI ROAD, MATUNGA, MUMBAI-400019						
TIMETABLE						DATE: 01.09.22 TO 03.09.22
CLASS :-	FINAL YR BASIC BSC NURSING					
PERIOD FROM :						
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				01.09.22	02.09.22	03.09.22
8.00-9.00AM				MIDWIFERY (NF)	MIDWIFERY (BK)	MIDWIFERY (NF)
9.00-10.00AM				MIDWIFERY (NF)	MIDWIFERY (BK)	MIDWIFERY (NF)
10.00-10.30AM	BREAK					
10.30-11.30AM				MIDWIFERY (NF)	MID-DEMO (BK)	MIDWIFERY (NF)
11.30-12.30PM				MIDWIFERY (NF)	MID-DEMO (BK)	MIDWIFERY (NF)
12.30-1.00PM	LUNCH					
1.00-2.00PM				MIDWIFERY (BK)	MID-DEMO (NF)	
2.00-3.00 PM				MIDWIFERY (BK)	MID-DEMO (NF)	
3.00-4.00PM				MIDWIFERY (BK)	MIDWIFERY (NF)	
SUBJECTS	Cumulative hours allotted (T)	Cumulative hours allotted (P)	Cumulative hours completed (T/P)	Total hours allotted last week	Total hours taken last week	Total hrs completed b/t this week
MIDWIFERY	14	4	18	0	0	18
CHN-II	0	0	0	0	0	0
ADMMIN	0	0	0	0	0	0
LIBRARY	0	0	0	0	0	0
EXTRACURRICULAR ACTIVITY	0	0	0	0	0	0
SIGN. OF CLASS COORDINATOR			SIGN OF PRINCIPAL			



SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING

WHAT'S NEW

Vacuum-Induced Tamponade for Treatment of Postpartum Hemorrhage




Postpartum hemorrhage is a main cause of maternal mortality worldwide, with rising incidence, thus demanding new treatment approaches. Intrauterine balloon systems with application of intrauterine vacuum are a promising new method.

All women treated with vacuum-induced tamponade using a modified balloon system were included in this single-center study. Aiming to reduce uterine size for control of postpartum hemorrhage, the intrauterine balloon was filled to 50–100 mL and connected to a vacuum device. Success rate of vacuum-induced tamponade, defined as no need for additional interventional treatment, was analyzed by etiology of postpartum hemorrhage and time period of use.

Vacuum-induced tamponade was applied in 66 women. Success rate was 86% in women with uterine atony (n=44) and 73% in women with postpartum hemorrhage due to placental pathology (n=22). Success rate improved over the study period, culminating in a success rate of 100% in women with postpartum hemorrhage due to uterine atony in the second half of the observation period (n=22).

This observational study supports our pathophysiologic understanding of uterine atony: to treat an atonic uterus, uterine volume must be reduced, leading to coiling of the uterine spiral arteries and, hence, reduced blood loss.

Name:- Sonali S. Tamhankar
Class:- Final yr B. Bsc Nur


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Community health workers recruitment from within: an inner-city neighborhood-driven framework

Hosseinali Shahidi¹, Cindy Sickora², Sharon Clancy³ and Roxanne Nagurka^{1*}

Abstract

Background: Community health workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served (APHA 2009). Among other roles, they are effective in closing critical communication gap between healthcare providers and patients as they possess key abilities to overcome cultural barriers, minimize disparities, and maximize adherence to clinical directions. In previous descriptions of the selection of CHWs, the role of community is clearly emphasized, but residence in the community is not indicated.

Objective: We present an effective model of CHW selection by the community of members that reside in the community to be served.

Methods: We outlined and implemented necessary steps for recruiting CHWs from within their target neighborhood between years 2011 and 2013. The identified community was an "isolated" part of Newark, New Jersey comprised of approximately 3000 people residing in three publicly-funded housing developments. We utilized a community empowerment model and established a structure of self-governance in the community of interest. In all phases of identification and selection of CHWs, the Community Advisory Board (CAB) played a leading role.

Results: The process for the successful development of a CHW initiative in an urban setting begins with community/resident engagement and ends with employment of trained CHWs. The steps needed are: (1) community site identification; (2) resident engagement; (3) health needs assessment; (4) CHW identification and recruitment; and (5) training and employment of CHWs. Using an empowered community model, we successfully initiated CHW selection, training, and recruitment. Thirteen CHW candidates were selected and approved by the community. They entered a 10-week training program and ten CHWs completed the training. We employed these ten CHWs.

Conclusions: These five steps emerged from a retrospective review of our CHW initiative. Residing in the community served has significant advantages and disadvantages. Community empowerment is critical in changing the health indices of marginalized communities.

Background

The United States (US) spends more to finance its health-care system than any country in the world [2]. Despite such per capita spending, US health indices (e.g., illness, infant mortality and life expectancy) continue to lag behind those of its peers [3]. The US is ranked last among

eleven industrial countries on measures of health system quality, efficiency, access to care, equity, and healthy lives [4]. The current healthcare system ties revenue to the treatment of disease in lieu of its prevention [5]. Medical education is based on the model of "Find it and Fix it". Promoting health and preventing illness requires significant time, effort, and investment. Attention to issues of cultural competency, increasing health literacy, and the ability to engage, empathize, educate and enlist patients are considered pillars of successful intervention

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Full list of author information is available at the end of the article

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SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING

providers of healthcare [5]. The current medical care delivery system has time limitations, cultural barriers, and abundant gaps in communication [6, 7]. In recent years, Community Health Worker (CHW) have been introduced as new frontier workers who are either "from community or have significant familiarity with the community" to overcome some of these barriers by improving communication gaps, reducing cultural barriers, minimizing inequalities, increasing health literacy, promoting wellness, and maximizing adherence to medical directives [1]. Their ability to achieve these goals have been proven to be effective [2, 6, 7]. According to the recent Institute of Medicine Report, training of CHWs as part of a collaborative partnership between the community and a local healthcare delivery unit assures quality, supervision, and safety [2].

Empowering a community to take a leading role in improving the health and well-being of its members is critical; especially in communities that are marginalized, experience cultural incongruence with their healthcare providers, and/or mistrust the healthcare system [6-9]. The Centers for Disease Control (CDC), Community Preventative Services Task Force identified evidence gaps in CHW recruitment methods [10]. Many CHW recruitment efforts begin with healthcare providers initiating recruitment without involvement of the community being served [11]. In 1989, the World Health Organization stated "CHWs should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system, but not necessarily a part of its organization, and have shorter training than professional workers." [12] One way to provide a framework for empowerment to request the community's direct involvement. The implementation of such decisions are not well described or documented in the literature and attempts in giving communities the leading roles are not well described [8]. We provide a way that community empowerment plays the introductory role in identification and selection of CHWs, and describe successes and challenges to this process. This project review provides a five step framework for direct community involvement with the recruitment and subsequent training of CHWs from within that same community.

Methods

Community site identification and resident engagement
Newark is New Jersey's largest city with a population of 277,000 people. It is a city riddled with crime, poor health and education outcomes, and a diverse population [13-17]. The community identified for this project is located in an "isolated" part of Newark, New Jersey

and is comprised of approximately 3000 people residing in three public housing developments. The community was identified primarily for its characteristics: a primarily African-American community with a per capita income of approximately \$11,000 per year; one of the poorest populations in the state [13]. The neighborhood is marginalized by geographic and environmental barriers. It is bordered by Port Newark one of the nation's busiest ports, Newark International Airport, and one of the New Jersey Turnpike, one of the busiest traffic corridors in the country. It is also proximal to the Passaic River, an Environmental Protection Agency Superfund Clean-up site. Prior to our project, this community did not have the capacity or knowledge to increase their access to available resources or engage in activities that improve health and well-being. The community refers to itself as "forgotten". Poor health literacy, scarce resources, and overwhelmed with burden of disease with minimal or for some no access to medical care.

The foundation for engaging the community in a self-governing structure and partnership with the local medical and nursing schools developed over several years by the lead faculty. Identifying key stakeholders and community leaders was a slow process and building a trusting relationship required commitment, continuous presence, and participation in community activities and gatherings. In 2007, a faculty member from the Rutgers School of Nursing discovered the community during a clinical rotation with community health nursing students. During the community assessment with students the demographics and lack of community resources were noted. In an effort to establish a relationship with the community, the students and faculty set-up weekly blood pressure screenings within the housing developments. The goal was to spend time and be visible to residents. Chalich and White contend that "hanging-out" may be one of the most important first steps in marketing a program in an underserved community and developing a relationship with the community [18]. The importance of relationship building and weekly presence established trust with residents and many confided confidential health information, supporting the need for a "health house."

When funding for the project was secured from the Health Resources Services Administration (HRSA) of the US Department of Health and Human Services in 2010, a Community Advisory Board (CAB) was established and became the self-governing structure of the nurse managed health center or "health house" that would serve the three housing developments. The empowered community became an engaged partner in the new model of healthcare delivery at the site. Originally titled the Community Center for Health Empowerment and Care, the CAB renamed the center for two of its oldest residents

REPORT ON INDUCTION PROGRAM REGARDING TAVI

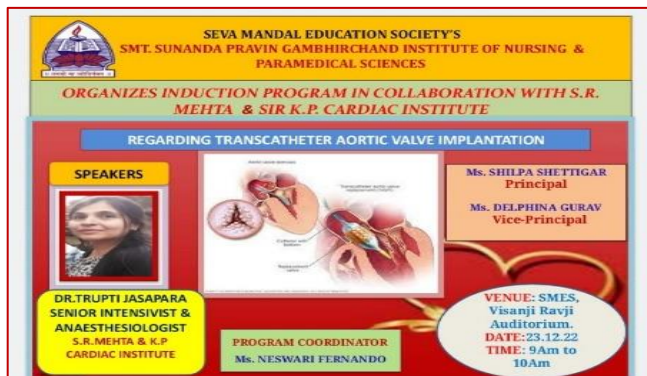
Date and Day: 23.12.2022

Venue: SMES, Ravji Auditorium

Participants: Ist, IInd, IVth year B. B.Sc Nursing Students and Ist and IInd year ANM Students.

Total no.of Participants:210

FLYER OF THE PROGRAM



The College Organised a Induction Program regarding TAVI- Transcatheter Aortic Valve Implantation oat SMES, Ravji Auditorium, ground floor on 23.12.2022 from 9.30Am to 10.30Am.

PROCEEDINGS OF THE PROGRAM



The program began at 9.30 Am on 23.12.2022 at SMES SMES, Ravji Auditorium, ground floor. There were 210 Participants includes Ist, IInd, IVth year B. B.Sc Nursing Students and Ist and IInd year ANM Students presented to attend the seminar.

INTRODUCTION AND WELCOME SPEECH



Welcome address and introduction of the topic was done by Ms.Dhara .B, Final year B.B.Sc Nursing students of SMES SSPG College of Nursing. She had welcomed the gathering and briefly introduced about the Topic –TAVI.

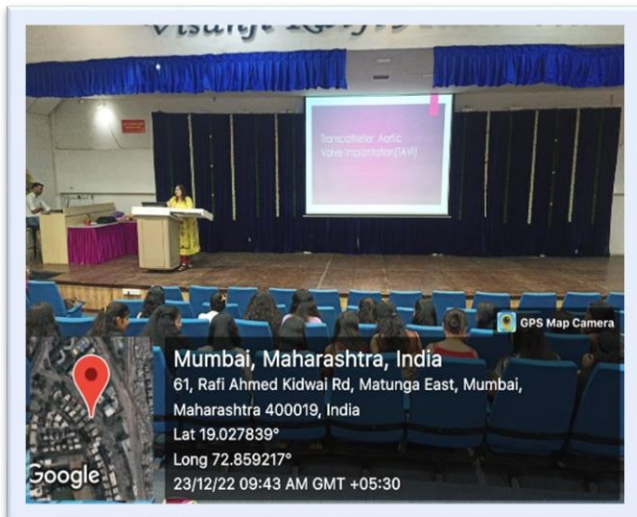
INTRODUCTION AND FELICITATION OF SPEAKERS



Introduction of Guest Speaker Dr.Ms.Trupiti Jasapara and her felicitation was done by Ms.Neswari Fernando and then she was invited to continue the Induction Program on Topic- Transcatheter Arortic Valve Implanttion.

INDUCTION PROGRAM ON TAVI:

Followed by the introduction of the speaker, the session was very effectively handled by Dr.Ms.Trupiti Jasapara regarding the Induction topic – TAVI. Which includes. Introduction, Indications, Purposes, Prerequisite, Preparation of Patient Physically mentally and financially, Procedure, Complication, Medical Management, Nursing Management. Nursing diagnosis and Nursing care plan etc.



VOTE OF THANKS



Vote of thanks was proposed by Ms.Nicole, IVth year B.B.Sc Nursing student, She thanked the Guest speakers and all the participants. The program ended with National anthem.

SEVA MANDAL EDUCATION SOCIETY'S
SMT. SUNANDA PRAVIN GAMBHIRCHAND INSTITUTE OF NURSING
& PARAMEDICAL SCIENCES
SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING
Affiliated to: Maharashtra University of Health Sciences, Nashik.
Recognised by: Indian Nursing Council, Maharashtra Nursing Council
MUHS IMPACT ASSESSMENT A+ GRADE (2018-2019) NAAC B+ Grade (2022)



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INVITEE
Mrs. Dimple Mahesh
Girnis

OTHER COURSES

General Nursing & Midwifery
(Proposed)

Auxiliary Nurse midwife

Transplant coordinator
certificate course

SKILL COURSES

ECG technician

CSSD Technician

Radiology Technician

Lab assistant

Dialysis assistant

Cath Lab assistant

Ref No.: - 470

Date: 23rd December 2022

To,
Dr. Ms. Trupti Jasapara
Senior Intensivist and Anaesthesiologist
S.R.Mehta & K.P. Cardiac Institute

Subject: Invitation letter.


Dear Madam,

Greeting from Seva Mandal Education Society!

On behalf of SMES Smt. Sunanda Pravin Gambhirchand College of Nursing, Matunga, Mumbai, would like to invite you for the Induction Program as a guest lecturer on the topic "**Transcatheter Aortic Valve Implantation**" on 23rd December 2022 from 9am to 10 am at ground floor, SMES auditorium.

We believe that your contribution will be a great benefit for the Staff and Students.

Yours faithfully,


The Principal,
Mrs Shilpa Ashok Shettigar

Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400019



SEVA MANDAL EDUCATION SOCIETY'S
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Ms. Preema Gali

INVITEE
Mrs. Dulpina Mahesh
Guroo

OTHER COURSES

General Nursing & Midwifery
(Proposed)

Auxiliary Nurse midwife

Transplant coordinator
certificate course

SKILL COURSES

ECG technician

CSSD Technician

Radiology Technician

Lab assistant

Dialysis assistant

Cath Lab assistant

Ref No.: - 471

Date: 23rd December 2022

To,

Dr. Ms. Trupti Jasapara

Senior Intensivist and Anaesthesiologist

S.R.Mehta & K.P. Cardiac Institute


Subject: Thank You letter.

Dear Madam,

On behalf of the Seva Mandal Education Society's, Smt. Sunanda Pravin Gambhirchand College of Nursing, Matunga, we would like to thank you for being a guest lecturer for the Induction program on the topic "Transcatheter Aortic Valve Implantation" on 23rd December 2022 from 9am to 10 am at ground floor, SMES auditorium. We thank you for sharing your knowledge. The Session was very interesting and informative. We look forward to having you amongst us again.

Thanking you in anticipation.

Yours faithfully,


The Principal,
Mrs Shilpa Ashok Shettigar

Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400019



Website: www.smescon.in Email Id: smes6127003@gmail.com Phone No: 8097707388
Address: Smt. Parmeshwari Devi Gordhandas Garodia Educational Complex, 338, R.A. Kidwai Road, Matunga, Mumbai- 400019
Supported Clinically by Smt. S.R. Mehta & Sir K.P. Cardiac Institute

Principal

Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400 019.



REPORT ON WORLD HEART DAY CELEBRATION

Date and Day: 13.10.2022

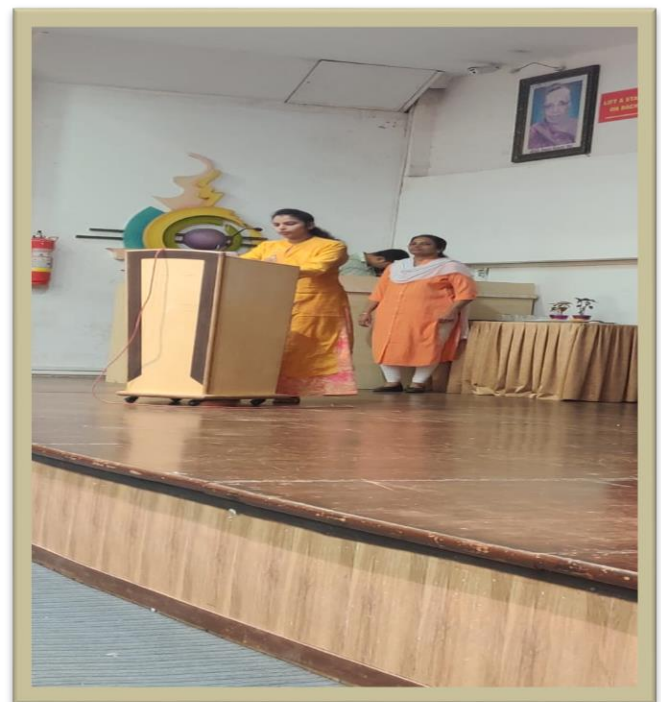
Venue: SMES, Ravji Auditorium

Participants: Ist, IInd, IIIrd, IVth year B. B.Sc Nursing and Ist and IInd year ANM Students.

Total no.of Participants:210


FLYER OF THE PROGRAM

SEVA MANDAL EDUCATION SOCIETY'S SMT. SUNANDA PRAVIN GAMBHIRCHAND INSTITUTE OF NURSING & PARAMEDICAL SCIENCES WORLD PATIENT SAFETY DAY 2022		
PROGRAM COPY		
Time	Event	Responsibility
2: 30pm	Introduction & Theme opening welcome address	Ms.Neswari Fernando
2:35 pm	welcome address and felicitation of speakers	Ms.Neswari Fernando
3:10 pm	Introduction of the speaker	Ms.Neswari Fernando
3:15 pm	Seminar on USE HEART FOR EVERY HEART	Dr. TRUPTI JASAPARA
3:45 pm	Introduction of the IInd speaker	Ms.Neswari Fernando
	Seminar on USE HEART FOR EVERY HEART	MS.TINA THOMAS
3:50 pm	Vote of Thanks	Ms.Nicole Ambrose
3:00- 3:10 pm	National Anthem	






LIST OF DEMO AND REDEMO



& PARAMEDICAL SCIENCES
SMT. SUNANDA PRAVIN GAMBHIRCHAND COLLEGE OF NURSING,
GNM SCHOOL OF NURSING (Proposed) & ANM SCHOOL OF NURSING,
Affiliated to: Maharashtra University of Health Sciences, Nashik.
Maharashtra State Board of Nursing and Paramedical Education
Recognised by: Indian Nursing Council, Maharashtra Nursing Council
MUHS IMPACT ASSESSMENT A+ GRADE (2018-2019)
NAAC ACCREDITED B+ GRADE (2022)

THIRD YEAR BASIC BSC NURSING
DEMONSTRATION AND REDEMONSTRATION TIMETABLE


DATE	TIME	SUBJECT /TOPIC	TEACHER NAME	SIGNATURE OF TEACHER
13/03/2023	8-10 am	Medical Surgical Nursing Demo : Eye Irrigation	Pooja Manchekar	<i>Pooja</i>
13/03/2023	1pm-3pm	Medical Surgical Nursing Demo : ear irrigation ,instillation of eye drops	Deepali Shinde	<i>Deepali</i>
10/03/2023	10.30am-12.30N	Medical Surgical Nursing Demo & Redemo : CPR (BLS/ACLS)	Namrata Chopdekar	<i>Namrata</i>
10/03/2023	1 pm -3 pm	Medical Surgical Nursing Demo & Redemo : Critical care unit, crash cart, ventilator,bipap	Namrata Chopdekar	<i>Namrata</i>
8/3/2023	1pm-3pm	Medical Surgical Nursing Demo : Neurological Assessment	Sona S	<i>Sona</i>
28/03/2023	2pm-4pm	Medical Surgical Nursing Redemo : Neurological Assessment	Sona S	<i>Sona</i>
29/03/2023	11.30 to 2.30 pm	Child Health Nursing Demo :newborn assessment ,growth & development ,medication & drug calculation , baby bath	Greeshma Minesh	<i>Greeshma</i>
29/03/2023	2.30 to 4.00 pm	Child Health Nursing Redemo :newborn assessment ,growth & development ,medication & drug calculation , baby bath	Greeshma Minesh	<i>Greeshma</i>
3/4/2023	8 am to 12.00 pm	Child Health Nursing Demo : Restraint ,Neonatal Resusitation,Feeding Method	Greeshma Minesh	<i>Greeshma</i>
3/4/2023	12.30 TO 4.00 pm	Child Health Nursing Redemo : Restraint ,Neonatal Resusitation,Feeding Method	Greeshma Minesh	<i>Greeshma</i>


Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400019

Website: www.smescon.in Email Id: smes6127003@gmail.com Phone No: 022-24092492/24024585
 Address: Smt. Parmeshwari Devi Gordhandas Garodia Educational Complex, 338, R.A. Kidwai Road, Matunga, Mumbai- 400019
 Supported Clinically by Smt. S.R. Mehta & Sir K.P. Cardiac Institute


COLOSTOMY CARE



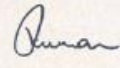


**SEVA MANDAL EDUCATION SOCIETY'S
SMT. SUNANDA PRAVIN GAMBHIRCHAND INSTITUTE OF NURSING
& PARAMEDICAL SCIENCES
338, R.A. Kidwai road, Matunga, Mumbai 400019**


This is to certify that, Ms./Mrs. ADIVAREKAR SNEHA JAGDISH
has completed the ADD-ON COURSE “ COLOSTOMY CARE ” as a participant held on 29/09/2023
organized by Seva Mandal Education Society's, Smt.Sunanda Pravin Gambhirchand Institute of Nursing &
Paramedical Sciences.



Mrs. SHILPA SHETTIGAR
Principal
SMES,SSPG CON



Ms. RACHEL KURIAN
Enterostomal Therapist


 Principal
 Smt. Sunanda Pravin Gambhirchand
 College of Nursing
 338, R. A. Kidwai Road,
 Matunga, Mumbai - 400 019.



FIRST AID MANAGEMENT COURSE LECTURE



INC SYLLABUS PROCEDURE BOOK

Sr.NO.	Procedural Competencies	Date Skill Lab/ Simulation Lab	Signature of the Tutor/Faculty	Perform Independently	Assist/Observe Procedure	Clinical Area	Signature Of Tutor/Faculty
I	Communication and Documentation						
	1 Maintaing Communication and interpersonal relationship with patient and families						
	2 Verbal Report						
	3 Recording Documentation of patient care (Written Report)						
II	Monitoring Vital Signs						
	Temprature						
	4 Oral						
	5 Axillary						
	6 Rectal						
	7 Tympanic Pulse						
	8 Radical						
	9 Apical						
	10 Respiration						
	11 Blood Pressure						
		The rape utic Measures					
	a) Cold Compress						
	B) Ice Caps						
	c) Cold / Lapid Sponge						
	d) Cold Park						
	e) Ice Collar						
	Hot applications						
	Hot water Bag						
	Fomentation - Medicated						
	Non-Medicated						
	Sitz Bath						
IV	Health Assessment (Basic - First Year Level)						
12	Health History						
13	Physical Assessment - General and System wise						
14	Documentation Of Findings						
V	Infection Control in Clinical Scitings						
	15 Hand hygiene (hand washing & hand rub)						
	17 Use of gown, gloves, mask, cap						
	18 Disinfection Of linen						
	19 Disinfection of Instruments						
	20 Disinfection of Rubber goods						
	21 Disinfection of glass						
	22 Disposal of infected dressing fecas/ sputum						

Procedural competencies	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	remarks

IAP TRAINING



GPS Map Camera

Mumbai, Maharashtra, India
 338, Rafi Ahmed Kidwai Rd, Matunga East, Mumbai,
 Maharashtra 400019, India
 Lat 19.028246°
 Long 72.859759°
 01/07/23 09:56 AM GMT +05:30

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 GPS Map Camera



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338, Rafi Ahmed Kidwai Rd, Matunga East, Mumbai, Maharashtra 400019, India


Lat 19.028611°

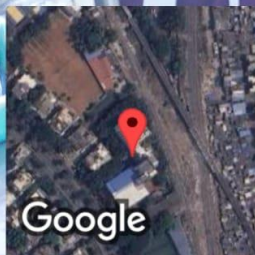
Long 72.859828°

31/08/23 11:53 AM GMT +05:30

CODE BLUE



 GPS Map Camera



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Lat 19.028611°

Long 72.859828°

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