Subject No. 2 CLINICAL SPECIALITY -II CHILD HEALTH NURSING (PEDIATRIC NURSING)

Total: 1110 Hours

Theory: 150 Hours

Practical: 960

Hours

AIM:

This course is designed to assist students in developing expertise and in depth understanding in the field of Pediatric Nursing. It will help students to develop advanced skills for nursing intervention in various pediatric medical and surgical conditions. It will enable the student to function as pediatric nurse practitioner/specialist. It 'will further enable the student to function as educator, manager, and researcher in the field of Pediatric nursing.

OBJECTIVES:

At the end of the course the students will be able to:

- Apply the nursing process in the care of ill infants to pre adolescents in hospital and community
- Demonstrate advanced skills/competence in nursing management of children with medical and surgical problems.
- Recognize and manage emergencies in children.
- Provide nursing care to critically ill children.
- Utilize the recent technology and various treatment modalities in the management of high risk children.
- Prepare a design for layout and describe standards for management of pediatric units/hospitals.
- Identify areas of research in the field of pediatric nursing.

COURSE CONTENTS:

Unit I -Introduction:

- Current principles, practices and trends in Pediatric Nursing.
- Role of pediatric nurse in various settings -Expanded and extended.

Unit II -Disease Conditions in Children:

- Pathophysiology, assessment (including interpretation of various invasive and noninvasive diagnostic procedures), treatment modalities and nursing intervention in selected pediatric medical disorders:
- Child with respiratory disorders:
 - Upper respiratory tract: choanal atresia, tonsillitis, epistaxis, aspiration.
 - Lower respiratory tract: Broncheolitis, Bronchopneumonia, Asthma, cystic fibrosis
- Child with gastro-intestinal disorders:
 - Diarrheal diseases, gastro-esophageal reflux.

- Hepatic disorders: Hepatitis, Indian childhood cirrhosis, liver transplantation.
- Malabsorption syndrome, Malnutrition
- Child with renal/ urinary tract disorders:
 - Nephrotic syndrome, Nephritis, Hydronephrosis,
 - Hemolytic-uremic syndrome, kidney transplantation
- Child with cardio-vascular disorders:
 - Acquired: Rheumatic fever, Rheumatic heart disease,
 - Congenital: Cynotic and acynotic
- Child with endocrine/metabolic disorders:
 - Diabetes insipidus, Diabetes Mellitus IDDM, NIDDM, hyper and hypo thyroidism,
 - Phenylketonuria, galactosemia
- Child with Neurological disorders:
 - Convulsions, Meningitis, encephalitis, guillian- Barre syndrome
- Child with oncological disorders:
 - Leukemias, Lymphomas, Wilms' tumor, nephroblastomas, neuroblastomas,
 - Rhabdomyosarcoma, retinoblastoma, hepatoblastoma, bone tumors
- Child with blood disorders:
 - Anemias, thalassemias, hemophilia, polycythemia,
 - Thrombocytopenia, and disseminated intravascular coagulation
- Child with skin disorders
- Common Eye and ENT disorders
- Common Communicable diseases
- Liver transplantation.
- Guillian- Barre syndrome.
- Bone tumors.
- Disseminated intravascular coagulation.
- Nursing care during blood transfusion.

Unit III -Assessment:

- Assessment(including interpretation of various invasive and non-invasive diagnostic procedures), treatment modalities including cosmetic surgery and nursing interventions in selected pediatric surgical problems/ Disorders:
- Gastrointestinal system: Cleft lip, cleft palate and conditions requiring plastic surgery, Tracheo esophageal fistula/atresia, Hirschsprungs' disease/megacolon, malrotation, intestinal obstruction, duodenal atresia, gastrochisis, exomphalus, anorectal malformation, omphalocele, diaphragmatic hernia
- Anomalies of the nervous system: Spina bifida, Meningocele, Myelomeningocele, hydrocephalus
- Anomalies of the genito-urinary system: Hypospadias, Epispadias, Undescended testes, Exstrophy bladder

- Anomalies of the skeletal system
- Eye and ENT disorders
- Nursing management of the child with traumatic injuries: General principles of managing Pediatric trauma
 - Head injury, abdominal injury, poisoning, foreign body obstruction, burns & Bites.
- Child with oncological disorders: Solid tumors of childhood, Nephroblastoma, Neuro blastoma, Hodgkin's/Non-Hodgkin's Lymphoma, Hepatoblastoma, Rhabdomyosarcoma.
- Management of stomas, catheters and tubes.
- Management of wounds and drainages.

Unit IV -Intensive care for pediatric clients:

- Resuscitation, stabilization & monitoring of pediatric patients
- Anatomical & physiological basis of critical illness in infancy and childhood
- Care of child requiring long-term ventilation
- Nutritional needs of critically ill child
- Legal and ethical issues in pediatric intensive care
- Intensive care procedures, equipment and techniques
- Documentation

Unit V- High Risk Newborn:

- Concept, goals, assessment, principles.
- Nursing management of :
 - Post-mature infant and baby of diabetic and substance use mothers.
 - Respiratory conditions, Asphyxia neonatorum, neonatal apnoea meconium aspiration syndrome, pneumo thorax, pneumo mediastinum
 - Icterus neonatorum.
 - Birth injuries.
 - Hypoxic ischaemic encephelopathy
 - Congenital anomalies.
 - Neonatal seizures.
 - Neonatal hypocalcaemia, hypoglycemia, hypomagnesaemia.
 - Neonatal heart diseases.
 - Neonatal hemolytic diseases
 - Neonatal infections, neonatal sepsis, opthalmia neonatorum, cogenital syphilis, HIV/AIDS
 - Pierre robin syndrome
 - Caroli disease
- Advanced neonatal procedures.
- Calculation of fluid requirements.
- Hematological conditions erythroblastosis fetalis, hemorrhagic disorder in the newborn
- Organization of neonatal care, services (Levels), transport, neonatal intensive care unit, organization and management of nursing services in NICU.

• Hemorrhagic disorder in the newborn.

Unit VI -Developmental disturbances and implications for nursing:

- Adjustment reaction to school,
- Learning disabilities
- Habit disorders, speech disorders,
- Conduct disorders,
- Early infantile autism, Attention deficit hyperactive disorders (ADHD), depression and childhood schizophrenia.

Unit VII -Challenged child and implications for nursing:

- Physically challenged, causes, features, early detection & management
- Cerebral palsied child,
- Mentally challenged child.
- Training & rehabilitation of challenged children

Unit VIII -Crisis and nursing intervention:

- The hospitalized child,
- Terminal illness & death during childhood
- Nursing intervention-counseling

Unit IX -Drugs used in Pediatrics:

- Criteria for dose calculation
- Administration of drugs, oxygen and blood
- Drug interactions
- Adverse effects and their management

Unit X -Administration and management of pediatric care unit:

- Design & layout
- Staffing,
- Equipment, supplies,
- Norms, policies and protocols
- Practice standards for pediatric care unit
- Documentation

Unit XI -Education and training in Pediatric care:

- Staff orientation, training and development,
- In-service education program,
- Clinical teaching programs.

PRACTICAL:

- Clinical practice in Pediatric medical, surgical, cardio thoracic wards, neonatal intensive care unit, labor room, pediatric OPD, immunization, well baby clinic, child guidance clinics, school health centers, community health.
- Clinical participation of a child- per week by each student.
- Field visits: Child care centre, Anganwadi, play school, special schools for challenged children, Juvenile court, UNICEF, Orphanage, Crèche, SOS Village.
- **Procedures to be observed**: Echocardiogram, Ultrasound head, ROP Screening (Retinopathy of prematurity).
- **Procedures to be assisted**: Advanced neonatal life support, Lumbar puncture, Arterial blood gases, ECG recording, Umbilical Catheterization Arterial and venous, Arterial B.P monitoring, Blood transfusion Exchange transfusion full and partial, I.V. cannulation and therapy, arterial catheterization, chest tube insertion, endo tracheal intubation, ventilation, insertion of long line, productive and child health.

• Procedures to be performed:

Airway management- application of oro pharyngeal airway, oxygen therapy, CPAP, care of treacheostomy, endotracheal intubation, Neonatal resuscitation.

Monitoring of neonate –Clinically and with monitor, CRT (Capillary refill time), assessment of jaundice, ECG, Gastric Lavage, Setting of Ventilator, Phototherapy.

Assessment of neonate – Identification and assessment of risk factors, APGAR score, gestational age, anthropometric assessment, Weighing the baby.

New born examination: Detection of life threatening congenital abnormalities, Admission and discharge of neonate in hospital.

Feeding – management of breast feeding, artificial feeding, expression of breast milk, Oro gastric tube insertion, Gavage feeding, TPN – total parental nutrition, breast feeding counseling.

Thermoregulation – Axillary temperature, kangaroo mother care, use of radium warmer, incubators, management of Thermo regulation and control

Administration of drugs – I.M., I.V. injection, I.V. Cannulation and fixation of infusion pump, calculation of dosages, neonatal formulation of drugs, use of tuberculin/insulin syringe, monitoring fluid therapy, blood administration,

Prevention of infection- hand washing, disinfection and sterilization, surveillance, fumigation.

Collection of Specimen: Collection & sending to laboratory.

Instruments and Equipments: Setting, use and maintenance of basic equipments – Ventilators, O_2 analyzer, monitoring equipment, phototherapy unit, pulse meter, infusion pump, radiant warmer, incubators, centrifuge machine, etc.

CLINICAL SPECIALITY- II CHILD HEALTH NURSING (PEDIATRIC NURSING)

| Unit No & | Objective | | | | | Contents | | | | |
|--------------|--|--------|-------------------------------|--|--------------|--|---------------------|---------------------|------------|--|
| Hours I | At the end unit the st | uden | ts are | Introduction | | | | | | |
| (05 hrs) | able to: | | | • Current principles, practices and trends in Pediatric Nursing.(2 hours) | | | | | | |
| | Knowledge: Under | stand | the | Role of pediatric nurse in various settings -Expanded and extended.(3 hours) | | | | | | |
| | principles and role of nurse in | | | I | | U | 1 | | × , | |
| | pediatric care. | | | | | | | | | |
| | Skill: Practice prir | nciple | es of | | | | | | | |
| | pediatric nursing i | n cl | inical | | | | | | | |
| | setting. | | | | | | | | | |
| | Attitude: Adapts t | o v | arious | | | | | | | |
| | roles of pediatric | nurs | se in | | | | | | | |
| | different settings. | | | | | | | | | |
| Unit I: Int | | | | | | | | | | |
| Co | ourse Outcome | P | Program (| outcome | | | | | | |
| | | | Clinician Nurse educato | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher | |
| and Pediatri | oret the meaning of pediatri c nursing. Explain the curr diatric nursing | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| | ibe the ethics in pediatric | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| CO3 : Desc | ribe the factors influencing diatric nursing | g on | 3 | 3 | 3 | 3 | 3 | 3 | | |
| | in the Extended role of | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| 1 | | | | | | | | | | |

CO5: Explain the Expanded role of

| pediatric nu | irse | | | | | | | |
|-----------------------|--|---|--|---|---|---|--|---|
| CO6: Explacate | ain modern concept of child | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| CO7: Explanurse. | ain changing role of pediatric | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| - | At the end unit the studer able to: Knowledge: Understand explains the pathopyhsi and treatment modalitie various systemic diseas children. | ats are s and iology • s for es in betent, turally • ildren stemic etence nildren s of | Pathophysiolinon-invasive intervention i Child with re Child with re Upper aspira Lowe cystic Child with ga Diarri Hepat transp Malab Child with re Nephi Hemo Child with ca Acqui Conge Child with en | ogy, assessment (diagnostic pro- n selected pediati spiratory disorder r respiratory trac fibrosis. (3 hours astro-intestinal dis heal diseases, gast cic disorders: H blantation. psorption syndrom nal/ urinary tract rotic syndrome, N blytic-uremic synd rotic -vascular diso ired: Rheumatic fi enital: Cynotic an adocrine/metaboli | including intercedures), tree cedures), tree ic medical di s: act: choana t: Broncheol corders: tro-esophages tro-esophages lepatitis, Inc ne, Malnutriti disorders: lephritis, Hyd brome, kidney orders: ever, Rheuma d acynotic. (2 c disorders: | erpretation of eatment mo sorders: al atresia, itis, Bronch al reflux. dian childh ion. (3 hours) fronephrosis y transplanta atic heart dis 3 hours) | b various odalities tonsillitis opneumor nood cirr s) s, ation. (3 ho sease, | invasive and and nursing , epistaxis, nia, Asthma, hosis, liver |
| | | • | hypo - Pheny | etes insipidus, Di thyroidism, /lketonuria, galac eurological disoro | tosemia. (3 h | | I, INIDDN | i, nyper and |

| | | Child w Child w Child w Child w Child w Common Common | hours) with oncological d Leukemias, Ly neuroblastomas, Rhabdomyosarco hours) with blood disorde Anemias, thalass Thrombocytopen hours) with skin disorders on Eye and ENT o | mphomas, Wilr ma, retinoblastoma rs: emias, hemophilia, ia, and disseminat s.(2 hours) lisorders.(2 hours) e diseases.(2 hours) | ns' tumo a, hepatobla polycythem ted intravas | r, neph stoma, bor iia, | roblastomas, ne tumors.(3 |
|--|---------------------------------|---|---|--|--|-------------------------------|------------------------------|
| | | Bone tDisser | | cular coagulation | . , | | |
| Unit II -Disease Conditions in Chil | dren | Nursing | g care during bloc | d transfusion.(1 ho | ur) | | |
| Course Outcome | | | Pr | ogram outcome | | | |
| | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher |
| CO-1: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Upper respiratory tract: choanal atresia, | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| tonsillitis, epistaxis, aspiration. describe Lower respiratory tract Broncheolitis, Bronchopneumonia, Asthma, cystic fibrosis, describe treatment modalities and nursing intervention in selected respiratory disorders in children. | | | | | | | |
|---|---|---|---|---|---|---|---|
| CO-2: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Diarrheal diseases, gastro-esophageal reflux, Hepatic disorders: Hepatitis, Indian childhood cirrhosis, liver transplantation, Malabsorption syndrome, Malnutrition, describe treatment modalities and nursing intervention in selected gastro- intestinal disorders in children. | 3 | 3 | 3 | 3 | 3 | 3 | 2 |
| CO-3: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Nephrotic syndrome, Nephritis, Hydronephrosis, Hemolytic-uremic syndrome, kidney transplantation, describe treatment modalities and nursing intervention in selected renal/ urinary tract disorders in children. | 3 | 3 | 3 | 3 | 3 | 3 | 2 |
| CO-4: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| diagnostic procedures of Acquired: Rheumatic fever, Rheumatic heart disease, Congenital: Cynotic and acynotic. describe treatment modalities and nursing intervention in selected cardio-vascular disorders in children. | | | | | | | |
|--|---|---|---|---|---|---|---|
| CO-5: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Diabetes insipidus, Diabetes Mellitus – IDDM, NIDDM, hyper and hypo thyroidism, Phenylketonuria, galactosemia. describe treatment modalities and nursing intervention in selected endocrine/metabolic disorders in children. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| CO-6: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Convulsions, Meningitis, encephalitis, guillian- Barre syndrome. describe treatment modalities and nursing intervention in selected Neurological disorders in children. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| CO-7: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Leukemias, Lymphomas, Wilms' tumor, | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| nephroblastomas, neuroblastomas, Rhabdomyosarcoma, retinoblastoma, hepatoblastoma, bone tumors. describe treatment modalities and nursing intervention in selected oncological disorders in children. | | | | | | | |
|---|---|---|---|---|---|---|---|
| CO-8: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures of Anemias, thalassemias, hemophilia, polycythemia, Thrombocytopenia, and disseminated intravascular coagulation. describe treatment modalities and nursing intervention in selected blood disorders in children. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| CO-9: Explain Pathophysiology, assessment, diagnostic procedures of skin disorders. Describe treatment modalities and nursing intervention in selected skin disorders in children. | 3 | 3 | 2 | 2 | 3 | 2 | 2 |
| CO-10: Explain Pathophysiology, assessment (including interpretation of various invasive and non-invasive diagnostic procedures) of Common Eye and ENT disorders describe treatment modalities and nursing intervention in selected Common Eye and ENT disorders in children. | 2 | 2 | 2 | 3 | 2 | 2 | 2 |
| CO-11: Explain the Common Communicable diseases describe treatment modalities and nursing | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| intervention | in selected Common | | | | | | | |
|---------------------------------|----------------------------------|--|---|--|---|--|--|--|
| Communica | ble diseases in children. | | | | | | | |
| CO-12: Exp blood transfu | blain Nursing care during usion. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| - | | tudents are stand and treatment rsing care children n different e-operative nders pre- erative and ent care to the needs | Assessidiagnos nursing Gastroi surgery disease gastroc diaphra Anoma Myelor Anoma Undesc Anoma Eye and Eye and Nursing of mana - Head & Bites Child Nephro | ment(including in stic procedures), f interventions in s ntestinal system: r, Tracheo /megacolon, mal hisis, exompla gmatic hernia. (4 lies of the neningocele, hydr lies of the g ended testes, Exs lies of the skeleta d ENT disorders. g management of aging Pediatric tra injury, abdomina s. (4 hours) with oncologi blastoma, Neuro | aterpretation of values reatment modalities selected pediatric su Cleft lip, cleft pala esophageal f rotation, intestina alus, anorectal hours) nervous system: cocephalus.(4 hours) enito-urinary system trophy of bladder. (1 l system.(4 hours) (4 hours) the child with trausuma al injury, poisoning cal disorders: blastoma, Hodgl | rious invas s including argical prob te and cond fistula/atresi l obstruction malforma Spina l) tem: Hypo 4 hours) matic injurt s, foreign bo Solid tun kin's/Non-H | sive and n cosmetic lems/ Disc itions requ a, Hin on, duode ation, c oifida, M ospadias, ies: Gener | non-invasive surgery and orders: uiring plastic rschsprungs' enal atresia, omphalocele, Meningocele, Epispadias, al principles action, burns childhood, |
| | | | | | omyosarcoma. (4 ho | | | |
| | | | | | catheters and tubes. | . , | | |
| | | | Manage | ement of wounds | and drainages. (3 h | ours) | | |
| Unit III -As | | | | ~ ~ | | | | |
| Co | ourse Outcome | | | Prog | gram outcome | | | |

| | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher |
|---|---------------------------------|--------------|--------------|---|---------------------|------------------|------------|
| CO1: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in gastrointestinal system disorders: Cleft lip, cleft palate and conditions requiring plastic surgery, Tracheo esophageal fistula/atresia, Hirschsprungs' disease/ megacolon, malrotation, intestinal obstruction, duodenal atresia, gastrochisis, exomphalus, anorectal malformation, omphalocele, diaphragmatic hernia. | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO2: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in nervous system disorders: Spina bifida, Meningocele, Myelomeningocele, hydrocephalus. | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO3: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in genito-urinary system: Hypospadias, Epispadias, Undescended testes, Exstrophy of | 03 | 03 | 02 | 02 | 01 | 01 | 01 |

| bladder. | | | | | | | |
|---|----|----|----|----|----|----|----|
| CO4: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in skeletal system. | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO5: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in Eye and ENT disorders. | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO6: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in traumatic injuries: General principles of managing Pediatric trauma | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO7: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in head injury, abdominal injury, poisoning, foreign body obstruction, burns & Bites. | 03 | 03 | 02 | 02 | 01 | 01 | 01 |
| CO8: Explain the assessment, treatment modalities including cosmetic surgery and nursing interventions in oncological disorders: Solid tumors of childhood, Nephroblastoma, Neuro blastoma, Hodgkin's/Non-Hodgkin's | 03 | 03 | 02 | 02 | 01 | 01 | 01 |

| Lymphoma, | Hepatoblastoma, | | | | | | | | | | |
|---------------|--|---------------------------------|-----------------|--|---|---------------------|---------------------|------------|--|--|--|
| Rhabdomyo | sarcoma. | | | | | | | | | | |
| | ribe the management of | 03 | 03 | 02 | 02 | 01 | 01 | 01 | | | |
| | eters and tubes. | | | | | 01 | | | | | |
| IV | At the end unit the s | tudents are | | Intensive care for pediatric clients | | | | | | | |
| (10 hrs) | able to: | | • Resusci | • Resuscitation, stabilization & monitoring of pediatric patients. (2 hours) | | | | | | | |
| | Knowledge: Under | stand and | l • Anatom | nical & physiol | ogical basis of | critical illr | ness in i | nfancy and | | | |
| | explain the needs | s of the | e childho | od.(2 hours) | | | | | | | |
| | pediatric clients | requiring | G • Care of | child requiring lo | ong-term ventilation | n. (1 hour) | | | | | |
| | intensive care. | | Nutritic | onal needs of critic | cally ill child. (1 ho | our) | | | | | |
| | Skill: Render efficien | nt pediatric | • Legal a | nd ethical issues i | n pediatric intensiv | e care. (1 h | our) | | | | |
| | intensive care. | | e | | s, equipment and te | | , | | | | |
| | Attitude: Identify needs for | | n - | entation. (1 hour) | , • 1 | | 110 010) | | | | |
| | intensive care among pediatric | | | entation. (1 nour) | | | | | | | |
| | clients and act promptly. | | | | | | | | | | |
| Unit IV: In | tensive care for pediatric | clients | | | | | | | | | |
| Co | ourse Outcome | | Program outcome | | | | | | | | |
| | | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher | | | |
| CO-1: Expla | ain Resuscitation, | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| | ribe stabilization & of pediatric patients | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| CO-3: Expla | ain Anatomical & | | | | | | | | | | |
| physiologica | al basis of critical illness | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| in infancy a | in infancy and childhood | | | | | | | | | | |
| CO-4: Illust | CO-4: Illustrate Care of child | | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| requiring los | ng-term ventilation | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |

| CO-5: Descr | ribe Nutritional needs of | | 2 | 2 | | | | | | | |
|----------------|-------------------------------|-------------|--------------------------------|----------------------------|-----------------------|---------------|------------|---------------|--|--|--|
| critically ill | child | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| CO-6: Expla | ain Legal and ethical | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| _ | liatric intensive care | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| CO-7: Descr | CO-7: Describe Intensive care | | | | | | | | | | |
| procedures, | equipment and | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | |
| techniques | | | | | | | | | | | |
| CO-8: Expla | ain Documentation | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | |
| V | At the end unit the s | tudents are | High Risk | Newborn | | | | | | | |
| (20 hrs) | able to: | | Concept | ot, goals, assessme | ent, principles.(2 ho | ours) | | | | | |
| | Knowledge: Under | stand and | Nursing | g management of | : | | | | | | |
| | explain the high ris | k newborn | - Pos | t-mature infant, a | and baby of diabet | ic and subs | tance use | mothers. (1 | | | |
| | conditions. | | hou | r) | | | | | | | |
| | Skill: Provide effect | ive nursing | - Res | piratory conditi | ions, Asphyxia | neonatorun | n, neona | tal apnoea | | | |
| | care to high-risk new | born. | med | conium aspiration | syndrome, pneumo | o thorax, pn | eumo med | liastinum. (1 | | | |
| | Attitude: Identify | needs for | hou | r) | | | | | | | |
| | special care among | high risk | - Icterus neonatorum. (1 hour) | | | | | | | | |
| | newborn baby | and act | - Birt | - Birth injuries. (1 hour) | | | | | | | |
| | promptly. | | - Hyj | poxic ischaemic e | ncephalopathy.(1 h | our) | | | | | |
| | | | - Cor | ngenital anomalies | s, Neonatal seizures | s. (1 hour) | | | | | |
| | | | - Neo | onatal hypocalcae | mia, hypoglycemia | , hypomagn | esaemia. (| 1 hour) | | | |
| | | | - Neo | onatal heart diseas | ses. (1 hour) | | | | | | |
| | | | - Neo | onatal hemolytic | diseases, Neona | tal infectio | ons, neon | atal sepsis, | | | |
| | | | optl | halmia neonatorui | m, cogenital syphili | is, HIV/AID | S. (1 hour | ·) | | | |
| | | | - Pie | rre robin syndro | me. Caroli disease | e. (1 hour) | | | | | |
| | | | Advance | ed neonatal proce | edures.(2 hours) | | | | | | |
| | | | Calcula | tion of fluid requi | irements.(1 hour) | | | | | | |
| | | | | _ | s – erythroblastosi | s fetalis, he | morrhagic | disorder in | | | |
| | | | | vborn. (2 hours) | 2 | , | 0 | | | | |

| • | Organization of neonatal care, services(Levels), transport, neonatal intensive |
|---|--|
| | care unit, organization and management of nursing services in NICU.(2 |
| | hours) |
| • | Hemorrhagic disorder in the newborn.(1 hour) |

| | | • Incinion | magic disorder m | the newborn.(1 not | | | |
|--|---------------------------------|--------------|------------------|---|---------------------|------------------|------------|
| Unit V: High Risk Newborn | | | | | | | |
| Course Outcome | Program of | outcome | | | | | |
| | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher |
| CO1: Enlist the classification of | | | | | | | |
| high-risk newborn. Explain | | | | | | | |
| categorize- for follow up of high – | 3 | 2 | 3 | 3 | 2 | 3 | 2 |
| risk newborn. | | | | | | | |
| CO2: Enlist the etiology of post maturity infant. Explain the nursing care plan for child who is having diabetics. | 3 | 3 | 3 | 3 | 2 | 2 | 2 |
| CO3: list symptoms of asphyxia neonatorum. Illustrate the management of asphyxia neonatorum. | 3 | 3 | 3 | 3 | 3 | 2 | 2 |
| CO4: Enumerate the clinical features of respiratory distress syndrome. Identify the diagnostic evaluation of respiratory distress syndrome. | 3 | 2 | 2 | 3 | 2 | 3 | 2 |
| CO5: Define birth injuries. Explain types of head injury | 3 | 3 | 3 | 3 | 2 | 2 | 2 |
| CO6: Define hypoxic-ischemic | 3 | 2 | 2 | 2 | 2 | 2 | 1 |

| encephalopathy Illustrate the Sarnat | | | | | | | |
|---|---|---|---|---|---|---|---|
| Staging System of hypoxic-ischemic | | | | | | | |
| encephalopathy CO7: Enumerate the etiology of | | | | | | | |
| CO7. Enumerate the ethology of Congenital anomalies. Describe the | | | 2 | 2 | 2 | 2 | 2 |
| nursing management of congenital | 3 | 2 | 3 | 3 | 2 | 3 | 3 |
| anomalies. | | | | | | | |
| | | | | | | | |
| CO8: Enlist the type of neonatal seizures. Illustrate the medical and | | | | | | | |
| nursing management of neonatal | 3 | 2 | 3 | 3 | 3 | 2 | 2 |
| seizure. | | | | | | | |
| CO9: Identify the clinical | | | | | | | |
| hypocalcaemia. Explain two nursing | 3 | 2 | 3 | 3 | 3 | 2 | 2 |
| diagnosis of hypocalcaemia. | | | | | | | |
| CO10: Enumerate the classification | | | | | | | |
| of Neonatal heart diseases | 3 | 3 | 2 | 2 | 2 | 2 | 2 |
| .Describe the nursing diagnosis of | - | - | | | _ | | |
| neonatal heart disease. | | | | | | | |
| CO11: Define Neonatal hemolytic | | | | | | | |
| diseases. Illustrate the nursing | 3 | 2 | 2 | 2 | 2 | 2 | 3 |
| management of neonatal hemolytic disease. | | | | | | | |
| CO12: Illustrate the clinical features | | | | | | | |
| of neonatal sepsis Elaborate the | 3 | 2 | 2 | 3 | 3 | 3 | 2 |
| management of neonatal sepsis. | | | | | | | |
| CO13: Define Pierre robin | | | | | | | |
| syndrome. Describe the nursing | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
| diagnosis of pierre robin syndrome. | | | | | | | |
| CO 14: Enlist the Advanced | | | | | | | |
| neonatal procedures. Explain the | 3 | 3 | 3 | 2 | 2 | 3 | 2 |
| care of patients on ventilator | | | | | | | |

| CO 15: Illus | trate the drug calculation | | | | | | | | | |
|---------------|----------------------------------|---------------------------------|----------------|--|---|---------------------|------------------|------------|--|--|
| formula for | • | 3 | 2 | 2 | 2 | 2 | 1 | 2 | | |
| | ne Erythroblastosis | | | | | | | | | |
| Fetalis. Desc | - | | 2 | 3 | 2 | 2 | 2 | 2 | | |
| incompatibil | | _ | 2 | 5 | 2 | - | _ | 2 | | |
| | merate the objective of | | | | | | | | | |
| | rate the criteria for | 3 | 3 | 3 | 3 | 3 | 2 | 3 | | |
| admission in | | 5 | 0 | 5 | 0 | 5 | _ | 5 | | |
| VI | At the end unit the s | tudents are | e Developme | ental disturbance | es and implication | s for nursir | ng | | | |
| (10 hrs) | able to: | | - | nent reaction to so | - | | 0 | | | |
| | Knowledge: | Understand | ĩ | g disabilities. (2 l | | | | | | |
| | developmental distur | | | | | | | | | |
| | their implications for pediatric | | | Conduct disorders. (2 hours) | | | | | | |
| nursing. | | | | | Attention deficit | hyperactive | e disorder | (ADHD) | | |
| | | | • | depression and childhood schizophrenia.(2 hours) | | | | | | |
| | Skill: Develop | skills ir | | | i semzophrenia.(2 i | 10013) | | | | |
| | identifying dev | elopmenta | 1 | | | | | | | |
| | disturbances at the ea | rliest. | | | | | | | | |
| | | | | | | | | | | |
| | Attitude: Guide the | parents for | r | | | | | | | |
| | corrective | therapeutic | 2 | | | | | | | |
| | modalities for dev | elopmenta | 1 | | | | | | | |
| | disturbances | | | | | | | | | |
| | velopmental disturbance | es and impli | cations for nu | rsing | | | | | | |
| Co | ourse Outcome | | | Prog | gram outcome | | | | | |
| | | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher | | |
| CO-1: Expla | in Adjustment reaction | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | |

| to school. | | | | | | | | |
|--------------------------------|--|--|--------------|--------------|-----------------------------|---------------------|------------------|-------------|
| CO-2: Desci disabilities. | Describe Learning 2 ies. 2 | | 2 | 2 | 2 | 2 | 2 | 1 |
| CO-3: Expla | ain Habit disorders, | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| CO-4: Desci | ribe speech disorders. | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| CO-5: Expla | ain Conduct disorders. | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| CO-6: Expla autism, | ain Early infantile | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | ribe Attention deficit disorders (ADHD), | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| CO-8:Expla | in depression | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| | CO-9: Describe childhood 2 | | 2 | 2 | 2 | 2 | 2 | 1 |
| VII (10 hrs) Unit VII: C | At the end unit the s able to: Knowledge: Under special needs of the children. Skill: Cater to the sp of the challenged suffering from variou Attitude: Devel understanding for the behavior of the behavior in health &i hallenged child and imp | Physically challenged, causes, features, early detection & management. hours) Cerebral palsied child. (3 hours) Mentally challenged child.(3 hours) Mentally challenged child.(3 hours) Training & rehabilitation of challenged children. (2 hours) Training & rehabilitation of challenged children. | | | | | | agement. (2 |
| | ourse Outcome | | nursing | Prog | gram outcome | | | |
| | | Clinician/ Nurse | Professional | Communicator | Leader and member of the | Lifelong learner | Critical thinker | Researcher |

| | educator | | | health care team and system | | | |
|--|----------|---|---|--------------------------------|---|---|---|
| CO1: Identify the classification of challenged children. | 3 | 3 | 2 | 1 | 1 | 1 | 1 |
| CO2: Define physically challenged children and state the causes of physical challenged. | 3 | 3 | 2 | 2 | 2 | 1 | 1 |
| CO3: Describe the various physically challenges in children. | 3 | 3 | 2 | 1 | 1 | 1 | 1 |
| CO4: Determine the features, early detection and management of handicapped children. | 3 | 3 | 2 | 2 | 1 | 1 | 1 |
| CO5: Recognize the causes and classification of cerebral palsy. | 2 | 3 | 2 | 2 | 1 | 1 | 1 |
| CO6: Explain the medical and nursing management of cerebral palsy. | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| CO7: Illustrate the causes in detail and categorize the mentally challenged children. | 3 | 2 | 2 | 2 | 1 | 1 | 1 |
| CO8: Explain the measure for preventing the mentally challenged children. | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| CO9: Explain various problems of socially challenged children. | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| CO10: Recognize the training & rehabilitation of challenged children. | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| CO11: Explain the nurse's role in rehabilitation of challenged children. | 3 | 3 | 1 | 2 | 2 | 1 | 1 |
| CO12: Develop the nursing care plan for the challenged children. | 3 | 3 | 2 | 1 | 1 | 1 | 1 |
| VIII At the end unit the students are Crisis and nursing intervention | | | | | | | |

| able to: | • The hospitalized child. (2 hours) |
|---------------------------------|--|
| Knowledge: Understand the | • Terminal illness & death during childhood. (2 hours) |
| nature of crises situations for | • Nursing intervention-counseling. (1 hour) |
| pediatric clients. | |
| Skill: Recognize the various | |
| crises situations and perform | |
| promptly and efficiently. | |
| Attitude: Identify means to | |
| prevent crises among pediatric | |
| population and provide health | |
| education to this effect. | |
| | Knowledge: Understand the nature of crises situations for pediatric clients. Skill: Recognize the various crises situations and perform promptly and efficiently. Attitude: Identify means to prevent crises among pediatric population and provide health |

Unit VIII: Crisis and nursing intervention

| Co | ourse Outcome | | | Prog | gram outcome | | | |
|------------------------------|--|---------------------------------|--------------|--------------------|---|---------------------|---------------------|------------|
| | | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher |
| CO: 1- Expl child. | lain about hospitalized | 3 | 3 | 3 | 2 | 3 | 2 | 3 |
| CO: 2- Expl illness of ch | lain about terminal ildhood. | 3 | 3 | 3 | 2 | 3 | 2 | 3 |
| CO: 3- Desc childhood. | cribe about death during | 3 | 3 | 3 | 2 | 3 | 2 | 3 |
| CO: 4- Expl intervention | lain the nursing in crisis. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| IX | At the end unit the s | tudents are | Drugs used | l in Pediatrics | | | | |
| (05 hrs) | able to: | | Criteria | for dose calculat | ion. (1 hour) | | | |
| | Knowledge: Explain | the drugs | • Admini | stration of drugs, | oxygen and blood. | (1 hour) | | |
| | used in pediatric. | • Drug interactions. (1 hour) | | | | | | |
| | Skill: Administer medications to pedia | | • Adverse | | management. (1 ho | our) | | |

| correctly and observe for | their |
|---------------------------|--------|
| effects. | |
| Attitude: Educate pa | arents |
| about administration | of |
| medication to children | of |
| various age groups. | |

Unit IX: Drugs used in Pediatrics

| 00 | urse Outcome | Program o | Program outcome | | | | | | | | |
|----------------------------------|--|---------------------------------|------------------------------|----------------------|---|---------------------|------------------|------------|--|--|--|
| | | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher | | | |
| CO: 1- Expl calculation. | ain the criteria for dose | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
| | ribe the administration /gen and blood. | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
| CO: 3- Expl interactions. | ain the drug | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
| | nerate the adverse xplain its management. | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
| X | At the end unit the s | tudents are | Administra | ation and manag | gement of Pediatric | c care unit | | | | | |
| (10 hrs) | able to: | | • Design & layout. (2 hours) | | | | | | | | |
| | Knowledge: | Understand | • Staffing | • Staffing. (1 hour) | | | | | | | |
| | different policies, pro | ptocols and | e Equipm | ent, supplies. (2 h | nours) | | | | | | |
| | uses of various equ | ipments in | • Norms, | policies and prote | ocols. (2 hours) | | | | | | |
| | the pediatric wards. | | Practice | e standards for peo | diatric care unit. (2 | hours) | | | | | |
| | Skill: Practice star | ndards for | • Docume | entation. (1 hour) | | , | | | | | |
| | pediatric care. | | | | | | | | | | |
| | Attitude: Plan ar | nd design | L L | | | | | | | | |
| | pediatric care unit. | | | | | | | | | | |
| Unit X: Ad | ministration and manag | ement of Pe | diatric care u | nit | | | | | | | |

| Co | ourse Outcome | Program outcome | | | | | | | | |
|-------------------------------|---|---|---|-------------------|---|---------------------|---------------------|------------|--|--|
| | | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher | | |
| and manage unit, Design | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | |
| CO-2: Expl in PICU. | ain the Staffing pattern | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | |
| CO-3: Enurand supplies | merate the equipments s in PICU. | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | |
| CO-4: Expl and protoco | ain the Norms, policies ls of PICU. | 3 | 3 | 3 | 3 | 3 | 3 | 2 | | |
| 1 | ain the practice or pediatric care unit. | 3 | 3 | 3 | 3 | 3 | 2 | 2 | | |
| CO-6: Expl PICU. | CO-6: Explain the documentation in 3 | | 3 | 3 | 2 | 2 | 2 | 2 | | |
| XI (05 hrs) | At the end unit the s able to: | tudents are | Education and training in Pediatric care Staff orientation, training and development. (1 hour) | | | | | | | |
| In:4 VI. F | Knowledge: Understor for staff orientation development in nursing care. Skill: Plan and imposervice education provide the education provides of the staff. Attitude: Participate teaching activities. | tion and pediatric plement in- programme s in clinica | • Clinical | ce education prog | | | | | | |
| | lucation and training in loorse Outcome | Pediatric ca | re | Pro | gram outcome | | | | | |

| | Clinician/ Nurse educator | Professional | Communicator | Leader and member of the health care team and system | Lifelong learner | Critical thinker | Researcher |
|---|---------------------------------|--------------|--------------|---|---------------------|------------------|------------|
| CO-1: Describe the education and training in Pediatric care and Staff orientation. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| CO-2: Explain the training and development in pediatric care. | 3 | 3 | 3 | 2 | 3 | 3 | 3 |
| CO-3: Explain the In-service education program. | 3 | 3 | 3 | 2 | 2 | 2 | 2 |
| CO-4: Explain the clinical teaching programs. | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

AREA AND DISTRIBUTION OF CLINICAL HOURS:

| Sr. No. | Dept / Unit | No. of weeks | Total hours |
|------------|-------------------------|--------------|-------------|
| 1. | Pediatric Medicine ICU | 4 | 120 |
| 2. | Pediatric Surgical ICU | 4 | 120 |
| 3. | NICU | 4 | 120 |
| 4. | Pediatric OT | 2 | 60 |
| 5. | Pediatric Medicine Ward | 6 | 180 |
| 6. | Pediatric Surgery Ward | 6 | 180 |
| 7. | Emergency Casualty | 4 | 120 |
| 8. | Field Visits | 2 | 60 |
| | Total | 32 weeks | 960 hours |

TEACHING STRATEGY:

Total Hours: 1110

Theory Hours: 150

Clinical Hours: 960

TEACHING METHOD:

• Lectures, Seminars, Case presentation & discussion. Clinical observation, Symbiotic interdepartmental scientific activity (SISA), Inter departmental case discussion (IDCD) & Syndicate journal club.

A.V. AIDS:

• OHP, LCD, Posters, Blackboard, Demonstration.

ASSIGNMENTS:

Theory:

| Sr. | Assignment | No./Quantity | Marks per | Total Marks |
|-----|------------|--------------|-------------|-------------|
| No. | | | Assignment | |
| 1 | Seminar | Four | 1X50 | 200 |
| | | | Total Marks | 200 |

Practical:

| Sr. | Assignment | No./Quantity | Marks per | Total |
|-----|---|--------------|-------------|-------|
| No. | | | Assignment | Marks |
| 1 | Teaching learning module preparation | One | 1X25 | 25 |
| | (Group work) | | | |
| 2 | Case study | One | 1X25 | 25 |
| 3 | Case Presentation | One | 1X50 | 50 |
| 4 | Nursing Care Plans | Two | 1X25 | 50 |
| 5 | Specialty Procedure Evaluation (Minimum | Two | 1X25 | 50 |
| | 2) | | | |
| 6 | Specific Day Celebration (Group work) | One | 1X25 | 25 |
| 6 | Super Specialty visit Report (Group work) | One | 1X50 | 50 |
| 7 | Clinical Performance Evaluation | One | 1X100 | 100 |
| | | | Total Marks | 375 |

RECOMMENDED BOOKS:

- Achar ST and Viswanathan -"Text book of Paediatrics; A Clinical Approach"
- Alexander NM, Brown MS;-" Paediatric Physical Diagnosis for Nurses"
- Ball- "Paediatric Nursing caring for children"
- Behrman, Richard K & Vaughan-"Nelson,s Textbook of Paediatrics"
- Blake G, Florence & Wright- "Essentials of Paediatric Nursing"
- Barbara EW- "Guidelines in the care of the low birth weight"
- Bowden Greenberg- "Pediatric Nursing Procedure"
- Browder J J- "Nursing care of children" FADavis
- Cameron, Jelinek et al;-"Text Book of Emergency Paediatric Medicine"
- Cloherty, John P & Stark, Ann R-"Manual Neonatal care"
- David Hull & Johnstan D- "Essentials Of Paediatrics"
- Elizabeth Hurlock-"Child Development"
- Ghai O P-"Essential Text Book Of Paediatrics"
- Ghosh Shanti- "Nutrition and child care"
- Ghosh Shanti- "Know your child"
- Gupte Suraj;-"Neonatal Emergencies"
- Gupte Suraj-"A Short Text book of Paediatrics"
- Guha DK-"Neonatology"
- Guha DK- "Manual of Practical newborn Care"
- Hathfield N- "Introductory Paediatric Nursing"
- Helens CL & Roberts- "Paediatric Nursing"
- Khilnany- "Practical approach to Paediatric Intensive Care"
- Kulkarni MC- "Manual of Neonatology"

- Klosner & Nancy Hathfield- "Introductory Maternity and Paediatric Nursing"
- Merenstein & Gardner-"Handbook of neonatal intensive care"
- Mcmillan, Fergin et al;-" Oski's Paediatrics-Principle & practice"
- Marlow Dorothy "Textbook of Paediatric Nursing"
- Parthasarthy et al- "IAP Textbook of Paediatrics"
- Park's "Text book of Preventive and Social medicine"
- Roberts KD Edwards JM- "Paediatric Intensive Care"
- Richard Polin-"Pediatric Secrets"
- Selekman- "Pediatric Nursing"
- Singh Meherban; "Care of Newborn"
- Singh Meherban; "Drugs Used in Children"
- Slota; "Core curriculum for Paediatric Critical Care Nursing"
- Speer; "Pediatric Care planning"
- Vidhyasagar & Sarnaik; "Neonatal & Paediatric Intensive Care"
- Wagle CS; "Short Text Book of Paediatrics" Vohra Book Centre,
- Whaley & Wong; "Nursing care of Infants and Children"
- Whaley, Lucilla F Donna L; "Essentials of Pediatric Nursing"
- Udani RH; "Neonatal Resuscitation"