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Practical Notes Contents

Select a title to open the practical.

Paediatric Surgical Preparation Recovery and Wound Care 3

Child Stoma Tube and Elimination Nursing Skills 5

High Risk Newborn Care Warmer Feeding and Phototherapy 7

Paediatric Critical Care Ventilation Infusion and Transfusion Observation 9

Paediatric Surgical Preparation Recovery and Wound Care

Practical 01 / Skills laboratory

Aim

Prepare a child and caregiver for surgery and complete structured model recovery and dressing checks.

Principle

Verified consent and identity, age-appropriate communication and early recovery observations protect children around surgery.

Articles and Materials

- Child model, caregiver scenario and perioperative checklist
- Dressing and suture trainer, pain scales and observation record

Procedure

1. Verify identity, procedure, side, consent and fasting or medicine instructions. Review age, weight, allergy, baseline vital signs and access needs.
2. Explain the workflow in age-appropriate words and identify preferred caregiver involvement and comfort measures. Obtain appropriate assent when possible.
3. Check readiness and approved record, equipment and safe transfer. Handover changes, current observations and any pending verification.
4. At recovery review the procedure, medicines and restrictions. Assess airway, breathing, perfusion, alertness, pain and temperature.
5. Inspect dressing, wound and drains and compare output with prior observations. Use the ordered method, analgesia and aseptic checks for the model dressing or removal.
6. Monitor ordered feeding and mobility, fluid balance and return of the child’s usual behaviour. Ask the caregiver to describe concerns.
7. Escalate new respiratory distress, abnormal bleeding, pain or deterioration and give exact timing and observations.
8. Document perioperative checks, care, response, caregiver advice and follow-up ownership.

Precautions

- Use age-appropriate pain assessment and monitoring.
- Get senior review for any early significant deterioration.

Observations and Record

Paediatric Surgical Preparation Recovery and Wound Care

Documentation

Item	What to record	Why it matters
Preparation	Identity, consent and readiness	Supports safe transfer
Recovery	Observations, pain and wound	Detects complications
Plan	Teaching, restrictions and review	Supports family care

Worked Example

The child becomes difficult to rouse after model surgery. The learner immediately checks airway and breathing and alerts the recovery team.

Result and Evaluation

Demonstrate safe paediatric preparation and recovery and an accurate caregiver handover.

Viva Questions and Answers

Why involve the caregiver?

They support comfort and can report changes from the child's usual behaviour.

What takes priority in recovery?

Airway, breathing, circulation and alertness.

Child Stoma Tube and Elimination Nursing Skills

Practical 02 / Skills laboratory

Aim

Demonstrate care of selected surgical or elimination devices and report problems promptly.

Principle

Verified route, secure devices, skin protection and accurate fluid records support safe care.

Articles and Materials

- Child enteral, stoma and catheter trainers
- Dummy orders, measuring equipment and device records

Procedure

1. Confirm procedure, device type, identity, allergies and current order. Review the child's weight, intake, comfort and caregiver role.
2. Assess skin, device position, securement and drainage or output. Compare with baseline before preparing an intervention.
3. For gastric, gastrostomy or jejunostomy feeding verify access, confirmed placement, formula, route, prescribed rate and flush before connecting the trainer feed.
4. Demonstrate pouch fit and skin protection on the model colostomy or ureterostomy, recording colour and output. Observe any ordered irrigation with faculty.
5. For a catheter or rectal procedure model verify the prescribed indication and checks and demonstrate the approved skills-lab sequence.
6. Record input, flushes and distinct outputs with interval and units. Recognise sudden change, dislodgement, leakage, pain, bleeding or feeding intolerance.
7. Teach the caregiver one authorised home or ward-care action and rehearse when to call. Confirm understanding.
8. Document device findings, action, response and the review plan, including who will follow a concern.

Precautions

- Use model and approved device instructions.
- Check placement or patency before authorised use.

Observations and Record

Child Stoma Tube and Elimination Nursing Skills

Documentation

Item	What to record	Why it matters
Device	Type, route, site and order	Prevents mismatch
Care	Feed, skin and measured output	Supports review
Follow-up	Teaching, symptoms and action	Protects continuity

Worked Example

The enteral model's mark has moved and the child has new pain. The learner holds feeding and escalates to verify location and safety.

Result and Evaluation

Preserve safe model device function and complete a traceable nursing record.

Viva Questions and Answers

Why record stoma output separately?

Its trend can affect hydration and reveal complications.

What should happen if a tube appears displaced?

Pause use and obtain authorised assessment.

High Risk Newborn Care Warmer Feeding and Phototherapy

Practical 03 / Skills laboratory

Aim

Monitor a preterm or unwell newborn and demonstrate selected safety and feeding checks.

Principle

Small or unwell newborns require close observation of warmth, breathing, feeding and clinical changes.

Articles and Materials

- Newborn model, incubator or warmer and phototherapy demonstration
- Feeding equipment, neonatal chart and bilirubin case

Procedure

1. Verify birth history, gestational age, weight and current diagnosis or concerns. Review breathing support, temperature target, orders and monitoring needs.
2. Check the prescribed warmer or incubator mode and verified probe location. Record temperature and monitor the environment and response.
3. Assess alertness, respiratory pattern, colour, perfusion and feeding readiness. Escalate apnoea, poor feeding, temperature instability or deterioration promptly.
4. Demonstrate the authorised feeding route for the case, checking tube placement when needed, prescribed amount, position and tolerance.
5. Review the phototherapy order, age at measurement and bilirubin trend. Demonstrate device and protection checks and planned temperature and hydration monitoring.
6. Reassess clinical response and track intake, output and weight. Prepare for supervised diagnostic sampling or referral when indicated.
7. Explain the current care plan and warning signs to the caregiver and discuss their role in safe touch, warmth or feeding.
8. Document settings, results, feed or treatment, response and handover to the neonatal team.

Precautions

- Follow the neonatal team’s exact device settings and feeding plan.
- Maintain safe airway observation and thermal care.

Observations and Record

High Risk Newborn Care Warmer Feeding and Phototherapy

Documentation

Item	What to record	Why it matters
Baseline	Gestation, temperature and breathing	Identifies risk
Support	Device, feeding and measurements	Tracks safe care
Review	Symptoms, trend and escalation	Supports timely response

Worked Example

During simulated phototherapy the case shows rising temperature and reduced intake. The learner checks the setup and alerts the neonatal nurse.

Result and Evaluation

Demonstrate monitoring and recognition of key concerns in a high-risk newborn.

Viva Questions and Answers

Why document age at bilirubin measurement?

Interpretation and treatment depend on age and clinical risk.

What should be monitored with a warmer?

Actual temperature, probe location, device setting and clinical response.

Paediatric Critical Care Ventilation Infusion and Transfusion Observation

Practical 04 / Skills laboratory

Aim

Record child or neonatal intensive-care observations and verify model respiratory and infusion support.

Principle

Age-specific equipment, prescribed settings and trained monitoring reduce risk during intensive care.

Articles and Materials

- PICU or neonatal ventilator and suction trainers
- Dummy pump, parenteral nutrition and exchange transfusion case records

Procedure

1. Confirm patient, age, weight, diagnosis, airway, prescribed support and baseline vital observations. Clarify the learner's allowed role.
2. Trace the airway device, confirm securement, oxygen and ventilator settings and assess chest movement and saturation. Check alarm and backup readiness.
3. For endotracheal suction or chest physiotherapy follow the prescribed indication and supervisor's trained model technique. Reassess respiratory response promptly.
4. Verify authorised medication and fluid calculations, pump rate, prescribed lumen and line security. Check the dummy parenteral nutrition label and route.
5. In the exchange transfusion case observe the trained verification and monitoring workflow, checking identity, components, serial observations and recording roles.
6. Assess the patient first if a model alarm occurs. Call the appropriate team and review breathing, perfusion, tubing and action according to the scenario.
7. Reassess intake, output, skin or access, symptoms and measured response and document the ongoing plan.
8. Give a timed handover with device settings, critical values, changes, actions and pending review.

Precautions

- Use verified settings and model equipment.
- Refer specialist procedures and treatment changes to the authorised team.

Observations and Record

Paediatric Critical Care Ventilation Infusion and Transfusion Observation

Documentation

Item	What to record	Why it matters
Respiratory support	Airway, settings and clinical response	Detects risk
Therapy	Order, checks and fluid balance	Supports accuracy
Escalation	Alarm, findings and recipient	Enables timely care

Worked Example

The model ventilator alarms and chest movement drops. The student activates support, reassesses ventilation and communicates findings before investigating the device.

Result and Evaluation

Demonstrate coordinated model intensive-care monitoring and correct handover of urgent changes.

Viva Questions and Answers

Why record both ventilator settings and patient findings?

A setting alone does not show what support the child is receiving.

Why verify a parenteral nutrition line?

It helps prevent wrong-route or incompatible administration.

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