

## **PROCEDURE FORMAT**

### **1. INTRODUCTION**

### **2. CLIENT BASELINE DATA**

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### **3. SUBJECTIVE AND OBJECTIVE DATA**

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**4. PURPOSE OF THE PROCEDURE**

**5. ARTICLES USED WITH THEIR PURPOSE**

Article Name	Purpose

**3. STEPS OF THE PROCEDURE WITH RATIONALE**

Steps	Rationale

Steps	Rationale

Steps	Rationale

**1. RECORDING AND REPORTING / DOCUMENTATION**

**2. NURSING RESPONSIBILITIES AFTER THE PROCEDURE**

**3. REFERENCES / BIBLIOGRAPHY**

**MANIKAKA TOPAWALA INSTITUTE OF NURSING**  
**(A CONSTITUENT OF CHARUSAT)**  
**COMMUNITY HEALTH NURSING**  
**EVALUATION CRITERIA OF PROCEDURE**

**Name of the student:**

**Student ID:**

**Date of submission:**

**Procedure:**

S.NO	Evaluation Components	Max Marks	Marks allotted
1.	<b>Introduction &amp; Relevance to Community Health Nursing</b>	<b>5</b>	
2.	<b>Clarity of Objectives</b>	<b>5</b>	
3.	<b>Client Baseline Data (Demographics, Health History, Present Complaint)</b>	<b>5</b>	
4.	<b>Purpose of the Procedure</b>	<b>5</b>	
5.	<b>Articles Used with Their Purpose</b>	<b>5</b>	
6.	<b>Steps of Procedure with Rationale</b>	<b>10</b>	
7.	<b>Recording and Reporting / Documentation</b>	<b>5</b>	
8.	<b>Nursing Responsibilities After Procedure</b>	<b>5</b>	
9.	<b>References / Bibliography (as per APA/Vancouver style)</b>	<b>5</b>	
	<b>Total</b>	<b>50</b>	

**Remarks:**

**Name of Evaluator:**

**Signature of Evaluator**

**Date of Evaluation:**