

आयुर्वेद उपचारिका

भारतीय चिकित्सा परिषद्, उत्तर प्रदेश
BOARD OF AYURVEDIC AND UNANI TIBBI
SYSTEM OF MEDICINE
UTTAR PRADESH

सामान्य परिचर्या प्रशिक्षण
GENERAL NURSING TRAINING

परीक्षा का पाठ्यक्रम
एवं
नियमावली



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(General Nursing Training in Ayurveda)

Ayurvedic has laid a great stress on the nursing aspect of patient care and regards it one of the four basis factors of the rapeusis i.e. Bhaishaga Dravya Upasathata and Rogi. It is well known that Ayurveda has got its own specific methodology of Upachara Vidhi, Chikitsa and pre and post management of patients and their care, special approach on hygiene, particularly personal Swastha Vrittapsychic significance of health and illness and its own medical ethics. It is, therefore, necessary that Upasathata staff employed in the hospital of Ayurveda should have an acquaintance with all the aspects of patient's upachara in accordance to the principle as laid down in Ayurveda, so that they can serve to their best in Ayurvedic hospitals. Taking into consideration these all factors, it has been decided to start nursing training in Ayurveda at State Ayurvedic College, Lucknow. The general aim of the training would be to prepare parichariyas to be able to--

- (a) give expert bed side care in all types of illness on the lines prescribed in Ayurveda;
- (b) adjust to home situations and to maintain as healthful environment as possible for the patient;
- (c) recognize and interpret intelligently the physical, psychological and spiritual manifestations of health and diseases as laid down in Ayurveda;

Husband's guardian consent - Married candidates applying for Parichariya Training should submit consent of their husbands in writing supported with signatures and addresses by the witnesses of two responsible persons to show that they (Husbands) have no objection in sending their wives to this training. In case a married lady is divorced or separated from her husband, legal documentary proof of the same to be submitted. If the candidates are below 18 years parents or guardian's consent supported by signature and addresses of two responsible persons should be submitted.

Leave - Students should be allowed one month's vacation and 14 days sick leave per annum which should be counted towards the period of training. This leave should not be accumulated from year to year. Any other leave should be made up before the examination if the student has not completed the prescribed periods, or before the completion of the course.

INTERRUPTION IN THE TRAINING PERIOD

(a) If a student trainee becomes pregnant during the training period she would be allowed training till the 5th month of pregnancy or earlier than the 5th month if the trainee herself wishes to interrupt the training. The training would be interrupted and not discontinued and she should be taken in the next session. If she does not return within six months after her confinement, the stipend paid to her during their training period should be recovered. She will not be allowed any stipend during the period the training is interrupted.

e.g. operation theatre and X-Ray departments and students in the preliminary period who are not working fulltime in the hospital would not be included in this ratio.

A ratio of 3:1 between student nurses and trained staff giving bed side care to patients; and.

One ward sister for each ward of 20 to 50 beds and one staff nurse to every 15 patients. (e.g. a ward of 30 beds would require one sister, two staff nurses and eight student nurses. These would be for day and night duty).

5. Facilities for Class Room Teaching-Every training school for nurses should have one qualified sister tutor for 50 students or less, with another nursing sister not necessary a sister tutor for every additional 25 students. There should also be-

- (1) at least one lecture room;
- (2) one demonstration room, adequately equipped;
- (3) facilities for cooking;
- (4) a library and reading room with an adequate number of up to date books on nursing and related subjects and nursing journals;
- (5) visual aids such as charts, models, specimens, etc;
- (6) There should be adequate teaching staff for all the subjects.

AFFILIATION AND RECOGNITION OF TRAINING CENTRES

Hospitals and institutions shall be affiliated and recognized as full or associate training centres according to their capacity for providing instructions, on agreeing to--

- (a) No hospital or institution shall be recognised as a full training centre, unless it is capable of providing full instructions, experience and training covering the full prescribed approved syllabus by the Board of Indian Medicine, U.P.
- (b) Hospitals and institutions which cannot be recognized as provided in (a) above, may be recognized as associate centres conjointly with some other hospital or institution which is capable of providing for the training and instruction in which the former are deficient.

CURRICULUM AND TEACHING PROGRAMME

1. The purpose of the curriculum is to serve as a guide; the suggested hours of instruction need not be adhered to rigidly. There is a wide scope for variation and experiment. In the field of demonstrations and classroom practice. The important principle is that theory and practice be kept in close relation to each other. To that end the whole teaching programme should be planned by the teachers and those concerned with the supervision of practical work, in consultation with one another so that, while overlapping is prevented, there is a linking up of related topics and sufficient cross references to enable the students to appreciate the relationship of the topics to the principal subject which is nursing.

2. There should be preliminary period of 12 weeks during which the student is not assigned any ward duties, but after the first two weeks the students may attend the wards for observation and supervise practice not exceeding 16 hours per week. An examination to assess the student's ability to continue her training should be held in the 11th or 12th week.

co-operation with an MCH centre, primary health unit, tuberculosis clinic, mobile dispensary or any other agency that is available.

7. Instruction and practice of health teaching in the wards and out patient department.

8. Training in the nursing of children should receive adequate attention.

9. No student shall carry an over-all load of more than 48 hours per week, at least six of which must be class hours.

It is desirable, during the preliminary period, to organise a programme of social, cultural and recreational activities for the off-duty hours. These activities should have a bearing on the needs and interest of the students. Throughout the course there should be opportunity and encouragement for the students to continue these recreational activities of their own free will

COURSE OUTLINE FOR GENERAL NURSING (AYURVED PARICHRYA)

The following outline suggests the subjects the number of hours of instructions in each subjects and the year of training in which various subjects may be placed:

Preliminary period:- 12 Weeks.

Subjects	Class hours	Hours of Demonstration Practice and visits
1. General Science (Physics and Chemistry)	25	20
2. Sharir (Anatomy, Physiology and Dosh, Dhatumal Vigyan)	25	20

First year or First Examination (9 months) (At the end of 1st year):

Subjects	Class hours	Demonstration Hours	One Paper each of 3 hours of marks	One Practical in each subject of marks
1. Samanya Vigyan (General Science)	30	20	100	100
2. Sharir (Anatomy, Physiology and Dosha, Dhatumal Vigyan)	30	20	100	100
3. Swasth Vritta (Personal and environmental Hygiene)	30	15	1	100
4. Jivanu Parichay (Micro Biology)	20	10	100	100
5. Samanya Paricharya (General Nursing)	100	100	100	100
Total ..	210	165		

MISCELLANEOUS RULES

1. Students of Paricharya course are not allowed travelling allowance for interview or for joining the appointment if selected or at any time during training.

2. Students Paricharika will be responsible for the safe custody and good conditions of all hospital property which is entrusted to their charge. All breakages must be reported to the Matron for necessary action. Carelessness involving loss or damage of valuable hospital property should be reported to the head of institution.

3. Student Paricharika will have to give an under taking in writing that she will have no objection to the having posted at any state or Government aided hospital or dispensary either male or female, after the completion of training.

4. Student Paricharika will have to abide by all the rules and regulations of the hospital as prescribed by the head of training institution from time to time.

5. Training of students of Parichariya course can be discontinued at any time for unsatisfactory work, study and conduct, during the period of training by the head of the institution.

6. The diploma or certificate shall entitle its holder to be styled "Diplomate" or "Certificated", Ayurvedic Nurse, Uttar Pradesh. It shall be in such form as the Board of Indian Medicine may from time to time prescribe.

Total

390

600

allow her name to be connected with advertisements for the sale of any secret remedy or for practice by the use of any secret remedy or method of treatment or (c) connect herself in partnership, or otherwise, or continue in connection with any person practising by means of or advertising the sale of, any secret remedy.

12. No diploma or certificate holder of the Board of Indian Medicine shall be guilty of deception or other immorality in the practice of her profession, nor shall she in any other way conduct herself inconsistently with the honour and decorum which becomes her position as a diploma or certificate holder of the Board of Indian medicine.

EXAMINATION

All examinations should be so devised as to test the students in the practical application of knowledge to parichariya. The question should not fall for factual knowledge only.

There will be two examinations for each of the 1st Year and Final Year students. The first examination will be conducted by the end of September/October and the other by the end of March/April, provided that the eligible candidates, who appear in September/October examination and fail in any subject or subjects will have to appear in the failed subject or subject after completing three months revisionary course in the examination of March/April and in September/October, respectively.

The failed candidates in one or more subjects will be declared supplementary.

Second examination - It may be held after three years training in September/October. A candidate shall be eligible for admission to this examination if-

(i) The hospital Superintendent certify that:

(a) She has completed not less than three years training, at least two years of which were after passing first examination, and that her work and conduct has been satisfactory during the period.

(b) The supplementary candidates who pass in supplementary examination of the 1st year class shall be allowed in the Final examination but there should be a gap of at least six months between the 1st and the last (Final) examination.

(c) she has attended not less than 75 percent of lectures and demonstration given on each subject in the training centre.

(ii) She presents at the practical examination her "Record of practical work" duly completed and signed by the superintendent.

Subjects for the Second Examination shall be as follows:

1. Dravya Vigyan and Bhaishajya Kalpana (Pharmacology, Materia Medica and Pharmaceutics.)

2. Samanya Paricharya (General Nursing),

3. Vishista Paricharya (Special Nursing),

4. Vyadhi Vigyan Avam Upchar (Introduction of diseases and Nursing)

5 Mansik Rog Paricharya Avam Vyavasayik Vritta (Nursing of mental disease, professional trends and ward management)

Remuneration-

(a) The rates of the remuneration for all the examinations shall be as follows:

For setting each question paper Rs. 20,

For examining answer-books Re. 1 per candidate per paper.

For conducting the oral, oral and practical examination, with a minimum of Rs. 20 for each examination to each examiner. Rs. 1 per candidate to each examiner.

Rs. 20 for each examination to each examiner.

For tabulating the results Twenty-five naya Paise per candidate to the tabulator.

For invigilations during the examination. Rs.5 per day to each invigilator.

For helping in the conduct of oral and practical examinations. Rs.2.50 per day to each person.

(b) The examiners shall be paid travelling allowance and daily allowance according to Financial Hand-book, Volume III. The examiners from Nursing profession including Health Visitors and Midwives shall be given Nurses concession fares.

Fees-

The following fee shall be charged from the candidates:

	Rs.
First year examination for Nurses	20
Final year examination for Nurses	20
March, April (Supp.) examination	20
Prasuti Training examination	10

and Final Year Examination both. If she fails to pass the required Examination at last (third) occasion, she will have to appear in all the subject of that examination at the next attempt.

(b) A failed candidate shall be eligible for admission to the examination if:

The Head of the Training Institution Certifies that--

(i) since last examination she has completed not less than three months revisionary course in the subject or subjects in which she has failed, and that her work and conduct has been satisfactory during the period;

(ii) She has attended the prescribed number of the lectures and demonstrations given on each subject to the failed candidates;

(iii) She presents at the practical examination her "Record of Practical work".

FIRST YEAR GENERAL NURSING FAILURES

1. Should attend not less than 10 lectures in each subject in which student fails. Lectures should be given by the sister tutor or teacher or Matron of the hospital.

2. Should attend at least 10 practical lectures and demonstrations on procedures.

As far as possible the candidates should complete the practical part of revisionary course in general wards.

FINAL YEAR GENERAL NURSING FAILURES

1. Should attend not less than 10 Lectures in each subject in which the student fails. Lectures should be given by sister tutor or teacher or the Matron of the hospital.

2. Should attend at least 10 practical lectures and demonstrations on procedures.

room, adequate instruments, equipments, charts and models, etc. according to the prescribed syllabus, and depute one invigilator to control the coming in and going out of examinees. They shall also place a theatre at the disposal of the examiner for the Final Year students. Patients may also act as models.

5. The Examination Superintendents shall appoint invigilators and arrange for the adequate invigilation and surveillance of examinees while out of the examination room. They shall also warn the examinees (i) half an hour, (ii) ten minutes, and (iii) five minutes before the end of the time allotted for each paper.

6: (a) An admission card shall be issued to every examinee by the Board of Indian Medicine, bearing the name, roll number and full signature and a pass port size photo of the examinees duly attested by the Head of the Training Institute. The card will be completed by the examinee and Head of the Training Centre except the roll number and submitted along with the application for appearing in examination.

(b) The Board of Indian Medicine will fill up the roll number of the candidates and returned the card with the permission letter for appearing in the examination to the Head of the Training Centre, who will hand over the card to the examinee concerned before going for examination.

(c) The Examination Superintendent shall allow the candidate to enter the examination room on production of the admission card. The Examination superintendent shall take full signature of the candidate and will tally the signature and photo with those attested by the Head of the Training Centres.

(a) On receipt of the application the Registrar shall retotal the marks obtained by the candidate in all her written papers and oral and practical tests and verify whether these have been brought forward correctly on the tabulation register. He shall then recheck the totals of tabulation register and verify whether results of the candidate has correctly been determined and declared. No re-examination of answer books is allowed in any case.

(b) If no mistake is discovered the candidate shall be informed accordingly.

(c) If a mistake is discovered it shall be corrected by the Registrar duly attested and dated and if as a result of this correction the candidate's result as already declared is altered in any way, she shall be informed of her correct result immediately and an erratum shall be published in press.

3. Every candidate who has appeared at the examination of the Board shall obtain by paying the prescribed fee of Rs. 2 from the Registrar a list of marks obtained by her at the examination.

4. A candidate who has been awarded a Diploma/Certificate by the Board of Indian Medicine, U.P. may obtain a duplicate copy thereof on payment of the prescribed fee of Rs. 10:

Provided she submits a definite proof that the original has been irrevocably lost, supported by an affidavit sworn on oath before a oath commissioner or a first class Magistrate, bearing his signature, and court seal, to the effect that the application is the same person who actually passed the examination.

आरोग्य की व्याख्या, रोग के लक्षण एवं कारण, स्वस्थ व्यक्ति के लक्षण प्र० पराध, आरोग्य रहने के सामान्य उपाय ।

दिनचर्या, शौच विधि, दन्त शोधन, नेत्र रक्षा, अभ्यांग, स्नान नस्य आदि । अन्य शरीरिक स्वस्थ वृत्त, त्वचा, मुख, वर्ण, हाथ पैर, बालों की रक्षा, वस्त्र धारण आदि ।

ऋतु दोष सम्बन्धी ऋतुचर्या

व्यायाम, विश्राम, मनोरंजन, धारणीय एवं अधारणीय वेग, आहार, आहार विधि, विशेष आयतन, आहार काल एवं आहार वेग मात्रा, भोजन के नियम, बिरुद्धाहार, भोजन के पश्चात् कर्म आदि, उचित भोजन के आवश्यक अवयव ।

निद्रा एवं बलचर्या

जनपदोद्ध्वास के कारण आयु, जल, देश एवं काल की विकृति एवं उनके रोकने के उपाय ।

देश भेद के अनुसार आहार एवं विकार । प्रकाश एवं व्यंजन की उत्तम व्यवस्था के उपाय ।

आतुरालय एवं रोगी कक्ष, स्वस्थ रोगी के मानसिक भावनात्मक एवं शारीरिक लाभ हेतु स्वस्थ एवं सुखद वातावरण का महत्व, स्वास्थ्य एवं स्वच्छता के स्तर को स्थापित करना, भोजन, पानी की स्वच्छता, मल-मूत्र कूड़ा आदि का निराकरण ।

वातावरण में स्वास्थ्य सम्बन्धी दूषित कारण, जैसे दूषित जल, संक्रमित सुबमति, दुग्ध, भोजन, निवास सम्बन्धी असन्तोषजनक अवस्थायें, वातावरण अन्य अस्वच्छतायें सुरक्षित वातावरण, जल वितरण, मलादि का निराकरण, सुरक्षित भोज्य पदार्थ एवं दुग्ध के वितरण, नियमों के हेतु सार्वजनिक एवं सामूहिक प्रयत्नों का अध्ययन, अच्छी नागरिकता की विशेषतायें एवं व्यक्तिगत एवं सार्वजनिक स्वास्थ्य से उनका घनिष्ठ सम्बन्ध ।

संवाहन के माध्यम-

व्यक्ति आतुरालय कक्ष का सामान, भोजन, कपड़े, धूल बिन्दूत्पोपसर्ग ।

जीवाणुओं का विनाशीकरण, स्टरलाइजेशन आदि, संसर्जन रोगी का नियंत्रण, हाथों की स्वच्छता, कपड़ों की सफाई, दुग्ध भोजन, भोजनालय, शल्य पट्टी, सामान थर्मामीटर आदि की स्वच्छता, शैयाओं के बीच का अन्तर, मूल पट्टी, बोलने पर नियंत्रण, खांसना, छींकना, धूल से उत्पन्न संक्रमण शैयाओं के वस्त्र, फर्श आदि की स्वच्छता ।

निदानात्मक परीक्षाएँ ठयूर क्यूलिन परीक्षा, छात्रों की परीक्षा, पैथोलोजी लेब्रोटरी में पालनीय नियम, सूक्ष्म दर्शक यंत्र का उपयोग, विभिन्न प्रकार के साधारण कोषों का ज्ञान, स्टेनिंग का सामान्य ज्ञान, प्रान्तीय प्रयोगशाला का निरीक्षण, जहां पर जल एवं दुग्ध की परीक्षा होती है ।

हाथ धोने की विधि तथा उसकी परीक्षा, गले के स्त्राव से युक्त प्लेट का इनोकुलेशन ।

जीवाणुओं का विनाशीकरण, उबालने से जोथीक्लेव, सूर्य रश्मियों की विसंक्रमण शक्ति, जीवाणु नाशक द्रव्य, उनके घोल के प्रतिशत, माज एवं प्रक्रिया काल के अनुसार विनाशीकरण में अन्तर ।

मास्क की क्षमता की परीक्षा, सफाई के उपायों में दक्षता, विसंक्रमण के उपायों का अवलोकन करने हेतु स्थानीय स्वास्थ्य विभाग द्वारा चालू कार्यक्रमों का निरीक्षण ।

शैया वाले रोगी की सामान्य परिचर्या, मुख, दांत, नख, बाल आदि का ठीक प्रकार से रखना। शैया पर ही बालों की सफाई, शैया ब्रणों को होने से रोकना, बेड मेन आदि का प्रयोग, विश्राम, रेत की पोटली, हाटवाटर वोट, शैया, मेज लोकर चक्र, कुर्सी विभिन्न स्थिति में रोगी को सहारा देना, रोगी को उठाना एवं करवट बदलवाना, रोगी को सुखप्रद नींद लाने के उपाय, रोगी की शान्ति एवं गुप्तता, रोगी कक्ष में सामान्यता।

बच्चों की रक्षा एवं पालन तथा उनके स्थान एवं दुग्धवान एवं भोजन की व्यवस्था,

तापक्रम, नाड़ी एवं श्वास गति को देखना, थर्मामीटर रोगी चार्ट का भरना, वार्ड रिपोर्ट, रोग मुक्त व्यक्ति की देखभाल, रोगी को अस्पताल से मुक्त करना।

बरित :-

उनके भेद तथा प्रयोग विधि, मुख द्वारा औषधियों का प्रयोग, घर के बने सामान की रक्षा एवं सफाई, अन्य गृह सामग्री को उचित रूप से संचित करना एवं प्रयोग में लाना।

बन्धन :-

भेद, सामान्य भट्ठियों के प्रयोग के नियम, सेन्ट जोन्स एम्बूलेन्स के अनुसार प्राथमिक सहायता का ज्ञान।

रोगियों का निरीक्षण, रोगी के लक्षण आदि देखने का अभ्यास, पीड़ा एवं उसकी विशेषतायें, जिह्वा, मुख त्वचा की स्थिति, मानसिक स्थिति, रोगी के द्वारा लिए गए एवं निष्कासित तरल पदार्थों की जानकारी, परीक्षा नमूनों का इकट्ठा करना।

शल्य कर्म से पूर्व एवं पश्चात् रोगी का उपचार एवं देखभाल, रोगी को व्यक्तिगत आवश्यकताओं की पूर्ति, रोगी एवं उनके अभिभावकों की एवं सम्बन्धियों को स्वास्थ्य पूर्ण रहन-सहन की जानकारी देना। रोगियों के प्रश्नों का समुचित उत्तर देना। रोगी के आतुरालय से मुक्त होने के पश्चात् व्यवहार में लाई जाने वाली सावधानियां।

अर्क, पाक, क्षार, लेव, उपनाह, तेल, चूर्ण, गुग्गुलु बटी, मलहर, धृत आदि के निर्माण की विधि एवं प्रयोग विधि से परिचय ।

2-आयुर्वेद मतानुसार षडरस भोजन एवं आदर्श आहार, भोजन पकाने की उपयोगिता, विभिन्न पाक विधियों का भोजन के अवयवों पर होने वाला प्रभाव, कक्षीय पथ, पूर्ण एवं तरल, आहार कक्ष में भोजन का संग्रह, वितरण एवं संरक्षण उष्णीदक, षांडजपानीय, पानक, लप्सिका, साबूदाना, यवग, पेया विलोपी, प्रमथया, कुशरा, मुगदयण सिक्थ, यवमन्ड, लाजमन्ड तक तुण्डुलेपकल, मुषक्त्या नामन्थ, अन्य कुशरार, मास रस, सहकारस्य, मुनक्का, दाल, खिचड़ी, चाय काफी, यूषध, फलत्रूण, एलल्यू मीना, बल यकृपयूण, वाष्पित, चावल, मतस्य, शाक्यूण आदि की निर्माण विधि ।

3-रोगी के पात्र एवं भोजन की देखभाल, धन एवं द्रव्य पदार्थ के आयुर्वेदिक एवं आधुनिक मान पथय ।

विशिष्ट (परिचर्या)

। लिखित-100 अंक

। क्रियात्मक-100 अंक

व्याख्यान-100

प्रदर्शन-200

शल्य एवं चिकित्सा उपचार, उपचार विधि का सामान्य परिचय, रोगी के शरीर पर होने वाले प्रभाव, धातु में परिवर्तन, शोथ की उत्पत्ति संक्रमण स्थानीय एवं सामान्य, रक्त प्रवाह, स्तवद्धता ।

सूचीबद्ध प्रदिया, इन्जेक्शन, तत्वगत, मांस-पेशी एवं शिरागत, इन्जेक्शन देने की तैयारी करना एवं शिरार मार्ग से तरल एवं औषधियों का प्रयोग करना ।

मूत्र शलाका प्रयोग, विभिन्न प्रकार की पकचर विधियों का ज्ञान, मूत्र, मल, थूक, शीघ्र शकुनीय द्रव्य रक्त आदि का परीक्षण हेतु एकत्रित करना एवं लेबोरेटरीज को भेजना ।

परीरिक वातादि दोषों के कार्य उनके प्रकोप के कारण तथा प्रकुपितावस्था में उनके द्वारा उत्पन्न होने वाले रोगों की पृथक-पृथक संख्या और द्रव्य विज्ञान ।

2-निदान शब्द का अर्थ--निदानादि पंचविधि, रोग विज्ञान रोगी की दर्शन, स्पर्शन और प्रश्न आदि द्वारा परीक्षा विधि, रोगी की नाड़ी जिह्वा शब्द स्पर्श, दृष्टि आकृति, मल और मूत्र, इन अंगों की परीक्षा विधि, थर्मामीटर एवं स्टैथिसकोप द्वारा रोग का सामान्य ज्ञान ।

3-चिकित्सा की परिभाषा--चिकित्सा के चार पद तथा उनके लक्षण, चिकित्सा प्रकार, चिकित्सा के पूर्व चिकित्सक का कर्तव्य, चिकित्सक का रोगी के प्रति कर्तव्य ।

4-अनुपान की परिभाषा, अनुपान विधि, अनुपान की मात्रा, विशेष ।

5-अनुपान औषधि मात्रा विधि--शिशु भेषज परिभाषा, औषधि सेवन काल ।

6-स्नेहन, स्वेदन, वमन, विवेचन, निरहवस्ति, अनुवासन, वस्ति, उत्तर वस्ति, अंजन, धूमपान, गन्डस, आशयोतपन, लंघन और वृहणादि का ज्ञान ।

7-ज्वर, अतिसार, गृहणी, अर्श, अग्नि मार्थ, विसूचिका, कामला रक्तपित्त, राज्यक्षमा, कोस, हिनका, श्वास, अरुचि, छद्, अनिन्द्रा, भ्रम मूर्छा, अपस्मार, विवन्ध वातव्याधि, आमवात, शूल गुल्म, मूत्र कुच, धमेह, शोथ, पूयमेह, उपदंश, दद्व, पामा, विसर्प, विस्फोटन, प्लेग, मुख रोग, कर्णरोग प्रतिश्याय, शिरारोग, नेत्र रोग, प्रदर सूचिका, रोग बालकों की कुक्कर खांसी एवं पसली के रोगी के पूर्व रूप सामान्य लक्षण तथा सामान्य चिकित्सा विधि, घरेलू उपचार एवं पथ्य विधि ।

8-अरिष्ट लक्षणों का सामान्य ज्ञान ।

सामान्य परिचर्या प्रशिक्षण का 9 मासीय प्रसूति प्रशिक्षण पाठ्यक्रम

। लिखित-100 अंक

। क्रियात्मक-100 अंक

प्रशिक्षण का उद्देश्य—

इस प्रशिक्षण का उद्देश्य सामान्य प्रशिक्षित परिचारिका को निम्न बातों का ज्ञान कराना है :-

(1) प्राकृत प्रसव कराने की विधि गर्भिणी तथा प्रसवोत्तर काल की परिचर्या विधि ।

(2) विकृत गर्भ का ज्ञान एवं उपचार विधान ।

(3) आतुरालय तथा स्वास्थ्य केन्द्र में मातृ तथा शिशु कल्याण संबंधी कार्यों का ज्ञान ।

(4) सहायक परिचारिकाओं का पथ-निर्देशन ।

पाठ्य विषय :-

(1) प्रसूति सेवाओं का इतिहास एवं विकास, मातृ एवं शिशु मृत्युदर का ज्ञान एवं महत्व ।

(2) प्रजनन संहति—

(अ) श्रोणिगुहा, योनि, गर्भाशय, बीजवाहोस्त्रोत, स्तन एवं गर्भ करोटि का ज्ञान ।

(ब) ऋतु, ऋतुचर्या, आर्तवचक्र, आर्तव का स्वरूप, अंतःश्रावी ग्रन्थियों का सामान्य ज्ञान ।

(3) भ्रूणविज्ञान— गर्भ का स्वरूप, लक्षण, गर्भावक्रांति, गर्भसंहनन, गर्भ का पोषण, गर्भ का विकासक्रम, अपसनिर्माण एवं कार्य, प्राकृत गर्भ की मुद्रायें ।

(4) गर्भावस्था में अंगव्यापार— गर्भ के चिन्ह, जीवित एवं मृत गर्भ का निदान, अंतःश्रावी ग्रन्थियों का गर्भ पर प्रभाव, दौहद, गर्भिणी शरीर परिवर्तन (विक्ष एवं कन्डु का प्रादुर्भाव) गर्भकालावधि ।

(13) शस्त्र कर्म—शल्य के पूर्व प्रधान एवं पश्चात् कर्म का ज्ञान ग्रीवा विरफारण, विवर्तन, शिरोभेद, सदंश का प्रयोग, गर्भाशय भेदन।

(14) मातृ स्वास्थ्य सेवायें—ग्रामीण एवं नगरों में चिकित्सा शिविर का ज्ञान, जन्म पंजीकरण, अभिलेखन तिथि, सामाजिक, आर्थिक एवं सांस्कृतिक दृष्टि से परिचारिका का महत्व।

(15) परिवार नियोजन का उद्देश्य एवं विधियां।

(16) प्रशिक्षण काल में उपचारिका को निम्न प्रायोगिक कार्य करना आवश्यक है:-

- (1) कम से कम चार सप्ताह तक प्रसव पूर्व काल तथा 4 सप्ताह प्रसवोत्तर परिचार्या कक्षों में कार्य करना।
- (2) कम से कम 5 योनि परीक्षा
- (3) कम से कम 30 गर्भिणी का परीक्षा करना।
- (4) कम से कम 20 प्रसव करना।
- (5) कम से कम 20 प्रसूताओं की परिचर्या करना।
- (6) कम से कम एक ऐपिनिओटामी (Epeniotomy) करने का अभ्यास।

प्रसव योग्यता एवं प्रशिक्षण अवधि:-

सामान्य परिचार्या प्रशिक्षण परीक्षा उत्तीर्ण करने के बाद ही प्रसूति प्रशिक्षण के लिये प्रवेश किया जायेगा, इसकी अवधि 9 माह होगी। जिसमें कम से कम 70 घन्टे प्रशिक्षण पाना अनिवार्य होगा।

स्थान:-

प्रशिक्षण राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, लखनऊ में होगा-

परीक्षा:-

प्रशिक्षण के नवें महीने के अंत में परीक्षा होगी जिसमें 100 अंक का एक प्रश्न-पत्र तथा 100 अंक की एक प्रयोगात्मक परीक्षा होगी। उत्तीर्ण होने के लिये प्रश्न-पत्र तथा प्रयोगात्मक परीक्षा में पृथक्-पृथक्