

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷ ಪರಿಷತ್ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

1st Floor, Library Block, Bangalore Medical College & Research Institute Campus, K.R. Road, Bengaluru-560 002
Phone: 080-26700074, 26700075, Website : ksdneb.org Email:ksdneb@gmail.com


KSDNEB/EST/42/2024-25

Date: 09-09-2024

CIRCULAR

Sub: Conducting Mental Health and Psychiatric Practical Examination.

As the Mental Health and Psychiatric Practical examination is a school examination, many schools are not able to get the practical examination booklets in time to conduct the examination as they are submitting the request letter after the due date. It is causing a lot of inconvenience to the students as well as the school. Hence the KSDNEB has decided to stop sending the booklets to the concerned schools. Hence, from 2024-25 academic year the schools need not send a request letter to KSDNEB for requesting Mental Health and Psychiatric practical booklets. A copy of a practical booklet will be available in the KSDNEB website, the schools can download the proforma of the practical booklet along with the score sheet from the KSDNEB website and make the required number of copies and conduct the practical examination in time.


Secretary
KSDNEB, Bengaluru
9/9/24

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

2nd Floor, Govt.School of Nursing, Victoria Hospital, Bangalore-02

Practical Examination:

Marks Score Sheet

Subject:.....

Date:.....

Name of the School:.....

School Code:.....

Name of the Centre:.....

District:.....

SL.No	Candidate Name	Register Number	Booklet No.	Marks Obtained	
				In figure	in Words
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total Marks					

Total No. of Candidates:

Total No. of Candidates of Presents:

Total No. of Candidates of Absents:

Name & Signature
Of the Internal Examiner with Seal
Mobile No

Name & Signature
Of the External Examiner with Seal
Mobile No

Note:

a) The marks score sheet and attendance register should be sent to the Board in one sealed cover writing the address of the School & address of the Board on the cover.

b) The Answer scripts should be sent to the board in a separate sealed cover writing the address of the School and Address of the Board on the cover.

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

2nd Floor, Govt. School of Nursing, Victoria Hospital, Bangalore-02

Attendance Register

Practical Examination :

Subject:.....

Date:.....

Name of the School:.....

School Code:.....

Name of the Centre:.....

District:.....

SL.No	Candidate Name	Register Number	Booklet No.	Signature of the Candidate
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total No. of Candidates:

Total No. of Candidates of Presents:

Total No. of Candidates of Absents:

Name & Signature
Of the Internal Examiner with Seal
Mobile No

Name & Signature
Of the External Examiner with Seal
Mobile No

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KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD.

2nd Floor, Govt. School of Nursing, Building, Victoria Hospital Fort, Bengaluru-560002
Phone: 080-26700074,26700075,Fax080-26700034, Website : ksdneb.org Email:ksdneb@gmail.com

2nd Year GNM Practical-II WORK SHEET

Name and Address of the Institution/School: (Psychiatric Nursing)

Date of Examination: / /

.....

School Code:

.....

Register No Student Name:.....

Sl.No.	Register No:	Marks	Marks Scored	
01	Knowledge about Patient	2		
02	Knowledge about Patient Illness	3		
03	Assessment of Mental Status	3		
04	Assessment of Needs	3		
05	Plan of Action	5		
06	Implementation	8		
	ORAL			
	a. Psychiatric Disorders	4		
	b. Knowledge of Community Psychiatric Nursing	3		
	c. Psychosocial Drugs	2		
	d. Psychosocial and Psychosomatic Therapy	4		
	e. Nursing Management	5		
	f. Discharge Planning & Rehabilitation	4		
	g. Health Education	2		
	h. Follow-up	2		
	Total Marks	50		

Name and Signature of the Internal Examiner
with Seal

Name and Signature of External Examiner
with Seal



**KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY
KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD**

1st Floor, Library Block, BMCRI Campus, Bengaluru 560 002, Ph : 26700074, 26700075
Email : ksdneb@gmail.com website : ksdneb.org

Booklet No.:

Q.P.Code.:

9217

PRACTICAL EXAMINATION - AUGUST / FEBRUARY 202.....

II-YEAR GNM PRACTICAL-III

MENTAL HEALTH NURSING

REG. No.:

DATE :

 202.....

CANDIDATE SIGNATURE :

CANDIDATE NAME :

NAME OF THE SCHOOL :

SCHOOL CODE :

MARKS SCORED :

50

MARKS IN WORDS

1. SIGNATURE OF THE INTERNAL EXAMINER

2. SIGNATURE OF THE EXTERNAL EXAMINER

NAME :

NAME :

DESIGNATION :

DESIGNATION :

INSTITUTION SEAL :

INSTITUTION SEAL :

Mobile No. :

Mobile No. :



Name of the Clinical Area :

Name of the Hospital :

I. BASE LINE DATE

Name of the Patient

Age..... Sex..... Ward..... I.P. No.

Occupation..... Income.....

Education..... Married Yes No

Address

.....

Type of Admission: Voluntary Judiciary

II. HISTORY

A. FAMILY HISTORY / Family Tree

(Specify any major mental illness in family)

B. PERSONAL

i) Birth Full Term Normal Yes No

ii) Milestones Normal Yes No

iii) Behaviour during childhood
.....

iv) Schooling

v) Major illness Yes No

If Yes Specify

vi) Behaviour in group

vii) Habits

	Yes	No
Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Any other	<input type="checkbox"/>	<input type="checkbox"/>

C. PAST HISTORY

Any admission in Psychiatric units

III. HISTORY OF PRESENT ILLNESS WITH DURATION

IV. MENTAL STATUS

- a) General Appearance
- b) Psychomotor Activity
- c) Speech
- d) Thought
- e) Mood
- f) Perception
- g) Orientation
- h) Memory
- i) Intelligence
- j) Judgement
- k) Insight

V. PHYSICAL EXAMINATION (Specify if any)

VI. INVESTIGATION

VII. DIAGNOSIS

VIII. TREATMENT

HOSPITAL GRAPHIC SHEET

- Mouth
- Rectal

Month.....

Name, Age, Sex, Status
Occupation, Income

Religion Hospital No.
Ward, Unit, Bed No.

Date :

No. of Days :

Days Post-op

Time

B.P.	Temp	
	C	F
210	41.1	106
200	40.6	105
190	40.8	104
180	39.4	103
170	38.9	102
160	38.3	101
150	37.8	100
140	37.2	99
130	36.7	98
120	36.1	97
110	35.6	96
100	35.0	95
90	Pulse	Resp-060
80	140	50
	130	
70	120	40
	110	
60	100	30
	90	
50	80	20
	70	
40	60	10
	50	

Fluid Intake 7 a.m. to 7 p.m.
(Total in m.l.)

7 a.m. to 7 p.m.
(Total in m.l.)

Output 7 a.m. to 7 p.m.
(Total in m.l.)

7 a.m. to 7 p.m.
(Total in m.l.)

Stools No. of Times

Aspiration/Drainage
(24 Hrs. Total in m.l.)

Sputum

Weight

Bath

NURSING CARE PLAN

Problem / Need	Assessment	Objective	Nursing Intervention	Evaluation / Outcome

NURSING CARE PLAN

Problem / Need	Assessment	Objective	Nursing Intervention	Evaluation / Outcome

NURSING CARE PLAN

Problem / Need	Assessment	Objective	Nursing Intervention	Evaluation / Outcome

NURSING CARE PLAN

Problem / Need	Assessment	Objective	Nursing Intervention	Evaluation / Outcome

NURSING CARE PLAN

Problem / Need	Assessment	Objective	Nursing Intervention	Evaluation / Outcome

HEALTH EDUCATION / FAMILY EDUCATION

Date	Time	Health Education / Family Education	Signature

HEALTH EDUCATION / FAMILY EDUCATION

Date	Time	Health Education / Family Education	Signature ●