







# Skills Laboratory Manual in COMMUNITY HEALTH NURSING (NRS 472)

**Document Revision Control History** 

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Dr. Cyrelle Agunod		release		Council	







## **Community Health Assessment Form**

No.	Components	Comments (strengths, needs, problems)
Α	People	
	1) Demographic statistic:	
	- Population	
	- Sex ratio	
	- Age	
	- Race	
	- Ethic origin	
	- Morbidity &	
	Mortality	
	- Marriage rate	
	<b>2)</b> History of the community	
	<b>3)</b> Values & Attitudes	







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В	Environment:	
	1) Physical	
	- Climate	
	- Geography	
	- Resources	
	- Boundaries	
	- Housing	
	2) Biological & chemical	
	- Air	
	- Food supply	
	- Pollutants	
С	Suctome	
	Systems	
	1) Health	
	- Prevention	
	- Treatment	
	- Rehabilitation	
	2) Education	
	- Public ( Ed.	
	level)	
	- Private ( Ed.	
	level)	







	3) Economic	
	- Occupation	
	- Banks	
	- Markets	
	4) Recreation	
	- Public	
	- Private	
	5) Religion	
D	<b>Community dynamic</b> -Communication	
E	Major sources of	
	community data	
	-Government	







Clients	Community
Nursing Process	
Assessment	
Nursing Diagnosis	







Planning & goals	
Intervention or Implementation	
Evaluation	



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Primary Prevention	
Secondary	
Prevention	



Γ





Tertiary Prevention	







#### Family Health Assessment Form

Family Name: ..... Family ID No: .....

Occupational Status: ..... Health Insurance: .....

Preventive Health Care: ......Medical emergency plan .....

Community agency involved with family: .....

Family Composition (Map (Genogram) includes health problems and family members)

Date		
1st 2n <b>d</b>	Assessment Parameter	Comments
	<ul> <li>1) Structural Characteristics</li> <li>Education</li> <li>Finance</li> <li>Division of labor</li> <li>Culture</li> <li>Power &amp; Authority</li> <li>Activities of daily living</li> <li>Health Status</li> </ul>	
	<ul> <li>2) Process Characteristics</li> <li>Atmosphere of house</li> <li>Communication</li> <li>3) Relationship with external</li> </ul>	







	system	
	Attitudes	
	Contact with other families	
4)		
	Neighborhood	
	Housing	
5)	Knowledge regarding specific	
	disease	
	- S& S	A A
	- Causes	
	- Treatment	
	- Prevention	
	- Complication	
	- Services available for the specific	
	disease	
	- Utilization of services	
	- Using Traditional or Modern	
	medicine	



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Summary of family strengths and weaknesses

Priorities of family







Clients	Family
Nursing Process	
Assessment	
Nursing Diagnosis	
Planning & goals	





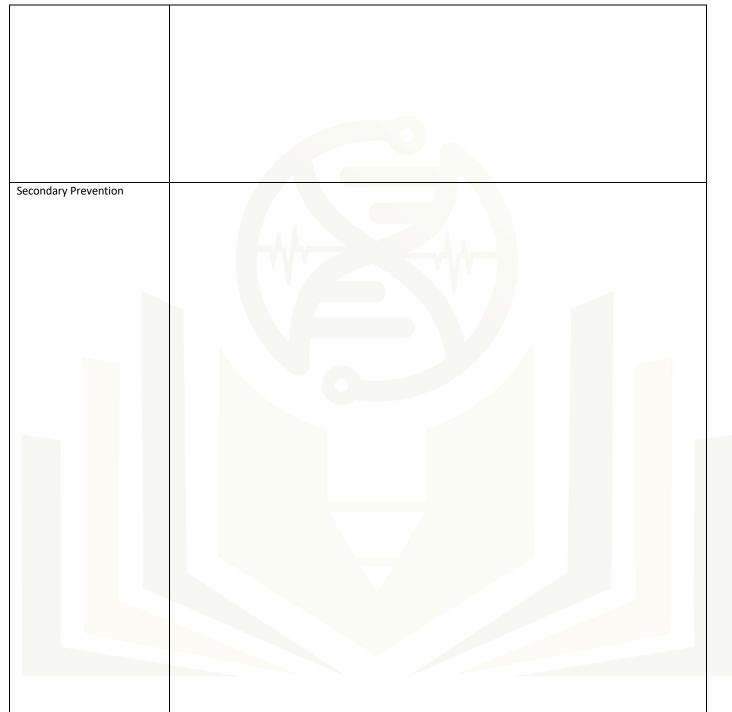


Intervention/Implementation	
Evaluation	
Primary Prevention	























### **Designing an Educational Program**

- I. Background
- II. Target Learners
- III. Objectives/Purposes
- IV. Outcomes
- V. Content of the Program
- VI. Program Planning

Planning Phases

#### Program Details

Title of the Program							
Target Date:		Objectives:					
Target Time:							
Participants:							
No. of Participants:							
COMMITTEES	WHAT TO PREPARE	RESPONSIBLE STUDENT	BUDGET	REMARKS DONE			
Programme leaflets							
Attendance sheet							
Food/snacks							
Physical set-up							







Technical/Presentaion			
Documentation			
Documentation			

VII. Program Implementation

Strategies

Resources

Challenges

VIII. Program Evaluation







#### CHECK LIST FOR CLINICAL COMMUNITY HEALTH NURSING

#### Antenatal area

#### Student Name: Clinical Area:

Date

		Student's Experience		Remark
Steps	Done	Not done	Remark	
1. History taken (specially obstetric history)				
2. Health education about proper nutrition				
3. Health education about personal hygiene				
4. Health education about medication				
5. Health education about immunization				
6. Health education about follow-up				
7. Health education about hospital delivery				
8. Health education about breast feeding				
9. Checking of blood sugar				
10. Checking blood pressure				
Total				







#### **Immunization**

Student Name: Clinical Area: Date:

	Student's Experience		Student	Remark
Steps	Done	Not done	Remark	
Type of immunization				
Doses				
Route				
Time				
Total				









#### Chronic diseases

student Name:

linical Area:

	Student's Experience		Student	Remark
Steps	Done	Not done	Remark	
1. Health education about hypertensive diet				
2. Health education to hypertensive treatment				
3. Health education about exercise				
4. Checking blood pressure				
5. Health education about diabetic diet				
6. Health education for diabetic treatment				
7. Health education about exercise				
8. Checking blood glucose				
9. Health education about foot care				
10. Health education about follow-up				
Total				







#### <u>Pharmacy</u>

#### itudent Name: Iinical Area:

		Student's Experience		Remark
Steps	Done	Not	Remark	
		done		
1. Type of essential drugs				
2. Uses				A.
3. Health education of usage				
Total				









#### School visit Report

tudent Name: linical Area:

	Student's Experience		Student	Remark
Steps	Done	Not	Remark	
	_	done	/	
1. Primary school				
2. High secondary school				
3. Rehabilitation Center				
Total				







#### PHC Report

tudent Name: linical Area:

	Student's Experience		Student	Remark
Steps	Done	Not done	Remark	
1. Antenatal area				
2. Immunization				
3. Chronic diseases				
4. Pharmacy				
Total				









## PHC Report

Date /

Services provide by unit /

Common health problems/









#### Activities done by Students /

Health education provided to patient/







#### **Recommendations/**

