



ANKARA YILDIRIM BEYAZIT  
ÜNİVERSİTESİ  
TIP FAKÜLTESİ

**ANKARA YILDIRIM BEYAZIT  
UNIVERSITY FACULTY OF  
MEDICINE**

**2021-2022 EDUCATION YEAR  
PHASE I**

**CLINICAL SKILLS TRAINING LEARNING AND  
ASSESSMENT GUIDELINES**



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## **RULES OF CLINICAL SKILLS TRAINING**

1. Attendance is compulsory. Related academician will take the roll in each lesson.
2. Before the lesson, you must watch the video of the lesson you will attend at <https://aybu.edu.tr/simlab/tr>. The practice will not be explained during the lesson, practical application will be made under the supervision of the academician. You can ask the academician about the points you do not understand before your turn.
3. There will be no change among groups, each student will be ready in the CST hall.
4. Students who come into class after five mins will be marked absent.
5. Students are supposed to wear white coat and casual outfits that enable them to join practices during CST (for example during life support lesson students will practice chest compression on their knees)
6. During CST lessons mannequins will be treated as if they are real. These lessons are the ones that bring you professional attitudes.
7. Students are expected to be respectful to mannequins and not to hurt them
8. There will be no evaluation at the end of the lesson. Your practical application that you perform after observing instructor will be graded.

## **EVALUATION CRITERIA:**

It is scored on a scale of 1 to 5.

### **1. SHOULD BE IMPROVED:**

It means unperformed steps or performed incorrectly or not on time.

### **2. INSUFFICIENT:**

It means deficiencies can be found in the performing of many steps.

### **3. SUFFICIENT:**

All the steps can be performed but the deficiencies in the performance mean to require the assistance of the educator.

### **4. GOOD:**

The step is performed appropriately and on time but some steps needed reminders from the educator.

### **5. EXCELLENT:**

The step is performed appropriately and on time without requiring any assistance.

## **CLINICAL SKILLS TRAINING STATIONS**

A, C, J ve L skills will be made in Multidisciplinary Laboratory - II on 1st floor

Other applications will be made in the Clinical Skills Training and Simulation Laboratory on the ground floor.

## A. ABILITY OF APPLYING BASIC LIFE SUPPORT FOR ADULTS

### SQUAD AND EQUIPMENT:

A half size mannequin, automated external defibrillator training device

### PROCESS STEPS:

Basic life support/automated external defibrillator (BLS/AED) algorithm

SEQUENCE/Application		Technical description
<b>SAFETY</b>		
<b>Make sure you, the victim and any bystanders are safe</b>		
<b>RESPONSE</b>		
<b>Check the victim for a response</b>		Gently shake his shoulders and ask loudly: "Are you all right?"  If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly.
<b>AIRWAY</b>		
<b>Open the airway</b>		Turn the patient onto his back if necessary. Place your hand on his forehead and gently tilt his head back; with your fingertips under the point of the victim's chin, lift the chin to open the airway
<b>BREATHING</b>		
<b>Look, listen and feel for normal breathing</b>		In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, slow and noisy gasps. Do not confuse this with normal breathing. Look, listen and feel for no more than 10 seconds to determine whether the victim is breathing normally. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR.
<b>UNRESPONSIVE AND NOT BREATHING NORMALLY</b>		
<b>Alert emergency service</b>		Ask a helper to call the emergency services (112) if possible otherwise call them yourself.  Stay with the victim when making the call if possible.
<b>SEND FOR AED</b>		Activate speaker function on phone to aid communication with dispatcher  Send someone to find and bring an AED if possible. If you are on your own, do not leave the victim, start CPR.
<b>Send someone to get AED</b>		

**CIRCULATION**

**Start chest compressions**



Kneel by the side of the victim.

Place the heel of one hand in the centre of the victim's chest; (which is the lower half of the victim's breastbone (sternum))



Place the heel of your other hand on top of the first hand.

Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs.

Keep your arms straight.

Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone).



Position yourself vertically above the victim's chest and press down the sternum approximately 5 cm (but not more than 6 cm).

After each compression, release all the pressure on the chest without losing contact between your hands and the sternum.

**IF TRAINED AND ABLE**

**Combine chest compressions with rescue breaths**

Repeat at the rate of 100-120 per min

After 30 compressions open the airway again using head tilt and chin

Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead.

Allow the mouth to open, but maintain chin lift.

Take a normal breath and place your lips around his mouth, making sure that you have a good seal.



Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath.

Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out.

Take another normal breath and blow into the victim's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.

Continue with the chest compressions and rescue breaths in a ratio of 30:2.

**IF UNTRAINED OR UNABLE TO DO RESCUE BREATHS**

**Continue compression only CPR**



Give chest compressions only CPR (continuous compressions at the rate of 100-120 per min

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**WHEN AED ARRIVES**

**Switch on the AED and attach the electrode pads**



As soon as the AED arrives:

Switch on the AED and attach the electrode pads on the victim's bare chest.

If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest.

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**Follow the spoken/visual directions**



Ensure that nobody is touching the victim while the AED is analysing the rhythm

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**If a shock is indicated, deliver shock**



Ensure that nobody is touching the victim while AED is analysing the

Push shock buttons as directed (fully automatic AEDs will deliver the shock automatically)

Immediately restart CPR 30:2.

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**If no shock is indicated, continue CPR**



Continue as directed by the voice/visual prompts

Immediately resume CPR. Continue as directed by the voice/visual prompts

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**If NO AED IS AVAILABLE CONTINUE CPR**

**Continue CPR**



Do not interrupt resuscitation until:

- ⌚ A health professional tells you to stop
  - ⌚ The victim is definitely waking up moving opening eyes and breathing normally
  - ⌚ You become exhausted
-

## B. ABILITY OF EARLY INTERVENTION DURING FOREIGN BODY AIRWAY OBSTRUCTION

**EQUIPMENT:** A full size mannequin

### PROCEDURE STEPS:

Action	Technical Description
<p><b>SUSPECT CHOKING</b></p> <p>Be alert to choking particularly if victim is eating</p> 	
<p><b>ENCOURAGE TO COUGH</b></p> <p>Instruct victim to cough</p> 	
<p><b>GIVE BACK BLOWS</b></p> <p>If cough becomes ineffective give up to 5 blows</p> 	<p>If the victim shows signs of severe airway obstruction and is conscious apply five back blows. Stand to the side and slightly behind the victim. Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than going further down the airway. Give five sharp blows between the shoulder blades with the heel of your other hand.</p>
<p><b>GIVE ABDOMINAL THRUSTS</b></p> <p>If back blows are ineffective give up 5 abdominal thrusts</p> 	<p>If five back blows fail to relieve the airway obstruction, give up to five abdominal thrusts as follows: Stay behind the victim and put both arms round the upper part of the abdomen. Lean the victim forwards. Clench your fist and place it between the umbilicus (navel) and the ribcage. Grasp this hand with your other hand and pull sharply inwards and upwards. If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts.</p>
<p><b>START CPR</b> Start CPR if the victim becomes unresponsive</p> 	<ul style="list-style-type: none"> <li>• If the victim at any time becomes unresponsive:             <ul style="list-style-type: none"> <li>① Support the victim carefully to the ground</li> <li>① Immediately activate the ambulance service</li> <li>① Begin CPR with chest compressions.</li> </ul> </li> </ul>

## C. ABILITY OF POSITIONING PATIENT INTO RECOVERY POSITION

**EQUIPMENT:** Full size mannequin with flexible arms and legs

**PROCEDURE STEPS:**

1. Lay the person's back, who is unconscious but with breathing and circulation, on a surface.
2. Stand on the right side of the patient.
3. Move the left arm in the position of passing in front of the neck and place the left hand under the right cheek. Position the leg at a right angle (90degrees)
4. Pull the left knee.
5. Pull the patient towards you with your left hand on the shoulder and right hand on hip until the patient's left elbow and left knee touch the floor.
6. Recheck the airway passage, breathing and circulation.
7. If patient does not show any signs of breathing and circulation, apply cardiopulmonary resuscitation by putting his back on a surface.
8. Keep waiting in the same position until ambulance arrives. If it goes on more than 30 min, place the patient' back on the floor and apply the same process for the other person.

**IF UNRESPONSIVE BUT BREATHING NORMALLY**

**If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position**



It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue

Signs showing the victim recovered:

- ⌚ Waking up
- ⌚ moving
- ⌚ opens eyes
- ⌚ normal breathing

Be prepared to restart CPR immediately if patient deteriorates.

## **D. ABILITY OF HAND WASHING**

**EQUIPMENT:** Water, soap/cleaning solution, paper towel, medical waste bag Due to frequent contact with outer media, hands are the most infection causing organs. We ought to know how to wash our hands well and apply it.

### **PROCEDURE STEPS:**

1. Fold the arms of your clothes leaving your wrists open.
2. Remove your jewelry (ring, watch, bracelet).
3. Turn on the tap, if without photocell type.
4. Soak your hands.
5. Get some soap/cleaning solution to your hands.
6. Foam the soap/cleaning solution with some water.
7. If you are using soap, rinse the soap and leave it to its place, when your hands are still foamy.
8. Repeat the following movements for at least five times while your hands are foamy.
  - a. Scrub keeping your palms in touch,
  - b. Scrub the other hand's back with your palm; scrubbing the backside and interdigital areas of the left hand with the palm of the right hand,
  - c. Scrub the back and interdigital areas of the right hand with the palm of the left hand.
  - d. Scrub by passing the fingers through each other.
  - e. For the right and left hands respectively, scrub the backs of the fingers by the other hand's palms.
  - f. Scrub the right and left thumbs respectively, in the other hand's palm.
  - g. Scrub the finger tips of the right and left hand in the other hand's palm.
9. Wash your hands by rubbing and rinse them by shedding the foam of the cleaning solution.
10. Dry your hands with paper towel.
11. While lever faucets are preferred and are turned off with the elbows, classical taps are turned off by pouring water on them from the palms and by holding them with the paper towel used.
12. Throw the used paper towel to the blue household waste bags.

## **D. ABILITY OF WEARING AND REMOVING STERILE GLOVES**

**EQUIPMENT:** Sterile Gloves

### **Types of Gloves:**

**Nylon Gloves:** They are made of semi-transparent thin nylon for preventing transmission in food industry. They are loose- fitting. They are not suitable for delicate works.

**Examination Gloves:** The gloves that are made of latex, are non-sterile and available in standard sizes. They are released in multiple packages, are used frequently, fit the hand.

**Sterile Gloves:** They are surgical gloves. They are made of latex. The glove shaped for the right hand is different from the one for the left hand. For a better fitting glove, glove sizes range from 7 to 8,5.

### **PROCEDURE STEPS:**

1. Wash and dry your hands according to the instructions.
2. Select proper size of gloves (for sterility).
3. Look for an expiration date on the package of gloves and check gloves for physical damage such as tears.
4. Peel and open the outer package without damaging second paper layer inside.
5. Open the inner package onto the table without touching the gloves and its inside.
6. While putting on, be careful for the place of thumb. Bring the thumb of the glove to the front. Grasp the cuff at the folded edge of the opposing glove with the dominant hand.
7. Slide the other hand into the glove by paying attention to all the fingertips are placed correctly. After fitting your hand into it, pull out the glove to the wrist.
8. While putting on the other hand, pick up the glove by inserting the second and third fingers of the gloved hand into the folded edge. Then, ungloved hand is put on as it is explained above.
9. After completing the process, grasp the cuff of the other glove with your dominant hand and remove it without touching your skin.
10. Throw the removed glove into the medical waste bag (red).
11. Place your ungloved hand between the glove and your wrist without touching the glove exterior. Remove the glove turning it inside out as it goes.
12. Throw the gloves into medical waste bag (red) and the package of the gloves into paper or household waste bags.

13. Wash and dry your hands.

## **E. ABILITY OF MEASURING ADULT HEART RATE (CAROTID, RADIAL, FEMORAL)**

**EQUIPMENT:** Adult full body mannequin

### **PROCEDURE STEPS:**

1. Wash and dry your hands before and after the examination.
2. Inform the patient about the examination that will be done.
3. Make sure the patient is relaxed and comfortable for 5-10 minutes.
4. Ask him to take off his clothes for watching his chest movements.
5. Stand on the right side of the patient.

### **MEASURING PULSATION OVER CAROTID**

1. Place your index and middle fingers on laryngeal prominence on your neck
2. From this point move your fingers laterally to your side and feel the carotid pulsation on the groove next to the trachea
3. Start chronometer or count the number of beats for one minute looking at the clock
4. Record the number of the beats you have counted in one minute.

### **MEASURING PULSATION OVER RADIAL ARTERY:**

1. Position the wrist, facing the patient's right palm down.
2. Place the tips of the index, middle and ring fingers on the radial artery and palpate.
3. When you feel the pulses, count the number of beats in 1 min
4. Record the number of beats, distension and rhythm.

### **MEASURING PULSATION OVER FEMORAL ARTERY**

1. Lay the patient on his back.
2. Remove his clothes in the manner that his groin area is exposed.
3. The area that you are going to palpate should be just under the inguinal ligament midway between anterosuperior iliac spine and symphysis pubis.
4. Palpate using your 2., 3., 4. fingers.
5. When you feel the pulse count the beats for 1 min.
6. Record the number of beats, distension and rhythm.

## **F. ABILITY OF MEASURING BODY TEMPERATURE**

**EQUIPMENT:** Axillary, infra-red tympanic thermometer

### **AXILLARY PROCEDURE STEPS**

1. Wash and dry your hands before and after examination.
2. Inform the patient about the examination that will be done.
3. Ask the patient to take off the clothes for watching armpit.
4. Hold the thermometer from its nonmetal part.
5. Turn the thermometer on and check the digital numbers on the screen.
6. Keep the armpit dry.
7. The thermometer is placed under arm with the bulb (metal part) in the center of the armpit.
8. Press the arm against the body and keep the thermometer in the axilla.
9. After waiting for 3 min, take the thermometer out of the axilla and read numbers from the digital screen.
10. Clean the thermometer with a sanitizer and put it away.
11. Provide information to the patient about the measurement results.

### **PROCEDURE STEPS OF MEASURING TEMPRATURE AT THE SKIN SURFACE**

1. Inform the patient about examination that will be done.
2. Wash your hands or use hand sanitizer.
3. Check your equipment.
4. If possible give patient sitting position.
5. Keep forehead and soft depression behind ear dry.
6. Turn on infra-red thermometer.
7. Hold the device 5-10 cm away from the patient.
8. Depress the button and wait until the reading is shown.
9. Record the reading and the area.

## **TYMPANIC PROCEDURE STEPS**

1. Inform the patient about the examination that will be done.
2. Wash your hands or use hand sanitizer
3. Check your equipment
4. If possible, give patient sitting position.
5. Check that there is no plug, discharge or bump that might congest external auditory canal or might prevent measurement.
6. To flatten external auditory canal, pull external ear backwards if the patient is under 1 year old; if the patient is older than 1 year old pull external ear backwards and upwards.
7. Clean the tip of thermometer and put on a new sheath.
8. Turn on thermometer.
9. Place the thermometer probe in external auditory canal.
10. While the thermometer is in external auditory canal depress the button and wait until reading is done.
11. Take thermometer off the ear.
12. Record reading and the area.
13. Throw the used sheath into the bin.

## **G. ABILITY OF MEASURING BLOOD PRESSURE**

**EQUIPMENT:** Sphygmomanometer

### **PROCEDURE STEPS:**

1. Take patient in a quiet room.
2. Wash your hands before and after the procedure.
3. Inform the patient about the examination that will be done and ask if she/he has smoked, drunk coffee or tea, or done any exercises in 30 mins.
4. Give patient sitting position or help her/him on her/his back (if she/he is sitting feet should be on the ground and uncrossed. Arm should be at heart level.)
5. Slide the clothing on the arm up to shoulder.
6. Let patient relax for 5-10 mins.
7. Place blood pressure cuff 1-2 cm above the antecubital fossa (In order to take blood pressure, the length of the cuff must be 2/3 length of the upper arm.)
8. Place stethoscope on the brachial artery.
9. Put your hand on the radial artery of the patient and pump the inflation bulb. After radial artery beat is gone, keep inflating for another 30 mmHg.
10. Release open the valve and depressurize the cuff slowly.
11. The first time you hear the Korotkoff sounds clearly is systolic blood pressure and the pressure when Korotkoff sounds stop is diastolic.

## **H. ABILITY OF MEASURING RESPIRATORY RATE**

**EQUIPMENT:** Breathing mannequin.

### **PROCEDURE STEPS:**

1. Wash your hands before and after the procedure.
2. Inform the patient about the examination that will be done
3. Let patient relax for 5-10 mins.
4. Ask patient to remove her/his clothes in a way you can see chest movements.
5. Stand on the right side of the patient.
6. Place your hand on the patient's chest and observe the chest rise and fall.
7. Count the number of chest movements (while rising) in 1 min and Record.
8. Provide the patient with information about the measurement results.

## **H. ABILITY OF MEASURING SPO<sub>2</sub> USING PULSE OXIMETER**

**EQUIPMENT:** Pulse oximeter.

### **PROCEDURE STEPS:**

1. Wash your hands before and after the procedure.
2. Inform the patient about the examination that will be done
3. Turn on pulse oximeter
4. Check the finger that you are going to insert into pulse oximeter (There should be no nail polish, henna or paint).
5. Insert the index finger into the pulse oximeter.
6. Wait until pulse oximeter performs measurement.
7. Record the reading.

# I. ABILITY OF WOUND CARE & MEDICAL DRESSING

**EQUIPMENT:** Gauze, water, soap, plaster, bandages.

**PROCEDURE STEPS:**

1. Wash your hands before and after the procedure.
2. Wear gloves.
3. Inform the patient about the procedure that will be done.
4. Check your supplies.
5. Remove the clothes on wound.
6. Wash the wound are with warm soapy water.
7. Remove small foreign bodies in wound (stones, sand) carefully.
8. Wait for a professional before removing big foreign bodies (knife, glass, etc.) stuck into wound.
9. If there is too much bleeding stop it first. (This is another CSE subject)
10. Clean the sides of the wound with batticon.
11. Evaluate the need for suture.
12. If there is no need for suture and no big foreign body small wound could be left open.
13. For bigger and blistery wounds, it is appropriate to cover the wound with gauze and wrap with bandage (pomade antibiotic is applied between wound and gauze)
14. For small wounds with self-adhesive gauzy tapes can be used.
15. Inform the patient about tetanus vaccine.

# **I. FIRST INTERVENTION FOR THERMAL BURN AND MEDICAL DRESSING**

## **PROCEDURE STEPS:**

1. Wash your hands before and after the procedure
2. Wear gloves
3. Inform the patient about the procedure that will be done
4. Check your supplies
5. Wash the burned area with cold water and stop burning process.
6. Remove the clothes on burned area by cutting them.
7. Rinse the burned surface with warm soapy water.

## **J. ABILITY OF IMMOBILIZING FRACTURES AND DISLOCATIONS**

**EQUIPMENT:** Cardboard, triangular bandage, adult first aid dummy

### **PROCEDURE STEPS:**

1. When you meet the patient, check the site for safety.
2. Put on your gloves (if there is any).
3. Do not move the deformed and discolored extremity.
4. Place a clean pad on the open wound/bleeding.
5. Splint the deformed and discolored extremity by putting cardboard or wooden board (including upper and lower area) on each sides and stabilize them putting protection pads like cotton or fabric between the skin and the boards.
6. Put 10cm high supporter under the stabilized extremity.
7. In arm injuries, place the arm in the middle of the triangular bandage by protecting its position.
8. Tie the ends of the triangular bandage on back of the neck. After tying as the forearm being elevated at level of the heart, check if the patient has extra problems or not. Then, transfer the patient.

## **J. ABILITY OF APPLYING ELASTIC BANDAGE**

**EQUIPMENT:** Elastic bandages (in various sizes), adult first aid dummy.

### **PROCEDURE STEPS:**

1. Inform the patient about the examination will be done.
2. Prepare elastic bandages; 16-20cm for lower extremity and 6-10cm for upper extremity.
3. Ask patient to take off the clothes for leaving the extremity to be wrapped completely open.
4. While holding the bandage with your dominant hand, hold the losing end of the bandage with the other hand.
5. By leaving the fingers open on the lower and upper extremities, wrap the bandage around the extremity in a distal to proximal fashion and overlap each turn to cover the previous one by 50 percent.
6. Apply the bandage wrapping cross around the knuckles as the figure of 8.
7. Fasten the losing end to the rest of the bandage.
8. Finally check the circulation on the fingertips (e.g. bruise, pain etc.).

## **K. ABILITY OF CONTROLLING BLEEDING**

**EQUIPMENT:** Clean gauze pads, bandages, triangular bandages, adult first aid dummy.

### **PROCEDURE STEPS:**

1. When you meet the patient, check the site for safety.
2. Put your gloves on (if there is any).
3. Assist the patient to sit/ lie down.
4. Press on the bleeding area with a clean gauze.
5. Wrap its surface with gauze while pressing.
6. Elevate the bleeding area above the level of heart if it is on the arm or leg.
7. Prepare a triangular bandage for the bleeding on the head.
8. Place a clean gauze on the bleeding area.
9. Place the triangular bandage on the gauze and roll the ends around the head. Then, tie them over the wound.
10. Check if the patient has extra problems or not. Then, transfer the patient.

## **K. ABILITY OF CONTROLLING EPISTAXIS**

### **PROCEDURE STEPS:**

1. When you meet the patient, check the site for safety.
2. Inform the patient about the procedure will be done
3. Put your gloves on (if there is any).
4. Assist the patient to sit/ lie down
5. Give a emesis basin to the patient
6. Squeeze the patients bone and cartilage joint of nose with your thumb and index finger.
7. Continue squeezing for 10 minutes.
8. Release patients nose and check for anterior or posterior bleeding.

## **L. ABILITY OF APPLYING CERVICAL COLLAR**

**EQUIPMENT:** Adult size cervical collar, adult first aid dummy

### **PROCEDURE STEPS:**

1. When you meet the patient, check the site for safety.
2. Put on your gloves (if there is any).
3. Do not move the patient and his neck.
4. Stabilize the head and the neck of the patient with an assistant.
5. Open the appropriate size collar and place the back of the cervical collar around the patient's neck and make sure that the jaw part is on the front.
6. Place the collar as the front part fitting under the jaw line.
7. Stabilize the collar neither firmly nor loosely and leave the ears outside.
8. Check if the patient has extra problems or not. Then, transfer the patient.

## **L. ABILITY OF LOGROLLING AND CARRYING INJURED PERSON ON TRAUMA BOARD**

**EQUIPMENT:** Full size first aid mannequin, backboard, 4 practitioners.

### **PROCEDURE STEPS:**

1. When you come across with a traumatized person check the site for safety.
2. Take personal protective precautions.
3. First rescuer, he/she is also the team leader, positions himself/herself at the injured person's head, stabilizes head and shoulders of the patient and coordinates the logroll procedure.
4. Second and third rescuer kneel on the right side of the patient. Second rescuer places his/her hands on the shoulder and hip of the patient, third rescuer places his /her hands around waist and knees of the patient.
5. With the instruction of first rescuer first, second and third rescuers roll the person at the same time.
6. Fourth rescuer positions the backboard underneath the injured person.
7. With the first rescuer's instruction first, second and third rescuer rolls the patient onto the board on his/her back.
8. Afterwards patient is stabilized on the board with belts and foam blocks.
9. Patient is lifted with the instruction of the first rescuer.