

**BHARTIYA SKILL DEVELOPMENT UNIVERSITY****School of Health Care and Paramedics Skills****Session: 2021-22 Summer****B. Voc. Program, 3<sup>rd</sup> Semester****1<sup>st</sup> In-Sem. Examination****Course Code: SHP1301****Time: 1 Hour****Course Name: Communication and Techniques****Max. Marks: 20****Instructions:**

1. SECTION-A:05 objective type questions, each question carries 01 mark
2. SECTION-B:03 short answer type questions, each question carries 02 marks
3. SECTION-C:03 essay type questions, each question carries 03 marks.

**SECTION-A****[5x1=5 Marks]**

1. Which of these is a communication skill?
  - a. Talking at the same time as someone else
  - b. Listening to what people say
  - c. Putting your finger in yours eyes
  - d. Not talk to each other
2. ....means communication without words?
  - a. Object communication
  - b. Written communication
  - c. Oral communication
  - d. Non-verbal communication
3. The person who transmits the message is called?
  - a. Channel
  - b. Sender
  - c. Receiver
  - d. Response
4. .... aims at making people work together for the common good of the organization:
  - a. Communication
  - b. Conversation
  - c. Combination
  - d. Connection
5. Which of these is not a communication skill?
  - a. Laughing
  - b. Smiling
  - c. Asking question
  - d. Swimming

**SECTION-B****[3x2=6 Marks]**

- 1) Define communication. What do you understand by verbal communication?
- 2) Describe the assertive style of communication.
- 3) Write down the process of communication.

**SECTION-C****[3x3= 9 Marks]**

- 1) Explain the psychological barriers of communication.
- 2) Explain the "Johari Window".
- 3) What is the role of communication skill play in hospital?

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**BHARTIYA SKILL DEVELOPMENT UNIVERSITY**

School of Health Care and Paramedics Skills

Session: 2021-22 Summer

B. Voc. Program, 3<sup>rd</sup> Semester1<sup>st</sup> In-Sem. Examination*Answer key*

Course Code: SHP1301

Time: 1 Hour

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**SECTION-B****[3x2=6 Marks]**

- 1) Define communication. What do you understand by verbal communication?

According to "Oxford dictionary" "The Imparting or exchanging of Information by Speaking, writing, or using some other medium...The Successful conveying or sharing of ideas and feeling. Thus we can say that communication is the process of transmitting the information or ideas from one person to another person in such a way that the other person, who receives the information can understand it easily..

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## Verbal Communication

When we think of verbal communication it is difficult to separate it from the other means of communication also present and at work, for example, we communicate is through the spoken word (verbal). Before meeting the patient,

2) Describe the assertive style of communication.

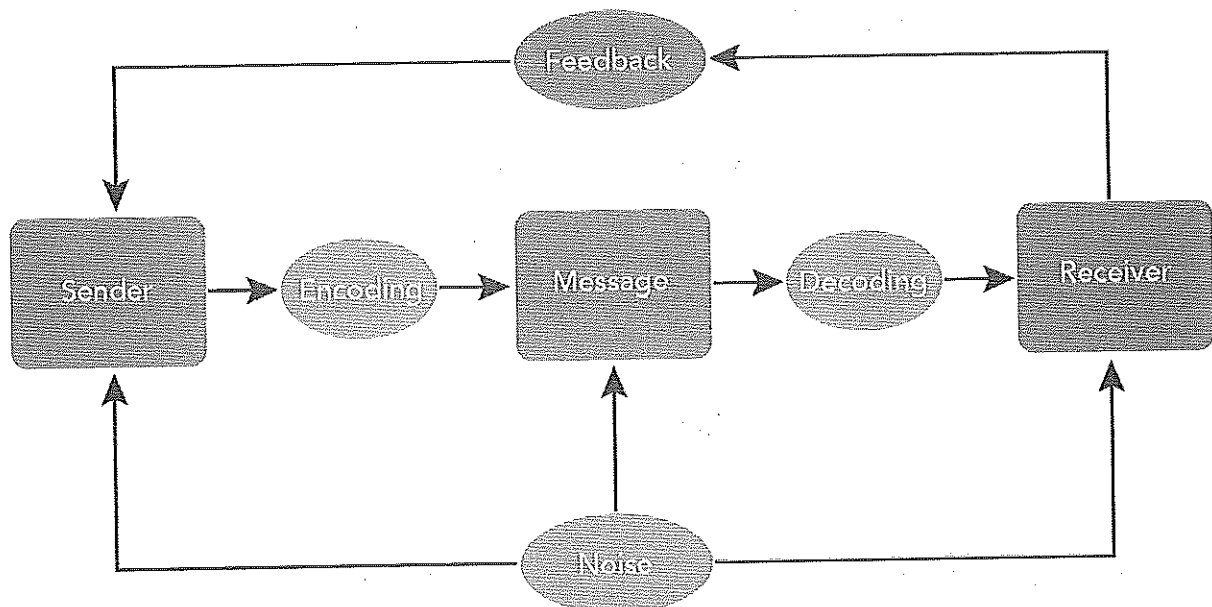
### Assertive:

To communicate using this style does not mean being dogmatic or rigid, rather it involves understanding and self-assurance.

### To communicate assertively includes;

- ✓ **Confidence:** In self, being positive while at the same time showing understanding of the patient's point of view.
- ✓ **Understanding:** Through active listening which conveys understanding.
- ✓ **Negotiation:** Reaching a point of agreement with the patient which includes respect for self and respect for the patient. If employing this style of communication, remember;
  - Keep sentences short, clear and direct.
  - Maintain eye contact.
  - Keep a level tone of voice.
  - Use appropriate gestures to emphasise what you are saying.

3) Write down the process of communication.





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## SECTION-C

[3x3= 9 Marks]

- 1) Explain the psychological barriers of communication.

### Psychological Barriers

The **Psychological or Emotional Barriers** refers to the psychological state i.e. Opinions, attitudes, status consciousness, emotions, etc. of a person that deeply affects the ability to communicate. Communication largely depends on the mental condition of a person, if the person is not mentally or emotionally sound, then he cannot communicate effectively either as a sender or a receiver

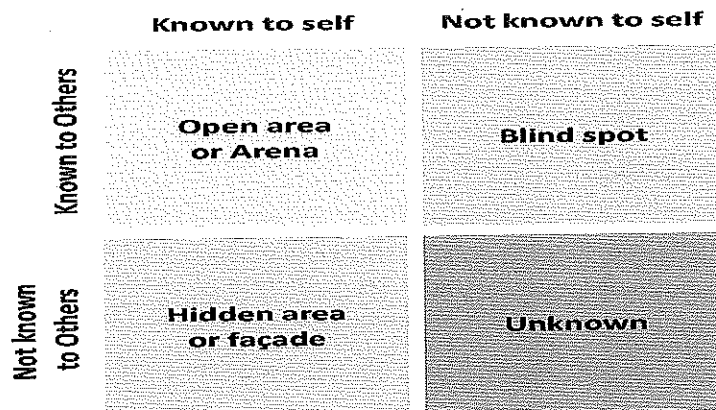
Lack of Attention	When the person is pre-occupied by some other things and do not listen carefully what the other person is speaking, then arises the psychological barrier in the communication. When the person does not listen to others, then he won't be able to comprehend the message as it was intended and will not be able to give proper feedback.
Premature Evaluation	Many people have a tendency to jump to the conclusions directly and form judgments without considering all the aspects of information. This is generally done by the people who are impatient and resort to a selective listening. This premature evaluation of the information acts as a barrier to the effective communication and lowers the morale of the sender.
Poor Retention	The retention refers to the capacity of a brain to retain or store things in the memory. The brain does not store all the information came across but in fact, retain only those which deems to be helpful in the future. Therefore, much of the information gets lost during the retention process, and this acts as a barrier to the effective communication.
Loss by Transmission	The loss by transmission means, whenever the information exchanges hand its credibility reduces. It is most often observed in the case of an oral communication where people handle information carelessly and transmits the information which has lost some of its truth. Thus, the improper and lack of information being transmitted to others acts as a hindrance in the communication process.
Distrust	To have an effective communication, it is must that both the communicators (sender and receiver) trust each other. In case there is a lack of trust between both the parties, then they will tend to derive negative meaning out of the message and often ignore what has been communicated. If the receiver has no trust, then he will not listen to whatever is being said by the sender, and this will result in a meaningless communication.
Emotion	The communication is greatly influenced by the emotions of a person. If a person is not in a good temperament, then he would not listen properly to whatever is said and might say things offending the sender. Several other emotions such as anger, nervousness, confusion, restlessness, etc. affects the communication process.

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2) Explain the "Johari Window".

## Johari Window

The **Johari window** is a technique that helps people better understand their relationship with themselves and others. It was created by psychologists Joseph Luft (1916–2014) and Harrington Ingham (1916–1995) in 1955, Luft and Ingham named their model "Johari" using a combination of their first names.



## The Johari Window Model

Figure 3: Johari Window

The **JOHARI Window** provides a useful format for representing personal and/or group information such as feelings, experiences, views, attitudes, skills, intentions, motivation, etc. from four perspectives. The labels refer to 'self' and 'others': 'self' means oneself while 'others' means other people in the person's group or team. It is an excellent tool for comparing self-perception to public perception and becoming a guide map developmental improvements.

### The Four Quadrants

Called 'regions' or 'areas' or 'quadrants'. Each contains and represents the information - feelings, motivation, etc. - in terms of whether the information is known or unknown by the person, and whether the information is known or unknown by others in the team

#### Open/self-area or arena

Here the information about the person his attitudes, behaviour, emotions, feelings, skills and views will be known by the person as well as by others. The arena is the information that you know about yourself and that others also know. It is the obvious things, e.g. race, name, height, weight, etc. It is those things that you told others when you introduced yourself to the class. It is also those feelings that you have shared during the "Thought for the Day," learning styles, communication process, and the personality lessons.

#### Hidden Area

The hidden area contains all that information that we don't want others to know about us. It's that closet of feelings, insecurities, and not-so-great experiences. It's the private information.



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### Blind Spot

The blind spot is the information that others know about you, but you don't know about yourself. A funny example is the female student whose husband told her she snores. She didn't think she did, but he knew she did.

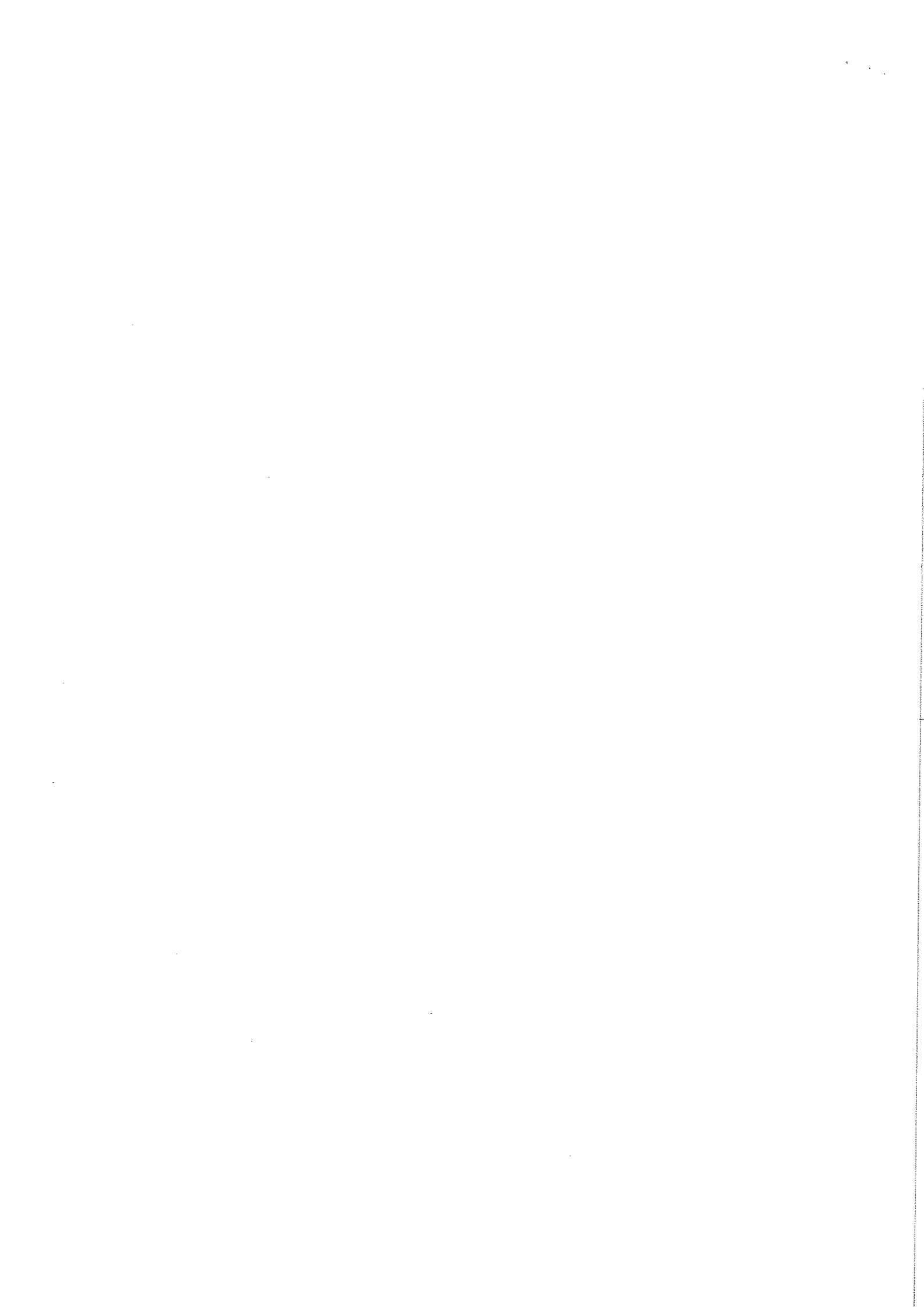
### Unknown Area

The unknown area contains information that you don't know and others don't know. It could be abilities and potentials that you have not discovered about yourself yet. An example could be that you might be a great salesperson or customer service representative, but for now you don't know whether you have that ability or not.

### 3) What is the role of communication skill play in hospital?

- 1) Expectations: Providing an opportunity for the patient to tell their story.
- 2) Communication: patient satisfaction increased when members of the healthcare team took the problem seriously, explained information clearly, and tried to understand the patient's experience, and provided viable options.
- 3) Control: Patient satisfaction is improved when patients are encouraged to express their ideas, concerns and expectations.
- 4) Decision-making: Patient satisfaction increased when the importance of their social and mental functioning as much as their physical functioning was acknowledged.
- 5) Time spent: Patient satisfaction rates improved as the length of the healthcare visit increases.
- 6) Clinical team: Although it is clear that the patient first concern is their clinician, they also value the team for which the clinician works.
- 7) Referrals: Patient satisfaction increases when their healthcare team initiates referrals relieving the patient of this responsibility.
- 8) Continuity of care: Patient satisfaction increases when they receive continuing care from the same healthcare provider(s).
- 9) Dignity: As expected, patients who are treated with respect and who are invited to partner in their healthcare decisions report greater satisfaction.

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# BHARTIYA SKILL DEVELOPMENT UNIVERSITY

School of Health Care and Paramedics Skills

Session: 2021-22 Summer

B. Voc. Program, 3<sup>rd</sup> Semester

1<sup>st</sup> In-Sem. Examination

Course Code: SHP1302

Course Name: Communicable Disease, Isolation Measure and STD

Time: 1 Hour

Max. Marks: 20

**Instructions:**

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2. SECTION-B:03 short answer type questions, each question carries 02 marks
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**SECTION-A**

[5x1=5 Marks]

1. Disease that spread from one person to another are called.....
  - a. Communicable disease
  - b. Non – communicable disease
  - c. Degenerative disease
  - d. None of the above
2. Which of the following disease is an example of non – communicable disease?
  - a. Cancer
  - b. Diabetes
  - c. Hypertension
  - d. All of the above
3. How is infection disease, such as cold and influenza, most commonly spread?
  - a. Breathing viruses in air
  - b. Hand to face contact
  - c. Drinking infected water
  - d. Eating contaminated
4. AIDS, Common cold, dengue fever and influenza are example of.....
  - a. Deficiency disease
  - b. Infectious disease
  - c. Physiological disease
  - d. Non – infectious disease
5. Condom is used as a mechanical barrier to prevent transmission?
  - a. Hepatitis A
  - b. Liver abscess
  - c. HIV infection
  - d. Pancreatitis

**SECTION-B**

[3x2=6 Marks]

- 1) Describe structure of virus.
- 2) Explain the types of bacteria.
- 3) What do you mean by isolation? Draw the chart of chain of infection.



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### SECTION-C

[3x3= 9 Marks]

- 1) What is gonorrhoea? How to spread of gonorrhoea and write the four symptom of gonorrhoea.
- 2) Define tuberculosis. Write down the four causes, symptom and prevention of tuberculosis and which vaccine we use to prevention of tuberculosis.
- 3) Elaborate the stages of diphtheria.

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School of Health Care and Paramedics Skills

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*Answer Key*

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## SECTION-B

[3x2=6 Marks]

1) Describe structure of virus.

A virus particle, also known as a virion, consists of genes made from DNA or RNA which are surrounded by a protective coat of protein called a capsid. The capsid is made of many smaller, identical protein molecules which are called capsomers. There is an inner shell around the DNA or RNA called the nucleocapsid, which is formed by proteins. Some viruses are surrounded by a bubble of lipid (fat) called an envelope.

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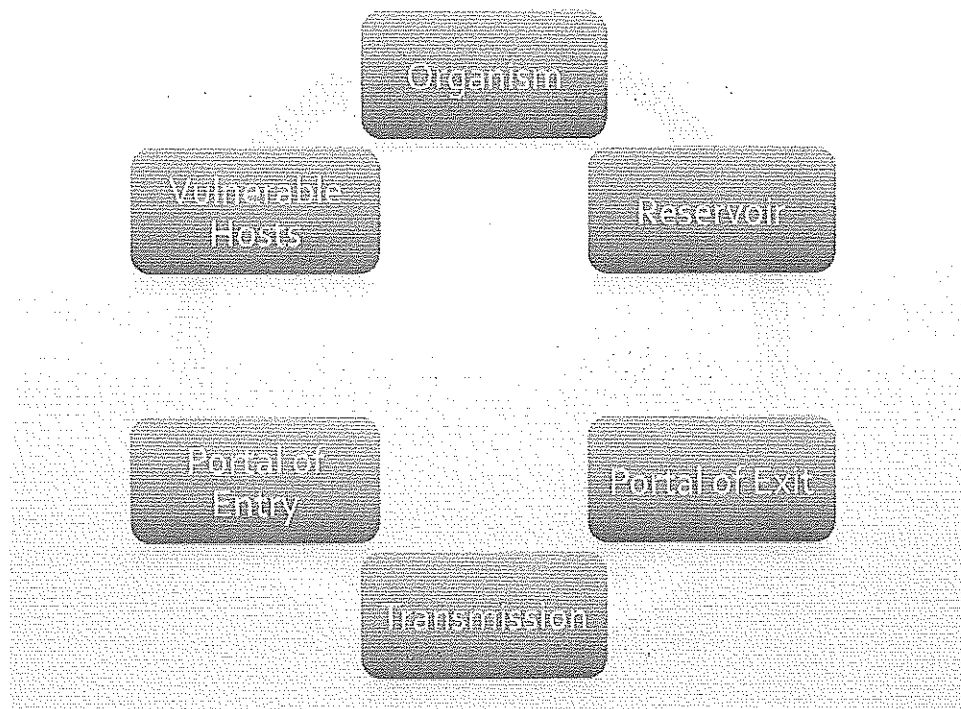
2) Explain the types of bacteria.

**Classified Bacteria:**

<b>Cocci</b>	Cocci (from kokkos meaning berry) are spherical, or nearly spherical.
<b>Bacilli</b>	Bacilli (from baculus meaning rod) are relatively straight, rod shaped (cylindrical) cells.
<b>Vibrios</b>	Vibrios are curved or comma-shaped rods and derive the name from their characteristic vibratory motility.
<b>Spirilla</b>	Spirilla are rigid spiral or helical forms.
<b>Spirochetes</b>	Spirochetes (from speira meaning coil and chaite meaning hair) are flexuous spiral forms.
<b>Mycoplasma</b>	Mycoplasma are cell wall deficient bacteria and hence do not possess a stable morphology. They occur as round or oval bodies and interlacing filaments.

3) What do you mean by isolation? Draw the chart of chain of infection.

Communicable diseases refer to diseases that can be transmitted and make people ill. They are caused by infective agents (pathogens), e.g. bacteria and viruses, which invade the body and multiply or release toxins to cause damages to normal body cells and their functions. In severe cases, they may lead to death. These infective agents can spread from a source of infection (e.g. patients, sick animals) to a person through various routes of transmission. Providing care and necessities to individuals in their homes through community volunteers and health and human service agencies. Educating residents in advance on how to prepare for an extended in-home isolation or quarantine by stockpiling food and preparing for periods without utilities and other services.





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## SECTION-C

[3x3= 9 Marks]

- 1) What is gonorrhoea? How to spread of gonorrhoea and write the four symptom of gonorrhoea.

### What is Gonorrhoea?

Gonorrhoea is a sexually transmitted infection (STI) caused by bacteria. In women, the infection may occur in the opening of the uterus, also known as the cervix, and fallopian tubes. In both men and women, the infection may occur in the rectum (the part of your intestine that ends at the anus), throat and the urethra (the tube that carries urine from the bladder).

### How is it spread?

Gonorrhoea is passed from one person to another by contact with body fluids containing the bacteria during unprotected oral, vaginal and anal sex. Sometimes a person with gonorrhoea will have no symptoms. Even without symptoms, the infection passes easily to another person. A person with a gonorrhoea infection can pass the infection to others until they complete antibiotic treatment. Gonorrhoea can be passed to a baby's eyes during childbirth. This may lead to blindness if the baby is not treated. Gonorrhoea treatment does not protect you from getting it again. If you are treated and your sexual partner(s) are not, the bacteria will be able to pass back to you again.

### What are the symptoms?

Some people with gonorrhoea will have no symptoms and will not know that they have the infection. For men, symptoms can include:

- Abnormal discharge from the penis
- Pain or a burning feeling when urinating
- Itching or irritation in the urethra – the tube that urine passes through

In women, the early symptoms are sometimes so mild that they are mistaken for a bladder infection or dismissed as a mild vaginal infection. For women, symptoms can include:

- Change in the amount and colour of fluid from the vagina
- Pain or a burning feeling while urinating
- Abnormal vaginal bleeding or spotting between periods or after sexual intercourse
- Pain in the lower abdomen □ Pain during vaginal sex

In both men and women, a gonorrhoea infection in the rectum may cause discharge from the anus, rectal pain, mucous with stools, painful bowel movements and redness in the anal area. Gonorrhoea infection may occur in the throat but, does not usually cause symptoms. Symptoms may appear 2 to 7 days after being exposed to the bacteria.

- 2) Define tuberculosis. Write down the four causes, symptom and prevention of tuberculosis and which vaccine we use to prevention of tuberculosis.

### Pulmonary TB

Pulmonary TB (PTB) is the most common and potentially most contagious type of active TB. Small areas in the lung infected with the bacilli gradually merge to form a bigger lesion filled with infected



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material. This material can become liquid, which is then coughed out, leaving a cavity in the lung (Rieder et al., 2009). The process continues causing extensive damage to the lung tissue and its blood vessels, generating more infectious material and inflammation – the damage to blood vessels can result in some patients coughing up blood (haemoptysis). Some healing may occur in parts of the lung resulting in scar tissue.

In the early stages of this process, someone with pulmonary TB may well not be infectious and have few easily definable symptoms. As the disease progresses and causes more damage, they will become infectious and experience worsening symptoms. The challenge is to identify people in the early stages to prevent transmission.

### Signs and symptoms of pulmonary and extrapulmonary TB

The symptoms of pulmonary and extrapulmonary TB may differ but some are common to both. Most people have only a few of these symptoms. It is recommended that anyone reporting a cough which has lasted for two or more weeks should have their sputum tested for TB. However, for patients living with HIV, it is recommended to test their sputum for TB if they have had a cough of any duration. As a general rule, the presence of three or more symptoms for two or more weeks increases the suspicion of any form of the disease. Common signs and symptoms of both pulmonary and extrapulmonary TB are detailed in Table.

General symptoms	Pulmonary symptoms	Extrapulmonary symptoms
Fever	Dry or productive cough	Localised pain/swelling (depending on site of disease)
Night sweats	Chest pain	
Weight loss	Shortness of breath	
Fatigue	Traces of blood are coughed up in the sputum (Haemoptysis)	
Loss of appetite		

### Risk factors for TB

Risk factors combined with TB symptoms are strong indicators for further diagnostic workup and early detection of the disease. Some of the main risk factors for TB include:

- history of TB
- contact with a known TB case, e.g. family member or friend
- compromised immunity due to illness, e.g. HIV infection, cancer or diabetes
- compromised immunity due to medications such as steroids
- migration from a country with a high incidence of TB
- history of travel to an area with a high incidence of TB
- smoking
- alcohol and/or drug abuse
- malnutrition
- homelessness



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### **Catarrhal stage.**

In the early catarrhal stage, pertussis is highly contagious, with a secondary attack rate of up to 90% among non-immune household contacts. Untreated patients may transmit the infection for three weeks or more following the onset of typical coughing attacks, although communicability diminishes rapidly after the catarrhal stage.

### **Paroxysmal stage.**

The paroxysmal stage is marked by more frequent and spasmodic coughing, and it is during this stage when the classic whoop can be heard (but not always present).

### **Convalescent stage.**

The convalescent stage is marked by less frequent and less severe coughing.



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### Prevent TB

TB is spread by tiny airborne droplets created by coughing. It is not spread by sharing food, utensils, drinks, touching, or having sex. Covering the mouth and nose when coughing is an important way to stop the spread of TB and other airborne diseases. If you have TB disease and are coughing, it is important to wear a mask and limit contact with others until your health care provider tells you that you are no longer contagious while on treatment. Preventing the Spread of TB, a highly effective TB vaccine is not available. Involve patients & community in advocacy campaigns. Infection control plan. Safe sputum collection. Cough etiquette and cough hygiene. Triage TB suspects to fast tract or separation. Rapid TB diagnosis and treatment. Improve room air ventilation. The BCG vaccine is widely used in countries with a high incidence of TB.

### Vaccination

BCG injections are given to children to vaccinate them against tuberculosis.

### 3) Elaborate the stages of diphtheria.

Diphtheria is an infectious disease caused by the bacterium *Corynebacterium diphtheria*, which primarily infects the throat and upper airways, and produces a toxin affecting other organs. The illness has an acute onset and the main characteristics are sore throat, low fever and swollen glands in the neck, and the toxin may, in severe cases, cause myocarditis or peripheral neuropathy. The diphtheria toxin causes a membrane of dead tissue to build up over the throat and tonsils, making breathing and swallowing difficult. The disease is spread through direct physical contact or from breathing in the aerosolized secretions from coughs or sneezes of infected individuals.

Vaccination against diphtheria has reduced the mortality and morbidity of diphtheria dramatically, however diphtheria is still a significant child health problem in countries with poor EPI coverage. In countries endemic for diphtheria, the disease occurs mostly as sporadic cases or in small outbreaks. Diphtheria is fatal in 5 - 10% of cases, with a higher mortality rate in young children. Treatment involves administering diphtheria antitoxin to neutralize the effects of the toxin, as well as antibiotics to kill the bacteria.

Diphtheria vaccine is a bacterial toxoid, ie. a toxin whose toxicity has been inactivated. The vaccine is normally given in combination with other vaccines as DTwP/DTaP vaccine or pentavalent vaccine. For adolescents and adults the diphtheria toxoid is frequently combined with tetanus toxoid in lower concentration (Td vaccine).

WHO recommends a 3-dose primary vaccination series with diphtheria containing vaccine followed by 3 booster doses. The primary series should begin as early as 6-week of age with subsequent doses given with a minimum interval of 4 weeks between doses. The 3 booster doses should preferably be given during the second year of life (12-23 months), at 4-7 years and at 9-15 years of age. Ideally, there should be at least 4 years between booster doses.

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## School of Health Care and Paramedics Skills

Session: 2021-22 Summer

B. Voc. Program 3<sup>rd</sup> Semester

1<sup>st</sup> In-Sem. Examination

Course Code: SHP1303

Course Name: Blood collection / Drug Administration / Observation

Time: 1 Hour

Max. Marks: 20

### Instructions:

1. SECTION-A: 05 objective type questions, each question carries 01 mark
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### SECTION-A

[5x1=Marks]

1. The size of the intravenous cannula (in gauge) used for neonates is:
  - a. 28
  - b. 24
  - c. 22
  - d. 20
2. The drip that is running satisfactorily may stop because:
  - a. The vein is obstructed by too tight a bandage
  - b. The head of pressure is too low
  - c. Blood clotted in the cannula
  - d. None of these
3. Intradermal injection is given at:
  - a. 15° angle
  - b. 30° angle
  - c. 45° angle
  - d. 90° angle
4. Injection cannot be given by which route:
  - a. Intraosseous
  - b. Intradermal
  - c. Intrarectal or intra oesophageal
  - d. Intravenous
5. 5% glucose saline means :
  - a. Each 100 ml contains 5gm glucose and 5mg sodium chloride
  - b. Each 100 ml contains 5gm glucose and 0.9 gm sodium chloride
  - c. Each 100 ml contains 5gm glucose and 0.45 gm sodium chloride
  - d. Each 100 ml contains 0.5gm glucose and 0.9 gm sodium chloride

### SECTION-B

[3x2=6 Marks]

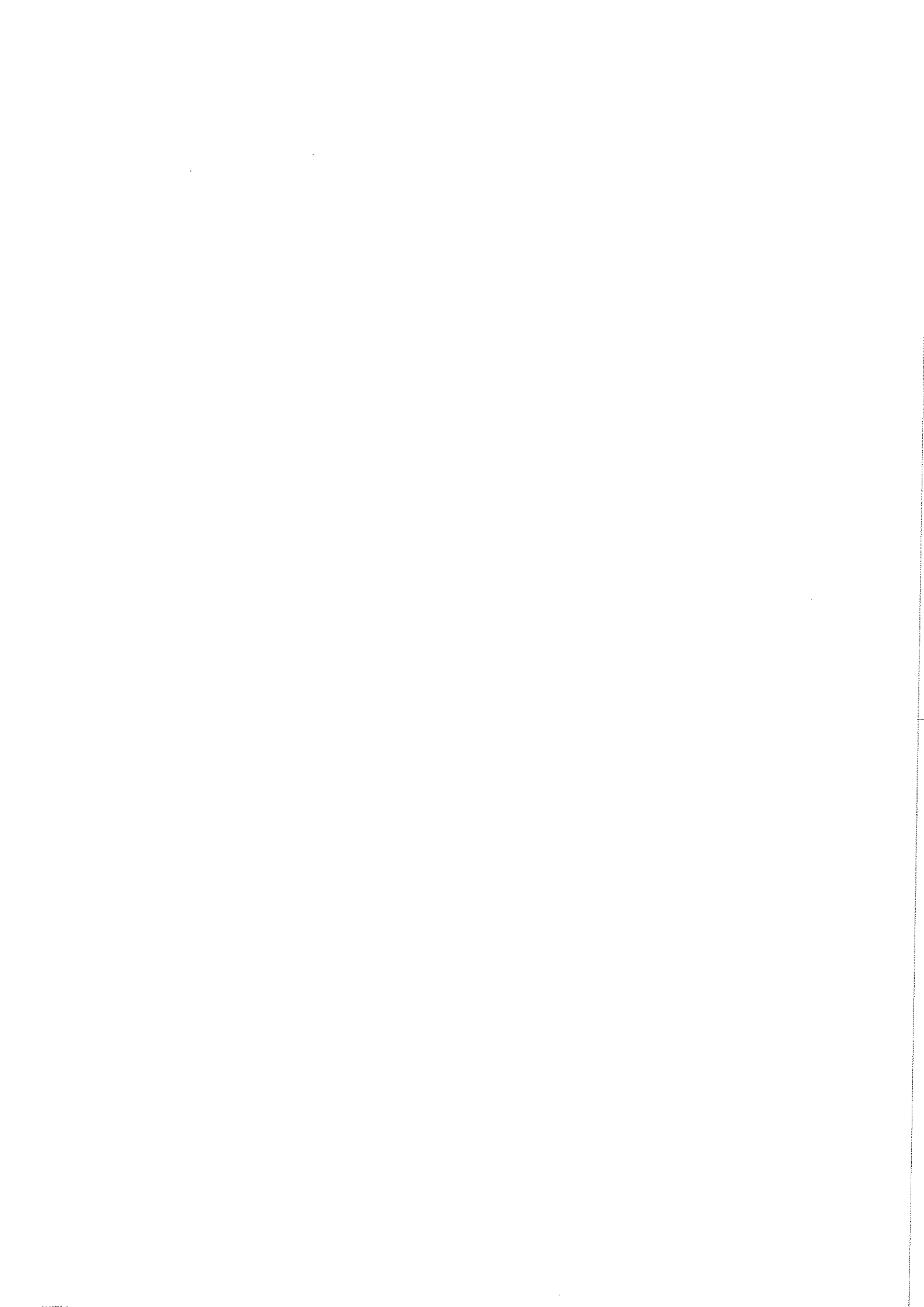
- 1) Write down the four advantage and disadvantage of oral route.
- 2) What do you mean by bolus?
- 3) What do you understand intrathecal route?

### SECTION-C

[3x3= 9 Marks]

- 1) Explain the eight rights of medication administration.
- 2) Write down the difference between the Heparin vial, EDTA vial and Citrate vial.
- 3) How to blood sample handling and transportation?

*Emphas*





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4. Injection cannot be given by which route:
  - a. Intraosseous
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  - c. Intrarectal or intra oesophageal
  - d. Intravenous
5. 5% glucose saline means :
  - a. Each 100 ml contains 5gm glucose and 5mg sodium chloride
  - b. Each 100 ml contains 5gm glucose and 0.9 gm sodium chloride
  - c. Each 100 ml contains 5gm glucose and 0.45 gm sodium chloride
  - d. Each 100 ml contains 0.5gm glucose and 0.9 gm sodium chloride

### SECTION-B

[3x2=6 Marks]

- 1) Write down the four advantage and disadvantage of oral route.

#### Oral Route

It is the most common and acceptable route for drug administration. Dosage forms are tablet, capsule, syrup, mixture, etc., e.g., paracetamol tablet for fever, omeprazole capsule for peptic ulcer are given orally.

*Answer key*

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Advantages	Disadvantages
Safer	Not suitable for emergency as onset of action of orally administered drugs is slow.
Cheaper	Uncooperative and unreliable patients.
Painless	Patients with severe vomiting and diarrhoea.
Convenient for repeated and prolonged use	It is not suitable for/in: <ul style="list-style-type: none"> <li>• Unpalatable and highly irritant drugs.</li> <li>• Unabsorbable drugs (e.g., aminoglycosides).</li> <li>• Drugs that are destroyed by digestive juices (e.g., insulin).</li> <li>• Drugs with extensive first-pass metabolism (e.g., lignocaine).</li> <li>• Unconscious patients</li> </ul>
Can be self-administrated	

**2) What do you mean by bolus?**

**Bolus**

Single, relatively large dose of a drug injected rapidly or slowly as a single unit into a vein. For example, i.v. ranitidine in bleeding peptic ulcer.

**3) What do you understand intrathecal route?**

**Intrathecal Route**

Intrathecal administration is a route of administration for drugs via an injection into the spinal canal, or into the subarachnoid space so that it reaches the cerebrospinal fluid (CSF) and is useful in spinal anesthesia, chemotherapy, or pain management applications.

**SECTION-C**

**[3x3= 9 Marks]**

**1) Explain the eight rights of medication administration.**

<b>1. Right Patient</b>	<ul style="list-style-type: none"> <li>• Check the name on the order and the patient</li> <li>• Use 2 identifiers</li> <li>• Ask patient to identify himself/herself</li> <li>• When available, use technology (for example, bar-code system)</li> </ul>
<b>2. Right medication</b>	<ul style="list-style-type: none"> <li>• Check the medication label</li> <li>• Check the order</li> </ul>
<b>3. Right dose</b>	<ul style="list-style-type: none"> <li>• Check the order</li> <li>• Confirm appropriateness of the dose using a current drug reference</li> <li>• If necessary, calculate the dose and have another nurse calculate the dose as well</li> </ul>
<b>4. Right route</b>	<ul style="list-style-type: none"> <li>• Again, check the order and appropriateness of the route ordered.</li> <li>• Confirm that the patient can take or receive the medication by the ordered route.</li> </ul>

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<b>5. Right time</b>	<ul style="list-style-type: none"><li>• Check the frequency of the ordered medication</li><li>• Double-check that you are giving the ordered dose at the correct time</li><li>• Confirm when the last dose was given</li></ul>
<b>6. Right documentation</b>	<ul style="list-style-type: none"><li>• Document administration AFTER giving the ordered medication.</li><li>• Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.</li></ul>
<b>7. Right reason</b>	<ul style="list-style-type: none"><li>• Confirm the rationale for the ordered medication. What is the patient's history? Why is he/she taking this medication?</li><li>• Revisit the reasons for long-term medication use.</li></ul>
<b>8. Right response</b>	<ul style="list-style-type: none"><li>• Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?</li><li>• Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.</li></ul>

2) Write down the difference between the Heparin vial, EDTA vial and Citrate vial.

**EDTA Vial (Ethylenediaminetetraacetic Acid)**

It is spray-coated K<sub>2</sub>EDTA Tubes are used for whole blood hematology determinations and immunohematology testing.

**Heparin Vial**

Heparin Tubes are spray-coated with either lithium heparin or sodium heparin and are used for plasma determinations in chemistry.

**Citrate Vial/PT-INR**

The PT test are prothrombin time and pro time. INR stands for international normalized ratio. The PT/INR test is usually done when you are taking a blood thinner (anticoagulant) medicine, such as warfarin (Coumadin), to prevent blood clots.

3) How to blood sample handling and transportation?

**Blood Sample Handling and Transportation**

- All specimens must be packaged carefully to avoid breakage or leakage of the specimen.
- Ensure all container lids are tightly secured before packaging.
- Ensure specimens are labelled.
- Place blood tubes, containing liquid into the box in an upright position whenever possible.
- Always transport the specimen transport box (STB) in an upright position.
- Keep specimens refrigerated before forwarding, unless otherwise indicated.
- **DO NOT** freeze specimens.

*Signature*

