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B.Sc. Nursing Practical Notes

Skills laboratory, clinical practice and community care.

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Microscopy and Prepared Microbiological Stains

Practical 01 / Lab or data practical

Aim

Focus a prepared teaching slide and report representative stain and morphology findings.

Principle

Representative fields, stain controls and objective description help distinguish biological structures from artefacts.

Articles and Materials

- Compound microscope and fixed teaching slides
- Prepared controls or labelled micrographs and observation record

Procedure

1. Verify the slide label, stain, controls and case source. Use only prepared material or approved non-pathogenic demonstration slides.
2. Inspect the lens and slide and set the microscope to low power. Adjust light and focus using the approved sequence.
3. Locate a well-spread field and centre it before using the instructor's designated higher objective. Use fine focus to protect slide and lens.

Continue with step 4 on the next page.

Procedure Continued

Microscopy and Prepared Microbiological Stains

4. Compare the supplied Gram-positive and Gram-negative control views. If the instructor shows an acid-fast film, identify its distinct stain and reporting context.
5. Describe stain reaction, cell shape, arrangement, host cells and debris separately. Compare several fields to confirm a recurrent pattern.
6. Identify uneven staining, precipitate or a failed control. Mark observations as limited when preparation quality prevents confident classification.
7. Make a labelled sketch or field record with objective and stain, and state which clinical result would establish identity.
8. Return to low power, remove the slide and clean the optics as taught. Submit the observation for instructor review.

Precautions

- Use prepared teaching slides.
- Follow lens cleaning and specimen safety rules.

Observations and Record

Microscopy and Prepared Microbiological Stains

Documentation

Item	What to record	Why it matters
Slide	Source, stain and controls	Confirms context
View	Objective, shape and grouping	Documents observed findings
Limit	Quality issue and review	Prevents overinterpretation

Worked Example

A thick edge includes purple debris and a thinner region shows consistently stained rods. The student labels the representative region and documents the artefact.

Result and Evaluation

Report a reproducible prepared-slide observation with a valid control and a clear limitation.

Viva Questions and Answers

Why begin at low power?

It helps find a representative area and reduces contact risk.

Can morphology identify the organism by itself?

Species confirmation requires the appropriate report or additional tests.

Specimen Workflow and Microbiology Report Review

Practical 02 / Lab or data practical

Aim

Check a mock laboratory request and interpret preliminary and verified microbiology reports.

Principle

Appropriate collection, identity and timing affect diagnostic yield. Preliminary findings and final interpretations serve different purposes.

Articles and Materials

- Mock lab requests, sterile and routine model containers
- Fictional stain, culture and susceptibility results

Procedure

1. Identify the clinical question, body site and expected specimen. Locate the approved collection and transport instructions for the case.
2. Prepare the mock container and label, explain the collection requirements and check the patient's understanding and consent.
3. Match two identifiers and record exact site, time and relevant treatment in the practice request. Verify integrity and packaging before sending.
4. Compare the specimen record with the report and note timing or quality problems. Keep preliminary stain and final identification on separate lines.
5. Review the susceptibility report using its stated framework and applicable specimen context. Flag ambiguous interpretive categories for the laboratory.
6. Compare repeated or discordant findings with symptoms, site and recent medicines. Ask the supervising team to assess clinical significance without inferring treatment independently.
7. Communicate a stated urgent result with the case identifier, value and time. Confirm read-back and who will review outstanding results.
8. Record the collection status, all reported results, limitations and escalation or repeat needed.

Precautions

- Use mock samples and reports.
- Follow facility rules for urgent results and specimen rejection.

Observations and Record

Specimen Workflow and Microbiology Report Review

Documentation

Item	What to record	Why it matters
Request	Site, timing and specimen	Supports test selection
Report	Preliminary and final status	Prevents confusing report stages
Communication	Urgent result and recipient	Protects follow-up

Worked Example

A final result is reported from a different collection site than the initial request. The student confirms the source with the lab and documents the discrepancy.

Result and Evaluation

Demonstrate traceable clinical specimen handling and accurate communication of the laboratory finding.

Viva Questions and Answers

Why document prior antimicrobial use?

It may affect detection and interpretation.

What information belongs in an urgent result call?

Correct identification, finding, time and requested action or confirmation.

Isolation Barrier Nursing and Exposure Response

Practical 03 / Skills laboratory

Aim

Select standard and transmission-based precautions and demonstrate a safe entry and exit workflow.

Principle

Precautions respond to the task, likely transmission route and patient vulnerability and continue throughout care.

Articles and Materials

- Room signs and scenario cards
- PPE, hand hygiene and dummy sharps equipment

Procedure

1. Review the patient scenario and the authorised isolation category. Identify source-control needs and whether the patient requires protection from exposure.
2. Check signage, supplies, appropriate room area and intended tasks. Explain precautions to the patient and arrange necessary staff or interpreter support.
3. Select PPE based on exposure risk and posted requirements. Perform hand hygiene, put on equipment correctly and verify fit before contact.

Continue with step 4 on the next page.

Procedure Continued

Isolation Barrier Nursing and Exposure Response

4. Group necessary tasks and protect clean equipment. Demonstrate respiratory hygiene and safe handling of equipment and linen.
5. Remove PPE through the approved sequence in the correct area and perform hand hygiene as indicated. Check for contamination markers.
6. Dispose of sharps at point of use and segregate model waste by current facility rules. Use the simulated exposure plan for a breach.
7. Plan safe movement and handover for a patient requiring precautions. Tell the receiving team the approved precautions without disclosing unnecessary detail.
8. Record the applied measures, contact or equipment issues, patient explanation and any exposure action and review.

Precautions

- Follow the current facility category and posted sequence.
- Protect the patient from unnecessary isolation-related barriers to care.

Observations and Record

Isolation Barrier Nursing and Exposure Response

Documentation

Item	What to record	Why it matters
Precautions	Indication, site and task	Matches risk
PPE and movement	Checks, route and handover	Limits transfer
Exposure	What occurred and who was notified	Supports response

Worked Example

A learner begins to take a contaminated item through the clean supply area. The observer stops the sequence and rehearses the approved containment and hand hygiene.

Result and Evaluation

Complete the isolation workflow and respond appropriately to a simulated breach.

Viva Questions and Answers

What applies to every patient?

Standard precautions adapted to the task.

Why tell the receiving team before transfer?

It allows it to prepare appropriate precautions.

Decontamination Disinfection and Sterilisation Records

Practical 04 / Skills laboratory

Aim

Select a safe reprocessing pathway and check a simulated sterilisation record.

Principle

Cleaning precedes appropriate disinfection or sterilisation. Device compatibility, approved instructions and indicators support safe release.

Articles and Materials

- Training devices and clean or used labels
- Manufacturer instructions, indicator cards and traceability log

Procedure

1. Identify the device, previous use and whether it is reusable. Review its intended tissue contact and the manufacturer’s instructions.
2. Separate used and clean items and demonstrate protected transport to the designated area. Check PPE and containment for a soiled item.
3. Describe the approved cleaning sequence and inspect the demonstration item for residual soil or damage. Escalate missing instructions or an unsuitable device.

Continue with step 4 on the next page.

Procedure Continued

Decontamination Disinfection and Sterilisation Records

4. Match the required reprocessing level with item classification, compatibility and authorised process. Verify product or cycle details with the trained service.
5. Check pack integrity and the applicable mechanical, chemical or biological indicators in the fictional record. Hold an item with a failed or missing required record.
6. Record batch, item and release status and rehearse what to do if a suspected failed load had been distributed.
7. For the spill case identify area protection, available kit and the authorised reporting and decontamination sequence.
8. Document completed checks, uncertainties and the responsible reprocessing or infection-control team.

Precautions

- Follow approved instructions and trained roles.
- Use classroom equipment and mock indicators.

Observations and Record

Decontamination Disinfection and Sterilisation Records

Documentation

Item	What to record	Why it matters
Item	Type, intended use and classification	Selects correct process
Processing	Method, pack and indicators	Supports release decision
Traceability	Batch and issue or recall	Protects patients

Worked Example

A clean-looking pack has a damaged seal. The learner withholds it, marks the reason and sends it through the authorised reprocessing pathway.

Result and Evaluation

Demonstrate a traceable release or hold decision with safe segregation of equipment.

Viva Questions and Answers

Why clean before disinfection or sterilisation?

Residual soil interferes with the process.

What does a damaged pack require?

Withhold use and refer it for authorised reprocessing.

Healthcare Associated Infection Surveillance and Safety Audit

Practical 05 / Lab or data practical

Aim

Calculate a fictional infection-control measure and plan a focused improvement check.

Principle

Consistent definitions, denominators and observation methods make surveillance and audit interpretable.

Articles and Materials

- De-identified training data and indicator definitions
- Audit and feedback worksheet

Procedure

1. Choose the assigned ward and indicator, such as device utilisation or hand hygiene adherence. Review the date range and official case definition in the exercise.
2. Check whether records represent patients, devices, device-days or observed opportunities. Identify duplicates, missing dates and cases outside the definition.
3. Apply the case criteria consistently and keep a traceable list of included or excluded rows. Confirm queries with the instructor.
4. Calculate the numerator, denominator and stated scale. Independently verify a subset and explain the difference between a patient count and exposure time.
5. For a practice observation record the required action and whether it occurred. Avoid collecting patient or staff identifiers outside the authorised training plan.
6. Summarise the gap with a chart or table. Identify one plausible contributing factor and discuss a practical fix with the supervising team.
7. State an owner, action and date for remeasurement. Use the same indicator definition for comparison.
8. Record the result, limitations, feedback and verification plan.

Precautions

- Use fictional or authorised anonymised data.
- Keep confidential information out of classroom reports.

Observations and Record

Healthcare Associated Infection Surveillance and Safety Audit

Documentation

Item	What to record	Why it matters
Definition	Setting, period and eligibility	Makes results comparable
Calculation	Numerator, denominator and scale	Supports audit accuracy
Improvement	Action and repeat measure	Tests whether care improved

Worked Example

Six missed hand hygiene actions occur in 30 eligible observations. The learning group checks the denominator and repeats the audit after a planned change.

Result and Evaluation

Produce a reproducible audit result and a measurable follow-up plan.

Viva Questions and Answers

What is an audit denominator?

The total eligible opportunities or exposure for the chosen measure.

Why remeasure after a change?

It shows whether performance improved using the same criteria.

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