

AMALA COLLEGE OF NURSING AQAR (2022-2023)



CRITERION 3– Research, Innovations and Extension Key Indicator 3.4 – Extension Activities

Metric No. 3.4.4 - Institutional social responsibility activities in the neighbourhood community in terms of education, environmental issues like Swachh Bharath, health and hygiene awareness and socio-economic development issues carried out by the students and staff during the year.

SUBMITTED TO



National Assessment and Accreditation Council

ACTIVITIES OF STUDENTS & FACULTY (2022-23)



(An undertaking of Amala Cancer Hospital Society)
Amala Nagar P.O., Thrissur-680 555, Kerala, India.

VISIT TO OLD AGE HOME

As a part of the Christmas celebration, NSS volunteers visited an old age

home in Thalakottukara on 15/12/2022. Fifty students were accompanied by the NSS program officer and Associate Professor sister Jyotish CSC. Students celebrated Christmas with this group and arranged games and talent sessions in between. The programs were warmly received by all in such a way that everyone could enjoy them.



Objectives:

The primary objective of our visit to the old age home was to gain insights into the living conditions, emotional well-being, and healthcare provisions for the elderly residing there. Additionally, we aimed to understand the challenges faced by the elderly in such facilities and explore opportunities for community engagement and improvement.

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Event Highlights:





All the members of the old age home were enthusiastic and participated in all the activities. The students were informed that it was a great opportunity to mingle with Society and the needy in society and thank the organizers of the old age home.





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CLEAN INDIA CAMPAIGN AND ACTIVITIES IN THE ADOPTED VILLAGE

The Clean India campaign and activities in the adopted village of Elavally Gramapanchayath have made significant strides in promoting cleanliness, sanitation, and hygiene. The family health centre and its surroundings were cleaned on October 1, 2022, as a part of the Gandhi Jayanti Day celebration.

Objectives:

- Improving solid waste management practices.
- · Promoting hygiene and sanitation awareness.
- Enhancing cleanliness and aesthetic appeal of the village.
- Inculcating a sense of responsibility and community participation.

The village's achievement status, coupled with improved waste management practices and increased awareness, highlights the positive impact of community-driven initiatives. Continued efforts and community engagement are essential to sustain and build upon these achievements, ensuring that the adopted village remains a model of cleanliness and sanitation for the broader community. The campaign serves as a testament to the importance of grassroots initiatives in improving the living conditions and well-being of residents in rural areas.

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Event Highlights:

















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MAINTENANCE OF THE GARDEN AND CLEANING OF THE COLLEGE PREMISES

NSS volunteers took part in the maintenance of the garden, which is on the 28 August campus in front of the College of Nursing. They also clean and maintain the area on a routine basis. They also clean and maintain the area on a routine basis.

OBJECTIVES

- Improve the visual appeal of the college premises through regular maintenance of the garden, ensuring a clean, green, and vibrant atmosphere.
- Create an inviting and positive ambiance that contributes to a conducive learning environment.
- Instill a sense of pride and ownership among the college community by maintaining a well-kept garden and premises.
- Implement eco-friendly practices in garden maintenance, such as composting, water conservation, and the use of sustainable landscaping techniques.

These efforts not only ensured the garden's aesthetic appeal but also contributed to its safety and functionality. Regular maintenance is essential to sustain the beauty and vitality of outdoor spaces, create enjoyable environments for visitors, and promote the well-being of plants and ecosystems. Garden maintenance serves as an ongoing commitment to the care and stewardship of this valuable community asset.



Event Highlights:





















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REPORT ON NUTRITION PROGRAM

As a part of the fourth-year BSc. Nursing Community posting, the NSS unit conducted the nutrition awareness program 'RUCHIKOOTU'. The program was conducted on August 23, 2022, from 10 a.m. to 12 p.m. at Suvarna Anganavadi of Elavally Grama Panchayath.

Objectives

- · Reduce the prevalence of malnutrition among children and mothers.
- Improve the overall health and development of children.
- · Enhance the nutritional knowledge of mothers and caregivers.
- Assess the frequency and thoroughness of health check-ups for children and mothers.
- · Highlight any specific health issues identified and addressed.
- Determine the level of understanding and application of nutritional knowledge by mothers and caregivers.

For this, the students were divided into groups focusing on the dietary problems of preschoolers, adolescents, pregnant women, and lactating mothers. Their recipes required to meet the dietary needs were discussed. The program was inaugurated by Mr. Jio Fox, the panchayath president. The welcome address was by Mr. Arun Mohan. Felicitation was done by Mrs. Annie, the Anganavadi teacher. Ms. Anitta Johny delivered the vote of thanks.

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The program had an audience of 18 people belonging to different age groups. The beneficiaries were mothers and elderly citizens. An interactive session was conducted, and feedback was collected. The program was a successful endeavor.

PHOTOGRAPHS



















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VAYOJANA SANGAMAM, THANNAL

Amala College of Nursing, in collaboration with Community Health Nursing and Mental Health Nursing, organized 'VAYOJANA SANGAMAM - THANNAL' on August 11, 2022, from 10 a.m. to 1 p.m. at Mareena Home Chowannur.

Objectives:

- To raise awareness about the issues affecting the elderly population.
 Through informational sessions, participants were informed about common health concerns, legal rights, and available support service.
- · To promote the physical and mental well-being of old age people.
- To facilitate knowledge exchange among professionals, caregivers, and seniors, fostering a collaborative environment to address the challenges of aging.

The program begins with the prayer song, and Ms. Sandhra Benny welcomes the gathering. The program was inaugurated by Rev. Sr. Nivya, and she introduced the members and also explained about the functioning of the institution.

In the home, there were a total of 30 members, and they were very happy with good co-existence. The third-year BSc nursing students provided the health awareness class. The major topics were sleep hygiene, mental wellness, a healthy diet, and personal hygiene. The session was very interesting with the wide interaction of residents.

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Thereafter, fourth-year BSC nursing students demonstrated musclebuilding exercises, and the residents joined in the exercises. There were also group dances and songs, and residents enjoyed it very well. The program was concluded at 1.00 p.m., and the vote of thanks was given by Ms. Antreeza, a thirdyear BSC nursing student. Overall, the program was well conducted, and all enjoyed it very well.

PHOTOGRAPHS











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REPORT ON SCHOOL HEALTH PROGRAMME

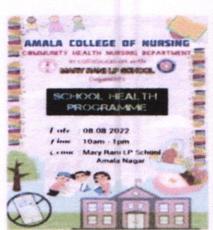
As a part of our fourth-year Community Health Nursing posting, we got an opportunity to conduct a school health program on August 10, 2022, at 10 a.m. in Mary Rani L. P. School, Amala Nagar, Thrissur. The school health program mainly focused on the topics of personal hygiene, mobile phone addiction, and a healthy diet.

Objectives:

- To educate students about the importance of personal hygiene and instill
 habits that contribute to overall health.
- To create awareness about the potential risks associated with excessive mobile phone use and promote responsible usage.
- To foster a culture of healthy eating habits among students and educate them about the benefits of a balanced diet.

The program was started with a prayer song by fourth-year BSN students. Ms. Diona Ann Joseph, the student representative, welcomed the gathering. Mr. Nitheesh, a ward member of ward-10 Adat Gram Panchayat, delivered the inaugural address. Rev. Sr. Ally Therese F.C.C., Head Mistress of Mary Rani LP School, delivered the felicitation. Thereafter, a puppet show including the topics of personal hygiene, mobile phone addiction, and a healthy diet was conducted by the fourth-year BSC nursing students. After the puppet show, a health checkup for first-to fourth-grade students was done. 172 students participated in the health checkup. Mrs. Shaly Joseph Asst. Professor and Mrs.Rinu David Asst.Professor supported us with their valuable suggestions in conducting the program. The awareness session and health checkup were a great success. The program was concluded at 1.00 pm by the vote of thanks of Ms. Keckup Surendran, a fourth-year BSC nursing student.

PHOTOGRAPHS















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Report on the Nutrition Day Program

"SWAD" (2022)

"Good nutrition creates health in all areas of our existence; all parts are interconnected."

Today, the world faces a double burden of malnutrition and overnutrition. Taking this into consideration, we, the fourth-year BSC students of Amala College of Nursing, in association with the community health nursing department, conceded that advertising is incumbent in the panchayath, especially where we had posted for community practice. On July 1, 2022, at 10:00 a.m. in Navodaya Anganawadi, almost all fourth-year students steered the nutritional program "SWAD: Good Food for Good Health 2022." The inauguration was done by the panchayath president, Mr. Geo Fox, and the felicitation was delivered by Mrs. Lalitha.

Objectives:

- Increase awareness among the general population about the importance of nutrition in maintaining good health and preventing various diseases.
- Encourage individuals to adopt and maintain healthy eating habits, including a balanced and varied diet rich in essential nutrients.
- Provide education on nutritional principles, the benefits of different food groups, and the impact of nutrition on overall well-being.
- Raise awareness about the risks of malnutrition and provide information on how to prevent and address nutritional deficiencies.
- Focus on specific nutritional challenges or issues prevalent in the community, such as obesity, diabetes, vitamin deficiencies, or other nutrition-related health concerns.

The students were divided into five groups, and each group acquainted themselves with a healthy diet for preschoolers, schoolers, adolescent girls, pregnancy and lactation, and finally for the elderly. The presentation was bestowed with alluring charts, a prepared one-day menu plan for each category, and the details of the RDA for each group. The food items prepared by the students spread to the participants in the program. The program ended with a vote of thanks.

Event Highlights:







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International Day Against Drug Abuse and Illicit Trafficking 2022

The International Day Against Drug Abuse and Illicit Trafficking event at the Amala campus and its premises on June 27, 2022, was a powerful and informative occasion that emphasized the importance of drug prevention, rehabilitation, and international cooperation. It provided attendees with valuable knowledge and resources to combat drug abuse and promote healthier communities.

Objectives:

- Promoting awareness about the dangers of drug abuse and the importance of prevention.
- Advocating for international cooperation to address the challenges posed by illicit drug trade.
- Encouraging communities, governments, and organizations to take proactive measures in the fight against drug abuse.
- Highlighting the global impact of drug abuse and illicit trafficking on individuals and societies.

Moreover, the event underscored the collective responsibility of individuals, communities, and nations to address the drug problem. As drug-related issues continue to affect societies worldwide, events like these serve as a reminder of the need for education, prevention, treatment, and cooperation in the fight against drug abuse and illicit trafficking. The International Day Against Drug Abuse and Illicit Trafficking celebration reinforced the message that drug abuse is a global issue that demands a unified response to problem individuals and communities from its devastating effects.

NSS volunteers prepared awareness charts and posters regarding the topic. The charts are published in front of the hospital, and awareness pamphlets are distributed to the public.

PHOTOGRAPHS







PHOTOGRAPHS







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Yoga training on June 17, 2022

The International Day of Yoga is celebrated annually on June 21st. Yoga is a physical, mental, and spiritual practice that originated in India. Yoga is an integral part of medical care as well. In order to raise awareness about yoga and its benefits, Amala College of Nursing, a college union, in collaboration with NSS, organized a yoga training camp on May 17, 2022, at 10 a.m. at Amala Auditorium.

Objectives:

- Encourage individuals to adopt a healthy lifestyle through regular physical activity.
- · Raise awareness about the positive impact of yoga on mental health.
- Highlight the various physical benefits of yoga, such as increased flexibility, strength, and balance.
- Highlight the meditative aspects of yoga that contribute to mindfulness and self-awareness.

The resource person was Mrs. Deepthy C. (M.Sc. Yoga), Yoga Trainer, Vaidhyaratnam Ayurveda College, Ollur. The program began with a prayer song, followed by a welcome speech by Ms. Blessy Maria Chacko, a 4th year B.Sc. Nursing student, and an inaugural address by Professor Dr. Rajee Reghunath, Principal, Amala College of Nursing. The session began at 10:00 a.m. with a brief history, followed by asanas and pranayamaas to enhance health. Finally, the program was conducted with a vote of thanks by Jimimol M. Jiji, a 3rd year B.Sc. Nursing student.

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World blood donors' day - camp

Amala Medical College celebrated the silver jubilee of its blood bank unit on June 14, 2022. Their proud moment was celebrated with the union of Amala Blood Bank and the Amala College of Nursing NSS Unit. The event commenced with a rally to Chavara Block at 7.45 a.m., followed by flying hydrogen balloons. At 10.30 a.m., third-year B.Sc. nursing students performed a flash mob to raise awareness about blood donation.

The official meeting was conducted in the chapel of Chavara Block at 11 a.m. It was inaugurated by Shri. Aadhithya R., IPS District Police Chief, Thrissur. The dignitaries included Rev. Fr. Julius Arakkal CMI, Director, Amala Institute of Medical Sciences; Zone Senior Drug Inspector Mr. Saju R; Fr. Jaison Mundanmanny CMI, Associate Director, Amala Institute of Medical Sciences; Fr. Deljo Puthoor CMI, Associate Director, Amala Institute of Medical Sciences; Dr. Rajee Reghunath, Principal, Amala College of Nursing; Dr. Rennis Davis, Vice Principal, Amala Institute of Medical Sciences; Sri Tinny Francis, who donated blood 122 times; Transfusion Medicine HOD Dr. Vinu Vipin; and Blood Bank Incharge Sr. Elizabeth SH.

Objective:

The World Blood Donors' Day Camp was organized with the primary objectives of promoting awareness about the importance of blood donation, encouraging voluntary blood donation, and recognizing and appreciating the invaluable contribution of blood donors worldwide. The event aimed to address the ongoing challenges in ensuring a steady and safe blood supply for medical treatments and emergencies.

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Event Highlights:



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Environment Day Celebration

The Environment Day celebration at Amala College of Nursing in 2022 was held on June 6th 2022, which was a resounding success in promoting environmental awareness, sustainability, and community engagement. It provided attendees with valuable knowledge and resources to take meaningful actions to protect the environment.

Objectives:

- Create awareness among the community about environmental issues
- Educate participants about the importance of individual and collective actions in preserving and protecting the environment.
- Encourage the adoption of sustainable practices in daily life, such as reducing waste, conserving energy, and using eco-friendly products.
- Undertake a tree plantation drive to contribute to the increase in green cover and combat deforestation.
- Launch a waste management campaign to promote proper waste disposal, recycling, and reduction of single-use plastics.

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As a part of Environment Day, students actively participated in campus cleaning. As a part of the celebration, students also conducted an essay writing competition. Students have also prepared awareness posters regarding the importance of the day.

Event Highlights:



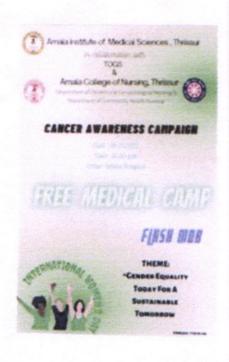




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Cancer Awareness Campaign

As a part of the Women's Day celebration, Amala Institute of Health Sciences and Amala College of Nursing, in association with TOGS, organized a cancer awareness campaign on 08 March 2022 at 10.00 am. It was a resounding success in raising awareness about cancer and its impact on individuals and communities. It provided attendees with valuable knowledge about prevention, early detection, and available resources. By offering free screenings and emotional support through survivor stories, the campaign not only educated the public but also made a tangible difference in the lives of those affected by cancer. It reinforced the importance of proactive healthcare, community support, and ongoing research in the fight against cancer. The program included a free medical camp along with health education and a flash mob. The program was a success, and students actively participated in it.







Event Highlights:











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Amala Nagar P.O., Thrissur-680 555, Kerala, India.

Pulse Polio Immunization Programme - 2022

As a part of pulse polio immunization programme, 50 NSS volunteers were posted in different places (Chittatukara Janashakthi Anganavadi, kakkasseri, Vaka Subcentre, Ellavally FHC, Poovathur Bus stand, UHC Patturaikkal and Amala Hospital, Thrissur) for participating in the programme in 6 booths.

Objectives:

- To ensure that every child under the age of five within the target population receives the polio vaccine.
- To sustain the polio-free status achieved through previous vaccination efforts.

A total number of 303 children get vaccinated from all the six booths. Two drops of polio were given to the child and all guidelines were followed for vaccine safety and following vaccine administration.

Through this programme students got a great opportunity to learn about vaccination process, vaccine vial monitoring and cold chain system. The programme was exciting, knowledgeable, and memorable.

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Photographs









BEST PRACTICE-1 APSARA DESCRIPTION

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Best practice-1

APSARA (ACON PALLITIVE SERVICES AND REACHOUT ACTIVITIES) Objectives

- 1. To instil human values and compassion for nursing students
- 2. To improve the nursing care skills of the students in a home-based setting
- 3. To sense the needs of society and be a part of the institutional social responsibility by offering **free** nursing services.

The Context

- Amala College of Nursing, Thrissur initiative on palliative services is a
 noble venture of Amala College of Nursing in collaboration with
 department of palliative medicine of Amala Institute of Medical Sciences,
 Thrissur in 2019.
- The college has evolved the concept of APSARA from the thought that the
 nursing education is strengthened by institutional social responsibility like
 participating in palliative care home visits and outreach activities. Thus the
 implicit aim of APSARA is the holistic development of students.
- Moreover, Amala being a treatment centre for cancer patients, there is a
 huge scope for the students of the college in gaining new knowledge and
 skills about palliative care and imparting this knowledge and skills in
 caring for the terminally ill patients within their door steps.
- Through the **constant support of the management and staff** the college strives, for the sense of social responsibility and team spirit in the students in tandom with personal achievement, to prepare them for life as mature, responsible, and capable curve graduates

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Practice

- The students and faculty of Amala College along with the palliative department of Nursing conducts regular home visit and provides free service to terminally ill and bed ridden patients who are residing within 20 kms radius of the hospital on every Thursdays.
- Till date APSARA has covered 115 patients through visiting 2 elderly care homes and direct family care.
- The team is accompanied by a UG or PG students, a teaching faculty
- (nurse),a doctor, social worker and a chaplain. The nursing team provides the needed nursing care to the patients.
- The resources required for palliative care including transportation is offered by the parent hospital.
- Amala College of Nursing also initiates outreach activities in which the students help the needy families by providing adequate nursing care, health education.

Evidence of success

- Palliative care is a multidisciplinary health care process to improve patient's quality of life and their families by alleviating or reducing suffering.
- Evidence of success is measured in terms of satisfaction of patient and family who are facing challenges associated with life threatening illness, stake holders and through student feedback.
- The society recognises the value of nursing care and nursing education in this paradigm shift.

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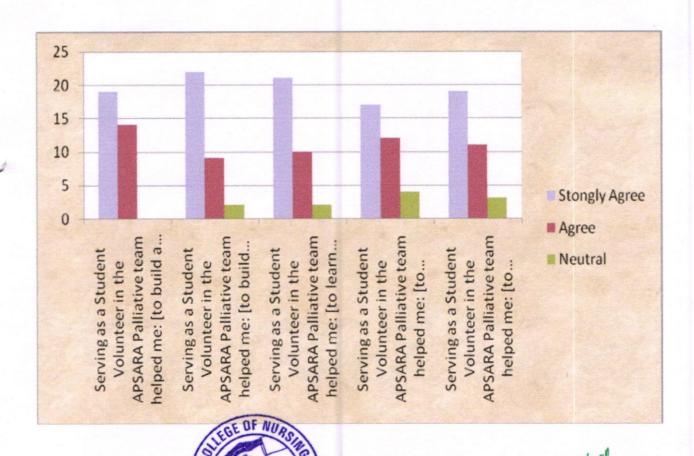
APSARA FEEDBACK REPORT OF STUDENTS



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APSARA Feedback

Criteria	Strongly Agree	Agree	Neutral
Serving as a Student Volunteer in the APSARA			
Palliative team helped me: [to build a strong self esteem]	19	14	0
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to build compassion to the			
poor and sick]	22	9	2
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to learn the art of helping society and communities]	21	10	2
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to improve knowledge and confidence in my ability to care for terminally ill patients]	17	12	4
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to improve my skill level by			
doing nursing procedures in home setting]	19	11	3



APSARAGUIDELINES

AMALA COLLEGE OF NURSING, THRISSUR

GUIDELINES FOR APSARA (ACON PALLIATIVE AND REACH OUT ACTIVITIES)

APSARA is a specialist home-based palliative care initiative by Amala College of Nursing aimed at instilling a sense of compassion among the nursing students by providing palliative care to the patients suffering from chronic end stage disease.

Objectives

- 1. To instil human values and compassion for nursing students
- 2. To improve the nursing care skills of the students in a home-based setting
- 3. To sense the needs of society and be a part of the institutional social responsibility

Committee members

	Members	Signature
Chairperson	Prof Dr Rajee Regunath, Principal	igan
Faculty representatives	Dr Sr Merly John, HOD Community Health Nursing	Sandy
	Mrs Shaly Joseph	
	Mrs Rinu David	Quel
	Mrs Aswathy Gopi	And .
Student representatives	Reshma.Babu Fourth Year BSc Nursing student	Part
	Chinju K Paul MSc Nursing student	Ox.

Activity

- Members of the APSARA committee meets every 6 months.
- Students provide home based care to the needy patients at the end stage of a disease like cancer.
- Students provide supervised care by a teaching faculty from the college of nursing.
- Students provide basic care like monitoring vital signs, wound dressing, catheter insertion, catheter care, NG tube feeding etc



- Students take part actively in assisting the palliative care team which includes doctors, registered nurses and social worker.
- The palliative team will be equipped with a medical kit which includes all articles for the basic care.
- Transportation facilities will be arranged from the college to the desired area of visit.
- The allotted areas for the home visit is within 20 km of the college.

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BEST PRACTICE-1 APSARA PHOTOGRAPHS



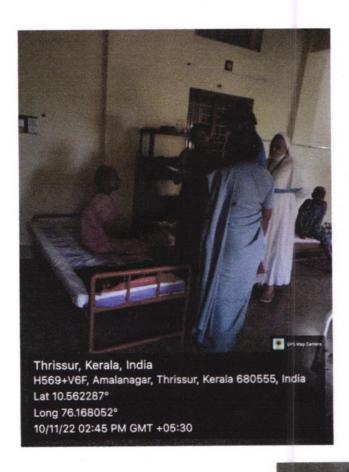
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GEO-TAGGED PHOTOS SHOWING THE APSARA ACTIVITIES







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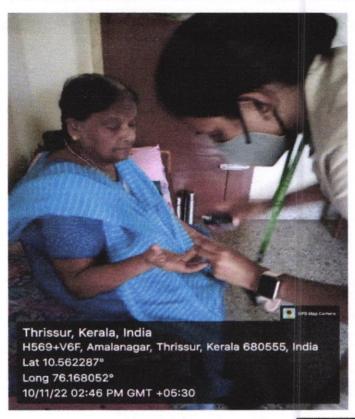
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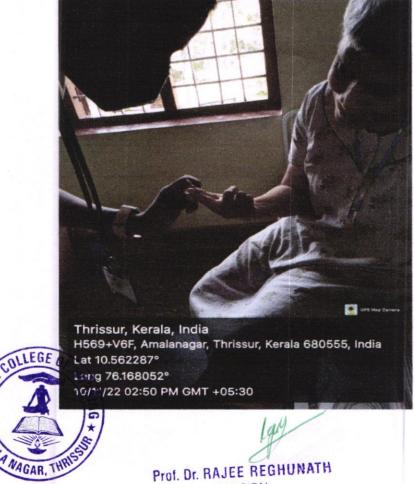
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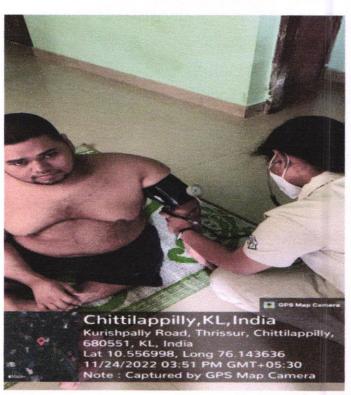


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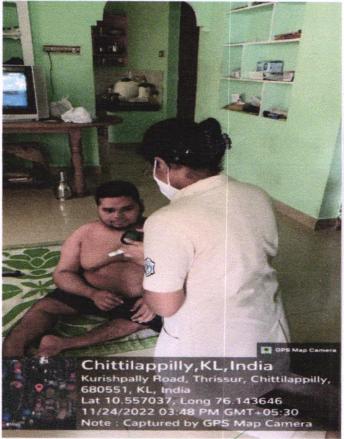
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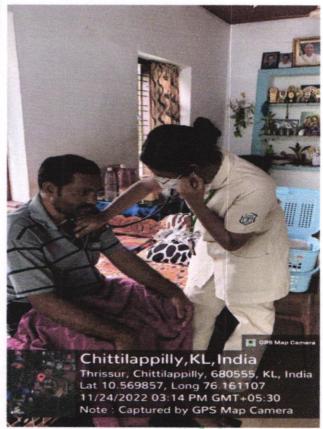
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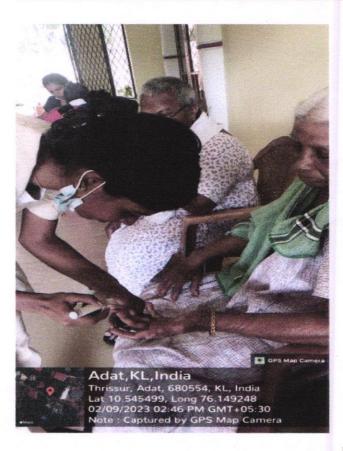


(An undertaking of Amala Cancer Hospital Society)

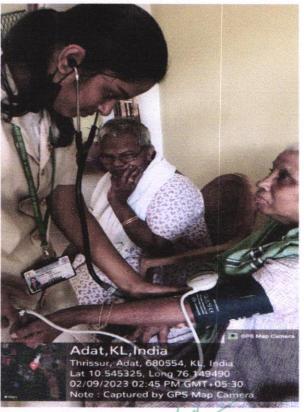
Amala Nagar, Thrissur – 680 555, Kerala

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COLLEGE OF REPRESENCE

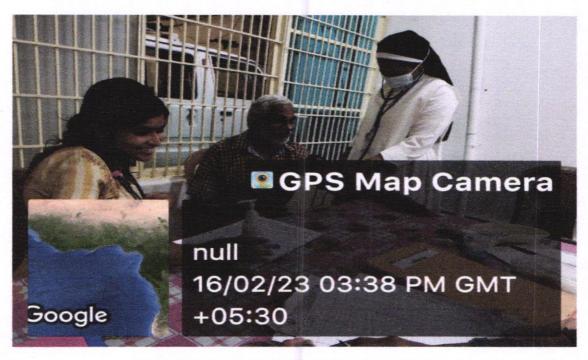
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Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING AMALA NAGAR P.O., THRISSUR-680 555

COLLEGE OF CLOSEN

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AMALA COLLEGE OF NURSING (An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India.

CHRISTMAS CELEBRATION IN GAGULTHA RENEWAL CENTRE

Little deeds of kindness is what makes this world beautiful. A Christmas celebration was celebrated by the second semester students of Amala College of Nursing in Gagultha Renewal Centre, Kaiparambu on 15/12/2022. The students celebrated Xmas with the residents of Gagultha. The students were guided by Sr Jyothish CSC, Associate Professor, Amala College of Nursing, Thrissur and under the leadership Rev Fr Jaison Mudanmany, Associate Director, Amala Institute of Medical Sciences, Thrissur. Students gifted them with sweets, gifts and recreational activities.







AMALA COLLEGE OF NURSING

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SUPPORTING DOCUMENTS OF APSARA

- 1. Supporting register of APSARA
- 2. Feedback report of students
- 3. APSARA Health education leaflet for patients prepared by students
- 4. APSARA skill training manual for students

SUPPORTING REGISTER OF APSARA BEST PRACTICE-1

PALLIATIVE CARE REGISTER (APSARA)



PALLIATIVE CARE VISIT
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	Three may 1			BO x 3 days			1 (Dear		718.	7-Amla 5-1-0-010 × 30dys	CARKS 17 127 mg/4
			(01110)	0				3 FI X		syp. Ascoril - D	
		100				TVE.	1-1-		19.4 - 101	5 ml 7DS x 7 days	2
	Mr-K.L Loners	77 498	housal	7 Angican	UNP85- 80	COLLE	OF		7	· muinai AB	1) .4.11
			muleenes	smg BD	KP-130/9/5/	1	A E Park	180	Maria Constant	KD+7 dugs.	
			5 700 30 20		0-82/m/		A S	1-11/1	MILLEROY	celemne 2/A	F. C
			- A- L	long 1/2 -0-1/2	13		* *	pry		b b	
	has her land	1	= (80 101	WAGAR	THRIS OUR	34475.	Dm/HTN		30/80
	Mrs - many Josep	b boys	ca Lung.		1218 - 1218 90 12185 - 133		Tall In	1110	bint Paris 3		- 82hmf
	10 TO	2266.53			2 - 88/mot		Jan + Im			for HA LIR	165-125 mgl.
		CGE OF A	_	,	Prof. Dr. R.		REGHUNATH	York.	0 1797	one By	
	pres many porche	1995	Germousn	T. Thamne !	15-P-130/9/1 A CC	PRINCIP	AL OF MARSHAMM ?	75975 1	6	STEGE OF	
		1) i lan	Login KDx Isdy	AMALA NAGAR		IRISSUR-680 555		10 hours M	No. R	0-120/90
	(2	1	1841/	7. Claren.	100 001		300 000	100	onplants	A VOI	- 82/mt 1

	128			1			Α.				129
Dali	Name	nse	1 873	Truetosent	Portechno	Date	Name In	Age	Asis &	Talatment)	paceduse
1.00	plice	52 48	pm/HIM	continue o	NP-Bolso		ms. Rosamma		MR	DOF ON	Bp - 100/ m
Lugar	Action Appendix	32-7"	progression	nighters	P-74/mt	BOOK A	m some life 1 who	1 1 Up	Tradition to	medication.	Bp - 100/80
	27451	1.6		mechedner	LIRBS -		et to the ten		41 1 1	1	p-92 b/m
	() 0 8	× 6 -		772274077207	120 mg/dl	My rate		actor	wall they	mysa!	Langerla
				et et la la la	- sieu		1001	docally	1	+ 1, 1, 1	11)
17/6/22	me Elianoma	65 yxs	DM HTN &	Headeapid	18p+180/41/11	Man	chil-of "			14 . 1	
11	A A STA	1	A SA	16 unit Bo	770"		11 - 125119 ABI BA	4 mer P	Many married	to by Edd	Rowal
2.6	Aska Trees	8 12		X & years.	Dm - 106 mg/	16/6/2	Horbalarunukan	12 Tu	and Albu	10	
Pho	14.5 88	W 25 V			. 0	1	M. Dars	3740	Den Hern	9-metromin soron	my BR-120/90mm
	Reetha	50485	Bipolox affertive	Benzodiaze	BP-110/70mm		Horbaran Raus	Glube	mental illness	1. Han huga paul will	1 9 4RBy - 219 mole
	3-15-5	.0	disorder	Due . 20.17			The state of the s	7	nstrma	T. muinai - Come	1).1 - ((1) 40mm
	1 Beach V			00 x 2 years			Mr bandamuthy	Chun	Mental illness	i I	17
	2 1-13	A. C.		J			1., 1		recual illness	No medicine	BP-110/70
	mas, gaacy	68485	psychosis	dozapine	8p-110/gmin		How homes Muly	Church	mental illness	8011	RB) - 160mg
80.03	mas, gaacy	W . J	130 000	Raptac - 20 mg	Om - 10 Traylal	1.90	Copial Brita	- Jan	E HM	T. Amlodspine	BP- Weltomm
2/11/5	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JULK	Maritan Latty	U	, 0		01 1	39400	PM	Tellows to to	MRRy - / borny/d
Barce	mas annoma	61485	HTN	Telmisartin -	BP-ILEN MININE	B00	Castrid RBS:		, , , , , , , , , , , , , , , , , , ,	9. methornin Dang	BP- 130/80mm
	-13 pt 2 x	J		40mg BD.	' Po d		. 1 1 . 1	Hyv	מודון מיום	01.1	71011
	6 10	250 M3		x 17 gears.				1	mental illness.	T. Losas fan	BP- 14/20mms
	ms. Leela	58 406	Choles tool		cholested-	eige	CORES 801 N	n 0 0		T. mettomin	ness- 150 mg/d
	- 1/0 x			20 mg x	238mg	11/1	Mor Lugurian	Styd	montal illness	Somy from	and ,
İ	Algorita.	10			Bp -120/ 100		18.53		E 14711 3	1. Amladipine	BP - 180/96
	mas, cicily Kutty	G4405.	9nemia		BP - 30/10	14:1:00	Morkechurappi	szyn	,	a A Hs	4RBJ-145
	0 ر	U	6	SHEGE OF Medication	1 160		//	0		9 Colims 2mg 10	BP- 16/80
	- 1/ 5/		12/11/21	1/5	, -1			1	1 10 10 10	I melforming soung	urs - asongly
Santa	mos. mary	70405	hypoglydenia	softine make	om - 72 m/4	1	Mr. Sathyan	4740	mental office	I Am ludi orne smy	
154 17 4		J	0.0.1*	of sweet whos	J. O.		0		Don' <	Timettormin soung	
		COL	LEGE OF THE	of sweet was	Maria De D	A 155 0	RECHUNATH	3 lyn	mental How	Tillim Long BD	MARY - 160 mg/s/
		MALA	A Sign	MAGAR.		PRINCIP	PAL	1	Edt or		BP-121 from sty
155	10 10 10	1	Jah All	545 m me 126 1	AMALA CO	DLLEGE	OPAN WRSING	694/3			MRBS - Bring(8)
7.11	187 SY - 18	1	MACAR THRES		AMALA NAGAF	P.O., T	HRISSUR-680 555	AMA	1 1	9. metformin	B.P- Up formally
	- 111 2500	1201- 1	CAUAII.		A MANAGEMENT			1.1	11) bomg 1-0-0	ores - Trobalds

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Date	9 Name	Age	Sex !	Preatment	Procedure	pate			Age	Dragnosis	Preatment	Procedure 1
9114 0	01, 931	- AU HOCH	11 11	31) 3 mm		har.	10 K. 194		4 17 4	oller bolder !	pris Tight	The Hora Lord
10/2/22	Thomas 11	Sayor	mental illness	Pathium 30cm	BP-130/80mm 1		Mr gab.	oy .	70 you	Mestally	Adviced to	BP:
Mild	77-9			1,100	URBI- Jamy 11			(HO)	Elip	1 ded Ming	Increase	120/10 money #5
	Nagras'	\$5900	mental illness	centinue fame	BP- 1718m		1 2/		S MCH	· · ·	islate of	Lk at its /
	.1 1	11"		freatment	rmmily	141	11 11 381	oli	10 f	My Tolk	flerid.	RBS :
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	George That yeth	bryn	mental illness	I meltomin	BR-110/formmy	A STATE OF THE PARTY OF THE PAR	* 4 2 2 4	27 8 11 11 1	611	No supply	Prychologica	0.
	, ,	1 01	with om	soong RD	URBy - 146 mg 10		1	Celin 14	4		Sugar to	
gemake !	Har forhyma to	Hoyen	mental willness	TIPL amyons		BURNES IN THE PROPERTY OF THE	BIOPLIA	10000	13 04	Hab hask	errye.	1411 50
Phubis	- wass from her	prochage 1	mental illinia	2-0-8	eres- Kong/1)	21	41112	18,19	7727-11	HATT MOOD	0	
Commo &	11 - 181 major 1	T musey	neckloria	Thanky henry	Hx-Kever		834 B	1 ghin		<u> </u>		
May			11 11	113	/		Ma. John	0500	64 425	Kidney	Adviced to	BP!
af)	11.48 × 115/	isten all	Mertal House	and my spine	Mr. banel		•	a dec	160.1	Pailure.	check were	THE RESERVE OF THE PERSON OF T
	- 603 -	1	11 11		1 1 1 1 1 1	th oth	1.1-120	ri High	11-1	CELE	output.	
BOOK N.	181 - 182 × 181	11	7 7	W Thello Mayor		4	18 (11)		1 63		Adviced to	· ·
23/0/23	Mary Joseph	60 yrs	F. Ca of lung	Tab Topial	Bp: 130/80	- 24	1061:131	p Fri	11	1 1/16 1	consal a	RSSV
ternary!	130 Storry 18 130	9. methon	Ma _	20,119		1	£ 34,			•	nephrologist	108 mg/d!
1/9/hu	E - 5877 J. Car.	1 1		Tab. Pastaid			1 000	-0-10		1gar	They 1841	1014
Section 2.1	the state of the s	Total P	1 1 1 1	1 100 1 Man	132 mg/d	(tano)	11 1501	- 31	210/	- Marko	,	
Mond	1890 -190		mental illnerg!			1. (100	m (33t)	· ist fa	MI	COLLEGE		
		W 17. 27.	Electric shar		BP: 120/80		1	11 11	1	202		
196	31-dy July	prong.	Hemipleg ra	Physiothoapy	mon of Ag	1 20	Tell 1	mill He	A		you wanted	Water B
723			1(1,4) 7	11/	RBS!	111 60	1 (31/2	The Alberta	F	640		
fe f	101-98 BV 600 10T		N44/146	delies idda	(8) mg/d/		A HEREN	1 600	6 101	110m		
Maraje	Littery MIN	nellen.	EDE WO			11	1111	11/14	J. CO	LLEGEOF	FILT	1 1/1
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4 am	That the proof the	N N	Dan Hara	they who	bt n! . m		1	ACT	*	15	3	Committee of the second
Home		1 E		1			REGHUNA	TH ON			7.	
	141. 211 Lung 0116		A NAGAR	Tryle the	AMAL	PRINC		Tr. dy	AMERICA MAGAR	(SUE)	2	
100	- 1820 Ca feet		ma in the	L. H	A BAAL A BLA		E OF NURSI THRISSUR-6	80 555	GAR	THRIS	(*)	
		"Timetter	in the story	19 1 Have	J 64					WADAN MIL		
19/ Jug 12	1-1820 o-0-1 form	500	13:5-11:1									

pate	mame bond	Age	Diagnosis	Treal ment	Briedue -	Pate	1 Name	120.00	age	Diagnoss	Treatment	Prouduce
	Mrs. Rugmini	75 yes	Brooking arlina		BP: 120 formil	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Me Tijil		46 97	1 pm		
	18 6 18 11			JAmlo Vo			7				1	GRAS: 132 mg/d
visione.	120/21 0000	The state of the s	Musde cramps.									Jana . 15 a my jan
	1 1 80 33			Fomez	Language & Language		Mo . Mahau	1.17	Jugr.	HTNE	7 - Telma 400 mg	Ment - 124 mol
	Mrs Ameria		Hypestermin	T. gmlo	BP: 110 Homely	111	M 337.	- 10 10 10 p	15 3 1			Bp: 180 /90 mm
p/ Ccca		Por	CAD, Munde	T. clopilet	GRBS: 120 mg/de		and the second	Cricrial	ta 1			1 , 50 / 10 . 50 /
1/2	Religion	Perio	Pain.	7. Ecospinin:	1 1		Ms · Rooba	1 1	50 ym.	HTOM	9. Clogapine	Bp:/20/60 mm 19
		200		Rumol (4/9)		-3	-31 9411	son Hdy	11 J. J.	Mental ichtes		CIRBY 187 mg/8
	Mrs. sosa	73 years	Branchial astina	syp away!	BP: 140 Forth		1 487	· ·· le de	dor't	nies where egglo	7 · Ceron	100,70,119,11
		0 0	Hyposterion.	Marinai	YRBS: 197 mg/de							
			U	1. Desiphylline			Mr. Leela	creek ft	6490	Parque	T. Iron 1000	CERAS : 193 mgal
	cen 1. 82:	Ares	1.30 mm	Metop of olo	150 000		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Mental Janeos	T. Folate	BP: 130 80 mm Mg
	001/01 20100	exec	Pailing.	7. Amlo.							Pab levipil	2014949
	Mrs Olice	5998	COPD	J. Deciphylline	BP: 130 90 my	21	, 12. 28 X 2	Arme 14 A	17 /-	a substance	light like	01.11
0	1. 22 1	Auch		1. ceraffu	GRBS: 215 myl	, ,	Mor Shecla		7047	Farigue	Jab Range	GRAS: 27 mgal
	Mrs Vimala	66 yes	vestigo	1. Veotio	BP: 120/10		180 02	n'm .	4 1	leg pain	/	Bp: 130/60 many
p) Bac	50/60/64 100 c	4000	U		YRRS: 76 mg/)		1 16 4		, 113 . S	DIT	•	1 13.4
	Mrs. Rosy	83 year	Hyposlopidemia	T. Losaetan						14.1.2		
0,163		-	Arthrish's	1 Atoeva	BP: 180/80 mHy		Mas Manista	1905	Ad gr.	DM	Tab Mergormin	CARAL ASI mold!
			Hypostermon	7 Rantau	GRBs: 110 mg/		\- (34° kž)	· var	SCALE V	Trit \	•	BP 1 120 TO mm kg
		1.		1. Lyses	no ude			24 21	1 7			7
	Mrs Thankamam	75 yes	Bronchia Asthm		BP: 110 formity	- teX	Mr Salerno	a	64 45.	HTN	Ti telminaction	CIRBS 126 mg/al
		-	1000	Desiphylline	gras: Fragla		6.3	64	7. 21			BD: 160/90 mm 11
	-1 -01		11	Inh stroffu.	00.10.10	FCEO	17	11		1 min	1	
	Mrs. Thoemack.	77 ym	Hypestermion.	1. Sorbitrate	BP: 100 Formy	LEGE OF	NUO	mark to	C18 20	- 19	100	100
			17.6	1. Ecospins T. Telma	GRAS 140 mg/de	A	ASING NO.	1,1	- FGE 03	The second second	19	
-		1	EGE OF ALL	T. Amlo	AMA		(C)	(20)	LEGE OF ME	1 100 6		
		12/		7 Raneka	1 1			WA (A	[67]	- 10.82 My	27.41
		AMA	1 1 an	The state of the s	The state of the s		"AB"	12	1	Prof. Dr. P	AJEE REGHUN	ATH
		(E	TE Y	1.		NAGAR	15 3	11903 4	NAGAR. THAT	MALAN PART	PRINCIPAL OLLEGE OF NURS	ING
		1	MAGAR.				19/6	Charles 1	17/	AMALA NAGA	R P.O., THRISSUR-	680 555
							(6)	1	171			

BIE	NEPHOE	BONT	DINCINDETS	TREATMENT	PROCEDURE	DATE	NAME	AUE	DIACINOSIS	TREATHENT	PROCEDURE
7 22	Mouthomas	64	Mensiallimes	BP, RBS	BP, RBS	11/7/2	2 Mary Aosiph	Glegas	Ca Lung	Pab Tapeal	Bp-130/20
	12.10				O YM	BIN	11 12 18 19 S	1	0.	5 omg sos	GRBS-114
							,			Tab pantoud	THE STATE OF THE S
15 A	Mor Nuku	46	Hypertension	T: dopslet	BP-140/80	- A	1. 11 direct	of P	Haill John 1.1		M 1-21 1
	(3.75.4.)			T. Ecospinion	RBS-147	\$ 17	A 101		Caroling 11	100	
			A A	T: Melformin			Hadunny	58 cms	Cliebale	BP, HRBS	Bp-120/70
1	ou : 111 - 10	1 Clay	1. m. 1. 1.	- NO - 1 - 10	A SA FIMILED A	A'I'		in A	Shock	physio therapy	9RBS+ 104
	Mai kochumao	40	COPP MAN	T. Desiphyllone	BP-180/60	No.	SW SHE	1	Hemiplegia	physicisacipy	171997 101
		2005		T. Telmisonton	RBS - 120		La Parking	N. FeFF	more pre-		
							1.4911	Bust			
S.A	Ma. Seneesb	604	Mars of worth	T. melformen	RBS -173		HAO hoy	Torne	mentate ell	Advice d to locum	Rn Inle
Hacl.	11/12/19	at A	9throces	1 4	BP-140/60	Tools.	TOTAL CHAIR	50:1	17 11 12 121		
1 7 17	1	12 1 4 10	1				· INW			intake of fluid.	
	Mm. Vaysbek	AB	moenstellines)	T. melforms	RBS-253					provided psycholo	
		1 1	freman 1	· O V	BP-130/70		1 x1 december	471	a NiCl	gical Supposted to	5(1)).
112	m themas	Fach	mented illnes	T. Lithins	BP -120/80		HI IN CHIEN			wiga	A11/A
4171 (-)	i in Minne	1		3000	RBJ -132			11.	s illi start	WE !	1. 15
											Colonda Dalla
	Mar Rimerih	CAFYL	mounted illene	7. TMP mg	BP: 110 70		may offour	on yes	Killinger fuller	Andree to avoid foods from out	Bp-80/20
100 15	13. D. X4.	J	moental illene	Ti melform							URBS-112
2715 18	1				On 281 - 150		1966	History St. N. C. P. S. M.		ide Advice fox	
	me dock	40 VX	mentd	TIP day	BP-140/80		1.1	No 1111	× 1.0 11	Conscitant doctor	. fo
War is	Mrs. gosty	77	iller en		RBS - 186				A STATE OF THE OWNER OWNER OF THE OWNER	My 1	Airi /
C: 18	1 1 12			T. gorfop	A. 120		was hope in the	1294	physical	Advised for	Bp-90/60
	anna 1 2	2//.	month illows	T. molfomn	BP -130/00		13 13 16/3	Mary 1	alsability	Small exercises &	GRBS - 108
1	mone Linto	3/192	T. Dan			1	Trail Left			Hygrene	
				alimi peru	CARBS -139my		19		COLLEGE	EN	
	marte	10.1	m/ +m/	+ Amole	Cho 1 - 1412	Tools.	140	23 7,	12/	TO QUEGE OF	1 2114,118
	MR. Savingo	7448	DM/ HTM (ORBS - 143 my 141 BP-140/60	ol. Dr. R	AJEE REGHUN	ATH	A AM		-
11346	M P		- 1 E						1+1	()	
-	Male Male	66/42	ellone T DM	TAGAN WAGAR.	210 - 150/60 AMAL	A NAGAR	PO. THRISSUR	680 55	THIN NAGAR. T		N -104 . Co
	1000			100/2	DKBB 166	to to	13	三	NAGAR. V	ARN ANAGAR THRIS	
				MINISTER STATES	TS S		S 300	*			

DATE	OBBEE-	DNIII	AUE	DIAGNIDANS	TREATMENT		DATE	47 1	NAME	AGE	DIAGNO SIA	TREASMEN	H PROCE
1/22	E Hus M	mi I son	155yrs	Hypertension	Ir clapited		31.	Hrs.	messa CR	744%	Healthon, DM	7. Metform	a splike
6/1	GRBE-1	505 L	5 (11)	U O	T. Elospirin	GRES: 114	81 - 18	100	7.5		Regisgitation	-	
//		13130164.20	1.300		6						00	11 11 11 11	GRBS : 1.
	Mrs. Mad	havi doi	boyrs	Mental illhess	1. met formin		4	Has	Phreise Agrashey	7240	HIN	O clopilet.	00:00
7 76	12	*	V	Hypertension		CARBS=112	1081-	[1]	particulated	Banlli his			BP: 130/
- 1	Bp - 120		80,6	Electare		Place Com	1- 2818	1211	- polarky		1	1. Captypal	4 40
421	Rooma	etherapy	58418		Adviced to	Bp= 100/70	5.	Has	Alice	10 921	COPA	T. perphillis	00:12
	1 4	۲,	100	Medition	Thirease the	URBS=110	1311 0	1-)	ampros 8	no re the			
				Total .	in take of fluid		6	Hx.	montamon !	Soys	HTM	G. captanil	GRBSA/1
					Provided Psycholo				138	J	X:	G. Captopril	67 10/7
80/60	1-98 4	1 to tocker		ny neally ill			E) (adject 1 - 40 . P	-drei	The You who	G. Helformin	WKBS: 13
	Mrs. Leela					Bp=110/60	W. (3)	10	A 1 1	1 1/	1 1 1 1	1 1/3	1,1,1
		d psycholo				URAS= 158					Lug	1	
		apportedte	1 min				10.	4 .	ALA COL	TIGE OF IST	WI THE	-senga de las	a. D.M.
	Seline	1,	48yrs	DM	1. metformin	Bp= 140/60	Unit 18	+ 9	13/	かる島川		SAU STA	
		9.11				URBS: 150			AND S		,		
	Sheela		50yrs			Bp= 100/70	10 , 9	El	THEAD	THRISSUR	73/ FF 15	In farming	M.s. 1
190	Bp-180	toaved	k Ketwe		Increase the Date		E 7	Hilly			1 1/1 1		
201	CIRPS -	factor cut	Trade		ke of flurds pro		1. 1	125.	madhari	Gogris.	Mental illner	I. met from	RP-11-1
		nee for	101.10		Vided Psychologia	1 /al 2 /al	11-11-01	8	Miseriphylleri	4.	19 Jally Ston	iring hours	1886 1
		ant dictor	1	1	hipport	Table 1	12.	Mx.	salound fam	48495	Dm	1 metformin	BP 11
	Tiji .		5 tym	ly pertension	T. Clopilet	Bp=120/gr			31			C	1001-1001
60	Bp-90	ist	Advised		J. Gospinh	yrun Lo2		10 10	. But the state of	11,71 5			51RBS - 15
30		5 800 m	boyn		The state of the s	Bp= 120/20	3. 13	Room	mas J. M.T	5840	Merital illner R	or de l	Phone I
		11/1	ADRIAL.	n		WREN-158	GE OF	3		en a do logo	10		3P+100/8
. 1			06			(0)	Na	2			I NUV /	gentogical (a	KB2 — 1 &
18/22	Mas. H	ariyamna	7442	ONO, Backpain	J. Ecospinia	BP: 150	1		M Chippe	bolls John J	1	17	
1 1 1		Q 3111	1	General sad wedon		BP: 150 bo	A	Dex.		60 grs Prot	DINRAJEE REG	HUMATH :	0
		計一會	1/2			(*) L	AGAR. TUR	SUB					b-110/8
9.	Mai - Vin	alal	80 ym	Giddiness	9. Vertilege of	BP : Popular	THE	MA	bela·k·V	GAMALA A	ALA COLLEGE DE L VINGLERI PIO PINETS	NURSING G	CISIS -160
		13/00	15/	Beckpuis	ST OF	2008 : 110 mg	AGAR.	0.	MIT IN ST	White Line	THRIS	DECEMBER 1980 25 181	- 120/8
		TARM		Lepl	/ E A	110 mg					i sep e	2. State	M .11

			34				1	1		1	
s.L.	Warner	Age	Diagnosis	Transment	paocedin	SI A	name	Age	Diagnosis	Treatment	proceduse.
6-	and the second s	The state of the s	hypotension	1. trospicio	BP- Bolto	351	910 00	10.5			
	1 40	- Color	- Car	9 6 0 0	Chebs - 120	Min	Mr-Bineeshill	6492	Metal illness	T. Tmpmg	Bp = 110/60
						W.	the second of the land	de e dou	My PMI WEL	T.me forming	GRBS = 282
5.	· comple are	W M	N. 94" 1 10	A row to chery	42	The same	12.12.14.	do ofthe	Incluing		
1	Mrs Mary	boyear	Mental illness	provided	Bp-130/84	I Ga	Ma: Linto	81 9 3	DM	Timel formen	Bp= 120/60
	,,,,		1 43	psychological	GRB5-150			1			GRIBS = 217
6	1. s. William de Ko	1340	1 100 081	11 010	1917 1/91			1 x	A	X	
9.1	Mrs. Merry	6298	Hypertension	7. Exospinis	BP-14011	11/00	22	ADATT	CHOME UL	(T)	
	Las de properties	V	DM	T. alisponde	CURBS - 201	3/11/29	Name	Age	Diagnosis	treatment	procedence.
Mari	with marker		- 1/26 P VE EV			٠.	Mrs. sosa	73ym	Bronchial ast	syp. asomy	Bp: 140/20114
3.	Mrs. Sudha	toyr	090	T. Deriphyllis	13p _ 121			75.0	hma Hyper-	T. mamae	CARBI! 197mgl
	ty a ky	11 /		1-1-1-1-	CRBS-141		TW311	1) 5416	TA Henricon A 1	1 Doryphillie	du'.
,		1 111						1	<u> </u>	T. Metroprobel	1.678/11/04
4.	Mrs. Thressiamma	744	Mustal Alheis	Psychological	Bp_130/10		1 43 1214	did ton	eric HII she	T. Amlow	1 1 105
		1	DMISION	T. Mctformin	GRBS 704	2.	Mm. Rosy of	8343	Hyperlypidemia	T. Losartan	Bp: 180/80
			(a) L	2/5/				11,	Arthintu	1. Atorva	mmg
5.	Mrs. Leclamora	7844	cough was	synep. As con!	B1> -(3010)	100	1 19 miles 4	17 14 1 14	Hyportenion) .T Ranta	West Hong
		1 1	Ex The Section	0.404	4RBS-00	0.1	OKIN	C0t	19/10/63	T. lyser	ldi'
	ething of the	م المدين الم	Gogns. Meet	. madhani	Mr.	d.	Mrs. Thresia	77ym	Hypertention	7 . sorbihate	8p = 110/20
G	Mist Thankama		Theolop .	7. Desiphyllus	Bp-140/1		01 98 19 19	24.6	Johnston 1	Taospino	mmlty
	on-da anapla		484 Wd Da	1. Met formis	CRBS+QUE	1	3116 26	1971	secolly 0	7. TElma	CIEBI: KO
HN. 9	11 - 201103 - 11			1	Section 1		js .5.	Walcolo		T. Ambo	mgldl
1				The state of the state of	CALL STATE OF		3)	341		7. Rantae	
· n	00 Mas Madhavi	106698	Mentalillness	T. Metformine	Bp=13/1	4	Mrs. Rugmani	7/754/11	Bronehial aith	T. Deriphilli	Bp: 120/20
do C	1 - 28190 Lossie 1	Jan O	Hypertensian	•	CIRBS-191	0	LEGE OF	Filter	ma, Hyper	T. Amlo	mmley
	1	1 1 1 P	01			S.C.	The state of the s	775	tenicon, mude	dulogel	CIEBIIRA
0	. Mr. Thomas	67yca	o Mental illnes	BP, RBS	Bp, RBs /	3/	1 2		cramps	1. omez	rylde
×	John Li amich	ory P OC	age report	المجال	CA April	5.	Mrs. Alug	59ym	11 Interplant	T. Derophelle	Bp! 130/20
	Mr Sameesh		Mental illner	a T- Metformin	Bp = 140/10	4		in j	11.500	T. centhin	mante
_3	our - 41 comest		Gays month	V N D D	Prof. Dr. BAJ	AND	AN MAIN LAN	4	LA COLLEGE OF	7-Ve	
1.76	11 C:	· 549		1 , 0	Bp= 181	EGALIA	A Milia	9443	Henterter	7. Amlo	URBI: 20 mg/a
H	Mr. Snage	1: 0		1	AMARAGON	FOF OF	HIRCHIA 1	150 ×13	cape really pain	7-clopild	Bp: ladro
				'ΔΛ	MALA NAGAR EC	THRIS	SUR-680 555		TA NA STORY	,	monte

pate	or grame tourst	Age	Diagnosis	Tratment	of proudury		Mame	Age	Desausere	AM TE	- copial
		0	0 1	7. Ecospins	enf.Bs: kao			1 rige	Deagnosis	Treatment	Procede
10/01	1 all hadait	T 6 7/50	(plana) N	Rumos (40)		16	(1, 1)		P. V.	flued intak	L
4	Mrs Thankamand	75475	Hypertenion	7- Theophilli		6	heela	600	DM	109/12 19:15	1114
200				T- Doniphilli	A CONTRACTOR OF THE PARTY OF TH		(41)	6 ayes	DIG	T. detformin	BP=120 f
12.01	= 931 meneo /12	n T	mala	Shinthu I)	Luebil: 75mg/a						GRBS - 14
- 21	SELON					7.	Selene	LISYES	DM	Ellap	12-
		- 1116	- 145	1		1-7	1 13 10 1	1 1	the story has	f. Metformen	B.P=130/9
		1171/ 3	10, 150	du	15 A 1		17/4/2022	0)1	1 4 4	N. IS	GIRBIE 17
- >>,,,,,,,	barry toscula	134 134	comma.	BA SO	NA THE STATE OF TH		and the same of th	5	KAIPARAMBU	1 - Home VISIT	-
7.0101	11 901 Marie 415	1 115 185	Ward I is	2.6F 1,2602	1001 100	I.	Harish	TA I	Muckelly il	1100 10011	
the char	111 57	MARIA	DE MATTIA	S CONVENT	-	Mi.	3411		bm Y		Sperizotro
10/11	2022						100		10		CIRINS - 1800
1.	Mrs Manima	55ux	Hypostension	1. dopilet	BP= ta0/80	۷.	Chamefunn	Gsyn.	Manhally ill	Same ly	Bp - 180/80
150/8	1. cerestas Bo	1		Tecospina	GRAS 115	The section is	1 1 (8)	1200 12.	bm	continue	GRBS - 175mg
tren	l wrota t		Livida			3.	Hydanul;	Gtyn.	al I M all		
2.	Mx Madhaw	60ges	Mentaluhen	1. Motformin	B.P=KIDA	0	1 - 0 1 0 3	SCN . F	Muntally ill	Couhue.	Bp - 110/10
177	yayal.r		Hypestension	1	CRBS = 120		2810		A PART I	18 (3)	GRAS - 216.
110/9	48 Wadidias . 1-	10.110/	trage 13	met mis.	Ir. WM	4.	Lochumou	Glga	Mundally Il	41 11 1	
3	Rooma	58yr	Mental	Adviced b	BP- 110/80		1-19:	Ash or	bhy district	Advised to cuduse	Bp-120/90
D PAC	1. 1. (viv.)	,	Ellness	encease.	GRBS = 121	1	warms, day	Page 9		Swepen containing	GRAS -19191.
(p)la	. Acrola i			Intake of		· 9.	Binush	si yn 1	Sundaily 111	C. L.	-
	Parisher L			feneds	Laut		1 - 10	HIM I	1	Continue dings.	BP - 130/70
sloup	of finds burger ?	- dia		provide	1.11	G.	Ellioniers 5	soyn 1	Soutally ill		1885 - 136 mark
a:pres	ale 1 I	1 1/1/2	DO!	To degual	Prof. Dr. RA.	EE RE	GHUNATH		0		P-110/10
signa .		- January	/ -/ 4	DO 1	1101. PH	INCIPA	CALLOSING MR 5	regar 1	Murbully, ill	4.0	. 0
4.	Mrs. Leela Jacob	barres	Lental allow	Method	BRE LANDERS	O. THE	RISSUR-680 555		DM	contra Co	D-120/60
MHH	Harris	J	The state of the s	15	BRAMAROLASON BRES= 147 BP=110/80 BRBS= 98			10	lome Visir -	CHITICAPIII	MBS - 211 mg
Th Illy	18773	(30 30	Text in	THE STATE OF THE S	1,000	2.	-1.1		Diabetes mellutus HTN	Course de B	P 2 110/40 285: (14 mskl)
	Sheela, Jones	50 yes	untal illness	Addiced to	BP=110180	3.			soreogenes is	S CO CLE	B(140m ld
cellasi	an Handil	d	1. /* han 8	niseaue c	RBS = 98		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	544m	Diabetes mollitis -	WINDS AND S	P 2 120170 RBS: 130mslde

Do	oulse.	S	T. M	ARIA IDE M	NATTIAS CO	NUENT						. 43
32	to de			Diagnosis	Treatment	Procedure		Name	Age	Dlagnosts	Treatment	Procedure
		Hokuin	01		, b	1, 114			4			
1	Mary	Joseph	bigns	ea ling	T. Tapal 50	BP- (20) 80ml	1 2	Alice	buyes	COPP	im Foracort	BP-140/91 mmby
- An	OFF 130	e formare	K.T.	6 1AOU	Caps.	P - 102 bpm	1	1 chts 7 2 1 7 1 3	1			URB-145 maldl
177	: 18 B			Mary Na Gally	5 W E F S	GRBS - 122 7/		V 28 10 11	16			
				80.00	Bree fee	1 to Albi	3	Thrista)	94475	Requirg 8 balton	" teopingn	BP - 130/10 months
1		sim ofte) A C		- Selan		190			The state of the s	GRBS - 118 mald 1
017	Mas -1	Mani	55475	Hypedension	T. Clopilet	200	1					
		1	, ,	3 3	J. Geospinn	GRBS -150mm		philomina	744%	Dry wugh, thehing	T. metopou	Bp-130/170
		6151/ 3 maj		MALL ON A STANKE		1-11		(1)		1 0 3	T-mucinac	GRBS-111
	4	Madhani	60 yrs		T. Molfornin			8:01		0 111		
10	CHG85 - (B)		0	Hypestension		GRBS - 14071	2	Sisily	734m	Breathlenness	T. Neumbien	Bp-130/80
		-75	-54	La Made con boll	+ 0 - 0	R n h unla						URBS - 111
	m Room	na lil	58yrs	BPAD NO	J. planzepine		6	Manana	74112	0246000	- 1 4	
Phys.	CAR 183 - 1	#J.X/()	100		provided	BRBS- 110 mg/A		maniyamma	17913	Dyspnea		Bp-10/80
	1	. 1107	1,45	Hyllolink?	psychological	with the		A Town We was the	140		T-Amlo	URBS- 82.
		Jacob.	62 yrs	0		Bp-120/87	05	01/23 ST. MAR	A D	E MATTIA	S CON	FNT
2	. Millela	Guero	0.	bm		GRBS -150 ml	1				SPILLY	
log	011-49	1340.15 07 100	with.	the de Look	mer Clas	the borles		Name	Age	Dragasis		Possed :
7	1 0	a pormina .	50935	mental villness	provided	BP-100/10			O	0		1,2CCCGG
	75 100	· Jues if	00	5	Psychological Support	CIRRS- 95 71	1.	Ms. Sheela	50ye	Psycholic -	T. Alpeax	0F1011-98
(8)	d8 - 98	in dyan	die o	Hi otherway	WHO OSOBON					L'abtane.	T. Quelinie	0885 - 110ml
	7 lula	,	60 911	· Dm	V. Metform	87-110/8mg				9		9
TAX III	Jan - 110		U	14 - line see as	input a	GRAS - Kony	5. 6	Des. leela	Coyes	DID .	T. Metfox	BP-120/80 S
1=740	all, cars			. 4	-			COLLE	GE		0,00	ERBS - 260mg
8	Me S	eline .	Asyri	Di Donista de?	7. Met formers	BP - 130/90mg	a		Diz.			747
1534	Corner all	1. AN - 201	3	Parties and the Australia		CIKISS SON	3.	Mes. Mosp:	E 38	Hypcolension:	7. clopilet	BP-130/90
6	1 y 11	19 ALIT + 11	1D - 1	110011 SINOT		24/11/	-	HUNATH CHARLET THRI	Wasing *	COLLEG	Telma a	RBS- 17201
1 OF	8/12			tide to an Hillar	suppr	Prof. Dr. RAJ	EE REC	HUNATH F	*/	WH COLLEGE OF		
nalde.	Annie	c/c/	acyn	doent pain	TiRamol 1	BP-110/80 mm 100	MCTPAL	MUS. KOGA CAR, THRI	SSO	BONDET	· Quelipine	BP: 130 80 (
lable	18 19 19 13 13 13 13	The friends the	15	Die beites and lites	2 Pric 1999	AMALA NAGAR P	LUE UF	NURSING KUND SSUR-680 555	AMI	T.	olars 6	28B5 - 128
		18 18	13/	120		AWALA NAUAH	V. INKI	330h-000 335 A	,	100	302700	J. 1950

		1			ATT		1	1	1	1	
	The Colombia of December	77	D. L. Laga	A		BARBOO	212023)	(M)	201 - 40	#	2 W 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
						307	Mane Mane	Age	Diagnosis	Treatment	Procedur
5.	Mes Madrayi	Coyes	Hypeoleosia	n IT. Telma	THE STATE OF THE S	10	&F , 71	-		1 4 4 1	
1.150	Lake 1 45 0		0.	T. Clopilet		1.	Mr Bimish	3447	s Mentally ill.	Same Rx	Bp - 100/60 mm
				Neb Budlesoni	•	M-1 (5	Some for 181 184	161	one of	2 1 1	RPS - 119 mogld
6.	1005 15elma) 1	ASYS	1 ROND & CA	1 T. malfoor	BE: 1390	2.	SMr. Anil	40405	Mentally ill	Same Rx	RBS- 135mg
1.) pico	SH 5813 0				GRBS : 18Mill	1		1	0		BP - 130/90 mm
				1, 1		100	800x Ry PP 167	lb plf	FORA SHOW		and the
7	Many Joseph	6140	Ca long	17. Tapal	BP: 120/700	3	Balamurukan		Mentally cu		BP - 100 80 mm
1	Lincoln the sign	1	, 0		GRBS: 106mg			-	0		RBS-470 mg/d
						94.	108 11 VA 11103	Mapile	tool 1912	100	
38	Throughor My 130	1709	15 150 164		1115686211	4	Scathyan	1	Mensaly all		BP -120/80 mm
1	1 - 32877 -								d		RBS - Stompla
						-	131 14 V2 mol	Bi Elli	APPA APPA	drob	Thicks ich ?
18	7110 4 hallie 139-110		411 62279 6	mild	1124. 243	5	Mr Hydrali	3845	Mentally 11	Same Rx	BP - 110/40mm
5	Petrola lang		printered out the state		proceduration of the second				,		Reses
				\$		G.	Mr Kochorappi?	5dy s	Mentalyul	Same Ry	BP - 130 170mm
	Tunglios 34	VITT	ACT DI	MARON TO	S 10 8 3	1	R - 17		U		RBS-142mg/
W.	PJJ170	14 /	1								g.
8	page / hanging	2/3/X	950 95	/ 9	CHOU!	7	My Linto Antony	81405	Mentally 11	Same Rx	130/80 ming
			, ,			-	F-284 1 1	0,	0		805 - 291 mg
	on 2019 xxx pAT	56	ist Big St six	> DJoe	10 M		1. 1.		1		9.
6	- 1880 Buss	17270	year, Francisco	La Contraction	1	8.	MI KITON RAND	41 yrs	mentally ill	Same Ry	BP - 120/80mmg
			OF DE		A STATE OF THE STA	1 1	Negati , Regent	. 0	Q >		RBS - 104 mg/d
2	1 78 MARCH 12		OLLEGEOF	URS	10						- 1.1.3142
0	g = 3/27/23		Z D	18 10		9.	My kandamuthe	26475	mentally ill	Same Ro	Bp - 100/60 mmof
			3	X 19/	0 10 10		Y 36047	1/	٩	The second second	RBS-84 mgldl
P	181 97 4 hij to 10	1000	E Land	188	1 Carl May						3,40
SI	a como Borer 1		Page 1	THE	RAJEE REGHUNATH	,lo	Mr Rajesh	58415	mentally ill	Same Ry	10/80 ming H
		10	AD TITO A NAGA	Prof. Dr.	PRINCIPAL NURSING	à	- 513		0		BBS-129mgldl
3	on the supplies of	HOW	700 3 10	AMALA		1					Jue
28	1- 200 0 000 1	DING	() E	AMALA NAG	GAR P.O., THRIS	11:-	Mr Sugaran	55445	mentally 11	Same Re	pormotion - as
(0)	307995	10	San	V. 1521		1		100	U)	RBS - 96 myldl

	19	1		4 5 5 5 5 7			TU	IND CONVI	10140	() () () () ()	17	8 802 80 P
Sinto	Mame	Age	Diagnosis	Treatment	Poadur	" No	b) = 6 1.	Mame	Age	Diagnosis	Treatment	Procedure ?
	Mr Nano	45415	Mentally all	Same Ry MI	RBS-12080high	23	Mα:+ +	Thomas	504ns	mentally ill	Same Rx	
- 1 0	Asy Sanush	38425	mentally dl	Same Ryo	BP-120/2011/11	24	mr	Monthia	42008	Ų Ų		BP - 120 kommy H
14	Mr Chandron	55yrs	Mentally Ul	Same Rx	BP -160/110-73-11	25	Pag.	Proce 10.V	544c	1	Same Rx	Bp-6090mmgly
	CONTRACTOR	1000	Mantalla III	Same But	RBS-200m/41	Han or	nil	lig v A. T	plant the	6		Ras - 8smylal
(A)	Mr. Kochumon	61grs	Mentally (U	Dame Ky	RBS+126my/al	- 10 min		Moral Const	424735	treatally u	Same Rb	RBS-107mgld
	Mr Shayle Jacob	4940	Mentally ill	Same Ry	BP-110/80 mily	27		rudharan	6446	mentally u	Same Rx	BP-140/sommyly RBS-129 mg/d/
eli, H.	Mr Mathai	5043	Mentally dl	Same Ry	BP-120/80"7"	28	104 g	Rajeer	52415	Mentallyill	Same Ry	BP 120/80 mmg Hy RBS - 253mg/d/
- HJ8	Mys Babo M-S	30405	Mentally ill	Samu Ry 1	BP-110Honyly RBs-13mgld	29	16th	Ram	334%	Mentally U	Same Rx	BP-100/60my 14
					1 1	St Ge	23	212023	ADA	TT HOME	VISIT	
- Lilling	Mr Devossykully	Gigis	Mentally ill	Same Ry 101	1817-160/80 mg 1	MEA	coser	p.p. A	4.448	Osteomalacia	-	G18133A 48m8 d BP-134184mm218
	ma Moonthy	6agris	mentallyill	Same Rx	RBS-longidi		Laza	WEST TO THE STATE OF THE STATE		8 pinae myny	Same Rx	arbs-87mgldl
19 19 1 dk	My Paulose	Toys	nertally a	Same Rix	80 - 180 Mong 1 RBS - 297 mldl	GAR, TH	IRISSUR	*/	निवपा र	old age	Same Ry	BP - 140170mmHz BP - 128 182mmHz
) A (1) (8)	2 Mr Junto Sonny	2845	Mentallyill	Same Rx	BP-120/800mg/la ROS-125 mg/dl	AMA	LA COL	JEE REGHUNAT MACIPAL LLEGE OF NURSING P.O., THRISSUR-68	24448	Oskomalacia	Same Ry	GRBS - 126mbld. (BP-110/66mms B GRBS -139ms1 d)

als	Ja023 87	. MAI	RIA DE MA	TTIAS LONV	ENT 1610	18/2023 Gp	IUULTHA	148)
\$0.00	Name 1	Age	Diagnosis	1		D Nourise > 1	age Dagnosison	Treatment	provedureno
	Land of the land	Win 17	Selection Zell Value			Thomas kin	Soyrs mentally 1911/1/	Same Rx	BP= wollo mm High
	Mary Joseph	62 years	Calung	7. Tapal 50mg	THE RESIDENCE OF THE PARTY OF T	Weeks - tolorgild	- Joseph Mary		CORBS= 105 mgldt
			0	, 0					
- il pirang	Deliver by the de	ni ph	A SOLDER LOVE	CABICA	GRBS= 1321	Babila N. ST	56 yes resentedly in los	Same Rx	BP=120180 mining
Loberth	31 269	· U	e doube	7 400	1	B.KESS D.C. 100 ld	MH, M	-	CARBS = 87 mmHg
8.	Elsy Paulose	63 years	CUBIDMININ	7. Met formin	BP = Molton	1			
Hparci 10	202 - 11P - 59 11AD	1115	Was not apple	V.Car goscous!	north By	poulose C.P.d	45 yes mentally ittalli wa		BP=136 a omm ty
3.	Sy. Bincy	stans	Seizure disorde	7 Levipil	GRBS=140 m/41	b/poatel = calan	DM UT		MRBS= 216mgkil
	31.00.00	1 "	pl. th sate	dock	BP=120/someth 1	en shaijbas = 98	47 yes recitally ill the	Same Du	BPE 1201 Tommity
	SES TO SES TO	1 15	75	D and the same		MEBS (STORE)	and the second of the second o		WRBS=94 mgldL
4.	Rooma	58 48	Mental,	7. Olanzepine	BP= 110 Bomm	6		4	
DE I	But at your and	لبرنا	illness/	s. Gorockie	GRES = 110my/11 50	saglarars 99	Goyus mentally 111, Hans	Same Rx	BROISOLIONMIN
調達 し	001 2491	0	BPAD			CORES TEAMS		1	hres= 92 mg/dl
	01 1		0.40	provided	DD- 15 4	,			
5 inn	Sheela	50 years	mental illness!	Psychological	BP=130/70 mmly G		64 gus mentally ill, HTN,		BP = 140 lbomm He
16)[008]	6 280			Support	GRBS = 15 mg /11	(NRB) 2 260 (C)	DM 22-11/1 del 13		urbs = 202 mgld1
	Saw Ry Marc 106	1	Lore of this are	30770.0	YOURS 1.	Balaminigan	OF one medili il	Same Rx	ep= not somming
6.	Ms. Selina Paul	7548	PM	7. Met Formin	The second secon	186 - 183/61/	85 yrs mentally ill	same RX	CORBS=111 mgldL
		ENVIOLE	TTACIA	35001	6 R. BS = 150 my/	Surs - 186 /	the state of the state	184×	naval 1
1		1	- 77	1	8	Karan Raw	74 yes mentally ill	Same Rx	BP= 120 Homming
114 30001	Madhavi	60 years		7. Met forming			ELKOLE LITH FK	COTE	Christ- losinglde
480,048	het refet		hypotherion		GRBS = 140 mg/dd	S 117-25-47			
4.	10-10	C-1.	300	Methorin	BP = 120/80 mal)	Binnesh	68 gus sentally ill	Same Rx	BP = 110 Prommty
168/11	Leela xx 11012	60 yrs	A CAO	10	CODE = 184 MALIE	1 1 0 1 5 5 M	Steramonics was to	L NEW YORK	WRBs= 135mgldL
-Aliamott	3)1-18		*	* S 1 110	In the	Moorthy gall	55 yes mentally his	Same Rx	BPS 110/70mmHa
plymest &	School All All 12 S	i jin	* MAGAR THE	S COPPER DI	RAJEE BEGHUNA	TH THE THE	ss gas men muly file	Same RX	URBS= 110 mg/de
10/600	SI .73 %)	1 1 100	NAGAR.		THE OF MIRSIN	VG.			in ingred
d uno	calon da Na Gor	Sinst	10010 pp/3	AMAL	GAR PO., THRISSURE	380 555 human'	bryrs mentaly ill, HIN,	Same Rx	BP=1401 Tommy
The land	CCL (Seul)			AMALANA			Du		habs = 19/malde

	150				T TENT	1 23	14/2023	. A	DATT HOME		101
SINO	Names 1	Age	Diagnosis	Treamsent	procedure day		2 de Name		Diagnosis	Treatment	proudure.
The state of the s	Regisabil	1	merbal ithms and		AP- 120/80 mm Mg	PS ACCOUNTS OF THE PARTY OF THE	Jishnu /		ostcomalavia	Same Rx	6889-110/66mm
	OL 5989	0			CARBS-101 Myldl		108/ 11-13	2 OLA	00 101 10401	Mary Union	CIRBS 1135 mglde
						ALV	Lazer	7842	DM, HTN	Same Kr	Bp - 110 / 70mmly
m1300	abandson	6syrs	mental illness	Same Rx	Bp = 140190mm Hy	STATE OF THE PARTY	Au 33/081.03	A va	15. Bright	148 41371	CIRBS - Ma malde
pHono	UR65=814		DM, HAN		B-RBs= 208 mylde	100000000000000000000000000000000000000	Meriog 12 Laced		DM, HTN	Same Kx	BP- 128 82mmly
-	1 1 Y	10.00			Service Servic	20020000	4. L 130/150		Merchany Eld &	94315 12 48 a	CIRBS- 126 mylde
1 Am	szeedharan	23 AV2	mental illness film		Ph= 129 80 mm		saning Pa		paraplegia	same Ry	BP - 120 70mm4
Holgan	10 = 2180		HW M	a	CARBS = 171 mglds	ASSESSMENT OF THE PARTY OF THE	10 / 11 × 13	17 200	Money En &	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dires-130mgide
			 				6 21 3 123		4/05/23		
	h-Anilana	62 yas	e mertalle illiness	Same, Rx	BP = 130/ Borom Hy		Para Maria	71.015	2	12 1. 2000 -	In Citatana Ha
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16/60	nsp again				tarbs=157mgldl					T. Kesaven	Bpelsolsomig
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MIN. 1	Devasquitty 1	74 yr	Mentaliliness		MRBs= 202mglde			toyn		7 barphyllar	Bp=120/20
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.23	3/03/2023 -	1	16 1100	(death I la Ba)	augurtrulus el	b)	my 18 100 136 m	8 00 DV	Rimp (1	43.7	project - lumgat
	00 11k = 2 1300	200		V	BP - 130/64 mml	Y	cases lateraples		25-5-23.		1
MINIST D	Lazer	784	M DM, HTN	8ame Px	GRBS - 132 mg/de	1	Jishina 19 V	24 475	Osteomalacia	Sime Rx	Bp13_ 110/66
No. of the last of	olovinga i		Wi tillok		BP-128/64 mm		they (very Agent it	of and	Th		GRBS - 138 mg/d)
2:10	theray	779	N DM, HTN	Same Pa		2	sunny P mail	47	Paraplegia	Same RX	BP -120/10
	V				GRBS= TIngldi						GRBS -135mld1
EAHLY !	Sunny	4742	sparaptegia	Samela	Bp -110/74mm	1	mercy lazer	72413	DM, HTN	same ex	Bp - 120/10
- when	ME1 -2890				GIRBS - 1 to mate	E OX				12	CIRBS - 106
4.	Jishny	24	osteogenesis		Bp - 1/2/44 hm	17	TEM 180 180	Tool Mind	8-06-23	port foot	41173 g
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Jalen	a by =2.480					1			PRINGIPAL		CLEBS - 353
		1			Tonedor GARIT	HAISSA	Many	AMAR	A COULECTOF WUF	1511 tene Rx	BP-110150
-Pum	mer 10+1-4A	1	My MI, HIM,	para santa	Tomedood				GAR P.O., THRISSU		CIRBS-76
واللن	niles 2889N	1	1	mg			Shoshama	10/1/1	HTW	Seine Ri	BP - 180/90

APSARA FEEDBACK REPORT OF STUDENTS

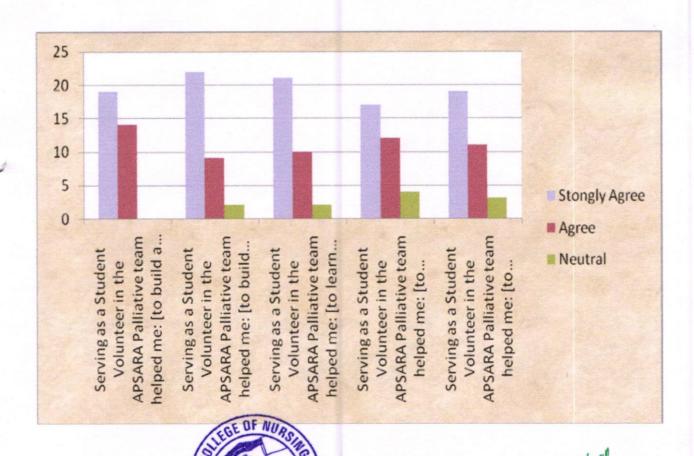


AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India.

APSARA Feedback

Criteria	Strongly Agree	Agree	Neutral
Serving as a Student Volunteer in the APSARA			
Palliative team helped me: [to build a strong self esteem]	19	14	0
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to build compassion to the			
poor and sick]	22	9	2
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to learn the art of helping society and communities]	21	10	2
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to improve knowledge and confidence in my ability to care for terminally ill patients]	17	12	4
Serving as a Student Volunteer in the APSARA Palliative team helped me: [to improve my skill level by			
doing nursing procedures in home setting]	19	11	3



APSARA HEALTH EDUCATION LEAFLET



ഉള്ളടക്കം

- 1. ആമുഖം
- 2. എന്താണ് ക്വാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണം
- ക്വാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണത്തിന്റെ കാരണങ്ങൾ
- 4. പ്രോഗ്രാമിന്റെ ഗുണങ്ങൾ
- 5. സ്വയം വിലയിരുത്തൽ
- 6. ക്വാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണത്തിന്റെ സ്വയം പരിചരണം
 - വ്യായാമം
 - ഭക്ഷണക്രമീകരണം
 - ഛർദ്ദിയും ഓക്കാനവും തടയാനുള്ള മാർഗ്ഗങ്ങൾ
 - വയറിളക്കം തടയാനുള്ള മാർഗ്ഗങ്ങൾ
 - അണുബാധ തടയാനുള്ള മാർഗ്ഗങ്ങൾ
 - അനീമിയ തടയാനുള്ള മാർഗ്ഗങ്ങൾ
 - ശരീര ശുചിത്യം
 - വായ സംരക്ഷണം
- 7. ഉപസംഹാരം

ആമുഖം

ബാധിച്ചവരിൽ ബലഹീനത അലെങ്കിൽ ക്യാൻസർ ക്ഷീണം അനുഭവപ്പെടുന്നത് സാധാരണമാണ്. എന്നാൽ ഇത് വ്വക്തിക്കും വ്യത്യസ്തമാണ്. ചിലരുടെ ചികിത്സ ഓരോ അവസാനിച്ചുകഴിഞ്ഞാൽ ക്ഷീണം കുറയുകയും അതേ സമയം മറ്റുള്ളവർക്ക് ചികിത്സ കഴിഞ്ഞ് നിരവധി മാസങ്ങൾ മുതൽ വർഷങ്ങൾ വരെ ക്ഷീണം നീണ്ടു നിൽക്കുകയും ചെയ്യും. ക്യാൻസറിനുള്ള വിവിധ ചികിത്സ രീതികൾക്ക് വിധേതരായ രോഗികൾക്ക് ക്വാൻസറുമായി ബന്ധപ്പെട്ട തളർച്ചയുടെ സ്വയപരി നൽകാനാണ് ഈ പ്രോഗ്രാം ഉദ്ദേശിക്കുന്നത്. ചരണം ക്വാൻസറിനുള്ള വ്യത്യസ്ഥ ചികിത്സാരീതികൾ നമുക്കറിയാം അതായത് കീമോതെറാപ്പി, റേഡിയേഷൻ തെറാപ്പി, ഇമ്മ്യൂണോ തെറാപ്പി, ശസ്ത്രക്രിയ തുടങ്ങിയവ. ഈ ചികിത്സാ ഭീതികൾക്ക് ചിലപ്പോഴെല്ലാം പാർശ്വഫലങ്ങൾ ഉണ്ടാകുന്നു. ഇത് രോഗിയുടെ ക്ഷീണത്തിന്റെ തോത് വർദ്ധിപ്പിക്കും. അതിനാൽ ഈ പ്രോഗ്രാം ക്ഷീണം കുറക്കാൻ വിേയുള്ള വിവരങ്ങളും ആക്റ്റിവിറ്റീസും രീതിയിൽ കഴിയുന്ന വീട്ടിൽ പരിശീലിക്കാൻ തന്നെ ചിട്ടപ്പെടുത്തിയിരിക്കുന്നു.

ക്യാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണം

ക്വാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണം അല്ലെങ്കിൽ ക്വാൻസർ ചികിത്സയുമാത്വ ബന്ധപ്പെട്ട ക്ഷീണം എന്നത് വിഷമകരവും അത് സമീപ^{ാലത്തെ} രോഗിയുടെ ന ധാരണ പ്രവർത്തനങ്ങൾക്ക് ആനുപാതികമാകാത്തതും പ്രവർത്തനത്തെ തടസ്സപ്പെടുത്തുന്നതുമാണ്.

കാരണങ്ങൾ

- ക്വാൻസർ മുലം രോഗിക്ക് ക്ഷീണം അനുഭാരഷടാം.
- ക്വാൻസർ ചികിത്സയുടെ ഭാഗമായി രേ ്ഷീണം അനുഭവപ്പെട്ടാം.
- അനീമിയ, വയറിളക്കം, ഓക്കാനം കുട*െ* രോഗലക്ഷണങ്ങൾ മുലം രോഗിക്ക് ക്ഷീണം അനുഭവപ്പെടാം.

പ്രോഗ്രാമിന്റെ ഉദ്ദേശം

ക്യാൻസർ രോഗികൾക്ക് ഉണ്ടാകുന്ന തളർച്ച സ്വയം നിയന്ത്രിക്കുന്നതിനുള്ള മാർഗ്ഗ നിർദ്ദേശങ്ങളും മാനദണ്ഡങ്ങളും സ്ഥാപിക്കുക എന്നതാണ് ഈ പരിപാടി യുടെ ഉദ്ദേശം.

അസസ്മെന്റ്

സ്വയം വിലയിരുത്തൽ

o മുതൽ 10 വരെയുള്ള സ്കെയിൽ ഉപയോഗിക്കുന്നതാണ് ഏറ്റവും എളുപ്പം അതിൽ 0 എന്നാൽ ഒട്ടും തളർച്ചയില്ലാ എന്നും 10 എന്നത് ഒരു വ്യക്തിക്ക് സങ്കൽപ്പിക്കാൻ കഴിയുന്ന ഏറ്റവും മോശം ക്ഷീണം എന്നതുമാണ്. 4 മുതൽ 6 വരെ എന്ന് രേഗപ്പെടുത്തിയാൽ ക്ഷീണം മിതമായതെന്നും 7 മുതൽ 10 വരെ എന്ന് രേഖപ്പെടുത്തിയാൽ ക്ഷീണം കഠിനമായതും എന്നാണ് മനസ്സിലാക്കേ ണ്ടത്. മിതമായതും കഠിനമായതുമായ ക്ഷീണം അനുഭവപ്പെടുകയാണെങ്കിൽ താഴെ കൊടുത്തിട്ടുള്ള വിവരങ്ങൾ ഓർമ്മിച്ച് ഒരു ഡയറിയിൽ എഴുതിവെക്കേ ണ്ടതാണ്

- ക്ഷീണം ആദ്യം അനുഭവിച്ചതെപ്പോഴാണ്?
- ഈ ക്ഷീണം വ്യത്യസ്ഥമാണെന്ന് നിങ്ങൾ എപ്പോഴാണ് ശ്രദ്ധിച്ചത്.?
- ക്ഷീണം എത്രത്തോളം നീണ്ടുനിന്നു?
- ഏതെങ്കിലും കാരണം കൊണ്ട് ക്ഷീണം കൂടുകയോ കുറയുകയോ ചെയ്ത്രോ

ക്വാൻസറുമായി ബന്ധപ്പെട്ട ക്ഷീണത്തെ എങ്ങനെ നിയന്ത്രിക

നിങ്ങളുടെ ക്ഷീണം നിയന്ത്രിക്കാൻ നിങ്ങൾക്ക് നിരവധി കാര്യങ്ങൾ ചെയ്യു നാകും. വീട്ടിൽ ഇത് ചെയ്യാനുള്ള ചില നിർദ്ദേശങ്ങളും പ്രവർത്തനങ്ങളും ഇവിടെ നൽകുന്നു. അതുവഴി നിങ്ങളുടെ ക്ഷീണം കുറക്കുവാൻ കഴിയും. വിര വധി മിതമായ വ്യായാമങ്ങൾ ഭക്ഷണത്തിലുള്ള നിയന്ത്രണങ്ങൾ, ോക്കാനം **ഛർദ്ദി, വിളർച്ച, വയറിളക്കം, ഉറക്കമില്ലായ്മ, അ**ണുബാധ എന്നിവം കുറയുന്നതിനുള്ള മാർഗ്ഗങ്ങൾ, വായപരിചരണം, വ്യക്തിഗത രുചിത്യം എണിവ ഇതിൽ ഉൾഷെടുന്നു.

വ്യായാമം

ക്ഷിണം അനുഭവപ്പെടുമ്പോൾ വ്യായാമം ചെയ്യുന്നത് ബുദ്ധിമുട്ടാണ്. നിങ്ങൾക്ക് വ്യായാമം എളുപ്പമാക്കുന്നതിനുള്ള ചില വഴികളിതാണ്.

- ഇഷ്ട്ടപ്പെട്ട ലഘുവ്വായാമം തിരഞ്ഞെടുക്കുക (നടത്തം, യോഗ എന്നിവ).
- താങ്കൾക്ക് വ്യായാമം ചെയ്യുവാൻ അനുയോജ്യമായ സമയം കണ്ടെത്തുക, കാരണം വേദനയും ക്ഷീണവും ദിവസത്തിൽ പലതവണ അനുഭവപ്പെടാം.
- ക്വാൻസർ ചികിത്സയ്ക്ക് വിധേയനായ സമയത്തുതന്നെ മിതമായ വ്യായാമങ്ങൾ ചെയ്യാവുന്നതാണ്.
- സിംഗിൾ ലെഗ് സ്റ്റാന്റിംഗ് ഒരു വ്യക്തി ഒരു കാലിൽ 60 സെക്കന്റ് നിൽക്കുക, അത് നിങ്ങളുടെ ബാലൻസ് വർദ്ധിഷിക്കും.
- ഇടവേളകൾ എടുക്കുക.
- ഒരു ചാർട്ടിൽ നിങ്ങൾ ചെയ്യുന്ന വ്യായാമങ്ങളുടെ സമയവും പുരോഗതിയും രേഖപ്പെടുത്തുക.
- കഠിനമായ വ്യായാമം ഒഴിവാക്കുക.
- വ്യായാമങ്ങളുടെ ഇടയിൽ ക്ഷീണം കൂടുതൽ ഉണ്ടെങ്കിൽ ഇടവേളകൾ എടുക്കുക.
- വ്വായാമത്തിന് മുമ്പും, സമയത്തും അതിനുശേഷവും വെള്ളം കുടിക്കേണ്ടത് പ്രധാനമാണ്.
- പരന്ന പ്രതലത്തിൽ രാവിലെയും വൈകുന്നേരവും അരമണിക്കുറെങ്കിലും നടക്കാൻ ശ്രമിക്കുക.

നിങ്ങൾക്ക് ചെയ്യാൻ കഴിയുന്ന തരത്തിലുള്ള വ്യായാമങ്ങളുടെ [

 എയ്റോബിക് വ്യായാമങ്ങൾ എയ്റോബിക് വ്യായാമങ്ങൾ നിങ്ങളുടെ ഹൃദയമിടിപ്പിനേയും ഊർജ്ജത്തേയും

ഉദ്ദാഹരണങ്ങൾ

- വരന്തായിലൂടെ നടക്കുക.
- മിതമായ വ്യായാമങ്ങൾ.
- നിന്തൽ.

കണങ്കാൽ തിരിക്കൽ

- നിങ്ങൾ കിടക്കുക അല്ലെങ്കിൽ ഇരിക്കുക.
- നിങ്ങൾ വലതു കണങ്കാൽ വലത്തോട്ട് 10 തവണ തിരിക്കുക.
- നിങ്ങളുടെ വലതു കണങ്കാൽ ഇടത്തേക്ക് 10 തവണ തിരിക്കുക
- നിങ്ങളുടെ ഇടതു കണങ്കാലിൽ വ്യായാമം ആവർത്തിക്കുക.

കണങ്കാൽ പമ്പുകൾ

- നിങ്ങൾ കിടക്കുക അല്ലെങ്കിൽ ഒരു കസേരയിൽ ഇരിക്കുക.
- നിങ്ങളുടെ കാൽ വിരലുകൾ മുകളിലേക്ക് ചുണ്ടുക, തുടർന്ന് തറയിലേക്ക് ചുണ്ടുക. ഒരേസമയം രണ്ടു കാലിനും നിങ്ങൾക്കിതു ചെയ്യാൻ കഴിയും.
- പത്തു തവണ ഇത് ആവർത്തിക്കുക.



ഒരു സ്ഥലത്ത് മാർച്ച് ചെയ്യുക

- ആം റെസ്റ്റുകൾ ഉള്ള ഒരു കസേരയിൽ ഇരുന്ന് നിങ്ങളുടെ കാലുകൾ തറയിൽ വെക്കുക.
- ചരിഞ്ഞോ പിന്നോട്ട് ചായാതെയേ ഒരു കാൽമുട്ട് പതുക്കെ ഉയർത്തിയതിനുശേഷം 🔊 ാചുകൾ താഴ്ത്തി ി പിടിച്ച് നിങ്ങളുടെ തറയിൽ വെക്കുക. ആം റെസ്റ്റ മുകൾഭാഗം പിന്നിലേക്ക് ചായു തടയാൻ കഴിയും
- അഞ്ച് തവണ ഇത് ആവർത്തിക്കു കം.
- നിങ്ങളുടെ മറ്റേ കാല് ഉപയോഗിച്ച് ഇത് ആവർത്തിക്കുക.

സിറ്റിംഗ് കിക്കുകൾ

- ഒരു കസേരയിൽ ഇരിക്കുക നിങ്ങളുടെ കാലുകൾ തറയിൽ വെക്കുക.
- നിങ്ങളുടെ ഒരു കാൽ നിവർത്തുക.
- കാല് നിവർത്തി പിടിച്ച് അഞ്ച് വരെ എണ്ണുക.
- നിങ്ങളുടെ കാൽ തറയിലേക്ക് താഴ്ത്തുക.
- 10 തവണ ഇത് ആവർത്തിക്കുക.
- നിങ്ങളുടെ മറ്റേ കാല് ഉപയോഗിച്ച് ഇത് ആവർത്തിക്കുക.

കൈ ഉയർത്തുന്നു

- ഒരു കമ്പേരയിൽ നേരെ ഇരിക്കുക.
- നിങ്ങളുടെ തോളിന്റെ തലം വരെ കൈകൾ ഇരു വശത്ത്യേക്ക് ഉയർത്തുക.
- 5 സെക്കന്റ് പിടിക്കുക അതിനു ശേഷം നിങ്ങളുടെ കൈകൾ പതുക്കെ ഇരു വശങ്ങളിലേക്ക് താഴ്ത്തുക.
- ഇത് 10 തവണ ആവർത്തിക്കുക.





ഭക്ഷണ(കമീകരണം

- ധാരാളം പാനീയങ്ങൾ കഴിക്കുക (ആറ് മുതൽ പത്ത് ഗ്ലാസ് വെള്ളം വരെ ദിവസവും കുടിക്കുക).
- എരിവ്, പുളി, മസാല എന്നിവ കൂടുതൽ അടങ്ങിയ ഭക്ഷണം ഒഴിവാക്കുക.
- പാൽക്കത്തിയും, റവ കാച്ചിയതും, നൽകുന്നത് ഉത്തമമാണ്.
- പച്ചക്കറികൾ, ഇലക്കറികൾ, പയറുവർഗങ്ങൾ, ധാന്യങ്ങൾ ഇവ ധാരാളമായി ഉൾപ്പെടുത്തുക.
- മത്സ്വം, കോഴിയിറച്ചി, ആട്ടിറച്ചി ഉപയോഗിക്കാം.
- മാട്ടിറച്ചി ഒഴിവാക്കുക.
- നന്നായി വേവിച്ച ഭക്ഷണം കഴിക്കുക. പ്രമേഹം, രക്തസമ്മർദം ഇവ ഉള്ള രോഗികൾ അതിനനുസരിച്ചുള്ള ഭക്ഷണം
- ചെറിയ അളവിൽ ഇടക്കിടെ ഭക്ഷണം കഴിക്കുക.
- നാരുകളടങ്ങിയ ഭക്ഷണം ഉൾപ്പെടുത്തുക. • പാലും നെയ്യും അടങ്ങിയ ഭക്ഷണം കുറയ്ക്കുക.
- കാപ്പിയും ചായയും ഒഴിവാക്കുക.



ഛർദ്ദിയും ഓക്കാനവും തടയാനുള്ള മാർഗ്ലങ്ങൾ

- ഇടംങ്കിടക്ക് ഭക്ഷണവും വെള്ളവും ചെറിയ തോതിൽ കഴിക്കുക.
- ഭക്യണത്തിന് ശേഷം ഇരുന്ന് വിശ്രമിക്കുക.
- ദീർഘശ്വാസം എടുക്കുകയും സാവധാനം പുറത്തേക്ക് വിടുകയും ചെയ്യുക.
- മധുരമുള്ളതും എണ്ണയുമടങ്ങിയ ഭക്ഷണങ്ങൾ ഒഴിവാക്കുക.
- നാരുകളും പച്ചക്കറികളും ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തുക.

വയറിളക്കം തടയാനുള്ള മാർഗ്ഗങ്ങൾ

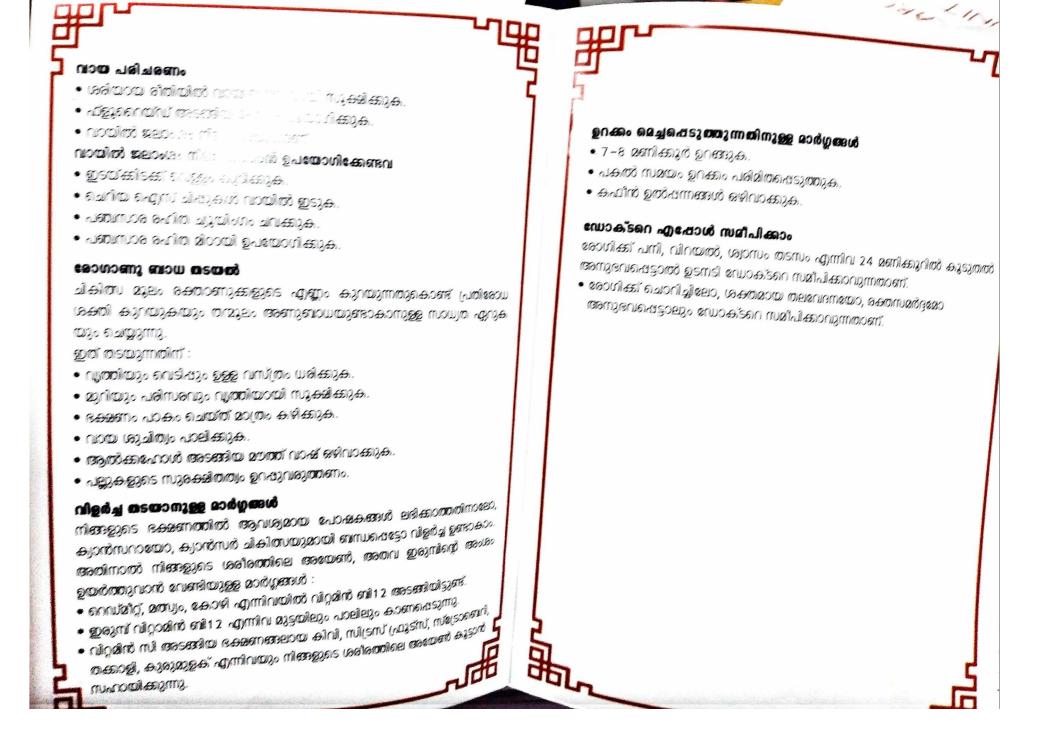
- മലദ്വാരം ശുചിയായി സൂക്ഷിക്കണം.
- നാരുകുറവുള്ള ഭക്ഷണം കഴിക്കുക.
- പഴം, ഓറഞ്ച്, വെള്ളരി, ആപ്രിക്കോട്ട് മുതലായ ഭക്ഷണം കഴിക്കുക.
- 8 മുതൽ 12 ഗ്ലാസ് വരെ വെള്ളം കുടിക്കുക.

വയറിളക്ക സമയത്ത് ഒഴിവാക്കേണ്ട ഭക്ഷണങ്ങൾ

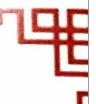
- സ്പൈസി ഫുഡ്.
- ബിയറും വൈനും മറ്റു തരത്തിലുള്ള മദ്വവും.
- ഐസ്ക്രീം, വെണ്ണ, ചീസ് എന്നിവയും പാലും പാലുൽപ്പന്നങ്ങളും.
- കോഫി, ബ്ലാക്ക് ടീ, സോഡ, ചോക്ലേറ്റ് എന്നി കഫീനടങ്ങിയ ഭക്ഷണ പാനീയങ്ങൾ.
- ഫാസ്റ്റ് ഫുഡ്.

ശരീരശുചി**ന്വ**ം

- രോഗി ദിവസവും കുളിക്കുന്നതാണ് ഉത്തമം.
- കൈകളിലെ നഖം വെട്ടി വൃത്തിയായി സൂക്ഷിക്കുക.
- ഭക്ഷണത്തിനു മുമ്പും ശേഷവും കൈകൾ നന്നായി കഴുകുക.
- ദിവസവും കുളിക്കുക.
- വീര്യം കുറഞ്ഞ സോഷും ഷാമ്പുവും ഉപയോഗിക്കുക.
- പുകയില ഉൽഷന്നങ്ങൾ ഒഴിവാക്കുക.
- മദ്യം ഒഴിവാക്കുക.







ഉപസംഹാരം

ശരീരികമായും മാനസികമായും ഓരോ വ്യക്തിക്കും ക്ഷീണം എന്നത് വ്യത്യസ്തമായ ഒരു അനുഭവമാണ്. കാൻസറുമായി ബന്ധപ്പെട്ട വിവിധ ചികിത്സരീതികളിലൂടെ വ്യത്യസ്തമായ പാർശഫലങ്ങളായിരിക്കും ക്വാൻസർ രോഗിക്കും അനുഭവപ്പെടുന്നത്. കാൻസറുമായി ബന്ധപ്പെട്ട ചെയുന്നതിനായുള്ള കുറവായരിക്കും. കാൻസറുമായി അറിവ് രോഗികൾക്ക് ബന്ധപ്പെട്ട നിയന്ത്രിക്കാമെന്നുള്ള ക്ഷീണത്തെ എങ്ങനെ ഈ പ്രോഗ്രാം ക്ഷീണത്തിൽനിന്ന് അകറ്റാൻ സഹായിക്കുന്നു. അതുവഴി രോഗികളെ ജീവിതനിലവാരം മെച്ചപ്പെടുന്നു. രോഗിയുടെ



APSARA SKILL TRAINING MANUAL

AMALA COLLEGE OF NURSING THRISSUR



ACON PALLIATIVE SERVICES AND REACHOUT ACTIVITIES (APSARA)

SKILL LEARNING MANUAL

ACON PALLIATIVE SERVICES AND REACHOUT ACTIVITIES (APSARA)

LIST OF PROCEDURES TO BE PERFORMED

S.No.	PROCEDURES	PAGE No.
1	Vital signs	
	a) Measuring temperature	1-2
	b) Measuring pulse	3
	c) Measuring respiration	4
	d) Measuring blood pressure	5-7
2	Measuring blood glucose using glucometer	8- 9
3	Wound dressing	10-11
4	Catheter care	12-13
5	Back care	14-16
6	Teaching breast self-examination (BSE) for care givers	17-19
7	Performing Hand washing at home	20-21
8	Bibliography	22

- 5. Spirit/alcohol.
- 6. Paper bag.
- 7. Soap

- Follow the steps involved in bag technique and open the top compartment of the bag.
- 2. Remove necessary articles.
- 3. Prepare a pledget of cotton.
- 4. Rinse the thermometer under cold running water and dry with cotton swab.
- 5. Place thermometer in axilla for 5 minutes.
- Remove and wipe the thermometer with the same cotton from stem to bulb and read.
- 7. Return to the work area. Wrap the thermometer in cotton pledget with soap applied on it until completion of care.
- 8. After providing treatment and care, wash hands again.
- 9. Remove the thermometer from the pledget using spiral motion downward using friction to clean the thermometer.
- 10. Rinse under running water and dry. Wipe the thermometer with spirit from bulb to stem.
- 11. Wipe the outer surface of spirit bottle and replace into the top compartment after washing hands.
- 12. Close the bag. Record the temperature in the nurse's diary.

b) Measuring pulse

Articles

- · Digital watch or watch with second hand
- Pencil
- Paper

Procedure

Assessment

1. Identify the person

Planning

2. Explain the procedure

Implementation

- 3. Wash your hands
- 4. Place the pads of two or three fingers lightly over the radial artery with the patient's hand, palm down
- 5. Count the pulsations for 1 minute and note the regularity, rate, strength and character of the pulse.

Evaluation

- 6. Jot down the count
- 7. Wash your hands

Documentation

9. Record the time and pulse rate on the graphic sheet. Note any abnormalities in quality or rhythm in the nurse's notes and report.

c) Measuring respiration

Articles

- Digital watch or watch with second hand
- · Pencil and paper

Procedure

Assessment

1. Look for the way to distract the patient while you count respiration

Planning

2. Plan to count the respirations after measuring the radial pulse as if you were still counting the pulse

Implementation

- 3. Wash your hands and tell the patient you are going to take the vital signs
- 4. After taking the radial pulse with the wrist lying on the chest, continue holding the wrist while counting respirations. Position the watch so that you can see both its dial and the rise and fall of the chest
- 5. Count the respirations, noting rate, depth, pattern, and sounds count for 1 minute.
- 6. Jot down the measurement along with the pulse rate
- 7. Wash your hands

Evaluation

8. Ask yourself: Is the respiratory rate normal? Has it altered since the last measurement?

Documentation

9. Record the time and respiratory rate on the graphic record, on the patient's chart, or in the computer. If the character of respiration is abnormal or if the rate is irregular, document the findings in the nurse's notes.

d) Measuring blood pressure

Articles

- Stethoscope
- Sphygmomanometer with cuff
- · Pencil and paper

Procedure

Assessment

- 1. Identify the patient. Check to see what is the patient's , blood pressure (BP).
- 2. Assess the size of the patient's arm to determine the size of cuff needed.
- 3. Assess if there is a contraindication to taking the blood pressure on either arm.

Planning

- 4. Provide privacy and reduce environmental noise. Explain the procedure and wash your hands.
- 5. Place the patient in comfortable position, sitting down or lying down and allow the blood pressure to stabilize for 5 minutes before measuring it.

Implementation

- 6. Apply the cuff smoothly to arm, positioning the center of the bladder over the brachial artery and placing the cuff 1-2 inches above the antecubital space. Wrap the cuff firmly and smoothly around the arm and fasten it.
- 7. Position the gauge so that it can be easily visualized
- 8. Position and support the patient's arm at the level of the heart.
- Close the valve of the air pump by turning the screw valve clockwise until it is closed, but not so tightly that it cannot be easily released.

- 10. Palpate the radial artery/brachial artery. Pump up the cuff until the artery is occluded, then release the valve and let the air out of cuff.
- 11. Direct the ear pieces of the stethoscope slightly forward, and place them in your ears. Place the diaphragm or bell of the stethoscope over the brachial pulse.
- 12. When 30 seconds have passed, reinflate the cuff quickly, while watching the gauge, to at least 30 points higher than the point at which you no longer could feel the pulse
- 13. Deflate the cuff at a constant rate of 2 mm Hg per second by unscrewing the valve on the bulb pump counter-clockwise.
- 14. Listen for the first Korotkoff sound, and note this as the systolic BP. Continue to listen and steadily deflate the cuff until muffling is heard; note this point. Continue deflating until the last Korotkoff sound is heard; note this point. Replace the patient's clothing, if needed.
- 15. Deflate the cuff completely and note down the reading of blood pressure.
- Deflate the cuff at a constant rate of 2 mm Hg per second by unscrewing the valve on the bulb pump counter-clockwise.
- 14. Listen for the first Korotkoff sound, and note this as the systolic BP. Continue to listen and steadily deflate the cuff until muffling is heard; note this point. Continue deflating until the last Korotkoff sound is heard; note this point. Replace the patient's clothing, if needed.
- 15. Deflate the cuff completely and note down the reading of blood pressure.
- 16. Wash your hands.

3

18. Document the time and pressure on graphics sheet; record in nurses notes with systolic BP as the top number and diastolic pressure as the bottom number, e.g., 128/80 mm Hg.

MEASURING BLOOD GLUCOSE LEVEL USING GLUCOMETER

Articles

- Blood glucose meter.
- Testing strips/reagent strips.
- 3. Sterile lancet.
- Cotton balls.
- Alcohol swab.
- 6. Disposable gloves.

- Check physician's order
- 2. Review manufacturer's instructions for glucometer use.
- 3. Gather articles at the bedside
- 4. Explain the procedure to the patient.
- 5. Have the patient wash hands with soap and water. Use warm water if available.
- 6. Position the patient comfortably in a semi-fowlers position or upright position
- 7. Wash hands. Don disposable gloves
- 8. Remove test strip from the container and recap container immediately
- 9. Turn monitor on and check whether the code number on strip matches with the code number on the monitor screen.
- 10. Take the lancet without contaminating it. Select appropriate puncture site.
- 11. Massage side of finger for adults (heel for children) toward puncture site and wipe with alcohol swab.
- 12. Hold lancet perpendicular to skin and prick site with lancet.

- 13. Wipe away the 1st drop of blood from the site.
- Lightly squeeze or milk the puncture site until a hanging drop of blood has formed.
- 15. Gently touch the drop of blood to pad on the test strip without smearing it
- 16. Insert strip into glucometer according to directions for that specific device. Some devices require that the drop of blood is applied to a test strip that has already been inserted in the monitor.
- 17. Apply pressure to puncture site using a dry cotton ball.
- 18. Read blood glucose results displayed on the monitor and inform the patient about results.
- 19. Turn off the glucometer
- 20. Dispose supplies appropriately and discard lancet in sharp's container.
- 21. Remove gloves and discard. Wash hands.
- 22. Record blood glucose level in the chart

WOUND DRESSING

Wound dressings is done to clean, cover, and protect the wound from the external environment. A wound dressing must provide a moist environment, $rem_{0_{V_e}}$ the excess of exudate, avoid maceration, protect the wound from infection and maintain an adequate exchange of gases.

Articles required

A sterile tray containing:

• Artery forceps- 2.Dissecting forceps -1, Scissors, Small bowl- 2, Gloves, Cotton balls, kidney tray, gauze pieces, cotton pads

A clean tray containing:

• Clean solutions as necessary, Ointment and powders as ordered, Gauze pieces in sterile containers, Swab sticks in a sterile container, Transfer forceps in a sterile container, Bandages, binders, adhesive plasters etc, A large bowl with disinfectant solution, Kidney tray and paper bag, Mackintosh and towel.

- 1 Identify the patient
- 2 Assess the general condition of the patient
- 3 Explain the procedure to the patient
- 4 Assemble all the articles
- Wash hands and wear clean gloves and arrange the articles 1 as the order of use
- 6 Position the client as required and drape the client appropriately
- 7 Place the mackintosh and towel under the site of wound and place a clear kidney tray over the mackintosh

- 8 Remove outer dressing. Leave the inner dressing. Remove clean gloves
- 9 Do surgical hand washing. Flip open the dressing pack cover and wear sterile gloves
- 10 Remove the inner dressing by using artery forceps and discard artery forceps.
- 11 Assess the wound site for size, appearance and drainage.
- 12 Clean the wound from clean area to contaminated area by using normal saline and betadine solution respectively.
- 13 Use one gauze piece for each stroke
- 14 Dry the wound with dry swabs in the same manner.
- 15 Apply medicine over the wound and cover with a dry sterile gauze pieces and cotton pads.
- 16 Secure the dressing with bandages or adhesive tapes.
- 17 Make the patient comfortable.
- Replace equipment and record the type of dressing, condition of wound, type of exudate and patient's response.

CATHETER CARE

Definition

Cleansing the urethral meatus, the skin surrounding the catheter insertion site appringum for patients with retention catheter who are bed ridden

Purposes

Promote patient comfort Reduces the chances of developing UTI

Articles Required

A tray containing Flash light

- 1. Adhesive tape and scissors Kidney tray
- 2. Antiseptic solution/betadine/NS Mask
- 3. Sterile tray with
- 4. Sterile gloves
- 5. 2 small bowl Gauze swabs
- 6. Artery forceps- curved and straight thump forceps.

- 1. Assess the episode of bowel or bladder elimination.
- 2. Prepare necessary equipment and supplies,
- 3. Explain the procedure to the patient.
- 4. Provide privacy
- Wash hands
- 6. Position the patient:
 - Female: dorsal recumbent position with legs flexed
 - Male: supine position
- 7. Place mackintosh and draw sheet under the patient.

- 8. Drape the patient properly.
- 9. Remove anchor tapes
- 10. Apply sterile gloves Take sterile gauze and keep below the mons pubis Clean the area surrounding the urethral meatus and catheter insertion site.
- 11. Female: Clean the clitoris, labia minora opposite side, labia minora same side, labia majora opposite side, labia majora same side, vaginal introitus, orifice till the anus and clean catheter all sides.

Males: Retract the foreskin, clean the catheter insertion site, foreskin in rotating motion, clean the penis in a circular motion downwards or long strokes, then reposition the foreskin and clean catheter in 4 directions, clean scrotum Anchor the catheter tubing

- 12. Place the client in safe comfortable position.
- 13. Remove gloves, dispose contaminated supplies and wash hands
- 14. Record the procedure

BACK CARE

Back care consists of cleaning and massaging back (from shoulder to level of the buttocks) by using scientific form of required strokes for maximis cutaneous stimulation, comfort and emotional relaxation as well.

Articles

A tray containing:

- 1. Basin 1 with warm water
- 2. Sponge cloth: 1
- 3. Small bowl: 1 Soap with soap dish
- Towel: 1
- A kidney tray with paper bag
- 6. Spirit
- 7. Talcum powder/lotion/oil
- 8. Mackintosh with cover A set of patient's clothes

Procedure

Assessment

- 1. Check the client's identification and condition
- 2. Explain the client about the purpose and the procedure

Planning

3. Put all required articles to the bedside and set-up

Implementation

- 4. Close all windows and apply screen
- 5. Perform hand hygiene with warm water
- 6. Place the client in an appropriate position

- Move the client toward your side
- Turn the client to her/his side and put the mackintosh covered by big towel under the client's body
- Expose the client's back fully and observe it whether there is any abnormality
- 8. Wipe back with wet wash cloth. Lather soap on hands. Apply soap from down to upward direction in circular motion giving special attention to the pressure areas and rinse with plain warm water. Dry the area thoroughly.
- 9. Put some lotion or oil into your palm. Apply the oil or the lotion and massage at least 3-5 minutes by placing the palms:
 - From sacral region to neck, use firm smooth strokes to massage over scapular area
 - From upper shoulder to the lowest parts of buttocks gently but firmly knead skin by grasping area between thumb and fingers, work across each shoulder and around nape of neck. Continue downward along each side to sacrum

Steps for back massage

- 10. Effleurage: Using your palm, stroke from the buttocks up to the shoulders, over the upper arms and back to the buttocks. Use slightly less pressure on the downward strokes
- 11. Petrissage: Using your thumb to oppose your fingers, knead and stroke half the back and upper arms, starting at the buttocks and moving towards the shoulder. Then knead and stroke the other half of the back, rhythmically alternating your hands.
- 12. Friction: Use circular thumb strokes to move from buttocks to shoulders; then, using a smooth stroke, return to the buttocks

- 13. Hand over Hand: Massage the back with short quick strokes using
- 14. Brush Strokes: Lightly stroke the back with finger tips while massage
- 15. Kneading: Stroke the back with both hands together
- Tapping: Tap the back with both hands
- 17. Help the client to put the clothes and return the client to comfortable
- 18. Replace all articles in proper place
- 19. Perform hand hygiene

Documentation

20. On the chart with your signature, including date. Do time and skin condition. Report any findings to senior staff.

TEACHING BREAST SELF-EXAMINATION (BSE) FOR CARE GIVERS

Breast self-examination is a technique which women use to assess their own breasts to detect breast carcinomas at the earliest.

Articles

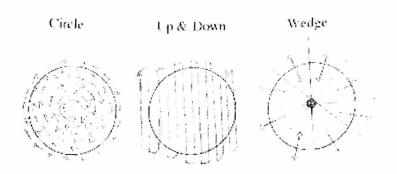
- 1. Mirror.
- 2. Gloves
- 3. Small pillow/rolled towel.

Procedure

Nursing action

- Identify the patient and review personal history and family health history.
- Explain procedure to the patient.
- 5. Explain and teach breast self-examination as you examine. For inspection, ask the patient to stand in front of the mirror and check both breasts for anything unusual with patients:
 - a. Arms at sides
 - b. Arms raised
 - c. Hands pressed on hips
 - d. Arms extended straight ahead as patient leans forward.
- 6. Explain and teach the palpation method. Teach the patient to use the right hand to palpate the left breast and vice versa. During the examination, place the patient's fingers under your fingers

7. Using the pads of the palmar surfaces of the fingertips, palpate the right breast by gently compressing the mammary tissues against the chest wall. Palpation may be performed from the periphery to the nipple, in either concentric circles, wedge sections or vertical strip.



- 8. Palpate areola and nipple using a similar circular technique as with breast. Pay special attention to subareolar part and gently press the nipple between the fingers
- 9. Palpate into axilla starting at anterior axillary line and continuing at an angle to the mid-axillary line and up into the axilla (using same circular fingertip motion). Have patient place arm at side and palpate deep into the axilla. Identify posterior axillary, central axillary, anterior axillary and lateral axillary node locations.
- 10. Repeat steps 7-9 on the left breast, areola, nipple and axilla. Identify normal versus abnormal as with the right breast. Compare breasts bilaterally.
- 11. Assist the patient to supine position. Place arm on examination side under the head, and place a small pillow under the same side scapula
- 12. Assist the patient to palpate the breast, areola and nipple as in steps 7-9 with the other hand and vice versa 13. Assist the patient to a sitting position. Review the steps and ask the patient to demonstrate breast self-examination

- 13. Allow patient to dress
- 15. Remove gloves and wash hands
- 16. Give the patient written materials to reinforce teaching
- 17. Record date, time, findings of abnormalities and absence of abnormalities, patient's response to findings and teachings.

PERFORMING HAND WASHING AT HOME

Hand washing is a vigorous, brief rubbing together of all surfaces of hands lathered in a soap, followed by rinsing under a stream of water

Purpose

- 1. To remove dirt and transient microorganisms from the hands.
- 2. To reduce total microbial counts over time.
- 3. To prevent cross-infection.

Articles

- 1. Soap in a soap dish.
- 2. Water.
- 3. Nail brush.
- 4. Hand towel.
- 5. Piece of paper/old newspaper.

- 1. Place the bag on the newspaper, spread over a clean floor area or platform.
- 2. Remove wrist watch and keep in a safe place.
- Open the bag and take out, soap dish, hand towel, nail brush and a small piece of paper to "wash area", spread the paper and place articles on the paper.
- 4. Select a place where water will drain off.
- 5. Moisten hands with water so that soap will lather well. Apply soap to the hands while holding hands down.
- 6. Rub together to work up a good lather. Rub palms, inter- digital areas, all sides of each finger, then back of hands, wrists, nails and cuticles.

- 7. Scrub for 2-3 minutes with nail brush if any surgical procedure to be conducted.
- 8. Wash soap off the hands and hold hands up to prevent water running from elbows to hands.
- 9. Dry hands using hand towel and place the towel on the clean area.
- 10. After the procedure, wash hands again and dry with towel.
- 11. Replace soap in soap dish and hand towel in bag. Close the bag.
- 12. Discard the paper on which soap dish was placed, and any other used materials.

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