SCHOOL OF SCIENCE AND TECHNOLOGY
PRACTICAL COMMUNITY HEALTH
NURSING

BSN 4616P

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**Practical Community Health Nursing**

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Unit 1: Locality and Home Visits

Assignment 1: Preparing Map of the Community

1.1. Learning Objectives

On completion of this assignment you will be able to -

- what to know about new place
- how to draw a map.

Introduction

Community denotes a group of people of similar traits. Trait means characteristic. There are many indicators those distinguish identity, such as, color, language, habit etc. Before going to visit or to be placed in a new community, you must take care about its characteristics.

If you are an outsider, try to grasp the tone and traits of the community before starts your journey. For this, you have to know -

1. Location
2. Nationality and sub-group
3. Religion and cast
4. Custom and tradition (plus more and folkways)
5. Habits (dress, liking and disliking such as)
6. Reservation, it any and
7. Conflicts (if any).

How To Get There?

To survey or to work in a community, the most important thing is to identify the locality by its geographical position. A map could be drawn first. Important holdings and barriers, such as, chairman Bari, school, telephone office or river should be identified clearly in the map. This map should not be as appropriate as per scale, rather should much more be indicative.

If you once have this map in your hand, you can save your time and can avoids hazards introducing yourself in to the community.
Locality and Home Visits

How can you draw your own map?

It is not always easy to get a readymade map. Not unlikely, you are the first public health person come to explore the area. So, be prepared to draw it by you.

To draw a map, you necessarily need not to be an artist or cartographer, but you have to cautious and careful.

Following are some steps, which can help you to draw a map by self-

Take a notebook

1. Gather demographic data in page-1 (such as: population, number of children, patients, health facilities, doctors, paramedics and dispensers)
2. Gather Geographical data in page-2 (such as: rivers, canals, fields, para/mahallas, college, school and any other signatory places)
3. Gather location and position in page-3 (such as: distance from the district/ Upozila)
4. Gather communication facilities in page-4 (such as: rail line, roads [pucca, semi-pucca or kachha], nearest station)
5. Gather approximation of areas (such as: 2 km long in east-west direction and 3 km width in north-south; a river passing with a width about 1200 meters along north border etc.)
6. Gather special identification mark (such as slum, slaughter-house mosque or market).

Now, try to pencil a rough-picture on a white page following approximation of the area, locality and identifying marks. You can use a political map to copy the outline. Please see below. Hereafter we will show an example of Syedpur municipality map drawn by some health personnel.

Calculate the border proportionate to the real area.

Shade special areas, like pond or slum. Please try to highlight it because this is important for you. See another map of Syedpur municipality

Brighten some important areas (like commissioner office, college etc.) to pinpoint the location.

Distinguish the geographical barriers, like river, canal or bills by cross color(s).
What not to do?

- Don’t make your map a ‘colour picture’ putting many colours
- Don’t try to make too accurate map
- Don’t forget to put legends (such as School, or Slum etc.)
- Don’t write all names inside the map
- Don’t forget to make and keep a back-up copy.

Here, you can see the final hand drawing of the area of Syedpur, where the health worker intended to work. Practice like this.

Step-1: Collect a municipal or community MAP from any Govt. or NGO.

Step-2: Line-out the MAP using tracing paper or any thin paper and sketched the major areas
Step-3: Highlight your area of work or research by marker-pen and cross-lined it by color pencil or crayon.

**Task**

Draw the map of your village indicating institutions by red or green colors health and educational

**1.2. Exercise**

**1.2.1. Short questions**

1. Which points you should know before going to a new place?
2. Write down the steps of drawing a map.
Assignment 2: Community and Family Health Assessment

2.1. Learning Objectives

On completion of this assignment you will be able to -

- what things are important to assess the family health
- why it is important
- how it should be recorded.

What to be Assessed?

To assess the family health situation, you have to be cautious to note down the following things -

1. Age
2. Sex
3. Current Problems
4. Duration of the problems
5. Treatment received (past and present)
6. Follow-up
7. Immunization status (in case of child or pregnant women)
8. Environmental situation (safe water supply and use; sanitary toilet)
9. Others (if anything notifiable).

Family structure also be in noted such as -

1. Number of the family members
2. Income of the family
3. Expenditure of the family
4. Nature of job
5. Educational status
6. Marital situation
7. Child health status

If there is any special health circumstances, such as, allergic reaction to any medication or food, chronic disease history or any history of schizophrenia or suicide in past, it also is noted.

Why it is important?

We have to remember that a family health register can talk about all aspects of health of that family. It is like a computer memory disk. It should be carefully read before any action or intervention. If we know a
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family health history we can easily find out or plan for community health development tasks. If family health data noted into the register, it can reflect the total health situation of the community. This collective health information is known as records.

Family planning programs of Bangladesh Health Ministry has achieved this unique results as well as EPI programs of the Directorate General of Health Services health system.

**How it should be noted?**

- Usually by using pre-structured format handed in a register.
- A specific schedule such as, weekly/ bi-weekly/monthly/3-monthly etc. should be maintained.
- All members of the family should be covered (either healthy or unhealthy).
- All necessary data should be incorporated.
- A remarks or overall health situation would be useful.

An example of a family health record can be sited here. This is an example. You must see it from a health worker.

**Fig. A Sample of A Family Health Registrar**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Presently Suffering From</th>
<th>History of Previous Illness</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fever</td>
<td>Rx</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Others (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10.

**2.2. Exercise**

**2.2.1. Short questions**

1. What things would you consider for assessing the health status of a family?
2. Why family health registration is important?
Assignment 3: Conducting Home Visits

3.1. Learning Objectives

On completion of this assignment you will be able to -

- state the purpose of the home visit by a community nurse
- state the scope of the home visit
- describe how to prepare for a home visit
- demonstrate how to prepare a nursing bag for home visit
- enumerate the different nursing procedures that can be conducted during a home visit
- demonstrate how to apply the nursing bag technique during a home visit
- prepare a report of the home visit.

Before You Plan Your Home Visit

You are advised to read the following two sections, viz. “Purpose of the home visit by a community nurse” and “Scope of the home visit”. Reading these two sections make you understand clearly which things will be better for you. You might be given a particular assignment by your superior to perform a home visit. For both, you have to know the things to be performed.

Purpose of the Home Visit by a Community Nurse

Home visit by a community nurse is an excellent idea, where the nurse finds many opportunities to assess the status of health and nutrition of each family member, follow up care for a sick person, status of antenatal and postnatal check up, immunization, sanitary conditions etc.

Effective home visit program help entire community in the improvement of health and nutritional status. When the health authority evaluates the home visit reports prepared by the community nurses, it gets a clear picture of the health needs in the community. This helps the authority to redesign community health services according to their felt need.

Scope of Home Visit

There are many scopes of home visit by a community nurse. However, this will depend upon the purpose for which the home visit is made. If it is the first visit and if the purpose is to assess the health and nutritional status, then the community nurse will see each family member, ask about physical condition, examine morbidity and risk, identify vulnerable individual (viz. pregnant and lactating woman, elderly person, person...
Locality and Home Visits

suffering from chronic disease, etc.). S/he will enquire about family history or past history of each individual. S/he will assess the socio-economic, sanitary and environmental condition of the family. S/he will register all individuals of the family records, with vital statistics. All visits must be planned in a suitable time schedule.

If the purpose of the visit is to follow up the vulnerable group member, s/he will just assess the current condition of the said family member. The purpose of the visit may simply be conducting a home delivery, or to follow up a patient who was recently under treatment in a hospital, or to follow up chronic patient, growth monitoring, dental check up, etc. Whatever the purpose, the community nurse gets an excellent opportunity to educate the family members on their health issues and this opportunity should never be missed.

A home visit may be a comprehensive routine procedure. This means, community nurse will visit each family at least once within a defined period for monitoring health and nutritional status of the family members, provide required nursing care to the sick or needy individual, and remind for next health check up or treatment schedule, etc.

Preparing for a Home Visit

As you finished above two sections, so you know what you are going to do. It is a better idea if you prepare a checklist of items to be carried out. No important item should miss in a task list. A home visit bag (packed with equipment and essential materials) and a register are the must items.

Home Visit Bag

Your authority may supply you a package-kit. If not, you may organize your bag. The bag should preferably be made with coarse clothing, leather or any strong material. There should be several pockets both inside and outside of the bag to keep different things in different chambers. The bag should contain blood pressure measuring machine, stethoscope, weighing scale, nutritional assessment cups, thermometers, disposable syringes, measuring tape, thumb forceps, scissors, artery clamp, test tube, screw clip, spirit bottle, funnel, soap (with case), hand towel, bandage, Benedict’s solution, salicylic acid, rubber catheter, enema can, spatula, swab sticks, dropper, cotton, old news paper, medicines and health education materials. Keep a personal notebook to record important information, which are not covered in the register. Wash and disinfect materials before packing and after use. Protect the bag from children, dust and rain.
Carrying out the Home Visit: The Nursing Procedures

As mentioned above, there are many scopes of home visit given by a trained community health nurse. From your task list, you already know what you are going to do. Here are some ideas that you can perform during a home visit -

- Explanation of physician’s orders for patients under treatment
- Medication in accurate dosage and schedule
- Diet advice for patient and family
- Personal hygiene including teeth
- Proper use of bed pan and its cleaning procedure
- Way to prevent bed sore for acutely ill bed ridden patients
- Cleaning of room and maintaining adequate room ventilation
- Proper sanitation
- Oral and dental examination and
- Advice for health promotion and protection from illness, (how to identify health dangers and call for help, information on nearby available community health services, etc).

You are advised to follow standard nursing text book(s) to develop the skills on different nursing procedures, such as, taking oral and rectal temperatures, recording pulse and blood pressure, collecting a throat swab, clearing airway, pushing an injection, drawing sample venous blood, giving enema, performing wound dressing conducting delivery.

Fill up the register for each item of service you have provided. Use standard format for keeping record.

Adhere to Principles of Nursing Procedure During a Home Visit

a) Follow aseptic procedures for handling the materials and equipment.
b) Teach and demonstrate a responsible family member about nursing care to be followed.
c) Follow the standing order, if any, while providing care at home.
d) Show respect to family tradition.
e) Maintain privacy, comfort of care and professionalism.
f) Use every opportunity to provide health education.
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Application of Nursing Bag Technique

While you are in a family under your home visit, follow standard bag techniques-

a) Select a clean area where the bag unpacked.
b) Spread the old newspaper or a plastic sheet on a flat surface and place the bag on it.
c) Use a newspaper folder for soiled dressing and cotton.
d) Remove your wristwatch.
e) Unbutton the bag and touch only the outer part to open.
f) Take out soap and towel and keep them in a clean place.
g) Wash hands with soap.
h) Touch the inner part of the bag and open it. Keep folds aside.
i) Take out the necessary supplies on the newspaper.
j) Close the bag half covered.
k) Give the nursing care to perform the nursing procedure.
l) At the end of the procedure. Seal contaminated articles. If strict decontamination is needed, boil it in-situ.
m) Bare the newspaper.
n) Open the bag and return the articles inside.

Prepare a Report of the Home Visit

Never forget the importance of preparing a home visit report and submit to your supervisor. Without submitting a report, your work remains unrecognized. Use recorded data from register book. If you find certain important things during home visit beyond the format of register book, keep note of those in your notebook. If your authority provides a designed format for reporting, your job would be easy. Use this format to prepare your report. Otherwise, apply use your own style.

Try to be concise and clear to describe your findings and recommendations. Use sub-sections to describe each item separately. Date, time and place must be written with observations, and recommendations.
3.2. Exercise

3.2.1. Short questions

1. What are purposes and scopes of home visit by a community nurse?
2. Which things you should take in your home visit bag?
3. What are nursing procedures for carrying the home visit?
4. Write down the steps for following standard bag technique during a family home visit.
5. Describe the application of nursing bag technique.
6. Prepare a report of the home visit of a family.
Assignment 4: Conducting Mass Health Education

4.1. Learning Objectives

On completion of this assignment you will be able to -

- define mass health education
- give some examples of mass health education
- describe how to prepare for a mass health education session
- demonstrate how to conduct a mass health education session
- describe how to evaluate the effectiveness of a mass health education.

Definition of Mass Health Education

Mass health education is a non-formal type education through which health messages are distributed among the greater number of people living in a large geographical area.

What is Mass Health Education?

- There may be different types of approaches to deliver mass health education.
- The mass media are often preferred for dissemination of health information in cost-effective manner.
- Radio, television, cable networks, newspapers and Internet are examples of mass media.
- Distribution of posters, handbills, brochures, booklets, e-mails or paper-based letters may be other methods also.
- Musical shows, sport events, cinema slides, video documentaries, talk shows, etc. are good tools.
- Group discussions or meetings, health camps, etc. are other examples.

Knowing Your Audience and Choosing the Topic

Conducting a mass health education, you need to know who will be your audience. You should have a broader idea about their sex, educational standard, socio-cultural background, economic status, religion, customs, beliefs, health problems, etc. You should also know the topic very cleanly on which you are going to give health education.

Planning the Mass Health Education Session

1. Choosing the method(s):
If you know your audience, it will be easy to choose the method, such as, lecture, music, drama, role-play, video presentation, etc. It is a nice idea to combine more than one method in a session for better understanding.

2. Dividing the topic into sub-topics:
   Give adequate thought on the topic. Think on the type of information you should give in the session.

3. Allocating time for each sub-topic:
   You don’t have unlimited time to conduct a health education session. Maximum length of a session should not cross an hour. Distribute the total time into sub-topics.

4. Choose best possible method to deliver sub-topics:
   Identify the best possible method for delivering each sub-topic. Keep in mind about the allocated time and the place where you are going to conduct the session.

5. Selecting teaching aids:
   You have decided about your sub-topic, about content, method, time and environment. Identify suitable teaching aids for sub-topic. Be practical. Ask these questions: Are the teaching aids appropriate? Are these available? Do these require electricity? If yes, what will be done in case of power failure? Does the environment suit for the teaching aids?

6. Avoid too many teaching aids.

**Preparation for Session**

1. Gather information to prepare the lesson: consult your textbooks. Go to library. Visit concerned health authority office. Take help from NGOs involved in service related to your topic and audience. Internet also serves as good and convenient source of information.

2. Prepare demonstration materials: you know your sub-topics, methods and information. Prepare your lesson and prepare demonstration materials. Drawings, posters, flash cards, flip charts, transparencies, PowerPoint slides, models, whatever feel suitable.

3. Collecting teaching aids: you were busy with your lesson and material preparations. You are towards your dateline approaching. Have you collected your teaching aids? Use a checklist to collect teaching aids to ensure everything.
4. Announcing the health education session: who is responsible for announcement or circulating the information to the audience? If it is your job, do it ahead and use promotional measures so that audience feels interests.

**Conducting the Session**

1. Be present in time:
   It is your show time. It is expected that you be ready in time. Better if you can go to the place earlier by half an hour, by 10 minutes or at least by 5 minutes. It is not unusual that there remains a problem regarding arrangements. Some free time before the session helps quick solution.

2. Starting and conducting the session:
   Watch your wrist watch. Go ahead. Follow ground rules -
   a. Greet every body
   b. Tell them their purpose
   c. Tell about the benefits
   d. Encourage to participate, ask question and stimulate interactions
   e. Look at everybody and encourage inactive ones to participate
   f. Present your topic, by sub-topic
   g. Try to use local language
   h. Use humors. Repeat and emphasize important points. Consolidate after each sub-topic. Ask one or two participants to feedback the message. If successful, move to next topic
   i. Finish all sub-topics
   j. Summarize the whole topic at the end. Tell the main features again. Ask 3 or 4 participants one by one to repeat important points
   k. Give thanks for listening and participating.
4.2. Exercise

4.2.1. Short questions

1. What is mass health education? What are the media of mass health education?
2. Plan the mass healthed.
3. Discuss the preparation and conducting session mass health education.
Assignment 5: Participation in Health Camp, Such as, Immunization and Family Planning

5.1. Learning Objectives

On completion of this assignment you will be able to -

- enumerate the tasks involved in an immunization or family planning camp
- describe how to prepare an immunization or family planning camp
- know the role of a community health nurse in a camp
- conduct the role of the nurse in an immunization or family planning camp
- describe how to pack up logistics after the camp
- learn writing report.

Tasks Involved in an Immunization or Family Planning Camp

The tasks involved in an immunization or family planning camp include setting up of service table with necessary instruments, logistics disinfectants; line up clients providing service; maintaining registers and packing up things.

A family planning camp requires privacy for client counseling. And if there is provision for intrauterine contraceptive devices, introduction those to the clients.

Preparation

You have to know first what is the nature of the camp. Is it immunization camp, or a family planning camp? Keep in mind the specific nature, when taking preparation, because the needs will be different. Make a checklist of items you need to carry with you. The immunization camp will must require cold chain. Don’t forget that. You will accompany by assistant, to conduct the camp. Involve him (or her) right from the preparation stage.

Role of a Community Health Nurse in an Immunization or Family Planning Camp

The role may vary depending on the head of the team. Sometimes a medical officer leads the camp. In this case, your position is to assist him or her. In other case, you may be the head of the camp. If so, you are the camp manager and you have to look after all aspects of the camp.
Conducting the Role of the Nurse

- Arrive well ahead at the place of camp so that you can set up everything before the camp begins.
- Identify a suitable location to set up the service table. In case of family planning camp, this location should preferably be a room where privacy can maintain.
- Unpack the materials from your bag(s) or box and arrange them on the table. Ready other things for starting service.
- Have a look to the clients. Line up them. Ask the local volunteers and your assistant to maintain discipline. Tell the ground rule that everybody is equal and service will be given on first come first served basis.
- Ask them to assist you to manage the camp smoothly. Come back to your table.
- Who is going to record client and service information? It is always better to keep a trained assistant.
- Start calling the first client. Register him or her. Provide the service.

In case of immunization camp

- Assess the condition of the client.
- Use the injecting or oral vaccine whichever applicable.
- Observe standard procedure including aseptic measures where required in case of family planning camp:
- Discuss with the client or couples.
- Identify the best possible contraceptive method in consultation with client(s).
- Provide the service.
- In case of application of intrauterine device, observe aseptic procedure. Never miss a chance for advising permanent sterilization if the clients have two children.
- In all cases, remain strict to ethics, human rights, privacy, and standard procedures.
- After the first client is seen, ask for the next client and so on.
- Pause for few moments after a while.
- Come out side and see the number of clients in waiting queue.
- Decide whether to speed up or extend time for your service.
- Be gentle in your behavior and keep patience.
- Reassure the clients and request them to maintain discipline.
- Resume the service again.
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Pack up Logistics

- You have provided an excellent social service. The nation will be greatly benefited from your great job. You are physically tired. But, relax mentally that you well did.
- Sit for a while (5 minutes), take a deep breath.
- Take help of your assistant and pack the materials in bag or box.
- Check for the final accounts of logistics.
- Check the register for any missing information or mistake.
- When done, express your sincere thanks to the local volunteers/organizers for their contributions.
- Start return journey.

Writing a Report

Write a report of the immunization or family camp you have completed. Organize your report in following sections -

- Date
- Time (duration)
- Venue of camp
- Type of camp (immunization or family planning)
- Type of clients (children by age group, adults, females, couples, etc.)
- Camp procedure (a description of how the camp was organized)
- Number of clients served (total and by each type of service: by type of immunization and by type of family planning method)
- Amount of logistics taken by type
- Amount of logistics used by type
- Amount of logistics returned by type
- Any important observations
- Recommendations.

Give a title to the report on the front page and also mention your name and designation. Never forget to acknowledge your assistant(s), local volunteers and organizers.
5.2. Exercise

5.2.1. Short questions

1. What are tasks involved in an immunization or family planning camp.
2. What are roles of a community health nurse in an immunization or family planning camp?
3. Write a report of the immunization or family planning camp you have completed.
Assignment 6: Training and Supervision

6.1. Learning Objectives

On completion of this assignment you will be able to -

- understand need of training
- understand what is training
- learn ways and means of training
- understand SOP.

Hospital is regarded an institution to ensure the treatment of the ailed people from ancient time. Medical personnel acquired special status in present day where it they are more responsive to community needs. Wide ranges of comprehensive medical guidelines, including preventive health, care are now an essential part of their carrier.

Fig: Front-view of a hospital showing cleaning activities at early morning. This is earned not by an accident but qualitative training.

Though home is neither a part of hospital nor a wing of health care system, but nowadays home become the center of the community services. Health work is linked and based on the needs and demands of home dwellers. The
demand of work at home or community is of regular in nature but not an emergency in general. Rural problems put heavy burden on the because the people composed of varieties of nature and habits so clarity of tasks, responsibility and accountability is very high and there is no room for ambiguity, error or conflict.

To overcome the problems of management (in reality, to ensure quality assurance mechanism) all the concerned personnel, specially the nurses should be trained clear specification of their job. Without the measurable criteria development of the services, care cannot be ascertained. So, according to the job-specifications, the standard operating procedures (SOP) should be developed and all provided service should scaled through this scales.

Continuous supervision, communication up gradation, crosscutting checklist and reward-punishment systems should be introduced and to be institutionalized for this purpose.

The basic approach of systematic training is better introduced in any patient care setting, i.e., hospital. The sequence of assessment, problem identification, goal setting, and writing nursing actions should be learned very carefully. In fact, it is essential in any nursing service unit.

**What is training?**

[A supervisor showing hospital staff how to swab floor of a hospital]
Locality and Home Visits

Training is a methodical approach of knowledge gathering, either by text approach or by practical demonstration that can make a person capable to do the job perfectly. In our profession, training is occasional as well as an ongoing process.

Training considered successful, when the objectives of training would be fulfill at the end.

You can judge it by a word SMART, which stands for -

- S - Specific
- M - Measurable
- A - Attainable
- R - Rational
- T - Time bound

Supervision

Supervision is simply means ‘taking cares’ or checks the quality of work to do at it best. Monitoring is another word, which is sometime synonymous or supportive for supervision.

In management, we use both the term simultaneously, as supervision and monitoring.

Pic: Supervision is not only a theory-based proposition. If the boss shows the write and wrong practically, workers learn better.
At the health center or in hospital, as a senior staff, we have to supervise following areas -

- Ascertain (personally) the prescribed nursing care received by the patients.
- Ascertaining the cleanliness and orderliness of the Wards/Units/Departments under her supervision including bed linen and clothing.
- Ascertaining in-charge sister of each ward maintains an inventory of all ward equipment.
- Ascertaining all cupboards are cleaned and checked weekly by supply of labeled medicines, lotions, dressings etc. are kept at all times available.
- Ascertaining that cleaning and attending staff are employed in keeping the ward clean and tidy.
- Sending ‘call’ for the MO whenever a patient develops new symptoms.
- Reporting without delay to Matron/Medical Officer In-charge concerned any injury/burns by Nurses while performing duty in the ward.

If a sister is placed in out patient department (OPD), she/he should ensure the following matters -

1. Cleanliness of the OPD and its surroundings, linen, furniture and equipment.
2. Setting up for OPD clinics preparing for any demonstration and other motivational work (if exists).
3. Registering new patients and filling cards.
4. Carrying out nursing routine weighing, temperature taking, blood, pressure measurement, immunization, and dressings.
5. Giving demonstration for health education.
6. Assisting In-charge/doctor in clinic, such as FP or MCH.
7. Ensure cold chain of EPI clinic and card fitting.
9. Assisting MCH Doctor carrying out Ante/Post natal care, testing urine etc.
10. Sterilizing and care of autoclave.
11. Cleaning up after an OPD clinic, seeing to disposal of soiled dressings, care of incinerator etc.
12. Helping in-charge/doctor in maintaining equipment and records/statements, helping in preparing return visits of patients to clinic.
Locality and Home Visits

We can put an example of supervision tally sheet (see below) to ensure quality services, as follows -

**SOP of Senior or Junior Staff Nurse in Maternity Ward:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tasks</th>
<th>No. Time</th>
<th>Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A  B  C</td>
</tr>
<tr>
<td>Ante-natal record</td>
<td>Admission</td>
<td>Instant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>History</td>
<td>Following admission</td>
<td></td>
</tr>
<tr>
<td>Delivery</td>
<td>Conduction</td>
<td>Continuous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-partum care</td>
<td>As and when necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Aid</td>
<td>As and when necessary</td>
<td></td>
</tr>
<tr>
<td>New born baby</td>
<td>Examination</td>
<td>Immediately after birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunization</td>
<td>As per schedule</td>
<td></td>
</tr>
<tr>
<td>Instruction</td>
<td>Carrying out</td>
<td>30 Minute before</td>
<td></td>
</tr>
<tr>
<td>Own work</td>
<td>After duty handover</td>
<td>10 minute before schedule learning</td>
<td></td>
</tr>
</tbody>
</table>

*SOP= Standard Operating Procedures. [Grading: A= 90% or above (Excellent); B= 70% - 90% (very good); C= 50% -70% (good); D = less than 50% (Not accepted)]

You should remember:

Excellence of service depends on two things:

(A) Quality training and

(B) Perfect supervision.

Don’t forget these two things in lifetime.

The above checklist is an example. You can make task-schedule by your own, or can follow a standard SOP formulated by WHO or any other authentic health authority.

6.2. Exercise

6.2.1. Short questions

1. What is training? Why training is needed?
2. As a senior staff nurse, which areas would you supervise of a hospital?
Assignment 7: Writing Observation Report on Management

7.1. Learning Objectives

On completion of this assignment you will be able to -

- how to write observation report.

Introduction

In management, observation means the inspection of quantity and quality of task done by somebody. It is a part of monitoring system. A good supervision means good observation. One must have to be careful to observe things as per sop. The best observation can be done if you have a checklist in hand, well advance of your supervision time.

What is a Checklist?

A checklist is the task (job description) defines in writing such a chronological way and specification (when to do or how to do) that the task is best to be done. If you don’t have a checklist before supervision, you may forget some important task that must not be overlooked.

How to feel up the Checklist?

A supervisor or observer should understand the checklist by its detail. If you know the task (only), but don’t know when or how to do, supervision will not be effective.

Suppose, a patient ask for a bed-pan but the nurse provided it half an hour later, and you tick the column as ‘right’- this will make a blunder.

Mentioning your entrance into the hospital or health center can cite an example of timeliness. If the evening shift starts at 2:00 PM, you must report to your in-change 15 minutes before (i.e., 1:45 PM sharp). Otherwise, you cannot take over the charges peacefully and this ‘delay’ will disturbs your previous-one.

Here we can show you a sample of SOP [Standard Operating Procedure]

See carefully the picture in next page where cleaners are doing jobs. What is your observation?

Do the men doing their jobs correctly? Should someone swap the floor from behind to front or front to behind?
Locality and Home Visits

Write your observation in the box below:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Writing Report

After completing your observation (by note-taking or filling checklist) you should compile the checklist or tally sheet.

If your checklist is job-specific only, you should mark it by tally marking, where demographic or identifying indicators are earmarked, such as, name, sex, duty time, date etc.

It is better to put the data in pre-structured sheet, instead of descriptive writing (generally happens for single person or event). See this example.
What Next?

Report writing is not enough. You must send it to your controlling authority (or quality assurance body) with your recommendation and signature.

Please, be careful about time, management, cleanliness and other life-saving issues. Don’t send today’s report tomorrow or gather many reports unsent.

Remember, a good report means -

- Good observation
- Good suggestion and
- Good timing (by you and your higher authority).

A successful management can be done only after having good observation reports from all supervisory personnel of any hospital or health center. It also includes your report too.

Compiled observations are known as record.

Always consider that yours report or write-up is important for health management of the community people. Be careful and truthful. Because these are going to be recorded, which will reflect your services.

7.2. Exercise

7.2.1. Short question

1. Prepare a written observation report.
Assignment 8: Maintenance of Health Records of Family and Community

8.1. Learning Objectives

On completion of this assignment you will be able to -

- define family and community health records
- describe importance of family and community health records
- describe principles of record writing
- describe the type of health records
- demonstrate how to fill record forms and register books
- demonstrate how to summarize information for preparing report.

Definition

Family health record is a comprehensive and systematic information written in specified form and register about socio-demographic information, health and nutritional condition of each family member along with health care provided to the family members.

<table>
<thead>
<tr>
<th>Sl</th>
<th>Activities</th>
<th>Tasks</th>
<th>Quality indicators Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A (91-100%)</td>
</tr>
<tr>
<td>1</td>
<td>Changing Dress</td>
<td>Before entering into OT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Take Over Duty</td>
<td>Register Book 15 minutes prior to shift</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other necessary information</td>
<td>After arrival</td>
</tr>
<tr>
<td>3</td>
<td>Checking cleanliness OT</td>
<td>After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toilet After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linen After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Furniture After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equipment After arrival</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sterilizing Autoclave</td>
<td>Before OT</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Disposal Soiled Linen</td>
<td>After OT hrs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equipment After OT hrs.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Taking care Dressing</td>
<td>After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trolley After arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mop &amp; mackintosh After each operation</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Inform Anaesthetist</td>
<td>As and when necessary</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Assessment Pre-operative</td>
<td>Before operation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post operative After operation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Usual problems Before operation</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Problem Visualize &amp; assess</td>
<td>Before operation</td>
<td></td>
</tr>
</tbody>
</table>

This record also keeps future plans of health cares for the members of the family.
Information about the economic, hygienic, behavioral and environmental situation of the family that may bear the health and nutritional conditions of the family members is important components of family health record.

When family records are compiled and summarized, these provide the community health record for that particular community. The community health record keeps information on common community property, such as, health facility, educational institutions, community organizations, rivers, water sources, sewerage system, transport ways markets, industries, etc. It also records information on source of environmental pollution and its influences on health of the community as a whole.

**Importance of Family and Community Health Records**

1. Family or community health records help in identification of health problems and other factors leading health problem.
2. The health records provide important information to staff members, health managers, community leaders and policy makers for program planning and evaluation.
3. The health professionals (nurses, physicians, etc.) get data required for professional services for the improvement of family health.
4. Health records serve as tools for communication between health workers and family.
5. Health records provide baseline data to estimate long-term changes related to health services.
6. The health records provide data that help authority to understand whether the policy of the government about community health services is being implemented properly or not.

**Principles of Writing Health Record**

1. Record should be written immediately after the visit.
2. Record should focus on family and community as the object of care.
3. Record should present the problem in appropriate terms.
4. The goals of the record should clearly he defined.
5. Planned action should be stated clearly.
6. Family responses and the nursing action taken should be clearly identified.
7. Records should be written clearly, appropriately and legibly.
8. Records contain facts based on observation, action and impact.
9. Record should be brief and accurate.
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10. It should be neat, complete and uniform.

11. As records are valuable legal documents, it should be handled carefully and keep in custody.

12. Confidentiality of records should be maintained.

Type of Health Records

Broadly there are two types of health records, viz.

- Cumulative or continuing records and
- Family records.

The cumulative record is a comprehensive, tracking of the health records for long time. For example, a child’s records keeps information starting from neonatal age, infancy, and preschool age up to the entire childhood. The cumulative records also keep information both for home and clinic services. Home records can be written in blue ink and clinic records in red ink.

Family records keep record of all family members in a single folder. Separate record forms may be needed for different types of services, such as, tuberculosis, maternity, etc. However, all such records should also be placed in one family record folder.

How to fill in the Health Record forms for Family and Community

Your health authority may have specific family and community health record forms. If so, use these forms to practice how to fill different sections. If not, take a copy and ask your tutors to help you.

How to get Information from Family

To get information from family you need to have all the basic skills of communication-

- Listening, observation, analysis and interpretation.
- You have to explore information but not to force family members in doing so. Be friendly with the respondents and encourage them to participate. After every visit, make a relevant note of purpose, activity, and attitude plan for next visit and referral.
Fill Information in Registers

Your authority should provide you a register book to fill information on your home visit. There are different types of registers, such as, immunization register, clinic attendance register, family planning register, birth register death register. The columns in the register show different headings under which information for a particular case is recorded. Each row in any page of the register book keeps record of one individual only. Registers are good in the sense that these can hold information of many individuals in small space. Below is given an example of clinic attendance register.

<table>
<thead>
<tr>
<th>Name of Clinic:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sl. No.</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Preparing Report

Reports are summary of case records prepared on daily, week which, monthly, quarterly, half yearly or yearly basis as needed.

Report takes the shape of some kind of analysis interpret data for meaningful explanation. For example, if you see one thousand patients in a child clinic in 1 month, you may categorize the patients on the basis of sex distribution (percentage of male and female), age distribution (<6 months, 6-12 months, 13-24 months, 25-60 months, 60+ months), morbidity pattern (ARI, Pneumonia, Diarrhea, PEM, etc.), socio-economic background (poor, middle and rich class).

Here, you will be given a chance to prepare a report, based on a clinic attendance register. For this, the first important thing that you will require is a clinic attendance register. Visit a nearby clinic and request the clinic authority to allow you collect one month’s records by photocopying the pages. Explain to them that the purpose is merely academic.

You will need a calculator, a pen, a pencil, an eraser and papers. First review the information in the pages of the clinic register. Group the information by (variables of) sex, age group, diagnosis and treatment. Count numbers for each variable. Calculate percentage for each variable. Draw appropriate tables to present the summarized information. You can
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also draw column or bar charts for better viewing. Don’t forget to give a suitable heading for your table or chart.

Below is given example of one table and chart how to present summarized data into table or chart.

Table 1. Age distribution of children attending the ‘X’ child clinic in Dhaka

<table>
<thead>
<tr>
<th>Age group</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6 months</td>
<td>113</td>
<td>12.5</td>
</tr>
<tr>
<td>6-12 months</td>
<td>149</td>
<td>16.5</td>
</tr>
<tr>
<td>13-24 months</td>
<td>200</td>
<td>22.2</td>
</tr>
<tr>
<td>25-60 months</td>
<td>340</td>
<td>37.7</td>
</tr>
<tr>
<td>60+ months</td>
<td>100</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>902</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Fig. 1. Age distribution of children attending the ‘X’ child clinic in Dhaka

8.2. Exercise

8.2.1. Short questions

1. Define family and community health record.
2. What is importance of family and community health record?
3. Describe the types of health records.
4. How would you summarize information for preparing report?