

APPENDIX I



PREAMBLE

One of the main functions of the **National Open University of Nigeria (NOUN)** is to offer various academic programmes that lead to certificates, diplomas, and degrees through the **Open and distance learning (ODL)** mode. It has also positioned itself to carry out active research in various areas of **ODL** activities.

The NOUN has the onerous task of bringing higher education to the doorsteps of a vast number of people. Therefore, it must have a programme profile which would be a mix of academic as well as continuing education and workplace training programmes. Thus, whilst the university plans to offer traditional degree programmes, other programmes ranging from the purely professionally knowledge-based to the more vocational programmes would also be on offer. The spectrum of beneficiaries will range from professionally qualified specialists to the lay public and from corporate executives to unemployed youths, housewives and even to retired adults.

Some of the main features of the **ODL** include flexibility, national jurisdiction, use and application of information and communications technology. Central to these, is the provision of student support service network through which it must reach all its students located in different parts of the country. The main units of this support service are the **Study/Community Resource and Clinical Centres**. The long term plan is the location of these Centres in all state capitals and eventually in all local government areas.

APPENDIX II

NAME OF HOSPITAL

Nursing Process Record

Patients Name:

Ward/Unit:

Hospital Number: _

Name of Hospital _____ Hospital No. _____

APPENDIX III**ASSESSMENT SHEET***Complete as necessary***PERSONAL DATA:**

Name _____

Age _____ Date of Birth _____

Sex _____ Marital Status _____ Religion _____

State of Origin _____

L.G.A. _____

Nationality _____

Home Address _____

Phone No. (If Any) _____ Occupation _____

Office Address _____

Phone No _____

Name of Next of Kin _____

Relationship _____

Address of Next of Kin _____

Consultant _____

Medical Diagnosis _____

Date of Admission _____

Allergies _____

Immunization B C	Poliomyelitis	Tetanus	Whooping Cough
Diphtheria	Measles	Others _____	
LMP EDD			

Date of Discharge _____

APPENDIX IV**NURSING HISTORY****STATE OF HEALTH INFORMATION** _____**PAST** _____
_____**PRESENT** _____
_____**Nutrition** _____
_____**Elimination** _____
_____**Activity/Exercise** _____
_____**Sleep & Rest** _____**Communication/Special Senses** _____
_____**Feeling about Self/Image** _____**Family/Social Relationship** _____
_____**Sexuality Reproduction** _____
_____**Coping with Stress** _____**Values and Belief** _____**Other Information i.e. {Habits}** _____

APPENDIX V**EXAMINATION****Physical Measurement:**

Temperature: _____ Pulse _____

Respiration: _____

Blood Pressure: _____ Apex beat: _____

Height: _____

Urinalysis: _____

General Inspection: (Head-Toe) _____

Palpation: _____

Percussion: _____

Auscultation: _____

Laboratory Result: _____

Nursing Diagnosis: _____

Name of Nurse: _____**Date:** _____

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APPENDIX VI**NURSING CARE PLAN**

NAME: _____

WARD UNIT: _____ HOSPITAL NO: _____

DATE & TIME	S/NO	NURSING DIAGNOSIS	OBJECTIVES	NURSING ORDERS AND SIGNATURE	EVALUATION	SIGNATURE

NURSING CARE PLAN

NAME: _____

WARD UNIT: _____ HOSPITAL NO: _____

[illegible]

NURSING CARE PLAN

NAME: _____

WARD UNIT: _____ HOSPITAL NO: _____

DATE & TIME	S/NO	NURSING DIAGNOSIS	OBJECTIVES	NURSING ORDERS	EVALUATION	SIGNATURE
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TIME				AND SIGNATURE		

NURSING CARE PLAN

NAME: _____

WARD UNIT: _____ HOSPITAL NO: _____

DATE & TIME	S/NO	NURSING DIAGNOSIS	OBJECTIVES	NURSING ORDERS AND SIGNATURE	EVALUATION	SIGNATURE

APPENDIX VII

Continuation Sheet

Name _____

Ward/Unit _____

Hosp.No _____

Date	

[illegible]

Continuation Sheet

Name _____

Ward/Unit _____

Hosp.No _____

[illegible]**Continuation Sheet**

Name _____

Ward/Unit _____

Hosp.No _____

[illegible]