



Sahayog Sevabhavi Sanstha's

MOTHER TERESA NURSING SCHOOL

Sahayog Educational Campus, Vishnupuri, Nanded-
431606. (Maharashtra)



TEST AND ANSWER SHEETS

Sahayog Sevabhavi Sanstha's
MOTHER TERESA NURSING SCHOOL
Sahayog Educational Campus, Vishnupuri, Nanded-431606. (Maharashtra)



SECOND YEAR BASIC B. Sc. NURSING
TIME TABLE FOR RETEST MID TERM EXAMINATION 2021 – 22

| Sr. No. | Date | Time | Subject |
|---------|------------|-------------|--|
| 1. | 27.06.2022 | 9am to 11am | Sociology |
| 2. | 28.06.2022 | 9am to 11am | Medical Surgical Nursing-I |
| 3. | 29.06.2022 | 9am to 11am | Pharmacology Pathology & Genetic |
| 4. | 30.06.2022 | 9am to 11am | Community Health Nursing -I |
| 5. | 01.07.2022 | 9am to 11am | Communication and educational technology |
| 6. | 02.07.2022 | 8am onward | Medical Surgical Nursing-I (Practical) |

Class Coordinator

PRINCIPAL
SSS Mother Teresa Nursing School
Vishnupuri, Nanded-431606
Principal

SAHAYOG SEWABHAVI SANSTHAS
SSS MOTHER TERESA NURSING SCHOOL, VISHNUPURI, NANDED
B.Sc. Nursing II Year Mid Term Exam
Sub: - MSN-I



Time :2 Hrs

Total: 50Marks

SECTION - A

Q.1 Short Answer Question (Any 3 out of 4)

12 marks

- a) Role of medical surgical nurse,
- b) CPR
- c) Standard safety precaution.
- d) Hemorrhage.

Q. 2 Long Answer Question (compulsory)

13 marks

- a). Define Perioperative nursing. Explain the Phases. Enlist the surgeries. Enlist immediate post operative complications and design nursing care plan for patient recovering from General Anesthesia.

SECTION - B

Q. 3 Short Answer Question (Any 3 out of 4)

12 mark

- a) Acute gastritis.
- b) Pathophysiology of Stomatitis.
- c) Biomedical Waste management.
- d) Asthma.

Q. 4 Long Answer Question (any 1 out of 2)

13 marks

- a). Mr. Ram aged 65 years old admitted in the ward with complains of cough since last several days, chest pain during breath and cough, fatigue, continuous sweating and shaking chills, confused mind. On the basis of above symptoms,
 - a) state the diagnosis and define
 - b) discuss the pathophysiology and etiology.
 - c) write down the medical and nursing management for disease.

Or

- b). i) define GERD
- ii) describe pathophysiology and etiology of GERD.
- iii) discuss medical and nursing management of GERD.

.....Best of Luck.....


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Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School

Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate Bole Chandra

Seat No. 01 Course. Basic B.Sc. Year. 2nd year

Name of Exam. mid-Term Exam Subject Medical Surg. Neg. I Date :

Sign. of Candidate [Signature]

20/50

Invigilator Sign. [Signature]

Q.2
a)
→

[Section - A]

_____ ? [Ans 3 out of 4]

_____ ?
define perioperative nursing →

"perioperative nursing refers to the role of the nurse during the operative, intraoperative and postoperative phases"

* Explain the phases →

a) preoperative phase →

It begins when the decision to have surgery is made and ends.

b) Intraoperative phase →

It begins with patient is transferred to the operative room.

c) postoperative phase →

It begins with the admission of the client and ends with healing is complete.

OK

Q7]

→ ?

a) →

→ ?

Role of medical surgical nurse →

- medical surgical nurse responsibilities include monitoring vital signs, administering medications.

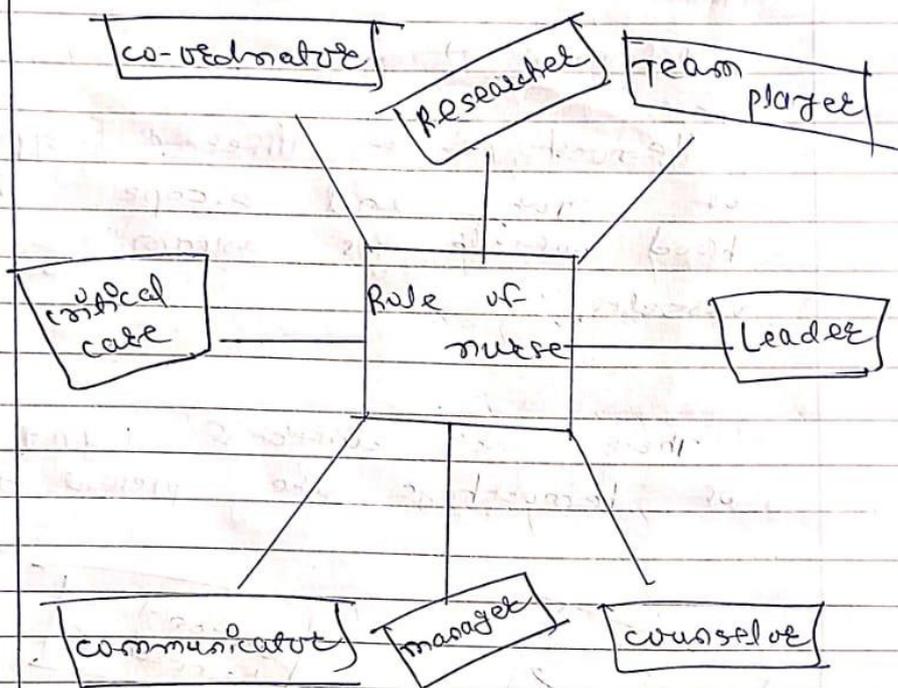
- And maintaining patients records.

* Introduction →

- nurses plays important role in the hospital.

- They provide critical care in the hospital.

- They provide effective care in the hospital.



- These Above are important functions of medical surgical nurse.

- she works in hospital, clinics home, surgical centers.

- nurse play important role in the critical care

- They provided effective care in the hospital

25

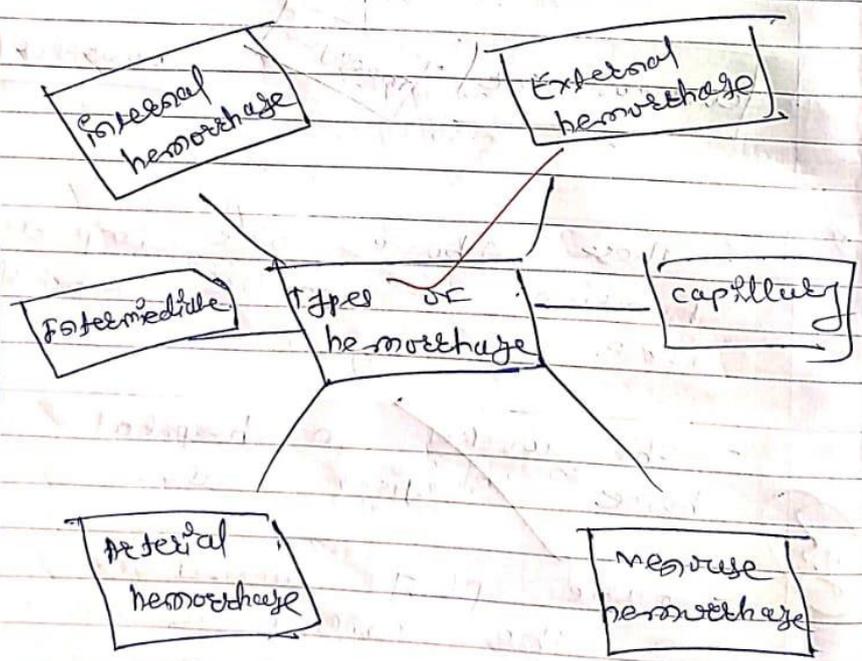
Q] →

Hemorrhage →

Definition →

" Hemorrhage is different types or injury and escape of blood outside its containing vessels."

There are different types of hemorrhage are present ↓



Causes of hemorrhage

There are different types of hemorrhages due to escape of blood loss.

- multiple trauma
- injury to high vasculature
are involving lungs, liver
- Any surgical emergency
- Any obstetrical emergency
- Hypertension
- septicemia
- Bleeding disorders.

- Above are the causes of hemorrhage

Management

- 23
- Firstly clean the wound with distilled water or soap.
 - After that open wound is dry or apply betadine on open wound.
 - surgical dressing apply on wound

c] — ?
→ * standard safety precautions

Introduction →

- standard safety precautions reduce the risk of infections
- They are the basic level of infection control precautions.
- There are different types of safety precautions, all used in the hospital area are as follows:

- 1) Hand hygiene
- 2) use of gloves and other barriers.
- 3) Handling of patient care equipment and linen.
- 4) prevention of injury from sharp instruments.
- 5) Respiratory hygiene
- 6) skin hygiene
- 7) use mask
- 8) Gowns
- 9) face protection
- 10) patient care
- 11) surgical equipment.

Use of standard safety precautions →

- Standard safety precautions are the basic level of infection control.
- The use of aseptic technique
- Reporting all occupational exposures
- Keeping a clean environment
- Getting vaccinated and check community.

2.3

Q. 5
T

→ { section - B }

→ GERD

definition →

"Gastroesophageal reflux disease is a chronic & relapsing condition in which prolonged reflux hydrochloric acid"

* Introduction ↓

- gastroesophageal reflux is the respiratory disease condition.
- It increases the hydrochloric acid level.
- primary barrier to gastroesophageal reflux is the lower esophageal sphincter.
- There are many causes of gastroesophageal reflux.

ii) pathophysiology of GERD →

- ① Impaired lower esophageal sphincter
- ↓
- ② hypersecretion of acid
- ↓
- ③ decreased acid clearance
- ↓
- ④ delayed gastric emptying or duodenogastric reflux of bile salts and pancreatic enzymes.

- Above are the pathophysiology of gastro esophageal reflux.

~~causes of GERD~~ →

- malfunctioning
- ~~obese~~ obesity
- medications
- smoking
- alcohol
- unhygienic food consumption

OK

Q. 3)

a)

→

* ~~medical~~

~~management of COPD~~

[Any 3 out of 4]

Asthma

Definition →

"Asthma is defined as the chronic inflammatory disease of airway that is characterized by increased responsiveness."

* cause of Asthma →

Asthma is caused with two factors that is environmental factor and genetic factors →

i) Environmental factors →

- Air pollutants.
- smoking
- Dust.

ii) Genetic factors →

- family history
- certain genes.

* management of Asthma

- In Asthmatic condition oxygen therapy is necessary to decrease of airway.

To Reduce the difficulty in oxygenation.

- There are certain types of drugs are used in Asthma -

i.e -

- salbutamol

- Terbutaline

- Adrenaline

- These above drugs are used in the Asthma.

Q2

→
→

Acute gastritis

Definition

"gastritis is an inflammation of the gastric mucosa"

* causes of gastritis

- Bacterial infection
- NSAID drugs.
- Autoimmune
- Bile reflux disease
- Stress
- Alcohol addiction
- chemotherapy.

- These above are the causes of acute gastritis.

- They can trigger the acute gastritis.

- They may create further complications.

* pathophysiology of Acute gastritis →

due to any cause



Gastric mucosal barrier is penetrated



Hydrochloric acid comes into contact with the mucosa



injury to small vessels



edema, hemorrhage; & Ulcer

— Above are the pathophysiology of Acute gastritis.

(203)



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**RETEST AND ANSWER
SHEETS**

Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School
 Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate: Shaikh Sumaiya Fajiddin
 Seat No. 26 Course Basic Bsc Nsg^{III} Year
 Name of Exam Mid-term Exam Subject MSN-I Date :
 Sign of Candidate [Signature] Invigilator Sign [Signature]

| Answer Sheet (Original) | No. of Supplementary Sheet | Total Sheets (Original + Supplementary) |
|-------------------------|----------------------------|---|
| | | |

| Question No. | 1 | 2 | 3 | 4 | 5 | Total Marks |
|--------------|---|---|---|---|---|-------------|
| Marks | | | | | | 50 |
| Out of | | | | | | |
| Obtained | | | | | | 31 |

Examiner Sign. _____

section - 'A'

Q. 1 _____ → 2.

2) _____ → 2.

• Introduction :-

- Medical surgical nursing is the specialised branch of nursing.
- The nurses provide the care to child, adult who under the surgical and pharmacological treatment.
- ~~Medical surgical nurse is a nursing speciality area concerned with the care of adult patients in a broad range of settings.~~
- Medical surgical nursing is the largest group of professionals in the field of nursing.

Role of medical surgical nurse -

The roles of medical surgical nurse are as follows -

- 1) Assessing, observing & speaking to patients.
- 2) Recording details and symptoms of patients medical history & current health.
- 3) Preparing patients for exams & treatment.
- 4) Administering medications and treatments, then monitoring patients for side effects & reactions.
- 5) Creating, implementing and evaluating patient care plans with medical team.
- 6) Performing wound care, such as cleaning and bandaging them.
- 7) Assisting in medical procedures as needed.
- 8) Operating and monitoring medical equipment.
- 9) Drawing blood, urine samples and other body fluids for lab work.

✓✓

b) _____ > 2

Ans:

CPR -

- cardio pulmonary resuscitation is life saving technique useful in many emergencies including heart attack.

Defn -

"It is a techniques of basic life support for oxygenating brain and heart until appropriate, definitive medical treatment can restore normal heart & ventilatory action."

Procedure -

check of danger

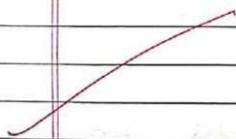
↓
responsive?

↓
open airway

↓
Give 30 chest compression followed by 2 breaths.

↓
Attach Automated external Defibrillator as soon as available.

↓
continue CPR until qualified personnel arrives or signs of life return.



2/2

c) Ans:

→ 2

Standard safety precautions -

- While doing any procedure into the hospital, it is very important to follow the standard safety precautions.

- standard safety precautions are as follows -

- ① Hand Hygiene.
- ② PPE kit use.
- ③ Waste management.
- ④ Management of laundry.
- ⑤ cleaning & decontamination of re-usable medical equipment.
- ⑥ Maintenance of clean environment.
- ⑦ management of blood/body fluids.
- ⑧ use of disposal of sharps.

Universal precautions -

- 1) Assume that all specimens are potentially infectious for HIV and other blood borne pathogens.
- 2) All blood specimens or body fluids should be placed in a leak proof impervious bags for transportation to the laboratory.
- 3) Use gloves while handling specimens.

4) Wear laboratory coats or gowns while working in the laboratory.

5) Never use mouth pipette by mouth. Mechanical pipetting devices should be used.

6) Decontaminate the laboratory work surface with an appropriate disinfectant.

7) Limit use of needles & syringes to situations for which there are no other alternatives.

3

Q.2. LAB.

Q) —————> 8

Ans:

Perioperative nursing -

"perioperative nursing is a nursing speciality that works with patients who are having operative or other invasive procedures."

phases -

These are mainly three phases of perioperative nursing, they are as follows -

- 1) pre-operative phase.
- 2) intra-operative phase.
- 3) post-operative phase.

1) pre-operative phase -

- It is the period between the decision to do surgery & the client being shifted to the operative table.

- The nursing activities during this phase includes:

i) Assessment of the client.

ii) Identification of health problems - both acute & potential.

iii) plan of care based on individual health needs.

iv) pre-operative health teaching of the client & supportive people.

v) Acute preparation of the client for surgery.

2) Intra-operative phase -

- It is the period from the time, the client is shifted to the operating table & later admitted to the post anesthetic care unit or recovery room.

- The nursing activities during this phase include all the specialized procedures designed to create a safe therapeutic environment for the client.

3) post-operative phase -

- It is the period between the admission of the client to the recovery room till the healing is complete.

- The nursing activities during this phase include -

i) Assessment of the client's response to surgery.

ii) care to promote healing process.

iii) Activities to prevent complications.

iv) Health teaching & post operative exercise.

v) planning for home care.

Immediate post-operative complications -

General post operative complications -

- 1) Acute confusions -
Exclude dehydration & sepsis.
- 2) Nausea and vomiting;
Analgesia or anesthetic-related, paralytic ileus
- 3) Fever.
- 4) Secondary haemorrhage;
Often as a result of infection.
- 5) pneumonia.
- 6) wound or anastomosis dehiscence.
- 7) Deep vein thrombosis.
- 8) Acute urinary retention.
- 9) urinary tract infection.
- 10) post-operative wound infection.
- 11) Bowel obstruction;
due to fibrous adhesions.
- 12) paralytic ileus.

Diagnosis after general anesthesia-

- 1) Acute pain related to the incision of spinal needle as evidenced by monitoring pain scale.
- 2) Deficient knowledge related to lack of information as evidenced by repeated question.
- 3) Anxiety related to change in health status as evidenced by increased tension/stress.
- 4) Risk for injury related to immobilization as evidenced by observation.
- 5) Risk of infection related to invasive procedure as evidenced by observation.

| Nsg. Diagnosis | Goal | Intervention | Rationale |
|--|--|--|---|
| Acute pain related to the incision of spinal needle as evidenced by monitoring pain scale. | Appeared relaxed able to rest/sleep participate in activities. | - Monitors general condition. | - To know baseline data. |
| | | - Assess pt psychological, medical condition. | - Approach to post operative pain management. |
| | | - Evaluate pain regularly every two hours. | - It may help in possible to eliminate pain. |
| | | - Note presence of anxiety or fear relating for procedure. | - concerned about unknown outcome of biopsy. |
| 8 | | - Administer analgesics as per physician. | - To reduce pain. |

section - 'B'

Q.3. SAQ.

a) \longrightarrow ?
Ans:

Acute Gastritis -

Gastritis - "Inflammation of gastric mucosa."
OR
"Inflammation of mucosal lining."

Acute gastritis -

- Short term inflammatory process.

Aetiology -

- Alcoholism.

- Drug effect. eg. aspirin.

- NSAIDs.

- Corticosteroids.

- severe physical stress / trauma.

- Ingestion of toxic substances.

- Bacterial product.

- Bacterial water, food.

pathophysiology -

Due to all etiological factors

↓
Gastritis occurs as a result of a breakdown in the normal gastric mucosal barrier.

↓
When the barrier is broken acid can diffuse in the mucosal layer.

↓

This allow HCl to enter in mucosal membrane.



The HCl acid stimulates the conversion of pepsinogen → pepsin & stimulate the release of histamine from mast cells.



The combined result of this occurrences serious in tissue oedema.



Distraction of capillary walls, with loss of plasma into the gastric lumen & possible haemorrhage.

Clinical manifestation -

- Anorexia.
- Nausea.
- vomiting.
- Abdominal cramping.
- Diarrhoea.
- fever.
- Epigastric pain.
- painless GI bleeding.

b) _____ → ?

Ans;

stomatitis-

Defⁿ -

"Infection & Inflammation of mucous membrane which lines the oral cavity."

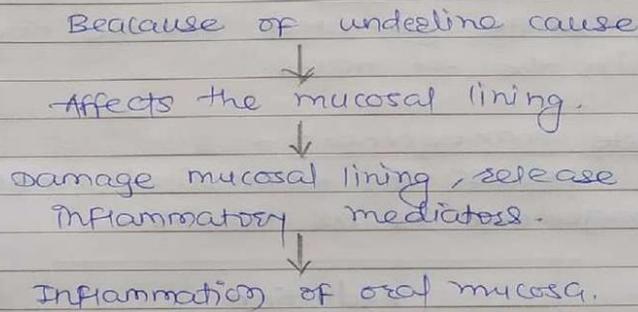
causes-

- stress, tension, depression, psychosis.
- Improper oral hygiene.
- Hyper acidity.
- Deficiency of vit. B complex.
- Eating allergic food.
- Eating spicy food.
- radiation.
- chemotherapy.
- tobacco use.
- Autoimmune disorder.
- smoking.
- chronic alcoholism.
- Artificial dentures.
- Irritating drinks.
- consumption of extreme hot food.
- Acidic food & juices.
- Trauma.
- Dehydration.
- microbial infections.
- Use of harsh tooth brush.
- food sensitivity.

Types -

- 1) Nutritional deficiency stomatitis.
- 2) Aphthous stomatitis.
- 3) Nicotine stomatitis.
- 4) Angular stomatitis.
- 5) Dentures related stomatitis.
- 6) Allergic contact stomatitis.

pathophysiology -



signs & symptoms -

- pain.
- ulcer.
- fever.
- Irritability.
- Discomfort.
- Swollen gums.
- Halitosis.

2/2

c) → 8
Ans:

Biomedical waste management -

Biomedical waste -
"Biomedical waste or hospital waste is any kind of waste containing infectious materials."

OR

"Waste generated into the hospital within the 24 hours."

Waste management -
process of biomedical waste management is as follows -

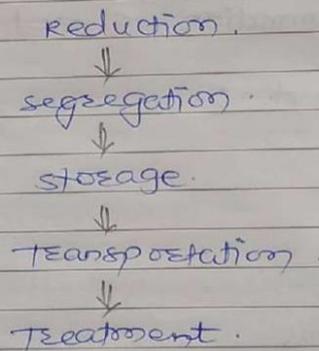


Fig. - Flow chart of waste management.

I) Reduction -

- It is very important to generate less waste as much as possible.

II) segregation -

- The proper segregation of different medical waste materials is key.
- segregation of a collected waste.

III) storage -

- storage of a segregated waste material is very important.

IV) Transportation -

- Transportation of a segregated waste for the treatment.

V) Treatment -

Types of Biomedical waste treatment -

- ① Autoclaving.
- ② Incineration.
- ③ chemicals.
- ④ microwaving.

3

Q.4. LAG.

b) —————→ 2

Ans:

i) GERD -

- Gastro Esophageal Reflux disorder.

- It is not a disease, it is heterogeneous syndrome.

Defⁿ -

"It is heterogeneous syndrome in which the stomach content backflowed into the oesophagus because of lowered pressure of cardiac sphincter."

ii) Causes / Etiology -

- Hiatal Hernia -

The presence of GE or the displacement of LES into thorax above diaphragm.

- The substance that ↓ lower the pressure of LES.

eg. - Fatty acid, chocolate, paper mint, coffee, tea, etc...

- some drugs -

eg. 'Ca' channel blockers
NSAID's.

- Elevated level of oestrogen & progesterone hormone.

Pathophysiology -

Frequent episode of gastric reflux, duration of exposure to acid cause inflammation of oesophagus.



Inflamed oesophagus gradually loses its ability to clear refluxed material quickly & recurrent episode of reflux causes chronic inflammation.



Minor capillary bleeding may occur.



Repeated episode of inflammation & bleeding can gradually produce a change in epithelial tissue which unable to resist the acid.



Over time fibrotic tissue changes can also occurs in oesophageal stricture. which can impair normal swallowing.

Clinical manifestation -

- Heart burn - Below the sternum.
- pulmonary symptoms including wheezing, hoarseness, coughing, dyspnea.
- Nausea & vomiting.
- Regurgitation is effortless return of material from stomach into oesophagus or mouth.
- Dysphagia.

iii) Medical management-

- Antacid that neutralize stomach acid.
- H_2 receptor blocker.
- cimetidine, famotidine, nizatidine decrease the acid production upto 12 hours.
- Medication that block acid production & heal the oesophagus.
proton pump inhibitors.
eg - omeprazole.
- Medication to strengthen the lower oesophageal sphincter.

Nursing management-

- The nurse discuss the medication with the patient & ensure that written information about the safe use & expected side effects of all medication is provided and administer the ordered medication & observe the response & side effects.
- Antacids that contain aluminium tend to cause constipation, where those contain magnesium tend to cause diarrhoea.

Diet management -

- Eat 4-6 small meals daily.
- Low fat adequate protein diet.
- Reduce intake of chocolate & beverages.
- Avoid alcohol.
- Eat slowly & chew food thoroughly.
- Avoid evening snacks & do not eat 2-3 hours before your bed.

7



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SECOND YEAR BASIC B. Sc. NURSING

TIME TABLE FOR RETEST PRE – FINAL EXAMINATION 2021 – 22

| Sr. No. | Date | Time | Subject |
|---------|------------|------------|--|
| 1. | 19.12.2022 | 2pm to 5pm | Sociology |
| 2. | 20.12.2022 | 2pm to 5pm | Medical Surgical Nursing-I |
| 3. | 21.12.2022 | 2pm to 5pm | Pharmacology Pathology & Genetic |
| 4. | 22.12.2022 | 2pm to 5pm | Community Health Nursing -I |
| 5. | 23.12.2022 | 2pm to 5pm | Communication and educational technology |
| 6. | 24.12.2022 | 8am onward | Medical Surgical Nursing-I (Practical) |

Class Coordinator

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SSS MOTHER TERESA NURSING SCHOOL, VISHNUPURI, NANDED
B.Sc. Nursing III Year Pre – Final Examination
Sub: - Community Health Nursing – I

Time : 3 Hrs

Total: 75 Marks

SECTION – A (40 Marks)

Q.1 Short Answer Question (Any 5 out of 6)

(5x5= 25 marks)

- a) Food adulteration act.
- b) Determinants of health.
- c) Home visit.
- d) Consumer protection act.
- e) Levels of prevention.
- f) Indications of health.

Q. 2 Long Answer Question (Any 1 out of 2)

(1x15= 15 marks)

- A).
 - i) Primary health centre.
 - ii) Staffing pattern of PHC.
 - iii) Function of PHC.
 - iv) Role of nurse in PHC.
- B).
 - i) Define demography.
 - ii) Write the concept of demography.
 - iii) Methods of data collection.

SECTION – B (35 Marks)

Q. 3 Short Answer Question (Any 4 out of 5)

(5x4= 20 marks)

- a) Causes of population explosion.
- b) Concepts of community health nursing.
- c) Role of community health nurse.
- d) Preventive measures of tuberculosis.
- e) Demographic cycle.

Q. 4 Long Answer Question (Any 1 out of 2)

(1x15= 15 marks)

- A).
 - i) Define family planning.
 - ii) Discuss the methods of family planning.
 - iii) Role of nurse in family planning method.
 - iv) Benefits of small family norms.
- B).
 - i) Define non – communicable disease.
 - ii) Enlist the non – communicable diseases.
 - iii) Write in details about coronary heart disease.

.....Best of Luck.....

Shanti

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Vishnupuri, Nanded-431606

Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School

Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate Adinath Salwathoo
Seat No. 23 Course B.Sc. Nsg Year IInd yr
Name of Exam Mid Term Subject CHN-I Date :
Psc-final
Sign. of Candidate Invigilator Sign. [Signature]

19.5
75

SECTION A

Q2

A] 1] Primary health centre.

Introduction.

The primary health centre occupies a key position in the nation health care system.

It provide an integrated curative and preventive health care to the rural population.

Definition.

primary health center. is the basic structural and functional unit of the public health services in developing countries to provide accessible affordable & available primary health care to people.

II Staffing pattern of PHC.

| | | |
|-----|----------------------------|-----|
| 1J | Medical officer | - 1 |
| 2J | Pharmacist | - 1 |
| 3J | Nurse midwife | - 1 |
| 4J | Health worker (F) ANM | - 1 |
| 5J | Block extension - educator | |
| 6J | Health assistance F/M | - 2 |
| 7J | Upper division work/clerk | - 1 |
| 8J | Lower division clerk | - 1 |
| 9J | lab technician | - 1 |
| 10J | Driver | - 1 |
| 11J | class IV | - 4 |

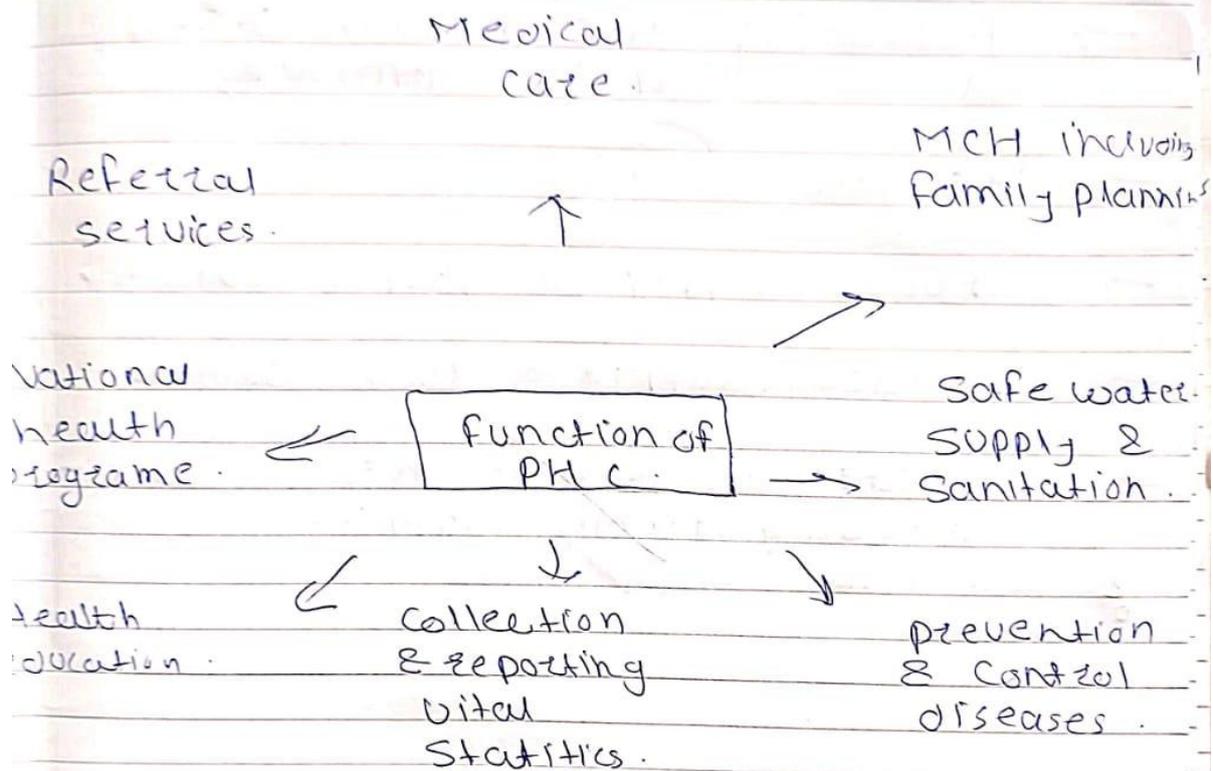
Total 15.

At present a primary health center is manned by a medical officer supported by 14 paramedical & other staff.

Principles.

- Equitable distribution.
- Community participation.
- Intersectoral co-ordination.
- Appropriate technology.
- Decentralisation.

III Function of PHC



- ① Medical care.
Two types of medical care.
1) OPD services.
2) IPD services.

- ② MCH including family planning.
Antenatal care.
Nutrition & health counseling.

- ③ Safe water supply & sanitation.
environmental sanitation.

Role of nurse .

- Assessing the health status of individual & community .
- Health education .
- Food supply & proper nutrition
- Water supply & basic sanitation
- Maternal & child health care including family planning .

5

21 SA Ce.

13) Food adulteration act.

⇒ These act introduced in 1954

Indian parliament in 1954

Adulteration of food and medicine can be serious threat to human life.

Antisocial elements responsible for food adulteration but the public health is at risk.

Objectives.

→ Ensuring pure & wholesome food to consumer.

→ To protect consumer from fraudul-
ment & deceptive malpractice.

→ To maintain quality of food stuff
& edible substances.

→ To prevent adulteration of food
stuff.

Advantages.

- Help in maintaining quality of food stuff.
- Help to provide punishment to the people
- organization responsible for adulteration.
- checking the quality of imported food stuff
- Establishing public analyst's & consumer tests.

Consumer protection act.

=>

Consumer refers to any individual or households that use goods & services.

Definition.

Consumer is defined as someone who acquires good or services for resale or use in production & manufacturing.

Rights of consumers.

- Right to safety.
- Right to be informed.
- Right to choose.
- Right to be heard.
- Right to seek Redressal.
- Right to consumer education.

Objectives.

- outline the need of consumer protection.
- outline machinery for settlement of consumer grievances.
- Describe the main provisions.
- To protect the consumer from abuse.
- To provide a venue for grievance & redress.

↻

C]. Home visit

Definition.

Home visit is a purposeful & deliberate psychosocial activity undertaken by the health team members for meeting the diagnostic & therapeutic needs of the family.

Step of home visit.

- Initiation phase & fact finding.
- Examination & analysis of fact.
- planning action with the individual & family.
- Action
- use of expert technical skill
- follow up.
- Evaluation of service.

Principals.

- Home visit should be planned with purpose.
- Meet the need for patient.
- Regular & flexible.
- Educative.
- Hygienic principle.
- Convenient.

Advantages.

- Help in assessing the individual & family action.
- Family tends to develop confidence.
- Help in referring people need to higher level.
- Assess the progress & development.
- Identify the new problem.

SECTION B.

Q4

A) Family planning .

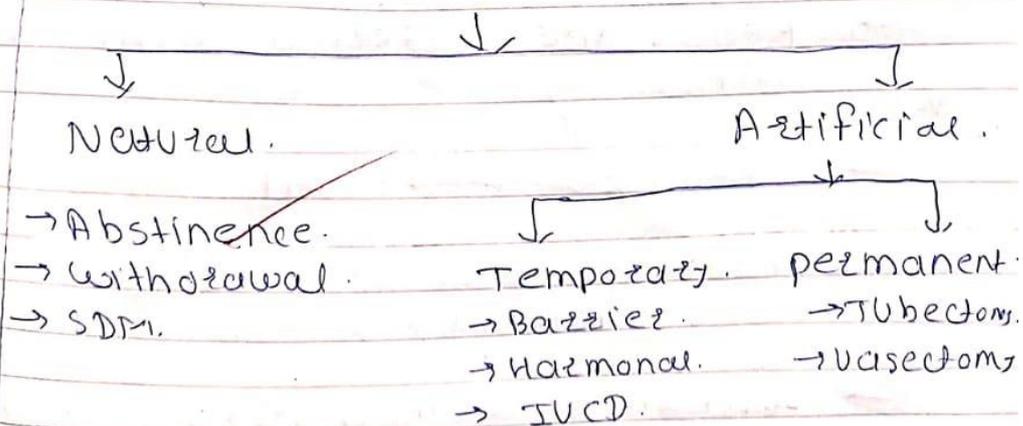
Family planning services include methods & practice to space births limit family size & prevent unwanted pregnancy .

Fertility regulation .

- Reduce the unwanted pregnancy
- Decrease in the total exposure & risk of pregnancy .
- Decrease in the number of unsafe abortion .

Method of family planning .

Methods .



Role of Family planning.

- During any family planning interview
- the nurse should inform the client
- About follow up care.
- To prevent AIDS & other sexually transmitted disease.
- Good sexual hygiene & other issues the needs.

Benefits of Family planning.

- Family can devote more resources to providing for each child
- Reduce the maternal & child child illness.
- Reduced maternal death.
- Relieves economic social & environmental pressure.
- Enhances women status & promote equality.

ok

Q3

SAC.

A1

Demographic cycle

⇒

Definition.

Demography is the study of human population.

In which includes study of changes in.

- 1) Composition.
- 2) Population size.
- 3) Distribution.

Demo means people.

Graphy means measurement.

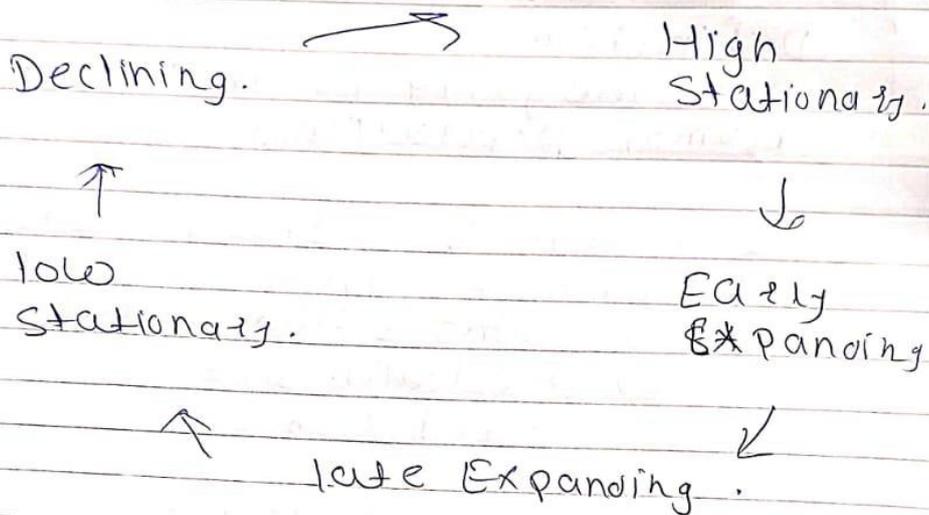
Elements of Demography.

- ① Size. → Increase or decrease.
- ② Composition → sex & age group.
- ③ Distribution → territory.

Sources of Demography.

- Population censuses.
- National Sample.
- Surveys registration.

Demographic cycle.



- ① High stationary.
High birth rate & high death rate
no any change in size of population
- ② Early expanding.
Death rate begins to decline &
birth rate no change.
Initial increase in population.
- ③ Late expanding.
Birth rate decline & death rate ↓ses
Increase population.
- ④ low stationary.
low birth rate & low death rate
stability in population.
- ⑤ Declining.
birth rate ↓

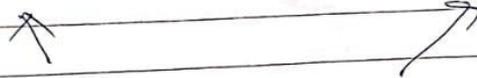
B) Concepts of community health nursing

⇒ Community health nursing.

Is defined as community health as environmental, social & economic resources to sustain emotional & physical well being among people in way.

Psychosocial

Biomedical



Concepts

Holistic

Ecological



1.5



Sahayog Sevabhavi Sanstha's
**MOTHER TERESA NURSING
SCHOOL**

Sahayog Educational Campus, Vishnupuri, Nanded-
431606. (Maharashtra)



**RETEST AND ANSWER
SHEETS**

Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School
 Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate..... Roarwat Shivcharan Nagreshwar
 Seat No. 25 Course..... B.Sc Nursing Year..... 2nd
 Name of Exam..... Pre-final Subject..... CHN - I Date :

Sign of Candidate..... [Signature] Invigilator Sign..... [Signature]

| | | |
|-------------------------|----------------------------|---|
| Answer Sheet (Original) | No. of Supplementary Sheet | Total Sheets (Original + Supplementary) |
| | | |

| Question No. | 1 | 2 | 3 | 4 | 5 | Total Marks |
|--------------|---|---|---|---|---|-------------|
| Marks | | | | | | |
| Out of | | | | | | |
| Obtained | | | | | | |

Examiner Sign. 43.5
75

Q. 5A0.

1
 a) food adulteration act

National food adulteration act - 1954.
 This is amended in 1964, 1976, 1986 at this year, this act is amended.

objectives / purposes :-

- Ensure pure & wholesome food for consumers.
- protect consumers from frauds and deceptive trade practices.
- According to this act, punishment is awarded to the frauder.
- Mainly there are two criteria's, case of proven adulteration & adulteration causing human death.

- case of proven adulteration -
6 month imprisonment & 5000 fine.

- Adulteration causing persons death -
lifetime imprisonment and 50000 fine.

- food standards.

□ AGMARK standard.

- Give consumers assurance of quality of food.

□ ISI standards.

- A guarantee of good quality

□ PFA standards.

- To obtain minimum level of quality of food
stuffs attainable under Indian condition.

codex alimentarius.

- organ of joint FAO who food standard &
formulate standard of international market.

Food safety & standards authority of India. (FSSAI).

- Established in 2006 under MHA & FW government of India.

- For laying down science based standards for article of food & to regulate them

1) manufacture.

2) storage.

3) Distribution.

4) sale

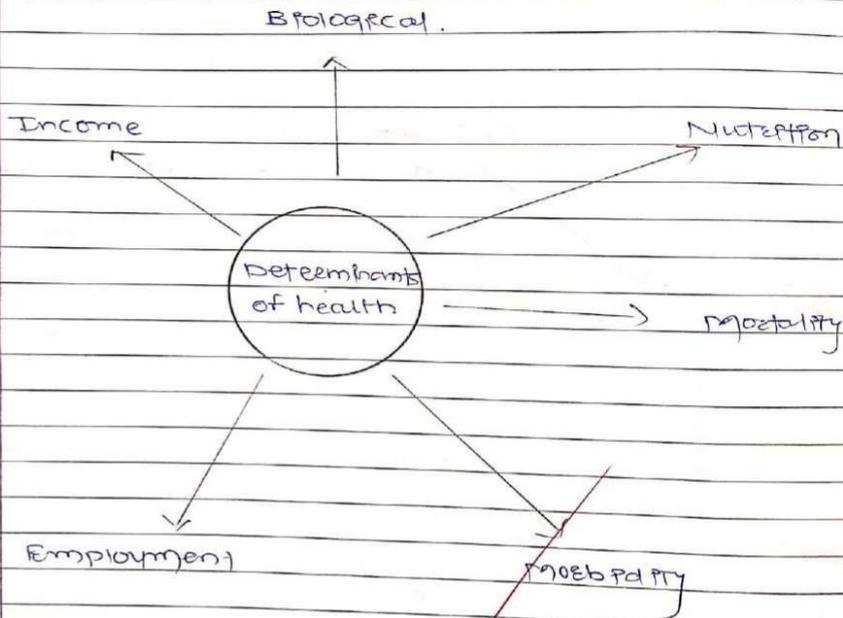
5) Import to assure availability of safe & wholesome food.

25

b) Determinants of health.

Health :-

According to WHO, health is a complete state of physical, mental, social & spiritual well-being not merely absence of disease.



- Health is a common theme in most cultures. In some cultures, health & harmony are considered equivalent (peace)

- Modern medicine focused on study of disease & neglect study of health.

i] Biological & Genetics.

- Health is determined by basic biology & gene of body.
- Genetic inheritance plays an important role in determining health status.
- Normal functioning of body.

ii] Income & status.

- Income of family determine the health status of family.
- Families with higher income lives in good house with all basic amenities.
- Away from illness.
- Environmental sanitation & basic needs.
- poor income families expose to poor environmental leads to illness.

iii] Social support.

- Family is interpreted as social institution
- Family binds the members together and support each other in any situation
- Family gives sense of belonging, togetherness enhance physical mental social & spiritual

c) Home visiting

Definition:- Visiting the family at their place to provide preventive, promotive and rehabilitative services at their doorstep by the community health nurse and health workers.

Providing the services to the doorstep to maintain health & to reduce mortality & morbidity in family.

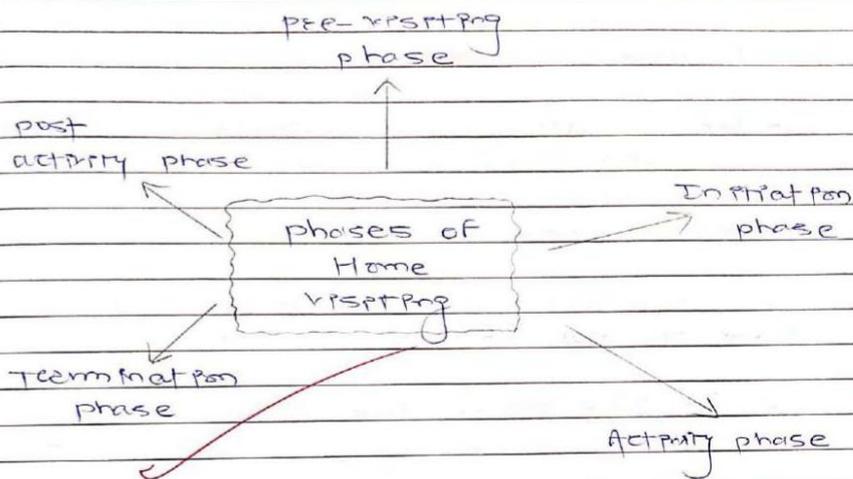
Principles of home visiting

- planned & purposeful.
- Based on need.
- flexible & regular.
- educative.
- convenient & appropriate.
- Health problem.
- Hygienic incidence
- skillful
- Records.

Purposes of home visiting

- to observe the family structure, lifestyle and cultural practices.
- To establish relationship with family member.
- To provide nursing care.

- To refer for complicated case for hospitalization or institutional care.



Advantages of home visiting

- Helps to maintaining rapport with the family members.
- Helps in getting socio-economic status.
- Sanitation.
- study the home situation & family situation
- Home visit clarifies the doubts raised by family member.
- provided natural environment.

d) consumer protection act.

- consumer protection act 1986.

- consumer's rights have become an important issue.

- for the first time in India consumer protection act (1986) provided consumers for speedy redressal of their grievance against medical services.

- A consumer is who buys a product and use it, not sell to anyone.

- In the entire health care system, the most vital centre in the medical

- the active participation and dedication of doctors is very important for his survival.

- As far as the professional services are concerned the evaluation of law has follow a set of course.

- under the general law the members of the profession these require to show a standard of care, each a person of that profession is expected to possess.

- In developed nations such as US, patients do not encounter many difficulties as the court have developed principles of law which gives important rights to patients.

- In India, people were not going to court freely, because court fees were very heavy and there was a long delay to get a final result. It may take 8-10 years.

- Rights of consumers.

- Right to safety.
- Right to inform.
- Right to choose.
- Right to be heard.
- Right to redress.
- Right to consumer education.

3.5

e) Levels of prevention

- there are mainly three levels of prevention

- i] primary level.
- ii] secondary level.
- iii] tertiary level.

primary level -

- In this type of prevention level there is cure & treatment prevention of disease

- By doing exercise, balanced diet & all the safety measures we can prevent disease

secondary level -

- This is a level of prevention when the disease is detected with the patient then we have to cure & care for that disease

- This is less effective than primary level prevention

tertiary level -

- This is allowed when disease condition circumscribed the patient.

- Motive of these case is to stop the severe surgical management.

Q2 LAC

A) 1) Primary health centre.

History of evolution of PHC in India.

- 1977 GOI launched rural health mission

Definition-

The primary health centre occupies a key position in the nation's health care system.

- It provide an integrated curative and preventive health care to the rural population.

- It is an institution for providing comprehensive health care.

- curative
- preventive
- rehabilitative

1946 health planning in India.

1) Bhave committee (1946).

- PHC is a basic health unit.
- provide integrated preventive and curative services

2) Mudwale committee (1962)

- strengthening of existing PHCs.

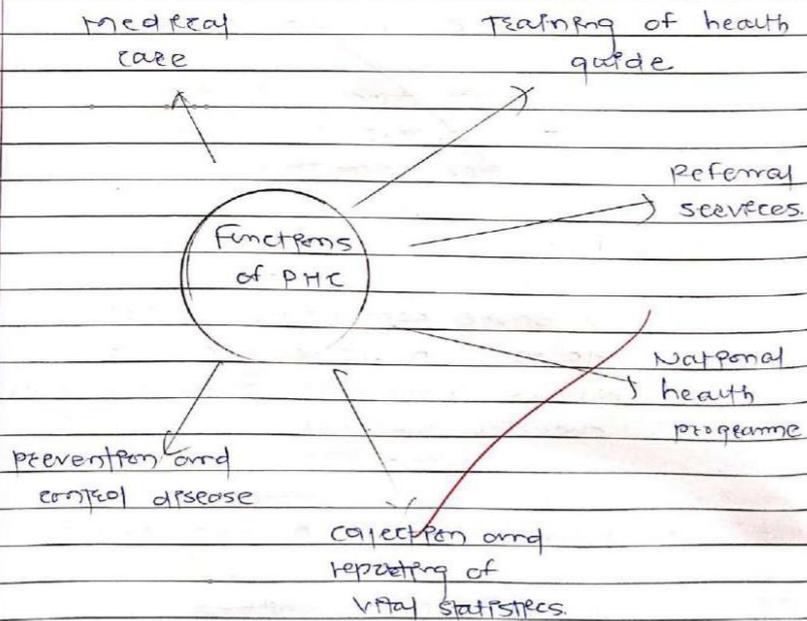
3) Senartan committee

ii) Staffing pattern of PHC

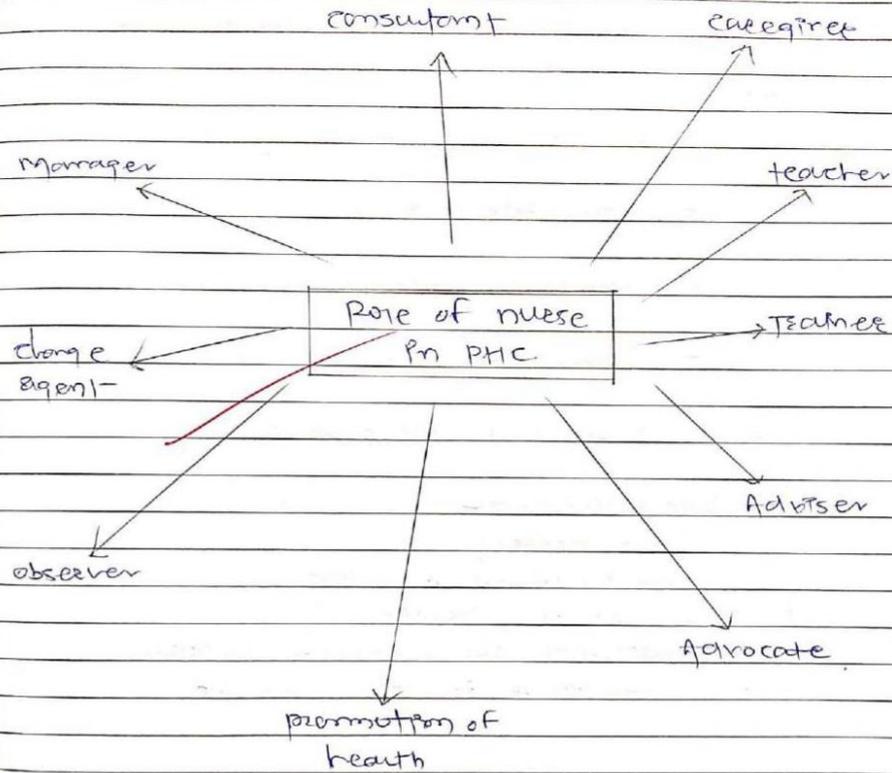
- Staff nurse - 03.
- Medical officer - 01
- ANM (HW) (F) - 01
- LHW (HW) (F) - 01
- HA (M) - 01
- Lab technician - 01.
- Pharmacist - 01.
- Accountant - 01.
- Group 'D' workers - 03.

According to public health standards (PHS)

iii) Functions of PHC:



Q) Role of nurse in PHC



teacher

- This is one of the functions of nurse which provides education to the communities.

②

Section B

| | |
|----------|--|
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| Date | |

Q.3.

1) causes of population explosion.

population explosion :- overgrowth of population in a particular area over a 1000 years.

causes of population explosion

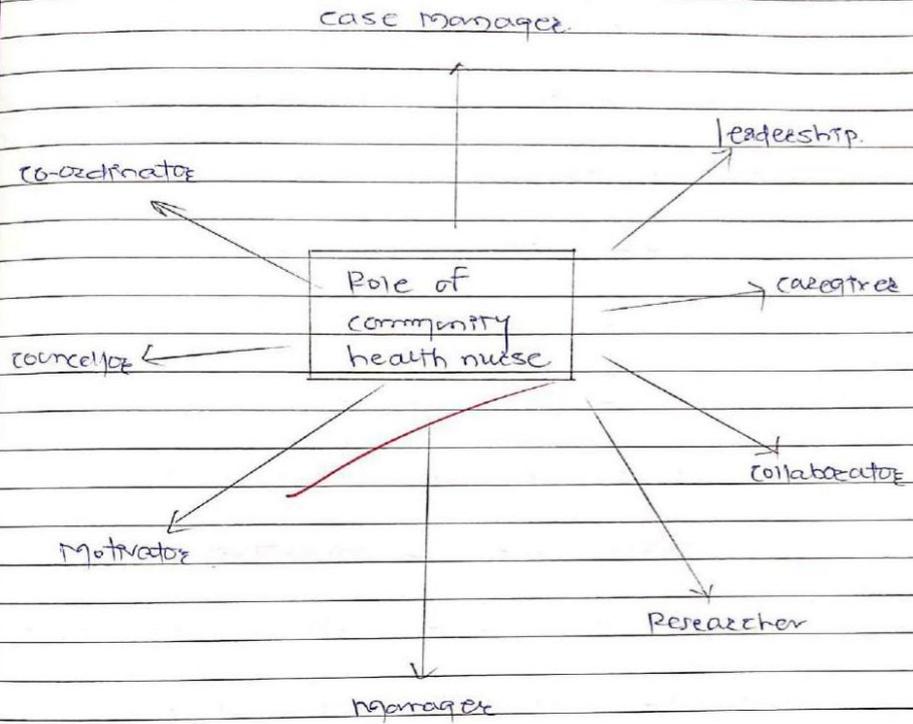
- High birth rate
- Declining death rate
- Increased emigration
- causes of high birth rate

- Early marriage
- Early puberty
- low standard of living
- low level of literacy
- Traditional customs and religion.
- Lack of family planning.

causes of declining death rate

- mass control of disease
- Improvement
- increased emigration
- Advanced medical technology

d) Role of community health nurse.



Motivator

- Nurse must be a motivator for their clients.
- motivating clients helps to recover faster and easy.
- motivating clients will help you for easy and immediate healing.

2:

d) Preventive measures of tuberculosis.

Tuberculosis - It is a communicable disease caused by *Mycobacterium tuberculosis*.

Preventive measures of tuberculosis.

- Isolation
- Avoid gathering together.
- Always use mask.
- Avoid hand shaking.
- Avoid any contaminated items handling.
- Testing for TB infection.
- Testing in BCG-vaccinated person.
- TB screening & testing of health care personnel.
- Testing during pregnancy.
- Diagnosing latent TB infection and TB disease.
- Good ventilation, TB can be remain suspended in the air for several hours. with no ventilation, natural light.

c) Demographic cycle

Demography - study of population

Demographic cycle contains 5 stages.

- High stationery
- Early expanding
- Late expanding
- Low stationery stage
- Declining phase

| Stages | B.R | D.R | Demographic trend | Description |
|--------------------------|----------------------------|-------------------|-----------------------------|---|
| i) High stationery | ↑ | ↑ | population remains same | Birth rate equals death rate. India's population in 1920. |
| ii) Early expanding | increase | begin to decline | Increase in population. | In some countries of south asia & africa. |
| iii) Late expanding | stays & starts to decrease | decreases further | continue rise in population | eg. singapore |
| iv) Low stationery stage | low | low | stability in population | This trend found in developed countries. |
| v) Declining stage | low | high | Fall in population | Hungary & germany. |

25

Q.4 LNC

i) Define family planning.

- Family planning is the voluntary planning regarding child birth by a couple.

- child birth is should be according to their choice.

Objectives of family planning.

- Plan pregnancy according to their choice
- To avoid unwanted births.
- To limit the size of family.
- To keep spacing between the pregnancies.

ii) Discuss methods of family planning.

Contraceptive methods.

Types of contraceptive methods.

- i) Spacing method.
- ii) Terminal method.

□ Spacing method.

i) Barrier method.

- physical
- chemical
- combine.

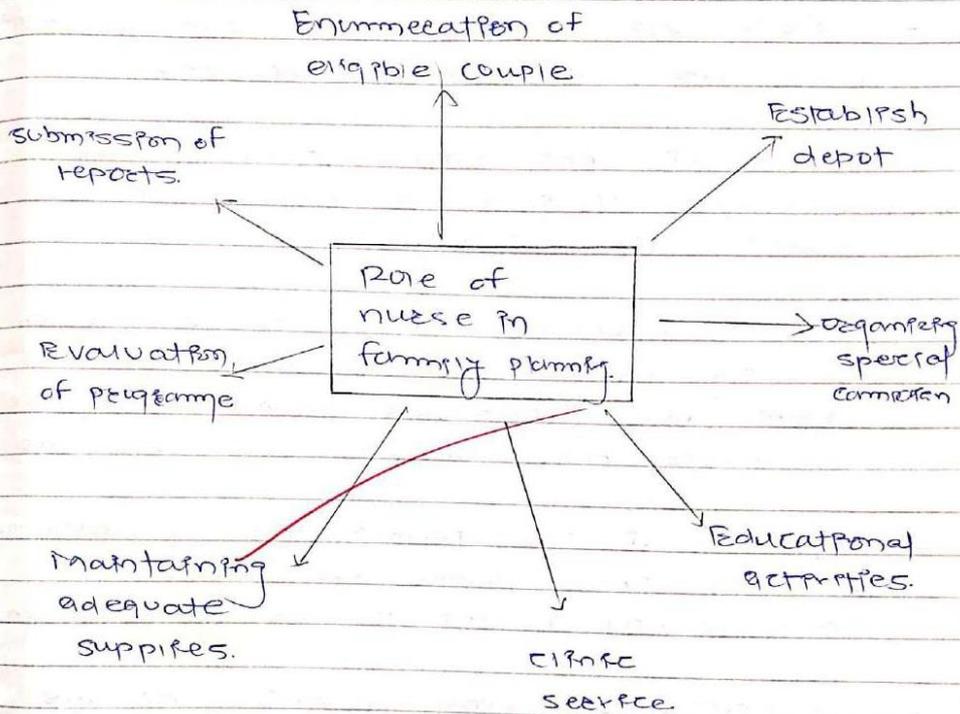
ii) Intrauterine devices

iii) Hormonal methods.

iv) Post-conceptual method.

v) Miscellaneous method.

iii) Role of nurse in family planning method



- Nurse plays a vital role in family planning.
- Nurse should encourage the people about the small family norms

A) Benefits of small family norms.

- societal expectations that families should have a small number of children.
- The belief that small families are easier to manage & provide more stability for children.
- The important thing is that each family makes the decisions that is right for them we can't persuade them to have more or few children.
- objectives of the family welfare programme in India that people should adopt the small family norms to control population.
- Benefits of small family norms are greatly emphasized all over world.
- small family norms helps parents to nurture every children.

8