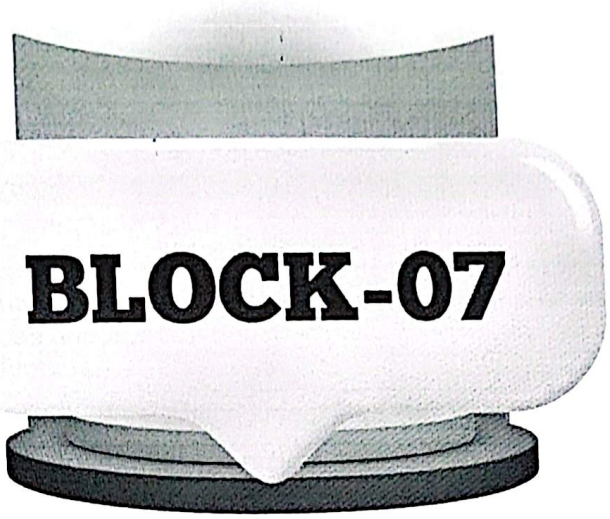

BLOCK-07

BLOCK-07	
CFRC Code	**Task/Skill**
CFRC3-001	**Medical History taking skills** **Take focused medical history** including presenting complaints, history of presenting illness, past medical and surgical history, drug and allergy history, family history, social history, and systems review to identify symptoms, risk factors, and relevant clinical information.
CFRC3-002	**General physical examination:** **Perform** a systematic general physical examination to assess vital signs and abnormal clinical findings.
CFRC3-003	**Assessment of Growth and Nutritional Status** **Measure** BMI and interpret nutritional status. **Record** height, weight, and calculate growth percentiles in OPD/community settings.
CFRC3-004	**Anemia** **Identify** signs of anemia (pallor, koilonychia, glossitis) during examination.
CFRC3-005	**Blood sampling technique** **Observe and narrate** the correct technique for collecting, labeling, and storing blood samples while maintaining aseptic precautions and ensuring specimen integrity. *(see annexure 1)*
CFRC3-006	**CBC Analysis** **Interpret** CBC and peripheral smear findings. **Differentiate** microcytic, macrocytic, and hemolytic anemia patterns on reports.
CFRC3-007	**Coagulation profile analysis** **Interpret** PT, APTT, and platelet count results. **Identify** clinical signs of bleeding disorders (petechiae, ecchymoses).
CFRC3-008	**Blood transfusion** **Demonstrate** correct patient identification and crossmatch verification before blood transfusion. **Observe and describe** steps of blood transfusion setup. **Document** blood transfusion record.
CFRC3-009	**WHO Death certificate** **Fill out** a WHO death certificate based on case data.
CFRC3-010	**Informed consent** **Take** informed written consent for common procedures.
CFRC3-011	**Communication skills** **Demonstrate** empathetic communication during patient interaction.

CFRC3-012	**Wound Assessment** **Inspect and describe** the physical appearance of a wound, including its size, shape, edges, wound bed characteristics, exudate, surrounding skin, and signs of infection. **Identify** signs of wound infection.
CFRC3-013	**Wound dressing** **Assist** in wound dressing using sterile technique.
CFRC3-014	**Burn wound care** **Observe and narrate** the initial management steps for a burn patient (cooling, covering, fluids). **Counsel** on burn wound care and infection prevention.
CFRC3-015	**Assessment of hemorrhage** **Measure and interpret** vital signs in suspected shock. **Identify** signs of external/internal bleeding. Initiate first aid management for hemorrhage.
CFRC3-016	**Infection prevention & management** **Demonstrate** isolation precautions and hand hygiene. **Counsel** patients on infection prevention and immunization. **Monitor** fever charts and **interpret** temperature trends. **Observe** antibiotic administration and IV fluid therapy.
CFRC3-017	**Routes of drug administration:** **Observe and identify** various routes of drug administration (oral, intravenous, intramuscular, subcutaneous, inhalational, topical, and rectal) and **describe** the rationale for selecting a specific route for drug administration.
CFRC3-018	**Aseptic precautions in parenteral drug administration:** **Demonstrate and practice** aseptic precautions during parenteral drug administration. *(hand hygiene, use of sterile equipment, skin antisepsis, wearing gloves, avoiding contamination of sterile parts, clean environment, verifying drug integrity, single-use of syringes/needles, safe disposal of sharps, applying sterile dressing).*
CFRC3-019	**Scrubbing technique** **Perform** the correct technique of scrubbing in for surgical procedures in operation theatre while adhering to aseptic principles and infection control protocols.
CFRC3-020	**Surgical History taking**

	Perform focused surgical history-taking (e.g., neck lump, trauma, abdominal pain) and conduct physical examination to identify key findings for diagnosis and management.
CFRC3-021	**Suturing** **Observe** the steps of basic suturing techniques, including instrument handling, knot tying, and wound edge approximation, while following principles of asepsis.
CFRC3-022	**Post-surgical infections** **Observe** appropriate antimicrobial prophylaxis by selecting and justifying pre-operative antibiotics, and management of post-surgical infections according to standard guidelines.

Note: Before signing the logbook entry, the DME/HOD will ensure that the skill/task has been achieved by the student.

Annexure I

Collection, Transport and Storage of Blood Culture Specimen

Learning Outcomes:

The students will be able to:

- Explain the role of blood cultures in diagnosing bloodstream infections (e.g., sepsis, endocarditis).
- Describe the clinical significance of accurate and timely blood culture collection.
- Identify the correct site for collection of blood culture specimen
- Describe aseptic technique to minimize contamination.
- Determine the appropriate blood volume required for adult and pediatric patients.
- Differentiate between aerobic and anaerobic culture bottles and their use.
- Timely collection of specimens (before antibiotic administration, during fever spikes if possible).
- Demonstrate hand hygiene and use of proper disinfection procedure for collection.
- Dispose of sharp and biohazard materials safely.
- Label specimens clearly with patient Name, date, and time of collection.
- Complete relevant laboratory request forms or electronic documentation accurately.
- Describe appropriate transport conditions (Room temperature & prompt delivery).
- Understand the acceptable timeframe for transporting specimens to the lab (ideally within 2 hours).
- Explain the impact of delays or incorrect transport on culture results.
- State the maximum holding times and conditions for blood culture bottles (e.g., room temperature vs. refrigeration).
- Recognize how improper storage can affect microbial recovery and lead to false-negative results.
- List of common pre-analytical errors (e.g., contamination, insufficient volume).

Collection of Blood Culture Specimen:

Blood should be collected before antimicrobial treatment has started. When the patient has recurring fever, collect the blood as the temperature begins to rise. For other patients, collect the blood as soon as possible after receiving the request. To increase the chances of isolating a
pathogen, it is usually recommended that at least two specimens (collected at different times) should be cultured. A strict aseptic technique must be used to collect the blood

Procedure for collection of Specimen for Blood Culture:

Blood for culture must be collected and dispensed with great care to avoid contaminating the specimen and culture medium.

- Using a pressure cuff, locate a suitable vein in the arm. Deflate the cuff while disinfecting the venepuncture site. Wearing gloves thoroughly disinfect the venipuncture site as follows:
- Palpate the Vein with Your Index or Middle Finger
- Using 70% ethanol, cleanse an area of about 50 mm in diameter.
- Allow to air-dry.
- Using 2% tincture of iodine and a circular action, swab the area beginning at the point where the needle will enter the vein.
- Allow the iodine to dry on the skin for at least 1 minute.
- Once the area has been disinfected, never touch the venipuncture area.
- Lift back the tape or remove the protective cover from the top of the culture bottle(s). Wipe the top of the bottle using an ethanol swab.
- Using a sterile syringe and needle, withdraw about 5-10 ml of blood from an adult or about 1-3 ml for paediatric patients.
- Insert the needle through the rubber liner of the bottle cap and dispense the blood into the blood culture bottle containing 40-50ml of the broth.
- Clearly label each bottle with the name and number of the patient, and the date and time of collection.

Transport & Storage of Specimen to Microbiology laboratory:

- Timely and proper transport of specimen to the laboratory is crucial for accurate diagnosis and recovery of any microorganisms present.

- Blood culture bottles should be transported to the microbiology laboratory as soon as possible, ideally within **30 minutes to 2 hours** after collection, if not possible keep the bottles at Room temperature **(20–25°C)**.
- Blood culture bottles **"must not be refrigerated"**. Most organisms of clinical importance may become non-viable or fail to grow if exposed to cold temperatures. Keep at **room temperature (20–25°C)**.
- Transport the bottles in an **upright position** to minimize the risk of leakage or contamination
- Place the blood culture bottles in a designated **biohazard specimen transport bag** with a separate pouch for laboratory request forms. The container should be **leak-proof.**

Precautions:

- Do not shake the blood culture bottles.
- Do not stack or crush bottles during transport.
- Protect them for sunlight and intense heat during transport to the lab.