



CRITERION 2 – TEACHING-LEARNING AND EVALUATION 2.3.2 Has provision for the use of Clinical Skills Laboratory and Simulation Based Learning the Institution:

Has Basic Clinical Skills Training Models and Trainers for clinical skills in the relevant disciplines.

Has advanced patient simulators for simulation-based training

Has structured programs for training and assessment of students in Clinical Skills Lab / Simulation centre

Conducts training programs for the faculty in the use of clinical skills lab and simulation methods of teaching-learning

To reduce enormous use of paper and printing the ensure data, sign and a seal by the Competent Authority for all the papers, we have used the Class-3 Digital Signatures where a Registration Authority i.e. Dr. Mahipal Singh, Registrar of our University authenticate the documents and responses claimed in this pdf file.

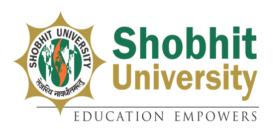


SHOBHIT UNIVERSITY, Gangoh

[Notified by Government of U.P. Act No.3 of 2012, Established u/s 2(f) of UGC Act 1956] Adarsh Institutional Area, Babu Vijendra Marg, Gangoh, Distt. Saharanpur - 247341, UP







Report on training programmes in Clinical skills lab/simulator Centre



Date: - 25-11-2021

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TRAINING PROGRAM ON KSHARASUTRA PREPARATION - ACTIVITY REPORT

Activity Name	Training program on ksharsutra preparation		
Date & Time	25-11-2021; 11:00 am to 1:00 pm		
Duration	2 hours		
Venue	Department of Shalya Tantra, K.S.V.A.M.C& R.C. , Shobhit University		
Organized by	Department of Shalya Tantra, K.S.V.A.M.C. & R.C.		
Coordinator Name	Dr. Ranjit Singh Manhas		
No. of participants	22		
Program Objective	• To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious.		
	• Ksharasutra for the effective management of anorectal disorders.		
	• Participants will demonstrate the ability to prepare standardized, efficacious,		
Program Outcome	 and safe Ksharasutra, adhering to quality standards and best practices, leading to improved patient outcomes in the management of anorectal disorders. We concluded that treatment of fistula in ano by khsar sutra is simple easy and safe. 		
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Coordinator



Sr.No.	Roll No.	Name of Student	Attendance
1.	17014300001	AADITYA MITTAL	Andityn
2.	17014300003	AAYUSHI SAINI	Agyushi
3.	17014300004	ABHINAV KUMAR	Aling
4.	17014300008	AKASH KUMAR	Atoest
5.	17014300012	ANAM	Anom
6.	17014300018	ARJUN SINGH	arms
7.	17014300022	BHEEM SINGH	thees
8.	17014300023	BIJENDER	Bitend
9.	17014300024	CHANDERPAL BATTAN	Chandup
10.	17014300029	FAIZ ALAM	A. Alow
ii.	17014300030	GARIMA CHAUDHARY	Chardhar
12.	17014300031	HONEY KASHYAP	floney
13.	17014300033	JAVED MALIK	Taved.
14.	17014300034	JITENDRA KUMAR	Pathi
15.	17014300040	KUNAL RATHI	Kunal.
16.	17014300041	LALMUNNY KUMARI GUPTA	Lalmunny
17.	17014300042	MAHIDA KHATOON	Mahida
18.	17014300045	MOHD ASIF	Azik
19.	17014300047	MOHD SABAD	Sadab
20.	17014300048	MOHD UMAR	Umas
21.	17014300049	MOHD UWAISH	Unaris
22.	17014300050	MOSEEN KHAN	Moseem



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Date: - 27-11-2021

TRAINING PROGRAM ON IV CANNULATION - ACTIVITY REPORT

Activity Name	Training program on IV Cannulation	
Date & Time	27-11-2021; 11:00 am to 1:00 pm	
Duration	2 hours	
Venue	Skill Lab, K.S.V.A.M.C& R.C. ,Shobhit University	
Organized by	Department of Shalya Tantra, K.S.V.A.M.C. & R.C.	
Coordinator Name	Dr. Ranjith	
No. of participants	10	
Program Objective	 To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV cannulation procedures. Itravenous (IV) cannulation is a technique in which a cannula is placed inside a vein to provide venous access. Venous access allows sampling of blood, as well as administration of fluids, medications, parenteral nutrition, chemotherapy, and blood products. 	
Program Outcome	 Participants will be able to perform IV cannulation procedures confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. 	
Photograph		

Coordinator

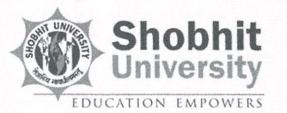




Attendance Report of Training on IV Cannulation			27-11-2021
Sr.No.	Roll No.	Name of Student	Attendance
1.	17014300001	AADITYA MITTAL	Aadityo
2.	17014300003	AAYUSHI SAINI	A. Kuma
3.	17014300004	ABHINAV KUMAR	Abhinav
4.	17014300008	AKASH KUMAR	Aternan
5.	17014300022	BHEEM SINGH	Bheem
6.	17014300024	CHANDERPAL BATTAN	V
7.	17014300030	GARIMA CHAUDHARY	Chanderta Ghoudhar
8.	17014300031	HONEY KASHYAP	Honey
9.	17014300048	MOHD UMAR	Umar
10.	17014300049	MOHD UWAISH	Vnavish







Date: - 06-04-2022

Training Program on Nebulization Activity Report

Activity Name	Training on Nebulization	
Date & Time	06-04-2022; 11:00 am to 1:00 pm	
Duration	2 hours	
Venue	K.S.V.A.M.C& R.C., Shobhit University	
Organized by	Department of Kayachikitsa, K.S.V.A.M.C. & R.C.	
Faculty Name	Dr. A.P. Singh	
No. of participants	10	
Program Objective	To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures.	
Program Outcome	Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings.	
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Coordinator M





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Training on Shiro dhara Attendence

Batch – 2018		D	Date- 6-4-2022	
S.No.			Attendence	
1.	18014300001	AASIF ALI	Agent	
2.	18014300002	AAVESH CHAUDHARY	Aquest	
3.	18014300003	ABDUL KADIR	Abdul	
4.	18014300004	ABDUL QUADIR	Abdul	
5.	18014300005	ABHILASHA	dbhilsha	
6.	18014300006	ABHISHAR SURYAVANSHI	Abhishen	
7.	18014300014	AMIT VERMA	Amit .	
8.	18014300015	ANJALI SAINI	A.Saini	
9.	18014300019	APOORVA KUSH	Aporva.	
10.	18014300022	ARUN KUMAR	Alumas	



Date: 05-12-2023

TRAINING PROGRAM ON BLS - ACTIVITY REPORT

Activity Name	Training on BLS	
Date & Time	05-12-2023; 11:00 am to 1:00 pm	
Duration	2 hours	
Venue	K.S.V.A.M.C& R.C., Shobhit University	
Organized by	K.S.V.A.M.C. & R.C.	
Trainer name	Dr.Rohit valiya	
No. of participants	22	
Program Objective	To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives.	
Program Outcome	Improved knowledge and confidence in responding to cardiac emergencics. Participants will be able to perform high quality chest compressions, rescue breaths. Ability to recognise and respond to cardiac arrest, choking and other life-threatening situations, increasing the chances of survival for cardiac arrest victims.	
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Date : - 05 - 12 - 2023

Teacher Training program on Basic Life Support

List of participants

S.No.	Name of participants	School/Department	Signature
1	Dr. Vikas Kumar Sharma	KSVAMC & RC	AR
2	Dr. Shashidhar	KSVAMC & RC	Juma
3	Dr. S.K. Pathak	KSVAMC & RC	(Sul)
4	Dr. Madan Mohan	KSVAMC & RC	
5	Dr. Kultar Singh	KSVAMC & RC	kok
6	Dr. Triputi Dayine Acharya	KSVAMC & RC	Ogrec
7	Dr. Ayesha	KSVAMC & RC	Ayass
8	Dr. Meenakshi Choudhary	KSVAMC & RC	Const
9	Dr. Namit Vashishtha	KSVAMC & RC	North
10	Dr. Kushagra Goyal	KSVAMC & RC	(12) 12
11	Dr. Preeti Vashishtha	KSVAMC & RC	Jank
12	Dr. Sujeet	KSVAMC & RC	NUM
13	Dr. Seema Jaglan	KSVAMC & RC	Gozi
14	Dr. Shagufta Malhotra	KSVAMC & RC	Burger
15	Dr. Khayati	KSVAMC & RC	Burid
16	Dr. Ranjit singh	KSVAMC & RC	(Dr
17	Dr. Suman	KSVAMC & RC	Em-
18	Dr. Srijith	KSVAMC & RC	ST



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19	Dr. Jitendra Rana	KSVAMC & RC	8 Varde
20	Dr. Suganda Verma	KSVAMC & RC	Caynon
21	Dr. Nitin Goel	KSVAMC & RC	Ger
22	Dr. Amrita	KSVAMC & RC	Inti
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			Registrar UNIVERS
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			10



Date-04-05-2024

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TRAINING PROGRAM ON ROAD TRAFFIC ACCIDENT - ACTIVITY REPORT

Activity Name	Training on Road traffic Accident	
Date & Time	04-05-2024; 11:00 am to 1:00 pm	
Duration	2 hours	
Venue	K.S.V.A.M.C& R.C., Shobhit University	
Organized by	K.S.V.A.M.C. & R.C.	
Trainer name	Dr. Shruti	
No. of participants	15	
Program Objective	 Improve emergency response and first aid skills. Reduce the number of road traffic accidents and related injuries. Increase awareness about road safety and responsible driving practices. Promote safe road user behaviour among drivers, pedestrians, and cyclists. Improve emergency response and first aid skills. 	
Program Outcome	 80% of participants will demonstrate knowledge of road safety rules and regulations. 90% of participants will report increased awareness of potential road hazards. 85% of participants will adopt safe driving practices (e.g., wearing seatbelts, avoiding distractions). 	
Photograph		



Date: - 04 - 05 - 2024

Teacher Training program on Road Traffic Accident

List of participants

S.No.	Name of participants	School/Department	Signature
1	Dr. Vikas Kumar Sharma	KSVAMC & RC	ARR
2	Dr. Krishnanand C	KSVAMC & RC	Kr
3	Dr. S.K. Pathak	KSVAMC & RC	SKK
4	Dr. Madan Mohan	KSVAMC & RC	\bigcirc
5	Dr. Kultar Singh	KSVAMC & RC	(Kur
6	Dr. Shalini	KSVAMC & RC	Shatto
7	Dr. Sugandha	KSVAMC & RC	Angen
8	Dr. Meenakshi Choudhary	KSVAMC & RC	man
9	Dr. Namit Vashishtha	KSVAMC & RC	Harris
10	Dr. Kushagra Goyal	KSVAMC & RC	(b) mz
11	Dr. Preeti Vashishtha	KSVAMC & RC	freet
12	Dr. Shruti	KSVAMC & RC	Jour us
13	Dr. Narendra Chanchal	KSVAMC & RC	Narendren Harfreit
14	Dr. Manpreet	KSVAMC & RC	Harfreet
15	Dr. Kiran Bahuguna	KSVAMC & RC	A.





Date: 26-11-2022

TRAINING PROGRAM ON CHOKING - ACTIVITY REPORT

Activity Name	Training on Choking	
Date & Time	26-11-2022; 11:00 am to 1:00 pm	
Duration	2 hours	
Venue	K.S.V.A.M.C& R.C., Shobhit University	
Organized by	K.S.V.A.M.C. & R.C.	
Trainer name	Dr. Nitin Goel	
No. of participants	15	
Program Objective	 Increase awareness about choking hazards and prevention strategies. Reduce the incidence of choking related injuries and deaths. Educate the incidence of choking-related injuries and deaths. Improve confidence in responding to choking emergencies 	
Program Outcome	 Participants will be able to identify common choking hazards. Participants will demonstrate proper choking response techniques (back blows, abdominal thrusts) Participants will understand when to call emergency services. Participants will know how to create a choking-safe environment. 	
Photograph		

Registrat REGISTRAR 1004 Saharanpur (U.P



Date: - 26 - 11 - 2022

Teacher Training programme on Choking

List of participants

S.No.	Name of participants	School/Department	Signature
1	Dr. Vikas Kumar Sharma	KSVAMC & RC	MAR
2	Dr. Krishnanand C	KSVAMC & RC	Kus
3	Dr. S.K Pathak	KSVAMC & RC	63105
4	Dr. Madan Mohan	KSVAMC & RC	CA
5	Dr. Kultar Singh	KSVAMC & RC	Jun
6	Dr. Triputi Dayinee Acharya	KSVAMC & RC	Datient
7	Dr. Sugandha	KSVAMC & RC	August
8	Dr. Meenakshi Choudhary	KSVAMC & RC	hand
9	Dr. Namit Vashishtha	KSVAMC & RC	Non
10	Dr. Kushagra Goyal	KSVAMC & RC	(KKI,
11	Dr. Preeti Vashishtha	KSVAMC & RC	Rub
12	Dr.Suman	KSVAMC & RC	(Some 1
13	Dr. Seema Jaglan	KSVAMC & RC	Sta.
14	Dr. Shagufta Malhotra	KSVAMC & RC	Brows
15	Dr. A.P. Singh	KSVAMC & RC	(VS)





Date: 03-09-2021

TRAINING PROGRAM ON BLS - ACTIVITY REPORT

Activity Name	Training on BLS
Date & Time	03-9-2021; 11:00 am to 1:00 pm
Duration	2 hours
Venue	K.S.V.A.M.C& R.C., Shobhit University
Organized by	K.S.V.A.M.C. & R.C.
Trainer name	Dr.Shaguftamalhotra
No. of participants	22.5
Program Objective	 To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives. The objective of basic life support training is to teach participants how to respond to life threating emergencies such as cardiac arrest respiratory distress or an obstructed air way.
Program Outcome	 Improved knowledge and confidence in responding to cardiac emergencies. Participants will be able to perform high quality chest compressions, rescue breaths. Ability to recognise and respond to cardiac arrest, choking and other life-threatening situations, increasing the chances of survival for cardiac arrest victims.
Photograph	





Date : - 03 - 09 - 2021

Teacher Training program on Basic Life Support

List of participants

S.No.	Name of participants	School/Department	Signature
1	Dr. Vikas Kumar Sharma	KSVAMC & RC	MR
2	Dr. Sunil	KSVAMC & RC	- King
3	Dr. S.K. Pathak	KSVAMC & RC	gel
4	Dr. Madan Mohan	KSVAMC & RC	atter
5	Dr. Kultar Singh	KSVAMC & RC	(b)
6	Dr. Triputi Dayine Acharya	KSVAMC & RC	Corré
7	Dr. Jitendra Rana	KSVAMC & RC	Rue
8	Dr. Meenakshi Choudhary	KSVAMC & RC	(Mars-
9	Dr. Namit Vashishtha	KSVAMC & RC	Nanot
10	Dr. Kushagra Goyal	KSVAMC & RC	KM
11	Dr. Preeti Vashishtha	KSVAMC & RC	Prut
12	Dr. Shalini	KSVAMC & RC	Shalin
13	Dr. Seema Jaglan	KSVAMC & RC	Contra.
14	Dr. Shagufta Malhotra	KSVAMC & RC	Anost.
15	Dr. A.P. Singh	KSVAMC & RC	(BTZ
16	Dr. Ranjit singh	KSVAMC & RC	Di
17	Dr. Suman	KSVAMC & RC	Chardhenry
18	Dr. Jitendra Rana	KSVAMC & RC	Tana



19	Dr. Monika	KSVAMC & RC	MOUTE
20	Dr. Suganda Verma	KSVAMC & RC	Sigdrehn
21	Dr. Savita	KSVAMC & RC	Savita
22	Dr. Amrita	KSVAMC & RC	anti

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Date: - 04-07-2023

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TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

Activity Name	Training on IV Injection
Date & Time	04-07-2023; 11:00 am to 1:00 pm
Duration	2 hours
Venue	K.S.V.A.M.C& R.C., Shobhit University
Organized by	Department of Kayachikitsa, K.S.V.A.M.C. & R.C.
FacultyName	Dr. Sruthi Sajeev
No. of participants	07
Program Objective	 To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. The objective of an intravenous injection is deliver substances directly into a vein. IV injection can provide nutrition.
Program Outcome	 Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings.
Photograph	

Coordinator

Standord Standard		KS ^{TT} MC & RC, SHOBHIT UNIVERSITY, GANGOH	& RC, S	HOBMI	INN L	VERS	LTV, C	SANG	HO		-					T	47123	53		
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ä	Verified patient identity																•			
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iv	Ensured privacy and patient comfort			•														er prizzalijanetrijansko		
۷ .	Performed hand hygiene			0								0								
Ţ.	Prepared and checked all necessary equipment (IV catheter, syringe, medication, gloves, etc.)																0		-	
vii.				Ø ľ																
viii.	Prepared medication using aseptic technique					•••••									н. 2 - 1 - 1 2 - 1 - 1					
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~	Allowed antiseptic to dry before insertion								#1.mm.van										_	
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ŗ	Inserted IV catheter at the correct angle			0										· · ·			_			
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ili.	Successfully threaded the catheter into the vein											in the second se	_		<u> </u>		-			
iv.	Secured the catheter with appropriate dressing 1											d					-			_
*	Removed tourniquet once catheter is in place																			
vi.	Connected IV tubing or syringe		-	- 0																
vii.	Ensured no air bubbles							_				_					3			

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ŝ	Post-Procedure Care	4										4. 18748				com in an d								-CARACTER -CONTRACT	
	Removed and disposed used materials safely (e.g., needles, syringes)															0					-		 		
:	Provided patient with post-procedure instructions					\sim	0 0														0		 		
ii:	Ensured the IV site was secure and free from complications				**************************************						1					******				÷			 		
Ìv.	Documented the procedure and patient's response accurately							181 - 1 - 12 								*							 	·····	
9	Communication and Documentation	en																						ang ang ang ang ang	
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ш.	Provided accurate and clear documentation of the IV injection procedure						0		(1-1-1)			dalaramity span,									ළ		 		
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Ë.	Obtained informed consent										_						
iv.	Ensured privacy and patient comfort 1 0								- •								╢
>	Performed hand hygiene					-			d					_		-	
Ч.	Prepared and checked all necessary equipment 1 1			0													
vii.	Checked medication (dose, expiration date, and appearance)																
viii.	Prepared medication using aseptic technique 1 0								0		_	_					
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::i	Applied tourniquet correctly and adjusted it 1 1							_									+-
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2	Allowed antiseptic to dry before insertion 1		-											_			
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<u>ن</u> م،	Inserted IV catheter at the correct angle 1											_		_			
ä	Advanced the catheter properly and checked 1 for blood return																
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Date: - 06-07-2023

TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

Activity Name	Training program on iv injection
Date & Time	06-07-2023; 11:00 am to 1:00 pm
Duration	2 hours
Venue	K.S.V.A.M.C& R.C., Shobhit University
Organized by	Department of Kayachikitsa, K.S.V.A.M.C. & R.C.
Faculty name	Dr. A. P. Singh
No. of participants	12
Program Objective	 To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. The objective of an intravenous injection is deliver substances directly into a vein. IV injection can provide nutrition.
Program Outcome	 Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings.
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	vi.	Connected IV tubing or syringe 1						-		_				. :									 	 	<u> </u>
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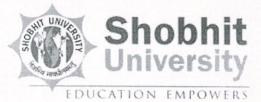


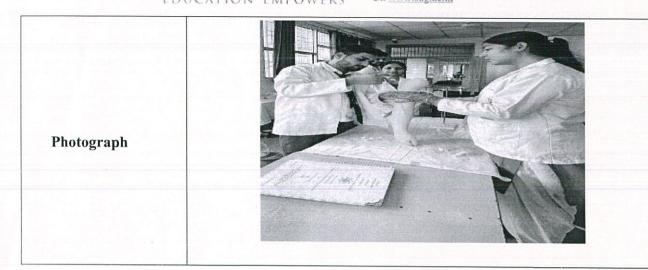
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# TRAINING PROGRAM ON INTRAMUSCULAR INJECTION - ACTIVITY REPORT

| Activity Name       | Training on Intramuscular Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date & Time         | 12-08-2023; 11:00 am to 1:00 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Duration            | 2 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Venue               | K.S.V.A.M.C& R.C., Shobhit University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Organized by        | Department of Kayachikitsa, K.S.V.A.M.C. & R.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Faculty Name        | Dr. Shagufta Malhotra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| No. of participants | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Program Objective   | <ul> <li>To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intramuscular injection procedures</li> <li>To provide participants with the essential knowledge and skills to perform accurate and safe intravenous cannulation procedures confidently</li> </ul>                                                                                                                                                                                                                                                                                          |
| Program Outcome     | <ul> <li>Participants will be able to perform Intramuscular injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intramuscular injection-related complications in clinical settings.</li> <li>Participants will be able to perform intravenous cannulation proficiently, as validated through practical assessments and simulated practice sessions, leading to enhanced vascular access success rates and reduced complications in patient care</li> </ul> |





Coordinator '

UNIVERSIT Registrar GANGOH. -HOBHIN REGISTRA arthra 6

| 1. Aug                     |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | KS"'A               | MC &<br>DOAP     | RC, S               | KS <sup>v</sup> 'AMC & RC, SHOBHIT UNIVERSITY, GANGOH<br>DOAP: INTRAMUSCULAR INJECTION | IIT. UI<br>SCUL                                                | VIVEL<br>AR IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ISITV.                                                                                   | , GAN                       | COH                                                           | ٧٨,           |                |          |          |      |                                   |      | 5    | 12/8/23                 | ,<br>M   |                  | <i>l</i> |
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| COUL                       | COURSE: B.A.M.S. SESSION: \$2214 / PROF: \$1710N RESOURCE: A PATIEN<br>2014 PROF: \$1710N RESOURCE: A PATIEN<br>2014 4 1 7 2014 | E:2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PRAC                | TICA             | STATION RESOURCE: A | CE: A F<br>TCH: A                                                                      | PATIENT, A DUMMY/ OTHER:<br>A/B/C/D SUBJECT: KAYACH            | NA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A DUMMY/ OTHER:<br>SUBJECT: KAYACHIKITSA                                                 | NV C                        | AVAC                                                          | K:            | ISA            | EV       | VIIIV    | TOR' | EVALUATOR'S NAME & SIGNATURE: WWW | ME & | N. A | IATUI<br>Voor           |          | 32.0             | 26 5     |
|                            | Roll number: 52 53 54 55                                                                                                        | کر)<br>انڈ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N<br>N              | 354              | 3                   | B                                                                                      | 58/01/02/03 04/05/06/09/10/11/22 33/35/36/26/28/26/26/28/26/28 | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CS                                                                                       | B                           | <u>cs</u>                                                     | <u>م</u><br>م | K S            | 5        | 52       | R    | 35                                | 163  | 00   | 6                       | 00       | 58               | 8        |
| S. No.                     | Ask the student to demonstrate I/M<br>Injection giving a running commentary and<br>mark (M) for                                 | Noticed<br>S<br>S<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                  |                     |                                                                                        | 80                                                             | LE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OBJECTIVE: TO TEST SKILLS - INTRAMUSCULAR INJECTION<br>"ONE MARK FOR EACH STEP PERFORMED | C TES                       | TEST SKILLS - INTRAMUSCUI<br>ONE MARK FOR EACH STEP PERFORMED | CLS-          | INTI<br>MSTRP  | LANE     | SCU      | ART  | NIRC                              | TION |      | 12/25/27/<br>12/20/2014 |          |                  |          |
|                            | rand Setup                                                                                                                      | $_{IA}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A A                 | A                |                     | A A                                                                                    | H<br>H                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             |                                                               |               | A<br>A         | 4        | K        |      | F                                 | A    | A    | 4                       | ¢        | 4                | k        |
| Ĩ                          | Introduced self and role                                                                                                        | 7404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ļ                   | <del>}~~~~</del> |                     | 1                                                                                      |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             | -                                                             |               | ing.           |          |          |      | -                                 |      | 1    |                         |          |                  |          |
| Ţ                          | Verified patient identity                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | -                   |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             | ┢                                                             | 0             |                | <b> </b> |          |      |                                   |      |      |                         |          |                  |          |
| e proj<br>e proj<br>e proj | Obtained informed consent, Ensured<br>privacy                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                  |                     |                                                                                        |                                                                | 844 240<br>244<br>145 240<br>145 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                             | ·                                                             |               |                |          |          |      |                                   |      |      |                         |          |                  |          |
| iv.                        | Performed hand hygiene                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                  |                     |                                                                                        | -                                                              | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                             |                                                               |               |                |          |          | e    | 0                                 |      |      |                         | <u> </u> |                  |          |
| ×                          | Prepared and checked all necessary<br>equipment (syringe, medication etc.)                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | 0                   | *                                                                                      |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | éranan angester                                                                          | -                           |                                                               | 0             |                |          |          |      |                                   |      |      |                         |          |                  |          |
| 2                          | Checked medication (dose, expiration<br>date, and appearance) and Prepared<br>medication using aseptic technique                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        |                                                                | a siya aya a a a<br>a <b>gammiy</b><br>a siya a a a a a a a a a a a a a a a a a a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                             |                                                               | ******        |                |          |          | 0    |                                   |      |      |                         |          |                  |          |
| Ċ.                         | Assembled injection supplies correctly<br>(e.g., syringe, alcohol swabs)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        | 0                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                        |                             |                                                               |               |                |          |          |      |                                   |      |      |                         |          | 2 - 2 - 2<br>- 2 |          |
| 7                          |                                                                                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                  |                     |                                                                                        | a dan dan dan dan dan dan dan dan dan da                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             |                                                               |               |                |          |          |      |                                   |      |      |                         | の必要で     |                  |          |
| и разі                     | site for                                                                                                                        | and the second sec |                     |                  |                     |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             |                                                               | 0             |                |          |          | -    |                                   |      |      |                         |          |                  |          |
| + ##<br>* ##               | the muscle for                                                                                                                  | leaned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                  | 0                   | 2.5<br>3.5<br>3.5                                                                      |                                                                | O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | <u></u>                     |                                                               | 0             |                |          |          |      |                                   |      |      |                         |          |                  |          |
| ्रम्ब<br>भूम्ब<br>श्रेष्ठ  | Cleaned the insertion site with antiseptic (e.g., alcohol swab)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | -                   |                                                                                        | 0                                                              | nin and a second se | 0                                                                                        | 12<br>1<br>1<br>1<br>1<br>1 |                                                               |               |                |          |          |      |                                   |      |      |                         | ļ        |                  |          |
| iv.                        | Allowed antiseptic to dry before insertion                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        | ing<br>Segonal<br>Segonal<br>Segonal                           | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                             |                                                               |               |                |          |          | -    |                                   |      |      |                         |          |                  |          |
| 8                          | Administration of IM Injection                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             |                                                               |               |                |          |          |      | nton<br>Nonpoli<br>Line<br>Line   |      |      |                         |          |                  |          |
|                            | Ensured no air bubbles                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | 0                   |                                                                                        | -                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                        |                             |                                                               |               |                |          |          | d    |                                   |      |      |                         |          |                  |          |
|                            | Inserted needle at the correct angle (90)                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                                        | -                           |                                                               |               | <u></u>        |          | <br>     |      | -                                 |      |      |                         |          |                  |          |
| ïi.                        | Aspirated to check for blood return                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | <br>                |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             |                                                               | -             |                |          |          |      |                                   |      |      |                         |          |                  |          |
| iv.                        | Injected medication slowly and steadily 1                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |                     |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                        | 0                           |                                                               | 9             |                |          |          | 5    |                                   |      |      |                         |          |                  |          |
| ×.                         | Removed needle smoothly and safely 1                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  | 0                   |                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                             | 0                                                             |               |                |          |          |      |                                   |      |      |                         | ***      |                  |          |
| Υï.                        | Applied pressure to the injection site to<br>minimize bleeding                                                                  | east                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                  |                     |                                                                                        | 0                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ~~~~                                                                                     |                             | <del>مىمىر</del><br>                                          | 6*********    | and the second |          |          | <br> | 0                                 |      | -7   |                         |          |                  |          |
| VE                         | Disposed of needle and syringe properly                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 177.77.77.76.00.000 |                  |                     |                                                                                        |                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                             |                                                               | 0             |                |          | <u> </u> |      | <u>.</u>                          |      |      | <b></b>                 |          |                  | <u> </u> |

| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Post-Procedure Care                                               |         |          |                |       |           |            | Longog                   |            | -          |                                               |                                              |                       | - |          |      |
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| * 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                          |         |          |                |       |           |            |                          |            |            |                                               |                                              | -                     |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | complications                                                     |         |          |                |       |           |            | ******                   |            |            |                                               | •••••                                        |                       |   | -        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Provided patient with post-procedure                              |         |          | -              |       | 0         |            |                          | <u> </u>   |            |                                               |                                              |                       |   | ļ        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |         |          |                | *     | -         |            |                          |            |            |                                               |                                              |                       |   |          |      |
| ž.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |         |          | -              |       | 0         |            |                          |            | -          |                                               | -                                            |                       | _ |          |      |
| in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Communication and Documentation 3                                 |         |          |                |       |           |            |                          |            | -          |                                               |                                              |                       | - |          |      |
| : pm7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Explained the procedure and findings to $1$ 0 the patient clearly | 0<br>   | -        | 0              |       |           |            |                          |            | 0          |                                               | -                                            |                       |   | <u> </u> |      |
| र का<br>• इ.स.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Addressed patient questions and concerns     1       effectively  |         |          |                |       |           | 6          |                          |            |            |                                               |                                              | 1                     |   |          |      |
| - 524<br>- 524<br>- 524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Provided accurate and clear                                       |         |          |                |       | 1 6       |            |                          |            | -          |                                               | -                                            |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | 89      | 19       | 2123           |       |           |            |                          | -<br>E     |            |                                               |                                              |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PERCENTAGE                                                        | B       | 8        | - Contraction  | C.    | 19        |            |                          | ¥б<br>Т    | 8          |                                               |                                              | l                     |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |         |          | hm             |       | 0<br>3    | <u>ا</u> ا |                          | <u></u>    | <u>-</u>   |                                               |                                              |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | •       | ,<br>int | 2007)<br>2007) |       | <u></u>   | ഫ്         | -                        | <u></u>    | m          |                                               |                                              |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |         | -EK      | no)<br>ng      | ~~~~~ |           | mt         |                          | cD         |            |                                               |                                              |                       |   |          |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | • V ~ V | wh       | MTY<br>My      | 2     | ont?      | br         |                          | What where | ndr        | 2                                             |                                              |                       |   |          | **** |
| i konstruktion<br>der statisken<br>der statisken<br>d | ~~?                                                               |         | nd<br>I  | no.            |       | nø        | Mm)        | An <del>u</del> 25amerau | hý         | 41<br>4000 |                                               |                                              |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 405                                                               | Fro     | -        | m              | f     | + '<br>10 | up         |                          | m          | 24         | )                                             |                                              |                       |   |          |      |
| ens de<br>CPLet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | r 49    | P        | No<br>m        | ~/ 4  | ON ON     | Ow         |                          | pón        | zňc        |                                               |                                              | andreast interest and |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |         |          |                |       |           |            |                          | 뇌          |            |                                               |                                              |                       |   |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |         |          |                |       |           |            |                          |            |            |                                               |                                              |                       |   |          |      |

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|                                |                                                                                                 |           | SX<br>N        | M   | C &                                         | KŞ <sup>r</sup> MC & RC, SHO | HOBI                          | jemer<br>Escosi<br>jemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ININ                                                             | ERSI         | TV, G       | BHIT UNIVERSITY, GANGOH                                                                                             | DH        |                      |                                            |     |              |      |              |                                | 12)                | 12/8/23    | 3                                  |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------------------|-----------|----------------|-----|---------------------------------------------|------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|-------------|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------|-----|--------------|------|--------------|--------------------------------|--------------------|------------|------------------------------------|------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| `                              |                                                                                                 | ι,        |                | Ă   | OAP:                                        | IINI                         | DOAP: INTRAMUSCULAR INJECTION | ISCU<br>15CU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LAR                                                              | INJE<br>ANJE | CIIC        | N<br>VOT                                                                                                            | - 11 K.   |                      |                                            |     |              |      |              |                                |                    |            |                                    | 9          | 1.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| COU                            | COURSE: B.A.M.S. SESSION: DIZYEAR / PROFIG PRACTICAL BATCH: A/B/C/D<br>2014 2014 2014 2014      | 28 S      | SIAL<br>F20MPR | ACT | ICAL BA                                     | T EX                         | ATCH: A                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | je<br>Le                                                         | SUB          | JECI        | STATION RESOURCE: A PALIFACTICAL DUMMY OTHER:<br>OPPRACTICAL BATCH: A/B/C/D SUBJECT: KAYACHIKITSA<br>tch. eft. 4000 | KACB      | LINI                 | SA.                                        | EVA | LUN'         | TOR  | S NA         | EVALUATOR'S NAME & SIGNATURE V | SIG<br>D           | NATU<br>Å. | R                                  | % ব্র      | je<br>L                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                | Roll number: 88                                                                                 | L.        |                | 53  | 16 06                                       | 5                            |                               | 3319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | 10           | 5           | 93 95 96 97 98 99                                                                                                   |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| S. No.                         | Ask the student to demonstrate I/M<br>Injection giving a running commentary and<br>mark (M) for | 23        |                |     | 100 58 64 64 67<br>100 56 68 60<br>66 68 68 |                              | al-to epositore               | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n Ç                                                              | UNE:         | 2           | OBJECTIVE: TO FEST SKILLS - INTRAMUSCULAR INJECTION<br>"ONEMARK FOR EACH STRP PERFORMED                             | SKIL      | LS-<br>REACI         | INTR<br>STRP                               | ANG | SCU          | AR I | XHX          | Ē                              | <b>7</b>           |            | er (2) - Edurfer<br>- Starfer - Me |            | ng ng ng<br>Mang ng ng  | S. 19 S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                | Preparation and Setup                                                                           | 7         | S              | R   |                                             |                              | Z                             | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | R N                                                              | A            | 4           | AR                                                                                                                  |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            | 1992)<br>1992)<br>1993) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                | Introduced self and role                                                                        |           |                |     |                                             |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            |                                    | ·          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ü.                             | Verified patient identity                                                                       |           |                |     |                                             | -                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ৰ হায়ে<br>ৰ হায়ে<br>ৰ চাৰ্যা | Obtained informed consent, Ensured privacy                                                      |           |                |     | - @                                         |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ïv.                            | Performed hand hygiene                                                                          | _         |                |     | 0                                           |                              |                               | - 2020<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |              | _           |                                                                                                                     | <u></u>   |                      | 5 - 5 - 5<br>5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 |     |              |      |              |                                |                    |            | ALCONTRACTOR OF                    |            |                         | and the second se |
| >                              | Prepared and checked all necessary<br>equipment (syringe, medication etc.)                      |           |                |     | <b></b>                                     |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 - 1 - 2<br>5 - 2 - 2 - 2 - 2<br>- 2 - 2 - 2 - 2 - 2<br>- 2 - 2 |              |             | 2 M. A.                                                                                                             | <u></u>   |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                | Checked medication (dose, expiration                                                            |           |                |     |                                             |                              | <br>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              | 1997 - 1<br>                   |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| vî.                            | date, and appearance) and Prepared<br>medication using asoptic technique                        |           |                |     |                                             | 0                            |                               | garing në, br                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  | •            | 197 <u></u> |                                                                                                                     | controtos |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| vii.                           | Assembled injection supplies correctly<br>(e.g. evringe alcohol swabs)                          |           |                |     | 0                                           |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      | -34970°      | 4                              |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                | Site Selection and Preparation                                                                  | -         |                |     |                                             |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • <b>2</b>                     | Selected an appropriate muscle site for<br>injection (e.g., deltoid)                            | quest     |                |     |                                             |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              | · .  |              |                                |                    |            |                                    |            |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                | Palpated and assessed the muscle for<br>injection                                               | 77.00     |                |     |                                             |                              |                               | e (filosofie e sentendo)<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     | ang transfer |      |              |                                |                    |            |                                    | · <u>·</u> |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ij.                            | Cleaned the insertion site with antiseptic (e.g., alcohol swab)                                 | 42A.C     |                |     | *****                                       | 0                            |                               | All Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            | <u> </u>                           |            |                         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| iv.                            | Allowed antiseptic to dry before insertion                                                      | ulainni ( |                |     |                                             |                              |                               | Anna<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6                              | Administration of IM Injection                                                                  |           |                |     |                                             |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             |                                                                                                                     |           | 4                    |                                            |     |              |      |              |                                |                    |            |                                    |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| .,                             | Ensured no air bubbles                                                                          |           |                |     | -                                           | -                            |                               | 494<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |              |             |                                                                                                                     |           | sinnin a             |                                            |     |              |      | i iii        |                                |                    |            |                                    |            | <u> </u>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                | Inserted needle at the correct angle (90)                                                       |           |                |     | •<br>•••••                                  |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              | <u> </u>    |                                                                                                                     |           | _                    |                                            |     |              |      |              |                                |                    | _          |                                    | _          | _                       | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ii:                            | Aspirated to check for blood return                                                             |           |                |     |                                             | _                            |                               | tradi-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |              |             |                                                                                                                     |           | _                    |                                            |     |              |      |              |                                |                    |            |                                    |            | -                       | Ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| îv.                            | Injected medication slowly and steadily                                                         |           |                |     | ~                                           |                              |                               | 9.51<br>9.51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |              |             |                                                                                                                     |           |                      |                                            |     |              |      |              |                                | -<br>7. 19<br>- 35 |            |                                    |            |                         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Å                              | Removed needle smoothly and safely                                                              |           |                |     | 0                                           |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |             | -                                                                                                                   | _         |                      |                                            |     |              |      |              |                                |                    |            | +                                  |            |                         | Τ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| vi.                            | Applied pressure to the injection site to<br>minimize bleeding                                  | ş         |                |     |                                             | Ô                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 5            |             |                                                                                                                     |           |                      |                                            |     |              |      | 0 - 2024 - 4 |                                |                    |            |                                    | <u> </u>   |                         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| vii.                           | Disposed of needle and syringe properly                                                         | -         |                |     | *****                                       |                              |                               | 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 |                                                                  | -            |             |                                                                                                                     |           | 20 <b>3-10-14-16</b> | · .                                        |     |              |      |              |                                |                    |            |                                    | ******     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Image: Construction of the interactions of the interaction of the interacti    | 4.                        | Post-Procedure Care                                           | 4                              |                                                    |            |                   |          |   |                                                                                                                  |                                                                                                                  | <br> |                                        |        |         |      |                        | _ |   |                                               |   |       |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------|--------------------------------|----------------------------------------------------|------------|-------------------|----------|---|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|----------------------------------------|--------|---------|------|------------------------|---|---|-----------------------------------------------|---|-------|-----------------------------------------|
| Provided pairent with post-procedure     I     I       Extracted to highertorecture     Extracted to highertorecture       Extracted to highertorecture       Extracted to highertorecture       Extracted to highertorecture       Dournement of the highertorecture       Contrement of the highertorecture       Dournement of the highertorecture       Contrement of the highertorecture       And the patient of early       And the patient of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . ja <b>š</b>             | immediate reactions or                                        |                                |                                                    | -          |                   |          |   |                                                                                                                  |                                                                                                                  | <br> |                                        |        |         |      |                        |   |   |                                               |   |       |                                         |
| Target of the Tayloction at the vas sectors and<br>Documented the Tayloction at the vas sectors and<br>Documented the procedure and reficients       Image: Comparison of the target of target       | :                         |                                                               |                                |                                                    |            |                   | <u> </u> |   |                                                                                                                  |                                                                                                                  | <br> |                                        |        |         | <br> |                        |   |   |                                               |   |       |                                         |
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| Communication       Communication<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ĭ.                        | Documented the procedure and patient's response accurately    |                                |                                                    | 0          |                   |          |   |                                                                                                                  |                                                                                                                  |      |                                        | ·      |         | <br> |                        |   |   |                                               |   |       |                                         |
| Bypairred the procedure and fladings to<br>the particulations and concerns and co | vî                        |                                                               | 3                              |                                                    |            |                   |          |   |                                                                                                                  |                                                                                                                  |      |                                        |        |         |      | -                      |   | - | 77. <b>9</b> .9                               |   |       |                                         |
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| No bert prove to the case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | PERCENTAG                                                     |                                | C                                                  | 1000       | L.                |          | L |                                                                                                                  |                                                                                                                  |      |                                        | donum. |         |      |                        |   |   |                                               | Γ | ŀ     |                                         |
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Date: - 22-08-2023

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TRAINING PROGRAM ON INTRAMUSCULAR INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intramuscular Injection |
|---------------------|---|
| Date & Time | 22-08-23; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 25 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intramuscular injection procedures. To provide participants with the essential knowledge and skills to perform accurate and safe intravenous cannulation procedures confidently. |
| Program Outcome | Participants will be able to perform Intramuscular injection procedure
confidently and competently, as demonstrated by successful
completion of practical assessments and simulated scenarios. Participants will be able to perform intravenous cannulation
proficiently, as validated through practical assessments and simulated
practice sessions, leading to enhanced vascular access success rates
and reduced complications in patient care. |
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| <u>}</u> | iv. | Performed hand hygiene | Perc | . | | 3
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4 | | 0 | | | | _ | - | | | | | | | | | < C | | | | - |
| | * | Prepared and checked all necessary
equipment (svringe, medication etc.) | System
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| 1 | vi. | Checked medication (dose, expiration
date, and appearance) and Prepared
medication using aseptic technique | | 0 | 0 | | | | | | | | | | | | 0 | | | ****** | | | | | | |
| | vii. | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | | | | 0 | | | | | | 0 | | | | | | | | | | | | | | 0 |
| | N | Site Selection and Preparation | 4 | | | | Nave
Mayo | | | | | | | | 調査 | | | | | | | | | | 100 | |
| | • | Selected an appropriate muscle site for
injection (e.g., deltoid) | Quant, | | 0 | ****** | | | | 0 | | | | | | | | 0 | | | | | | | | |
| | iii | Palpated and assessed the muscle for injection | Pour, | | | | 0 | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | 0 | ه | 0 | | | | Τ- |
| 1995 | ii. | Cleaned the insertion site with antiseptic (e.g., alcohol swab) | | | | Ö | | _0 | | | | 0 | | | | | | | | | 0 | | | | | - |
| - PAG | iv. | Allowed antiseptic to dry before insertion | | - | | 0 | | | 1000
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Anger | ಣೆ | Administration of IM Injection | 2 | | | | | | | | | | | | | | | | | 282
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1729 | | | | | |) |
| | | Ensured no air bubbles | | 0 | | * | | 0 | 0 | - | 0 | - | | | | | | - | 0 | 0 | | - | | |
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| | | Inserted needle at the correct angle (90) | | | | | | - | | | - | - | | | | | - | 0 | | . | | - | | | | _ |
| .= | ĬŪ. | Aspirated to check for blood return | | | | - | | | | | | | | | | | | 1 | | - | | - | | | | - |
| ·~ | ïv. | Injected medication slowly and steadily | | | 0 | | 0 | • | - | | - | • | | | | | | | | | | | |

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| | ¥. | Removed needle smoothly and safely | | | | | | 0 | | | - | - 200 (100 (100 (100 (100 (100 (100 (100 | | | | |] - [| 0 | • | | | 0 | | | | - |
| <u>></u> | vi. | Applied pressure to the injection site to
minimize bleeding |)aaad | | _ |
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| | | Disposed of needle and syringe properly | | | | - | 0 | | | | | Ń | | | | | | | | 0 | | | | + | - | ~ |

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| Fost-Procedure Care | Monitored for immediate reactions or
complications | Provided patient with post-procedure instructions | Ensured the Injection site was secure and
free from complications | Documented the procedure and patient's response accurately | Communication and Documentation | Explained the procedure and findings to
the patient clearly | Addressed patient questions and concerns
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| ij | Obtained informed consent, Ensured
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| Å, | Prepared and checked all necessary
equipment (syringe, medication etc.) | | | ******** | | | | | | | | | | | | | | | | | | | | | |
| 7 | Checked medication (dose, expiration
date, and appearance) and Prepared
medication using aseptic technique | | 0 | | | | 1-17-18-2021-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | O | | - | 9 5 ² | 0 | | 0 | | | | | nosanastussanastainin) | | | | | | |
| | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | алар
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ниц | | | | | | | | <u> </u> | | ***** *** | | | | | | | | | | | | | |
| | Site Selection and Preparation | 4 | | | | | | | | 58-25
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6446 | | |
| 1.00 | Selected an appropriate muscle site for injection (e.g., deltoid) | | | | | e | | | | | 0 | | | | | | - | <u> </u> | | | | | | | |
| - 1000 | Palpated and assessed the muscle for
injection | | | | | · | | 1. | | | | | | | | | | <u>.</u> | | | | | | | |
| ļį. | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | | | | | 0 | | | | | 0 | 0 | | | | | | | | | | | | | |
| iv. | Allowed antiseptic to dry before insertion | | 0 | | | | | d | | | - | | | d | | |
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| 3. | Administration of IM Injection | ~ | | | | | | | | | | | | 953
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| .= | Ensured no air bubbles | | | | | - | | [| Ī | 0 | - K | | | | | | | | in real for | _ | | | | | |
| | Inserted needle at the correct angle (90) | | | | | _ | | | | | 5 | | | | | | | | | | | | | | T |
| iù. | Aspirated to check for blood return | _ | | | | | | | | | | 4 | | | ••••• | <u> </u> | | _ | | | | | | | T |
| iv. | Injected medication slowly and steadily | $\frac{1}{2}$ | | | | - | | | | - | | | | | | | | _ | | | | | | | Τ |
| ×. | Removed needle smoothly and safely | - | | | | | | - | | | 1 | | | | | \rightarrow | | ╇ | | | | | | | |
| vi. | Applied pressure to the injection site to minimize bleeding |
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| vii. | Disposed of needle and syringe properly | | | | | | | | | Crews. | | | - | | | and the same | - | thation | بسروسها | | | | ****** | | |

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TRAINING PROGRAM ON INTRADERMAL INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intradermal Injection |
|---------------------|--|
| Date & Time | 25-09-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Nitin Goel |
| No. of participants | 24 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intradermal injection procedures. Interadermal injection are administered into the dermis just below the epidermis. These type of injection are used for sensitivity test. |
| Program Outcome | Participants will be able to perform Intradermal injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intradermal injection-related complications in clinical settings. |
| Photograph | |

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| vi | S. No. | 3. Ask the student to demonstrate ID Injection Mi giving a running commentary and mark (M) 25 for | | anananan
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| vii. | := | Assembled injection supplies correctly 1 (e.g., syringe, alcohol swabs) | 0 | 0 | | | | | | 0 | | | | | . | | | | | | | 0 | | | |
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| II | | Cleaned the insertion site with antiseptic (c.g., alcohol swab) | 0 | | | <u></u> | | | Ø | | · | | | | an di taka | | | 0 | an tersonity | | | 0 | | | |
| iv. | | Allowed antiseptic to dry before insertion 1 | | <u>د</u> اد) | | | | | | 0 | | | | | C | | | - | <u> </u> | | | | - | | ļ |
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| Ņ | | Injected medication slowly to create wheal | | | | | | | | | | | | | | | | | | | - | | | | |
| Þ | | Removed needle smoothly and safely 1 | | ***** | | | | 0 | -
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| Ϋ́. | | Avoided massaging or applying pressure 1 | | 0 | | | | | | * | * | | <u> </u> | N
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| vii. | | Disposed needle and syringe property [1] | | | | | | | | | | | | | | $\left \right $ | | | | | | | | | |

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| iv. | Allowed antiseptic to dry before insertion 1 | | 47 | 5.
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| | Ensured no air bubbles | | | | | | | | 0 | | | | | | | | _ | | | |
| i. | Held the skin taut with non-dominant hand 1 | | | | | - | | | | - | - | | | | | | | | | |
| ăă. | Inserted needle at 10-15° angle, just below $\frac{1}{1}$ the surface of the skin | | | | | | | | | , | | | | | | | | | | |
| iv. | Injected medication slowly to create wheal 1 | | 0 | _ | | | | 0 | | | 9 | | | | | | | | | |
| × | Removed needle smoothly and safely 1 | | • | | | - | d | | | | | - | | | | | _ | | | |
| vi. | Avoided massaging or applying pressure 1 to the injection site | | e | $\stackrel{\circ}{\dashv}$ | 0 | 0 | | 6 | | | 2 | •••••• | | | | | | | | |
| vii. | Disposed needle and syringe properly 1 | | | | | | | | | | | 9 | | | | | | | | |

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Date: - 15-09-2023

TRAINING PROGRAM ON INTRADERMAL INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intradermal Injection |
|---------------------|---|
| Date & Time | 15-09-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. Nitin Goel |
| No. of participants | 87 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intradermal injection procedures Intradermal injection are administered into the dermis just below the epidermis These type of injection are used for sensitivity test |
| Program Outcome | Participants will be able to perform Intradermal injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intradermal injection-related complications in clinical settings. |
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| iv. | | Performed hand hygiene | | | | Photosome | | | | | ~~~ | | ****** | | | | | Ő | | | | | | | |
| > | | Prepared and checked all necessary
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| | | Ensured no air bubbles | | | | | | | | | | | - | | | | | - | | | | <u>.</u> | | | |
| :# | | Held the skin taut with non-dominant hand | -dominant hand |
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| | | Inserted needle at 10-15° angle, just below
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| îV. | | Injected medication slowly to create wheal | to create wheal | | | | | | | | Ø | 0 | | <u>,</u> | | | | | <u> </u> | | | <u></u> | | | |
| 7 | | Removed needle smoothly and safely | and safely | | | | - | | _ | | | | _ | <u>.</u> | <u></u> | | | - | ····· | | | | | | |
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| vii. | | Disposed needle and syringe properly | e properly | | · · | | | | | | - | - | _ | | | | | | | | | | | ····· | |

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| ost-pro | Provided patient with post-procedure instructions | ynanf | | | | | | | 0 | \$==~~. | |
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| e and | Explained the procedure and findings to
the patient clearly | io 1 | | | - | | | | 0 | | | | | | | | | |
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| tions (| Addressed patient questions and concerns effectively | sms 1 | | * | | | \sim | 0 | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
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| Provided accurate and clear
documentation of the procedure | ure | Ţ | | | | | (1994-1996) | | | | |
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| S. No. | . Ask the student to demonstrate ID Injection
evine a running commentary and mark (M) | - | | | | | | | 0 | BBC | IN | CF. | OBJECTIVE: TO TEST SKILLS | SKIL | 2 Victory Victoria | | A DE | | L INJ | -INTRADERMAL INJECTION | 8 | 142,123
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| | Introduced self and role | | 7i | | | | | | - 1 | | | | | | | | | | | | | | | | | |
| Ĩ | Verified patient identity | | i | | | | | | | | | | د
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२ अवस
क इविद्याः
क इविद्याः | Obtained informed consent, Ensured privacy | Ensured | ***** | | | | | | | | | | | | | | | | | | | | | | | |
| ÌV. | Performed hand hygiene | | 1 | | | • | | | | | | | Q | | | | | | | | | | | AND COLOR OF CASE OF C | | A STRATEGICTURE AND A STRATEGICTURE |
| Å | Prepared and checked all necessary
equipment (syringe, medication etc.) | essary
on etc.) | I | | | | | | A. A. A. | | 0 | | | | | | | | | | | | | | | |
| v; | Checked medication (dose, expiration
date, and appearance) and Prepared | xpiration
spared | 1 -1 | | | 0 | | | | | | | | | | | | 92**-\$\$*-*-\$** | | administrative to define | | | | | | |
| | medication using aseptic technique | mique | | | | | | | 7575 | | | | - | | | | \neg | | | | | | | | | |
| *** | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | correctly | | | | | | ANN WELGON JAKAN MARKA | andra Barran
Antonio Maria | | | | | | | | | | | 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - | | | | | | - |
| 8 | Site Selection and Preparation | 0.00 | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| ., | Selected an appropriate site for injection | or injection | | | | | | | | | | | | | | | | | | | | | | | | |
| | Palpated & assessed the skin for injection | for injection |
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* | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | h antiseptic | | | | 0 | ÷ | | 1.4.646 | | - 0 | | | | | | <u></u> | | | ene de la specifies | e di seri di
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| ïv. | Allowed antiseptic to dry before insertion | ore insertion | | | | - | | <u> </u> | | | | | | | | | | | | r en di
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| ന് | Administration of ID Injection | | ~ | 1 | | 5 | | 0000
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| -, | Ensured no air bubbles | | _ | | | | | | | | | | | | | | | | | | | <u></u> | _ | | | |
| ŭ. | Held the skin taut with non-dominant hand | ominant hand | | | ***** | - | | | | | | | | | | | | | | | | | | | | |
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- म्रह्म | Inserted needle at 10-15° angle, just below
the surface of the skin | le, just below | | | | | | · . | ar kata A
hari (Casi) | | | <u>0</u> | | · · · · · | | | | <u> </u> | | | | | : | | | · |
| iv. | Injected medication slowly to create wheal | create wheal | | | _ | | | | ada | یں۔
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کر | 0 | | | | | | <u></u> | | | | | | | | | |
| Å. | Removed needle smoothly and safely | d safely | | | | | | | 48 | | | | | | | | | | | , | | | | | | |
| vi. | Avoided massaging or applying pressure
to the injection site | ng pressure | una di | | | | · b | | Sec. | | | | | | | | . 2019 - 1942
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Marina Marina | 1979 III 100 ACCOR | | | | | i se e |
| vii. | Disposed needle and syringe properly | properly | | | [-] | 0 | $\left - \right $ | $\left - \right $ | | | | | | | | | | | | · · · · | ***** | | | | | |

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| Post-Procedure Care | Monitored for immediate reactions or
complications | Provided patient with post-procedure
instructions | Ensured the Injection site was secure and
free from complications | Documented the procedure accurately | | Explained the procedure and findings to
the patient clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
documentation of the proced | | | | | |
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Date: - 04-10-2023

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TRAINING PROGRAM ON KSHARASUTRA PREPARATION - ACTIVITY REPORT

| Activity Name | Training program on Ksharasutra Preparation |
|---------------------------|--|
| Date & Time | 04-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Department of Shalya Tantra, K.S.V.A.M.C& R.C. ,Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ayasha Goyal |
| Resource Person | Dr. Ranjit Singh Manhas |
| No. of participants | 37 |
| Program Objective | • To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious, and safe Ksharasutra for the effective management of anorectal disorders. |
| Program Outcome | • Participants will demonstrate the ability to prepare standardized,
efficacious, and safe Ksharasutra, adhering to quality standards and
best practices, leading to improved patient outcomes in the
management of anorectal disorders. |
| Photograph
Coordinator | The second and the se |

TRAINING ON KHSAR SUTRA PREPARATION ATTENDENCE LIST

DATE- 04-10-23

| S.NO. | ROLL NO. | NAME OF STUDENT | ATTENDENCE |
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| 3. | 19014300004 | SHIVAM PANWAR | Shivam |
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| 6. | 19014300007 | SHIVAM BHARADWAJ | Sharabi |
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| 28. | 19014300036 | ARPIT KUMAR | 1 Al |
| 29. | 19014300042 | RAJA BISWAS | TYP |
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| 31. | 19014300044 | CHIRAG GOYAL | Kunas |
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Date: - 10-10-2023

TRAINING PROGRAM ON SUBCUTANEOUS INJECTION - ACTIVITY REPORT

| Activity Name | Training on subcutaneous injection |
|---------------------|--|
| Date & Time | 10-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 31 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective subcutaneous injection procedure. Subcutaneous injections are used to administer medications between skin and muscle. |
| Program Outcome | Participants will be able to perform subcutaneous injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced subcutaneous injection-related complications in clinical settings. |
| Photograph | |





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| ìi. | Verified patient identity | entity | | | | | | - | | | ୍ର | | _ | | | | | | | | | _ | | | - |
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4 (10) | Obtained informed | Obtained informed consent, Ensured
privacy | | | | | | | | | | | | | | | | | <u>,</u> | | | | | | . |
| iv. | Performed hand hygiene | ygiene | 1 | | | | | - | 0 | | - | | | | | | | - | 4 |
 | | _ | | | - |
| <u>۲</u> | Prepared and checked all necessary
equipment (syringe, medication etc | Prepared and checked all necessary
equipment (syringe, medication etc.) | <u>- 255</u>
 | | 6 | | | • | | | 0 | | | | | | | 0 | | | 0 | | | | |
| vi. | Checked medication (dose etc) and
Prepared medication by aseptic tecl | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | - 01 | | | | | | | | | | | | | _ | |
 | | | | 2 | |
| VII. | Assembled injection supplies
(e.g., syringe, alcohol swabs) | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | | 0 | | | , <u></u> | - | 1.
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| | Site Selection and Preparation | Preparation | 4 | | | | | | | | | | | | | | | | | | | <u></u> | | | |
| .= | Selected an appror | Selected an appropriate site for injection | | | | | | - | | | | | | | | | | | 0 | Birden a | | 0 | | | - |
| ii. | Palpated & assess | Palpated & assessed the skin for injection | <u> </u> | | | | | | | | | | | | | | | _ | | - | | | | | - |
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(e.g., alcohol swab) | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | event | | | | | | | 0 | الا رو نيي ر
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| iv. | Allowed antiseptic | Allowed antiseptic to dry before insertion | anne - | • | | | | | | | 0 | | | | | | | 0 | | | -
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| ŕ | Administration of SC Injection | I SC Injection | F | | | | | | | | esa
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| | Ensured no air bubbles | obles | eneral | | | | | ¢. | | | | | | | | | | | - + | | | | - (| | 0 |
| ji, | Pinched skin to create fold | eate fold | cunt | A | | _ | | – | | | | | <u> </u> _ | | | | | | | | - < | | 2 | l | _ |
| | Inserted needle at 45° angle | 45° angle | | 9 | | | | | | | | _ | - | | | | | | | - |)
 - | <u>0</u> | | | |
| ïv. | Injected medication slowly | n slowly | | | - | | | - | - | 5 | | | | | | | | đ | | | | ••••• | - | | |
| Ā | Removed needle si | Removed needle smoothly and safely | | | 0 | | | 0 | - | | | | _ | | | | | - | _ | | | | | | |
| vi. | Applied gentle pre | Applied gentle pressure to injection site | | | | _ | | | 0 | | | | <u> </u> | _ | | | | | | - | | ' | | | |
| vii. | Disposed needle an | Disposed needle and syringe properly | | | | | | - | | | 0 | | | - | | | i | ~ | | 9 | | | 0 | | |
| \$ | Post-Procedure Care | | 4 | | ala
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| * 75% | Monitored for imm
complications | Monitored for immediate reactions or
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| Provided patient with post-procedure
instructions | Ensured the Injection site was secure and free from complications | Documented the procedure accurately | Communication and Documentation | Explained the procedure and findings to
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| S. Zo | Ask the student to demonstrate SC | | | | | | OBJECTIVE: TO TEST SKILLS - SUBCUTANEOUS INJECTION | | 2 | TEST | SK | LS. | SUB | | ANEC | 1 SOK | MJEX | OIL | | | | | Ella) el
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| | Introduced self and role | | | | | | | * | | | | * | | | _ | | | | | | | | | |
| = | Verified patient identity | | - | - | | - | | | |] | | | | _ | | | | | | | | | | |
| | Obtained informed consent, Ensured I | | | | | | | | 6 | 12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ****** | | | | | | | | | | | | |
| Ň. | Performed hand hygiene | | • | - | | | • | | | | | | 0 | | | | | | | | T | | | Τ |
| 2 | Prepared and checked all necessary | | 0 | | | | | | | | | ************************************** | | 0 | | | | | - :
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| 5 | Checked medication (dose etc) and | | | - | | 0 | | | | 0 | | | | | | | 434-5-4149-85 | out the output of the | | | | | | an ya kana Maka |
| 3 | nc | | - [- | _ | | , † | - | | _ _ | | <u> </u> | | | | | | | | | | T | - | Τ | 1 |
| міі. | Assembled injection supplies correctly (e.g., syringe, alcohol swabs) | | and the second second second second second second second second second second second second second second second | 0 | | - | | e | | | | | \square | | | | | | | | | | | |
| | Site Selection and Preparation | | | | n49-4945 | | | | | | | | | | | | intin is a | | | -
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| - | Selected an appropriate site for injection | | | | | | | | | - | | | 9 | | | | | | | | | | | Ī |
| = | Palpated & assessed the skin for injection | | - | - | 0 | • | | | | | | 4 | | 1 | | | | | | | | \neg | | Τ |
| | Cleaned the insertion site with antiseptic | | Q | | | | | | 0 | · · · · · · · · · · · · · · · · · · · | 0 | | | 0 | | | | | | | | | | |
| <u>.</u> | Allowed antiseptic to dry before insertion 1 | 0 | 0 | \bigcirc | | 0 | 0 | | H | H | | | | | | | | | | | | | | |
| eri | Administration of SC Injection | | | | | | | | | | | | | | | | | | | | | | | |
| | Ensured no air bubbles | | | | | | | 4 | | | | | | | <u>.</u> | _ | | | | | | | | |
| | Pinched skin to create fold | • | _ | _ | - | - | | | | | | | 1 | | | _ | | | | | | - | | |
| ii. | Inserted needle at 45° angle | 0 | - | - | | - | | | | | | | | | | | | : | | | | | | Τ |
| ïv. | Injected medication slowly 1 | | C | ~ | _ | 9 | | | | | | | | @ - | _ | | | | | | | | _ | Ī |
| ۷. | Removed needle smoothly and safely 1 | 4 | • | - | | | | | | | | | 1. | | | - | | | | | | | 1- | |
| A. | Applied gentle pressure to injection site 1 |
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| vii. | Disposed needle and syringe properly 1 | | - | - | d | | | | _ | | |] | | | -
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| | Post-Procedure Care and a second seco | | | | | | | | | | | | | | | | | | | | | | | |
| ła, | Monitored for immediate reactions or 1
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| Provided patient with post-procedure
instructions | Ensured the Injection site was secure and free from complications | Documented the procedure accurately | Communication and Documentation | Explained the procedure and findings to
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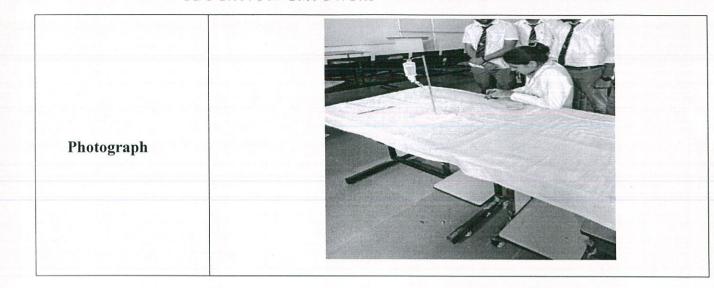


Date: - 13-10-2023

TRAINING PROGRAM ON SUBCUTANEOUS INJECTION - ACTIVITY REPORT

| Activity Name | Training on Subcutaneous Injection |
|---------------------|--|
| Date & Time | 13-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 12 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective subcutaneous injection procedure. Subcutaneous injections are used to administer medications between skin and muscle. To provide participants with the expertise and assurance to perform precise and safe intramuscular injection techniques |
| Program Outcome | Participants will be able to perform subcutaneous injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced subcutaneous injection-related complications in clinical settings. Participants will be able to confidently and accurately perform arterial blood gas (ABG) sampling, demonstrated through practical assessments and simulations, leading to enhanced diagnostic precision and better management of critically ill patients in clinical settings |









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| S. No. | Ask the student to demonstrate SC
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for | | an an an an an an an an an an an an an a | | OBJECTIVE: TO TEST SKILLS - SUBCUTANEOUS INJECTION
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| | Preparation and Setup | AP | | | AA | م
ا | A | 4 | 4 | AA | | | A | P | AB |) A | A | | R |
| i | Introduced self and role | | - | - | | | | | | | | | | . <u></u> | | | | | |
| ä | Verified patient identity | | | c a | | | | | | | | - | | | | | | | |
| 4 pm
4 pm | Obtained informed consent, Ensured 1 | | | | - | | | h ala daga daga | | | | | | 1 | | | | | ****** |
| iv. | Performed hand hygiene | | | | | | | | | | a | | | | | | | - | |
| ×. | Prepared and checked all necessary
equipment (syringe, medication etc.) | | 0 | | | | 0 | | | - | | 0 | | | | | | | |
| VI. | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | | | | | | | | | Q | | | | | | 0 | |
| vii. | | 0 | 0 | | | | 0 | | | | 0 | | | | | | | | |
| Ń | Site Selection and Preparation | | | | | | | | | | | | | | | | | | |
| ب ت. | Selected an appropriate site for injection | | | Ð | | | | | | | - | - | | | | | | | |
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- | Cleaned the insertion site with antiseptic [(e.g., alcohol swab) | | Ø | | | | | | | | 0. | | | | | | | 0 | |
| iv. | Allowed antiseptic to dry before insertion 1 A | | | - | | 0 | | | | | | 0 | فنس | | | | | | |
| ė | Administration of SC Injection | | | | | | | | | | -2569)
 | | | | | | | | |
| ÷. | Ensured no air bubbles | | e | | | | | | | | | | أ | | ******* | | | | |
| | Pinched skin to create fold | | | • | | | | | | | 0 | _ | | | | | | - | T |
| ш. | Inserted needle at 45° angle | | | o
d | | | | | <u> </u> | | 0 | - | | | | | | - | |
| Å | Injected medication slowly | 0 | 0 | _ | | | | | | | | 0 | | | | | | _ | |
| * | Removed needle smoothly and safely 1 0 | | 0 | | | | 0 | | | | <u>-</u> | | | · | | | | | Ī |
| vi. | Applied gentle pressure to injection site 1 0 | | | | | İ | | | | | 0 | 0 | | | - | | | - | Τ |
| vii. | Disposed needle and syringe properly 1 | | | 0 | | | 0 | | | | | | | _ | | | | 0 | |
| | Post-Procedure Care | | | | | | | | | | | | | | <u> </u> | | | | |
| | Monitored for immediate reactions or 1 complications | | 0 | | | | | | | | | | | | | | | | |
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| ÷* | Verified patient identity | nt identity | | | | • | | | | | | | | | | | | | | | | | | | + |
| | Obtained infor | Obtained informed consent, Ensured
privacy | •==4 | | | | | | | | | | | | **** | AQ1 | | | | | | | | | |
| Å | Performed hand hygiene | nd hygiene | 1 | | | | | | | | 0 | | | | - | | | | | | | | | -+ | |
| × | Prepared and (
equipment (sv) | Prepared and checked all necessary
equipment (syringe, medication etc.) | | | | 44 | Ð | | | | | | | | | | | | | | | | | | |
| . | Checked medi
Prepared medi | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | | | | | | | | | | | | | | | | | | - | | | |
| Ż. | Assembled inj
(e.g., svringe, i | Assembled injection supplies correctly
(e.g., svringe, alcohol swabs) | | | | | | | | | 0 | | | | | | | | | | | | | | |
| Ŕ | Site Selection | Site Selection and Preparation | 4 | | | | | | | | | | | | | | | | | | | | | | |
| ئەر، | Selected an ap | Selected an appropriate site for injection | 1 | | | 0 | | | | | | - | | | _ | | | | | in management | | -+ | | | -+ |
| | Palpated & ass | Palpated & assessed the skin for injection | 1 1 | | | 0 | _ | | - 63 | | - | | | | | | | | | Î | | | - | | |
| | Cleaned the insertio
(e.g., alcohol swab) | Cleaned the insertion site with antiseptic (e.g., alcohol swab) | | | | | | | | | | · | | | | | | | | | | - | | | |
| iv. | Allowed antise | Allowed antiseptic to dry before insertion | | | | | | | | | 0 | 0 | | | | | | | | | | | | | |
| ;; | | Administration of SC Injection | ~ | | | | (11)
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 | Ensured no air bubbles | r bubbles | | | T | | | _ | | | | | | <u> </u> | | | _ | | | | | + | | | _ |
| .,,,, | Pinched skin to create fold | to create fold | | | | - | \downarrow | | | | | 4 | + | | - | | | | | | | - | | | _ |
| | Inserted needle at 45° angle | le at 45° angle | P=== | | - | | | | | | 4 | • | | - | | | | | | in the second second | | | - | | |
| , A. | Injected medication slowly | cation slowly | | | | | | | | | - | | | _ | | | | | | | | | + | - | _ |
| <u>v.</u> | Removed need | Removed needle smoothly and safely | | | | | | | | | - | 8 | | | - | _ | | | | | | | ╉ | | ╇ |
| VÌ. | Applied gentle | Applied gentle pressure to injection site | | | | 0 | | | | | _ | | - | | | | | | | | | | | | _ |
| vii. | Disposed need | Disposed needle and syringe properly | | | | | 0 | | | | - | _ | | | | _ | | | | | - | | | | _ |
| | Post-Procedure Care | | 4 | | | | | | | I | | | | | | | | | | | | | | | (1)
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| . " nž | Monitored for
complications | Monitored for immediate reactions or
complications | <u> </u> | | | | | | | | | | | | | | | | | | | | | | |

| Ensured the Injection site was secure and
free from complications
Documented the procedure accurately
Explained the procedure and findings to
the patient clearly
Addressed patient questions and concerns
of the procedure
provided accurate and clear
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MARKS OBTAINED
MARKS OBTAINED | • secure and 1 <t< th=""><th>SURENENT STRENCTHS</th><th></th></t<> | SURENENT STRENCTHS | |
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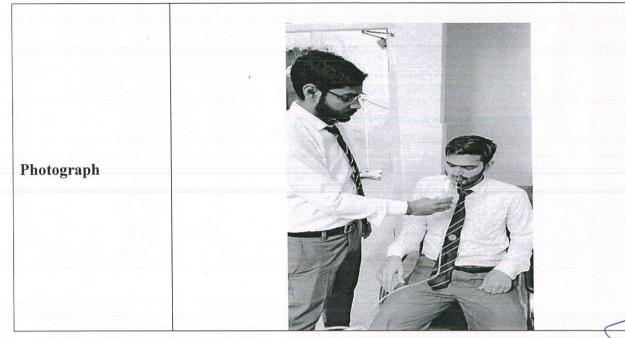


Date: - 22-11-2023

TRAINING PROGRAM ON NEBULIZATION - ACTIVITY REPORT

| Activity Name | Training on nebulization |
|---------------------|--|
| Date & Time | 22-11-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 12 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. To provide participants with comprehensive knowledge and skills to administer oxygen therapy safely and effectively |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings Participants will be able to administer intravenous medications safely and accurately, as demonstrated by successful completion of hands-on demonstrations and case studies, leading to enhanced patient outcomes and minimized medication errors in clinical practice |





Coordinator



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Rq | 200 PRV | L'IC | ALB | CTICAL BATCH | | ARCID | S | JEJE | SUBJECT: KAYACHIKITSA | CAVA | CHI | ars, | | EVAL | EVALUATOR'S NAME & SIGNATURE: | OR'S | NAM | 2
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| S. No. | 1 | Ask the student to demonstrate nebulization
giving a running commentary and mark (M)
for | 202 | | | | | | | 8 | | OBJECTIVE: TO TEST SKILLS
OBJECTIVE: TO TEST SKILLS | 70 ¹ | EST
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| | | Verified patient identity | Ĩ |
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| ii. | ···· | Obtained informed consent, Ensured
privacy | | | | | | | | | | | |
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| iv. | | Performed hand hygicne | | | | | | | | | | | | | | - | | | | | | <u> </u> | - | | ļ | |
| . . | | Positioned the patient correctly | | | P42+034112 | ļ | ļ | | | | | - | Ē | | | | - | - | | ļ | | | | | | |
| vi. | | Gathered all necessary equipment | | | anticipatives: | <u> </u> | | | | | | | | | <u> </u> | | 1 | | | | | - | | | | |
| Vİ. | | Explained the procedure to the patient | | | ortanaeropogias | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | 0 | | | | | | P | 0 | | | | <u> </u> | | <u>.</u> | |
| viii. | | Prepared nebulizer device & kit correctly | | | nanonanas | | | | | 1972- | | | | | | 2 | | | | | - | | | | | |
| ix. | | Checked medication and dosage | | <u> </u> | | | | | | | | | | | - | | <u> </u> | | <u> </u> | | | <u> </u> | | | | |
| × | | Assess the patient's respiratory status,
(respiratory rate, effort, and auscultation). | p=-# | | ninkrom komon men pro | | | | 0 | | 2017 Alim, 444 - 444 A | | | | | | | Ø | | | 0 | | - |
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| ÿ | Ensured appr
environment | Ensured appropriate lighting and environment | Ş.TELÎ | | | | | | | | | 0 | · | | | | | | 0 | | | | | | ļ | |
| ä | Maintained :
necessary | Maintained sterile technique where necessary | | | | | | | O | | | | | | | | | -0 | | | | | | · · · · · | | |
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يتر. | Positioned th | Positioned the nebulizer device properly | , | | | | | | | | | | | | | | | | <u> </u> | | 0 | | | | | |
| | Instructed pa | Instructed patient on how to use nebulizer | | | | | | | | | ********** | a | | | | | | | | . , | | | | | | |
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2044 | Ensured corr
parts | Ensured correct assembly of nebulizer
parts | **** | | | | Hereogeneous | | | | LITA ALB THA () + 4m | | | | | An Anna Anna Anna Anna Anna Anna Anna A | | - A | | | 0 | | | | | |
| N. | Checked for
device ensur | Checked for proper function of nebulizer device ensuring a steady mist is produced. | | | | | 1 | | | | | 0 | | | | | | 0 | | | | |
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| <u>ڊ</u> | Administere | Administered medication as prescribed | | | | | | |
67 | | | 0 | | | | | · · | | | | | | | | | |
| vi. | Monitored p | Monitored patient during nebulization | | | | | | | 0 | | | | | | | | | 0 | | | | | | | | |
| vîi. | Assisted the
(e.g., mask c | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | tane(| | | | | | | | | e | | | | | | | | | | | | | | |
| viii. | Adjusted set | Adjusted settings if necessary | Į | | | 4.5449549-15.55 | | | | | H | | | | | | | | | | | | | | | Π |

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| viii. | Prepared nebuli | Prepared nebulizer device & kit correctly | | | | | | | 2-795 | | | | | le | ļ | | | | | | | | - | ļ | | | |
| ix. | Checked medic | Checked medication and dosage | 1 | | | adipto etazi | |
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| щ. | Instructed paties | Instructed patient on how to use nebulizer | | ***** | | | • | - | | | | | - 252
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| iv. | Checked for prodevice ensuring | Checked for proper function of nebulizer device ensuring a steady mist is produced. | 1 -1-1-1 | 0 | | | 0 | 0 | | | ******* | | | | | | | | | ļ | | ļ | ļ | | | | |
| ٧. | Administered m | Administered medication as prescribed | _ | | | ****** |
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| vi. | Monitored patie | Monitored patient during nebulization | - | | | | | 0 | | | at | | | | | | | | | ļ | | | | | | | |
| vii. | Assisted the patient in usin
(e.g., mask or mouthpiece) | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | | 0 | | | | | | | \$2 | | S
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| vîii. | Adjusted settings if necessary | s if necessary | | | | | | Н | | 0 | | 9 | ┝┤ | $\left - \right $ | | | | | | | | | | | | | |

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Date: - 16-11-2023

TRAINING PROGRAM ON NEBULIZATION - ACTIVITY REPORT

| Activity Name | Training on Nebulization |
|---------------------|---|
| Date & Time | 16-11-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. A.P. Singh |
| No. of participants | 02 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. To provide participants with comprehensive knowledge and skill to administer oxygen therapy safely and effectively |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings. |
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| Ensured patient inhaled medication
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understanding | Verified and documented medication and dosage used | Checked and documented patient's response to medication | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns
effectively | Provided accurate and clear
documentation of the procedure | | | | |
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| | Introduced self and role | | No. of Concession, name | | | | | | - | <u></u> | | | | 1 | | | _ | | | | | | | T |
| ij. | Verified patient identity | | ļ | | | - | - | - | s | | ļ | | | ┥ | - | +- | _ | _ | | | - | - | ╉ | Τ |
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• | Obtained informed consent, Ensured privacy | | | | | <u> </u> | |
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| iv. | Performed hand hygiene | | <u> </u> | | | | - | | | _ | | | | - | | _ | _ | | : | T | | | _ | |
| ~ | Positioned the patient correctly | | | | | | | - | - | | | | - | - | | _ | | _ | | | | | | |
| Vi. | Gathered all necessary equipment | | | | - | | | | | | | | | - | | | | - | Sector sectors in the | In the second | sopherson and | | - | New York |
| vii. | Explained the procedure to the patient | | | | | | | | | | | Ť | | + | | _ | | | | Ī | - | | | T |
| viii. | Prepared nebulizer device & kit correctly | | | | | | | - | | | | | | | _ | _ | | | | | | | | ſ |
| X. | Checked medication and dosage |] | | | | | | ļ | | | | | + | ╢ | + | | _ | | | + | +- | _ | _ | Т |
| × | Assess the patient's respiratory status,
(respiratory rate, effort, and auscultation). | | | | | | | | <u></u> | | | | | | | _ | | | | | - | | | |
| × | Ensured appropriate lighting and
environment | | | | | | | | | | | | | - | - | | - | | | | - | | | |
| Xii. | Maintained sterile technique where
necessary | | | 1.00 1.0 0 1.000 | | | | | 0 | | | | | | | - | | | | - | | | | - <u></u> |
| d | ion procedure | 9 | | | | | | | | | | | | | - | | | | | | | | - | |
| | Positioned the nebulizer device properly | | | | | | | | - | | | | | | | | | | | | | | | |
| :: | Instructed patient on how to use nebulizer | Í | | | | | | ļ | _ | | | | | - | | | | | | ┼ | + | | | -1- |
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1 2 | Ensured correct assembly of nebulizer
parts | * -1 | | | | | | | \bigcirc | | | | | <u> </u> | | | | 1 | | | <u> </u> | - | _ | |
| ĬV. | Checked for proper function of nebulizer
device ensuring a steady mist is produced. | | | | | | | | | 1 | | | | - | - | | | 1 | - | | - | | | |
| A | Administered medication as prescribed | | | | | | <u> </u> | | 0 | 1 | | <u> </u> | | $\frac{1}{1}$ | | | | 1 | | + | ╇ | _ | | - <u>-</u> |
| ų. | Monitored patient during nebulization | | | | | | | | _ | | | | | | | | | | <u> </u> | ╉ | ╞ | | _ | |
| vîi. | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | | | | | | | | - | | <u> </u> | | <u> </u> | | | | | | | | | | | |
| vîi. | Adjusted settirgs if necessary | | | \square | | | 4 | | Б | ╋ | H | + | | | | | | | | | | | | |

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Date: - 05-12-2023

TRAINING PROGRAM ON CATHETERIZATION - ACTIVITY REPORT

| Activity Name | Training on Catheterization |
|---------------------|---|
| Date & Time | 05-12-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 10 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for catheterization. Treat acute urinary retention. Relieve bladder outlet obstruction. |
| Program Outcome | Participants will be able to do catheterization confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced catheterization complications in clinical settings. |
| Photograph | |





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| | • === | Introduced self and role | |
| | ii, | ii. Verified patient identity | |
| | āii. | iii. Obtained informed consent, Ensured I I I I I I I I I I I I I I I I I I I | |
| | ĬV. | iv. Performed hand hygiene | |
|] | ٧. | v. Positioned the patient correctly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
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| > | /ii. | vii. Explained the procedure to the patient 1 1 1 20 V 1 V | Dillotter manager |
| ·2 | iii. | viii. Assembled catheterization kit correctly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| - Julat | X | ix. Prepared sterile field and Ensured c () () () () () () () () () (| |
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| | | 2. Catheterization procedure: Female Male 15 | |
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| janj - | :: | In Properly inserted catheter into the urethra Image: Properly positioned the penis & 1 Image: properly positioned the penis & 1 Image: Properly positioned the penis & 1 | |
| | | iii. Advanced catheter to the appropriate 1 0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | iv. Ensured correct positioning of the balloon (if using a Foley catheter) | |
| <u>}</u> | | v. Secured catheter appropriately [1] [0] [0] [0] [0] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | |
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 | vi. Checked for urine flow and balloon 1 (| |
| vii. | | vii. Managed and disposed of equipment 1 1 1 0 1 0 0 0 1 0 1 1 1 1 1 0 | |
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| viii. | Provided patient with post-procedure care 1 1 | | ****** | |
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| ix. | | | | | | - - | - 0 | - 0 | | |
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| XÎ. | Demonstrated proper technique in securing and labelling the catheter | 1 1 0 | | | | - | 0 | | | |
| Xİİ. | · | • | | | | | | | | |
| er; | . Communication and Documentation 3 | | | | | | | | | |
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9 784 | Explained the procedure to the patient I I I I I I I I I I I I I I I I I I I | | | | | | | | | |
| , 1 12 | Addressed patient questions and concerns 1 cffectively | 4:34 | | | | | | | | |
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| ü, | Verified patient identity | ~ | | | | | | | | | *634gar | | | | | | | | | | | | | |
| | Obtained informed consent, Ensured privacy | | Ţ | | | | | | | | | | | | | | | | | | | | | |
| iv. | Performed hand hygicne | ne |]] | | | • | 5 | | | | | | | | | | | | Analimaatuu | | | | | |
| v | Positioned the patient correctly | correctly | | | | ***** | anter
Victoria | | | | <u>`0</u> | | | | | | | | 0 | | | ÷ | | |
| Ϋ́, | Gathered all necessary equipment | equipment | | | | 1 | ^ | | | | ~ | | | · | | | | | | | | | | |
| vii. | Explained the procedure to the patient | re to the patient | 1 | | | | * | | | | { | | | | | | | | | | | | | |
| Vill | Assembled catheterization kit correctly | ation kit correctly | | _ | | | 0 | | | | | | | | | | | - | | | | | | |
| ìx. | Prepared sterile field and Ensured
appropriate lighting and environment | | | | | میں | | in an an an an an an an an an an an an an | | | <u> </u> | | | - | | | | | | | | | | |
| X | Maintained sterile technique where necessary | Attorio and a | | | | 0 | ٥ | | | | | | | | | | | | | | 5. | | | |
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| Provided patient with post-procedure care instructions | Maintained sterile technique throughout & Ensured patient comfort and cleanliness | Verified that the catheter was functioning properly | Demonstrated proper technique in
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Date: - 08-12-2023

Sinaranpur (U.P

TRAINING PROGRAM ON CATHETERIZATION - ACTIVITY REPORT

| Activity Name | Training on Catheterization |
|---------------------|---|
| Date & Time | 08-12-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 09 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for catheterization. Treat acute urinary retention. Relieve bladder outlet obstruction |
| Program Outcome | Participants will be able to do catheterization confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced catheterization complications in clinical settings. |
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| Provided patient with post-procedure care
instructions | Maintained sterile technique throughout & Ensured patient comfort and cleanliness | Verified that the catheter was functioning properly | Demonstrated proper technique in
securing and labelling the catheter | l an(| mic | Explained the procedure to the patient clearly | ed p | 1 acc
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clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
documentation of the procedure | | | |
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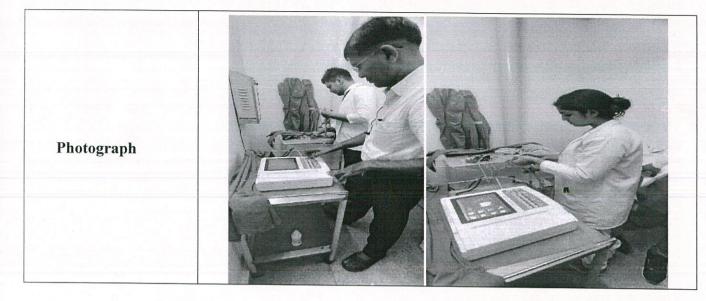


Date: - 30-01-2024

TRAINING PROGRAM ON ECG - ACTIVITY REPORT

| Activity Name | Training on ECG |
|---------------------|--|
| Date & Time | 30-01-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 14 0 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for ECG. To provide participants with in-depth understanding and hands-on expertise necessary for mastering ECG techniques. |
| Program Outcome | Participants will be able to do ECG confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. Participants will be able to perform basic life support (BLS) procedures effectively and efficiently, as evidenced by successful completion of practical drills and case simulations. |





Coordinator Surghi

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| vi. | Gathered all necessary equipment | 9 | | | | | | | | | | | | | | | - D | | | | | | - |
| vii. | Explained the procedure to the patient 1 | _ | | | | - | | | | | | - | | | | | 0 | | 0 | | | | 0 |
| Vili | Prepared ECG machine correctly | | | | | - | | | | | | | | | | | ð | | 9 | | _ | | - |
| ix. | Selected appropriate electrode sites | | | | | | | | <u> </u> | | | 0 | | | | | | | | | _ | | |
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| | Positioned the electrodes correctly 1 | | | <u> </u> |
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| | Ensured good electrode contact | | | | | | | <u> </u> | 8-11-4
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1 jani | Checked for correct lead placement 1 and absence of artifact. | | 04444544-403444444 | | | | | | <u></u> | 0 | in the second second second second second second second second second second second second second second second | 0 | | | | | | | | | , | | |
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| • tara | Verified ECG machine recording 1 | ~~ | | | | | | | | | | | | | | | | | $ \ge $ | | | | 0 |
| | Monitored the patient throughout ECG
and instructed to remain still and
relaxed | | Manalan a Robert Vinte - and Analan Kara | | | | | | A Battinen.
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| | Ensured no interference during the 1 recording | 8000 | | | | 0 | | | ^ر :توسطي | | | | | | | | | | | 0 | * | | |
| ĮV. | Checked for correct lead orientation 1 and waveform quality | | ********** | | | | | | | | | -253-2000-2004
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| fne | are | Removed electrodes and cleaned skin | Provided patient with post-procedure
instructions (e.g., skin care) | Ensured all equipment was cleaned and stored properly | Communicated any preliminary
findings or concerns to the patient (if
applicable) | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
cocumentation of the procedure | | 2122 | |
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| S. No. | Ask the student to demonstrate ECG | in de
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| • 744 | Introduced self and role | | | | | - | | i ganta a | | | | | | | | | | | | | | | |
| | Verified patient identity | | | | | • | | s i sego | | | | | | | | | | |
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| 4 pag
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4 pag | Obtained informed consent, Ensured 1 privacy | | | 1 | | | | 1 | | | | | | | |
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| iv. | Performed hand hygiene | | - | _ | - | 2974 (S) (S) (S) | | | | |
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| Å | Positioned the patient correctly | | | 0 | | | | | | * | | | | | | | | | ļ | | | | |
| Ţ. | Gathered all necessary equipment | | | | | | | | | 0 | | | - | | | | | | | <u> </u> | | <u> </u> | |
| vii. | Explained the procedure to the patient 1 | | 0 | 0 | | | | | | |

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| viii. | Prepared ECG machine correctly | | | | Ø | | | |
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| ix. | Selected appropriate electrode sites | | . | • | - | n suð | | | | | | | | - | | 2255. | | | | - | | | Ţ |
| X | Maintained sterile technique where | | 0 | ····· | | | | | | | -6+6 | | Ø | | | | | | | i | | | |
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| • PEE (| Verified ECG machine recording | | | <u>م</u> | ~ | | | 472747944794464-944487 | | ** | | | | | | | | - | | | | | |
| • 544
• 544 | Monitored the patient throughout ECG
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e poni | Ensured no interference during the 1 recording | | 0 | <u></u> | • | | | | | 0 | | | | | | | | | | | / | | <u> </u> |
| iv. | Checked for correct lead orientation 1 and waveform quality | | | • | | | | | | 0 | | . | | | | | | | | | | | |
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| Adjusted settings if necessary (e.g.,
gain, speed) | Post-Procedure Care | Removed electrodes and cleaned skin 1 | Provided patient with post-procedure 1 instructions (c.g., skin care) | Ensured all equipment was cleaned and a stored properly | Communicated any preliminary
findings or concerns to the patient (if a papilicable) | Communication and Documentation 3 | Explained the procedure to the patient 1 | Addressed patient questions and 1 concerns effectively | Provided accurate and clear
documentation of the procedure | MARKS OBTAINED | | SHLONJALS | HEVS OF IMPROVEMENT |
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Date: - 19-01-2024

TRAINING PROGRAM ON ECG - ACTIVITY REPORT

| Activity Name | Training on ECG |
|---------------------|---|
| Date & Time | 19-01-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 6 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for ECG. |
| Program Outcome | Participants will be able to do ECG confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. |
| Photograph | |

Coordinator



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giving a running commentary and mark
(M) for | | i. Introduced self and role
ii Verified nationt identify. | |
iv. Performed hand hygiene | v. Positioned the patient correctly | vi. Gathered all necessary equipment | vii. Explained the procedure to the patient | viii. Prepared ECG machine correctly | ix. Selected appropriate electrode sites | x. Maintained sterile technique where necessary | 2. Electrode placement | i. Positioned the electrodes correctly | ii. Ensured good electrode contact | iii. Checked for correct lead placement
and absence of artifact. | 3. ECG Recording | i. Verified ECG machine recording properly | Monitored the patient throughout ECGin and instructed to remain still and relaxed | iii. Ensured no interference during the recording | iv. Checked for correct lead orientation and waveform quality |

| (DV) | Adjusted settings if necessary (e.g., |
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| Post-Pro | Post-Procedure Care |
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| Provided | Provided patient with post-precedure 1 instructions (e.g., skin care) |
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stored properly | Ensured all equipment was cleaned and 1 stored properly | ļ | | | 0 | | | - | <u> </u> | 1 | | | | - | | | - | - |
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| Commo | Communication and Documentation 3 | | | | | | | | | | - | | | | | | - | + |
| Explain
clearly | Explained the procedure to the patient 1 | | | | | | <u></u> | | | 1 | | | | | | | | |
| Address | Addressed patient questions and 1 | | | | - | | 0 | 0 | | | | | - | | | | | - |
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clocumentation of the procedure | | | - | 0 | | | - | | | | 0 | | | l | | | |
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findings or concerns to the patient (if
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TRAINING PROGRAM ON RT INSERTION - ACTIVITY REPORT

| Training on RT Insertion |
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| 05-02-2024; 11:00 am to 1:00 pm |
| 2 hours |
| K.S.V.A.M.C& R.C., Shobhit University |
| Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Dr. Nitin Goel |
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| To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective RT insertion procedures. To deliver oral medication to hospitalized patient To perform gastric lavage. |
| Participants will be able to perform RT insertion procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced complications in clinical settings. |
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Date: - 10-02-2024

TRAINING PROGRAM ON RT INSERTION - ACTIVITY REPORT

| Activity Name | Training on RT Insertion |
|---------------------|--|
| Date & Time | 10-02-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Shagufta Malhotra |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective RT insertion procedures. It can cause aspiration pneumonia. |
| Program Outcome | Participants will be able to perform RT insertion procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced complications in aligned action. |
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| | | Verified patient identity | | | - | | | | | | | | | | | | | - | | | | · | | | | |
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| ÿ. | | Performed hand hygiene | | | | | | - | | | | | | . | | | 0 | | <u> </u> | | | | | _ | | |
| * | | Reviewed patient history and indication for RT insertion | | | | 10000000000000000000000000000000000000 | | | | | <u></u> | | | | | | | | | | | | | | | |
| vi. | | Positioned the patient correctly | | | and or whether | | ******** | | | <u></u> | ****** | - | | 24722 ⁴⁷ | | | سبب میں
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| vii. | | Gathered & Verified correct functioning of all necessary equipment | | | | | | 2 2 4 8 2
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| viii. | | Assembled the RT kit correctly | | | | _ | | | | | 0 | | ***** | | | | | _ | -10 | | | | | _ | | |
| ix. | | Selected appropriate size of Ryles tube | ·.
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| × | ***** | Prepared medications (if applicable) and | | | | | | <u> </u> | | | | | | | | | | | | | | | | - | | |
| . | - | Insertion of Ryles Jube | | | | | | | | | - | | | | | | | | | | | | | | | <u> </u> |
| * pari | | Administered pre-procedural medications 1 | | | | | | an an an an an an an an an an an an an a | C | | ************************************** | | | | | | | | an tar | | | | | Villey, | | |
| ï. | | Provided adequate pre-insertion care | | - | | | | | | | | | | *** ** | | | _ | St. | | | | | | | | |
| ïü. | | Lubricated the Ryles tube appropriately | | | | | | 565.
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| iv. | | Inserted the Ryles tube through the nose or nouth and advanced it correctly | | | | _ | | | 100000 | | | | | | | | | | | | | | | | | |
| > | | Ensured proper placement using
appropriate methods (e.g., aspirate
contents, confirm tube length) | | - | | | <u> </u> | | | | 0 | | | 0 | ***** | | · · · | Ø | | | | | | 6 | | |
| vi. | | Secured the Ryles tube appropriately 1 | | | | 0 | | | _ | | *\$***** | | | ~ | | | Gauter | _ | | | _ | | | | | |
| | | Checked for proper tube function (e.g., aspiration, gastric residuals) | | | | 0 | | | <u>0</u> | | | | | | | | 0 | | | **** | | | | | | |
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| Preparation and Setup | A D D | AA | A A | PI PI | | | | - | | | |
| Introduced self and role | | | | X | | | | | | | - |
| Verified patient identity | | | | | | | | | <u> </u> | | - |
| Obtained informed consent, Ensured 1 1 | | | | | | | | | | | <u> </u> |
| Performed hand hygiene | | - | | | | | | | | | |
| Reviewed patient history and indication 1 1 | | 2000-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | | · | | inret | · vati. |
| Positioned the patient correctly | | | | | | | | | | an and a subsection of the | and an and an and an and an and an and an and an and an and an and an and an and an and an and an and an and an |
| Gathered & Verified correct functioning of $\begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 0 \\ 0 \end{bmatrix}$ | | | | | | | | | | | <u> </u> |
| Assembled the RT kit correctly | | | - | | | | | Agai | | | |
| Selected appropriate size of Ryles tube | | | | | | | |
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| Prepared medications (if applicable) and the verified dosages | | | | | | | | | | | |
| Insertion of Ryles Tube | | | | | | | | | | | |
| Administered pre-procedural medications | | | | | | | | | | | |
| Provided adequate pre-insertion care 1 1 | | | | | | | | | - | | |
| Lubricated the Ryles tube appropriately 1 1 1 | 0 | | | | | | | 2.1 |
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| Inserted the Ryles tube through the nose or 1 1 mouth and advanced it correctly | | | | | | | | | | | |
| Ensured proper placement using
appropriate methods (e.g., aspirate
contents, confirm tube length) | 0 | | | | | | | | | | |
| Secured the Ryles tube appropriately 1 0 | | | | | | | | | | | - |
| Checked for proper tube function (e.g., $\begin{vmatrix} 1 \\ 1 \end{vmatrix}$ | | | | | | | 97 - 04-04-04-04-04-04-04-04-04-04-04-04-04-0 | |
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| STA | complications (e.g., discomfort, incorrect | | | | | | | | | | | | | | | - | | _ |
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| Post- | Post-Procedure Care | 4 | | | | | | | | | | | | | | ļ | ļ | ļ | | | - | - | <u> </u> | | 1 |
| Prov
inser | Provided patient with appropriate post-
insertion care | panai | £7-77.004- | | | مينينين
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| Chea | Checked tube placement, comfort of the patient and function frequently | | 0 | | | | | | | | | | <u> </u> | | | | | | 1 | | | | 1 | | 1 |
| Doci | Documented and communicated the
insertion status and any complications | 1000 | 0 | | | 0 | | 1 | | | | 1 | <u> </u> | <u> </u> | | | <u> </u> | | 1 | | | | | | |
| Disc
(if al
on o | Discussed the procedure with the patient (if applicable) and provided information on ongoing care | yeren i | 4 | | | terrent | | | | | | | | | | | | | | | | · | | | |
| Con | Communication and Documentation | m | | | | | | | | 99-0310-044 | | | | | ļ | <u> </u> | | | | | | | | | Γ |
| Explair
clearly | Explained the procedure to the patient clearly | Proof | | | | | | | | | | | | | | | | | | | | | | | |
| Add
effe | Addressed patient questions and concerns
offectively | | | | | 0 | | | | | | | | | | | | | | • • • • • • • • • • • • • • • • • • • | | | <u> </u> | <u> </u> | 1 |
| Pror
doci | Provided accurate and clear
documentation of the procedure | | 0 | | | an an an an an an an an an an an an an a | | | | | | | ****** | | | | | | | | | <u> </u> | 1 | | 1 |
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Date: - 04-03-2024

TRAINING PROGRAM ON CPR - ACTIVITY REPORT

| Activity Name | Training on CPR |
|---------------------|---|
| Date & Time | 04-03-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. Nitin Goel |
| No. of participants | 07 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives. CPR can heip prevent any escalation of an injury. CPR can help promote recovery by inducing a hgeart rthyhm |
| | • Improved knowledge and confidence in responding to cardiac emergencies. Participants will be able to perform high quality chest compressions, rescue breaths. |
| Program Outcome | • Ability to recognise and respond to cardiac arrest, choking and other life-threatening situations, increasing the chances of survival for cardiac arrest victims. |
| Photograph | |
| Coordinator | Registrat
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F:2019PRACTICAL BATCH: A/B/C/D SUBJECT: KAYACHIK
Batch, 474 (2003, | | CTICAL BAT | BAJ | | í | 189 | SUBJECT: KAYACHIKITSA | | | *** | | ro. | E | /ALU | | | | | | * | | | EVALUATOR'S NAME & SIGNATURE: OY- NH- |
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Î | 2 | 5 | 1 | 12 | 21 22 23 25 | ୍ୟୁ | 12 | 50 | 27 22 29 31 | 5 | 8 |
| S. No. | Ask the student to demonstrate CPR giving
a running commentary and mark (M) for | 28 | | | 132 (E)
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| - jung | Assess scene safety and potential hazards. | | ******* | | | 88.0%.) | **** | | | | | | | - نین دانه
- ا | | | **** | | | | - | | | | | |
| :ai | Activate emergency medical services or call for help. | | | | | | | land the second se | | | | | | | | | | | | | s | | | | | |
| ij, | Ensure clear space for performing CPR. | | | ····· | <u></u> | | | | | | | | | <u></u> | | | W | Mar | | | محمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد ا | Bastor | | | * | |
| ч | Initial Assessment: | 6 7 | | op | | | | | | | | | | | | | | | | | | | | | | |
| ÷,= | Tap and shout, "Are you okay?" to assess
responsiveness. | - | | | | | | | | | | | | | | | | | Constant of | | | | 1 | | | <u> </u> |
| ::1 | Look, listen, and feel for breathing for no more
than 10 seconds. | | | a dariyo da marka da ka | | | | ************************************** | | | | | | · | | | | | <u> </u> | | | | | | | ~ |
| ïii. | If no breathing or only gasping, start CPR immediately. | | | |
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| сů | Performing Chest Compressions: | ŝ | 2000 - De La Composition de La Composition de La Composition de La Composition de La Composition de La Composit | ariiyoonna ayyoo | | | | | contractory. | | | | | | Area and a grant | | | - | | | | | | | | 1 |
| e pain | Place heel of one hand at centre of chest (lower half of sternun). | rrud | | | | | | | | | | | | | | | | | | | | | | | | |
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1 #4 | Place other hand on top, interlocking fingers. | | | Witerrom werden: | | | | 1999 - 1999
 | | interaciona | ************************************** | | | | | | | | •••••• | | (Constant) | · | 2 | | | |
| ÊÎ. | Position yourself directly over the patient's chest. | e i | | | | | | | | | | <u> </u> | | | | ļ | | | | | ~ | | | | | |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | ************************************** | | | | <u></u> | | | 2000-000-000-000-000-000-000-000-000-00 | | | | | | | | | | | | | | | |
| ×. | Allow complete chest recoil between
compressions. | | | | | | | · | | | - | | | | | | | | ~ | | 1.
Sec. | | | | | |
| * | g Rescue Breaths | <u>.</u> | Sector Courses | | | | | | | | ******** | | | | April 1997
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Notació | | | | | | | 8.94 (A. 39) |
| | Open airway using head tilt-chin lift or jaw
thrust maneuver for suspected trauma cases. | | | | ļ | | | | | | | | | - 6 2 | |
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| Deliver 2 rescue breaths, each lasting about 1 second and causing visible chest rise. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upon their arrival, providing summary of actions taken and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of initiation, number of compressions and breaths delivered, and patient response. | Debrief with team members or healthcare
providers involved in resuscitation effort. | | | | |
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| S. No. | Ask the student to demonstrate CPR giving
a running commentary and mark (M) for | M
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| ~~ | Assess scene safety and potential hazards. | | | | | | | | | | | | | | . | | | | ĺ | | <u> </u> | | <u> </u> | <u> </u> | |
| ::: | Activate emergency medical services or call for help. | | | | | | | | | | ļ | | <u> </u> | | <u> </u> | | 1 | 1 | | - | | \uparrow | 1 | 1 | |
| ii. | Ensure clear space for performing CPR. | | | ****** | | <u>د</u> | | sy et a | | | | - | | | [
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| 5 | Initial Assessment: | en | | | | | | | | | | - | | | | | | - | | | | | 1 | | |
| . m | Tap and shout, "Are you okay?" to assess
responsiveness. | | | | | | | - | <u> </u> | | | | | | | | | 1 | - | l | | l | 1 | | |
| ii. | d feel for breathing for no more | ~~1 | | | | 143454000 | | | | | <u> </u> | | | · | | | 1 | | <u> </u> | | | 1 | <u> </u> | | <u> </u> |
| ій. | If no breathing or only gasping, start CPR immediately. | | | | | *** | | | |
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| e | Performing Chest Compressions: | <u>.</u> | | | | | | | | | | | | | | | | | | | | | | | |
| in. | Place heel of one hand at centre of chest (lower half of sternum). | | | | | | | | | | | | | | | | [| | | | | | ļ | <u> </u> | l |
| | Place other hand on top, interlocking fingers. | | -1 | | W | معينية | ••••• | | | | | | | | | ********** | | | AN CONTRACTOR OF CASE | | | | | | |
| ìlì. | Position yourself directly over the patient's 1 chest. | | | | | | | 19900 - Parlandar | |
 | | <u></u> | | | | | | | CVASOACHIMUN La | | | <u> </u> | | | 1 |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | | | | | - | | | | | | | | | | | | | | | | | |
| * | Allow complete chest recoil between 1 compressions. | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | |
| 4 | Administering Rescue Breaths: | | | | - 14 - 14
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- 14 - 14 - 14 | | | | | | | | | | | | | | | | | | | | |
| • ph | Open airway using head tilt-chin lift or jaw thrust maneuver for suspected trauma cases. | | | | | | 3
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24.1 | | | | | | | | and an an an an an an an an an an an an an | | | | | |
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| : | Pinch patient's nose shut and create a seal over reate patient's mouth. | | | nd a transmission data in the | | | | | | | | | | | | · | | | | | | | | | |

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| Deliver 2 rescue breaths, each lasting
second and causing visible chest rist. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upon their
arrival, providing summary of actions taken
and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of
initiation, number of compressions and breaths
delivered, and patient response. | Debrief with team members or healthcare
providers involved in resuscitation effort. | | | | |
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Date: - 23-03-2024

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TRAINING PROGRAM ON CPR - ACTIVITY REPORT

| Activity NameTraining program on CPRDate & Time23-03-2024; 11:00 am to 1:00 pmDuration2 hours | | | | | | | |
|---|---|--|--|--|--|--|--|
| | 23-03-2024; 11:00 am to 1:00 pm | | | | | | |
| Duration | 2 hours | | | | | | |
| Venue | K.S.V.A.M.C& R.C., Shobhit University | | | | | | |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. | | | | | | |
| Faculty name | Dr. Shagufta Malhotra | | | | | | |
| No. of participants | 16 | | | | | | |
| Program Objective | To equip participants with the comprehensive knowledge and practical
skills required to respond to cardiac arrest emergencies and save lives. CPR can heip prevent any escalation of an injury. CPR can help promote recovery by inducing a hgeart rthyhm | | | | | | |
| • Program Outcome | Improved knowledge and confidence in responding to cardiac
emergencies. Participants will be able to perform high quality chest
compressions, rescue breaths
Ability to recognise and respond to cardiac arrest, choking and other
life-threatening situations, increasing the chances of survival for cardiac
arrest victims. | | | | | | |
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| Coordinator | Registerasing of a | | | | | | |

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STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER: | * SVANUC & KC, SHUBHLI UNIVERSITY, GANQ
**/DOPS/OSPE: CARDIOPULMONARY RESUSCI
TATION RESOURCE: A PATIENT/ A DUMMY/ OT | PS/O | STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER: | | | | | | | | | | | | | ÚRY. | WN | ME & | SIG | EVALUATOR'S NAME & SIGNATURES | NU. | b
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| S. No. | Ask the student to demonstrate CPR giving
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L | P A | 4 | 4 | |
| .mi | Assess scene safety and potential hazards. | | | . | | | | | | | | | | | 1 | | | | | 1 | | | | 1 | |
| ü. | Activate emergency medical services or call for help. | 7444 | | | , | | | | - | | 40000 | 1 | | and the second sec | | | | | | 1 | | | 1 | | |
| ij, | Ensure clear space for performing CPR. | | | | 642945- | ļ | ~~ | | | 1 | | | | | | h | | | - | | | | \$****** | | |
| ei | itial Assessment: | | | | | | | | | | | | | | | | | | | | | | | | |
| · | Tap and shout, "Are you okay?" to assess
responsiveness. | | | | | | | • | | | | 1 | | | - | | | | - | l | | | | | |
| ij | Look, listen, and feel for breathing for no more 1 than 10 seconds. | | | | | | | | | | | | - | ***** | | | 4 | | 6-1112- | | | | | <u> </u> | |
| | r only gasping, start CPR | T | | | 0 | [| | 0 | | 10000 | - | | 6 | | | | | | · ? · 1 00000 | | | | | | |
| 19 | liest Compressions: | | | | | any management | | | | | | | | | | | | | | | | | | | |
| - 744 | Place heel of one hand at centre of chest (lower half of sternum). | | | | | | | | ~ | 6 | | | | | | <u> </u> | | | | S CONTRACTOR | | | | | |
| | Place other hand on top, interlocking fingers. | | | Windows tations | | | | | Constant | | | eren Lando Meri | | | , | | | | | vistanining | | | () | | |
| ü. | Position yourself directly over the patient's the form | | | | | | - | - | | | | | - | 0 | | | | - | | | | <u> </u> | | | - |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | | | 997- 5-1 -1 - 1 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | | | | 0 | | | 54191-74-44. | 443100000 | <u> </u> | | ************************************ | | | | | |
| * | Allow complete chest recoil between compressions. | | | | 0 | | • | 0 | ****** | * | | | | | | | | | | · | | | <u> </u> | | |
| * * | Administering Rescue Breaths: | | | потектори сам | | | | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | | erren antikalagas | | | | | | | | | | ******* | | | **** |
| i. | Open airway using head tilt-chir. Iift or jaw thrust maneuver for suspected trauma cases. | | | | | | - | School and | 0 | 500.000- | - | | | | | | | | | | | | *au.o | | ļ |
| ii. | Pinch patient's nose shut and create a seal over patient's mouth. | | 02.210.0100.0000.0000 | | | | Q | Langer | 0 | | 6 2200- | | diame- | | · | | 0 | | | | | | ·************************************* | | ļ |

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| Deliver 2 rescue breaths, each lasting about 1 second and causing visible chest rise. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed
by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upor their arrival, providing summary of actions taken and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of initiation, number of compressions and breaths delivered, and patient response. | Debrief with team members or healthcare
moviders involved in resuscitation effort. | MARKS OBTAINED | PURCHASE PURCHASE | | |
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| | ::: | Activate emergency medical services or call for help. | | | | | | | | | | - | | <u> </u> | | - | | | | | | ŀ | | | | |
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- 201 | Ensure clear space for performing CPR. | | 0 | | | <u> </u> | | | l
Marine Marine | | | | | | - | ļ | ļ | <u> </u> | | | | | | | |
| 0 | ei. | Initial Assessment : | | | | | | | | | | | | | | - | | | | | | | | 1 | | |
| | | Tap and shout, "Are you okay?" to assess 1
responsiveness. | محصف | | 2 | 1 | 1 | | | | | - | | | | | | | | | | | | • | - | |
| | ÷ | Look, listen, and feel for breathing for no more 1 than 10 seconds. | * | | | | | | | | | 5 | | | <u>`</u> | | | | | | | | 1 | | | |
| Ë | : | If no breathing or only gasping, start CPR 1 immediately. | | 0 | | | 1 | | | | | | <u> </u> | <u> </u> | | | ļ | | a~- | - ers vetspunke | | | - | - | - | 1 |
| | Ē? | Performing Chest Compressions: | | | | | | | | | | | | | | | | | | | | | | | | |
| •1925 | | Place heel of one hand at centre of chest (lower liable like like like like like like like li | a | - | | İ | | | | | | | | ļ | | | <u> </u> | | | | | | | | | |
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3 | Place other hand on top, interlocking fingers. | Minupato | -
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ليد. | Position yourself directly over the patient's 1 chest. | | | 1 | | | | 0 | | | <u> </u> | <u> </u> | <u> </u> | <u></u> | - | - | | | | | 1 | 1 | | | 1 |
| ĬV. | | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | £2000000 | | | | | | | 2000 Colored and a second second | | 6 | | <u> </u> | ļ | | | | | | | | * | | - | 1 |
| Ä | | Allow complete chest recoil between 1 | 0 | - |
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| 4 m28 | | Open airway using head tilt-chin lift or jaw thrust mancuver for suspected trauma cases. | <u>ه</u> | | | | | | ,* | | | | |
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Table | | Pinch patient's nose shut and create a seal over patient's moutin. | 0 | | | | | | | | | | | | | | | | | | | | - | | | 1 |

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| I. Deliver 2 rescue breaths, each lasting about 1 J. second and causing visible chest rise. S. Cycle of Compressions and Breaths: S. Cycle of Compressions and Breaths: Z. Perform cycles of 30 compressions followed I. Py 2 rescue breaths. I. BMS arrives, or you are too exhausted to continue. Coordinate with bystanders to assist in calling I. EMS, finding an AED (if available), or providing support. Communication: Coordinate with brow and Follow-Lip: Documentation and Follow-Lip: Documentation and Follow-Lip: Documentation and Pollow-Lip: Documentation and Follow-Lip: Doc | | | | | | | | | | | | | an an an an an an an an an an an an an a | | |
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Date: - 20-05-2024

TRAINING PROGRAM ON IV CANNULATION - ACTIVITY REPORT

| Activity Name | Training program on IV Cannulation |
|---------------------|---|
| Date & Time | 20-05-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Skill Lab, K.S.V.A.M.C& R.C. ,Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Gayathri.S |
| Resource Person | Dr. Sanghamitra.S |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV cannulation procedures. IV cannulation can be used to give a blood pressure |
| Program Outcome | Participants will be able to perform IV cannulation procedures confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. |
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TRAINING ON IV CANNULATION PROCEDURE-ENROLLMENT LIST

BATCH 2019

Date-20-05-2024

| S.NO. | ROLL NO. | NAME OF STUDENT | Attendence |
|-------|-------------|----------------------|------------|
| 1. | 19014300002 | AYUSH SINGH | vor |
| 2. | 19014300003 | ROBIN PANWAR | R. Panwas |
| 3. | 19014300004 | SHIVAM PANWAR | Sus |
| 4. | 19014300005 | SHUBHAM SHRIMUKH | Shubham |
| 5. | 19014300006 | RISHABH SAINI | Robert |
| 6. | 19014300007 | SHIVAM BHARADWAJ | Shivan |
| 7. | 19014300008 | HIMANSHU | the |
| 8. | 19014300009 | MOHD. ASIF SABRI | Asik |
| 9. | 19014300010 | ABDUL RAB | And |
| 10. | 19014300013 | KM. BABI | Baller |





Date: - 22/05/2024

TRAINING PROGRAM ON SHIRODHARA THERAPY-ACTIVITY REPORT

| | THE RAPY-ACTIVITY DEPODE |
|----------------------|---|
| Activity Name | Training program on Shi - H |
| Date & Time | Training program on Shirodhara |
| Duration | 22/05/2024, 11:00AM-1:00PM
2 hours |
| Venue | |
| Organised By | Department of Panchakarma, KSVAMC&RC, Shobhit University |
| Coordinator Name | |
| Resource Person | DI. Deepak Kumar |
| No. of Participants | Dr Kultaar Singh |
| and of Faitherpairts | |
| Program Objective | To equip participants with the necessary knowledge, skills and confidence to perform effective Shirodhara therapy designed to promote mental relaxation. Shirodhara therapy reduce stress, enhance emotional well-being and support overall health through the application of traditional Ayurvedic practices. |
| Program Outcome | practices. Participants will demonstrate the ability to prepare standardized, efficacious Shirodhara Therapy, best practices, leading to improved patient outcomes in the management of mental stress, Headache, Hypertension etc. It greatly helps in reducing the heart rate and relaxing the muscles. |
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Coordinator Wulder

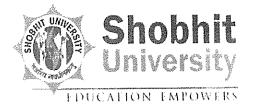


TRAINING ON SHIRODHARA PREPARATION ATTENDENCE LIST

DATE- 22-05-24

| S.NO. | ROLL NO. | NAME OF STUDENT | ATTENDENCE |
|-------|-------------|------------------|------------|
| 1. | 19014300002 | AYUSH SINGH | ATUN |
| 2. | 19014300003 | ROBIN PANWAR | R. Panutas |
| 3. | 19014300004 | SHIVAM PANWAR | Shiyam |
| 4. | 19014300005 | SHUBHAM SHRIMUKH | show |
| 5. | 19014300006 | RISHABH SAINI | Bains |
| 6. | 19014300007 | SHIVAM BHARADWAJ | S.B. |
| 7. | 19014300008 | HIMANSHU | Himanshis |
| 8. | 19014300009 | MOHD. ASIF SABRI | Acil |
| 9. | 19014300010 | ABDUL RAB | Alsig |
| 10. | 19014300013 | KM. BABI | Rahi |
| 11. | 19014300014 | SWATI | Runent |
| 12. | 19014300015 | ANKUSH CHAUHAN | Ankush |
| 13. | 19014300016 | UDIT PANWAR | plus plus |
| 14. | 19014300017 | MANISH CHAUDHARY | mhoudhe |
| 15. | 19014300018 | MUKUL DUTT | Julie |
| | | SHARMA | i t |
| 16. | 19014300019 | MOHD. JUNAID | tun |
| | | CHAUDHARY | |
| 17. | 19014300020 | MUSKURAN | mul: |
| | | CHAUDHARY | 5 |

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Detail of Student Training program during Session 2022-23

| Sr.No. | Date | Training program | No.of participants |
|--------|------------|-------------------------------------|--------------------|
| 1. | 25-11-2022 | Training on IV injection | 22 |
| 2. | 29-11-2022 | Training on kshar sutra preparation | 14 |
| 3. | 30-12-2022 | Training on Nebulization | 22 |
| 4. | 30-11-2022 | Training on patra potli
swedna | 13 |
| 5. | 5-4-2023 | Training on Blood pressure | 8 |
| 6. | 13-4-2023 | Training on Blood pressure | 7 |



Date: - 25-11-2022

TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

| Date & Time | 25-11-2022; 11:00 am to 1:00 pm |
|---------------------|--|
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. A. P. Singh |
| No. of participants | 22 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. IV injections are common and invasive procedure in health care. IV injection can be used to delivery medications. |
| Program Outcome | Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. |
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Coordinator

rar SHOBH REGISTR Sinaranipu' (V



Training Program on IV Injection Attendence list

| S.No. | ROLL NO. | Batch – 2018
NAME OF STUDENT | 25-11-2022 |
|-------|-------------|---------------------------------|------------|
| 1 | 18014300001 | AASIF ALI | Dary. |
| 2 | 18014300002 | AAVESH CHAUDHARY | AVESH |
| 3 | 18014300003 | ABDUL KADIR | abdel |
| 4 | 18014300004 | ABDUL QUADIR | Abder |
| 5 | 18014300005 | ABHILASHA | abdulou |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | ABHLSHNO |
| 7 | 18014300007 | ABHISHEK SAINI | Aathshile |
| 8 | 18014300009 | AFSHA | Msa. |
| 9 | 18014300010 | AJAJ AHMAD | PUTAd |
| 10 | 18014300013 | AMAN | AMAN |
| 11 | 18014300014 | AMIT VERMA | Aug |
| 12 | 18014300015 | ANJALI SAINI | profall |
| 13 | 18014300016 | ANKIT | A |
| 14 | 18014300020 | ARIF | Ant |
| 15 | 18014300021 | ARMAAN AKHTAR | fondan |
| 16 | 18014300022 | ARUN KUMAR | Aron |
| 17 | 18014300023 | ARYAN SAINI | Asyan. |
| 18 | 18014300024 | ASHISH GAUTAM | Ashish. |
| 19 | 18014300025 | ASIF ALI | ARif |
| 20 | 18014300026 | ATMIKA CHATURVEDI | Atriker |
| 21 | 18014300027 | AYUSH VERMA | Ayush. |
| 22 | 18014300028 | AYUSHI SINGH | Agushi |

REGISTRAR Hardinger (U.P.



Date: - 29-11-2022

Training program on ksharsutra preparation-Activity Report

| Activity Name | Training program on ksharsutra preparation |
|---------------------|--|
| Date & Time | 2 7 -11-2022; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Department of Shalya Tantra, K.S.V.A.M.C& R.C. , Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ranjit Singh Manhas |
| No. of participants | 14 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious. Keharputra for the effective memory of a standardized for a standardized. |
| | • Ksharasutra for the effective management of anorectal disorders. |
| Program Outcome | Participants will demonstrate the ability to prepare standardized, efficacious, and safe Ksharasutra, adhering to quality standards and best practices, leading to improved patient outcomes in the management of anorectal disorders. We concluded that treatment of fistula in ano by kshar sutra is simple easy and safe |
| Photograph | |



Coordinator

EDUCATION EMPOWERS

Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: +91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Training Program on Khsar sutra Attendence list

| Batch - | - 2018 | | Date- 29-11-22 |
|---------|-------------|----------------------|----------------|
| S.No. | ROLL NO. | NAME OF STUDENT | Attendance |
| 1 | 18014300001 | AASIF ALI | Asil |
| 2 | 18014300002 | AAVESH CHAUDHARY | Auch |
| 3 | 18014300003 | ABDUL KADIR | Aut. |
| 4 | 18014300004 | ABDUL QUADIR | About |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | (Ani |
| 8 | 18014300009 | AFSHA | Afsha |
| 9 | 18014300010 | AJAJ AHMAD | Asali |
| 10 | 18014300011 | AKASH | Davisi |
| 11 | 18014300012 | AKSHIT KUMAR | Almet |
| 13 | 18014300014 | AMIT VERMA | Allerna |
| 14 | 18014300015 | ANJALI SAINI | Anjali |
| | | 2 | reales |
| | | | Registrar |

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Date: - 30-11-2022

Training proram on patra potli swedna-Activity Report

| ActivityName | Training program on patra potli swedna |
|-------------------|---|
| Date&Time | 30/11/2022,11:00AM-1:00PM |
| Duration | 2hours |
| Venue | Department of Panchakarma, KSVAMC&RC, Shobhit University |
| CoordinatorName | Dr.Pretya Juyal |
| No.ofParticipants | 13 |
| ProgramObjective | To equip participants with the comprehensive knowledge, skills, and confidence to perform PatraPottali Swedana therapy aimed at Relieving localized pain, improveing mobility. |
| | PatraPottali Swedana promoting overall well-being through traditional
Ayurvedic practice. |
| ProgramOutcome | Participants will be able to demonstrate Patra Pottali Swedana, adhering to quality standards and best practices, leading to improved patient outcomes in the management of Katishoola, Gridharisi, Sandhigata Vata. The chances of recurrence and anal incontinence are very low. |
| Photograph | doap pps |

HOB REGIS gistrar

Coordinator



Training on Patra potli swedna Preparation Attendence list

| Ba | tch – 2018 | Da | ate-30-11-22 |
|-------|-------------|----------------------|--------------|
| S.No. | ROLL NO. | NAME OF STUDENT | Attendence |
| • 1 | 18014300001 | AASIF ALI | Weit |
| 2 | 18014300002 | AAVESH CHAUDHARY | Acut |
| 3 | 18014300003 | ABDUL KADIR | April |
| 4 | 18014300004 | ABDUL QUADIR | Mr |
| 5 | 18014300005 | ABHILASHA | abut |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | Abhis |
| 7 | 18014300007 | ABHISHEK SAINI | Abrolle |
| 8 | 18014300009 | AFSHA | 187 |
| 9 | 18014300010 | AJAJ AHMAD | Stor |
| 10 | 18014300014 | AMIT VERMA | And |
| 11 | 18014300015 | ANJALI SAINI | Anymin |
| 12 | 18014300016 | ANKIT | Ariut |
| 13 | 18014300017 | ANKUSH RATHI | Traient |





Date : - 30-12-2022

Training proram on Nebulisation – Activity report

| Activity Name | Training on nebulization |
|---------------------|--|
| Date & Time | 30-12-2022; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 22 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. Nebulization is to deliver a therapeutic dose of mecication directly into the lung. Nebulization can help improve breathing. |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings. |
| Photograph | |



Coordinator





Training Program on Nebulization Attendence list

| | | <u>Batch – 2018</u> | |
|-------|-------------|----------------------|------------|
| S.No. | ROLL NO. | NAME OF STUDENT | 30-12-2022 |
| 1 | 18014300001 | AASIF ALI | Basil |
| 2 | 18014300002 | AAVESH CHAUDHARY | Abouch |
| 3 | 18014300003 | ABDUL KADIR | Blow |
| 4 | 18014300004 | ABDUL QUADIR | . Nove |
| 5 | 18014300005 | ABHILASHA | of white |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | Bargur |
| 7 | 18014300007 | ABHISHEK SAINI | A. Saini |
| 8 | 18014300009 | AFSHA | As- |
| 9 | 18014300010 | AJAJ AHMAD | Kers |
| 10 | 18014300013 | AMAN | Aman |
| 11 | 18014300014 | AMIT VERMA | Genst i |
| 12 | 18014300015 | ANJALI SAINI | Angula |
| 13 | 18014300016 | ANKIT | Andit |
| 14 | 18014300020 | ARIF | Aur |
| 15 | 18014300021 | ARMAAN AKHTAR | Nº. |
| 16 | 18014300022 | ARUN KUMAR | West |
| 17 | 18014300023 | ARYAN SAINI | Asyan |
| 18 | 18014300024 | ASHISH GAUTAM | Aston ! |
| 19 | 18014300025 | ASIF ALI | Start- |
| 20 | 18014300026 | ATMIKA CHATURVEDI | Nos |
| 21 | 18014300027 | AYUSH VERMA | Ayush |
| 22 | 18014300028 | AYUSHI SINGH | Blow |

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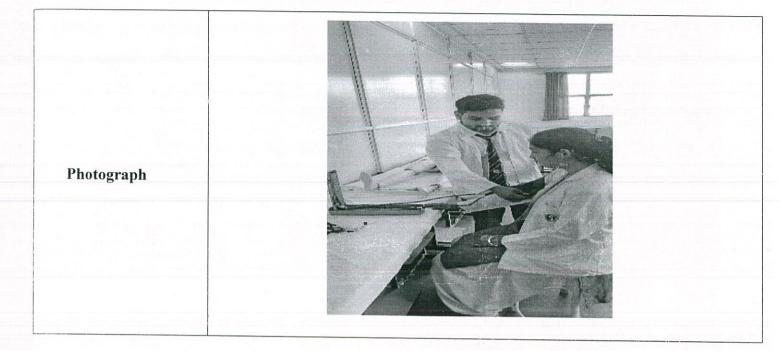
Date: - 05-04-2023

TRAINING PROGRAM ON BLOOD PRESSURE MEASUREMENT - ACTIVITY REPORT

| Activity Name | Training on blood pressure measurement |
|---------------------|--|
| Date & Time | 05-04-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 08 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform correct blood pressure measurement To train participants in the accurate technique, interpretation, and documentation of blood glucose monitoring To enhance participants' proficiency in conducting precise pulse oximetry measurements and interpreting oxygen saturation levels |
| Program Outcome | Participants will be able to perform blood pressure measurement confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced incorrect blood pressure measurement complications in clinical settings. Participants will confidently and accurately administer intramuscular and intravenous injections, demonstrated by successful practical evaluations and proficiency in simulated scenarios, leading to enhanced patient safety and reduced procedural errors in clinical environments. |

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Coordinator

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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and mark $\frac{M}{40}$
(M) for | | | | | Ő | | ÷ż | OBJECTIVE: TO TEST SKILLS - MEASUREMENT OF BLOOD PRESSURE
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| i | Introduced self and role | | | |

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| Ш, | Verified patient identity; Obtained informed consent 1 | | | | | | | | | _ | | | | | | | | | | | | | |
| ці. | Ensured privacy, comfort, proper environment (quiet) 1 | | | | | | | | 1117 | | | | | | | | | | , gygenine.
Stanskynige | ~ | | | |
| iv. | Positioned the patient correctly | | | | | | | | | 2 | | | | | | | 0 | | | ~~ | | | |
| ٧, | Performed hand hygiene | | | | | | | | | | | | | | | | | | | e | | | |
| vì. | Gathered all necessary equipment | | | | | | 4 ĝ | | | | | | <u>, 1</u> | | -
 | | +9, | | •••• | • | | | |
| vñ. | Explained the procedure to the patient | | | | 2 | <u>ہ</u> | | | | - | | | | | | | 0 | | • | | |
 |
es. |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | | | | | | | | | | | |
 | | | | - | | - | | | | |
| ix, | Selected appropriate cuff size | | · | | | | | | | _ | | | | | | | 0 | | 4 | | | | |
| × | Ensure the equipment mercury column is at zero mark. 1 | | | | | | | | | | | | | •••••••• | | | | | ÷ | . | | | |
| ci | Blood Pressure Messurement 28 | | | | | | | | | | Action 1
Action 1
Action 2 | | | 1.000 Sec. | | | | | | | | | |
| | Expose the arm and support it at the level of the heart. | | | | | | | *2******* | | | | | | | а
 | | | | | | | | |
| :ä | Palpate the brachial artery in cubital fossa. | | | | | | | | | | | | | | | | - | |] | 4 | | | |
| iii. | Position centre of cuff's bladder over the brachial artery | | | ******* | _ | 0 | | | | 0 | | | r . | | | | 0 |) 5
 5 a. | 0 | Ø | | | |
| i, | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | | | | | | | | | | | in an an an an an an an an an an an an an | | · | | i de light de
Light Belle
I | | G | | | |
| * | Correctly palpate the radial artery of the volunteer / or the nannequin with 3 fingers. | | | | | | | | | 0 | | | | | | | 0 | | 4 | | | <u></u> | <u></u> |
| vi. | Close the sphygmomanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer 1 be felt. | | : | | | | | | | | | <u> </u> | | | | | | | | ~ | | | and the second second |
| ЧЙ | Slowly define the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP). | | | | | | | | | | | <u> </u> | | | | | | n de la construcción
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Construcción | | | | | |
| viii, | Inflate the cuff again to a level 20 – 30 mm Hg more than
estimated systolic BP | | | | | | : :
 | | | ******** | | | | | | | | | | | | | |
| L. | Place diaphragm head of the stethoscope lightly over the brachial artery. | | | | | | | | | <u></u> | | | | | | | **** | · · · · · · · | | 0 | i | | |
| x. | Deflate the cuff slewly by opening the value so that the pressure falls at 2-3 mm Hg / second. | | | | ****** | | <u></u> | | | | | · · · · · | | | | | | · · · | | | | | |
| xí. | Note the mm of Hg pressure at which artsrial pulsation / heate can be heard (this is everolic RP) | | ****** | | | | | | | | | | - | | - | ****** | 6000, | | حوي | a | | | анартал
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| | | II. | | | <u> </u> | <u> </u> | | | | | | xxì. R | XX. | xix. I | | xvii. I | xvi. I | хv. 1 | xiv. | XIII. | ¥. |
| | | Addressed patient questions and concerns | Explained the procedure and findings to the patient clearly | Communication and Documentation | Provided feedback or advice if needed | Documented any additional relevant observations (e.g., patient discomfort) | Ensured that the patient was seated constortably with arm
supported | Verified proper cuff inflation and deflation techniques | Checked for projer cuff placement (2-3 cm above elbow) | Ensured no excessive noise during measurement | Repeated measurement if necessary (e.g., if initial reading is abnormal) | Recorded the systolic and diastolic readings accurately | Auscultated and identified the Korotkoff sounds accurately | Deflated the cuff at the correct rate | Inflated the cuff to the appropriate level | Inform the patient of your findings and conclude | Document the recording in terms of parient position, arm
used, cuff size, blood pressure recording. | If necessary to re-record, wait at least 2 minutes | Deflate the cuff rapidly and completely: | Continue deflation for another 10 - 20 mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped beat. | Continue deflation and note the mm of Hg pressure at which the last arterial beat is heard (thes is diastolic BP). |
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1 - Miles | | | | |
| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and mark
(Mi) for | 2.9 | | | and the second s | | NEC . | | OBJECTIVE: TO TEST SKULLS – MEASUREMENT OF BLOOD PRESSURE
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ONE MARK FOR EACH STRFPERFORMED | | | MEN - | | - X | L R | | | - | | | |
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| • put | Introcluced self and role | 1 | 1 | | | | | | <u> </u> | | | | | | | | - | | | | | | | |
| ä. | Verified patient identity; Obtained informed consent | | - | | | - | | | - | <u> </u> | - | | | | - | | + | | | | | | | |
| H | Ensured privacy, comfort, proper environment (quiet) | | | 0 | | | F | 0 | | <u> </u> | ļ | | | | 1 | | $\left \right $ | | - | | | | | |
| iv. | Positioned the patient correctly | - | | ව | | | | 0 | | | ļ | | | | • | <u> </u> | | | | <u> </u> | | | | |
| Ż | Performed hand hygiene | | | | | | | 0 | | | | | | | | <u> </u> | | <u> </u> | | | | | | |
| vi. | Gathered all necessary equipment | | | | | | F | | <u> </u> |
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| vii, | Explained the procedure to the patient | - | | * | | | | 6 | | | ļ | | | | | <u> </u> | | | | Source and the second | | × 14- | - | and the second |
| viii. | Record Blood Pressure after 5 mins, of inactivity, | | ļ | 0 | | | | | | | | | 1 | | + | | | | - | | | | | - |
| Ĩх. | Selected appropriate cuff size | | | 0 | | | | | ļ |
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| × | Ensure the equipment mercury column is at zero mark. | yue: | | | | | | | |
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| 2 | Blood Pressure Measurement | 28 | | | | | | | | | | | | | | | | | | | | | | |
| | Expose the arm and support it at the level of the heart. | | | | | | 2 | 0 | | | | | | | | | <u> </u> | | | | | | | |
| ai i | Palpate the brachial artery in cubital fossa. | | | ***** | | • | 0 | | | | | | | |
 · | | <u> </u> | | | ļ | | | | Ī |
| H. | Position centre of cuff's blackler over the brachial artery | | | | | | | 0 | ļ | | | | | - |
 | | | | | | | | 1 | |
| iv. | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | 0 | *************** | 0 | | | | | | | | | | | | | | ļ | | | | |
| × | Correctly palpate the radial artery of the volunteer / or the mannequin with 3 fingers. | 1
1
1 | | 0 | |
 | 0 | | ļ | ļ | | | | | | | | | | ļ | | | | Τ |
| ų, | Close the sphygmemanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer be felt. | | | Ð | | 0 | | | | | | | Satura de la | | | and the demonstrate |
 | | | | | | | 1 |
| vй, | Slowly deflate the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic 3P). | | | | | | | | | ļ | | | | | | ColdState(1) - South Rev Pression | | | | | | | | 1 |
| viii. | | 1 | | 0 | | | Ø11.079. | | | | | | | | <u> .</u> | <u> </u> | <u> </u> | | | | | | | T |
| ix. | Place diaphragm head of the stethoscope lightly over the 1 brachial actery. | | | | | | | | | | | | | | <u> </u> | | ļ | | | | | | | Ī |
| × | | | | 0 | | 6 | | | | | | | | <u> </u> | |
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| ü | Note the mm of Hg pressure at which arterial pulsation / 1 beats can be heard (this is systolic BP). | | | 0 | | | 0 | | | | | | $\left \right $ | $\left - \right $ | | | | | | | | | | |

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| | AREAS OF | | PERCENTAGE | MARKS OBTAINED | Addressed patient questions and concerns | Explained the procedure and findings to the patient clearly 1 | Communication and Documentation | Provided feedback or advice if needed 1 | ed any additional relevant observations (e.g., comfort) | Ensured that the patient was seated comfortably with arm supported | Verified proper cuff inflation and deflation techniques | Checked for proper cull placement (2-3 cm above elbow) | xcessive noise during measurement | Repcated measurement if necessary (e.g., if initial reading is abnormal) | Recorded the systolic and diastolic readings accurately | Auscultated and identified the Korotkoll sounds accurately | | Inflated the cuff to the appropriate level | onclude. | Document the recording in terms of parient position, arm
used, cuff size, blood pressure recording. | If necessary to re-record, wait at least 2 minutes. | dly and completely: | 0 | Continue deflation and note the mm of Hg pressure at which the last arterial beat is heard (this is diastolic BP). |
| | IMPROVEMENT | SIKENUTHS | | <u>ha</u> | $\left - \right $ | - | ļ" | ╞ | - | ┝── | <u> </u> | | <u> </u> | | | - | 1 | , . | | - | <u> </u> | | | |
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Date-13-04-2023

TRAINING PROGRAM ON BLOOD PRESSURE MEASUREMENT - ACTIVITY REPORT

| Activity Name | Training on Blood Pressure Measurement |
|---------------------|---|
| Date & Time | 13-04-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. A. P. Singh |
| No. of participants | 07 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform correct blood pressure measurement To empower participants with the expertise and proficiency required to accurately measure and interpret blood glucose levels |
| Program Outcome | Participants will be able to perform blood pressure measurement confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced incorrect blood pressure measurement complications in clinical settings Participants will be able to accurately perform intravenous cannulation, as demonstrated through practical assessments and simulated clinical scenarios, ensuring improved patient outcomes and minimizing complications related to improper technique in healthcare settings |





Photograph

Coordinator

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| | | | ATTO | N RE. | OUR | STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER: | EATU
UTAT | AUT / | | /XWI | OTH | ER: | - | | | | 2016 | - | | | 10 E. | Ğ | • |
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| CO GI | COURSE: B.A.M.S. SESSION: 2024 / PROF: 207PRACTICAL BATCH: A/B/C/D | STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER:
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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and
(M) for | 2 Q | | | | 18 | -Dari | - TA | OBJECTIVE: TO TEST SKILLS – MEASUREMENT OF BLOOD PRESSURE
ONEMARK FOR RACH STRFFERFORMED | STS
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| - | ation and Setup | 0 D | Ø | ¢ | | A | | ALA | A | | A | 4 | | | | <u> </u> | | 4 | | < | l | বি | A
A |
| 7 | Introduced self and role | A | - | | | | <u></u> | | | | | - | | 4 | <u> </u> | | | CONTRACTOR OF THE OWNER | to Maintenant | | | 59 | |
| , m | Verified patient identity; Obtained informed consent | | | | - | | | | | | | | - | | | | | | | | + | - | |
| 1 | Ensured privacy, comfort, proper environment (quiet) | | | | | 1 | | | | | | T | | | | - | | | | | - | | 1 |
| Ŀ. | Positioned the patient correctly | | | | | | | | | - | | | ی
در ایک
دوستی | | | - | - | | | | | | |
| ×. | Performed hand hygiene | | | | | | - <u>85</u> | | | - | | | | | | | | | | 1 | 1 | - | |
| 4 | Gathered all necessary equipment | | | ļ | | | | | | | | | | | | | | - | | and the second | - Management | | - |
| vñ. | Explained the procedure to the patient | | | | 0 | | | | | | | | | | | | | | | | | | |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | | | ļ | | | | | | 0 | | | 6 | | 272
772
74 | <u></u> | - | | | | | | - |
| ix. | Selected appropriate cuff size | |
 | | | <u> </u> | | | | 0 | | | | | | |
 | | | <u> </u> | <u> </u> | - | |
| X. | Ensure the equipment mercury column is at zero mark. | | | | 2.000 | <u></u> | | | | | | | | | | 0 | | | | |
 | <u> </u> | - |
| લ | Blowl Pressure Measurement | 8 | | | | | | | | | | | | | | | | | | | | | |
| •••• | Expose the arm and support it at the level of the heart. | | | | | | | | | | | opto, 3 | فستند | | | | | | | - | | - | |
| ü | Padpate the brachial artery in cubital fossa. | | | | | | | | | deper | | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | | | | | | | | | |
| Ш | Position centre of cutf's bladder over the brachial artery | | | | | <u>.</u> | | | | 0 | | | | | - | | | | | | | | |
| lv, | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | | | | 9.523 | | | | | | | | | | <u> </u> | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | - | | |
| ۷, | Correctly palpate the radial artery of the volunteer / or the hannequin with 3 fingers. | | | | | | | | | - | ţ | | | | | | | | | | | | <u> </u> |
| vì. | Close the sphygmomanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer 1 be felt. | | | | | | | | | | | | | | | 0 | | | | | | | |
| VII. | Slowly deflate the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP). | | | | | | | | | | | 1746 - 4
1 | | | | | | | | | | | |
| viii. | Inflate the cuff again to a level 20 – 30 mm Hg more than estimated systolic BP | | | | | | | | | | | | 0 | | | <u> </u> | | | | | | ļ | |
| İX. | Place diaphragm head of the stethoscope lightly over the the brachial artery. | | | | 0 | | | | | e==- | | | | | | | | | | | <u> </u> | | |
| , M | Deflate the cuff slowly by opening the valve so that the pressure falls at 2–3 mm Hg / second. | | | | | | | n de la composition
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| | Note the mm of Hg pressure at which arterial pulsation / | | | | | _ | | | | | | | 4 | | | | ſ | Î | | | | - | Same bearing |

| Conti | Continue deflation and note the mm of Hg pressure at which the last arterial seat is heard (this is diastolic BP). | _ | | | | | | | | | | _ | 8 | | | | alamort. | | - | | | | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | |
|--|--|---------------|---|-------------|---------------|---------|-----------|--------|--|---------------------|------------------|---------------|-----------------------------|---|---------|------------|----------|---|----------|--|----------|---|---|---|
| Continux
tast hcan
fue to sk | Continue deflation for another $10 - 20$ mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped heat. | T-1-1 | | | | | · | | ************************************** | | | | | | <u></u> | | | | •••• | The second second second second second second second second second second second second second second second s | | | | |
| Deflate 1 | Deflate the cuff rapidly and completely. | - | | | | | | | | | | | | | ļ | | - | | - | | | | <u> </u> | |
| f neces | if necessary to re-record, wait at least 2 minutes. | | | | • | | | | | | 6 758500- | | 0 | | _ | | | | | | | | | |
| Docume
ised, cu | Document the recording in terms of patient position, arm
used, cuff size, blood pressure recording. | | | | | | | | | | | | - | | | | | | | | | ļ | , | |
| nform t | inform the patient of your findings and conclude. | | | | <u>0</u> | | | | | | | | | | | | - | | | | | | | |
| nflated | inflated the cuff to the appropriate level | 1 | | | | o | | | | | 0 | | 4 00000 | | | | | | | <u> </u> | | | | |
| Deflated | Deflated the cutf at the correct rate | | | | -12904 | | | | | | | | *2300#** | | | | 0 | | | | | ļ | | |
| Auscult | Auscultated and identified the Korotkoff sounds accurately | - | | | | | | у Д | | | | | | | | | ~~~ | | | | | ļ | | |
| tecorde | Recorded the systolic and diastolic readings accurately | 1- | - | | | | ļ | - | - 72 <u>(</u> | | ō | | | | | | | | | | ļ | ļ | | |
| Repeated me
is abnormal) | Repeated measurement if necessary (e.g., if initial reading is abnormal) | - | | | | | | | | | | | ¢7## | | | | | | | | | ļ | | |
| Insured | Ensured no excessive noise during measurement | | | | Q | | | | | | | | 0 | | | | | | | | | ļ | | |
| hecked | Checked for proper cuit placement (2-3 cm above elbow) | _ | | | *****
**** | | a | s juli | | | | | | | | | | | | - | | | l | |
| /erified | Verified proper cuff inflation and deflation techniques | | | | | | | | | | 0 | | B | ļ | | | - | | | | | | | |
| Pastured fl
supported | Ensured that the patient was seated comfortably with arm supported | - | | 1. E. M. | | | | | | | 0 | | 67×11- | | | | 0 | <u>, 18 ,</u> | | | | ļ | | |
| bocumer
atient di | Documented any additional relevant observations (e.g.,
patient discomfort) | | | | | | | | | | | | • | | | | - | | | |
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| rovided | Frøvided feedback or atlvice if needed | Ŧ | | | | | | | 760 D BALAN | - | | | 80,000 | | |
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| xplaine | Explained the procedure and findings to the patient clearly | 1 | · | | 4712000000 | | | | | | | - 1947 -
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| uddresse | Addressed patient questions and concerns | 1 | | | 0 | - | | | | | | : | م میش
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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and mark
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LEE | T SKILLS - ME ASUREMENT OI
ONE MARK FOR EACH STREPERFORMED | L OF | | OBJECTIVE: TO TEST SKILLS – ME ASUREMENT OF BLOOD PRESSURE
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| ⁴ سر , | Introduced self and role | | | <u> </u> | | | | | | | | • | | | | | | | | - | | | | | | | 1 |
| ü. | Verified patient identity; Obtained informed consent | - | | | _ | | | | 1.
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| âŭ | Ensured privacy, comfort, proper environment (quiet) | | | | | 1.000 mil | | | | | | - | | | | | |
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| 'n. | Positioned the patient correctly | | | | | | | | | | | | | | | | | |
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| ×. | Performed hand hygiene | - | | | - | | | | | 0 | - | **** | | | | | - | | | | | | | | | | |
| vi. | Gathcred all necessary equipment | | | | - | - | | | | 1 | | | | | | | <u> </u> | | | | | | | | | | visionita |
| Vil. | Explained the procedure to the patient | | | | | | | : | | | | 4 | | | | | | | | <u>an</u> d | | 1 | | <u></u> | • | | |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | 1 | | | | | | | 4
1 | e1215* | | | | | 1.
1. | | | | | <u>· ;</u> | | | | ļ | | | |
| IX. | Selected appropriate cuff size | - | | | | ÷- | | | n
Sar | | | | | | | | | | | | Parata Silinana | | | | | | [|
| × | Ensure the equipment mercury column is at zero mark. | - | | | | مست | | ······································ | 12 | | | | | | | | | | | 177)
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| | Bload Pressure Messarement | . 28 | | | | | | | | | | | | | | | | 가운
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소 주 | | 2.59
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| ب ر. | Expose the arm and support it at the level of the heart. | | | 3 | | 8 70. | | | | | | 0 | | | | | | | | - 4975
 | Sundidaustuud | | | | | pecani | |
| 'n | Palpate the brachial artery in cubital fossa. | | | | | | _ | | 5 7×4 | - | | ø | | | | | | | | -1998)
-1998) | | | | | | | Í |
| Ш, | Position centre of cuff's bladder over the brachial artery | _ | | | |
 | | · | a de la | | | | | parementaria | | | | | <u>.</u> | 17,275 | | | | | | | <u> </u> |
| ŗ. | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow: | | | | | - | | | n in the second s | | | | | | | | | | | i tangi (| | | | | <u> </u> | | |
| * | Correctly palpate the radial artery of the volunteer / or the mannequin with 3 fingers. | 5 m | | | | | | | d Stew | | | | | | | | | | | | | | | | | | |
| Ŵ | Close the sphygmomanometer valve and inflate the cuff to
determine mm Hg at which arterial pulsation can no longer
be felt. | i Par | | | | | | | | ana | | an an an an an an an an an an an an an a | | | | | | | | | | | | | | | |
| vii. | Slowly deflate the cuff by opening the valve and note the
point where arterial pulsation can be felt again (this is
estimated systolic BP). | ~ | | | | ٥ | | | na stanisti
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| viii. | Inflate the cuff again to a level 20 – 30 mm Hg more than
estimated systolic BP | | | | | ~ | | | | | | • | | | | | | | | | | | | | | | |
| k, | Place diaphragm head of the stethoscope lightly over the brachial artery. | | | | | 0 | | | ء
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| й | Deflate the cuff slowly by opening the valve so that the pressure falls at 2-3 mm Hg / second. | - | | | | | | | | 0 | | | | | | | | | | | | | | | | | |
| χi. | arterial pulsation /). | - | | | | - | | | | - | | | | | | | | | | | | | | | | | |

| : | Continue deflation and note the mm of Hg rressure at | | | | _ | | | | | | | | - | - | | | | | | - | - |
|---|---|-----------|---|---------------|-----------|-------------|--------------|---------------|-------------------------|---------------------------------------|--|--|---------------|----------|----------|---|---|---|--|---------------|--|
| XII. | which the last arterial beat is heard (this is diastolic BP). | - | | | | | | | | | | | | | | | | | | | |
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List | Continue deflation for another 10 – 20 mm of Hg past the last heard beat to ensure that the absence of sound is not due to skinned beat. | | | | | | | | anterantarian
Stanse | | | | | | | | | | | <u> </u> | ļ |
| xîv. | dly and completely. | | | | | | | | 0 | | | | | - | _ | - | | | | | - |
| XV. | If necessary to re-record, whit at least 2 minutes. | | | | | | <u>~ </u> | | | <u> </u> | | | | | <u> </u> | | | - | | - | _ |
| xvi. | Document the recording in terms of patient position, arm
used, cuff size, blood pressure recording. | | | | | | | | | | | | | | | | | | | | |
| Xvlii. | onciude, | | | 0 | | | * | | |
 | <u> </u> | | | | | | | | <u> </u> | <u> </u> | - |
| XVIII. | Inflated the cuff to the appropriate level | - | | 0 | | | | | - | | | | | | | | | | | <u> </u> | |
| xix. | Deflated the cuff at the correct rate | | | | | | | | - | | | | - | <u> </u> | | | | | | - | |
| хх. | Auscultated and identified the Korotkoff sounds accurately | | | | | | 0 | | | | | | | | <u> </u> | | | ┼─ | - | - | |
| ххì. | Recorded the systolic and diastolic readings accurately | | | | | | | | | | - | | $\frac{1}{1}$ | - | | | | | | - | |
| xxii. | Repeated measurement if necessary (e.g., if initial reading is abnormal) | | | | | | | | | | | | | 1 | | | | | | <u> </u> | <u> </u> |
| XXIII. | Ensured no excessive noise during measurement | | | | | | | | |
 | | | | | ļ | | - | | - | - | <u> </u> |
| XXIV. | Checked for proper cuff placement (2-3 cm above elbow) | | | | | | 0 | | | | | | - | | | | | - | Contraction of the local division of the loc | - | |
| AXS. | Verified proper cuff inflation and deflation techniques | | - | _ | | | | | 5 | | | | ┢ | | _ | - | | | * | and an and an | an an an an an an an an an an an an an a |
| xxvi. | Ensured that the patient was seated comfortably with arm supported | | | **** | | | | | 6 | <u> </u> | | | <u> </u> | | | | | 1 | | <u> </u> | |
| xxvii. | Documented any additional relevant observations (e.g., patient discomfort) | | | | | | | | | | | | | | | | | | | | |
| cviii. | Provided feedback or advice if needed | | | | | | | | | | | | | | | | | | <u> </u> | | <u> </u> |
| 3. | Communication and Decumentation | | | | | | | | | | | | | | | | | | | | |
| . . | Explained the procedure and findings to the patient clearly 1 | | | | | | | | 0 | <u> </u> | | | | | | | | | | | |
| ü. | Addressed patient questions and concerns | | | <u> </u> | | | | | | - | |
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