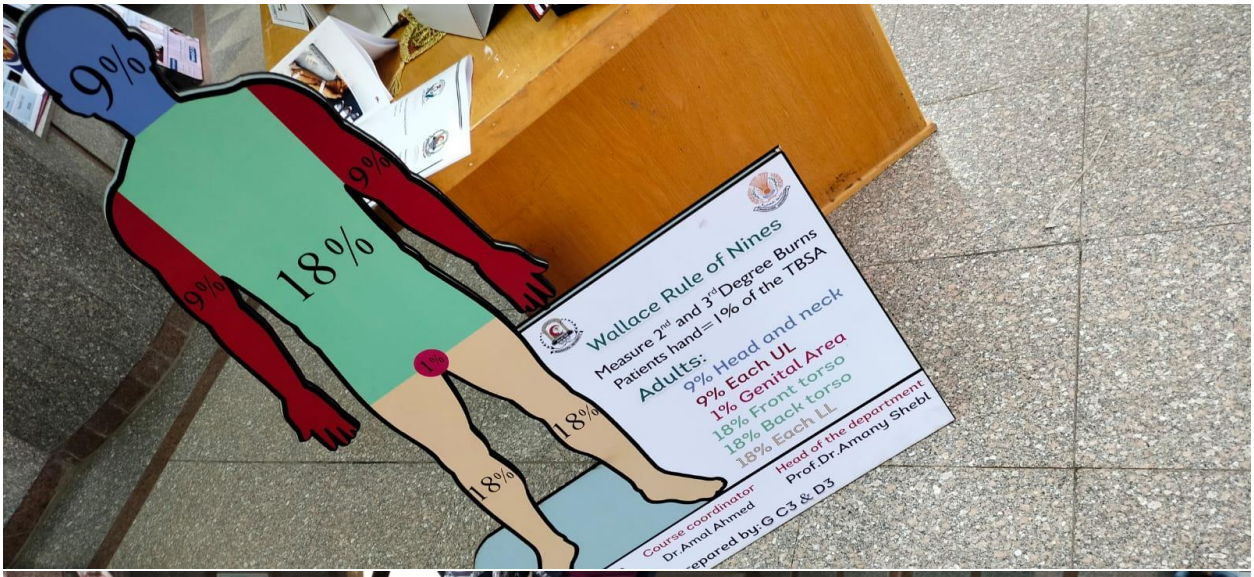
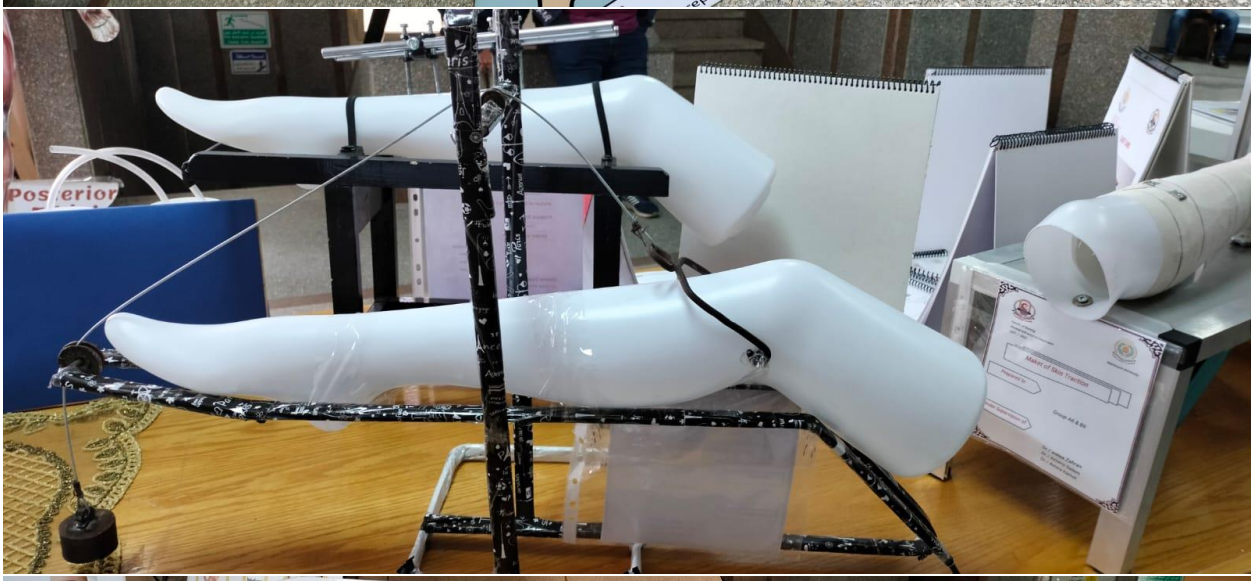
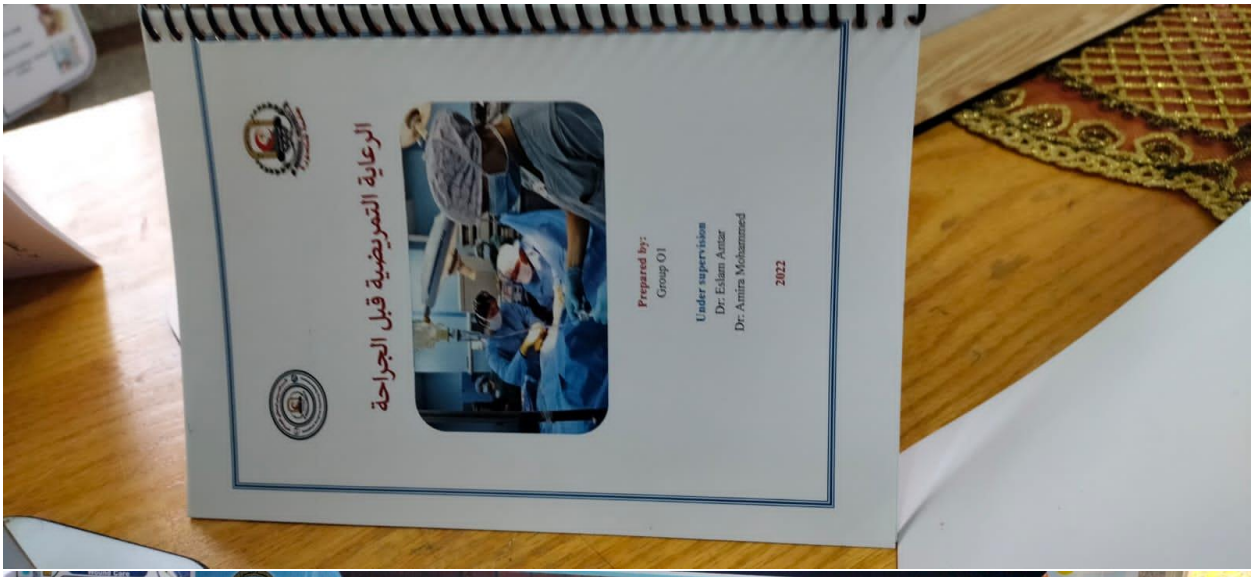
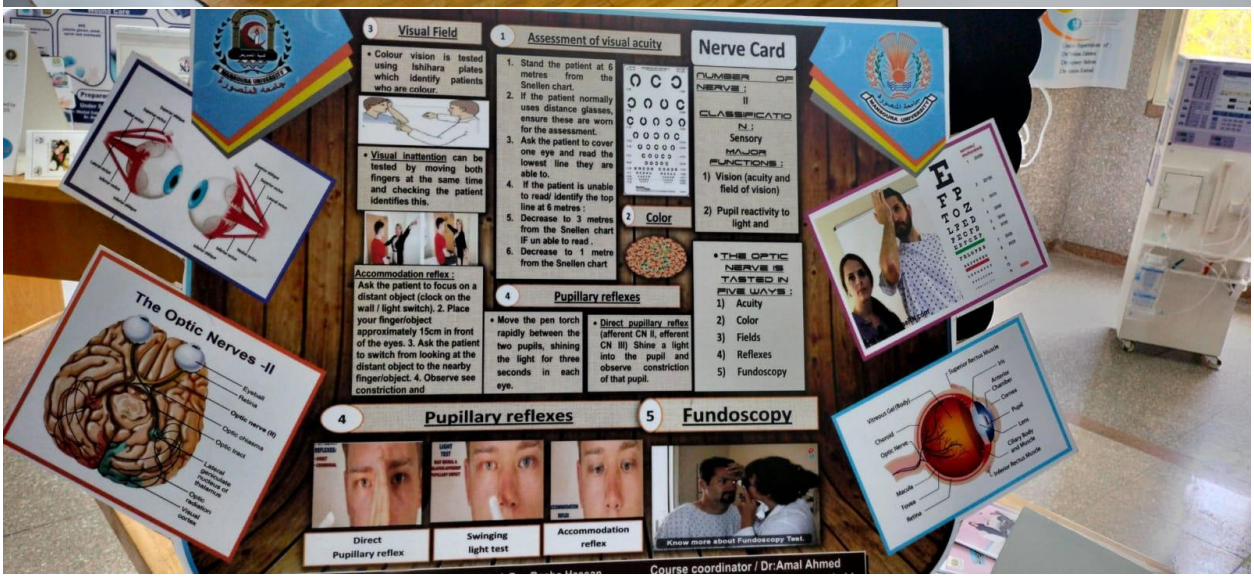

9%
9%
18%
9%
1%
18%
18%
Wallace Rule of Nines
Measure 2nd and 3rd Degree Burns
Patients hand= 1% of the TBSA
Adults:
9% Head and neck
9% Each UL
1% Genital Area
18% Front torso
18% Back torso
18% Each LL
Course coordinator
Dr.Amal Ahmed
Head of the department
Prof.Dr.Amany Shebl
Prepared by: G C3 & D3

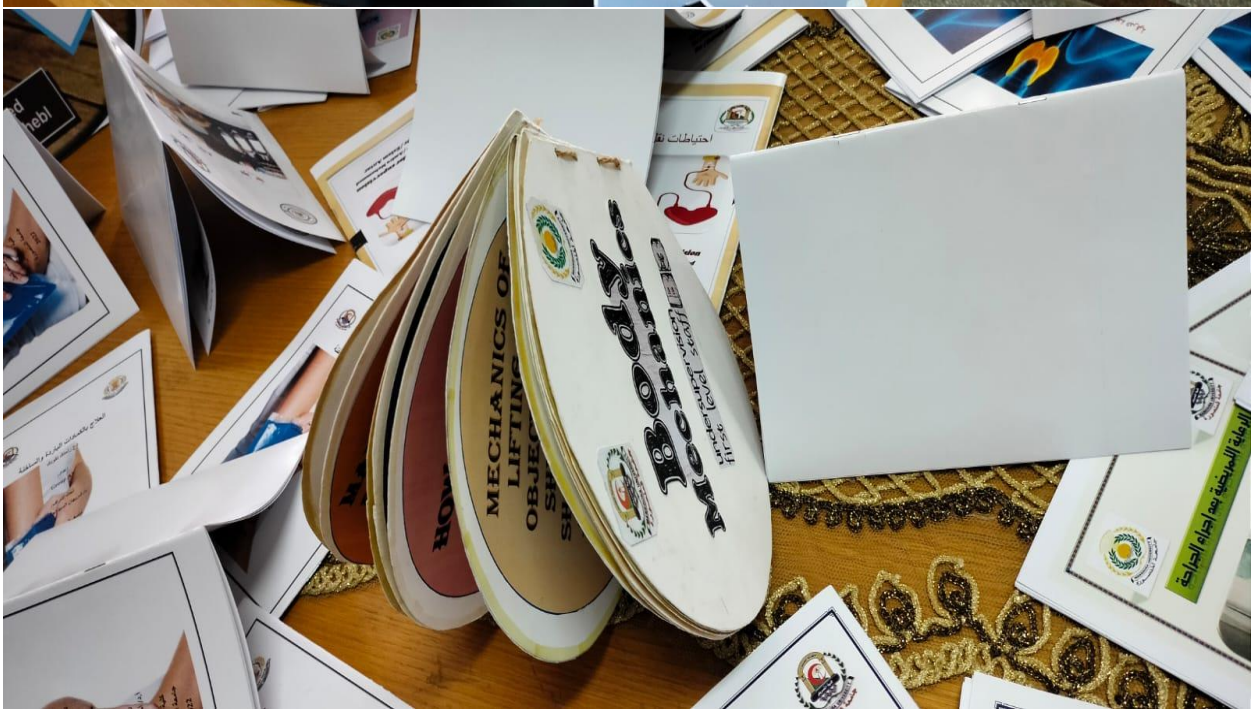

Posterior


The Glossopharyngeal Nerves
Function of Glossopharyngeal nerve :
The glossopharyngeal nerve is associated with taste, salivation, gagging swallowing, speech tonsils, and blood flow to the brain and middle ear.
Mansoura University Faculty of Nursing
Medical Surgical Nursing Department 2021 /2022
Cranial nerve examination
(Glossopharyngeal nerve & Vagus nerve)
Modality Mixed.
function of vagus :
Gagging and swallowing, speech (phonation)
Group
F1
F2
Under Supervision
Dr/Rasha hassan
Dr/Asmaa gamal
Dr/Mahmoud Hussein
How to test..?
Assess soft palate and uvula
Symmetry, note any obvious deviation of the uvula
Gag reflex
Cranial Nerve Ex
(Accessory and H
Major function of spinal accessory
-shoulder movement
-head rotation
Under supervision
Prepared by G1, G2


الرعاية التمريضية قبل الجراحة
Prepared by:
Group 01
Under supervision
Dr: Eslam Antar
Dr: Amira Mohammed
2022


3 Visual Field
• Colour vision is tested using Ishihara plates which identify patients who are colour.
• Visual inattention can be tested by moving both fingers at the same time and checking the patient identifies this.
Accommodation reflex : Ask the patient to focus on a distant object (clock on the wall / light switch). 2. Place your finger/object approximately 15cm in front of the eyes. 3. Ask the patient to switch from looking at the distant object to the nearby finger/object. 4. Observe see constriction and
1 Assessment of visual acuity
1. Stand the patient at 6 metres from the Snellen chart.
2. If the patient normally uses distance glasses, ensure these are worn for the assessment.
3. Ask the patient to cover one eye and read the lowest line they are able to.
4. If the patient is unable to read/ identify the top line at 6 metres :
5. Decrease to 3 metres from the Snellen chart IF un able to read .
6. Decrease to 1 metre from the Snellen chart
2 Color
4 Pupillary reflexes
• Move the pen torch rapidly between the two pupils, shining the light for three seconds in each eye.
• Direct pupillary reflex (afferent CN II, efferent CN III) Shine a light into the pupil and observe constriction of that pupil.
Nerve Card
NUMBER OF NERVE : II
CLASSIFICATION : Sensory
MAJOR FUNCTIONS :
1) Vision (acuity and field of vision)
2) Pupil reactivity to light and
• THE OPTIC NERVE IS TASTED IN FIVE WAYS :
1) Acuity
2) Color
3) Fields
4) Reflexes
5) Fundoscopy
The Optic Nerves -II
4 Pupillary reflexes
5 Fundoscopy
Direct Pupillary reflex
Swinging light test
Accommodation reflex
Know more about Fundoscopy Test.
Course coordinator / Dr:Amal Ahmed


Burn care equipment
BETADINE
antiseptic solution
Zinc Cream
MEBO
Under supervision of:
Dr. Wedad Saber
Dr. Zainab Ibrahim
Dr. Nesma Ali
prepared by groups:
L (4) & K (4)

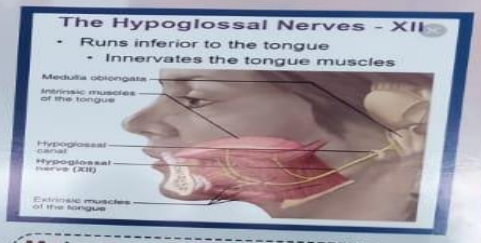

MECHANICS OF LIFTING OBJECTS
Stool


BLIDA UNIVERSITY
Before Touching a Patient
Before Clean / Aseptic Procedure
After Body Fluid Exposure Risk
After Touching a Patient
After Touching a Patient Surroundings
5 Moments of Hand Hygiene
Student of the first level group A
For the academic year 2019/2020
worked uncler the supervision
of members of the first level
Superior Rectus Muscle
Iris
Anterior Chamber
Cornea
Pupil
Lens
Ciliary Body and Muscle
Inferior Rectus Muscle


Urinary Catheterization
Compartment Syndrome
CAST CARE
Mansoura university
Faculty of Nursing
Medical surgical nursing department
Complications of immobility
Prepared by :
L 5
Mansoura university
Faculty of nursing
medical surgical nursing
department
How to ambulate with crutches
Prepared by/
L 6
Under supervision/
Dr/Sanaa Mohammed
Dr/Walaa Zahran
Dr/Amany Salem
Dr/Asmaa Kamel
Course coordinator
Dr/Amal Ahmed
Head of the department
Dr/Amany shebl
Fracture

Cranial Nerve Examination

(Accessory and Hypolossal)



Major function of spinal accessory
-shoulder movement
-head rotation

How to test accessory nerve ?
-Ask patient to shrug shoulders and resist you pushing down

-Ask patient to turn head to one side and resist you pushing it to the other

Major function of hypoglossal
-tongue movement

How to test hypoglossal nerve ?
-Ask patient to protrude tougue -any deviation? (Deviates towards side of lesion)

-Place your finger on the patient'cheek and ask to push their tongue against it -assess power

Under supervision

Dr / Rasha Hassan
Dr / Asmaa Gamal
Dr / Mahmoud Hussain

Course Coordinator
Dr / Amal Ahmed

Head of Department
Prof.Dr / Amany Shebl

Prepared by G1 ,G2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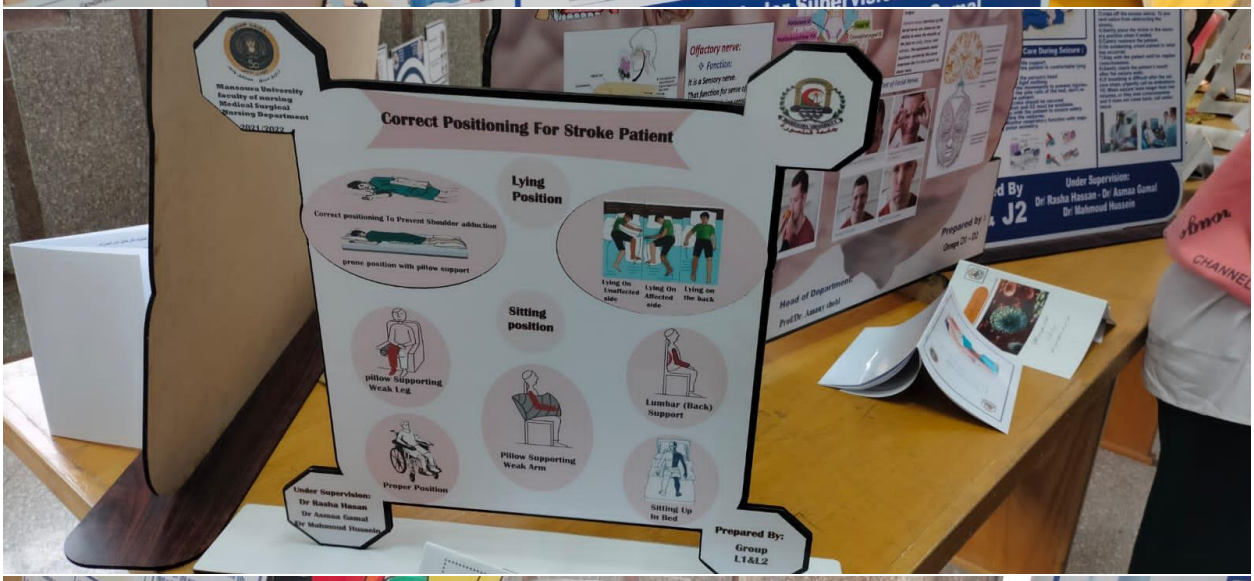
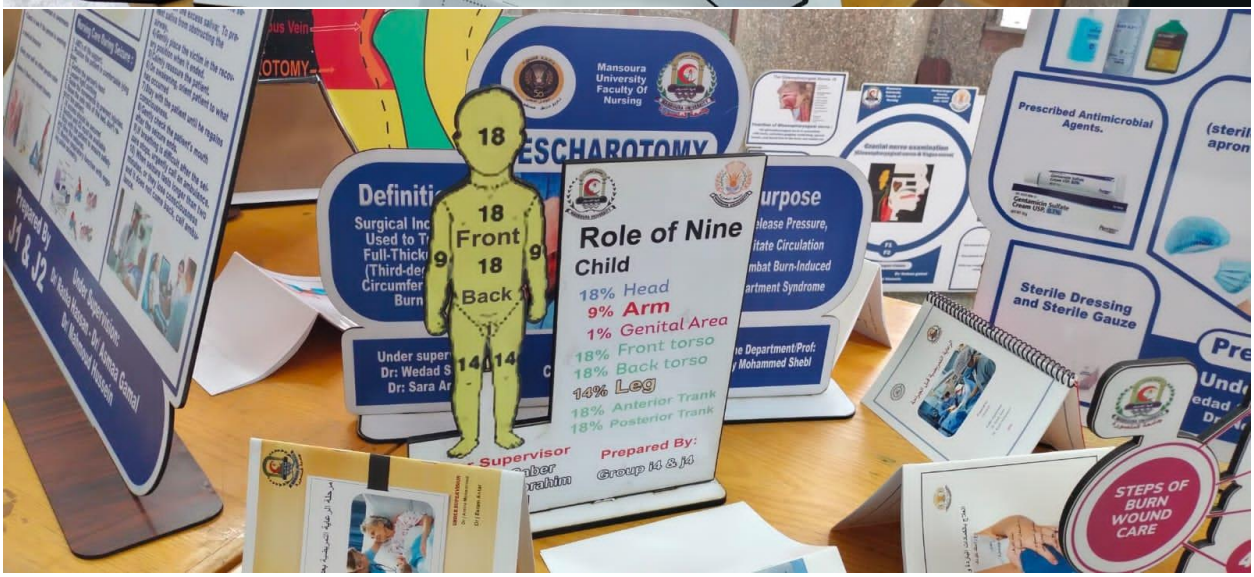
Mansoura University Faculty of Nursing
Medical Surgical Nursing Department 2021 /2022
Cranial nerve examination
(Glossopharyngeal nerve & Vagus nerve)
Group
F1
F2
Under Supervision
Dr/Rasha hassan
Dr/Asmaa gamal
Dr/Mahmoud Hussein
How to test..?
- Assess soft palate and uvula
- Symmetry, note any obvious deviation of the uvula
Gag reflex
Cranial Nerve
(Accessory and
Major function of spinal accessory
-shoulder movement
-head rotation
Under supervision
Prepared by G1


Name of nerve:
Vestibulocochlear nerve (VIII)
Modality: Sensory
Function: Hearing Equilibrium
It communicate sound and equilibrium information from the inner ear to the brain.
Hearing Test:
Rinne's test:
Weber's test:
(Balance):
Under supervision
Dr: Rasha Hassan
Dr: Asmaa Gamal
Dr: Mahmoud Hussein
Prepared By: G/ E1 & E2
Course Coordinator
Dr. Amal Ahmed
Head Of department
Prof. Dr. Amany Shebl
Prepared By: 1 1 &1 2
2022\2021
Cranial Ner
(Accessory


Faculty of nursing
Level 2
2021\2022
Cranial Nerve:
olfactory Nerve I and facial nerve VII
Olfactory Nerve I:
Classification:
It's a sensory nerve
Facial Nerve VII :
Classification
It's a mixed Nerve. The 7th cranial Nerve
Olfactory nerve:
Function:
It is a Sensory nerve.
That function for sense of smell
It functions to bring sensory information from the olfactory receptors in the nasal cavity to the brain.
Facial Nerve:
Function:
The Test of Facial Nerve.
The Test of Olfactory Nerve
Correct Positioning For Stroke Patient
Lying Position
Sitting position
MEDICAL SURGICAL DEPARTMENT
Under supervision :
Dr/ Rasha Hassan
Dr/ Asmaa Gamal
Course coordinator :
Dr.Amal Ahmed
Head of Department:
Prof/Dr. Amany shebl
Prepared by :
Groups D1 – D2
Care of Seizure
Nursing Care During Seizure :
1 & J2


Mansoura University Faculty Of Nursing
Medical Surgical Nursing Department 2022-2021
Nursing Care Before Seizure:
Assess your patient for Signs and Symptoms
of Seizure such as :
Care of Seizure
Nursing Care During Seizure :
1. ABC's of life support.
2. Position the patient in comfortable lying down.
3. Caution the person's head
4. Loosen tight clothing
5. Guide the movements to prevent injuries.
6. Raise the side rails of the bed, don't restrict the patient.
7. IV access should be secured
8. Suction and O2 must be available
9. Stay with the patient to ensure safety and time the seizures.
10. Monitor respiratory function with ongoing pulse oximetry.
Nursing Care After Seizure:
1) Assess the patient for respirations, a pulse, temperature and blood pressure.
2) maintaining a patent air way is open if it obstructed should be Insert an oral airway and use suction to remove secretions.
3) wipe off the excess saliva; To prevent saliva from obstructing the airway..
4) Gently place the victim in the recovery position when it ended.
5) Calmly reassure the patient.
6) On awakening, orient patient to what has occurred
7) Stay with the patient until he regains consciousness.
8) Gently check the patient's mouth after the seizure ends.
9) If breathing is difficult after the seizure stops, urgently call an ambulance.
10) When seizure lasts longer than two minutes, or they lose consciousness and it does not come back, call ambulance.


Correct Positioning For Stroke Patient
Lying Position
Correct positioning To Prevent Shoulder adduction
prone position with pillow support
Lying On Unaffected side
Lying On Affected side
Lying on the back
Sitting position
pillow Supporting Weak Leg
Pillow Supporting Weak Arm
Lumbar (Back) Support
Proper Position
Sitting Up In Bed
Under Supervision:
Dr Rasha Hasan
Dr Asmaa Gamal
Dr Mahmoud Hussein
Prepared By:
Group L1&L2


Mansoura University Faculty Of Nursing
ESCHAROTOMY
Role of Nine
Child
18% Head
9% Arm
1% Genital Area
18% Front torso
18% Back torso
14% Leg
18% Anterior Trank
18% Posterior Trank
Front
Back
Prepared By:
Group 14 & 14
Prescribed Antimicrobial Agents.
Sterile Dressing and Sterile Gauze
STEPS OF BURN WOUND CARE


Cranial nerves
Mansoura University
Faculty of Nursing
Medical Surgical Nursing department
2021/2022
Hold your finger 30cm in front of Patient's eyes Ask to Look at
Ask the patient to report any double vision
Ask the P.T to keep Head Still, follow your finger with their eyes
Observe for restriction of eye movement
Move your finger through the various axes of eye movement "H"shape
Oculomotor (III) nerve: Classification as Motor , Eyelid elevation pupil size and reactivity
Trochlear (IV), Abducens (VI): nerve, Motor nerves, trochlear turns eye downward and laterally, abducens turns eye laterally
Under supervision of :
Dr/ Rasha Hassan
Dr/ Asmaa Gamal
Dr/ Mahmoud Hussien
Course coordinator:
Dr/ Aml Ahmed
Head of the department:
Prof.Dr/ Amany M. Shebl
Prepared by Group :
(B1 , B2)

Rehabilitation for stroke patient

Medical surgical department
2022-2021

The aim from patient rehabilitation:

1. To restore lost abilities as much as possible
2. To prevent stroke-related complications
3. To improve the patient's quality of life
4. To educate the patient and family about how to prevent recurrent strokes
5. Promote re-integration into family, home, work, leisure and Community activities.

Physical Therapy for stroke patient include:

1. Range Of Motion (ROM) Exercises
2. Muscle Strengthening Exercises

Range Of Motion (ROM) Exercises

Muscle Strengthening Exercise

Under supervision
Dr. Rasha Hassan
Dr Asmaa Gamal
Dr. Mahmoud Hussein

Course coordinator:
Dr. Aml Ahmed

Group: H1

Head of department
Prof.Dr. Amany shebl

Immobility Complications

Mansoura University
Faculty of Nursing
Medical Surgical Nursing department

Respiratory: respiratory tract infections, Atelectasis, and pulmonary embolism.

Neurological: Depression, Anxiety, Forgetfulness, and Confusion.

Cardiovascular: postural hypotension, Cardiac muscle atrophy, orthostatic intolerance, and deep vein thrombosis.

Musculoskeletal: Osteoporosis, Muscle atrophy, Weakness, and Contractures

Hemoglobin: Anemia

Renal Calculi

Metabolic: Glucose intolerance

Gastrointestinal: Constipation, and Fecal impcations

Skin: pressure ulcers.

Under supervision:
Dr/ Soad Mohamed
Dr/ Walaa Zahran
Dr/ Amany Salem
Dr/ Amira Kamel

Course coordinator:
Dr/ Aml Ahmed

Head of the department:
Prof.Dr/ Amany Shebl

Prepared by Group:
(D6. F6)