

B.SC NURSING VIII SEMESTER OSCE QUESTION BANK

OSCE QUESTION BANK

SL.NO	SPECIALITY	NO. OF QUESTIONS
1.	GENERAL INSTRUCTIONS	-
2.	MIDWIFERY & OBSTETRIC NURSING	13 MANNED 25 UNMANNED
3.	CHILD HEALTH NURSING	11 MANNED 33 UNMANNED
4.	COMMUNITY HEALTH NURSING	5 MANNED 43 UNMANNED
5.	ADULT HEALTH NURSING	10 MANNED 21 UNMANNED
6.	MENTAL HEALTH NURSING	6 MANNED 35 UNMANNED

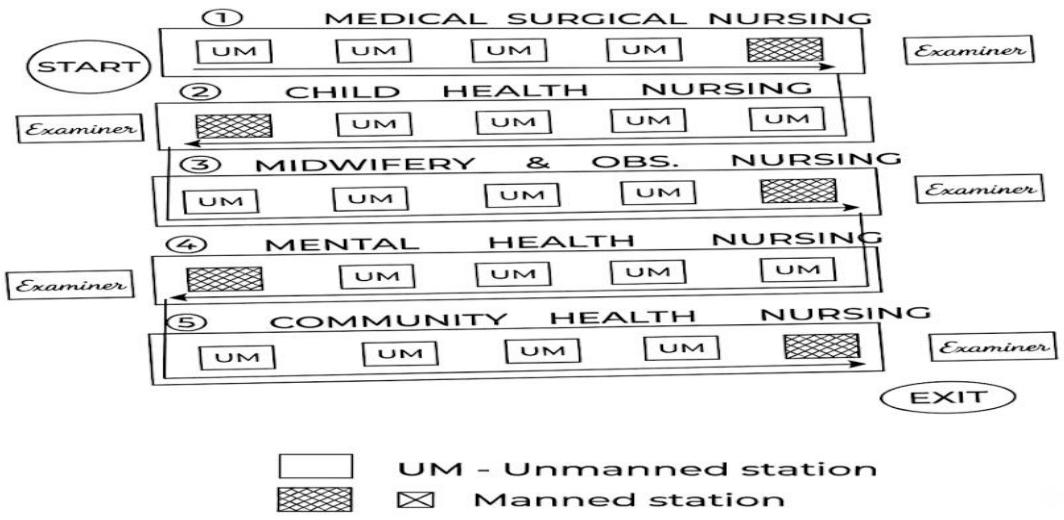
8th semester B. Sc Nursing- Guidelines for the exam

1. The 8th semester B. SC Nursing includes 22 weeks of internship followed by the University examination.
2. The IA marks are calculated based on the bedside clinics in each of the 5 subjects and computed to 100 marks.
3. There will be one Elective End Semester College Examination. Colleges have to conduct the exam, correct the papers and upload the marks on the stipulated dates.
4. The Practical Exam is for 100 marks. There will be 5 examiners for each college, 3 internal and 2 external, all appointed by the University. The Practical Exam will be conducted in OSCE format only.
5. The no. of OSCE stations and the marking scheme is as mentioned in the table below-

SL. NO	**SUBJECT**	**NO. OF OSCE STATIONS-5**	**MARKS FOR EACH STATION**	**TOTAL MARKS FOR THE SUBJECT**
1	Adult Health Nursing	1 manned 4 unmanned	4 marks	**20**
2	Obstetric Nursing and Midwifery	1 manned 4 unmanned	4 marks	**20**
3	Child Health Nursing	1 manned 4 unmanned	4 marks	**20**
4	Mental Health Nursing	1 manned 4 unmanned	4 marks	**20**
5	Community Health Nursing	1 manned 4 unmanned	4 marks	**20**
		25 stations- 5 manned 20 unmanned	4 marks	**100 MARKS**

6. The 5 examiners will be assigned as one examiner per subject. Total no. of candidates per day will be not more than 25.
7. The OSCE questions should strictly be from the question bank prepared by the experts and released by the University. A set of 5 stations (4 unmanned + 1 manned) will be chosen by the examiner for the practical exam. The questions should not be repeated on subsequent days.

8. The examination floor plan will be as follows-



9. The marking scheme for the practical exam is as follows-

	Adult Health Nursing(20)						Child Health Nursing(20)						ObG Nursing(20)						Comm. Health Nursing(20)						Mental Health Nursing(20)						Total(100)
Student Reg.No	1	2	3	4	5	Total (A)	1	2	3	4	5	Total (B)	1	2	3	4	5	Total (C)	1	2	3	4	5	Total (D)	1	2	3	4	5	Total (E)	A + B + C+ D+ E
1																															
2																															
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MIDWIFERY AND OBSTETRIC NURSING

MANNED STATION 1

SKILL STATION: LEOPOLD'S MANEUVERS

Task

Mrs. Surya, a 28-year-old multigravida (G2P1L1) with **38weeks of gestation**, has come to the antenatal clinic for her routine check-up. The nurse plans to perform **Leopold's maneuvers** to assess the fetal lie, presentation, position, and engagement. Explain the procedure to the mother, obtain her consent, ensure her comfort and privacy, and perform Leopold's maneuvers correctly.

Instructions to the Simulated Mother

You are **Mrs. Surya,** a 28-year-old woman who is **38 weeks pregnant** with your second baby. You have come for a routine antenatal visit. The nurse tells you that they would like to examine your abdomen to determine the baby's position.

Role Play

- You are cooperative but have never heard of Leopold's maneuvers.
- Ask, "What are you going to do?" if the nurse does not explain the procedure.
- Give consent after the procedure is explained.
- Allow the nurse to perform the abdominal examination.
- You are comfortable lying on the examination couch with your knees slightly flexed.
- You do not complain of pain unless the examiner performs the maneuver roughly.
- If asked about fetal movements, say:
    - "Yes, I feel my baby moving regularly."
- If asked about leaking of fluid, bleeding, or abdominal pain, reply:
    - "No, I have not had any leaking, bleeding, or pain."
- Do not volunteer additional information unless asked.

INSTRUCTION TO THE EXAMINER

Care during Antenatal visit is designed to the candidate's ability to

- demonstrate the steps of Leopold's Manuever sequentially using right technique
- follow scientific principles when performing the tasks in the procedure.
- Document/ report the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed
- Calculate the total score out of 4

Check list for the Examiner- LEOPOLD'S MANEUVER

S. No	Items	Score	Registration No/Score				
1	**PREPARATION** • Wash hands. Greet the mother with title and name • Introduce self, maintain eye contact, carries caring posture, keep smiling • Ask her to empty the bladder if needed. Position the mother. Drape patient and provide privacy. • Explain the procedure and obtain consent to do the procedure. • Warm hands by rubbing one against the other before placing them on the abdomen. • Measure fundal height using inch tape. Compare with gestational age.	1					
2.	**MANUEVER I: (FUNDAL GRIP)** to determine the fetal presentation. Which part of the fetus is in the fundus. • Facing the client, place palm at each side of the upper abdomenand palpate **MANUEVER II: (UMBILICAL GRIP)** to determine the fetal position to detect location of fetal back and extremities. • Facing the client, move hands downward over each side of the abdomen. • While the other hand is stationary, the opposite should press gently the uterus. Repeat palpation on the opposite side.	1					
3.	**MANEUVER III: (PAWLICK'S GRIP)** • Determine if fetus has engaged/ the fetal part is at the inlet and its mobility. • Gently grasp the lower position of abdominal just above the symphysis pubis between the thumb and index finger. And try to press the thumb and index finger together. Determine any movement and whether the part is firm or soft. **MANUEVER IV: (PELVIC GRIP)** • Facing the foot part: • Place fingers on both sides of the uterus approximately 2 inches above the inguinal ligaments. • Pressing downward and inward in the directing of the birth canal. Allow fingers to be carried downward • Check FHR using fetoscope or stethoscope	1					
4.	**REPORT FINDINGS** • Gestational age: 38 weeks • Fundal height: Corresponds to 38 weeks • Fetal lie: Longitudinal • Presentation: Cephalic (Vertex) • Position: Left Occiputo-Anterior (LOA) • Head engagement: Head is partially engaged (2/5 palpable) • Fetal heart rate: 140 beats/min, regular	1					
	TOTAL SCORE	4					

Signature of the examiner

MANNED STATION 2

SKILL STATION 2 – ANTENATAL COUNSELLING DURING I TRIMESTER

Task:

Mrs. Malar a 25-year-old primigravida with a 10-week pregnancy, has come for her first antenatal visit. She complains of morning sickness (vomiting) and wants to know how to take care of herself during pregnancy.

Simulated Mother is optional.

Instructions to the Simulated Mother:

You are **Mrs.Malar**, a 25-year-old primigravida who is **10 weeks pregnant**. You have come for your **first antenatal visit**. You have been experiencing **morning sickness (vomiting)** and are concerned about it. During the consultation, tell the healthcare provider about your symptoms and ask for advice on **how to take care of yourself during pregnancy**, including diet, lifestyle, and measures to relieve morning sickness. Respond naturally to the healthcare provider's questions, but do not volunteer additional information unless asked.

INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to

- demonstrate the steps of the counseling skill during first trimester.
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Instruction: Observe if the participant is providing Antenatal counseling in the correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed

Calculate the total score out of 4

SKILL STATION 2 – ANTENATAL COUNSELLING DURING I TRIMESTER

S. No	Steps	Max marks	Register number				
1	a. Wash hands. Greet the mother with title and name b. Introduce self, maintain eye contact, carries caring posture, keep smiling c. Explain the procedure.	1					
2	The candidate instructs the mother as follows. **Antenatal Check- Up** Attend all scheduled (each month) antenatal visits regularly. Routine blood test, urine test, scan help to detect problems early. **Immunization** Take three doses of TT as advised **Nutrition** Eat small , frequent meals to reduce morning sickness, Avoid oily, spicy and greasy foods .Take dry foods like biscuits or toast after getting up from bed. Limit tea and coffee intake. **Medication** Take folic acid tablets as prescribed from the beginning in order to avoid neural tube defects. Take iron and calcium tablets from 4^{th} month as prescribed. Avoid self-medication	1					
3	**Personal hygiene** Maintain good hygiene, keep the breast and genital area clean. **Rest and sleep** Take adequate rest during the day sleep for at least 8hours at night, avoid over work and heavy lifting**.** Do light exercise such as walking **Exercise helps improve circulation**	1					
4	**Danger signs** Report immediately if you have vaginal bleeding Seek medical care if you have severe head ache or blurred vision	1					
	Total score	4					

MANNED STATION 3

SKILL STATION 3 ASSESSMENT OF WOMEN IN LABOUR

Task

Mrs. Shanthi a 24-year-old primigravida at **39 weeks + 2 days of gestation**, has arrived at the labour room with complaints of **regular abdominal pain for the past 5 hours**. She believes she is in labour. As the attending nurse, assess the woman in labour by taking an appropriate history, performing a physical examination, assessing maternal and fetal well-being, and communicating your findings.

Instructions to the Simulated Mother

You are **Mrs. Shanthi** a 24-year-old primigravida at **39 weeks + 2 days**.

Presenting Complaint

- Labour pain for the last **5 hours**.
- Pain occurs every **5 minutes** and lasts **40–50 seconds**.
- Pain has gradually become stronger.

HistoryIf asked:

- **Leaking of fluid:** "Yes, clear fluid started leaking about 2 hours ago."
- **Bleeding:** "No bleeding, only a little blood-stained mucus (show)."
- **Fetal movements:** "I can feel my baby moving."
- **ANC visits:** "Regular."
- **Medical illnesses:** "None."
- **Drug allergy:** "No."
- **Previous surgery:** "None."

During Examination

- Cooperate with the student.
- Show mild discomfort during contractions.
- Ask, **"Is my baby alright?"**
- Do not volunteer extra information unless asked.

INSTRUCTION TO THE EXAMINER

Assessment of women in labour is designed to the candidate's ability to

- demonstrate the steps in assessing women in labour
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent

- Score “0.5” for partially competent
- Score “0” for incompetent or not performed

Checklist for the Examiner- Assessment of women in labour

S. No	Particular	Score	Registration No/Score				
1	**Preparation** Wash hands. Great the mother with title and name Introduce self, maintain eye contact, carries caring posture, keep smiling Ask her to empty the bladder if needed. Position the mother. Drape patient and provide privacy. Explain the procedure and obtain consent to do the procedure. Warm hands by rubbing one against the other before placing them on the abdomen	1					
2.	**History Taking** Elicits the history of present labour, including onset, duration, frequency, and intensity of uterine contractions. Asks about leaking of amniotic fluid. Asks about vaginal bleeding or show. Assesses fetal movements. Reviews antenatal history, including gestational age and antenatal care (ANC) visits. Obtains relevant medical, surgical, and obstetric history. **Maternal Assessment** Assesses maternal vital signs (temperature, pulse, respiration, and blood pressure). Observes the woman's general condition, level of discomfort, and ability to cope with labour.	1					
3.	**Abdominal Examination** Inspects the abdomen for size, shape, scars, and fetal movements. Measures or estimates the fundal height appropriately. Performs Leopold's maneuvers correctly to assess fetal lie, presentation, position, and engagement. Assesses uterine contractions for frequency, duration, and intensity. Auscultates and records the fetal heart rate correctly.	1					
4.	**Vaginal Examination** States the indication for vaginal examination and obtains consent before performing or requesting it. Correctly interprets cervical dilatation, effacement, fetal station, membrane status, and liquor findings provided by the examiner. **Communication and Management** Explains the assessment findings to the woman and reassures her. Identifies the stage of labour correctly and outlines the immediate management plan, including admission, monitoring, partograph, and supportive care.	1					
	TOTAL SCORE	4					

Signature of the examiner:

Examiner’s copy

Clinical Findings (Examiner's Reference)

- Temperature: **37°C**
- Pulse: **86/min**
- Blood Pressure: **118/76 mmHg**
- Respiratory Rate: **20/min**

Obstetric Examination

- Fundal height: **39 weeks**
- Lie: **Longitudinal**
- Presentation: **Cephalic**
- Position: **LOA**
- Head: **1/5 palpable**
- Contractions: **3 in 10 minutes**, lasting **45 seconds**
- Fetal Heart Rate: **140 bpm**, regular

Vaginal Examination ***(Only if verbalized/requested by the student)***

- Cervix: **5 cm dilated**
- **70% effaced**
- Membranes ruptured
- Liquor: Clear
- Presenting part: Vertex
- Station: **+2**

Diagnosis: Active first stage of labour.

Skill Station 4- Non-Pharmacological Pain Management in Labour

Scenario:

You are a student nurse/midwife working in the labour ward.

Mrs.Manjula , a 30-year-old primigravida at 39 weeks of gestation, has been admitted in the active phase of labour. She has been experiencing regular uterine contractions every 4–5 minutes, each lasting about 45–60 seconds. Her membranes are intact, and the fetal heart rate is 140 beats/minute. Maternal vital signs are within normal limits. She reports severe labour pain and appears anxious. She prefers to avoid pharmacological pain relief at this stage and asks for other methods to help manage her pain.

Task:

Demonstrate the assessment and implementation of appropriate non-pharmacological pain management techniques for this woman in labour. Throughout the procedure, communicate effectively, provide emotional support and reassurance, maintain the woman's privacy and dignity, monitor maternal and fetal well-being, and explain each intervention before performing it. At the end of the station, advise the woman on ongoing pain management and document the care provided.

INSTRUCTION TO THE EXAMINER

Care during fourth stage of labor is designed to the candidate's ability to

- demonstrate the steps of pain management procedure sequentially using right technique
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed

Calculate the total score

S. No	Particular	Score	Registration No/Score				
1	**Introduction** Wash hands and follow infection prevention measures. Introduce yourself to the woman. Confirm the woman's identity. Explain the purpose of the procedure. Obtain informed consent. Ensure privacy and maintain dignity. Assess the woman's pain and stage of labour.	1					
2.	**Assessment** Ask about the location, intensity, and nature of the pain. Assess the frequency and duration of uterine contractions. Assess maternal vital signs. Assess fetal well-being by monitoring the fetal heart rate. Identify any contraindications to non-pharmacological pain management. Determine the woman's preferences and previous coping strategies.	1					
3.	**Non-Pharmacological Pain Management (Performs any of the below.)** Provide continuous emotional support and reassurance. Encourage the presence of a birth companion if available. Promote relaxation techniques such as deep breathing and controlled breathing during contractions. Encourage progressive muscle relaxation between contractions. Guide the woman through visualization or guided imagery. Encourage different labour positions, including upright, sitting, kneeling, squatting, side-lying, or hands-and-knees positions. Encourage frequent position changes to improve comfort and labour progress. Encourage walking or mobilization if there are no contraindications. Provide back massage or sacral massage during contractions. Apply firm counter-pressure over the lower back if appropriate.	1					
4.	**Performs any of the below.** Use touch and therapeutic massage to promote relaxation. Apply warm compresses to the lower back or perineum if appropriate. Encourage the use of a birthing ball where available. Encourage hydrotherapy, such as a warm shower or bath, if available and appropriate. Create a calm and quiet environment with dim lighting where possible. Minimize unnecessary interruptions and noise. Encourage regular bladder emptying. Encourage oral fluids and light nutrition if permitted. Offer cooling measures such as a cool cloth or fan if the woman feels overheated. Encourage rhythmic breathing and coping techniques throughout labour. Record what is done.	1					
	TOTAL SCORE	4					

Signature of the Examiner

Skill Station 5. Neonatal Resuscitation

Scenario:
You are a student nurse/midwife working in the labour room.
A 24-year-old primigravida has delivered a term baby by normal vaginal delivery. Immediately after birth, the baby is limp, is not crying, and has poor respiratory effort. The amniotic fluid was clear, and there were no antenatal complications. You are asked to assess the newborn and initiate neonatal resuscitation while awaiting the arrival of the neonatal team.

Task:
Demonstrate the initial assessment and neonatal resuscitation according to standard neonatal resuscitation guidelines. Explain your actions to the examiner as you proceed, maintain infection prevention measures, and ensure effective communication with your team.

INSTRUCTION TO THE EXAMINER

Care during fourth stage of labor is designed to the candidate's ability to

- demonstrate the steps of the resuscitation sequentially using right technique
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed

Calculate the total score out of 4

S. No	Items	Score	Registration No/Score				
1	**Preparation** Performs hand hygiene and wears appropriate PPE Checks and prepares newborn resuscitation equipment	1					
2.	**Initial Steps of Resuscitation** Receives the newborn under a radiant warmer and dries thoroughly Removes wet towel and maintains warmth Positions the head in a neutral ("sniffing") position Clears the airway only if required (mouth then nose) Provides gentle tactile stimulation to initiate breathing	1					
3.	**Assessment** Assesses breathing and heart rate within the first 30 seconds Recognizes the indication for positive pressure ventilation (PPV) (apnea, gasping, or heart rate <100/min) **Ventilation** Performs PPV correctly with an appropriate mask seal and visible chest rise Deliver ventilation at a rate of **40–60 breaths per minute.** Observe for **visible chest rise** with each breath. If the chest does not rise: Reposition the head. Reapply the mask to improve the seal. Check for airway obstruction and suction only if necessary. Open the mouth slightly if needed. Increase ventilation pressure if required. **Reassessment** Reassesses breathing and heart rate after 30 seconds of ventilation	1					
4.	**Communication and Documentation** Communicate clearly with team members throughout the resuscitation. Explain actions to the examiner during the procedure. Document the newborn's condition at birth. Record all resuscitation measures performed. Record the baby's response to resuscitation. Document the time of interventions and outcome. Ensure hand hygiene after completion.	1					
	TOTAL SCORE	4					

Signature of the examiner:

Skill Station 6 -Care During Fourth Stage of Labor

Task:

Mrs. Priya, a **25-year-old primigravida**, has delivered a healthy baby boy by **normal vaginal delivery** 30 minutes ago. The placenta has been delivered completely, and there are no immediate complications. She is now in the **fourth stage of labour** (the first 1–2 hours after birth) and has been shifted to the postnatal observation area.

As the staff nurse, provide immediate postnatal care by assessing the mother's condition, monitoring for postpartum haemorrhage, promoting comfort and breastfeeding, and educating the mother about warning signs.

Simulated mother is optional

Instruction to the simulated mother:

Role: Mrs. Priya, 25 years old, Primigravida

You delivered a healthy baby by **normal vaginal delivery 30 minutes ago**. The placenta was delivered completely. You are conscious, alert, and able to communicate. You are resting comfortably in the postnatal ward.

INSTRUCTION TO THE EXAMINER

Care during fourth stage of labor is designed to the candidate's ability to

- demonstrate the steps of care during fourth stage of labor sequentially using right technique
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed

Calculate the total score out of 4

S. NO	**Steps**	**Register number/Score**					
		Max marks					
1	**Establish rapport.** Wash hands. Greet the mother with title and name Introduce self, maintain eye contact, carries caring posture, keep smiling	1					
2	**Assessing General Condition** Assess the mother's condition after delivery feeling dizzy, weak, or experiencing excessive pain and having any difficulty in breathing **Monitoring Vital Signs** Check the vital signs, including your blood pressure, pulse, respiration, and temperature	1					
3	**Assessing Uterine Fundus** Gently examine the mother abdomen to make sure her uterus is firm and well contracted. **Assessing Vaginal Bleeding (Lochia)**	1					

	Check the amount of vaginal bleeding and inspect her perineal area for any swelling or bleeding." ask if you have passed urine and assess her bladder**."**						
4	**Breastfeeding** Put on the baby to the breast. Check for latching. Encourage the mother to start breastfeeding Make sure the mother is comfortable and provide advice on postnatal care. Teach positions of breast feeding. **Health Education** If you feel pain, dizziness, or heavy bleeding, please inform immediately**.**	1					
	Total score	4					

Signature of the examiner:

STATION 7 - POST PARTUM BREAST ASSESSMENT

INSTRUCTION TO THE EXAMINEE

Mrs. Nivi 24 years old postnatal mother (6 days after normal vaginal delivery) has come to the OPD with the complaints of pain and hardness in both the breast. Read the scenario thoroughly and do the breast examination (Inspect and Palpate) and document the findings.

INSTRUCTION TO THE EXAMINER

Objectives:
This station is designed to test the candidate's ability to

- demonstrate the steps of post partum breast assessment sequentially using right technique
- follow scientific principles when performing the tasks
- document the procedure done.

Instruction: Observe if the participant is performing the following steps in the postpartum breast assessment in the correct technique(as necessary).
Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent.
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed
- Calculate the total score

- **STATION 7– POST PARTUM BREAST ASSESSMENT - CHECK LIST FOR THE EXAMINER**

S. No	Items	Score	Registration No/Score				
1	**Preparation** Performs hand hygiene. Introduces self and confirms patient identity. Explains the procedure and obtains informed consent. Ensures privacy and appropriate exposure. **History** Asks about breastfeeding status and feeding frequency. Asks about breast pain, nipple pain, or feeding difficulties. Asks about breast lumps, redness, nipple damage, or fever.	1					
2.	**Palpation** Palpates both breasts systematically for tenderness, warmth, engorgement, and lumps. Assess for crack nipples if any. Assesses for signs of blocked ducts or mastitis. **Breastfeeding Assessment** Observes infant positioning and latch (if appropriate). Assesses for effective milk transfer and maternal comfort.	1					
3.	**Health Education** Advises on correct positioning and attachment. Encourages frequent breastfeeding and complete breast emptying. Explains signs of mastitis and when to seek medical attention.	1					
4.	**Completion** Thanks the patient and ensures comfort. Performs hand hygiene. Documents and reports findings appropriately.	1					
	TOTAL SCORE	4					

Signature of the Examiner

Skill station 8 -Counselling a Woman with Uterine Fibroid

Task: You are a nurse working in the Gynecology Ward.
Mrs. Krena, a 38-year-old married woman, has been diagnosed with a **uterine fibroid** after an ultrasound examination. She is anxious about her condition and is worried that she may require surgery. Counsel her regarding the disease, treatment, and self-care.

INSTRUCTION TO THE EXAMINER
Counselling a Woman with Uterine Fibroid is designed to the candidate's ability to

- demonstrate the steps of the counseling skill sequentially using right technique
- Follow scientific principles when performing the tasks in the procedure.
- Document the procedure done.

Instruction: Observe if the participant is providing correct technique (as necessary). Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed
- Calculate the total score out of 4

S.NO	Steps	Score	Register number/Score				
1	**Establish Rapport** Wash hands. Greet the woman by name and introduce yourself. Ensure privacy and obtain consent.	1					
2	**Assess the Woman's Knowledge** Ask what the doctor has explained about her condition. Ask if she has any concerns or questions. Listen attentively. **Explain the Condition** A uterine fibroid is a **benign (non-cancerous) growth** in the muscle of the uterus. It may cause heavy menstrual bleeding, pelvic pain, pressure, or fertility problems, while some women may have no symptoms.	1					
3	**Explain the Treatment** Treatment depends on the size of the fibroid, symptoms, and future pregnancy plans. Options include observation, medicines, or surgery if necessary. **Self-care Advice** Eat iron-rich foods and maintain a healthy diet. Drink plenty of fluids. Exercise regularly. Take medicines as prescribed. Avoid self-medication.	1					

4	**Warning Signs** Advise the woman to seek immediate medical care if she experiences: Very heavy bleeding. Severe abdominal or pelvic pain. Fever. Fainting or dizziness. Difficulty passing urine. **Emotional Support** Reassure her that most fibroids can be treated successfully. Encourage her to discuss any concerns with the healthcare team. **Follow-up** Attend all scheduled follow-up visits. Have ultrasound examinations as advised. Ask if she has any questions and thank her.	1					
	Total score	4					

Signature of the examiner

Skill station 9-Post-Abortion Care and Counseling

Scenario

You are a student nurse/midwife working in the gynecology ward.

A 28-year-old woman has undergone treatment for an incomplete abortion at 10 weeks of gestation. She is now hemodynamically stable and is ready for discharge. She appears anxious and has questions about her recovery, future fertility, and contraception.

Task:

Provide post-abortion care including family planning ,follow up and counseling to the woman. Assess her physical and emotional condition, educate her about home care, discuss danger signs, provide family planning counseling, and ensure appropriate follow-up while maintaining privacy, confidentiality, and effective communication.

INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to

- demonstrate the steps Post-Abortion Care and Counseling
- follow scientific principles when performing the tasks
- document the procedure done.

Instruction: Observe if the participant is performing the following steps in the postpartum breast assessment in the correct technique
(as necessary).

Score the task, as follows, based on performance of the task by the examinee.

- Score “1” for fully competent.
- Score “0.5” for partially competent
- Score “0” for incompetent or not performed
- Calculate the total score

S. No	Items	Score	Registration No./Score				
1	**Introduction** Wash hands and follow infection prevention measures. Introduce yourself to the woman. Confirm the woman's identity. Ensure privacy and maintain confidentiality. Explain the purpose of the counseling session. Obtain informed consent. Establish rapport and encourage the woman to express her concerns. **Assessment (perform 3-4 of the following)** Assess the woman's general condition. Assess vaginal bleeding. Ask about abdominal pain or cramping. Assess for fever, chills, or foul-smelling vaginal discharge. Review vital signs if appropriate. Assess emotional well-being and coping. Review the treatment received and any medications prescribed. Identify any medical or obstetric risk factors.	1					
2.	**Physical Care and Health Education(perform 3-4 of the following)** Explain that mild cramping and light vaginal bleeding may occur for a few days. Advise the woman to take prescribed medications as directed. Encourage adequate rest, hydration, and a balanced diet. Emphasize the importance of maintaining good personal hygiene. Advise changing sanitary pads regularly. Advise avoiding sexual intercourse until bleeding has stopped **Counseling on Danger Signs** Explain the need to seek immediate medical care if she experiences: ➢ Heavy vaginal bleeding. ➢ Severe or increasing abdominal pain. ➢ Fever or chills. ➢ Foul-smelling vaginal discharge. ➢ Persistent dizziness, fainting, or weakness.	1					
3.	**Family Planning Counseling(perform 3-4 of the following)** Explain that fertility can return soon after an abortion. Discuss the woman's reproductive intentions. Provide information about available contraceptive methods. Help the woman choose a suitable contraceptive method based on her preferences and medical eligibility. Explain correct use, benefits, and possible side effects of the chosen method. Arrange provision or referral for contraception if appropriate. Emotional Support Listen actively and without judgment. Acknowledge the woman's feelings and concerns. Provide reassurance and emotional support. Encourage questions and respond appropriately. Refer for psychological or social support if indicated.	1					

4.	**Follow-Up Care(perform 3-4 of the following)** Explain the importance of attending follow-up appointments. Advise when normal daily activities can be resumed. Encourage early antenatal care in future pregnancies. Provide information on where to seek help if problems occur. Communication and Professionalism Use clear, respectful, and empathetic communication. Maintain privacy, dignity, and confidentiality throughout. Check the woman's understanding by asking her to repeat key instructions. Answer questions clearly. Thank the woman for her cooperation. Documentation Document the assessment findings. Record counseling provided. Document the chosen contraceptive method or referral. Record follow-up advice and discharge instructions.	1					
	TOTAL SCORE	4					

Signature of the examiner:

Skill station 10-Health Assessment of a Postmenopausal Woman

Scenario

You are a student nurse/midwife working in the gynecology outpatient clinic.

A 56-year-old woman presents for a routine health check-up. She attained menopause 5 years ago and complains of hot flushes, disturbed sleep, and occasional vaginal dryness. She would like advice on maintaining her health after menopause.

Task:

Perform a comprehensive health assessment of the postmenopausal woman. Assess her physical, psychological, and reproductive health, identify risk factors for common postmenopausal conditions, provide appropriate health education and counseling, and communicate your findings to the examiner while maintaining privacy and professionalism.

INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to

- demonstrate the steps of health assessment of a postmenopausal woman
- follow scientific principles when performing the tasks
  document the procedure done.

Instruction: Observe if the participant is performing the following steps in the postpartum breast assessment in the correct technique
(as necessary).

Score the task, as follows, based on performance of the task by the examinee.

- Score "1" for fully competent.
- Score "0.5" for partially competent
- Score "0" for incompetent or not performed
- Calculate the total score

S. No	Particular Registration No/Score	Score	Registration No./Score				
1	**Introduction** Wash hands and follow infection prevention measures. Introduce yourself, explain the procedure, obtain consent, and ensure privacy and comfort. **History Taking (Ask 3–4)** Ask the woman's age and age at menopause. Ask about menopausal symptoms (hot flushes, night sweats, vaginal dryness, urinary symptoms). Ask about postmenopausal vaginal bleeding. Review medical, obstetric, gynecological, and family history. Assess lifestyle habits (diet, exercise, smoking, alcohol).	1					

2.	**Physical Examination (Perform 3–4)** Assess general appearance. Measure height, weight, and calculate BMI. Check vital signs. Perform a general head-to-toe assessment and identify any risk factors requiring referral.	1					
3.	**Health Education and Counseling (Provide 3–4)** Explain normal changes after menopause. Advise a calcium- and vitamin D-rich diet and regular exercise. Encourage maintaining a healthy weight and avoiding smoking and excess alcohol. Discuss relief of menopausal symptoms and osteoporosis prevention. Encourage regular breast awareness, cervical screening, and routine health check-ups.	1					
4.	**Communication and Professionalism** Check the woman's understanding. Answer questions, provide reassurance, and thank her. **Documentation** Record the assessment findings, health education provided, referrals, follow-up plan, and perform hand hygiene.	1					
	TOTAL SCORE	4					

•

Signature of the examiner:

STATION NO: 11 –Initial management of PPH- Bi manual compression of uterus

INSTRUCTION TO THE EXAMINEE

Situation:

Mrs.Sangeetha, 20 years old. She gave birth to a full-term baby in Labour room. Labour room Nurse noticed that she has been bleeding heavily since the birth. The duration of labor was 12 hours, the birth was normal and the placenta was delivered 20 minutes after the birth of the baby. The examination reveals complete placenta, no tears in vagina. On examination, findings reveals complete expulsion of the placenta, no trauma or laceration in vagina. She is diagnosed to have PPH and bleeding is getting controlled with initial management. Obstetricians have planned for bimanual compression. Demonstrate how to perform bimanual compression

INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to

- demonstrate the steps sequentially using right technique
- follow scientific principles when performing the tasks in the procedure.
- document the procedure done.

Observation: Observe if the participant is performing the following steps of bi manual compression of uterus. Score the task, as follows, based on performance of the task by the examinee.

- **Score "0.5"** for fully competently
- **Score "0"** for incompetent or **not performed**
- Calculate the total score

BI MANUAL COMPRESSION OF UTERUS- CHECKLIST FOR THE EXAMINER

S. No	**Steps**	**Max. Score**	REGISTER NO				
			1	**2**	**3**	**4**	**5**
1	Explain the procedure & wash hands	*0.5*					
2	Wear sterile surgical gloves	*0.5*					
3	Clean vulva and perineum with antiseptic solution	*0.5*					
4	Insert fist into anterior vaginal fornix and apply pressure against the anterior wall of the uterus	*0.5*					
5	Place other hand on abdomen behind uterus, press the hand deeply into the abdomen and apply pressure against the posterior wall of the uterus	*0.5*					
6	Maintain compression until bleeding is controlled and the uterus contracts.	*0.5*					
7	Remove gloves	*0.5*					
8	Do hand washing & Document the procedure	*0.5*					
	TOTAL	4					

Signature of the Examiner:

STATION : 12 PLACENTAL EXAMINATION

INSTRUCTION TO THE EXAMINEE:

You have conducted the normal delivery of Mrs. Deepa. You are expected to perform a placental examination.

How will you perform it?

INSTRUCTION TO THE EXAMINER

OBSERVATION: Observe whether the participant is performing the following steps in the correct sequence when performing placental examination.

OBJECTIVES: This station is designed to test the candidate's ability to check the placenta for any abnormalities

SCORE: Score "1" for each correct step conducted correctly and Score "0" if the task is not done

S.NO.	TASK	Score	Registration No./Score				
1.	Assemble the articles near the bedside Wash hands and wear gloves	2					
2.	Wash the placenta under running water to remove retroplacental clots before examining it.	2					
3.	Measure the length of the cord	2					
4.	Check the weight of the placenta	2					
5.	Check 2 umbilical arteries and one vein	2					
6.	Insertion of the placenta	2					
7.	Hold the cord up and check whether the membrane is complete	2					
8.	Check for any missing lobes	2					
9.	Discard the placenta	2					
10.	Document the procedure	2					
TOTAL		**20**					

Note: 20/5 = 4 Marks

Signature of the Examiner

STATION NO: 13 – DEMONSTRATION – FETAL SKULL INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to demonstrate the steps sequentially using right technique follow scientific principles when performing the tasks document the procedure done.

Instruction: Observe whether the participant is demonstrating the following steps of the fetal skull by using correct technique (as necessary).

Score the task, as follows, based on performance of the task by the examinee.

Score "1" for fully competent.

Score "0.5" for partially competent

Score "0" for incompetent or **not performed** Calculate the total score

S.No	Task	Max. Score	Registration Number				
1	**BONES** • 2 Frontal bones • 2 Parietal bones • 1 occipital bone	0.5	1	2	3	4	5
2	**SUTURES** • Frontal suture • Sagittal suture • Coronal suture • Lambdoidal suture	0.5					
3	**REGIONS** • Vertex • Sinciput • Face • Occiput	1					
4	**LANDMARKS OF SKULL** • Vault • Face • Base	1					
5	**DIAMETERS** Biparietal Diameter – 9.5cm Bitemporal Diameter -8.5 cm Suboccipito-bregmatic 9.5 cm Occipito Frontal -11.5 cm Mentovertical - 13.5cm Submentovertical - 11.5cm Submentobregmatic - 9.5 cm	1					
	Total	4					

Signature of the Examiner

OSCE UNMANNED STATION

STATION 1:

CARDINAL MOVEMENTS OF LEFT OCCIPITO- ANTERIOR POSITION.

Scenario: A 24 year old primigravida at 39 weeks of gestation is in spontaneous labour. On vaginal examination, the fetus is in a **Left Occipito Anterior position** with a **well flexed head**. The labour is progressing normally.

Task:

- The student is asked to list the cardinal movements of labour (Left Occipito Anterior position) for this parturient

Answer 1:

S.NO	CARDINAL MOVEMENTS	MARKS
1	Engagement	**0.5**
2	Descent	**0.25**
3	Flexion	**0.25**
4	Internal rotation of the head	**0.5**
5	Crowning	**0.5**
6	Birth of the head by extension	**0.5**
7	Restitution	**0.5**
8	Internal rotation of the shoulders	**0.5**
9	External rotation of the head	**0.25**
10	Birth of the shoulders and body by lateral flexion	**0.25**

STATION 2:-

IDENTIFICATION AND USES OF OBSTETRIC INSTRUMENTS

Scenario: A 25-year-old primigravida at 39 weeks of gestation is admitted in active labour. She progresses to the second stage of labour, and the obstetrician decides to conduct a normal vaginal delivery with a mediolateral episiotomy. Hence, keep emergency **instruments** for assisted vaginal delivery and postpartum haemorrhage if needed.

Task:

- Write the name and one use of the instruments given in the below table.

A 	B 
C 	D 

Answer 2:

A. Name: Episiotomy scissor (**0.5 mark**)

Use: To make an incision/ episiotomy in the perineum (**0.5 mark**)

B.Name: Vaccum extractor / Ventouse **(0.5 mark**)

Use: A **vacuum extractor (ventouse)** is an obstetric instrument used to assist vaginal delivery (**0.5 mark**)

C.Name: Wrigley's forceps **(0.5 mark**)

Use: used for **outlet and low-forceps deliveries** when the fetal head is already low in the pelvis. **(0.5 mark**)

D.Name: Cusco's bi valve Self-Retaining Vaginal Speculum (**0.5 mark**)

Use: To visualize the cervix and vaginal walls (**0.5 mark**)

STATION 3

CALCULATION OF EXPECTED DATE OF DELIVERY

Scenario: Mrs. Priya, a 25 year old primigravida, has come to the antenatal outpatient department for her first antenatal visit. She reports that the first day of her Last Menstrual Period was 16.04. 2026. Calculate her Expected Date of Delivery.

Task:

A. Write the formula to calculate Expected Date of Delivery

B. Calculate Expected Date of Delivery for the given date

C. Mention the Supplements given during Antenatal Period

Answer 3:

A. Naegele's Rule – 1st day of LMP + 9 months + 7 days

or

1st day of LMP – 3 months + 7 days + 1 year (**1.5 marks**)

B.Expected Date of Delivery is 23.01.2027 (**1.5 marks**)

C.Folic acid, Iron and Calcium supplements (**1 mark**)

STATION 4

IDENTIFICATION OF THE FETAL SKULL BONES AND SUTURES

Scenario: You are a staff nurse posted in the Labour Room. A primigravida woman at 39 weeks of gestation has been admitted in the active phase of labour. During the vaginal examination, the obstetrician asks you to identify the fetal skull bones, sutures, and fontanelles to determine the fetal head position.

Task:

A. Which bone forms the largest part of the fetal skull?

B. Which suture is used to determine fetal head position?

C. Which fontanelle is diamond-shaped?

D. Which bones are considered the vault of the fetal skull?

Answer 4:

A.Parietal bones **(1 mark)**

B.Sagittal suture **(1 mark)**

C.Anterior fontanelle **(1 mark)**

D.Frontal bones, parietal bones, and occipital bone. **(1 mark)**

STATION 5- ADMINISTRATION OF DRUG FOR SEVERE PREECLAMPSIA/ECLAMPSIA

Scenario: A 32 year old primi gravida at 36 weeks of gestation has been admitted with severe preeclampsia. Her blood pressure is 170/110 mmHg, and she complains of a severe headache, blurred vision, and epigastric pain. The obstetrician has prescribed medication to prevent eclamptic seizures.

Task:

A. Mention the drug of choice for Preeclampsia/ eclampsia

B.Explain the loading dose according to Pritchard regimen

C.Write any two signs of drug toxicity

D.State the antidote for that prescribed medication toxicity.

Answer 5:

A.Magnesium Sulphate is the drug of choice for women with severe preeclampsia and eclampsia **(1 mark)**

B. Loading Dose according to Pritchard Regimen (1 mark)

4 g IV slowly over 5–10 minutes, followed by 10 g IM (5 g in each buttock)

C.Signs of drug toxicity: (1 mark)

- absence of deep tendon reflexes
- Respiratory depression
- Oliguria
- Muscle weakness
- Drowsiness
- Cardiac arrest

D.Calcium gluconate is the antidote for magnesium toxicity **(1 mark)**

STATION 6:

IDENTIFICATION OF THE SIGNS OF PREGNANCY

Scenario: A 24 year old woman at 8 weeks of gestation attends the antenatal clinic for her first prenatal visit. During per vaginal examination, the **cervix** is found to be **soft,** the vaginal mucosa appears **bluish** and **pulsation felt** at the lateral fornices of vagina.

Task: answer the following questions

A.Name the 3 signs which is observed in per vaginal examination.

B.Classify these signs of pregnancy.

Answer 6:

A. Soft cervix – **Goodell's sign (1 mark)**

Bluish vaginal mucosa / cervix – **Chadwick's (Jacquemier's) sign (1 mark)**

Pulsation at vaginal fornices – **Osiander's sign (1 mark)**

B. These are **probable signs of pregnancy (1 mark)**

STATION 7

IDENTIFICATION OF THE TYPE OF ABORTION

Scenario : A 28 year old woman with gravida 2 para 1, at 10 weeks of gestation, presents to the emergency department with vaginal bleeding and lower abdominal pain. Identify the type of abortion based on the clinical features.

Task:

A. Which type of abortion has a closed cervix with bleeding?
B. Which type has an open cervix without expulsion of products?
C. Which type of abortion has all products expelled?
D. Which type of abortion is associated with infection?

Answer 7:

A.Threatened abortion **(1 mark)**

B.Inevitable abortion **(1 mark)**

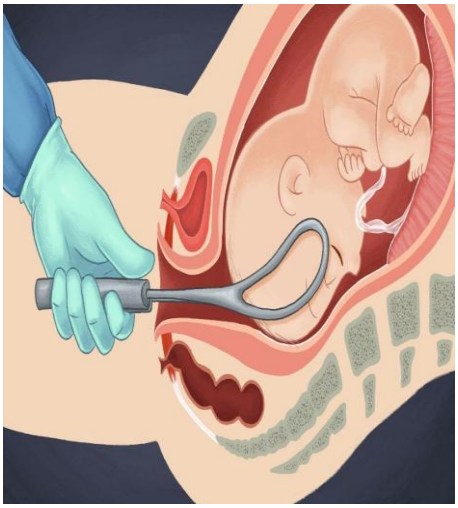
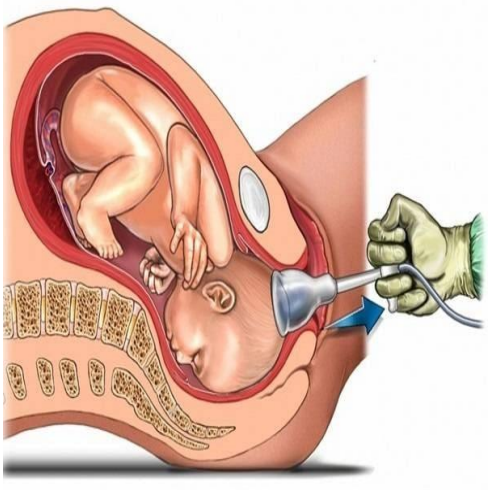
C.Complete abortion **(1 mark)**

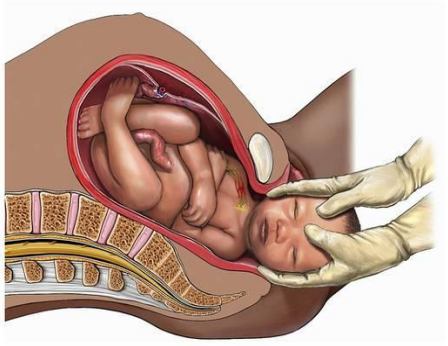
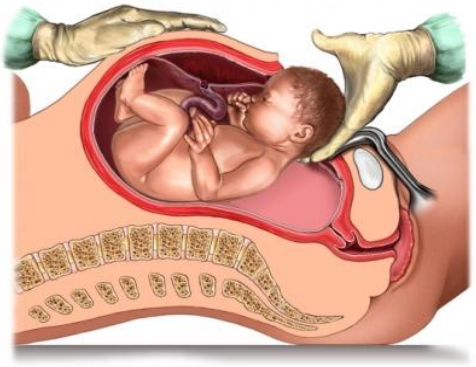
D.Septic abortion **(1 mark)**

STATION 8:-IDENTIFICATION OF THE TYPE OF DELIVERY

Task:

- **Observe the given picture properly**
- **Write appropriate answer in a given answer sheet**

A	**B**
	

C	D
	

Answer 8:

A.Forceps delivery **(1 mark)**

B.Vaccum extraction / Ventouse delivery **(1 mark)**

C.Normal Vaginal delivery **(1 mark)**

D.Cesarean section **(1 mark)**

STATION 9- STEPS OF ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR

Scenario: 28 year old primi gravida has just delivered a healthy male baby at 39 weeks of gestation by normal vaginal delivery. The baby cried immediately after birth and has been handed over for routine newborn care. On per vaginal examination the obstetrician confirms that there is no second baby. The placenta has not yet been delivered.

Task: Based on the above scenario, write the **steps of Active Management of the Third Stage of Labour** in the correct sequence.

Answer 9:

- Administer **uterotonic medication like oxytocin. (1 mark)**
- Observe for **signs of placental separation** and deliver the placenta by **controlled cord traction (Brandt–Andrews technique)** while supporting the uterus. **(1 mark)**
- After placental delivery, **massage the uterine fundus** until it is firm**.**

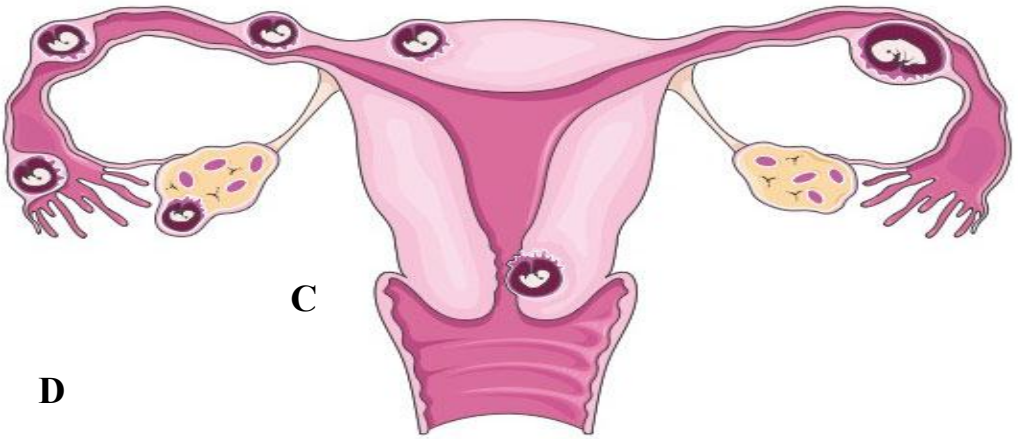
  (1 mark)
- Examine the **placenta, membranes, and umbilical cord** for completeness and assess the birth canal for tears and monitor **vaginal bleeding**. **(1 mark)**

STATION 10- IDENTIFICATION OF THE TYPES OF ECTOPIC PREGNANCY

Scenario: A 21-year-old female presents to the emergency department with 4 hours of severe lower abdominal pain and vaginal bleeding. She has an IUD and her last menstrual period was 5 weeks ago. The patient's symptoms, medical history, and risk factors are consistent with a suspected diagnosis of ectopic pregnancy.

Task:

- **Observe the given picture and identify the type of ectopic pregnancy.**



Answer 10:

A)Tubal pregnancy / ampullary pregnancy **(1 mark)**

B) Cervical pregnancy **(1 mark)**

C) Ovarian pregnancy **(1 mark)**

D) Infundibular pregnancy **(1 mark)**

STATION 11- ECLAMPSIA

Situation :

A woman has come to the labor unit with contractions at 38 weeks and says that she has had a bad headache all day. She also says that she cannot see properly. While she is getting up from the examination table she falls back onto and begins convulsing. Answer the following.

1. What is the diagnosis of the patient?

2. What is the drug of choice ?

3. Mention the any two main nurses responsibilities when administering drug?

ANSWER KEY TO THE EXAMINER

1. Eclampsia
2. Magnesium Sulphate
3. If any
    - Respiratory rate
    - Two knee jerks
    - Urine Output

STATION NO: 12- SIGNS OF CROWNING

INSTRUCTION TO THE EXAMINEE

- document the signs of crowning.

ANSWER KEY TO THE EXAMINER

1. Perineal bulging
2. Vulval stretching
3. Anal pouting
4. Hair line seen

STATION NO: 13– Disease Identification

Situation :

A 39 year old primigravida woman came for the antenatal clinic with the complaints of increasing tiredness and shortness of breath. On lab investigation shows that level of haemoglobin was 7 g%. and she had pale conjunctiva on physical examination. Answer the following

1. What is the most likely diagnosis.
2. Interpret degree of the above condition
3. What are the other investigations you can suggest?
4. Mention the Types of Iron Therpy?

Answer Key to the Examiner

1.Anaemia in pregnancy (1)

2.Moderate degree Anaemia (1)

3.RBC Level, PCV Level, MCV, MCH. (1)

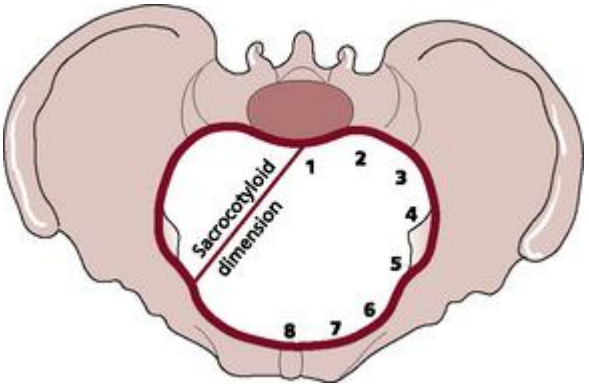
4.

a. Oral Therapy (0.5)
b. Parenteral Therapy (0.5)

STATION NO: 14 – LAND MARKS OF PELVIS

Task:

IDENTIFY AND WRITE THE LANDMARKS.



1.Identify the Landmarks of Pelvis Correctly

Answer Key to the Examiner

1. Sacral Promontory
2. Sacral Ala Or Wing
3. Sacro Iliac Joint
4. Ileopectinal Line
5. Ileopectinal Eminence
6. Pubic Tubercle
7. Pubic Crest
8. Symphysispupis

STATION 15:

ABBREVIATIAONS

Task: WRITE THE ABBREVIATION FOR THE FOLLOWING

1. **IUCD**
2. **MAS**
3. **CTG**
4. **GTT**

ANSWER KEY TO THE EXAMINER

1. Intra Uterine Contraceptive Device
2. Meconium Aspiration Syndrome
3. Cardiotocography
4. Glucose Tolerance Test

STATION NO: 16

MANAGEMENT OF FETAL DISTRESS

Situation :

Mrs. Samyuktha 19 years old primi gravida mother with 37 weeks of gestation complaints of reduced fetal movements. The Obstetrician has advised to connect her to CTG. Late deceleration has been noted in the CTG. As a midwife document 8 steps in managing fetal distress and drop the documented Examinee response sheet in the drop box.

ANSWER KEY TO THE EXAMINER

1. Reassures the mother.
2. Stops the oxytocin drip.
3. Places the mother in left lateral position.
4. Administers oxygen.
5. Administers IV fluids as per the Obstetrician order.
6. Checks the fetal heart rate.
7. Monitors the uterine contraction.
8. Informs the mother about the fetal wellbeing

STATION NO: 17. –IDENTIFICATION OF INSTRUMENTS

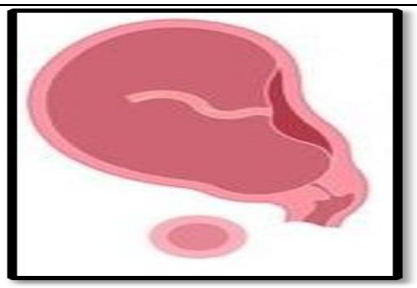
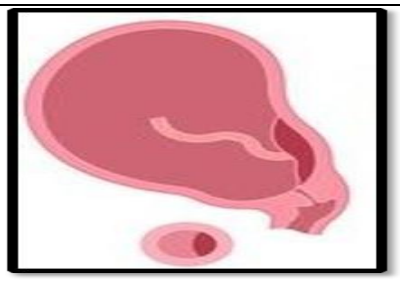
1. Name the Instrument & two Uses of it ?
2. Name the Instrument & two Uses of it ?

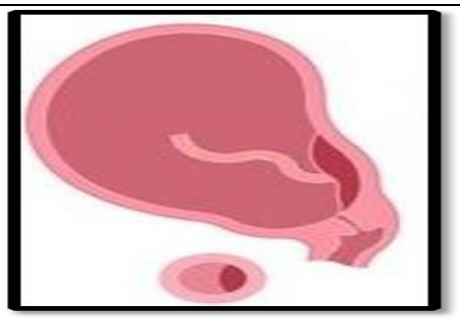
Answer Key:

S.NO	NAME OF THE INSTRUMENT	USES
1.	Cuscos Bivalve Self-retaining Vaginal Speculam	1.To visualize the cervix and vaginal fornices for any local cause 2.To inspect the cervix and to prepare the cervical smear
2	Ovum forceps	1. It Prevents the crushing of the conceptus 2. To minimize the uterine injury

STATION-18- IDENTIFY THE ABNORMALITIES OF THE PLACENTA BASED ON LOCATION

OBJECTIVE: This station is designed to test the student's ability to identify the abnormality of the Placenta based on location

1. Identify the placental abnormality shown in the image.
2. Mention two clinical features of placenta previa.
3. Mention two immediate nursing/medical management measures.
4. Mention two maternal complications of placenta previa.

Signature of the Examiner

ANSWERS

1) Identification of the Image

Picture 1 – Low-lying Placenta (Type I Placenta Previa)

Picture 2 – Marginal Placenta Previa (Type II)

Picture 3 – Partial Placenta Previa (Type III)

Picture 4 – Complete Placenta Previa (Type IV)

Question 2 (1 mark):

Expected answer (Any two):

- Painless bright red vaginal bleeding
- Bleeding in the third trimester
- Soft, non-tender uterus
- Malpresentation/high presenting part
- Fetal heart sounds usually present

Question 3 (1 mark): Mention two immediate nursing/medical management measures.

Expected answer (Any two):

- Assess maternal vital signs and fetal heart rate
- Establish IV access and start fluids if indicated
- Arrange blood grouping and cross-matching
- Monitor vaginal bleeding
- Prepare for ultrasound and possible cesarean section
- Do not perform unnecessary vaginal examination

Question 4 (1 mark): Mention two maternal complications of placenta previa.

Expected answer (Any two):

- Antepartum hemorrhage
- Postpartum hemorrhage
- Maternal anemia
- Hypovolemic shock
- Blood transfusion requirement
- Increased risk of cesarean delivery

STATION-19- IDENTIFY THE ABNORMALITIES OF PLACENTA AND CORD

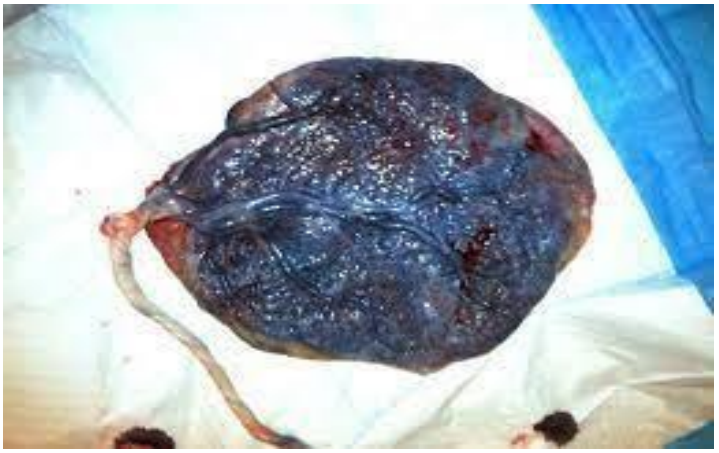
INSTRUCTION TO THE EXAMINEE

Observe the picture and identify the abnormalities of the placenta correctly and document the findings.



1.

2. 

3. 

4. 

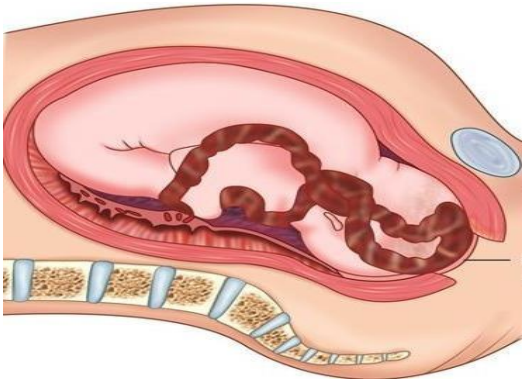
Answer Key

- Succenturiate Placenta
- Circumvallate Placenta
- Battledore Placenta
- Velamentous Placenta

STATION NO:20

Identify The Condition Under Obstetrical Emergencies

1.

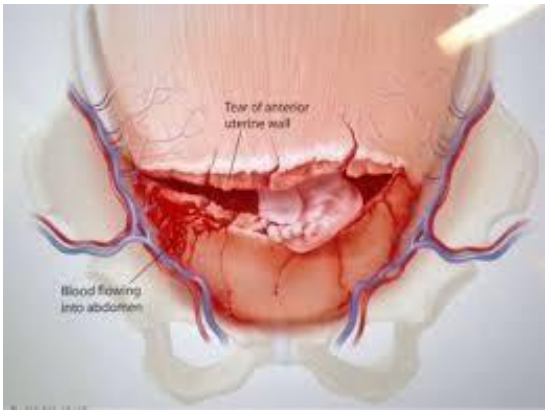


2.





3.



4.

1. Identify the condition shown.

Mention three clinical features.

2) Identify the obstetric emergency.

Demonstrate the immediate nursing interventions.

3) Identify the condition.

List four risk factors.

4) Identify the emergency.

List four warning signs.

Answers:

Four obstetrical Emergencies :

1) Placental Abruption (Abruptio Placentae) Identification: Placental Abruption (Abruptio Placentae) **Clinical features (Any three):**

- Sudden onset of severe abdominal pain
- Painful vaginal bleeding (may be concealed)
- Tender, rigid ("board-like") uterus
- Frequent uterine contractions
- Fetal distress or absent fetal heart sounds

2) Umbilical Cord Prolapse Answers:

Identification: Umbilical Cord Prolapse **Immediate nursing interventions (Any four):** □ Call for immediate obstetric assistance.

- Relieve pressure on the cord by elevating the presenting part with a gloved hand.
- Position the woman in knee-chest or Trendelenburg position.
- Administer oxygen (8–10 L/min).

- Cover the exposed cord with warm sterile saline-soaked gauze if outside the vagina.
- Continuously monitor the fetal heart rate.

Definitive management:

Emergency cesarean section unless vaginal delivery is imminent.

3) Answers:

Identification: Shoulder Dystocia Risk factors (Any four):

- Fetal macrosomia
- Maternal diabetes mellitus
- Maternal obesity
- Prolonged second stage of labour
- Previous shoulder dystocia
- Operative vaginal delivery

Management

(HELPERR/Mnemonic):

- Call for help.
- Perform McRoberts manoeuvre.
- Apply suprapubic pressure.
- Consider internal rotational manoeuvres (Rubin/Woods screw).
- Deliver the posterior arm.
- Roll the mother onto all fours (Gaskin manoeuvre), if needed.

4 **: Uterine Rupture Answers: Identification**: Uterine Rupture **Warning signs (Any four):**

- Sudden severe abdominal pain
- Cessation of uterine contractions
- Vaginal bleeding
- Fetal distress or absent fetal heart sounds
- Maternal tachycardia and hypotension
- Loss of fetal station

Immediate management: □ Activate the obstetric emergency team.

- Administer oxygen and establish two large-bore IV lines.
- Begin rapid IV fluid resuscitation.
- Arrange blood and blood products.
- Prepare for emergency laparotomy and cesarean delivery.
- Monitor maternal vital signs and fetal heart rate continuously.

STATION NO:20

IDENTIFY THE BREASTFEEDING POSITION

INSTRUCTION TO THE EXAMINEE

Observe the picture, identify the breastfeeding position correctly, and document the findings. Drop the documented response sheet in the drop box.

1.



2.



3.



4.



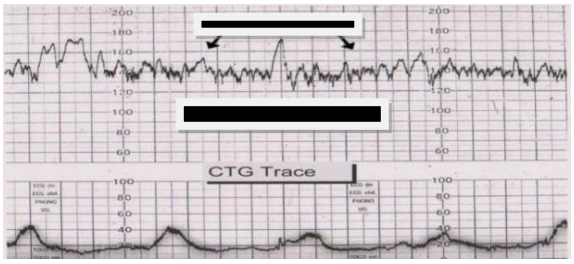
Answer Key

1.Cradle hold
2. Cross Cradle Hold
3. Football hold
4. Side lying hold

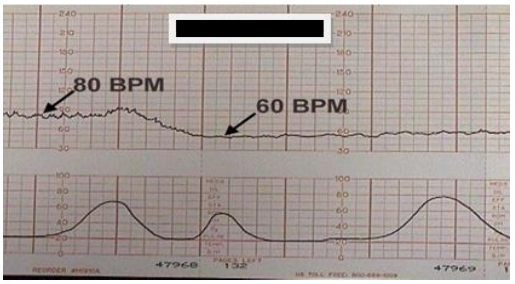
STATION NO: 21

INTERPRETATION OF CTG INSTRUCTION TO THE EXAMINEE

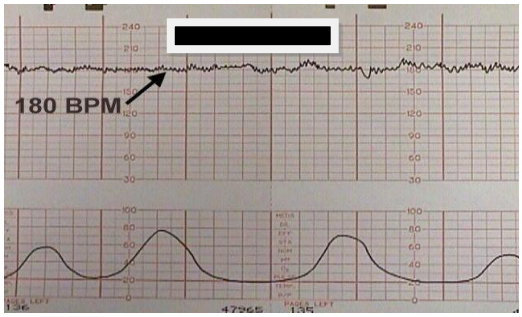
Identify the given Cardiotocography images carefully, interpret the image, and document 5 findings in the examinee response sheet. Drop the documented response sheet in the drop box.



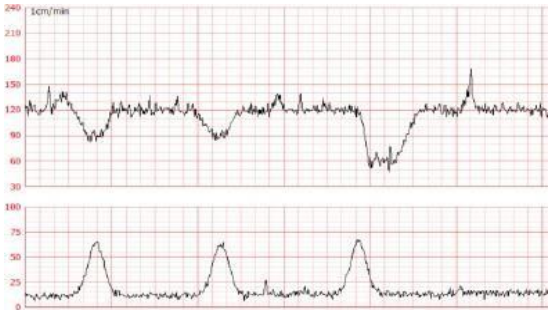
1.



2.



3.



4.

Answers

1.Normal Bradycardia
2. Fetal Bradycardia
3. Fetal Tachycardia
4. Early Deceleration

STATION NO 22.-VIRTUAL SIGN IDENTIFICATION-

IDENTIFICATION OF INSTRUMENTS

Identify the instruments correctly and document **TWO** uses of each instrument

KEY TO THE EXAMINER

S.NO	NAME OF THE INSTRUMENT	USES
1	Uterine curettage	1. To remove tissues from the lining of the uterus. 2. To remove the decidua after evacuation in case of abortion and molar pregnancy.
2.	Uterine sound	1. To know the position of the uterus. 2. To measure the length of the uterus.

STATIONNO:23-IDENTIFICATION OF DRUGS:

Identify the **four drugs** correctly. Read the name of each drug and document the **Name, dose, action, side effects, and THREE nurse's responsibilities for each drug.**

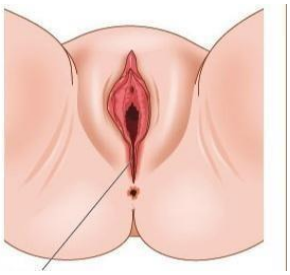
S.NO	DRUG NAME	DOSE/ ROUTE	ACTION
1.	Inj.Magnesium sulphate	4mg/ IV and IM	Decreases the acetylcholine release from the nerve endings; it also blocks the calcium channel, increases the cerebral, uterine, and renal blood flow **Indication :**Pre-eclampsia and eclampsia
2.	Inj.Oxytocin	5Units/ IV	• Oxytocin acts through receptors and voltage-mediated channels to initiatemyometrial contractions. • It stimulates amniotic and decidual • Prostaglandin production.

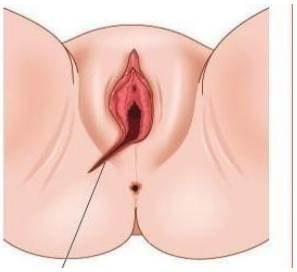
3.	Inj.Methergine	1ml = 0.2 mg	• It is used to control bleeding from the uterus that occurs after childbirth or an abortion. • It works on the smooth muscles of the uterus and increases tone, rate and amplitude of contractions thus reduces the blood loss.
4.	Inj.Vitamin K	**Dosage:** Injection Vitamin K 1 mg per 1 ml or 0.5 ml aqueous preparation. **Site of injection:** Antero-lateral aspect of the thigh. In case any vaccination being given at birth such as Hep B then they should be given in separate thighs	Vitamin K is a group of lipophilic hydrophobic vitamins required for the synthesis of proteins which forms the clotting factors. It acts as a coenzyme for the synthesis of prothrombin and blood clotting factors in the liver.

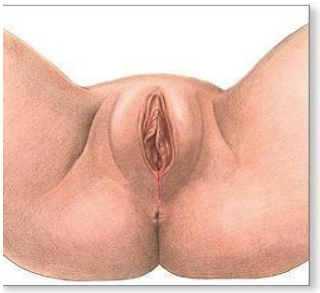
Name = 1 mark

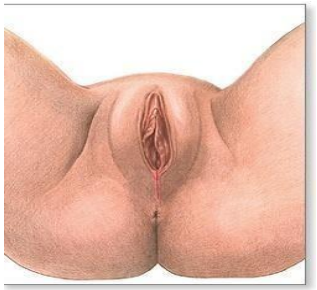
Dosage /Action = 1 mark **4 drugs * 4Marks = 4 marks**

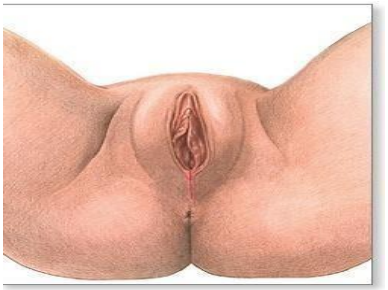
STATION NO: 24-IDENTIFY THE TYPES OF EPISIOTOMY











Answers

1.Median

2.Laterl Episiotomy

3. Left Medio Lateral Episiotomy

4. Right Medio Lateral Episiotomy

5. J Shaped Episiotomy

STATION NO: 25– PLOTTING PARTOGRAPH

INSTRUCTION TO THE EXAMINEE

- Mrs. Sonali, 22 years old primigravida with 38 weeks of gestation, got admitted at 8 am with complaints of lower abdominal pain for 2 hours and leaking per vagina since 7 am.
- Read the findings given below and plot the partograph.
- Drop the documented response sheet in the drop box.

Date &Time	Vital signs	Contraction	FHR	Drug	Drops	Cervical dilatation	Membrane / liquor	Station
8 am	T-37ºC P-86 b/m R-22 br/m BP-110/70 mmhg	For 10 minutes 3 contractions lasting for 32-34 seconds	146 beats/min	Inj.oxytocin 2.5 units in 500 ml of RL	8 drops/min	4cm	Clear	-1
10 am	T-37ºC P-92 b/m R-20 br/m BP-120/70 mmhg	For 10 minutes 4 contractions lasting for 42-44 seconds	142 beats/min	Inj.oxytocin 2.5 units in 500 ml of RL	24 drops/ Min	8cm	Clear	+2

PLOTTING PARTOGRAPH

INSTRUCTION TO THE EXAMINER

Objectives:

This station is designed to test the candidate's ability to,

- illustrate in plotting partograph
- follow scientific principles
- document the procedure done

Instructions: Observe if the participant can plot the partograph.

S. No	Task	Max. Score	Registration Number				
1.	Obstetrical score	0.5					
2.	Vital signs	0.5					
3.	Contraction	0.5					
4.	FHR	0.5					
5.	Drug /Drops/min	0.5					
6.	Cervical dilatation in cm	0.5					
7	Membrane /liquor	0.5					
8.	Station	0.5					
	Total	4					

Signature of the Examiner

CHILD HEALTH NURSING

OSCE – CHILD HEALTH NURSING-MANNED STATION - 1

MUMMY RESTRAINT

Baby of Sathya, 1½ years old child has been admitted with a foreign body in the ear. The ENT surgeon has planned to remove the foreign body and has instructed that the child to be placed in a Mummy Restraint. Perform the procedure with appropriate steps.

Instructions:

- Score **"2"** if the task is performed **competently**
- Score **"1"** for **partially competent**
- Score **"0"** if the task is **not performed or performed with incompetent**
- Calculate the total score

S. No	Interpretation	Max Score	Registration no				
1.	Perform hand hygiene. Arrange all articles required.	2					
2.	Place the blanket /sheet flat on bed.	2					
3.	Fold one corner of the sheet.	2					
4	Place the child on the sheet with neck at the folded corner.	2					
5.	Straighten the right arm down against the body.						
6.	Pull the right side of the sheet firmly over the right shoulder and tuck on the chest.	2					
7.	Repeat the step for left side of the sheet.	2					
8.	Fold the bottom portion of the sheet upward and tuck on the chest.	2					
9.	Secure the folded sheet at back by adhesive plaster. Make sure that extremities are in a comfortable position.	2					
10.	Perform hand hygiene and inform the ENT surgeon.	2					
	Total	**20**					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 2

ADMINISTRATION OF MEASLES & RUBELLA (MR) VACCINE

SUBCUTANEOUS ROUTE

Baby of Geetha, aged 9 months, has came to the immunization clinic with her mother to receive the Measles-Rubella (MR) vaccine. Demonstrate the correct procedure for administering Measles-Rubella (MR)vaccine using appropriate steps.

Instructions:

- Score **"2"** if the task is performed **competently**
- Score **"1"** for **partially competent**
- Score **"0"** if the task is **not performed or performed with incompetent**

S.No	Interpretation	Max Score	Registration no				
1.	Explain the procedure to the mother	2					
2.	Check the medication order. Perform the first three checks of the ten rights.	2					
3.	Perform hand hygiene. Wear gloves	2					
4	Take out of vaccine vial in the vaccine carrier and kept in icepack. Clean the vial cap with alcohol swab. Dry it.	2					
5.	Dissolve the medication with recommended diluent. Load the 0.5 ml of MR vaccine in tuberculin syringe..						
6.	Clean the right upper arm with alcohol swab and dry the area.	2					
7.	Raise a fold of skin between thumb and index finger and insert needle at 45^{o}	2					
8.	Pull the plunger slightly to check for blood vessel and inject slowly. Remove the needle straight and apply gentle pressure with dry sterile swab.	2					
9.	Discard the waste in paper bag. Make the child comfortable.	2					
10.	Replace the articles. Document the procedure	2					
	Total	**20**					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 3

ADMINISTRATION OF OXYGEN BY HOOD METHOD

SCENARIO:

Baby Kavin, 6 months old infant is admitted to the pediatric ward with Breathlessness. The pediatrician has prescribed oxygen therapy 5Litres/minute via the oxygen hood. Demonstrate the procedure for administering oxygen by the hood method. Perform the appropriate nursing steps and safety precautions.

Instructions:

- Score **"2"** if the task is performed **competently**
- Score **"1"** for **partially competent**
- Score **"0"** if the task is **not performed or performed with incompetent**

S.No	Interpretation	Max Score	Registration no				
1.	Perform hand hygiene and gather all necessary articles.	2					
2.	Connect oxygen flow meter with oxygen source. Ensure the flow meter is filled with sterile water.	2					
3.	Fix the pulse oximeter probe to neonate after cleaning with 70% alcohol. Switch on the pulse	2					

	oximeter.						
4	Connect the distal end of tube to oxygen hood. Place the neonate head is within the hood.	2					
5.	Ensure that the neonate is in midline and sniffing position with shoulder roll.	2					
6.	The hood should not rest on the baby's neck. Avoid sealing space between infant's neck and hood.	2					
7.	Turn on the flow meter, observe the bubbles in humidifier. Set the flow rate of 5L/minute.	2					
8.	Monitor Spo_2 and assess the baby's condition for signs of improvement. Report the findings.	2					
9.	Replace all the articles and perform hand hygiene.	2					
10.	Document the procedure	2					
	Total	**20**					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 4

OROGASTRIC TUBE INSERTION

Baby of Sathya, 10 months old infant is admitted to the pediatric ward with abdominal distension and diagnosed with Intestinal obstruction. The pediatrician has ordered to insertion of an orogastric tube for continuous gastric drainage. Demonstrate the procedure for Orogastric tube insertion, Following the appropriate steps and maintain the aseptic technique.

Instructions:

- Score **"2"** if the task is performed **competently**
- Score **"1"** for **partially competent**
- Score **"0"** if the task is **not performed or performed with incompetent**

S.No	Interpretation	Max Score	Registration no				
1.	Perform hand hygiene and arrange all required articles near the neonate.	2					
2.	Place the infant in supine position with head slightly elevated. Select appropriate size of orogastric feeding tube.	2					
3.	Measure the length of tube from bridge of nose to tip of ear lobe then down to the midpoint between umbilicus and xiphoid process. Mark at the required length of feeding tube.	2					
4.	Wear gloves. Insert the tube through the infant's mouth till the pre-measured marked length. Use infant's saliva or sterile water to lubricate the tube.	2					
5.	Check the position of the tube in the stomach	2					

	by injecting 1 ml of air into the stomach and hear the gurgling sound by stethoscope placed over the epi-gastric region.						
6.	Keep the outer end of tube is connecting with the collecting bag.	2					
7.	Fix the feeding tube at the corner of the mouth with skin friendly adhesive tape.	2					
8.	Observe the infant for any discomfort and respiratory distress. Place the infant in comfortable position.	2					
9.	Replace the articles. Perform hand hygiene.	2					
10.	Document the procedure	2					
	Total	**20**					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 5

BABY BATH

Scenario

You are a nurse working in the PHC.A Postnatal mother is requesting that you to demonstrate the baby bath to her. You plan to demonstrate the procedure to the mother. Demonstrate the procedure while ensuring the baby's safety, warmth, infection prevention, and parental education.

Objective:

- Score "1" if the task is performed competently
- Score "0.5" for partially complete
- Score "0" if the task is not performed or performed with incompetence

S.No	Steps of the procedure	Score	Registration no				
1	Perform hand hygiene. Wear an apron. Fill the tub with 2/3rd of warm water. Check the water temperature. Undress the baby. Hold the baby in football method.	1					
2	Wash the hair by taking lukewarm water in hand and wipes the head with hand and be cautious that water does not go into the nose or mouth. Dries the head with dry towel	1					
3	Cleans eyes correctly (inner to outer canthus, one wipe per eye). Cleans the face from forehead to chin. Place the baby in tub, immersing feet first.	1					

4	Wets the baby starting from neck, chest, abdomen, back and genitalia. Apply the soap from the neck downwards and rinse it. Turn the baby backside and apply the soap downward and rinse it. Lift and pats dry the baby. Dress the baby.	1					
	Total Score	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 6

NEONATAL RESUSCITATION

Scenario

You are a neonatal nurse assigned to receive a full-term baby from the labor room. The baby did not cry immediately after birth. Resuscitate the newborn.

Instructions-

- Score "1" if the task is performed competently
- Score "0.5" for partially complete
- Score "0" if the task is not performed or performed with incompetence
- Calculate the total score

S.No	Steps of the procedure	Score	Registration no				
1	Perform hand hygiene. Wear gloves. Dries the baby thoroughly. Assess the responsiveness by gently flicks/slaps the soles or rubbing the back /extremities and chest rise and apical heart rate by stethoscope. Identified apnea and HR <100bpm	1					
2	Maintain the head in sniffing on a flat surface. Suction the mouth and nose if needed. Fit the mask to the newborn's face, covering the nose and mouth.	1					
3	Hold the self-inflating bag in the dominant hand with the thumb and two fingers. Ventilate (one breath) the baby. Use the 2 thumb encircling hands technique at the lower third of the sternum (which lies	1					

	between the xiphoid process and the drawn line between the nipples)						
4	Provide 3 chest compression at the rate of 90 compression and 1 breath at the rate of 30 ventilation per minute (3:1- one & two & three & breath; one & two.) Reassessment of apical heart rate by stethoscope.	1					
	Total Score	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 7

INTRAMUSCULAR INJECTION

Scenario- Master. Krish 6 months old infant has been brought to the pediatric OPD for Hepatitis B vaccination. Administer the vaccine by the Intramuscular route.

Physician Prescription

Name of the Vaccine	Dose	Route
Hepatitis B	0.5 ml	IM

Instructions:

- Score "1" if the task is performed competently
- Score "0" if the task is not performed or performed incompetently

Sl.No	Procedure	Score	Registration no				
1	Perform hand hygiene. Explain the procedure to parents. Check the medication rights. Position and safely restrain the baby.	1					
2	Locate the anterior Vastus lateralis muscle. Clean the site. Load the medication as per the physician's order	1					
3	With the non-dominant hand, hold the skin around the injection site. With the dominant hand, inject the needle quickly into the muscle	1					

	at a 90-degree angle, using a steady and smooth motion.						
4	Aspirates for blood. If no blood appears, inject the medication slowly and steadily. Remove the needle at the same angle at which it was inserted. Discard the waste & document the procedure.	1					
	TOTAL	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 8

KANGAROO MOTHER CARE (KMC)

A stable preterm baby weighing **1.8 kg** is admitted in the postnatal ward. The mother is willing to provide Kangaroo Mother Care.

S.No	**Steps**	**Score**	**Registration no**				
1.	Preparation of the mother	1					
2.	Correct positioning of the baby	1					
3.	Securing and monitoring the baby	1					
4.	Explain the benefits of kangaroo mother care	1					
	Total	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 9

NEBULIZATION THERAPY

Master. Sujith, a 3 years old boy is admitted to the paediatric ward with the diagnosis - Wheezing Associated Lower Respiratory Infection. The Paediatrician has prescribed Budecort 2.5 ml mixed with Normal Saline 0.5 ml for nebulization. Perform the procedure with appropriate steps. Budecort 2.5 ml + NS 0.5ml -Inhalation -SOS

Demonstrate

S.No	Steps	Score	Registration no				
1.	Preparation of the equipment	1					
2.	Administration of nebulization	1					
3.	Monitoring during therapy	1					
4.	Post-procedure care	1					
	Total	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 10

HISTORY COLLECTION

A 3-year-old Master **'X'** has been admitted to the pediatric medical ward with a diagnosis of Global Developmental Delay (GDD).

Collect the relevant birth history from the child's mother.

Scoring procedure: Score 1 for completely done, score 0.5 for partially done,0 for not done.

S.No	Criteria	score	Registration no				
1	Introduces self, establishes rapport, and uses appropriate communication	1					
2	Asks about **Antenatal and maternal history** (maternal illness, hypertension, diabetes, infections, medications, substance use, antenatal check-ups)	1					
3	Asks about **Intranatal history** (gestational age, mode of delivery,	1					

	place of delivery, prolonged labour, birth complications, birth cry, need for resuscitation)						
4	Asks about **Neonatal history** (birth weight, NICU admission, jaundice, seizures, feeding problems, respiratory distress, infections, duration of hospital	1					
	Total	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-MANNED STATION – 11

ANTHROPROMETRIC MEASUREMENTS

Baby X a 6 week's old infant has been brought to the well-baby clinic for vaccination.

Measure the weight of the infant using the infant weight scale

Scoring procedure: Score 1 for completely done, 0.5 for partially done, 0 for not done

Steps in infant weighing	**score**	**Registration no**				
1. Explain the procedure	0.5					
2. Clean the weighing scale & Wash hands/ use hand rub	0.5					
3.Weigh the draw sheet Press the tare option in the infant weight scale (optional)	1					
4.Remove the child's dress and napkin, Mummify the child(optional)	1					
5. Weigh the child using the correct technique , Ensures safety, document the weight	1					
TOTAL SCORE	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION - 1

DRUG DOSE & INJECTION CALCULATION

- A physician order reads Inj. Ampicillin, 125 mg, IV, Q6H. The medication label reads 500mg and reconstitute with 2 ml of distilled water. Use a 2cc syringe with 10 divisions /ml. Calculate the required syringe division.

Instructions:

•Score '2'for each correct answer and score '0' for the wrong answer

Formula:

Ordered dose/ Dose in hand X Dilution ml=Amount in ml

Drug calculation-I

Ordered dose-125 mg
Dose in hand- 500 mg/ml
Dilution in ml= 2 ml
Calculation =125/ 500 x 2 =125/250

= 0.5 ml

1 ml=10 divisions 0.5 ml = 0.5 x 10= 5 divisions

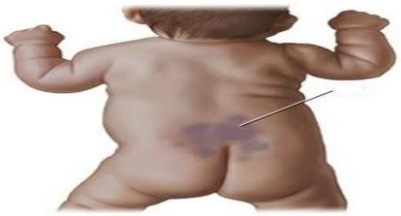
S.no	Answer	SCORE	Registration no				
1	Calculation	2					
2	Syringe division	2					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION - 2

IDENTIFICATION OF MINOR DISORDERS IN NEWBORN

- Observe the Printed images carefully, Identify the anomalies and write the correct answers in the response sheet
- Score '1'for each disorder documented correctly or '0' if documented wrongly.

SL.NO	PICTURE	ANOMALY	SCORE	Registration no				
1		MILIA	1					

2		EPSTEINS PEARLS	1					
3		MONGOLIAN SPOTS	1					
4		STORK BITE	1					
	TOTAL SCORE		4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 3

IV FLUID CALCULATION

Master. Arun,11 months old infant, weighing 12 kg has been admitted to thew Paediatric ward. The physician has prescribed Isolyte-P **500**ml to be infused over 12hours.Calculate the flowrate in drops per muinute (gtt/min) to bed administered.

Instructions:

Score "2" for each correct answer and score "0" for the wrong answer

ANSWER KEY

IV fluid calculation formula:

Drops/ Minute= Amount of fluid X Drop Factor /Time of Administration X 60

=500 ml X 60/12X60

=42 Drops/minute

Interpretation	**Score**	**Registration no.**				
Formula	2					
Drops/Min	2					
Total	**4**					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 4

IDENTIFICATION OF SIZE OF CANNULA

Instructions:

Score '1'for each size documented correctly or score '0' if documented wrongly

SL. NO	CANNULA AND COLOUR	SIZE	SCORE	Registration no				
1		Size-18	1					
2		Size-26	1					
3		Size-24	1					
4		Size-22	1					
	Total		4					

Signature of Examiner:

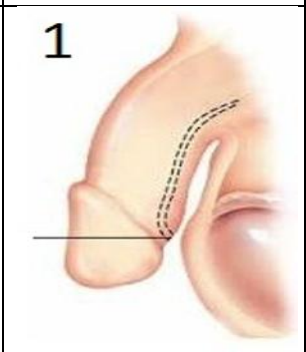
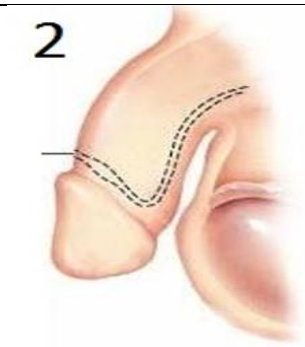
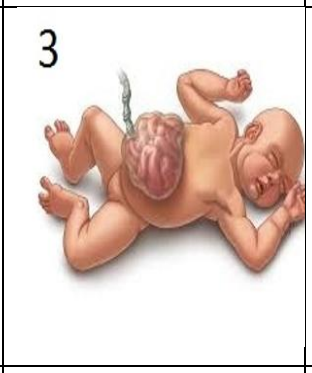
OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 5

INTERPRETATION OF DIFFERENCES

- Identify the condition
- Write the differences between each set of pictures in the given sheet

Instructions:

Score‘1’ for identification of the conditions and Score‘1’for differences

S. NO	CONDITION 1	CONDITION 2	DIFFERENCE	SCORE	Registration no				
1				2					
2				2					
			TOTAL	4					

a. **Hypospadias / Epispadias**

- The urethra opens on the underside (ventrum) of the penis.
- The urethra opens on the upper surface (dorsum) of the penis

b. Omphalocele / Gastroschisis

- Small loop of intestine protruding through the umbilicus and covered by a sac.
- Intestines protrude through an abdominal wall hole with no protective covering.

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 6

INTERPRETATION OF RESULTS

Kumar, a 5years old is admitted with a diagnosis of Nephrotic syndrome. The following Laboratory results are available

- Blood Urea- 20 mg/dl
- Blood Hemoglobin- 10 .5 g/dl
- Serum Albumin- 2.2 g/dl
- Serum Sodium- 130mEq/L

Interpret each laboratory values as Normal reference range for each laboratory

investigation.

Instructions:

Give 1 mark for each correct answer, '0.5' mark for partially correct answer and '0'mark for the wrong answer

S.no	Interpretation	Score	Registration no				
1.	Blood Urea- Slightly elevated -Normal value is 5-18 mg/dl						
2.	Blood Hemoglobin-Normal- Normal value is 9.5 to 14 gm/dl						
3.	Serum Albumin-Decreased -Normal value is 3.8 to 5.4 g/dl						
4.	Serum Sodium-Slightly Decreased-Normal value is135-145mEq/L.						
	Total						

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 7

CLINICAL DIAGNOSIS

A mother tells the nurse, "My son passes urine through an opening on the upper surface of the glans penis instead of from the tip of the penis."

Question:

a. What is the most likely diagnosis? (1 mark)
b. Explain the surgical management of this condition. (3 marks)

Answer:

a. Diagnosis: Epispadias – a congenital anomaly in which the urethral opening is located on the dorsal (upper) surface of the penis.

b. Surgical Management:

S.No	Component	Marks	Registration no				
1.	1. Urethroplasty – reconstruction of the urethra and relocation of the urethral opening to the tip of the penis. 2. Correction of dorsal penile curvature (chordee) to achieve a straight penis.	1					
2	3. Penile reconstruction using the Modified Cantwell–Ransley or Mitchell complete penile disassembly technique. 4. Bladder neck reconstruction if urinary incontinence is present	1					
3.	5. Postoperative follow-up to monitor urinary continence, cosmetic appearance, and normal penile function.	1					
	Total						

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 8

CLINICAL DIAGNOSIS

A 12-year-old girl is brought to the hospital with complaints of fever and joint pain. After clinical evaluation and investigations, she is diagnosed with Acute Rheumatic Fever.

Question:
Based on the Jones criteria, describe the signs and symptoms the child may experience.

Answer:

S.no	Component	Marks	Registration no				
1.	**Major Criteria** 1. Carditis: Chest pain, shortness of breath, palpitations, tachycardia, heart murmur.	3 (Any 3 points)					

	2.Migratory Polyarthritis: Painful, swollen, red, warm large joints with pain migrating from one joint to another. 3.Sydenham Chorea: Involuntary jerky movements, poor coordination, muscle weakness, emotional instability. 4.Erythema Marginatum: Pink, ring-shaped, non-itchy rash over the trunk and limbs. 5 Subcutaneous Nodules: Small, painless, firm nodules over bony prominences and tendons.						
2	**Minor Criteria:** 1 Fever 2 Arthralgia (joint pain) 3 Elevated ESR and C-reactive protein (CRP) 4 Prolonged PR interval on ECG	1(Any 2 points)					
	Total	4					

Signature of Examiner:

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 9

PLAY THERAPY

A 2½-year-old male child is admitted to the pediatric ward. His mother is engaging him in play therapy using appropriate play materials.

Questions:

a. Identify the type of play. (1 mark)
b. List out the suitable play materials for a 2½-year-old toddler. (1 Mark)
c. Explain the importance of play for children. (2 Marks)

Answer:

S.no	**Component**	**Marks**	**Registration no**				

a	Type of Play: Parallel play – the toddler plays alongside other children with similar toys but without active interaction. Solitary play – the child may also play alone with his own toys. Onlooker play- the child observes others play without joining in	1					
b	Suitable Play Materials: Building blocks Shape sorters Stacking rings Large crayons and drawing paper Picture books Toy cars and trucks Dolls or stuffed toys Push-and-pull toys	1 (any four play materials)					
c	Importance of Play - Promotes physical development by improving gross and fine motor skills. Enhances cognitive development by developing thinking, memory, and problem-solving abilities. Supports emotional and social development by reducing anxiety, encouraging self-expression, and improving communication and cooperation. Provides therapeutic benefits during hospitalization by reducing stress and helping children cope with illness and procedures.	2 (any four points)					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 10

IMMUNIZATION

A 6 months old infant 'Y' is brought to pediatric OPD for a follow up. List the vaccines that you expect infant 'Y' should have completed by now as per the National immunization schedule.

Scoring procedure: Score 1 for compete response, score 0.5 for partial response, and 0 for wrong response

Age	**Vaccines to be completed**	**Score**	**Registration no**				
At Birth	BCG,OPV-0(Oral polio vaccine) Hepatitis B	1					
6 Weeks	OPV-1 Pentavalent-1 (Diphtheria, Pertussis, Tetanus, Hepatitis B, and Hib)	1					

	f IPV-1 (Fractional Inactivated Polio Vaccine) RVV-1 (Rotavirus Vaccine) PCV-1(Pneumococcal Conjugate Vaccine)						
10 Weeks	OPV-2, Pentavalent-2 RVV-2	1					
14 Weeks	OPV-3, Pentavalent-3 RVV-3, f IPV-2, PCV-2:	1					
	Total score	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 11

A nurse working in the labour room is asked to assess the gestational age of a newborn using the New Ballard Score (NBS).

Questions:

a. Name the two components of the New Ballard Score. (1 Mark)

b. Explain how you would assess the gestational age of the newborn using the New Ballard Score. (3 Marks)

Answer:

S.no	**Component**	**Marks**	**Registration no**				
1.	a. Components of the New Ballard Score ▪ Neuromuscular maturity ▪ Physical maturity	1					
2	b. Assessment of Gestational Age Using the New Ballard Score Neuromuscular Maturity ▪ Posture – Observe the resting posture of the newborn. ▪ Square window – Assess wrist flexibility. ▪ Arm recoil – Observe the recoil after extension of the arms. ▪ Popliteal angle – Measure knee extension. ▪ Scarf sign – Pull the arm across the chest and observe elbow movement. ▪ Heel-to-ear – Assess flexibility by moving the foot toward the ear.	1.5					

	Physical Maturity • Skin – Assess texture, transparency, and peeling. • Lanugo – Observe the amount of fine body hair. • Plantar creases – Examine the sole for creases. • Breast tissue – Assess areola and breast bud size. • Eyes and ears – Assess eyelid opening, ear cartilage, and recoil. • Genitalia – Assess scrotum and testes in males or labia and clitoris in females.	1					
	Scoring-Assign scores for all 12 criteria and calculate the total score to estimate the gestational age using the New Ballard chart.	0.5					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 12

DEGREE OF MALNUTRITION

Master Arun, a 5-year-old boy**,** is brought to the hospital for Tetanus Toxoid (TT) vaccination. During assessment, the nurse finds that his weight is 10 kg**.**

Questions

a. (i). Calculate the child's expected weight. (1 Mark)
(ii). Determine the degree of malnutrition. (1 Mark)

b. Explain the health education you would provide to the mother. (2 Marks)

Answer

a.(i). Calculation of Expected Weight. (1 Mark)

Expected Weight Formula for 1– 6 years:
Expected Weight (kg) = (Age × 2) + 8
For a 5-year-old child:
(5×2)+8=18 kg
Expected Weight = 18 kg

a.(ii). Degree of malnutrition (1 Mark)

Percentage of expected weight= Actual weight /Expected weight for age × 100
10/18 ×100 =55.6%
According to the Indian Academy of Pediatrics (IAP) Classification:
55.6% of expected weight = Grade III (Severe) Protein-Energy Malnutrition.

b. Health Education for the Mother (2 Marks)- any 2 points

- Provide a balanced, high-protein and energy-rich diet with milk, eggs, pulses, cereals, fruits, and green leafy vegetables.
- Give 5–6 small, frequent meals and avoid junk foods and sugary drinks.
- Monitor weight regularly, maintain a growth chart, and attend follow-up visits.
- Ensure complete immunization, regular deworming, good hand hygiene, safe drinking water, and seek early treatment for infections.

S.no	Answer	score	Registration no					
a	**(i). Calculation of Expected Weight**	1						
	(ii). Degree of malnutrition	1						
b	**Health Education for the Mother**	2						
	Total	4						

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 13

GASTROSTOMY FEEDING

An 8-year-old female child with a gastrostomy tube requires enteral feeding. You are the nurse assigned to administer the feeding.

Questions

a. Describe the nursing responsibilities before gastrostomy feeding. (1½ Marks*)*

b. Describe the nursing responsibilities during and after gastrostomy feeding. (2½ Marks)

Answer

S.no	Component	Marks	Registration no				
1.	**a. Nursing Responsibilities before Gastrostomy Feeding (1½ Marks)** • Verify the physician's order (type, volume, rate, and frequency of feed). • Explain the procedure to the child and parents and perform hand hygiene. • Assess the child's condition, inspect the gastrostomy site, and check tube patency. • Position the child in Semi-Fowler's/Fowler's (30–45°) position. • Flush the tube with the prescribed amount of water and ensure the formula is at room temperature.	1.5					

2	**b. Nursing Responsibilities during and after Gastrostomy Feeding (2½ Marks)** **During Feeding (1 mark)** • Administer the feed slowly using gravity, syringe, or feeding pump as prescribed. • Maintain the child in an upright position. • Observe for feeding intolerance (vomiting, abdominal distension, coughing, choking, respiratory distress). • Check for leakage around the gastrostomy site and maintain aseptic technique. **After Feeding (1 ½ marks)** • Flush the tube with water and clamp it securely. • Keep the child in Semi-Fowler's/Fowler's position for 30–60 minutes**.** • Observe for complications such as vomiting, diarrhea, aspiration, or infection. • Document the feeding, child's tolerance, gastrostomy site condition, and educate parents on home care.	1 1.5					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 14

INITIAL ASSESSMENT OF NEWBORN

A mother has delivered a male baby by normal vaginal delivery. As the nurse in the labour room, you are responsible for performing the initial newborn assessment to identify any congenital anomalies**.**

Questions

a. Mention the congenital anomalies that should be assessed during the initial examination of the newborn from head to toe. (4 marks)

Answer

S.no	**Component**	**Marks**	**Registration no**				
1.	**Head and Face** • Cleft lip and cleft palate • Microcephaly or hydrocephalus • Low-set ears or malformed ears	1 (any two points)					

	• Congenital cataract						
2	**Chest, Abdomen and back** • Spina bifida or Meningomyelocele • Omphalocele • Gastroschisis • Umbilical hernia • Diaphragmatic hernia	1(any two points)					
3	**Genitourinary System** • Hypospadias • Epispadias • Undescended testes (Cryptorchidism) • Ambiguous genitalia	1(any two points)					
4	**Limbs and Anus** • Clubfoot (Talipes equinovarus) • Polydactyly or syndactyly • Developmental dysplasia of the hip (DDH) • Imperforate anus	1(any two points)					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 15

PHOTOTHERAPY

A 2-day-old newborn develops yellow discoloration of the face and eyes. The pediatrician diagnosis physiological jaundice and advises phototherapy**.**

Questions

a. State the nursing responsibilities before initiating phototherapy. (1 Mark)

b. Explain the nursing responsibilities during and after phototherapy. (3 Marks)

Answer

S.no	**Component**	**Marks**	**Registration no**				

1.	**a. Nursing Responsibilities Before Phototherapy** • Verify the physician's order and explain the procedure to the parents. • Perform hand hygiene and check that the phototherapy unit is functioning properly. • Record baseline vital signs, weight, and serum bilirubin level (if prescribed). • Remove the infant's clothing except the diaper and apply protective eye patches.	1					
2	**b. During Phototherapy** • Position the baby under the phototherapy unit at the recommended distance and reposition every 2–3 hours. • Ensure the eyes remain covered and remove eye pads during feeding to assess the eyes. • Monitor temperature, hydration status, urine output, stool frequency, and serum bilirubin levels. • Encourage frequent breastfeeding or enteral feeds to prevent dehydration and promote bilirubin excretion. • Observe for complications such as hyperthermia, hypothermia, dehydration, loose green stools, skin rash, or bronze baby syndrome**.**	2					
3	**After Phototherapy** • Discontinue phototherapy as prescribed and remove the eye patches. • Reassess the baby's skin colour and serum bilirubin level. • Continue feeding, monitor for rebound jaundice, and educate parents about follow-up and warning signs.	1					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 16

BREASTFEEDING

A primipara mother has delivered a healthy full-term baby by normal vaginal delivery. On the second postnatal day, while breastfeeding her baby, she asks the nurse: "Sister, why should I feed my baby from one breast for about 15 minutes before changing to the other breast?"

Question: Explain the benefits of the baby and the mother for feeding the baby from one breast for about 15 minutes before offering to the other breast.

Answer

Criteria	Expected Response	Marks	Registration no				
1. Explains benefits to the baby	The baby first receives foremilk, which is rich in water and lactose to satisfy thirst, followed by hindmilk, which is rich in fat and calories and helps the baby gain weight. Feeding from one breast long enough ensures the baby receives both Complete emptying of one breast provides adequate nutrition, promotes healthy growth and weight gain, keeps the baby satisfied for longer, and reduces frequent hunger	3					
2. Explains benefits to the mother	Emptying one breast completely helps maintain milk production, prevents breast engorgement and blocked ducts, and reduces the risk of mastitis.	1					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 17

DATA INTERPRETATION – DEGREE OF MALNUTRITION

Master. Ashwin 6 years old, weight 10kg, was admitted in pediatric ward with complaints of fever. Calculate the expected weight and degree of malnutrition.

- Calculate the expected weight and identify the degree of malnutrition

Expected weight formula: Expected Weight = Age in years X 2 + 8

Expected weight calculation: = 6 X 2 + 8 = 20

DOM formula: Degree of Malnutrition = Actual weight / Expected weight X 100 (Acc. to Indian Academy of Paediatrics)

DOM calculation: = 10 / 20 X 100 = 50%

DOM interpretation: IVth degree malnutrition

S.No	Interpretation	Score	Registration no

1	Expected weight formula	0.5					
2	Expected weight calculation	1					
3	DOM formula	0.5					
4	DOM calculation	1					
5	DOM interpretation	1					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 18

COLOSTOMY CARE

Baby of Vanaja, **3-year-old child** underwent a **colostomy** for Hirschsprung disease 5 days ago. The stoma pouch needs to be changed.

Perform the procedure while maintaining communication with the child's parent and ensuring comfort and safety. You are required to:

- Assess the stoma.
- Perform colostomy care.
- Apply a new pouch.
- Documentation.

Instructions:

Score “1” if the task is performed competently

Score “0” if the task is not performed or performed incompetently

S.No	Task	Score	Registration no				
1	Explains the procedure to the parent. Perform hand hygiene. Place the child in a supine position	1					
2	Wears PPE (gloves/apron). Remove the soiled dressing. Observe the stoma for color, swelling and oozing. Wear sterile gloves	1					
3	Clean from the peri-stomal region to the stoma gently using wet gauze soaked in sterile water. Dries skin completely.	1					
4	Measures the stoma correctly. Cuts the wafer to appropriate size. Apply skin barrier. Applies new pouch without wrinkles or leakage. Document the procedure.	1					
	Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 19
AGE OF IMMUNIZATION

You are a nurse working in the immunization OPD. Educate about when to give the following immunizations for a Baby.

S.No.	Name of the Immunization	When to give
1	BCG	
2	IPV	
3	Pentavalent	
4	Measles	

Instructions:

- score '1' for each correct answer and '0' for the wrong answer

S.No	Name of the Immunization	When to give	Max Score	Registration no				
1	BCG	At birth	1					
2	IPV	14 weeks	1					
3	Pentavalent	At 6, 10, 14 weeks	1					
4	Measles	9 months	1					
	Total		**4**					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 20
IDENTIFY CONGENITAL DISORDER

INSTRUCTIONS- score '1' for correct answer and '0' for the wrong answer

SL.NO	DISORDER	NAME	SCORE	Registration no				
1		A. Hydrocephalus	1					

2		B. Cleft Palate	1					
3		C. Spina bifida	1					
4		D. Congenital Talipes Equinovarus	1					
	SCORE		4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 21

IMNCI COLOUR CODING

What is IMNCI? -1 mark

Describe the various colour codes used in IMNCI and their meaning-3 marks

Instructions-

- Score '1' for each correct answer and '0' for the wrong answer

Interpretation	**Marks**	**Registration no**				
IMNCI- Integrated Management of Neonatal and Childhood Illness	1					
Pink- Urgent Referral	1					
Yellow – Treatment at Outpatient Health Facility	1					
Green - Home management	1					
Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 22

ORAL DRUG CALCULATION

Scenario:

Master. Vetri, a 6-month-old, weighing 5 kg admitted in pediatric ward with complaints of fever for 3 days.

Identify the dosage in mg of paracetamol in 3 ml syrup.

NAME OF THE DRUG	DOSE	ROUTE	FREQUENCY
SYP P125	3ML	ORAL	Q4TH HOURLY

- score 1 for each correct answer and '0' for the wrong answer

ANSWER KEY:

1. FORMULA: Ordered dose/dose in hand x dilution ML = Amount in mg
2. DRUG CALCULATION: X / 125 x 5 = 3

   X = 3 x 125 / 5 = 375 / 5

   = 75 mg , 3 ML OF P 125 CONTAINS 75 MG

Interpretation	Marks	Registration no				
Formula	2					
Calculation	2					
Total	**4**					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 23

DEGREE OF MALNUTRITION

A 4 year old Master 'X' is brought to child health OPD for a follow up. The child's actual weight is 10kg.

1. Using the formula calculate the expected weight & the percentage (%) of expected weight
2. Interpret the result (%) as grade/ degree of malnutrition according to the Indian academy of pediatrics (IAP) classification

Scoring procedure: Score 1 for completely done, score 0.5 for partially done

Criteria	Marks	Registration no				
Correct formula for expected weight	1					
Correct calculation of expected weight (16 kg)	1					
Correct calculation of percentage of expected weight (62.5%)	1					
Correct interpretation as **Grade II (Second degree/Moderate) Malnutrition**	1					
Total	4					

Formula for Expected Weight (1–6 years): Expected weight (kg) = **(Age × 2) + 8**

Expected weight = (4 × 2) + 8 = **16 kg**

Percentage of expected weight

Formula = Actual weight x 100/ Expected weight

= (10 ÷ 16) × 100 = **62.5%**

Interpretation (Indian Academy of Paediatrics Classification):

- >80% – Normal
- 71–80% – Grade I (Mild)
- 61–70% – Grade II (Moderate)
- 51–60% – Grade III (Severe)
- <50% – Grade IV (Very severe)

Answer: 62.5% = Grade II Protein-Energy Malnutrition (Second degree/ Moderate Malnutrition).

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 24

IDENTIFY THE PICTURE- BREASTFEEDING POSITIONS

A 1-month-old infant is admitted to the pediatric ward with mild pneumonia. The mother is advised to continue breastfeeding during hospitalization. The staff nurse demonstrates different breastfeeding positions to ensure the infant feeds comfortably. Identify and write the name of the breastfeeding position shown in each picture. **Scoring procedure:** Score 1 for correct response, score 0 for wrong response

s.no	**POSITION**	**NAME**	**Score**	**Registration no**			
1		Cradle	1				
2		Cross cradle	1				
3		Football	1				
4		Side lying	1				
		TOTAL SCORE	4				

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 25

MANAGEMENT OF PEDIATRIC EMERGENCY

A 3 year old child is brought to the Paediatric emergency department with difficulty in breathing for the past 2 hours.On assessment child is conscious and irritable. Audible wheeze with chest retraction present, RR - 48/minute, HR 148/ minute, Spo2- 86% on room air, Temp - 99degree Fahrenheit. Physician has not yet arrived.

List 4 priority nursing action you will take immediately

Scoring procedure: Score 1 for correct response, score 0 for wrong response

SL.NO	**Priority nursing actions**	**Score**	**Registration no**				
1	Assess the airway and breathing (ABCDE approach)	1					
2	Administer oxygen immediately	1					
3	Monitor vital signs continuously	1					
4	Notify the paediatrician and prepares emergency medications/equipment (e.g., nebulizer, IV access)	1					
	Total score	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 26

Master ‘S’ admitted in the medical ward is prescribed Inj.Cefotaxime 250mg IV Q6h. Available dose is Inj. Cefotaxime 1gm in 5ml.

.Calculate the dose to be administered using 5cc Syringe with 5 divisions /ml

Scoring procedure: Score 1 for compete response, score 0.5 for partial response, 0 for wrong response

Steps in calculation	Score	Registration no				
1.Convert gram to milligrams= 1 x1000=1000 milligrams	1					
2.Formula What we want X Volume X divisions in the syringe /ml _____ What we have	1					
3.Calculation: (250 ÷ 1000) X 5 X 5	1					
4.Answer = 6.25 divisions in 5 cc syringe	1					
Total	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 27

NEWBORN ASSESSMENT

Identify the new-born reflexes shown in the picture and name them.

Scoring procedure: Score 1 for completely done, 0 for not done

SL.NO	REFLEX	NAME	SCORE	Registration no				
1		Tonic neck reflex	1					
2		Rooting reflex	1					

3		Blinking reflex	1					
4		Dancing/ Stepping reflex	1					
		TOTAL SCORE	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 28

GROWTH AND DEVELOPMENT ASSESSMENT

Match the Developmental domain with the respective Theorist

1. Intellectual - A. James Fowler
2. Psychosocial - B. Sigmund Freud
3. Psychosexual - C. Jean Piaget
4. Spiritual - D. Erik Erikson

Scoring procedure: Score 1 for completely done, 0 for not done

Sl.No	**Developmental Domain And The Theorist**	**Score**	**Registration No**				
1	1. Intellectual -C - Jean Piaget	1					
2	2. Psychosocial - D -Erik Erikson	1					
3	3. Psychosexual- B - Sigmund Fraud	1					
4	4. Spiritual - A - James Fowler	1					
	TOTAL SCORE	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 29

FLUID CALCULATION IN BURNS

A 5 -year -old Master X brought to the emergency department with fresh scald burns, Total Body Surface Area (TBSA) involved is 25%, child's body weight measures 20 kg. Calculate the fluid requirement using Parkland formula

Scoring procedure: Score 1 for correct response, 0 for wrong response

Steps	Marks	Registration no				
1.**Parkland formula** 4ml X TBSA X Body weight(kg)	2					
2. **Calculation** 4ml X 25 X 20	1					
3.**Answer**=2000ml	1					
TOTAL	**4**					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 30

ORAL DRUG CALCULATION

Master. Shivu 6 month old infant, weighing 5 kg is admitted in paediatric ward with the complaints of fever for3 days, on examination child was febrile. vital signs-temperature was 100 degree F, Pulse-90 beats /min, Respiration – 46 breaths per minute.

- Identify how many mg of Paracetamol is in 3ml syrup.

Scoring procedure: Score 1 for correct response, 0 for wrong response

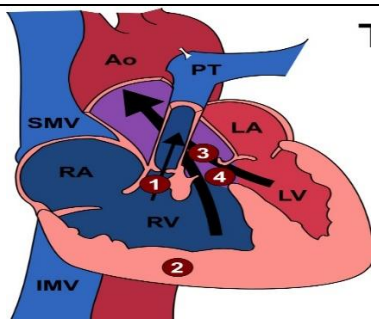
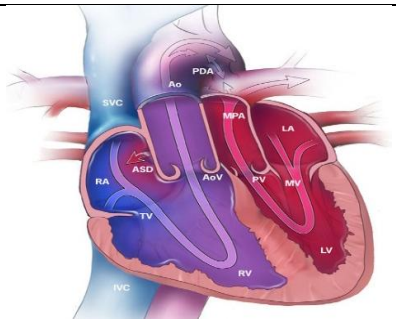
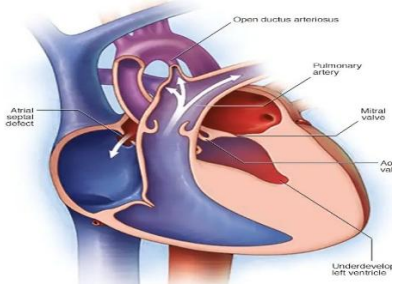
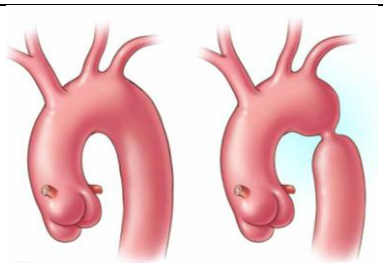
Steps	Marks	Registration no				
Formula: Ordered dose / Dose in hand X Dilution ml = Amount in mg	1					
Syp. Paracetamol 125mg - 3ml - Oral - Q4th hourly x / 125 X 5 = 3 x = 3 X 125 / 5 = 375 / 5 = 75 mg	2					
3 ml of Paracetamol 125 contains 75 mg	1					
TOTAL	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 31

INTERPRETATION OF CARDIAC ANOMALIES

Observe the printed flashcards carefully. Identify the congenital cardiac anomalies.

Scoring procedure: Score 1 for correct response, 0 for wrong response

Sl.no	Cardiac anomaly	Name	Score	Registration no				
1		Tetralogy of Fallot	1					
2		Transposition of Great Vessels	1					
3		Hypoplastic Left Ventricle	1					
4		Coarctation of aorta	1					
		Total score	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 32

HEALTH EDUCATION

Mrs. Lakshmi, 28 years old, mother of a 6-month-old infant seeks advice regarding complementary feeding.

Counsel the Mother Regarding complementary feeding.

Scoring procedure: Score 1 for correct response, 0 for wrong response

Sl.no	Points to be given	Score	Registration no				
1	Give one taste at a time , stick to it for 4-5 days and then introduce new dish.	1					
2	Make sure the texture is smooth and there are no lumps.	1					
3	When starting the solid foods give it to child once a day and then increase the frequency.	1					
4	All food should be stored, handled and prepared hygienically, to prevent infection.	1					
	Total score	4					

OSCE – CHILD HEALTH NURSING-UNMANNED STATION – 33

HEALTH EDUCATION

A mother of a 2-year-old child with diarrhoea, seeks advice on the preparation and administration of Oral Rehydration Solution.

Counsel the Mother regarding safe ORS preparation and use.

Scoring procedure: Score 1 for correct response, 0 for wrong response

Sl.no	Points to be given	Score	Registration no				
1	Preparation of ORS- 1 packet of ORS to be dissolved in 1 l of boiled and cooled water	1					
2	Administration of ORS- should be given on demand. Dose-??	1					

3	Storage and discarding- should be stored in a clean container and covered with a lid Should be discarded after 24 hours	1					
4	Warning signs requiring hospital visit- Decreased urine, sunken eyeballs, lethargy, fontanelles depressed	1					
	Total score	4					

COMMUNITY HEALTH NURSING

STATION I: THERAPEUTIC PROCEDURE –DOG BITE MANAGEMENT

INSTRUCTIONS TO EXAMINER

Objectives : This station is designed to test the examinee's ability to

1. provide appropriate first aid management for dog bite
2. know the basic principles of first aid management

Instruction : Observe if the examinee is following the steps of therapeutic procedure for dog bite (first aid management) in the correct sequence.

Score: Score the task based on the following.

- **Score "1"** for fully competent
- **Score "0"** for Incompetent or not performed
- Calculate the total score

STATION I: THERAPEUTIC PROCEDURE –DOG BITE MANAGEMENT

INSTRUCTIONS TO SIMULATED BENEFICIARY

Your role: Beneficiary Named Ms.Rathi

You are playing the role of 18 years old girl residing at Pandeshwaram Village who is having the complaint of dog bite near by the home . she had a bite mark at the right leg calf muscle with severe pain

STATION I: THERAPEUTIC PROCEDURE –DOG BITE MANAGEMENT

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Simulated Beneficiary	For Examiner	For Examinee
• Mat • Writing Pad with case scenario • Instructions for simulated beneficiary(to be informed prior to the	• Writing pad with instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table • Referral slip • Drop box for

OSCE)	• Pencil • Eraser • Sharpener	documented response sheet

STATION I: THERAPEUTIC PROCEDURE –DOG BITE MANAGEMENT

INSTRUCTIONS TO EXAMINEE

Ms. Rathi aged 18 years was bitten by the street dog in the right leg calf muscle. She is having severe pain in the site. Peroform appropriate first aid management for the above complaint and document it

Leave the response sheet in the drop box after documentation

STATION I :THERAPEUTIC PROCEDURE –DOG BITE MANAGEMENT

ANSWER KEYS

S No.	First Aid Management	Max. Marks
1	Examines the site for depth of bite Bleeding and nature of pain	**1**
2.	Washes the wound with soap and water	**1**
3.	Instructs the beneficiary not to cover thewound and observe the dog for ten days	**1**
4.	Refer the beneficiary to the nearby health centre for anti rabies treatment with appropriate referral slip and document the procedure accurately	**1**
Total marks		**4**

STATION 2: DIAGNOSTIC PROCEDURE-MEASUREMENT OF BLOOD PRESSURE
INSTRUCTIONS TO EXAMINER

Objectives : This station is designed to test the examinee's ability to

1. Check blood pressure appropriately using BP apparatus

Instructions:
Observe if the examinee is following the steps of diagnostic procedure for measurement of blood pressure in the correct sequence

Score:

Score the task based on the following.

- **Score "1/2"** for fully competent
- **Score "0"**for incompetent
- Calculate the total score

STATION 2: DIAGNOSTIC PROCEDURE-MEASUREMENT OF BLOOD PRESSURE

INSTRUCTIONS TO SIMULATED BENEFICIARY

You are playing the role of Mr.Sagayam, a 52 years old man residing in Ellanpuram Village. He has been recently diagnosed as hypertensive. You are working as a salesman for a private agency.

Past History:

You smoke 5 cigarettes per day and drink regularly. You have not been admitted for any medical and surgical problems so far.

Family history;

You have the family history of hypertension and diabetes mellitus. You have lack of awareness regarding hypertension and diabetes mellitus.

Present Complaints:

Currently you have symptoms like giddiness, fatigue, headache, reduced activity, palpitating and dyspnea.

STATION 2: DIAGNOSTIC PROCEDURE-MEASUREMENT OF BLOOD PRESSURE

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Simulated Beneficiary	For Examiner	For Examinee
• Mat • Writing Pad with case scenario • Instructions for simulated beneficiary(to be informed prior to the OSCE)	• Writing pad with Instructions to the examiner • Scoring Sheet • Tray for evaluated response sheet • Chair • Table • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Mat • Clean tray with hand rub • Sphygmomanometer • Stethoscope • Tray with response sheet

INSTRUCTIONS TO EXAMINEE

Mr.Sagayam who is 52 years old man residing in Ellanpuram village… His height is 155 cms and weight is 74kgs. He has been recently diagnosed as hypertensive.

Perform Measurement of Blood Pressure

ANSWER KEYS

Steps	Task	Max. Marks
1.	Explains the procedure to the beneficiary	**1/2**
2.	Position the patient comfortably in a sitting position	**1/2**
3.	Supports beneficiary fore arm at heart level and instructs the beneficiary to keep the palm opened and relaxed	**1/2**
4.	Palpate brachial artery and tie the cuff 2.5 cm or 1 inch above the antecubital fossa and be sure manometer is positioned vertically at eye level	**1/2**
5.	With the three fingers palpate the radial artery ,Tighten the valve with other hand and inflate the cuff above the point at which pulse disappears	**1/2**
6.	Slowly deflate the cuff and note the point when pulse reappears after noting the reading deflate the cuff completely	**1/2**
7.	Palpate the stethoscope over the brachial artery and inflate the cuff then note the first and last sound is heared at last deflate the cuff completely	**1/2**
8.	Records and inform the findings	**1/2**
Total		**4**

STATION 3: DECISION MAKING : EMERGENCY MANAGEMENT OF CHOKING

INSTRUCTIONS TO THE EXAMINEE

Scenario: 3 years child with choking. Write down the emergency management of choking ((Heimlich Maneuver) with correct sequence

S.NO	Heimlich Maneuver	STEPS
1		
2		
3		
4		

STATION 3: DECISION MAKING : EMERGENCY MANAGEMENT OF CHOKING-ANSWER KEY

S.NO	Heimlich Maneuver	STEPS	MARKS
1	Assessment	Check for effective coughing, crying, or speaking. If the child can cough loudly, encourage coughing; do not interfere.	1
2	Activation	Shout for help immediately if alone. If someone is with you, direct them to call while you begin interventions.	1
3	**Execution Perform abdominal thrusts** (Heimlich	Stand or kneel behind the child. Wrap arms around their waist. Place a fist just above the navel, grab it with the other	1

	Maneuver).	hand, and deliver quick, upward thrusts.	
4	Cycle	Perform cycles of 5 abdominal thrusts. Avoid applying pressure directly to the ribs or xiphoid process to prevent internal injury. **Repeat thrusts** until the object is expelled	1
TOTAL			4

STATION 4 - THERAPEUTIC PROCEDURE – FRACTURE MANAGEMENT

Instructions to the Examinee:

Selvi. Nandhini, 16 years old school girl had left elbow joint fracture and having severe pain. Examine the fractured site and immobilize the fractured site with the available resources.

Instructions to simulated Beneficiary:

Your role: Beneficiary named Selvi. Nandhini

You are playing the role of 16 years old girl had fell down from the bicycle when you are rushing to the school in hurry. The left elbow bone started to swell without any bleeding. You are unable to move your left upper limb. You have severe pain.

Instructions to the examiner:

Observe if the examinee is following the steps of therapeutic procedure for fracture (first aid management) in the correct sequence.

STATION 4: THERAPEUTIC PROCEDURE – FRACTURE MANAGEMENT

Scoring: Score '1/2' for correct interpretation and '0' for wrong interpretation.

Total score – 4.

Steps	**Task**	**Score**
1	Reassures the beneficiary	1/2
2	Explain the procedure to the beneficiary	1/2
3	Examine the elbow for swelling and laceration	1/2
4	Explores the nature of pain	1/2
5	Supports the affected part with splint	1/2
6	Improvises the given material as a bandage	1/2
7	Immobilizes the fractured joint	1/2
8	Record the procedure	1/2
Total		**4**

Signature of the OSCE Evaluator

STATION – 5: THERAPEUTIC PROCEDURE - ANTHROPOMETRIC MEASUREMENT OF THE INFANT

Instructions to the examinee:

Do the anthropometric measurement of infant and document the findings.

Height -

Weight -

Head circumference -

Chest circumference -

STATION – 5: THERAPEUTIC PROCEDURE - ANTHROPOMETRIC MEASUREMENT OF THE INFANT

Instructions to the examiner: Observe if the participant is performing the following steps of checking anthropometric measurement of the infant

Scoring: "1/2" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the score.

S.No	**Steps**	**Score**
1	Correcting "0" error in the infantometer and Placing the towel or newspaper over the infantometer	1/2
2	Undress the baby and Placing the baby in the infantometer without manual support	1/2
3	Measuring the correct weight of the baby	1/2
4	Stretching the knees of the baby and check the height properly	1/2
5	Measuring the head circumference properly	1/2
6	Measuring the chest circumference properly	1/2
7	Documenting the findings	1/2
8	Replace the articles	1/2
	Total	**4**

Signature of the OSCE Co-ordinator

STATION 1: COMMUNICATION HEALTH EDUCATION USING FLIP CHART INSTRUCTIONS TO THE EXAMINER

Objectives : This station is designed to test the examinee's ability to

1. assesses the Knowledge Attitude Practice of the alcoholic beneficiaries
2. educate the alcoholic beneficiaries regarding Care and Diet

Instructions: Observe if the participants is performing the following steps of health education in their correct sequence and interpret the values correctly.

Score:

Score the task based on the following.

- **Score "1/2"** for fully competent
- **Score "0"**for incompetent
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Scoring Sheet • Tray for evaluated response sheet • Chair • Table • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Clean tray with hand rub • Flip chart • Pointer • Tray with response sheet

STATION 1 : COMMUNICATION HEALTH EDUCATION USING FLIP CHART

INSTRUCTION TO THE EXAMINEE

You are the Primary Health Care Nurse at a health centre. You are expected to provide health education on Dietary management of Anemia to a group of Adolescents during the Adolescents wellness clinic.

ANSWER KEYS

Observe if the examinees are performing the following steps of health education using flannel graph. If the examinees are performing the task completely mark them with full score, if the step is not performed mark as '0'.

S.No	Steps	Score
1	Welcomes the gathering with appropriate greetings & introduces self and informs the audience the purpose of the gathering	1/2
2	Introduces the topic by using an ice breaker or by providing provocative talk and maintains eye contact with the seated audience	1/2

3	Positions the flip chart against the chest of the educator with the flip charts resting on the palm of the hand	**1/2**
4	Deliberates on each flip chart using the pointer to highlight/emphasize the necessary information	**1/2**
5	Flips each card on completion of providing the relevant information on that particular card.	**1/2**
6	Reinforces and concludes the topic highlighting the important points.	**1/2**
7	Encourages the audience to clarify doubts if any.	**1/2**
8	Thanks the audience for their active participation.	**1/2**
Total Score		**4**

STATION 2 : VIRTUAL SIGN IDENTIFICATION FAMILY PLANNING METHODS
INSTRUCTIONS TO THE EXAMINER

Objectives: This station is designed to test the examinee's ability to

1. Identify the family planning methods
2. Find out the currently available methods
3. Update the knowledge relevant to family planning

Score:

Score the task based on the following.

- **Score "1"**for each correct interpretation
- **Score "0"** for wrong interpretation or not answered
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table

STATION 2: VIRTUAL SIGN IDENTIFICATION FAMILY PLANNING METHODS

INSTRUCTIONS TO EXAMINEE

Identify and infer the family planning methods,

S No.	Name of the contraceptive device	Classification	Methods	Currently available devices (Any Two)
1				
2				
3				
4				

ANSWER KEYS

S.No	Name of the contraceptive device	Classification	Methods	Currently available devices (Any Two)	Max marks
1	Oral pills	Spacing	Hormonal	Combined pill Progesterone only pill Post coital pill Once a month pill Male pill	**1**
2	Copper T- 380 (Second generation)	Spacing	IUD	Cu-T- 220C Nova T ML-Cu-250 ML-Cu-375	**1**
3	Condom	Spacing	Barrier	NIRODH	**1**
5	Diaphragm	Spacing	Barrier	Dutch cap	**1**
Total marks					**4**

STATION 3 : DECISION MAKING - CONDUCTING MCH CLINIC

INSTRUCTIONS TO THE EXAMINER

Objectives : This station is designed to test the examinee's ability to

1. know the steps of conducting MCH Clinic
2. update and empower the knowledge related to MCH Clinic

Instructions: Observe if the examinee is interpret the appropriate steps of conducting MCH clinic in the correct sequence.

Score: Score the task based on the following.

- **Score "1/2"** for correct interpretation
- **Score "0"**for wrong interpretation

ARTIFACT/ PRE-REQUISITES/EQUIPMENTS

For Examiner	For Examinee
• Writing pad with instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions toexaminee • Tray with response sheet • Chair • Table • Drop box for documented responsesheet

STATION 3: DECISION MAKING - CONDUCTING MCH CLINIC

INSTRUCTION TO THE EXAMINEE

Prepare the appropriate steps of conducting MCH clinic in the correct sequence.

ANSWER KEYS

S.No	Task	Max. marks
1	Collection of baseline data	**1/2**
2	Registration of AN mother and provide PICME Number	**1/2**
3	Obtain past and present obstetrical history	**1/2**
4	Anthropometric Measurement and Vital signs	**1/2**
5	Administration of TT injection.	**1/2**
6	Records the laboratory measurements	**1/2**
7	Education on Antenatal care and provision of Folic Acid and Calcium Supplements	**1/2**
8	Plan and inform the revisit date	**1/2**
Total		**4**

STATION 4- COMMITTEES FOR CONDUCTING SCHOOL HEATLH PROGRAMME

INSTRUCTION TO THE EXAMINER

Objective: This station is designed to test the examinee's ability to

1. know the committees for conducting school health programme
2. update and acquire the knowledge regarding committees needed for conduct schoolhealth programme

Instructions: Evaluate the interpretation made by the examinee
Score: Score the task based on the following.

- **Score "1/2"** for each correct interpretation
- **Score "0"** for wrong interpretation or not answered
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table • Drop Box for documented Response Sheet

INSTRUCTION TO THE EXAMINEE

Write the 8 committees has to be needed for conducting school health programme.

ANSWER KEYS

S.No	Committees for school health programme	Score
1.	Organizing Committee	**1/2**
2.	Reception Committee	**1/2**
3.	IEC Committee	**1/2**
4.	Physical Arrangement Committee	**1/2**
5.	Food and Sanitation Committee	**1/2**
6.	Equipment and Supplies	**1/2**
7.	Transport Committee	**1/2**
8.	Sound System Committee	**1/2**
Total marks		**4**

STATION-5

INSTRUCTION TO THE STUDENT Look at the picture and write down the answers for the questions given below:



S.No	Contents	Max score 4	
1.	What is the other name of this nutrition balls?	1	Hyderabad mixture, energy or protein balls
2.	What are the ingredients and their proportions	1	Cereals, pulses, nuts and oil seeds, Jaggery.(3:2:2:1)
3.	Amount of protein present in 100grams of a nutrition ball	1	10 -12 gms of protein per 100grams of nutritional ball
4.	Name the beneficiaries .	1	Underfive children, malnourished babies, AN mothers from second trimester and lactating women till first 6 months.
	Total score	4	

STATION-6

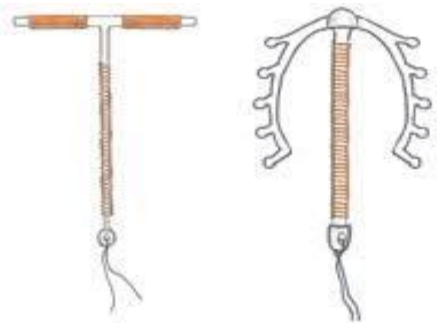
INSTRUCTION TO THE STUDENT: OBSERVE THE PICTURE AND ANSWER THE FOLLOWING



S no	Questions	Max score 4	
1	Name the worm given in the picture	1	Tape worm
2	What is the mode of transmission?	1	fecal-oral route, Eating raw meat or undercooked pork and beef , Auto infection
3	What specimen is collected for laboratory diagnosis?	1	Stool specimen.
4	Mention the treatment of choice	1	Eat only Completely cooked meat, freeze meat at -4°f (-20°c), hand hygiene and sanitation, Tab Albendazole

STATION-7

INSTRUCTION TO THE STUDENT : Examine the device carefully and answer the following questions

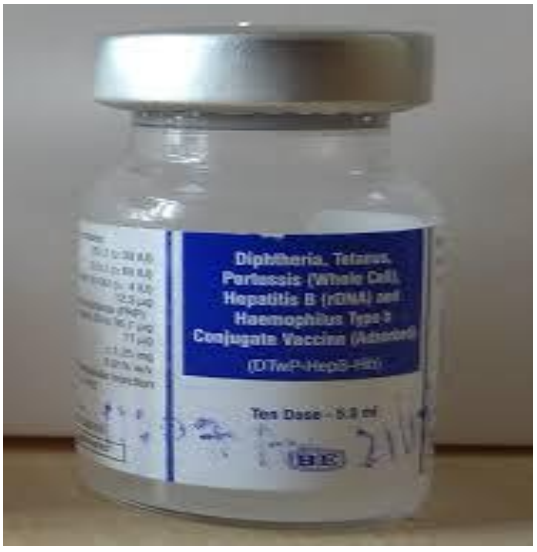


S.No	Questions	MAX SCORE 4	
1.	Name the IUD	1	TCu-380A ,Second Generation copper-T
2.	1. State Time of insertion 2. How long this IUD can be in place?	1	1) 4 days after menstrual period . 3-5 years
3.	Advantages of this IUD (any two)	1	a) Simplicity b) Insertion Takes Only Few Minutes c) Longer Usage Highest continuation rate
4.	Contra-indications of this IUD (any two)	1	a) Bleeding b) Pain c) Pelvic Infection Uterine perforation.

STATION-8

INSTRUCTION TO THE STUDENT:

Observe the image and write the answers for the given questions .



S. No	Questions	Max score 4	
1	Name of the vaccine	1	Pentavalent
2	Type	1	Combination of killed ad conjugated
3	Dosage volume in ml and route of administration.	1	Dosage- 0.5 ml Route - IM
4	Recommended Time of administration	1	1 1/2 month, 2 1/2 month, 3 1/2 month, Booster dose 15-24 months,

STATION-9

INSTRUCTION TO THE STUDENT: Write down the answers for the Tablet given below:



sn	Contents	Max score 4	
1)	Against what disease Rifampicin is given?	1	Tuberculosis
2)	What is the Action of Rifampicin	1	Bactericidal (kills the dormant bacilli which are found in the solid caseous lesions.
3)	Mention the Dose and route(according to the age &weight)	1	Dose 450 mg if <50kg ,600 mg >50kg Route(oral).
4)	Write any one Side effects	1	It turns urine to red colour.

STATION-10

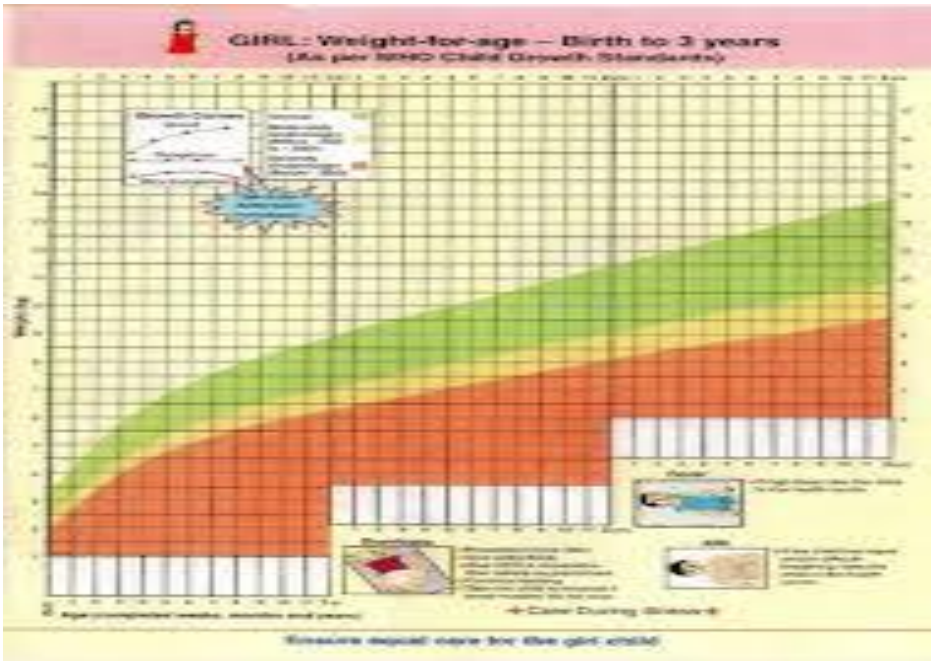
INSTRUCTION TO THE STUDENT: Look at the puppets and write down the answers .



sn	Contents	Max score 4	
1.	Define puppets	1	A puppet is a movable model of a person or animal controlled by hand, rods, strings, or other devices, used for storytelling, entertainment, and education.
2.	Mention the type of puppets	1	Hand puppets (glove puppets)
3.	Write the Uses of puppets in health education	1	• It is a low-cost teaching aid, • Suitable for illiterate and rural populations, • Encourages participation and attention, • Simplifies complex health concepts, • Effective for children and adolescents , • Combines visual and auditory learning
4.	Any two advantages and disadvantages of puppets	1	**Advantages** • Attractive and engaging, • Easy to prepare, • Improves communication, • Encourages interaction, • Suitable for community programs **Disadvantages** • Requires creativity and practice, • May not be suitable for large audiences, • Preparation time required, Risk of oversimplifying content.

STATION-11

INSTRUCTION TO THE STUDENT: observe the image and Write down the answers for the questions given below:



S.No	Contents	Max marks 4	
1)	What is the other name of the Growth chart	1	Road to health chart
2)	Who introduced growth chart?	1	David Morley of WHO
3)	How it indicates the growth failure?	1	A flattened or falling of the child weight curve signals growth failure
4)	Write Any two uses	1	1.Diagnostic Tool 2.For Planning And Policy Making 3.Educational Tool 4.Tool For Action 5.Teaching tool.

STATION-12

INSTRUCTION TO THE STUDENT: Look at the object and answer the following questions .



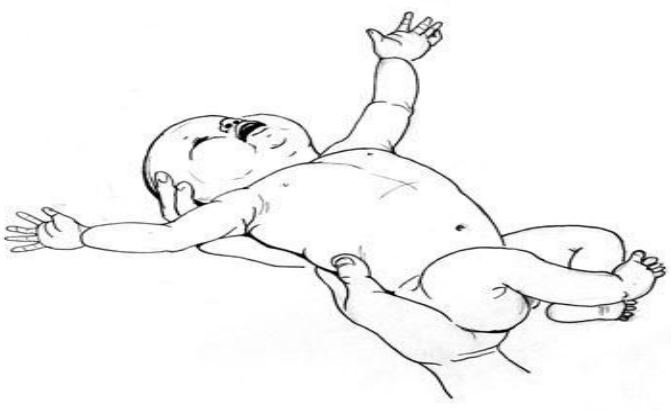


S. NO	QUESTIONS	MAX SCORE 4	
1	What is the name of the weighing scales?	1	Salter's weighing scale
2	Write the lowest and highest weights can be measured by this weighing scale	1	Lowest weight .5 kg highest 50-100 kg
3	How will you check the weight of a newborn child?	1	Prepare a sling using a long cloth. Hang it in the weighing scale. Place the baby and weigh it
4	Write the formula to calculate BMI	1	BMI= $\frac{\text{Weight in (kg)}}{(\text{Height (m)})^2}$

STATION-13

Instruction to the student

Observe the pictures and interpret the reflex .



S.NO	QUESTIONS	MAX SCORE 4	
1	Name the reflex	1	Moro reflex
2	Position & method	1	**Postion** : supine **Method** : sudden head extension produced by a light drop of the head
3	Response	1	Abduction followed by adduction and flexion of upper extremities
4	Function	1	Human evolutionary past , may have helped infant cling to mother

STATION-14

INSTRUCTION TO THE STUDENT:

Observe the image and write the answers for give questions .



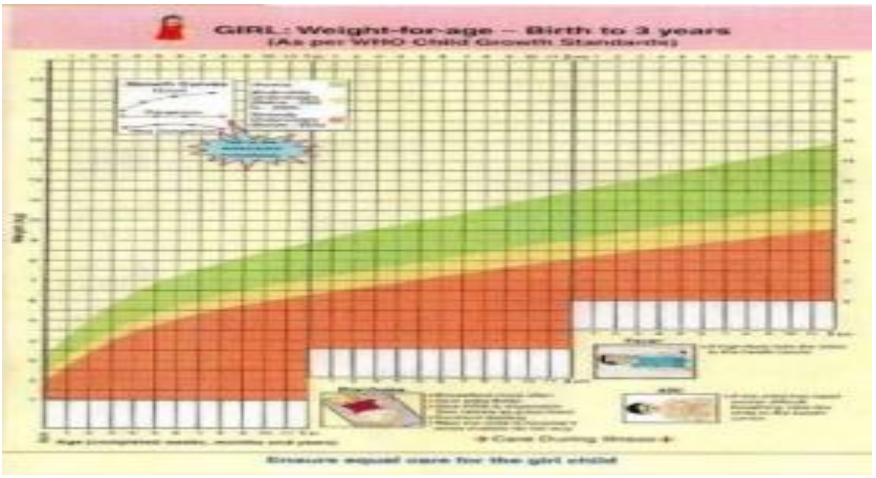
S.No	Questions	Answers	score
1	State the name of the apparatus	Sahli Haemometer	1

2	What is the solution used in the test	N/10 HCl	1
3	Minimum level of Hb Recommended by WHO during pregnancy	10 mg/dl	1
4	List one rich animal source of iron	Liver	1

STATION-15

1. Interpret the Picture

A. Name this chart(1)
B. What does the colors in the chart indicate(1)
C. What are all the Major nutritional Problem(1)
D. List any the major elements in Nutritional Assessment(1)



A. Name this chart(1) - Growth chart or Road to Health Chart
B. What does the colours in the chart indicate(1) -
   Green-Child I growing normal
   Yellow-child growing moderately
   Red-Child is affected by malnutrition
C. What are all the Major nutritional Problem(1) - Protein energy Malnutrition Low birth weight
D. List any the major elements in Nutritional Assessment(1) - Anthropometric Measurement , Dietary Method

STATION-16

2.Write a formula for the following

A. BMI Calculation(1)
B. Gomez classification(2)
C. Expected weight calculation for infant(1)

A. BMI Calculation -
   $BMI = \frac{Weight}{Height\ in\ m^2}$

B. Gomez classification(2) -
$$\frac{\text{Actual weight}}{\text{Expected weight}} \times 100$$

C. Expected weight calculation for infant(1) -
Age in months + 9/2

STATION-17

Observe the contraceptive device (Copper-T) displayed and answer the following questions.

A. Identify the contraceptive device. (1)
B. Mention one indication for its use. (1)
C. State one contraindication. (1)
D. Mention two advantages of this method. (1)



A. Identify the contraceptive device. (1) - Copper-T (Cu-T 380A) – Intrauterine Contraceptive Device (IUCD)

B. Mention one indication for its use. (1) - Spacing between pregnancies / Long-term reversible contraception

C. State one contraindication. (1) - Pregnancy or active pelvic inflammatory disease (PID)

D. Mention two advantages of this method. (1) -. Highly effective - Long-term protection (up to 10 years for Cu-T 380A

STATION-18

In a Myilampatti village, several people have reported fever with chills and sweating over the last two weeks. The area has stagnant water near houses, Poor drainage system, High mosquito density, Irregular use of mosquito nets

A. Identify the disease likely to occur in this community (1)
B. Name the vector of this disease.(1)
C. Mention one mode of transmission.(1)
D. State one epidemiological measure to prevent this disease (1)

Answer key:

A. Identify the disease likely to occur in this community.(1) - **Malaria**
B. Name the vector of this disease.(1) - **Female Anopheles Mosquito**
C. Mention one mode of transmission.(1) - **Vector Borne Transmission**
D. State one epidemiological measure to prevent this disease(1) - **Vector Control Measures**

STATION-19

Observe the image carefully and answer the following questions.

A. Identify the symbol shown in the image.(1)
B. Which disease or health condition is associated with this symbol?(1)
C. What is the significance of this symbol?(1)
D. Mention the day and date celebrated against this disease.(1)



Answer Key:

A. Identify the symbol shown in the image.(1) - Red Ribbon
B. Which disease or health condition is associated with this symbol?(1) -HIV/AIDS
C. What is the significance of this symbol?(1) - It represent Solidarity with people living with HIV/AIDS, awareness about prevention and fight against stigma and discrimination
D. Mention the day and date celebrated against this disease.(1) - World AIDS DAY- 1st December every year

STATION-20

Write the launched year for given below the programmes

A. National programme for control of blindnes……
B. Consumer protection act ……..
C. National rural health mission…….
D. Child survival and safe motherhood programme……

Answer Key:

A. National programme for control of blindness-…**1976**…
B. consumer protection act -……**1986…**
C. National rural health mission-…**2005…**….
D. Child survival and safe motherhood programme-…**1992**…

STATION-21

Identify the Picture and interpret the finding

A. What are the Major Occupational lung Disease encountered by the worker seen in the Picture (1)
B. In which year ESI Act Passed (1)
C. What are the Benefits of ESI Act (2)



A. What are the Major Occupational lung Disease encountered by the worker seen in the Picture - Silicosis,Lung Cancer,Chronic Bronchitis

B. In which year ESI Act Passed (1) - ESI ACT-1948

C. What are the Benefits of ESI Act (2) - Medical Benefit , Maternity Benefit,Disablement Benefit, Dependent Benefit , Funeral Expense

STATION-22

Mrs. Parvathy brought her child Baby.Amal 10 month's baby for immunization to the Health Center, Interpret the following vaccine

A. Which vaccine is administered at birth? (1)
B. At what age is the MR-1 vaccine given? (1)
C. Name vaccines administered at 10 weeks. (1)
D. Mention one contraindication for vaccination. (1)

A. Which vaccine is administered at birth? (1) - BCG, OPV-0, Hepatitis B Birth Dose
B. At what age is the MR-1 vaccine given? (1) - 9–12 months
C. Name vaccines administered at 10 weeks. (1) - Pentavalent-2 and OPV-2 (IPV-2 may also be included according to the schedule)
D. Mention one contraindication for vaccination. (1) - Anaphylaxis to a previous dose or vaccine component

STATION-23

Natural History of Communicable Disease-but the stages are arranged incorrectly

Given (wrong sequence) 1.Clinical Stage 2.Agent –Host-Environment 3.Diability 4.Subclinical stage

A. Identify any two Stage that Placed incorrectly (2)
B. Write the Correct Sequence of natural history of disease(2)

Identify any two Stage that Placed incorrectly (2) - Agent –Host-Environment , Subclinical stage

Write the Correct Sequence of natural history of disease(2) - Agent –Host-Environment –Exposure to the causative Agent , Subclinical stage-Pathogenesis disease process Starts but no signs/symptoms , Clinical Stage- signs/symptoms Appear, Diability-Outcome of Disease

STATION-24

Identification and interpretation of the condition

A. Identify the Disease Condition (1)
B. b.What is the Program for the Disease Condition(1)
C. c.What is the Prophylactic medication for the Condition(2)



A. Identify the Disease Condition (1) - Filariais
B. What is the Program for the Disease Condition(1) - National Filaria Control Programme

C. What is the Prophylactic medication for the Condition(2) – Diethylcarbamazine , Albendazole ,Ivermectin

STATION 25: COMMUNICATION HEALTH EDUCATION USING FLANNEL GRAPH
INSTRUCTIONS TO THE EXAMINER

Objectives : This station is designed to test the examinee's ability to

3. assesses the Knowledge Attitude Practice of the Geriatric
4. educate the geriatric regarding Healthy Lifestyle

Instructions: Observe if the participants is performing the following steps of health education in their correct sequence and interpret the values correctly.
Score: Score the task based on the following.

- **Score "1/2"** for fully competent
- **Score "0"**for incompetent
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Scoring Sheet • Tray for evaluated response sheet • Chair • Table • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Clean tray with hand rub • Table for mounting the Flannel Board • Flannel Board • Flannel cut out images • Pointer • Tray with response sheet

INSTRUCTION TO THE EXAMINEE

You are the Primary Health Care Nurse at a health centre. You are expected to provide health education on Healthy Lifestyle using flannel graph to a group of Elders during the Geriatric Clinic day.

ANSWER KEYS

S.No	Steps	Max. Marks
1	Mounts the flannel board on the table and the flannel cut-outs are arranged in order of the narration.	**1/2**
2	Welcomes the gathering with appropriate greetings and introduces self and informs the audience the purpose of the gathering.	**1/2**
3	Introduces the topic by using an ice breaker or by providing a provocative talk.	**1/2**

4	Places the each cut-out on the flannel board and narrates on the cut -out image	**1/2**
5	Places the cut-out images in the correct sequence for completing the narration	**1/2**
6	Reinforce and concludes the topic highlighting the important points.	**1/2**
7	Uses the pointer at narration	**1/2**
8	Encourages the audience to clarify doubts if any and thanks the audience for their active participation	**1/2**
	Total Score	**4**

STATION 26:

VIRTUAL SIGN IDENTIFICATION – WASTE DISPOSAL METHODS

INSTRUCTIONS TO THE EXAMINER

Objectives: This station is designed to test the examinee's ability

2. to find out the appropriate biomedical waste disposal
3. to update the knowledge regarding biomedical waste management

Instructions: Evaluate the interpretation made by the examinee

Score: Score the task based on the following.

- **Score "1/2"**for each correct interpretation
- **Score "0"** for wrong interpretation or not answered
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table • Drop Box for documented Response Sheet

INSTRUCTION TO THE EXAMINEE

Identify the picture and find out the type of waste disposal methods:

S.No	Methods of disposal	Descriptions
1.		Incineration
2.		Composting
3.		Dumping
4.		Disposal in sea

STATION 27 :

DECISION MAKING - COLD CHAIN SYSTEM

INSTRUCTIONS TO THE EXAMINER

Objective: This station is designed to test the examinee's ability to

1. know the steps of cold chain system
2. update and empower the knowledge related to maintenance of cold chain system

Observation: Observe if the examinee is interpret the appropriate steps of cold chain system inthe correct sequence.

Score: Score the task based on the following.

- **Score "1/2"** for correct interpretation
- **Score "0"**for wrong interpretation
- Calculate the total score

ARTIFACT/ PRE-REQUISITES/EQUIPMENTS

For Examiner	For Examinee
• Writing pad with instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table • Drop box for documented response sheet

INSTRUCTION TO THE EXAMINEE

Write the steps followed in cold chain system

DECISION MAKING - COLD CHAIN SYSTEM

ANSWER KEYS

S.No	Steps	Max. Marks
1	Manufacture	**1/2**
2	Storage and transport	**1/2**
3	Maintenance of temperature and protected from sunlight	**1/2**
4	Refrigeration	**1/2**
5	Central Store	**1/2**
6	Regional Store	**1/2**
7	District Store	**1/2**
8	Health Center and vaccinate the mother/child	**1/2**
Total		**4**

STATION 28- DECISION MAKING – POPULATION COVERAGE

INSTRUCTIONS TO THE EXAMINER

Objectives: This station is designed to test the examinee's ability

1. to find out the population covered by health centres
2. to update the knowledge regarding health care settings

Instructions: Evaluate the interpretation made by the examinee

Score: Score the task based on the following.

- **Score "1"**for each correct interpretation
- **Score "0"** for wrong interpretation or not answered
- Calculate the total score

ARTIFACT/PRELIMINARY REQUISITES/ EQUIPMENTS

For Examiner	For Examinee
• Writing pad with Instructions to the examiner • Answer key • Tray for evaluated response sheet • Pen • Pencil • Eraser • Sharpener	• Writing pad with instructions to examinee • Tray with response sheet • Chair • Table • Drop Box for documented Response Sheet

INSTRUCTION TO THE EXAMINEE

- Specify the population covered by the given health care settings.
- Leave the Response Sheet in the drop box after documentation

S. No	Area	Population Coverage
1	Primary Health Centre	30,000
2	Community Health Centre	1,20,000
3	Municipality	Upto 2 lakhs
4	Corporation	Above 2 lakhs

STATION 28: DECISION MAKING : UNDER FIVE CLINIC

INSTRUCTIONS TO THE EXAMINEE

1. Draw under five clinic logo and its components
2. Protocols of conducting under five clinic.

UNDER FIVE CLINIC- ANSWER KEY **TOTAL MARKS : 4**

S.NO	UNDER FIVE CLINIC	ANSWER	
1	LOGO & its components		2
2	Protocols	Phase 1: Registration and Digital Enrolment	2
		Phase 2: The Four-Station Operational Workflow	
		Phase 3: Post-Clinic Reporting and Tracking	

STATION 29: DECISION MAKING DISASTER MANAGEMENT

Write down the following;



1. **The standard international triage colour tags indicate :**
2. **Disaster process**
3. **SORT , SALT** Protocols

ANSWER KEY

S.NO	QUESTIONS	ANSWER	MARKS

1	The standard international triage colour tags indicate		
	RED	High priority (severe haemorrhage)	**1**
	YELLOW	Second priority (major fractures)	
	GREEN	Third priority (walking wounded	
	BLACK	Death	
2	Disaster preparedness	Mitigation,	**1**
		Preparedness	
		Response	
		Recovery	
3	SALT	Sort, Assess, Life-Saving Interventions, Treatment/Transport	**1**
4	START	Simple Triage Rapid Treatment	**1**
TOTAL			**4**

STATION 30 : DECISION MAKING - ANAEMIA MUKTT BHARAT

Anaemia Muktt Bharat:

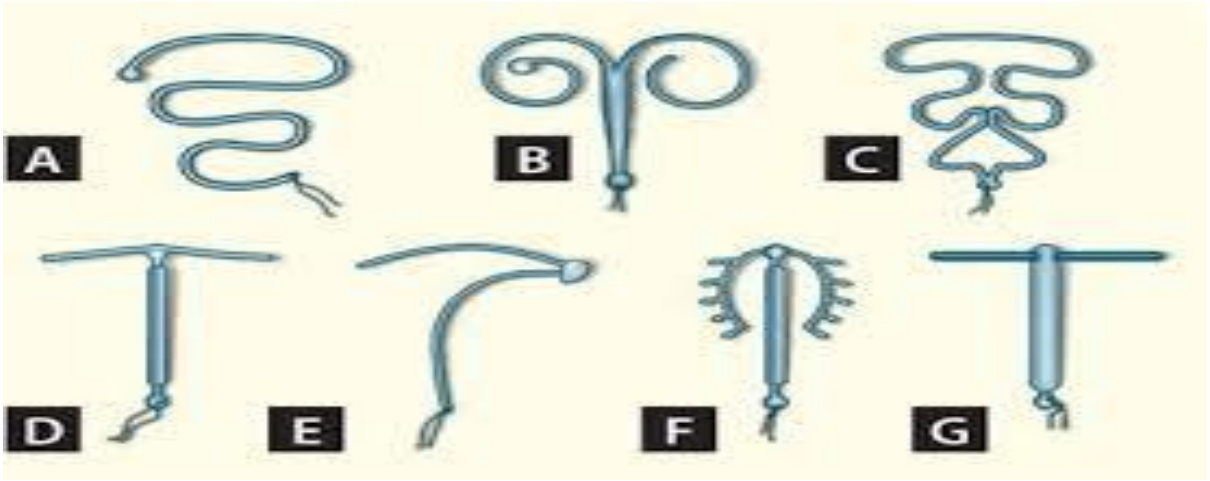
1. When it was launched?
2. Launched by which department
3. List out 7 intervention strategy

ANSWER KEY

S.NO	AMB QUESTIONS	ANSWERR	MARKS
1	When it was launched?	2018	0.5
2	Launched by which department?	Ministry of Health and Family Welfare (MoHFW)	0.5
3	List out 7 intervention strategy	• Prophylactic Iron Folic Acid Supplementation	3
		• Biannual Deworming	
		• Intensified Behaviour Change Communication (BCC)	
		• Digital Testing and Case-Based Therapeutic Management	
		• Mandatory Food Fortification	
		• Management of Non-Nutritional Causes of Anaemia	
		• Eating Right" Dietary Diversification	
TOTAL			**4**

STATION 31: VISUAL IDENTIFICATION – IUCD TYPES & ITS USES

Instruction to the examinee: Identify IUD types & its generation



ANSWER KEY

S.NO	PICTURE	TYPES	GENERATION	MARKS
1	**A**	Lippes Loop -	FIRST	0.5
2	**B**	Saf-T-Coil		0.5
3	**C**	Margulies Spiral / Dana Super		0.5
4	**D**	Copper T (TCu-200 / TCu-380A)	SECOND	0.5
5	**E**	Copper 7 (Cu-7)		0.5
6	**F**	Multiload Copper (MLCu-250 / MLCu		0.5
7	**G**	Progestasert / Levonorgestrel-releasing IUD (Mirena)	THIRD	0.5
TOTAL			**3.5 + 0.5**	**4**

STATION-32: DECISION MAKING - VOLUNTARY AGENCIES

Write down the establishment year of the following voluntary agencies:

ANSWER KEY

S.NO	ABBREVIATION	AGENCIES	ESTABLISHED ON	MARKS
1	WHO	World health Organisation	1948	0.5
2	CARE	Cooperative for Assistance and Relief Everywhere	1945	0.5
3	ILO	International Labour Organization	1919	0.5
4	FAO	Food And Agriculture organization	1948	0.5
5	UNESCO	United nations educational, scientific, and cultural organization	1945	0.5

6	UNICEF	United Nations International Children's Emergency Fund	1946	0.5
7	UNDP	United nations development programme	1966	0.5
8	UNFPA	United nations fund for population activities	1974	0.5
TOTAL				4

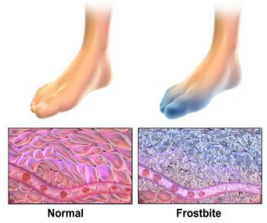
STATION 33: DECISION MAKING : AB – PMJAY

Write down the following:

1. Launched on
2. Implemented by
3. Insurance coverage / family
4. Beneficiaries
5. Two interrelated components
6. Eligibility criteria
7. Excluded criteria

S.NO	AB-PMJAY	ANSWER	MARKS
1	Launched on	September 23, 2018,	0.5
2	Launched by	Ministry of Health and Family Welfare	0.5
3	Insurance coverage / family	5 lakhs / family	0.5
4	Beneficiaries	Households without shelter, destitute individuals, manual scavenger families, street vendors, domestic workers, cobblers, and construction workers.	
5	Two interrelated components	• **Ayushman Arogya Mandirs (AAM):** Formerly known as Health and Wellness Centers (HWCs) • Pradhan Mantri Jan Arogya Yojana (PM-JAY)	1
6	Eligibility criteria	• All individuals aged 70 years and above are eligible, regardless of their socio-economic status. • ASHA and Anganwadi workers are also universally covered.	1
7	Excluded criteria	OPD, cosmetic treatment, dental, fertility, drug , alcohol rehabilitation	0.5
TOTAL			4

STATION 34- OCCUPATIONAL HAZARDS



1



2



3



4



5



6



7



8

Identify & list out the type of occupational hazards with disease & its prevention

Answer Key:

S.NO	TYPES OF OCCUPATIONAL HAZRDS	DISEASES & PREVENTION	Marks
1	PHYSICAL HAZARD	FROST LEG -wear wool socks, winter boots	0.5
2	CHEMICAL HAZARD	ASBESTOSIS ,-Wearing mask	0.5
3	MECHANICAL HAZARD	CONJUNCTIVITIS, -Wearing glass shield	0.5
4	PHYSICAL HAZARD	SUN STROKE -Apply broad spectrum sun cream	0.5
5	PSHYCOLOGICAL HAZARD	WORK STRESS -Controlled breathing, visualization, meditation and yoga	0.5
6	CHEMICAL HAZARD	DERMATITIS -Lukewarm showers, using fragrance-free cleansers and moisturizers, and wearing protective gear when handling	0.5
7	ERGONOMIC HAZARDS	PAIN – Maintain body mechanism	0.5
8	BIOLOGICAL HAZARD	HEPATITIS, Wearing gloves	0.5
		4	

STATION 35: DECISION MAKING – Leopold Maneuver

Instruction to the examinee: Write down the Leopold Maneuver palpation steps in correct sequence

ANSWER KEY

1	**Leopold Maneuver 1 Fundal Grip•** Faces the woman's head; places both hands at the top of the fundus.• Palpates to identify the foetal pole (**Head**: hard, round, mobile vs. **Breech**: soft, irregular, nodular).	**1**
2	Leopold Maneuver 2:Umbilical/Lateral Grip Steadying one hand, uses the other to identify the **foetal back** and **foetal limbs**	1
3	Leopold Maneuver 3:Pawlik's Grip Grasps the lower foetal pole to confirm **presentation** and assess ballottement/mobility.	1
4	Leopold Maneuver 4: Pelvic Grip Moves fingers down toward the pelvis to assess **foetal engagement**	1
	TOTAL	4

STATION 36: RBSK

Write down the formula of the following:

1. Launched on
2. List out 4 Ds
3. under the scheme of -----

Rashtriya Bal Swasthya Karyakram.

S.NO	ANSWER	MARKS
1	Launched on 2013	**1**
2	Defects at birth, Diseases, Deficiencies, and Developmental delays**.**	**2**
3	Under national health mission	**1**
	Total	**4**

STATION 37: Decision making – Identification of New born reflexes
Instructions to Examiner:

Evaluate the interpretation made by the examinee

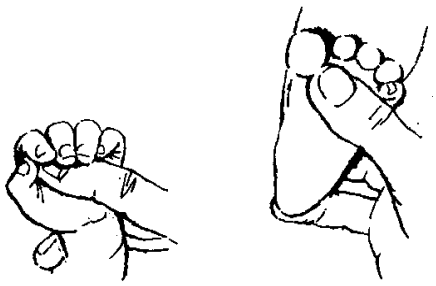
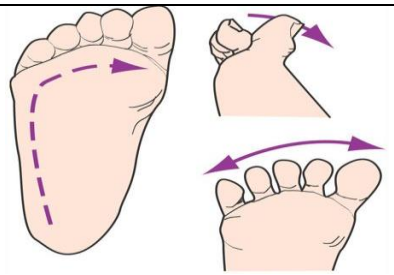
Scoring: Score '1/2' for correct interpretation of each reflexes, '1/2' for the description of each method and '0' for wrong interpretation

Instruction to the examinee

Observe the pictures, interpret and write the description of the pictures

a. Name of the reflex b. Description of the method

S. NO.	Picture	Description		Score
1		**a**	**Moro reflex**	**1/2**
		b	Sudden head extension produced by a light drop of the head	**1/2**
2		**a**	**Palmar and Plantar reflex**	**1/2**

		**b**	Placing the index finger in the palm & toes of the infant and watch for grasping	**1/2**
3		**a**	**Sucking Reflex**	**1/2**
		b	Place finger in the infant mouth and observing whether the baby automatically begins to suck**.** **.**	**1/2**
4		**a**	**Babinskis sign**	**1/2**
		b	Striking along the lateral aspect of the sole extending from the heel to the head of the fifth metatarsal and watch for fanning of the toes	**1/2**

STATION 38: SKILL STATION: DECISION MAKING – IDENTIFICATION OF VACCINES

Instruction to the examiner

Evaluate the interpretation made by the examinee

Scoring: Score '1/2 for correct interpretation of each vaccine age and preventable disease and '0' for wrong interpretation.

Total score - 4

Answer key

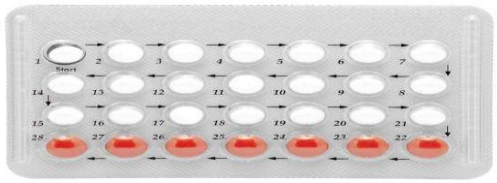
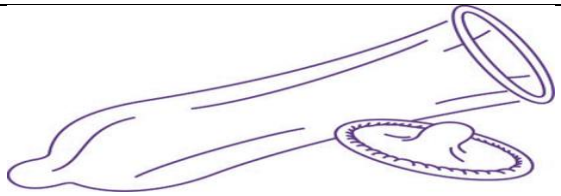
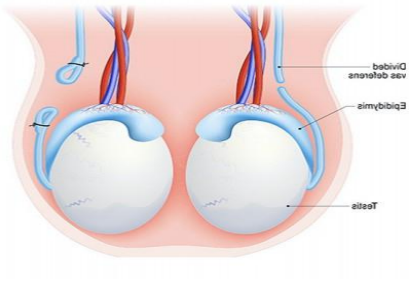
Vaccine No	**Name of the vaccine**	**Age**	**Disease preventable**
Vac 1	IPV - 2	14^{th} week	Polio
Vac 2	BCG	Birth to 24 hours	Tuberculosis
Vac 3	JE - 1	9^{th} month	Japanese encephalitis
Vac 4	MR - 2	16^{th} – 24^{th} month	Measles, Rubella

STATION-39 VIRTUAL SIGN IDENTIFICATION – IDENTIFICATION OF CONTRACEPTIVES

Instructions to Examinee:

Identify and infer the contraceptive device and its methods

Scoring: '1/2' mark for identifying the name and '1/2' mark for the method, '0' for the wrong answer.

S.N	Contraceptive device	Name of the contraceptive device	Methods
1		Oral pills	Hormonal
2		Copper T- 380 (Second generation)	IUD
3		Condom	Barrier
4		Vasectomy	Male sterilization

STATION – 40: CHOOSE THE BEST ANSWERS - NATIONAL HEALTH PROGRAMMES

Instructions to the examinee: Choose the best options for the following questions.

1. Dengue fever is caused by_____.

a. Aedes egypti b. Female anopheles c. Culex d. Mansonia

2. Revised National Tuberculosis Programme was started in the year _____.

a.1992 b.1997 c. 1993 d. 1994

3. The main opportunistic infection of AIDS is_____.

a.HIV b. Tuberculosis c. Kaposi sarcoma d. Syphilis

4. The target disease of Vision 2020 is_____.

a. Cataract b. Bitot's spots c. Xerophthalmia d. Corneal ulcer

5. The goitre control programme was started in the year _____.

a.1972 b.1942 c. 1952 d. 1962

6. The amount for the beneficiary mothers in Dr.Muthulakshmi Reddy scheme is Rs._____.

a. 12000 b.16000 c. 18000 d. 10000

7. Swatch Bharat Abiyan was started in the year _____.

a.2020 b. 2008 c. 2012 d. 2014

8. The scheme initiated for the cancer treatment facilities in the country is_____.

a. Non Communicable Disease wing b. Oncology wing

c. Non-Governmental Office wing d. Research wing

STATION – 40: CHOOSE THE BEST ANSWERS - NATIONAL HEALTH PROGRAMMES

Instructions to the examiner:

Scoring : "1/2" for correct answer and "0" for the wrong answer

Total Score – 4

Answer key:

1. Dengue fever is caused by **a. Aedes egypti.**

2. RNTCP was started in the year **c. 1993.**

3. The main opportunistic infection of AIDS is **b. Tuberculosis.**

4. The target disease of Vision 2020 is **a. Cataract.**

5. The goitre control programme was started in the year **d.1962.**

6. The amount for the beneficiary mothers in Dr.Muthulakshmi Reddy scheme is

c. Rs. 18000.

7. Swatch Bharat Abiyan was started in the year **d. 2014.**

8. The scheme initiated for the cancer treatment facilities in the country is **b. Oncology wing.**

STATION – 41: DECISION MAKING – WATER PURIFICATION METHOD

Instructions to the examinee: Match the method with its purpose.

No.	Water Purification Method	Main Purpose
1.	Boiling	A. Removes dissolved salts, chemicals, and microorganisms through a semipermeable membrane
2.	Sedimentation	B. Removes suspended particles by allowing them to settle
3.	Filtration	C. Removes bad taste, odour, chlorine, and organic compounds
4.	Chlorination	D. Removes dissolved salts and microorganisms by evaporation and condensation
5.	Distillation	E. Removes suspended particles and impurities
6.	Ultraviolet (UV) Treatment	F. Inactivates microorganisms using ultraviolet light
7.	Reverse Osmosis (RO)	G. Kills disease-causing microorganisms using heat
8.	Activated Carbon Filtration	H. Disinfects water and provides residual protection

STATION – 41: DECISION MAKING – WATER PURIFICATION METHOD

Instructions to the examiner: Evaluate the interpretation made by the examinee

Scoring : “1/2” for correct answer and “0” for the wrong answer

Total Score – 4

Answer key:

Question	Correct Answer
1	**G**
2	**B**
3	**E**
4	**H**
5	**D**
6	**F**
7	**A**
8	**C**

STATION – 42: DECISION MAKING – PASTEURIZATION OF MILK

Instructions to the examinee: Choose the one best answer for each question.

Scoring : "1/2" for correct answer and "0" for the wrong answer

Total Score – 4

1. Pasteurization is the process of:

A.Freezing milk
B. Heating milk to a specific temperature for a specified time to destroy harmful microorganisms
C. Adding preservatives to milk
D. Drying milk

Answer: B

2. The main purpose of pasteurization is to:

A.Increase the fat content of milk
B. Improve the colour of milk
C. Destroy pathogenic microorganisms and improve safety
D. Increase the sugar content

Answer: C

3. Which of the following is the Holder (LTLT) method of pasteurization?

A.63°Cfor 30 minutes
B. 72°C for 15 seconds
C. 135°C for 2 seconds
D. 100°C for 10 minutes

Answer: A

4. High-Temperature Short-Time (HTST) pasteurization is carried out at:

A. 63°C for 30 minutes
B. 72°C for 15 seconds
C. 80°C for 5 minutes
D. 100°C for 1 minute

Answer: B

5. Ultra-High Temperature (UHT) treatment is commonly performed at:

A. 63°C for 30 minutes
B. 72°C for 15 seconds
C. 135–150°C for 2–5 seconds
D. 90°C for 10 minutes

Answer: C

6. Pasteurization destroys:

A. All bacterial spores
B. Harmful pathogenic microorganisms but not all spores
C. All microorganisms completely
D. All viruses only

Answer: B

7. Which organism is commonly used to assess the effectiveness of milk pasteurization?

A. Escherichia coli
B. Mycobacterium tuberculosis
C. Salmonella typhi
D. Vibrio cholerae

Answer: B

8. Which test is commonly used to check whether pasteurization has been adequate?

A. Benedict's test
B. Phosphatase test
C. Gram stain
D. Widal test

Answer: B

STATION – 43: DECISION MAKING – VOLUNTARY HEALTH AGENCIES

Instructions to the examinee: Match the voluntary health agency with its main function

No.	Voluntary Health Agency	Main Function
1.	Indian Red Cross Society (IRCS)	A. Maternal and child health, women's welfare, and rural development
2.	Hind Kusht Nivaran Sangh	B. Child welfare, nutrition, immunization, and protection of children's rights
3.	Kasturba Gandhi National Memorial Trust (KGNMT)	C. Prevention and control of tuberculosis through education and awareness
4.	Tuberculosis Association of India (TAI)	D. Family planning, reproductive and sexual health services
5.	Bharat Sevak Samaj (BSS)	E. Leprosy prevention, treatment, rehabilitation, and public awareness
6.	Family Planning Association of India (FPAI)	F. Blood donation, disaster relief, first aid, and humanitarian services
7.	Indian Council for Child Welfare (ICCW)	G. Community development, voluntary action, and health education
8.	Indian Cancer Society (ICS)	H. Cancer prevention, early detection, treatment support, and public awareness

Scoring : “1/2” for correct answer and “0” for the wrong answer

Question	Correct Answer
1	**F**
2	**E**
3	**A**
4	**C**
5	**G**
6	**D**
7	**B**
8	**H**

ADULT HEALTH NURSING

OSCE - MANNED STATION - 1

BLOOD SAMPLING FOR ARTERIAL BLOOD GAS ANALYSIS

Instructions for the Examinee: You are a nurse working in the Emergency Department. A 65-year-old male patient has been admitted with acute shortness of breath. The physician has requested an arterial blood gas (ABG) sample to assess the patient's oxygenation and acid-base status. Perform an arterial blood gas sampling from the radial artery using aseptic technique. Explain the procedure to the patient, ensure patient safety, collect the sample correctly, and provide post-procedure care. Demonstrate the steps of Arterial Puncture for ABG.

BLOOD SAMPLING FOR ARTERIAL BLOOD GAS ANALYSIS- CHECKLIST

Instructions for the Examiner: Observe if the participant is performing the following steps in Arterial Puncture for ABG in the correct sequence (as necessary) and technique. Score for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score. Total obtainable score is 4 marks.

S.No	Steps - Arterial puncture	Max. Marks
1	Performs hand hygiene and don gloves. Identifies the indications for obtaining ABG, identify the client and explains the procedure	0.5
2	Takes the pre-heparinized syringe with appropriate needle size Selects the site- brachial,radial or femoral artery. Performs Allen's test	1
3	Performs hand hygiene. Prepares the site with alcohol swab	0.5
4	Slightly adducts the arm and dorsiflex the wrist to 20-30 degree approximately. Insert needle at 45-50 degree angle to the skin	1
5	Assesses for flashback of blood into syringe and then allow the syringe to fill atleast 1ml.Withdraws the needle and syringe from the puncture site. Places gauze pad over and apply pressure over the puncture site.	0.5
6	Removes air bubbles from the syringe. Reassess the puncture site for hematoma . Documents the procedure.	0.5
	Total	4

Signature of the Examiner…….
Date……..

OSCE - MANNED STATION - 2

TRACHEOSTOMY CARE

Instructions for the Examinee:

Mr.A , a 38 yr old man is with the history of severe traumatic brain injury is undergoing rehabilitation. He has tracheostomy tube in situ. Perform the steps of Tracheostomy care.

TRACHEOSTOMY CARE CHECKLIST

Instructions for the Examiner: Observe if the participant is performing the following steps in tracheostomy care in correct sequence (as necessary) and technique. Score for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score. Total obtainable score is 4marks

S. NO	STEPS OF PROCEDURE	Max. Marks
1	Assesses condition of stoma and examines neck for subcutaneous emphysema.	0.5
2	• Explains the procedure for patient . • Place the patient in proper position. • Wash hands.	0.5
3	Wears sterile gloves and face mask. Performs suctioning of the trachea. Removes soiled gauze	0.5
4	Cleanses stoma area with normal saline or betadine by following two methods (Clock wise, Half moon)	0.5
5	Removes the inner cannula and soaks in H2O2.Cleanses the inner cannula with the use of gauze or tracheal brush. Rinses with normal saline.	0.5
6	Replaces the inner cannula and apply new dressing around the stoma or places a gauze piece between the stoma and tracheostomy	0.5
7	Changes the tie if it is soaked. Replaces the articles and wash hands.	0.5
8	Observers the stoma for irritation, redness, edema, subcutaneous air, character of secretion, color and consistency. Documents the procedure and observation.	0.5
	Total Score	4

Signature of the Examiner…….
Date……..

OSCE -MANNED STATION-3

CENTRAL LINE CARE

You are a nurse working in the Intensive Care Unit (ICU).

Mrs. Lakshmi Devi, 58 years old admitted with severe pneumonia has a right internal jugular central venous catheter (CVC) inserted 5 days ago for administration of intravenous antibiotics and fluids. The dressing is due for a routine change. She is alert and cooperative. Perform central line care, including assessment of the insertion site, dressing change using aseptic technique, flushing the line (verbalize if equipment is unavailable), and patient education. Explain each step to the patient throughout the procedure.

CENTRAL LINE CARE – CHECKLIST

Instructions for the Examiner: Observe if the participant is performing the following steps in correct sequence (as necessary) and technique. Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score. Total obtainable score is 4 marks

SLNO	STEPS	MARKS
1	Perform proper hand washing & prepare Equipment	1
2	**Explain Procedure to the Patient** Ensure privacy, reduce anxiety, and obtain cooperation	0.5
3	Inspect the Insertion Site • Check for redness, swelling, discharge, tenderness, Cleanse the Site with Antiseptic • Use 2% chlorhexidine (preferred) or povidone iodine. • Apply in a back-and-forth friction motion for 30 seconds	1
4	• Change Dressing • Flush the Line-Use sterile saline using push–pause technique. • Check Line Security and Connections-Ensure all caps are tight.	1
5	Documentation : site condition, dressing change, patency, fluid given, flushes, patient response, and any complications.	0.5
	Total marks	4

Signature of the Examiner…….
Date……..

OSCE – MANNED STATION -4

CRANIAL NERVES (1 – 4) ASSESSMENT

Instructions for the Examinee:

You are a nurse working in the neurology outpatient department. A 32-year-old patient Mr. Arun Kumar has come with complaints of headache, double vision, and reduced sense of smell following a minor road

traffic accident one week ago. Perform an assessment of Cranial Nerves I, II, III, and IV. At the end, briefly state your findings to the examiner.

CRANIAL NERVES (1 – 4) ASSESSMENT- CHECKLIST

Instruction to the examiners: Observe if the participant is performing the following steps in tracheostomy care in correct sequence (as necessary) and technique. Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score. Total obtainable score is 12 marks

SL.NO	STEPS	MARKS
1	Introduces self, confirms patient identity, explains procedure & perform Hand hygiene	0.5
2	**Olfactory Nerve -**Asks patient to close one nostril and breathe through the other.With one nostril occluded, presents familiar scents (coffee/soap) and asks patient to identify.	1
3	**Optic Nerve-Tests visual acuity** Uses Snellen chart/near chart OR asks patient to read printed text. **Tests visual fields (confrontation method)** Patient covers one eye; examiner wiggles fingers from periphery.	1
4	**Oculomotor, Trochlear** Pupillary size, shape, reactivity to light; accommodation. Assesses extraocular movements. Patient follows examiner's finger in an "H" pattern; notes nystagmus or diplopia.	1
5	Documentation	0.5
Total marks		4

Signature of the Examiner…….
Date……..

OSCE MANNED STATION-5

BREAKING BAD NEWS- 4 marks

You are a nurse in the oncology ward.
Mr. Ramesh, 52 years old, has come to receive his biopsy report.
The doctor has confirmed **adenocarcinoma of the lung**, and you must **communicate the result in a sensitive, supportive manner**.

Anwer keys- You will use the SPIKES protocol.

S – Setting the Scene

P – Assess Patient's Perception

I – Invitation to Share Information

K – Giving Knowledge (the Bad News)

E – Addressing Emotions with Empathy

S – Strategy and Summary

Signature of the Examiner…….
Date……..

OSCE MANNED STATION-6

ADMINISTRATION OF INTRAMUSCULAR INJECTION - 4 marks

The physician has prescribed:

- Injection Diclofenac 75 mg IM stat

Demonstrate the complete procedure using the available mannequin.

Patient Details

Name: Mr. Ravi Kumar Age: 42 years

Diagnosis: Acute low back pain

Prescription: Injection **Diclofenac 75 mg IM** stat

No known drug allergies. Vital signs are stable.

S. No.	Performance Criteria	Marks
1	Introduces self, verifies patient identity, explains the procedure, and obtains consent	0.5
2	Performs hand hygiene and assembles all required equipment using aseptic technique	0.5
3	Checks the medication order (right patient, drug, dose, route, time, expiry)	0.5
4	Positions the patient comfortably and identifies the correct IM injection site, Cleans the injection site with an antiseptic swab and allows it to dry	0.5
5	Inserts the needle at a **90° angle** using the correct technique Administers the medication slowly and smoothly using proper injection technique	0.5
6	Withdraws the needle safely, applies gentle pressure with sterile gauze, and disposes of the needle in a sharps container	0.5
7	Assesses the patient for immediate adverse reactions and ensures patient comfort	0.5
8	Performs hand hygiene, documents the procedure accurately, and provides patient education (e.g., expected effects and when to report problems)	0.5
Total Score (4)		4

Signature of the Examiner…….
Date……..

OSCE MANNED STATION-7

GLASGOW COMA SCALE (GCS) ASSESSMENT - 4 marks

A **45-year-old male** was admitted following a road traffic accident. He is lying on the emergency bed with a head injury. As the assigned nurse, assess the patient's level of consciousness using the **Glasgow Coma Scale** and report your findings.

Calculated GCS Score

Component	**Response**	**Score**
Eye Opening	Opens eyes to speech	
Verbal Response	Confused conversation	
Motor Response	Obeys commands	
Total GCS		

Glasgow Coma Scale Reference

Component	**Score**
Eye Opening (E)	4 = Spontaneous, 3 = To speech, 2 = To pain, 1 = None
Verbal Response (V)	5 = Oriented, 4 = Confused, 3 = Inappropriate words, 2 = Incomprehensible sounds, 1 = None
Motor Response (M)	6 = Obeys commands, 5 = Localizes pain, 4 = Withdraws from pain, 3 = Abnormal flexion, 2 = Extension, 1 = None

Total GCS Score = E + V + M (Minimum = 3, Maximum = 15)

Coma/Vegetative state: 3
Severe/ Unconscious: GCS 4 to 8.
Moderate/ Semiconscious: GCS 9 to 12.
Mild/ Conscious: GCS 13 to 15.

S. No.	**Performance Criteria**	**Marks**
1	Introduces self, verifies patient identity, explains the procedure, and obtains consent. Performs hand hygiene and ensures patient privacy and safety.	0.5
3	Assesses **Eye Opening Response (E)** correctly (spontaneous, to speech, to pain, none).	1
4	Assesses **Verbal Response (V)** correctly (oriented, confused, inappropriate words, incomprehensible sounds, none).	1
5	Assesses **Motor Response (M)** correctly (obeys commands, localizes pain, withdraws, abnormal flexion, extension, none).	1
7	Calculates and states the total GCS score accurately (E + V + M = /15). Documents findings accurately, thank the patient, ensure comfort, and perform hand hygiene.	0.5
Total Score (4)		4

Signature of the Examiner…….
Date……..

Instruction for Simulated Patient ((Not to be shared with Student)

You are a **45-year-old patient** admitted to the emergency department after a fall at home. You are awake but appear drowsy. The nursing student will assess your level of consciousness using the Glasgow Coma Scale (GCS).

Instructions for the Simulated Patient

General Behaviour

- Lie comfortably on the examination bed.
- Keep your eyes closed until stimulated.
- Do not volunteer information unless asked.
- Respond only as instructed below.
-

Eye Opening (E3)

- Do **not** open your eyes spontaneously.
- Open your eyes **only when the student calls your name or speaks to you**.
- Close your eyes again if there is no further interaction.
-

Verbal Response (V4)

When asked questions such as:

- "What is your name?"
- "Where are you?"
- "What day is it?"

Respond with **confused but understandable answers**, for example:

- "My name is Ravi... I think I'm at home."
- "I don't know what day it is."
- "I feel confused."

Do not give fully correct orientation.

Motor Response (M6)

When the student asks:

- "Can you squeeze my hands?"
- "Can you lift your arm?"
- "Can you move your legs?"

Follow all commands correctly and promptly.

OSCE MANNED STATION-8

CATHETERIZATION OF THE URINARY BLADDER - 4 marks

Mrs.Lalitha 50 years old has to undergo open cystolithotomy surgery. The doctor has advised for a urinary catheterization pre-operatively. Perform the sequential steps of urinary catheterization.

S.No	STEPS OF PROCEDURE	MAX. SCORE
1	Identifies the patient with three identifiers and explains the procedure to the patient. Assemble the needed items near the bedside, perform hand hygiene Ensure patient privacy, position the patient supine Dorsal recumbent position, drape the patient covering both legs, and expose the genitalia. Slides a mackintosh under the hip and thighs, Don the disposable clean gloves	1
2	Cleans the perineum thoroughly from mons pubis, vulva, and urethra by separating the vulva with betadine solution	1
	Remove gloves and perform hand hygiene and put on sterile gloves using sterile technique	
	Opens the catheterization kit using aseptic technique and sterile equipment arrange the supplies on a sterile or clean field	
	Hold the labia apart and with dominant hand clean the urethral meatus with betadine in downward towards the anus using single stroke.	
3	Pickups the catheter with a gloved hand which is in the sterile tray 3-4 inches from the catheter tip holding one end of the catheter coild it in same hand	1
	Lubricates 2 inches at the end and tip of the catheter with sterile lubricant.	
	Ask the patient to bear down gently to help expose urethral meatus, insert 3-4 cms of the catheter .	
	Verifies the correct placement of the catheter by looking for urinary flow from the catheter &connect the urinary bag	
4	Slowly inflate the balloon and secures the catheter to the inner thigh	1
	Dispose the articles remove gloves	
	Perform hand hygiene	
	Document the procedure	
TOTAL		4

Signature of the Examiner…….
Date……..

OSCE MANNED STATION-9
THERAPEUTIC PROCEDURE - CPR- 4 marks

Mr. X is a 40 years old man reported to the Emergency Department with chest pain for the last one hour, on arrival he starts gasping & moved for resuscitation

Signature of the Examiner…….
Date……..

OSCE MANNED STATION-10
SUTURE REMOVAL - 4 marks

Mr. Velmurugan a 56 year old male came to Out patient department. He is a post laparotomy patient. He came for suture removal. Perform the procedure.

S.no	Steps of. procedure	Marks
1.	Shakes, shouts and checks for response. Ensures scenes safety.	
	Simultaneously checks for carotid pulse and breathing for 5-10 seconds.	
	Provides 100-120 chest compressions in the mid sternal area with heels one over other and elbows straight.	1
2	Airway a. Jaw thurst maneuver (Un witnessed collapse, drowning, or trauma) b) Places fingers on the lower rami of the jaw	1
	c) Provides anterior pressure to advances the jaw forward. d Head tilt Chin lift maneuver	
	e) Places palm in the patient's forehead and apply pressure to tilt head backward. f) Places the fingers of your other hand under the mental protuberance of the chin and pull the chin forward and cephalic	
3	Breathing Delivers 2 rescue breathing using bag and mask ventilation or pocket mask, each breath over 1 second and watches for chest raise.	1
	Continues chest compression within 10 seconds for another 2 mins with good quality chest compression and breaths.	
	Checks for Spontaneous Circulation or breathing.	
4	If patient becomes responsive clears the airway and place him in recovery position.	1
	If unresponsive continues CPR till the ACLS team arrives.	
	Document the procedure, the time of arrest, resuscitation measures and the result of it.	
	Total. Score	4

- **Instructions for the Examiner**:
  Observe if the participant is performing the following steps in SUTURE REMOVAL in the correct sequence (as necessary) and technique.
  Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.NO	STEPS	
1	Review the physician's orders for suture removal. Assemble all the articles nearer to the patient bedside. Identify the patient.	1

	Provide privacy.	
2	Wash your hands thoroughly. Wear gloves and dispose of any dressing on the surgical incision. Clean the incision using warm cleanser.	1
3	By using sterile scissors, cut one side of the suture below the knot, close to the skin. Grasp the knot with the forceps and pull the cut suture through the skin.	1
4	Apply sterile slips if necessary. Reapply the dressing depending on the physician's order.	1
Total Marks		4

OSCE UNMANNED STATION-1

IDENTIFICATION OF INSTRUMENTS – 4x1= 4 marks



- **OPTHALMOSCOPE**



- **THUDICUM'S NASAL SPECULUM**



- **ELECTRICAL OTOSCOPE**



- **MASTOID RETRACTOR**

OSCE - UNMANNED STATION -2

DRUG CALCULATIONS- 4 marks

The consultant prescribed **Noradrenaline infusion at 0.1 mcg/kg/min** for a patient weighing **60 kg**. The available vial is **4 mg Noradrenaline in 4 mL**.
You prepare the standard dilution: 4 mg Noradrenaline added to 46 mL NS = 50 mL total solution. At **what rate (mL/hr)** will you set the infusion pump?

ANSWER

- **Calculate dose required per minute**

  Dose = 0.1 mcg × 60 kg
  = **6 mcg/min**

- **Convert mcg/min to mcg/hr**

  6 × 60 = **360 mcg/hr**

- **Determine concentration of prepared solution**

  4 mg in 50 mL
  → 4 mg = 4000 mcg
  So:
  4000 mcg / 50 mL = 80 mcg/mL

- **Calculate infusion rate**

  Required dose = 360 mcg/hr
  Concentration = 80 mcg/mL

Rate = Dose ÷ Concentration
= 360 ÷ 80
= **4.5 mL/hr**

Set the infusion pump at = 4.5 mL/hr.

OSCE- UNMANNED STATION- STATION -3

INTERPRETATION OF CONDITION BASED ON IDENTIFICATION OF ABNORMAL VALUES/ RHYTHM

Identification of ABG interpretation

Instructions to the Examinee :

- Identify the ABG values and document.
- There are two slides for identification and it carries 2 marks each.

Slide A : Interpret The Findings

PH	7.2
CO2	40
PO2	72
O2 Saturation	87 %
HCO3	20

Answer:

Metabolic Acidosis

Slide B : Identify the rhythm



Answer Key:

Second Degree AV block – Wenkebach

OSCE- UNMANNED STATION- STATION -4

CLINICAL SIGNS -2 marks

Match the given clinical signs in the right side with the corresponding condition in the left

1. Airway Compromise - Glasgow Coma Scale < 8 (severe)
2. Breathing Difficulty - Cold, clammy skin,Low BP (<90 mmHg systolic)
3. Circulatory Shock Signs - Rapid breathing (>30/min)
4. Neurological Deterioration - Noisy breathing (stridor, gurgling)

RENAL PARAMETERS-2 marks

Match the normal value range in the right side with the renal parameter in the left

1. Blood Urea (BUN) - 135–145 mEq/L
2. Serum Creatinine - 3.5–5.0 mEq/L
3. Sodium (Na^+) - 0.7–1.3 mg/dL
4. Potassium (K^+) - 10–40 mg/dL

Answer keys

Clinical signs

1. Airway Compromise - Noisy breathing (stridor, gurgling)
2. Breathing Difficulty - Rapid breathing (>30/min)

3. Circulatory Shock Signs - Cold, clammy skin, Low BP (<90 mmHg systolic)
4. Neurological Deterioration - Glasgow Coma Scale < 8 (severe)

Renal Parameters

1. Blood Urea (BUN) - 10–40 mg/dL
2. Serum Creatinine - 0.7–1.3 mg/dL
3. Sodium (Na^+) - 135–145 mEq/L
4. Potassium (K^+) - 3.5–5.0 mEq/L

OSCE UNMANNED STATION- 5

BURNS-FLUIDS REPLACEMENT CALCULATION- 4 marks

QUESTION: A 70-kg adult has 25% TBSA burns.
Calculate the total fluid requirement for 24 hours, and how much should be given in the first 8 hours.

Answer Key :

Parkland Formula

Formula

4 mL × kg × %TBSA

 First 8 hours: ½ (50%) of total fluid
→ Count from **time of burn**, NOT time of hospital admission

 Next 16 hours: ½ (remaining 50%)

- Total fluid = 4 × 70 × 25 = **7000 mL**

- First 8 hours = **3500 mL**
- Next 16 hours = **3500 mL**

OSCE UNMANNED STATION- 6

VIRTUAL SIGN IDENTIFICATION - 4 marks

Instructions

- **Score '1'** for each image **identified accurately**
- **Score '0'** for **inaccurate** responses based on the answer key

Calculate the total score for **4 marks**

S.No	Image	Answer
1		**Jugular Vein Distention**
2		**Cyanosis**
3		**Peripheral edema**
4		**Ascites**

OSCE UNMANNED STATION- 7

BIOMEDICAL WASTE SEGREGATION COLOUR CODING - 4 marks

S. No	Name of the product	Colour code (Method of segregation)	Methods of disposal
1.	Human tissues		
2.	Catheters		
3.	Needles		
4.	Glass bottles		

Instructions

- **Score '1'** for each image **identified accurately**
- **Score 0.5** for partially correct response
- **Score '0'** for **inaccurate** responses based on the answer key

Calculate the total score for 4 Marks

S. No	Name of the product	Colour code (Method of segregation)	Methods of disposal
	Human tissues	Yellow	Incineration/ Deep burial
	Catheters	Red	chemical disinfection, followed by shredding/recycling
	Needles	White	Puncture-proof container, and shredding
	Glass bottles	Blue	Disinfection/Autoclaving followed by recycling

OSCE UNMANNED STATION- 8

IDENTIFICATION OF INSTRUMENTS/ EQUIPMENTS - 4 marks

- **Score '1'** for each instrument **identified accurately**
- **Score '0'** for inaccurate response, as suggested in the answer key

Calculate the total score for 4 marks

S.No	Image	Answer
1		**Sponge holding forceps**
2		**Suture cutting scissors**
3		**BP handle (Bard-Parker handle)**

4		**Proctoscope**

OSCE UNMANNED STATION- 9

ABNORMAL ARTERIAL BLOOD GAS (ABG) INTERPRETATION- 4 marks

A 65-year-old patient with a history of Chronic Obstructive Pulmonary Disease (COPD) presents with shortness of breath and drowsiness. The patient's arterial blood gas (ABG) report is given below.

Parameter	Patient Value	Normal Range
pH	**7.28**	
$PaCO_2$	**58 mmHg**	
HCO_3^-	**24 mEq/L**	
PaO_2	**68 mmHg**	

Study the ABG values and answer the following questions.

- Write the normal values of the given parameters
- Identify the acid–base disorder.

Instructions

Score '0.5' for each normal Values
Score '2' for Identify the acid–base disorder.
Score '0' for inaccurate response

Calculate the total score for 4 marks

Parameter	Patient Value	Normal Range
pH	**7.28**	7.35–7.45
$PaCO_2$	**58 mmHg**	35–45 mmHg
HCO_3^-	**24 mEq/L**	22–26 mEq/L
PaO_2	**68 mmHg**	80–100 mmHg

Acid–base disorder is **Uncompensated Respiratory Acidosis**

OSCE UNMANNED STATION- 10

ECG INTERPRETATIONS - 4 marks

Image A: Identify the rhythm

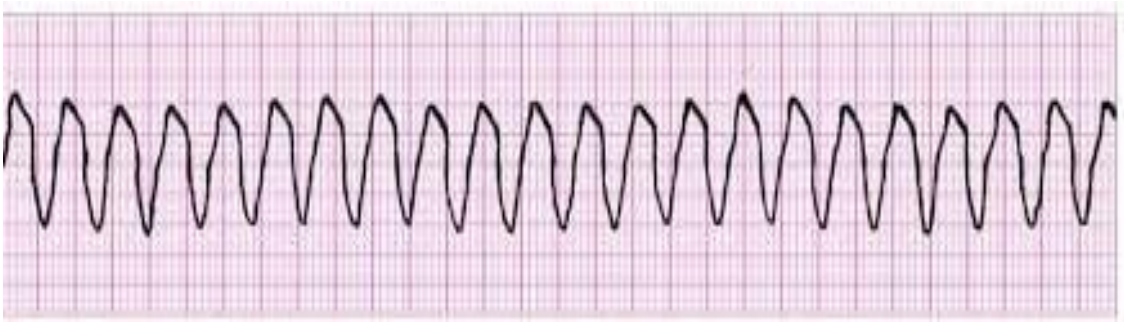
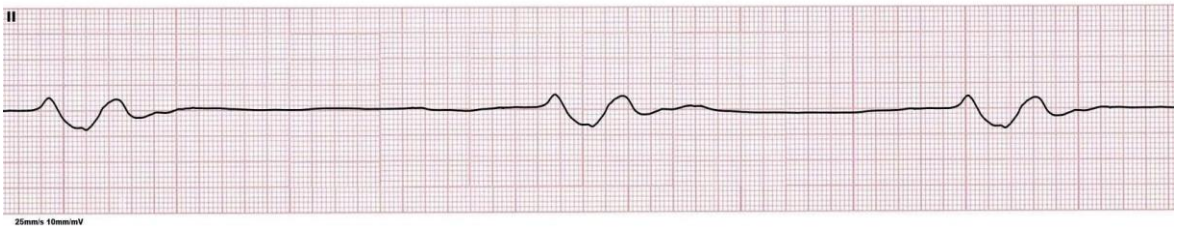


Image B : Identify the rhythm



Answer key
Instructions
Score '2' for Accurate response
Score '0' for inaccurate response
Calculate the total score for 4 marks

Image A: Ventricular Tachycardia (VT)

Image B: Pulseless Electrical Activity

OSCE UNMANNED STATION- 11

IDENTIFICATION OF EMERGENCY DRUGS ACTION - 4 marks

S. No	Drug Name	Mechanism Of Action
1	Adrenaline	
2	Tramadol	
3	Nitroglycerin	
4	Amiodarone	
5	Deriphyllin	
6	Atropine	
7	Mannitol	
8	Aspirin	

Instructions

Score '0.5' for each correct mechanism of action of drug

Score '0' for inaccurate response.Calculate the total score for 4 marks

S. No	Drug Name	Mechanism Of Action
1	Adrenaline	Cardiac stimulant
2	Tramadol	Opioid analgesic
3	Nitroglycerin	Vasodilator; reduces cardiac workload.
4	Amiodarone	Antiarrhythmic drug
5	Deriphyllin	Bronchodilator.
6	Atropine	Anticholinergic
7	Mannitol	Osmotic diuretic
8	Aspirin	Antiplatelet, anti-inflammatory.

OSCE UNMANNED STATION- 12

IDENTIFICATION OF OXYGEN DELIVERY DEVICES - 4 marks

Observe the oxygen delivery devices displayed (or the photographs/PPT provided). Complete the table below.

Score '0.5' for each correct Device name, Flow rate of that device.

Score '0' for inaccurate response

Calculate the total score for 4 marks

Image	Device Name	Flow Rate
	Nasal Cannula	1–6 L/min
	Simple Face Mask	5–10 L/min

	Venturi Mask	4–15 L/min (adapter dependent)
	Non-Rebreather Mask	10–15 L/min

OSCE UNMANNED STATION- 13

CHOOSING THE APPROPRIATE PPE- 4 marks

PPE Options

A. Gloves
B. Surgical Mask
C. N95 Respirator
D. Eye Protection (Goggles/Face Shield)
E. Gown
F. Full PPE (Gloves + Gown + N95 + Eye Protection)
G. Gloves + Gown + N95

Scenario	**Most Appropriate PPE**
1. Administering an intramuscular injection to a patient.	_____
2. Caring for a patient with pulmonary tuberculosis.	_____
3. Performing endotracheal suctioning on a patient with suspected COVID-19.	_____
4. Changing the dressing of a heavily draining infected wound.	_____

Score '1' for each correct response.
Score '0' for inaccurate response
Calculate the total score for 4 marks

Scenario	**Most Appropriate PPE**
1. Administering an intramuscular injection to a patient.	Gloves
2. Caring for a patient with pulmonary tuberculosis.	N95 Respirator
3. Performing endotracheal suctioning on a patient with suspected COVID-19.	Full PPE (Gloves + Gown + N95 + Eye Protection)
4. Changing the dressing of a heavily draining infected wound.	Gloves + Gown + N95

OSCE UNMANNED STATION- 14

OTHER NAMES - 4 marks

Write the other names of the following

1. Hypertension
2. Coronary Artery disease
3. Heart attack
4. Heart failure

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

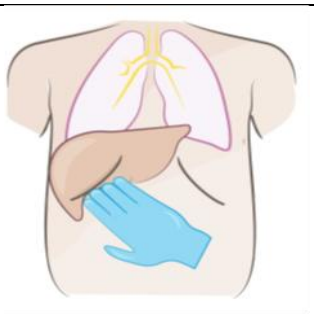
Sl. No	Interpretation	Score
1	Hypertension - Silent killer	1
2	Coronary Artery disease- Ischemic heart disease	1
3	Heart attack - Myocardial infarction	1
4	Heart failure - Congestive Heart failure	1
	Total	4

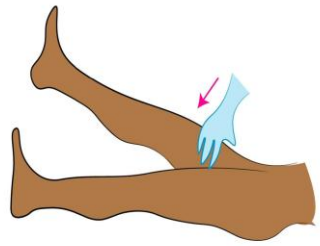
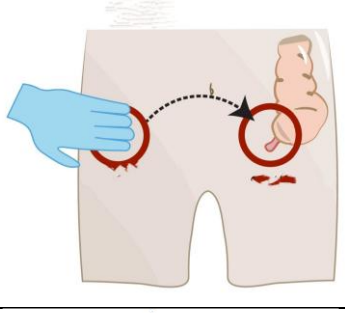
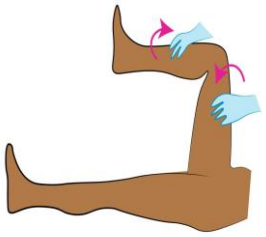
OSCE UNMANNED STATION- 15

ABDOMINAL SIGNS - 4 marks

Instructions:

- **Give 1 mark for the correct answer and 0 mark for the wrong answer**

Sl. No	CLINICAL EXAMINATION	NAME OF THE SIGN	Score
1		PSOAS SIGN	1

2		MURPHY'S SIGN	1
3		ROVSING'S SIGN	1
4		OBTURATOR'S SIGN	1
	Total		4

OSCE UNMANNED STATION- 16

DRUG IDENTIFICATION - 4 marks

Objectives:

- Identify the drug &class, mechanism of action, nurses role & side effect of the drug.

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

Any one of the following samples may be used- Tab. Nifedipine, Tab. Aspirin. Tab. Metformin, Salbutamol inhaler, Oral contraceptive pills

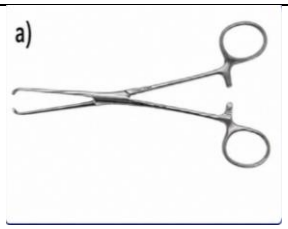
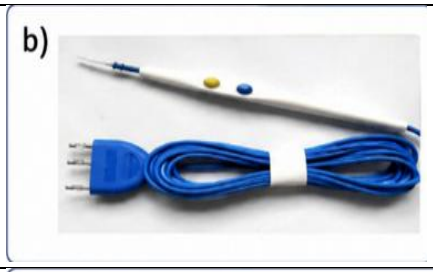
Interpretation	**Score**
1) Nifidipine – calcium channel blocker	1
2) MOA – It blocks calcium channel that makes bp decrease & improves circulation	1
3) Side effects – Headache, nausea, flushing,hypotension	1
4) Nurse role *Monitor BP before & after therapy *Encourage not to take grape juice	1
Total	4

OSCE UNMANNED STATION- 17

IDENTIFICATION OF THE INSTRUMENTS - 4 marks

Instructions:

- Give 0.5 mark for the correct answer and 0 mark for the wrong answer

SL.NO	INSTRUMENT	NAME-0.5 MARKS PURPOSE-0.5 MARKS	SCORE
1		1) ALLIS FORCEPS • Used during surgery to grasp organ and slippery or dense tissue • Less delicate due to sharp teeth present at the tip of the blade	1
2		2) ELECTROSURGERY PENCIL • To cut and coagulate biological tissues • It is mainly used in electrosurgery procedures	1
3		3) CENTRAL VENOUS CATHETER • A CVC helps you receive drugs, fluids or blood for emergency or long-term treatment • It also helps with blood draws. • Hemodialysis.	1
4		4) OPHTHALMOSCOPE • To diagnose the opacities in the refractive media • To differentiate between a mole and a hole of the iris	1
		TOTAL SCORE OUT OF 4 MARKS	

OSCE UNMANNED STATION- 18

FLUID CALCULATION - 4 marks

SCENARIO :

Mr. X aged 40 years old of 70 kg having the 30 % of TBSA burns.

Answer the following

1.Name two formula used to calculate fluid requirement for burns.

2. Write the parkland formula

3. Calculate the fluid requirement for burns using parkland formula

4. Interpret the fluid distribution for above mentioned client for first 16 hours using parkland formula

Instructions:

- **Give 1 mark for the correct answer and 0 mark for the wrong answer**

Interpretation	Score
Parkland regimen,, Muir &Barclay formula Evans formula,, Brooke formula	1
Parkland regimen formula = 4 ml x body wt (kg) x % TBSA	1
Fluid requirement = 4 x 70 x30 =8400 ml	1
1) Distribution of fluid 1st 8 hrs - 50 % - 4200 ml Next 16 hrs – 50% 2nd 8 Hrs – 50 % - 2100 ml	1
Total	4

OSCE UNMANNED STATION- 19

NAMING THE CONDITION - 4 marks

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

DESCRIPTION	NAME OF THE CONDITION	SCORE
Accumulation of pus in pleural cavity	**EMPYEMA**	1
Abnormal collection of excess fluid in pleural space	**PLEURAL EFFUSION**	1
Presence of air in pleural space	**PNEUMOTHORAX**	1
Partial /complete collapse of lung due to loss of air in alveoli	**ATELECTASIS**	1
	Total	4

OSCE UNMANNED STATION- 19

MATCHING THE DISEASES WITH SYSTEMS - 4 marks

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

DISEASE	SYSTEM	SCORE
1. Raynaud‘s disease	Cardiovascular disorder	1
2. Paget’s disease	Musculoskeletal disorder	1
3. Guillain-Barré syndrome	Neurological disorder	1
4. Meniere‘s disease	ENT disorder	1
	TOTAL SCORE	4

OSCE UNMANNED STATION- 20

EXAMPLES OF CONDITIONS- 4 marks

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

	EXAMPLES	**Score**
1. Medical emergencies	Bites Stings, Poisoning STEMI	1
2. Spinal injuries	Paraplegia, Hemiplegia Quadriplegia	1

3. CAD	Coronary atherosclerosis, Angina pectoris, Myocardial infarction	1
4. Orthopedic Treatment modalities	Cast, Splint Traction Crutch walking	1
	Total	4

OSCE UNMANNED STATION- 21

EXPAND SPICES IN ELDERLY ASSESSMENT - 4 marks

1. S
2. P
3. I
4. C
5. E
6. S

STATE ITS PURPOSE AND LIMITATIONS.

Instructions- Score 0.5 each for the correct points. Score 0 for the incorrect points

Answer key:

1. S - Sleep Disorders
2. P - Problems with Eating
3. I - Incontinence
4. C - Confusion
5. E - Evidence of Falls
6. S - Skin Breakdown

P**urpose:** Acts as an initial alert system to trigger comprehensive assessments.

Limitation: It is a screening tool and does not replace a complete physical assessment

MENTAL HEALTH NURSING

OSCE – MENTAL HEALTH NURSING-MANNED STATION - 1

APPLICATION OF FOUR POINT RESTRAINTS

INSTRUCTIONS FOR THE EXAMINER

Objectives:

At the end of the simulation, the examinee will be able to

- ✧ Demonstrate the safe and correct application of physical restraints according to standard guidelines while ensuring the patient's comfort, dignity, and safety.

Instructions:

- Ask the examinee to demonstrate the safe application of physical restraints based on the given clinical scenario and observe each step carefully.
- Award **1 mark** for each correctly performed criterion and **0 mark** for any omitted or incorrect step.

APPLICATION OF FOUR POINT RESTRAINTS

INSTRUCTIONS TO THE SIMULATED PATIENT

Your Role

You are a simulated patient named **Mr.X**, aged **25 years**, admitted to the psychiatric ward with **severe agitation and violent behaviour**.

Demographic Data

- **Name:** Mr. X
- **Age:** 25 years
- **Educational Qualification:** Graduate
- **Marital Status:** Married
- **Occupation:** Teacher
- **Religion:** Hindu
- **Family Income:** ₹20,000/month

Information to the simulated client

- You are restless, agitated, and attempting to hit staff or leave the bed despite verbal reassurance; respond anxiously and resist initially when approached.
- Become cooperative when the nurse explains that the restraints are for your safety and answer only the questions asked, allowing the examinee to demonstrate the procedure.

APPLICATION OF FOUR POINT RESTRAINTS

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box

SCENARIO

Mr.X, a 25-year-old patient admitted to the psychiatric ward, is severely agitated, shouting, attempting to hit staff, and trying to get out of bed despite repeated verbal reassurance. The physician has ordered four-point restraints to prevent injury to the patient and others, and the nurse is required to demonstrate the safe application of restraints.

APPLICATION OF FOUR POINT RESTRAINTS
SCORING SHEET

S.NO	INTERPRETATION	SCORE	REG NUMBER									
1	Verifies the physician's order, explains the procedure to the patient/bystanders, and obtains consent where appropriate.	1										
2	Applies the correctly sized restraint safely with assistance, padding bony prominences, and reassures the patient throughout the procedure.	1										
3	Secures the restraint to the bed frame using a quick-release knot, maintains body alignment, and ensures two fingers can fit beneath the restraint.	1										
4	Assesses comfort and peripheral circulation every 15 min after application and documents the procedure completely. Renew the restraint order every 4 hourly	1										
	TOTAL	**4**										

Signature of the Examiner

APPLICATION OF FOUR POINT RESTRAINTS

ANSWER KEY

1. **Verify the physician's order** for applying four-point restraints, explain the procedure to the patient/bystanders, and obtain consent where appropriate.
2. **Apply the correctly sized four-point restraints** with assistance, pad bony prominences if required, and reassure the patient throughout the procedure.
3. **Secure the restraints to the bed frame** using quick-release knots, maintain proper body alignment, and ensure that **two fingers** can be inserted between the restraint and the patient's wrist/ankle.
4. **Assess circulation, skin integrity, and patient comfort** after application, and **document** the indication, type of restraint, time of application, patient assessment, and ongoing monitoring.

OSCE – MENTAL HEALTH NURSING-MANNED STATION – 2

HISTORY COLLECTION - DEPRESSION

Objectives:

At the end of the simulation, the examinee will be able to

- Assess and observes carefully the response of the client

Instructions:

- Consult the examinee about the Precipitating factors in history collection of the client.
- Give 1 mark for the correct answer and 0 mark for the wrong answer

HISTORY COLLECTION – DEPRESSION

INSTRUCTIONS TO THE SIMULATED PATIENT

Your role: You are a simulated patient named **Mr.S**, aged **25 years**, admitted to the Male psychiatric ward with persistently sad, fatigued, irritable,

Demographic data

Name: Mr.S.
Age: 45
Gender: Male
Occupation: Business Owner (Retail)
Marital Status: Married (15 years)
Living Situation: Lives with wife and 2 children (ages 12 and 9)
Religion: Hindu

Information to the simulated client to verbalize about his history.

You are a 45-year-old man who has been feeling persistently sad, fatigued, irritable, and has lost interest in managing your business for the past 6 months. You feel overwhelmed by financial and family responsibilities, have withdrawn from your wife and children, experience poor concentration, hopelessness about the future, and low self-esteem.

HISTORY COLLECTION – DEPRESSION

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box

SCENARIO

Mr.S aged **45 years**, reports feeling persistently sad, fatigued, and irritable for the past **6 months**. He has lost interest in managing his retail business and has been avoiding work-related responsibilities. He feels overwhelmed by family demands and has withdrawn from spending time with his wife and two children. He reports difficulty concentrating, particularly when dealing with financial matters, along with feelings of hopelessness about the future and low self-esteem. His appetite has decreased over the past **3 months**. The symptoms began **6 months ago** following a **major financial setback in his business**, which caused significant stress.

HISTORY COLLECTION – DEPRESSION

SCORING SHEET

Signature of the Examiner

S.NO	INTERPRETATION	SCORE	REGISTRATION NUMBER									
1	Greets the client, introduces self, establishes rapport.	1										
2	Assesses the chief complaints and current history.	1										
3	Assesses precipitating factors of depression (e.g. stressful life events, loss/conflict,).	1										
4	Documents the assessment findings/inference regarding the client's precipitating factors accurately and concisely.	1										
	TOTAL	**4**										

HISTORY COLLECTION - DEPRESSION

ANSWER KEY

1. Greet and welcome the client with warmth

2. Persistently sad, fatigued, irritable, loss of interest, overwhelmed by family demands and withdraws from spending time with his children and wife, difficulty concentrating, hopelessness about the future and low self-esteem, loss of appetite.

3. Client's precipitating factors(e.g., genetic predisposition, stressful life events, loss/conflict, adverse childhood experiences, relationship issues, personality traits, retirement or other major life changes)

4. Inference regarding the client's precipitating factors.

OSCE – MENTAL HEALTH NURSING-MANNED STATION – 3

CAGE QUESTIONNAIRE ASSESSMENT

INSTRUCTION FOR THE EXAMINER

Objectives:

At the end of the simulation, the examinee will be able to

✧ Demonstrate the correct administration of the **CAGE Questionnaire** to screen for alcohol use disorder using therapeutic communication.

Instructions:

- Ask the examinee to demonstrate the correct administration of the **CAGE Questionnaire** based on the given clinical scenario and observe each step carefully.
- Award **1 mark** for each correctly performed criterion and **0 mark** for any omitted or incorrect step.

CAGE QUESTIONNAIRE ASSESSMENT

INSTRUCTIONS TO THE SIMULATED PATIENT
Your Role- Demographic Data

- **Name:** Mr. X
- **Age:** 42 years
- **Educational Qualification:** Graduate
- **Marital Status:** Married
- **Occupation:** Businessman
- **Religion:** Hindu
- **Family Income:** ₹1,00,000/month

Information to the Simulated Patient

- You have been consuming alcohol **almost every day for the past 8 years**.

- **Cooperate with the nurse**, listen carefully, and respond to the CAGE questionnaire.

CAGE QUESTIONNAIRE ASSESSMENT

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box

SCENARIO

Mr. X, aged 42 years, is attending the Psychiatry Outpatient Department for evaluation of alcohol use. During the initial assessment, he admits to regular alcohol consumption, and his family expresses concern about his drinking habits. You are the student nurse assigned to screen the client for alcohol use disorder using the **CAGE** Questionnaire. Administer the questionnaire, interpret the findings, and explain the need for further assessment if indicated.

CAGE QUESTIONNAIRE ASSESSMENT

SCORING SHEET

S.NO	INTERPRETATION	SCORE	REGISTRATION NUMBER									
1	Introduces self, explains the purpose of the assessment	1										
2	Administers all four **CAGE** questions accurately using therapeutic communication.	1										
3	Correctly scores and interprets the **CAGE** questionnaire	1										
4	Documents findings.	1										
	TOTAL	**4**										

Signature of the Examiner

CAGE QUESTIONNAIRE ASSESSMENT

ANSWER KEY

1. Introduces self, explains the purpose of the assessment
2. Asks all four questions exactly or with equivalent wording:

C – Cut down: "Have you ever felt you should cut down on your drinking?"
A – Annoyed: "Have people annoyed you by criticizing your drinking?"
G – Guilty: "Have you ever felt guilty about your drinking?"
E – Eye-opener: "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover

3. Correctly scores and interprets the **CAGE** questionnaire

SCORE INTERPRETATION	
0-1	Low likelihood of alcohol use disorder (continue routine assessment if clinically indicated
2-4	Positive CAGE screen; possible alcohol use disorder. Requires comprehensive assessment and appropriate referral.

4. Provides brief health education regarding alcohol use, documents findings.

OSCE – MENTAL HEALTH NURSING-MANNED STATION – 4

MINI MENTAL STATUS EXAMINATION

INSTRUCTION FOR THE EXAMINER

Objectives:

At the end of the simulation, the examinee will be able to

- Assess and observes carefully the response of the client

Instructions:

- Consult the examinee about the assessment of mini mental status examination of the client.
- Give 1 mark for the correct answer and 0 mark for the wrong answer

MINI MENTAL STATUS EXAMINATION
INSTRUCTIONS TO THE SIMULATED PATIENT

Your Role

You are **Mrs. Y**, a 72-year-old retired school teacher attending the Geriatric Outpatient Clinic because of memory problems.

Demographic Data

- **Name:** Mrs. Y
- **Age:** 72 years
- **Gender:** Female
- **Occupation:** Retired school teacher
- **Setting:** Geriatric Outpatient Clinic

Information to the Simulated Patient

You are playing the role of **Mrs.Y**, having increasingly forgetful over the past year. She often misplaces things, repeats questions, and struggles to recall recent events. Her confusion is more evident in the evenings. She sometimes has difficulty recognizing family members and frequently forgets where she is. You will be answering the questions asked by the nurse related to your complaints mentioned above.

MINI MENTAL STATUS EXAMINATION

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box

SCENARIO

Mrs.Y, a 72-year-old retired school teacher, has been brought to the Geriatric Outpatient Clinic by her family due to progressive memory loss, increasing forgetfulness, and episodes of confusion over the past year. The nurse is required to perform a **Mini-Mental State Examination (MMSE)** to assess her cognitive function and identify possible dementia.

MINI MENTAL STATUS EXAMINATION
SCORING SHEET

S. NO	INTERPRETATION	SCORE	REGISTRATION NUMBER									
1	Introduces self and establishes rapport	1										
2	Assesses **Orientation and Registration** Asking questions related to time, place, and Person Immediate repetition of three unrelated words.	1										
3	Assesses **Attention & Calculation** (e.g., serial 7s or spelling "WORLD" backwards) and **Recall** of the three previously stated words after a short interval.	1										
4	Assesses **Language** (naming objects, repetition, following commands, reading/writing, copying a figure), records the score correctly, interprets the findings, thanks the client, and documents the assessment.	1										
	TOTAL	**4**										

Signature of the Examiner

ANSWER KEY

1. Introduces self and establishes rapport
2. Orientation
   - Time, place, person

   Registration
   - I'm going to say three words, and I want you to repeat them after me: 'apple', 'table', 'penny'. Can you repeat them back?
3. Attention and Calculation
   - Can you count backwards from 100 by 7?
   - Can you spell the word 'WORLD' backwards?

   Recall
   - Do you remember the three words I asked you earlier?
4. Language
   - What is this called?" [Shows a pen and a watch]
   - Please repeat after me: 'No ifs, ands, or buts
   - Take this paper in your right hand, fold it in half, and place it on the floor.
   - Copying figure

OSCE – MENTAL HEALTH NURSING-MANNED STATION – 5

ASSESSMENT-PSYCHIATRIC HISTORY TAKING (PREMORBID PERSONALITY) INSTRUCTION FOR THE EXAMINER

Objectives:

The examinee will be able to

- assess the pre morbid personality in history taking.
- interpret & document the findings.

Instructions:

- Observe and evaluate the examinee while performing the following steps of psychiatric history taking in the correct sequence and technique.
- Score the task based on the following.
  Score '0.5' if the task is performed **competently**
  Score '0' if the task is **not performed or performed with mistakes as incompetent**
- Calculate the total score

ASSESSMENT-PSYCHIATRIC HISTORY TAKING (PREMORBID PERSONALITY)

INSTRUCTION TO THE STANDARDIZED PATIENT

Your role: standardized male client, named Mr. X aged 25 years.

Demographic data

- Name: Mr. X
- Age: 25 years
- Educational qualification: B Sc English
- Marital status: Married
- Occupation: Teacher
- Religion: Hindu
- Family income: Rs.20,000/ month

Information to the simulated client to verbalize about his history.

- You are playing the role of 25 years old diagnosed with Alcohol dependence syndrome having the complaints of restlessness, difficulty to focus on completing a task and has trouble sleeping.
- You were previously an extrovert, sociable person. You maintain cordial relation with your family and friends. You engage yourself in watching mobile phone whenever time permits
- You are an optimistic person with positive thinking and is cheerful. You try to adapt to stress as normally. You are self-satisfied and proud of working in current job
- You follow minimal religious rituals and have faith in God. No day dreaming. Eating, and elimination pattern is normal. Known alcoholic and smoker since 5 years. Sleep issues (insomnia) since 6 months.
- You will be answering the questions asked by the student nurse related to your complaints mentioned above

ASSESSMENT-PSYCHIATRIC HISTORY TAKING (PREMORBID PERSONALITY)

INSTRUCTION TO THE EXAMINEE

- Read the scenario and respond appropriately.

SCENARIO

Mr. X aged 25 years old diagnosed with alcohol dependence syndrome having the complaints of restlessness, difficulty to focus on completing a task and has trouble sleeping. Assess the pre morbid personality in psychiatric history taking.

ASSESSMENT-PSYCHIATRIC HISTORY TAKING (PREMORBID PERSONALITY)

SCORING SHEET

S.No	STEPS OF PROCEDURE	Score	REGISTARATION NO												
1.	Greet and explain the procedure to the patient	**0.5**													
	The examinee will question about the following to the patient														
2.	Questions about interpersonal relationships involvement in family and social relationships **(Anyone)**	**0.5**													
3.	Enquires predominant mood **Anyone)**	**1**													
4.	Asks the usual reaction to stressful events solving problems	**0.5**													
5.	Questions appraisal of achievements and failures **(Anyone)**	**0.5**													
6.	Asks about Religious belief	**0.5**													
7.	Questions use of drugs, tobacco, alcohol **(Anyone)**	**0.5**													
	TOTAL	**4**													

Signature of the Examiner

ASSESSMENT-PSYCHIATRIC HISTORY TAKING (PREMORBID PERSONALITY)

ANSWER KEY

S.No	STEPS OF PROCEDURE	Score
1.	Greet and explain the procedure to the patient	**0.5**
	The examinee will question about the following to the patient	
2.	Questions about interpersonal relationships whether extrovert or introvert, involvement in family and social relationships **(Anyone)**	**0.5**
3.	Enquires predominant mood of patient (/cheerful/desponent) **(Anyone)**	**1**
4.	Asks the usual reaction to stressful events	**0.5**
5.	Questions appraisal of abilities, achievements and failures related to self, others, work religious belief **(Anyone)**	**0.5**
6.	Asks about Religious belief	**0.5**
7.	Questions use of drugs, tobacco, alcohol **(Anyone)**	**0.5**
	TOTAL	**4**

OSCE – MENTAL HEALTH NURSING-MANNED STATION – 6

EXAMINATION- MENTAL STATUS EXAMINATION (THOUGHT)

INSTRUCTION FOR THE EXAMINER

Objectives:

The examinee will be able to

- perform the thought component of Mental Status Examination for patient with severe depression

Instructions:

- Observe and evaluate the examinee while performing the following steps of thought component of Mental Status Examination for patient with severe depression in the correct sequence and technique.
- Score the task based on the following.
  Score **'0.5'** if the task is performed **competently**
  Score **'0'** if the task is **not performed or performed with mistakes** as incompetent
- Calculate the total score

EXAMINATION- MENTAL STATUS EXAMINATION

INSTRUCTION TO THE STANDARDIZED PATIENT

Your role: standardized client, named Ms. Z aged 19 years.

Demographic data

- Name: Ms. X
- Age: 19 years
- Educational qualification: BE (Studying)
- Marital status: Single
- Occupation: nil
- Religion: Christian
- Family income: nil

Information to the standardized client to verbalize about history.

- You are playing the role of depressive patient, 19 years old, studying in college, came with the complaints of insomnia, irritability, sadness, restlessness. Preoccupied with suicidal ideas. Perform the thought component of Mental Status Examination for patient with severe depression
- You are asthmatic and on inhalers for the past 10 years, no history of allergy, you are on antidepressants medication. Not alcoholic and not a smoker.
- You feel low as you are feeling unworthy. Complaints of no one to understand or feel what you are going through.
- You will be answering the questions asked by the nurse related to your complaints mentioned above

EXAMINATION- MENTAL STATUS EXAMINATION (THOUGHT)

INSTRUCTION TO THE EXAMINEE

- Read the scenario and respond appropriately.

SCENARIO

Ms Z,19 years old, studying in college, came with the complaints of insomnia, irritability, sadness, restlessness. Preoccupied with suicidal ideas. Perform the THOUGHT component of Mental Status Examination for patient with severe depression

EXAMINATION- MENTAL STATUS EXAMINATION (THOUGHT)

SCORING SHEET

S.No	STEPS OF PROCEDURE	Score	REGISTARATION NOs												
1.	Greet and explains procedure to the client.	**0.5**													
2.	Asks questions about Stream of thought (retarded thinking / thought block/ muddled or unclear thinking / mutism **(Anyone**)	**0.5**													
3.	Asks questions about Form of thought through conversation observation	**0.5**													
4.	Asks about any of the delusions	**0.5**													
5.	Asks about Ideas (Worthlessness/helplessness/hopelessness/guilt/thoughtrumination/ death wishes) **(Anyone)**	**0.5**													
6.	Questions thought alienation phenomena (Thought withdrawal/ pre occupied suicidal thoughts) **(Any one)**	**0.5**													
7.	Questions (Thoughts/ images/ruminations/ doubts) **(Anyone)**	**0.5**													
8.	Thoughts of suicide, preoccupations **(Anyone)**	**0.5**													
	TOTAL	**4**													

Signature of the Examiner

EXAMINATION- MENTAL STATUS EXAMINATION (THOUGHT)

ANSWER KEY

S.No	STEPS OF PROCEDURE	Score
1.	Greet and explains procedure to the client.	**0.5**
2.	Asks questions about Stream of thought (retarded thinking / thought block/ muddled or unclear thinking / mutism **(Anyone**)	**0.5**
3.	Asks questions about Form of thought through conversation observation	**0.5**
4.	Asks about any of the delusions of guilt	**0.5**
5.	Asks about Ideas (Worthlessness/helplessness/hopelessness/guilt/suicidal thoughts death wishes) **(Anyone)**	**0.5**
6.	Questions thought alienation phenomena to attempt suicide (thought withdrawal) **(Any one)**	**0.5**
7.	Questions Obsessional/ compulsive phenomena (Thoughts to suicidal ideas /ruminations/ doubts/ self infliction) **(Anyone)**	**0.5**
8.	Thoughts of suicide, preoccupations **(Anyone)**	**0.5**
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-1

THERAPEUTIC PROCEDURE DRUG IDENTIFICATION

INSTRUCTION FOR THE EXAMINER

Objectives**:**

After going through scenario, the examinee will be able to

- Assess and observes carefully the response of the client

Instructions:

- Consult the examinee about the drug identification.
- Give 1 mark for the correct answer and 0 mark for the wrong answer

THERAPEUTIC PROCEDURE DRUG IDENTIFICATION

INSTRUCTIONS TO THE EXAMINEE

- Read the scenario carefully and answer the questions appropriately.
- Write your answers on the response sheet.
- Drop the completed response sheet in the drop box.

SCENARIO

Mr. X, aged **30 years**, is brought to the Emergency Department by his family after being found unconscious at home. He has **pinpoint pupils, shallow breathing (respiratory depression), decreased level of consciousness, and a history of opioid (morphine/heroin) use**. The physician orders **Naloxone** for emergency management.

	1. Generic name and classification of the drug (1 mark) 2. Dose- Minimum and Maximum (1 mark) 3. Pharmacokinetics &Pharmacodynamics (1 mark) 4. Mention any two nursing intervention during administration of drugs(1 mark)

THERAPEUTIC PROCEDURE DRUG IDENTIFICATION

ANSWER KEY

1. Naloxone and Opiate antagonists
2. **Adult:** 0.4–2 mg IV/IM/SC, repeated every 2–3 minutes up to a maximum cumulative dose of **10 mg**.
3. **Pharmacodynamics:** Competitively blocks opioid receptors and reverses opioid-induced respiratory and CNS depression.
   Pharmacokinetics: Usually administered IV, IM, SC, or intranasally.
4. Nursing intervention

- Maintain airway, breathing, oxygenation; monitor respiratory rate, SpO_2, level of consciousness; repeated doses may be needed because naloxone has a short half-life;
- monitor for opioid withdrawal and recurrence of respiratory depression.
- Administration through IV 0.1–0.2 mg every 2–3 min, protect drug from excessive light.
- Monitor vitals.

MENTAL HEALTH NURSING UNMANNED OSCE STATION-2

DECISION MAKING – THERAPEUTIC TECHNIQUES

INSTRUCTION FOR THE EXAMINER

Objectives**:**

After going through the scenario, the examinee will be able to match the type of therapeutic technique and document

Instructions:

Give 1 mark for the correct answer and 0 mark for the wrong answer

S.NO	MATCH THE FOLLOWING	
1	Attending fully to the patient's verbal and non-verbal messages.	Paraphrasing
2	Encouraging the patient to examine an idea, feeling, or experience in greater depth.	Active Listening
3	Restating the patient's message in different words while retaining the original meaning.	Seeking Clarification
4	Asking the patient to explain an unclear statement.	Exploring

DECISION MAKING – THERAPEUTIC TECHNIQUES

ANSWER KEY

S.NO	INTERPRETATION	
1	Attending fully to the patient's verbal and non-verbal messages.	Active Listening
2	Encouraging the patient to examine an idea, feeling, or experience in greater depth.	Exploring
3	Restating the patient's message in different words while retaining the original meaning.	Paraphrasing
4	Asking the patient to explain an unclear statement.	Seeking Clarification

MENTAL HEALTH NURSING UNMANNED OSCE STATION-3

THERAPEUTIC PROCEDURE – IDENTIFICATION OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

INSTRUCTION FOR THE EXAMINER

Objectives: List out the 4 negative symptoms ("4 A's of Bleuler") of schizophrenia

Instructions:

- Give 1 mark for the correct answer and 0 mark for the wrong answer

THERAPEUTIC PROCEDURE – IDENTIFICATION OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

ANSWER KEY

S.NO	INTERPRETATION	SCORE
1	Affect	1
2	Ambivalence	1
3	Association	1
4	Autism	1
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-4

THERAPEUTIC COMMUNICATION – JOHARI WINDOW

INSTRUCTION FOR THE EXAMINER

Objectives: After going through the questions, the examinee will be able to

- Identify the four quadrants of the Johari Window.
- Explain the representation of each quadrant.
- State the uses of the Johari Window in mental health nursing.

Instructions:

- Consult the examinee about the identification of four quadrants of johari window
- Give 1 mark for the correct answer and 0 mark for the wrong answer

THERAPEUTIC COMMUNICATION – JOHARI WINDOW

ANSWER KEY

S.NO	INTERPRETATION
1	(Open/Arena, Blind Spot, Hidden/Façade, Unknown (1 mark)
2	Open- Known to self and known to others Blind Spot - Unknown to self but known to others (1 mark)
3	Hidden -Known to self but unknown to others Unknown-Unknown to self and unknown to others (1 mark)
4	**Uses of Johari Window (1 mark)** • Improves self-awareness. • Enhances interpersonal communication. • Promotes feedback and trust. • Facilitates personal and professional development.

MENTAL HEALTH NURSING UNMANNED OSCE STATION-5

VIRTUAL SIGN IDENTIFICATION -ABNORMAL FINDINGS -BORDERLINE PERSONALITY

INSTRUCTION FOR THE EXAMINER

Objectives: After reading scenario, the examinee will be able to
Identify the Personality type and specify the 3 common signs and symptoms.

Instructions:
Consult the examinee about the identification of Personality Type
Give 1 mark for the correct answer and 0 mark for the wrong answer

VIRTUAL SIGN IDENTIFICATION -ABNORMAL FINDINGS -BORDERLINE PERSONALITY

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box

SCENARIO

Mr. X, a 26-year-old man working in an IT company, has a history of repeatedly lying to his colleagues, manipulating others for personal gain, and ignoring workplace rules. He frequently gets into arguments, behaves impulsively, and shows no guilt after causing financial loss to a coworker. He believes that rules do not apply to him and is unconcerned about the consequences of his actions.

A) What is your provisional diagnosis? (1 mark)
B) Name any three features mentioned in this case to support your diagnosis? (3 marks)

Answer key:

A) Borderline Personality Disorder
B) Deceitfulness, Lack of remorse, impulsiveness and aggression

MENTAL HEALTH NURSING UNMANNED OSCE STATION-6

VIRTUAL SIGN IDENTIFICATION -ABNORMAL FINDINGS -EPS

INSTRUCTION FOR THE EXAMINER

Objectives: After going through the virtual sign identification, the examinee will be able to

Identify the EPS

Instructions:

- Consult the examinee about the identification EPS
- Give 1 mark for the correct answer and 0 mark for the wrong answer

VIRTUAL SIGN IDENTIFICATION -ABNORMAL FINDINGS -EPS

INSTRUCTION TO THE EXAMINEE

- ✧ Read the scenario and respond appropriately.
- ✧ Drop the response sheet in drop box



QUESTIONS

1. What is EPS? (1 mark)
2. Name any 2 types of EPS.(2 marks)
3. What are the features of Parkinsonism? (1 mark)

ANSWER KEY:

1. Extra Pyramidal Syndrome
2. Tardive Dyskinesia, Akathisia, Parkinsons disease, Acute Dystonia
3. Rigidity, Tremors and Bradykinesia

MENTAL HEALTH NURSING UNMANNED OSCE STATION-7

COGNITIVE SKILL – MANIA

INSTRUCTION FOR THE EXAMINER

Objectives:

The examinee will be able to

- identify the disease condition and answer the questions appropriately

Instructions:

- Score the task based on the following answer.
  Score **'1 or 0.5'** for the **correct answer as indicated**
  Score **'0'** if the task is **not answered or incorrect**
- Calculate the total score

COGNITIVE SKILL – MANIA

INSTRUCTION TO THE EXAMINEE

- Read the scenario and answer the questions given below appropriately.

SCENARIO

Ms. X aged 25 years admitted in female ward with the complaints of having, severe elevation of mood, restless with on – the - toe –on – the - go activity, having increased thoughts excessive talk, flight of ideas, grandiosity, risk taking behavior, hearing voices when alone for the past one year.

ANSWER THE FOLLOWING QUESTIONS:

1. Identify the disease condition (1 mark)
2. List the four stages of progression of mood in mania(2 marks)
3. List the most preferred class of psychiatric drug for this disease condition.(1 mark)

ANSWER KEY:

1. Mania
2. Euphoria, elation, exaltation, ecstasy
3. Mood Stabilisers

MENTAL HEALTH NURSING UNMANNED OSCE STATION-8

COGNITIVE SKILL – GENOGRAM

INSTRUCTION FOR THE EXAMINER

The examinee will be able to

- draw the genogram using appropriate symbols

Instructions:

- Score the task based on the following answer.
  Score **'0.5'** for the **correct answer**
  Score **'0'** if the task is **not answered or incorrect**
- Calculate the total score

COGNITIVE SKILL – GENOGRAM

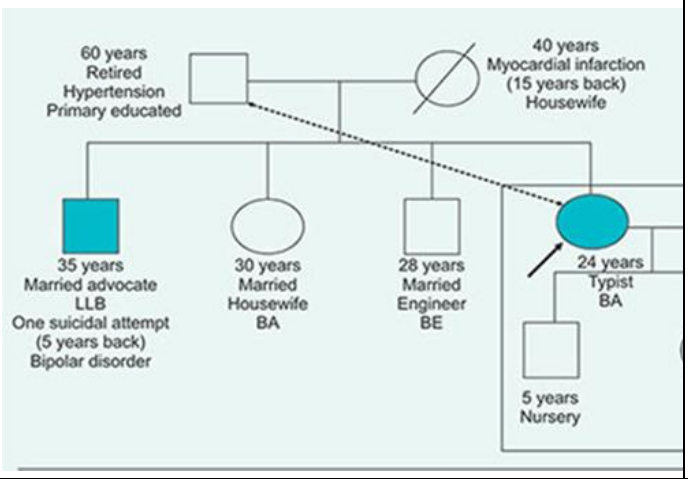
INSTRUCTION TO THE EXAMINEE-

Read the scenario and draw the genogram using appropriate symbols

Scenario

A 60-year-old retired man with hypertension who has completed primary education, and the mother, who died at the age of 40 years due to myocardial infarction 15 years ago. The couple had four children. The eldest son is 35 years old, unmarried, educated up to LLB, and has Bipolar Affective Disorder with a history of one suicidal attempt five years ago. The second child is a 30-year-old married housewife with a BA degree and no history of psychiatric illness. The third child is a 28-year-old married engineer with a BE degree and no psychiatric illness. The youngest child is the index patient, a 24-year-old typist with a BA degree, diagnosed with a psychiatric disorder. She is married to a 27-year-old journalist with a MA degree, and they have two children: a 5-year-old son attending nursery school and a 2-year-old daughter. The pedigree also indicates a special emotional attachment between the index patient and her father. There is no history of consanguinity, twin births, adoption, or miscarriage in the family.

SCORING SHEET

S.No	INTERPRETATION	Score	REGISTARATION NOs												
														
1.	Male	**0.5**													
2.	Female	**0.5**													
3.	Patient	**0.5**													
4.	Current patient	**0.5**													
5.	Dead patient	**0.5**													
6.	Emotional attachment	**0.5**													
7.	Children	**0.5**													
8.	Grand children	**0.5**													
	TOTAL	**4**													

Signature of Examiner

MENTAL HEALTH NURSING UNMANNED OSCE STATION-9

COGNITIVE -DATA INTERPRETATION – IQ CALCULATION

INSTRUCTION FOR THE EXAMINER

The examinee will be able to

- Calculate the IQ based on the given data

Instructions:

- Score the task based on the following answer.
  Score **'2'** for the **correct answer**
  Score **'0'** if the task is **not answered or incorrect**
- Calculate the total score

INSTRUCTION TO THE EXAMINEE

- Read the scenario and Calculate the IQ with the given data.

Scenario

Baby. Sharadha, 14 year old girl has been brought by her father to the OPD with complaints of acting out behaviour, poor self-control and inability to perform or accomplish task, dropout from school. The Nurse performs the screening with the tool and found the Mental Age to be 8.

COGNITIVE -DATA INTERPRETATION – IQ CALCULATION

ANSWER KEY

S.No	INTERPRETATION	Score
1.	57	2
2.	Mild mental retardation	2
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-10
PSYCHOMETRIC ASSESSMENT-MMSE

INSTRUCTION FOR THE EXAMINER

Objectives:

The examinee will be able to identify the appropriate psychological test and its scoring

- Score the task based on the following answer.
  Score **'2'** for the **correct answer**
  Score **'0'** if the task is **not answered or incorrect**
- Calculate the total score

INSTRUCTION TO THE EXAMINEE

- identify the psychometric assessment and answer the questions given below.

ANSWER THE FOLLOWING QUESTIONS:

1. Identify the assessment tool.
2. What is the maximum score?

PSYCHOMETRIC ASSESSMENT

ANSWER KEY

S.No	INTERPRETATION	Score
1.	Mini Mental Status Examination (MMSE)	2
2.	30	2
	TOTAL	**4**

S. No	Verbatim	Therapeutic communication techniques
1.	Patient: I cannot live in this tricky world. Nurse: “I am not sure about what you mean; could you tell me again”?	
2.	Patient: I couldn’t convince my boss in that issue. Nurse: "Have you thought about responding to your boss in a different way when he raises that issue with you?	
3.	Patient: (Thinking deeply looking at the sky) Nurse: Good Morning. What are you thinking about?	
4.	Patient: My mother left me when I was 5 years old. Nurse: You say that your mother left you when you were 5 years old.	

MENTAL HEALTH NURSING UNMANNED OSCE STATION-11

VIRTUAL IDENTIFICATION-DECISION MAKING-THERAPEUTIC COMMUNICATIO TECHNIQUES

Objectives: The examiner will be able to identify the applied therapeutic communication techniques through the instruction to the examinee.

Instructions:

- Score the task based on the following answer.
  Score **‘1’** for the **correct answer**
  Score **‘0’** if the task is **not answered or incorrect**
  Calculate the total score
  INSTRUCTION TO THE EXAMINEE

- From the table given identify the therapeutic communication techniques

ANSWER KEY

S.No	INTERPRETATION	Score
1.	Clarification	1
2.	Suggestion	1
3.	Broad opening	1
4.	Restating	1
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-12

VIRTUAL IDENTIFICATION-ANATOMY OF BRAIN

Objectives: The examinee will be able to observe the Brain model and answer to the questions appropriately

1. Identify the lobe of the brain (1 mark)
2. List any one of its function (1 mark)
3. Name any two possible disease condition involving frontal lobe in psychiatry (2 marks)

Instructions:

- Score the task based on the following answer.
  Score **'1'** for the **correct answer**
  Score **'0'** if the task is **not answered or incorrect**
- Calculate the total score

VIRTUAL IDENTIFICATION-ANATOMY OF BRAIN

ANSWER KEY

S.No	INTERPRETATION	SCORE
1.	Frontal lobe	1
2.	Planning, Judgment, Decision-making Personality, Voluntary movement, problem-solving **(Any one)**	1
3.	Schizophrenia, Major Depressive Disorder, Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD) Frontal lobe syndrome (following traumatic brain injury) **(Any Two)**	**2**
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-13

THERAPEUTIC PROCEDURE -DRUG IDENTIFICATION

INSTRUCTION FOR THE EXAMINER

Objectives:

The examinee will be able to identify the displayed drug strip and correctly state its drug class, sub-category, and two common clinical indications in psychiatry

Instructions:

- Score the task based on the following answer.

Score **'1'** for the **correct answer**
Score **'0'** if the task is **not answered or incorrect**

- Calculate the total score

THERAPEUTIC PROCEDURE -DRUG IDENTIFICATION

INSTRUCTION TO THE EXAMINEE

- Observe the drug and answer to the questions given below appropriately

Answer the following questions

1. Identify the drug class (1 mark)
2. Mention the sub category of the drug class(1 mark)
3. Write 2 clinical indications in psychiatry (2 marks)

THERAPEUTIC PROCEDURE -DRUG IDENTIFICATION

ANSWER KEY

S.No	INTERPRETATION	Score
1.	Anxiolytic or Central Nervous System (CNS) Depressant	1
2.	Benzodiazepine	1
3.	**Any 2 indications** Anxiety disorders, alcohol withdrawal syndrome, Insomnia, Panic Disorder, phobia, acute stress, post-traumatic stress disorder	 1 1
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-14

COGNITIVE – MATCH THE DRUG EDUCATION

INSTRUCTION FOR THE EXAMINER

Objectives: The examiner will be able to

- assess critical thinking and decision-making skill of the examinee by matching the drug education with the drug class.

Instructions:

- Check the content of the examinee documents
- Score “1” for each correct answer
- Score “0” for wrong answer

COGNITIVE – MATCH THE DRUG EDUCATION

INSTRUCTION FOR THE EXAMINEE

- Match the drug education with the drug class in the response sheet

S.No	DRUG EDUCATION	DRUG CLASS
1.	Avoid foods rich in tyramine	
2.	consistent intake of salt and water	
3.	avoid all forms of alcohol	
4.	Infection prevention and white blood cell monitoring	

COGNITIVE – MATCH THE DRUG EDUCATION

ANSWER KEY

S.No	DRUG EDUCATION	DRUG CLASS
1.	Avoid foods rich in tyramine	**MAOI (Monoamine Oxidase Inhibitor)**
2.	Consistent intake of salt and water	**Lithium**
3.	Avoid all forms of alcohol	**Disulfiram**
4.	Infection prevention and white blood cell monitoring	**Clozapine**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-15

DATA INTERPRETATION
(PSYCHIATRIC SYMPTOMATOLOGY)

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Infer the Psychiatric symptoms by analyzing the description of patient's behavioral abnormalities.

Instructions:

- Check and Evaluate the Inference made by the examinee

Scoring:

- **Score "1"** for each correct Inference
- **Score "0"** for wrong Inference or no Response

DATA INTERPRETATION
(PSYCHIATRIC SYMPTOMATOLOGY)

INSTRUCTIONS TO THE EXAMINEE:

- Read the descriptions given below and infer the psychiatric symptoms.
- Leave the Response Sheet in the drop box after documentation.

Description of psychiatric symptoms:

1. Patient is unable to experience pleasure in any activity which she used to enjoy in the past.
2. Patient hears voices of someone talking to him, actually there is no one talking to him.
3. Patient holds a false unshakable belief that his neighbours are trying to poison him.
4. Patient tries unconsciously to fill the gaps in his memory with imaginary experiences.

DATA INTERPRETATION
(PSYCHIATRIC SYMPTOMATOLOGY)

ANSWER KEYS

S.No.	Psychiatric Symptomatology		Max. Marks
	Description of the Symptoms	**Symptom Terminology**	
1	Patient is unable to experience pleasure in any activity which she used to enjoy in the past	Anhedonia	**1**
2	Patient hears voices of someone talking to him, actually there is no one talking to him.	Auditory Hallucination	**1**
3	Patient holds a false unshakable belief that his neighbours are trying to poison him.	Persecutory Delusion	**1**
4	Patient tries unconsciously to fill the gaps in his memory with imaginary experiences.	Confabulation	**1**
	SCORE		**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-16

DATA INTERPRETATION
(THERAPEUTIC COMMUNICATION TECHNIQUES)

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Interpret the concept of Therapeutic Communication Techniques by analyzing the Verbatims

Instructions:

- Check and Evaluate the Interpretation made by the examinee

Scoring:

- **Score "1"** for each correct Interpretation
- **Score "0"** for wrong Interpretation or no Response

DATA INTERPRETATION
(THERAPEUTIC COMMUNICATION TECHNIQUES)

INSTRUCTIONS TO THE EXAMINEE:

- Given below are Sample Verbatim of therapeutic communication by a Nurse.
- Choose the appropriate name of the Therapeutic Communication Technique used in each of the verbatim from the given options.
- Leave the Response Sheet in the drop box after documentation.

S.No	Sample Verbatim
1	**Nurse:** "Tell me about your friends"
2	**Patient:** "I get angry suddenly" **Nurse**: "You said you get angry suddenly"
3	**Nurse**: "What do you want to discuss today?" **Patient**: "----------"
4	**Patient**: "I don't like to be alone in the room" **Nurse:** "Tell me more about how you feel when you are alone in your room."

Options	
a.	Restating
b.	Broad-opening
c.	Exploring
d.	Open-ended questions

DATA INTERPRETATION
(THERAPEUTIC COMMUNICATION TECHNIQUES)

ANSWER KEYS

S.No.	Therapeutic Communication Techniques	
	Verbatim	**Technique**
1	Nurse: "Tell me about your friends"	d.Open-ended questions
2	Patient: "I get angry suddenly" Nurse: "You said you get angry suddenly"	a. Restating
3	Nurse: "What do you want to discuss today?" Patient: "----------"	b. Broad-opening
4	Patient: "I don't like to be alone in the room" Nurse: "Tell me more about how you feel when you are alone in your room."	c. Exploring
	SCORE	

MENTAL HEALTH NURSING UNMANNED OSCE STATION-17

COGNITIVE SKILLS
(MINI MENTAL STATUS EXAMINATION)

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Interpret the Scores of Mini Mental Status Examination.

Instructions:

- Check and Evaluate the Interpretation made by the examinee

Scoring:

- **Score "1"** for each correct Interpretation
- **Score "0"** for wrong Interpretation or no Response

COGNITIVE SKILLS
(MINI MENTAL STATUS EXAMINATION)

INSTRUCTIONS TO THE EXAMINEE:

- Different possible Inferences that can be drawn from the score obtained by the patient during Mini Mental Status Examination are given below.
- Write the corresponding scores for each of the inferences.

S. No	Possible Inferences
1	Maximum score
2	No impairment
3	Suggestive of Impairment
4	Definite impairment

COGNITIVE SKILLS
(MINI MENTAL STATUS EXAMINATION)

ANSWER KEYS

S. No.	Interpretation of Scores of MMSE	Score	Max. Marks
1	Maximum score	30	**1**
2	No impairment	25 - 30	**1**
3	Suggestive of Impairment	20 - 25	**1**
4	Definite impairment	Less than 20	**1**
	SCORE		**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-18
COGNITIVE SKILLS
(TESTING COGNITIVE FUNCTIONS)

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Recall Minimum One Test for checking each of the given Cognitive Functions.

Instructions:

- Check and Evaluate the Response made by the examinee

Scoring:

- **Score "1"** for each correct Response
- **Score "0"** for wrong Response or no Response

COGNITIVE SKILLS
(TESTING COGNITIVE FUNCTIONS)

INSTRUCTIONS TO THE EXAMINEE:

- Read the scenario and answer the questions given below
- Leave the Response Sheet in the drop box after documentation

SCENARIO:

Mr. X, a known case of Chronic Psychosis is visiting the Psychiatric OPD.
Mention Minimum One Test for checking each of the given Cognitive Functions of the patient.

1. **Attention & Concentration**
2. **Intelligence:**
3. **Abstract thinking**
4. **Judgement (Test)**

COGNITIVE SKILLS
(TESTING COGNITIVE FUNCTIONS)
ANSWER KEY

S. No.	Tests to assess Cognitive Functions	Max. Marks
1	**Attention & Concentration:** • Digit span test (Forward & Backward)/Days and Months Backward/Serial Subtraction	**1**
2	**Intelligence:** • General Fund of Information/Simple Arithmetic calculations	**1**
3	**Abstract thinking** • Similarities & Differences/Proverbs & Meaning	**1**
4	**Judgement (Test)** • House on fire problem/Letter problem	**1**
	SCORE	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-19

PSYCHOTROPIC DRUGS

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Identify the Uses/ Indications of different Psychotropic drugs.

Instructions:

- Check and Evaluate the Response made by the examinee

Scoring:

- **Score "1"** for each correct Response
- **Score "0"** for wrong Response or no Response

PSYCHOTROPIC DRUGS

INSTRUCTIONS TO THE EXAMINEE:

- **Different clinical situations and some commonly used Psychotropic drugs are mentioned below.**
- **Choose the most appropriate Drug to be used in each Situation from the given options.**
- Leave the Response Sheet in the drop box after documentation

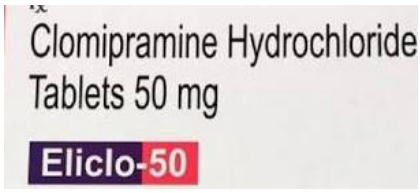
Clinical situations

1. To treat severe Aggressiveness
2. To treat severe Depression
3. To treat Acute Mania
4. To ensure abstinence in a patient with Alcohol Dependence Syndrome









PSYCHOTROPIC DRUGS

ANSWER KEYS

S.No.	Uses/ Indications	Psychotropic drug
1	To treat severe Aggressiveness	Inj. Diazepam
2	To treat severe Depression	Tab. Clomipramine
3	To treat Acute Mania	Tab. Lithium
4	To ensure abstinence in a patient with Alcohol Dependence Syndrome	Tab. Disulfiram
	SCORE	

MENTAL HEALTH NURSING UNMANNED OSCE STATION-20

PROCEDURE
(RELAXATION THERAPY)

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Diagnose Panic disorder by interpreting the symptoms
- Identify the techniques of Relaxation therapy

Instructions:

- Check and Evaluate the Response made by the examinee

Scoring:

- **Score "1"** for each correct Response
- **Score "0"** for wrong Response or no Response

PROCEDURE
(RELAXATION THERAPY)

INSTRUCTIONS TO THE EXAMINEE: Read the scenario carefully and answer the questions given below.

Scenario:
Miss. J, a 20 year old woman is admitted in Acute Psychiatric ward with history of episodes of Sudden attacks of severe anxiety, associated with feelings of choking, palpitations etc.

1. What will be the possible Diagnosis of Miss J?
2. Mention 3 Relaxation techniques you can teach Miss J to control her symptoms.

ANSWER KEYS

S.No.	Diagnosis /Techniques of Relaxation therapy	Max. Marks
1	Diagnosis: Panic Disorder	**1**
2	Relaxation therapy Techniques: • Progressive Muscle Relaxation	**1**
	• Yoga /Meditation	**1**
	• Deep Breathing	**1**
	SCORE	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-21

TREATMENT MODALITIES

INSTRUCTIONS TO THE EXAMINER:

Objectives: This station is designed to test the examinee's ability to:

- Identify the appropriate Treatment Modality for Common Mental Health Conditions

Instructions:

- Check and Evaluate the Response made by the examinee

Scoring:

- **Score "1"** for each correct Response
- **Score "0"** for wrong Response or no Response

TREATMENT MODALITIES

INSTRUCTIONS TO THE EXAMINEE:

- Column I shows common Mental Health Conditions
- Column II displays the Therapies used to treat Mental Health Conditions
- Choose the item from Column II that is the most appropriate Match to the item in Column I.

S. No	Column I
1	Patient suffering from Catatonic Schizophrenia with Stupor
2	Patient suffering from Generalized anxiety disorder
3	Couple with Relational problems
4	Children with Emotional conflicts

S. No	Column II
a	Play Therapy
b	ECT
c	Relaxation Therapy
d	Family Therapy

TREATMENT MODALITIES

ANSWER KEYS

S. No.	Mental Health Conditions	Treatment Modality	Max. Marks
1	Patient suffering from Catatonic Schizophrenia with Stupor	b. ECT	**1**
2	Patient suffering from Generalized anxiety disorder	a. Relaxation Therapy	**1**
3	Couple with Relational problems	d. Family Therapy	**1**
4	Children with Emotional conflicts	d. Play Therapy	**1**
	SCORE		**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-22

VIRTUAL SIGN IDENTIFICATION

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

VIRTUAL SIGN IDENTIFICATION

INSTRUCTION FOR THE EXAMINEE

- View the picture and respond appropriately.
- Document the answer in the given sheet



b) Write the optimal size for this therapy? (1 mark)

c) What are all the contra indications of this therapy? (3marks)

VIRTUAL SIGN IDENTIFICATION

ANSWER KEY

Sl.no	Interpretation
1.	Group therapy **Group size:** 8 to 10 members
2.	**Contraindications:** 1.Anti social patients
	2.Actively suicidal or severely depressed patients
	3. Patient who are delusional thinking.

MENTAL HEALTH NURSING UNMANNED OSCE STATION-23

VIRTUAL SIGN IDENTIFICATION

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

VIRTUAL SIGN IDENTIFICATION

INSTRUCTION FOR THE EXAMINEE

- View the picture and respond appropriately.
- Document the answer in the given sheet



2. What are all the medications used in intra procedure?

3. Write the types of this therapy

VIRTUAL SIGN IDENTIFICATION

ANSWER KEY

Sl.no	Interpretation	Max. Marks
1.	**Intra ECT:** inj. Thiopental sodium 3-5 mg/kg	**1**
	Succinyl choline 1mg/kg,	**1**
2.	**Types of ECT:** 1.Direct ECT	**1**
	2.Modified ECT	**1**
	Total	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-24

CRITICAL THINKING

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Read the scenario and respond appropriately
- Drop the response sheet in the drop box

SCENARIO

Relative of Mr. Y brought him into psychiatry OPD with an application made out to the magistrate and got him admitted in the hospital.

- Identify the type of admission
- write other types of admission

ANSWER KEY

Sl.no	**Interpretation**
1.	**Admission under reception order**
2.	Admission on voluntary basis
3.	Admission under special circumstances
4.	Admission of mentally ill prisoner

MENTAL HEALTH NURSING UNMANNED OSCE STATION-25

CRITICAL THINKING

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Read the scenario and respond appropriately
- Drop the response sheet in the drop box

SCENARIO

A 20 – year – old female is sexually assaulted on her way back home. She manifests depression, anger, anxiety and guilt.

- Identify the type of crisis(1 mark)
- Write **any three** crisis intervention techniques(3 marks)

ANSWER KEY

Sl.no	**Interpretation**
1.	Situational crisis
2.	**Techniques of crisis intervention:**
	1.Catharsis
	2.Clarification
	3.Manipulation
	4.Reinforcement
	5.support of defenses
	6.Increasing self-esteem
	7.Exploration of solution **(any 3)**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-26

VIRUTAL SIGN IDENTIFICATION

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- View the picture and respond appropriately.
- Write **any 4** specific management of lithium toxicity



VIRUTAL SIGN IDENTIFICATION

ANSWER KEY

Sl.no	Interpretation
1.	Discontinue the drug immediately.
2.	Gastric lavage can be given to remove the contents from gastrointestinal tract.
3.	Charcoal helps to bind with lithium.
4.	Patients are advised to take more oral fluids/water.
5.	IV fluids can be administered to correct the Electrolyte abnormalities.
6.	In case of severe lithium toxicity, hemodialysis should be initiated.
7.	Sodium water retention must be avoided.
8.	If the patient has consumed lithium extended release tablets in last 2-4 hours, in that case, whole bowel irrigation is advisable to prevent absorption of lithium. **(any 4)**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-27

DECISION MAKING

INSTRUCTION FOR THE EXAMINER

- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Read the scenario and respond appropriately
- Drop the response sheet in the drop box

SCENARIO

A sudden, non rhythmic, involuntary, jerky motor or vocal activity is called? _____

- Identify the clinical diagnosis(1 mark)
- Mention the types(2 marks)
- Write the appropriate drugs used for this condition(1 mark)

ANSWER KEY

Sl.no	Interpretation	Max. Marks
1.	**TIC disorder**	**1**
2.	**Types:** 1.Vocal tics	**1**
	2.Motor tics	**1**
4.	Antipsychotics (mainly pimozide and haloperidol)	**1**
	Total	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-28

COGNITIVE ASSESSMENT

INSTRUCTION FOR THE EXAMINER

- Check the content of the examinee documents
- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Read the scenario and respond appropriately
- Drop the response sheet in the drop box

SCENARIO

Ms. X aged 30 years admitted in the female ward exhibiting the symptoms like she suspected that her neighbors were spying, having special power and hearing musical sounds. Identify the symptoms(3 marks) and clinical diagnosis(1 mark)

ANSWER KEY

Sl.No	**Interpretation**
1.	Delusion of persecution
2.	Delusion of grandeur
3.	Auditory hallucination
4.	Clinical diagnosis – PARANOID SCHIZOPHRENIA

MENTAL HEALTH NURSING UNMANNED OSCE STATION-29

COGNITIVE-IDENTIFY THE TYPES OF SUICIDE

INSTRUCTION FOR THE EXAMINER

- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Read the scenario and respond appropriately
- Drop the response sheet in the drop box

SCENARIO- Read the scenario carefully and identify the types of suicide and document it

Scenario 1: Suicide due to lack of social integration.

Scenario 2: Sacrifice of one's life for the benefit of others or to preserve the traditions and Honor of society.

Scenario 3: Suicide due to occurrence of sudden changes in individual's life.

Scenario 4: Suicide due to sudden unfriendly experiences.

SCORING SHEET

Sl.no	**Interpretation**	**Max. Marks**
1.	Egoistic suicide	**1**
2.	Altruistic suicide	**1**
3.	Anomic suicide	**1**
4.	Samsonic suicide or Suicide of revenge	**1**
	Total	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-30

COGNITIVE MATCH THE SYMPTOMS OF PERSONALITY DISORDER

INSTRUCTION FOR THE EXAMINER

- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

Read and match column **A** column **B** the symptoms of personality disorder.

Column A	Column B
Anti - social personality	No empathy
Histrionic personality	Unstable relationship
Narcissistic personality	Violates rules and regulation
Borderline personality	Self – dramatization

SCORING SHEET

Column A	Column B	Max. Marks
Anti - social personality	Violates rules and regulation	**1**
Histrionic personality	Self – dramatization	**1**
Narcissistic personality	No empathy	**1**
Borderline personality	Unstable relationship	**1**
	TOTAL	**4**

MENTAL HEALTH NURSING UNMANNED OSCE STATION-31

VIRTUAL SIGN IDENTIFICATION – IDENTIFY THE TYPES OF PHOBIA

INSTRUCTION FOR THE EXAMINER

- Score "1" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- View the picture and respond appropriately.
- Document the answer in the given sheet.









Signature Of Examiner

MENTAL HEALTH NURSING UNMANNED OSCE STATION-31

ANSWER SHEET

Sl.no	Interpretation
1.	Agoraphobia – Fear of crowded places
2.	Hydrophobia – Fear of water
3.	Acrophobia – Fear of Height
4.	Trypanophobia – Fear of Needles

MENTAL HEALTH NURSING UNMANNED OSCE STATION-32

MATCH THE FOLLOWING- IDENTIFY THE DELUSION

INSTRUCTION FOR THE EXAMINER

- Score "0.5" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

Read and match column **A** column **B**

S.No	A	B
1	My neighbors are trying to poison my food	Delusion of Infidelity
2	The newsreader on TV is sending secret messages to me	Delusion of Guilt or Sin
3	I am the Prime Minister of the country	Nihilistic Delusion
4	Aliens are controlling my mind through radio waves	Delusion of Reference
5	My wife is having an affair with her boss	Delusion of Persecution
6	Because of me, my family is suffering	Hypochondria cal Delusion
7	My intestines are rotting inside	Delusion of Control
8	I am dead; my heart has stopped beating	Delusion of Grandeur

MATCH THE FOLLOWING- IDENTIFY THE DELUSION

ANSWER KEY

A	**B**
My neighbors are trying to poison my food	Delusion of Persecution
The newsreader on TV is sending secret messages to me	Delusion of Reference
I am the Prime Minister of the country	Delusion of Grandeur
Aliens are controlling my mind through radio waves	Delusion of Control
My wife is having an affair with her boss	Delusion of Infidelity
Because of me, my family is suffering	Delusion of Guilt or Sin
My intestines are rotting inside	Hypochondriacal Delusion
I am dead; my heart has stopped beating	Nihilistic Delusion
TOTAL	

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MENTAL HEALTH NURSING UNMANNED OSCE STATION-33

EXPAND THE ABBREVIATIONS

INSTRUCTION FOR THE EXAMINER

- Score "0.5" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

Expand the abbreviations commonly used in psychiatry that is listed below

S.NO	ABBREVATIONS
1	MAOI
2	ADHD
3	MHCB
4	NMS,
5	BPAD
6	MHCA
7	NMHP
8	5HIAA

EXPAND THE ABBREVIATIONS

ANSWER KEY

ABBREVATIONS	ANSWERS
MAOI	Monoamine Oxidase Inhibitors
ADHD	Attention Deficit Hyperactive Disorder
MHCB	Mental Health Care Bill
NMS	Neuroleptic Malignant Syndrome
BPAD	Bipolar Affective Disorder
MHCA	Mental Health Care Act
NMHP	National Mental Health Program
5HIAA	5 Hydroxy Indole Acetic Acid

MENTAL HEALTH NURSING UNMANNED OSCE STATION-34

TERMINOLOGIES

INSTRUCTION FOR THE EXAMINER

- Score "0.5" for each correct answer
- score "0" for wrong answer

INSTRUCTION FOR THE EXAMINEE

- Find the missing letters in the following terminologies

S.No	Terminologies
1	E,--,P,--,R,--,A
2	P,--,L,--,L,--,L,--,A
3	C,--,P,--,O,--,R,--,X,--,A
4	W,--,R,--,S,--,L,--,D
5	N,--,O,--O,--,I,--,M
6	P,--,R,--,E,--,E,--,A,--,I,--,N
7	D,--,U,--,I,--,N
8	H,--,L,--,U,--,I,--,A,--,I,--,N

TERMINOLOGIES
ANSWER KEY

FILL THE MISSING LETTERS	ANSWERS
E,--,P,--,R,--,A	1.EUPORIA
P,--,L,--,L,--,L,--,A	2.PALILALIA
C,--,P,--,O,--,R,--,X,--,A	3.COPROPRAXIA
W,--,R,--,S,--,L,--,D	4.WORDSALAD
N,--,O,--O,--,I,--,M	5. NEOLOGISM
P,--,R,--,E,--,E,--,A,--,I,--,N	6.PERSEVERATION
D,--,U,--,I,--,N	7.DELUSION
H,--,L,--,U,--,I,--,A,--,I,--,N	8.HALLUCINATION

MENTAL HEALTH NURSING UNMANNED OSCE STATION-35

INSTRUCTION FOR THE EXAMINEE

- View the picture and respond appropriately.

INSTRUCTION FOR THE EXAMINEE

- Identify the Phobic conditions through the images

1. 

2. 
3. 
4. 

VIRTUAL IDENTIFICATION

SCORING SHEET

Interpretation	Max. Marks
1. Fear of Dog – Cynophobia	**1**
2. Fear of Blood- Hemophobia	**1**
3. Fear of Closed Environment- Claustrophobia	**1**
4. Fear of Crowd- Agoraphobia	**1**
Total	**4**