



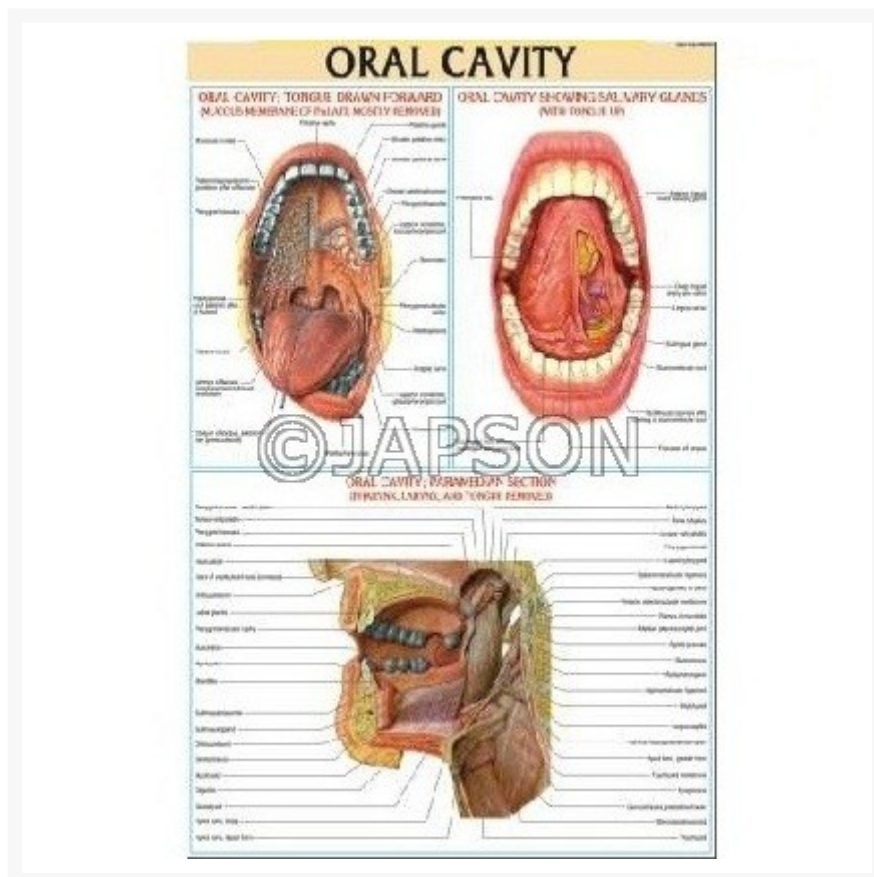
Address:
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Medical (Nursing) Charts-II, School Education

Product Image



Description

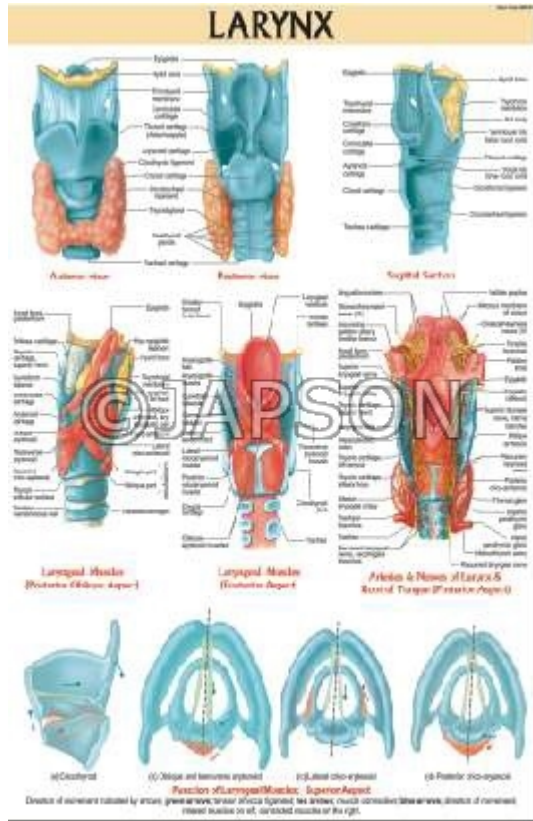
Standard Size: 51x66cms

Language: English

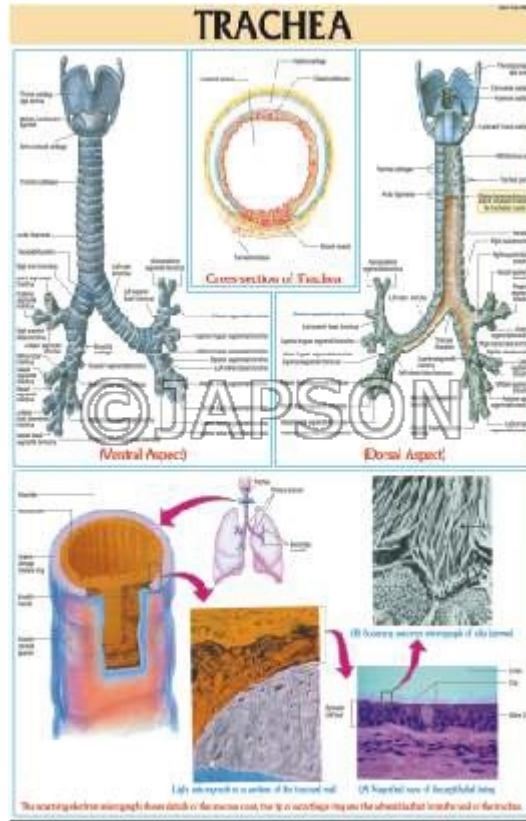
Laminated, Rigid and Flexible Charts with Plastic Rollers. These Charts have technically accurate and detailed description in vivid colours.

Note: Based on minimum order quantity conditions, Charts can be customized to your requirements in terms of CONTENT, LANGUAGE, SIZE, etc. Please write back to us for discussion.

A. Charts, Larynx

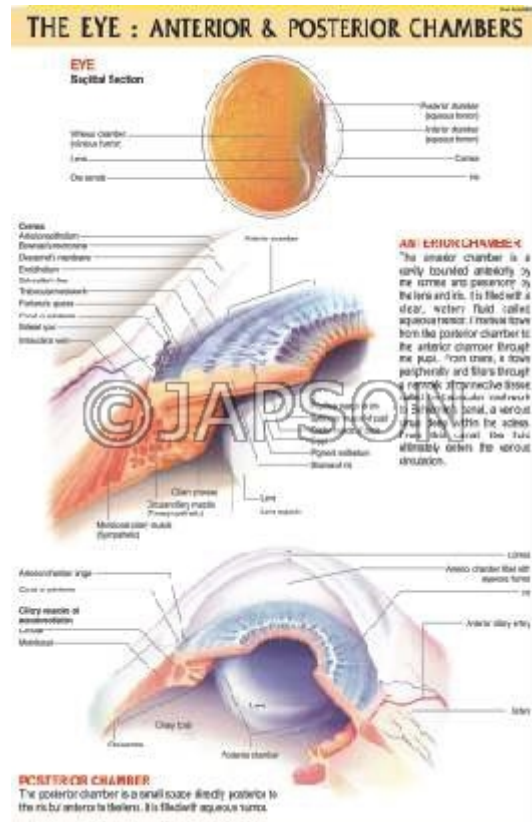
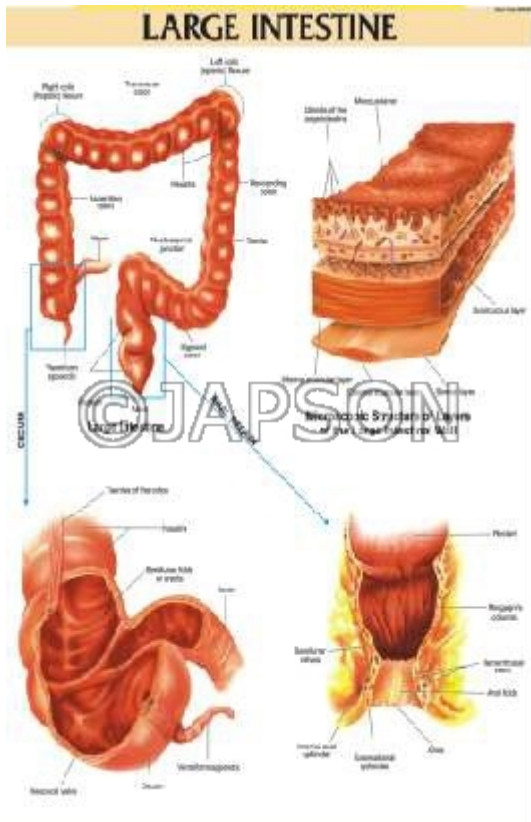


B. Charts, Trachea



C. Charts, Large Intestine

D. Charts, The Eye: Anterior & Posterior Chambers



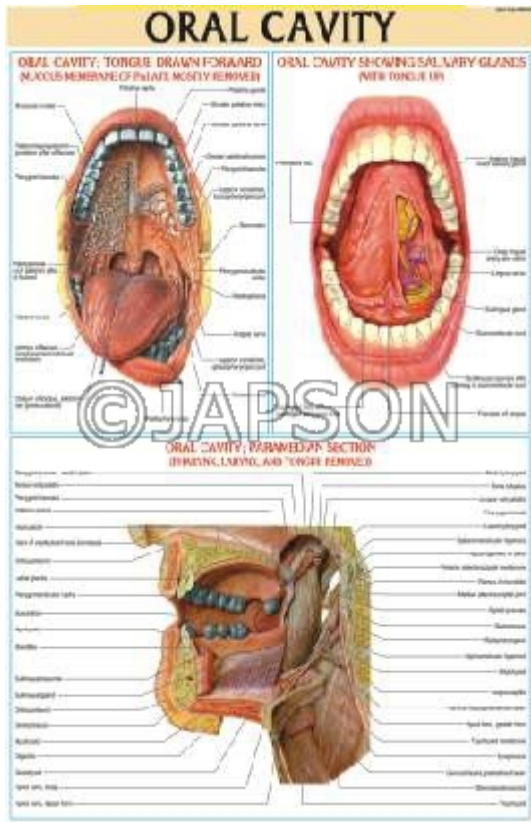
E. Charts, CPR Child

F. Charts, Blood Circulatory System



G. Charts, Oral Cavity

H. Charts, Small Intestine



I. Charts, Feeding Schedule of Preterm Infants

FEEDING SCHEDULE OF PRETERM INFANTS

Providing adequate nutrition to preterm infants is challenging because of several problems. These problems include immaturity of bowel function, inability to suck and swallow, high risk of necrotizing enterocolitis (NEC), illnesses that may interfere with adequate enteral feeding (e.g., RDS, patent ductus arteriosus) and medical interventions that preclude feeding (e.g., umbilical vessel catheters, exchange transfusions, isochemic cholestasis).

FEEDING PROTOCOL:

1. **METHOD OF FEEDING:** Because these infants usually cannot voluntarily coordinate sucking and swallowing, they must be fed by gavage.
 - Organize these animals to feed.
 - Do not feed until you are certain that tube is in stomach.
 - Do not use diaphragm or syring/infusion in gavage feeding as they may not seal and pressure may not be adequate to overcome resistance of ingested food.
 - Apply feeding only as consideration for their maturity.
2. **CONCENTRATION OF FEEDING:** Begin with a milk of 8-10% solids.
 - Increase milk of formula to 10-12% solids.

RECOMMENDATIONS FOR FEEDING OF PRETERM INFANTS

Corrected Age (weeks)	Volume of First Feed (mL/kg)	Frequency	Rate of Feeding
24-26	2-3	every 2-3 hours	10-15 mL/kg/day
27-32	2	every 4 hours	As tolerated but never reach full feeds anywhere 7 day.

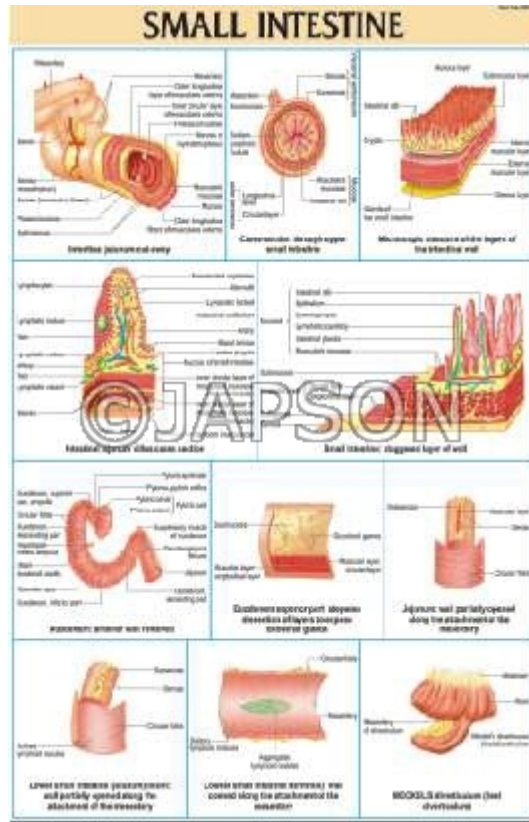
THUMB RULES FOR GROWTH OF PREMIE

A premature infant will have two ages – a developmental age (calculated from the day it was born) and a corrected age (developmental age minus number of weeks premature is born early). Take this corrected age into consideration while rolling down when their developmental milestones should be accomplished.

1. At 10 weeks of age, a premature will develop different eye lines for different roads, will move extrinsic activity, will make eye contact and be able to smile.
2. At 15 weeks of age, the premature will be able to use their hands to mouth, will try to locate familiar voices, use grasp and reach for objects.
3. At 20 weeks of age, premature will learn to roll from tummy to back, sit by themselves, transfer objects from one hand to another, and depend even being satisfied.
4. At 25 weeks of age, a premature can follow objects, will learn to crawl, will babble and make sounds like coo, kama, and hold a bottle during sleep.
5. By one year of age, premature may be able to stand without support, may take their first steps, and can combine actions voluntarily.

1 should be, however, remember that different children reach their developmental milestones at different ages, and any delay does not necessarily indicate a cause of worry.

K. Charts, Portal System



J. Charts, Placenta Membranes

PLACENTA MEMBRANES

STRUCTURE:

The placenta averages 12cm in length and 2-2.5cm in thickness, with the center being the thickest, and the edges being the thinnest. It typically weighs approximately 450 grams. It has a lobulated, fleshy consistency.

It connects to the fetus by an umbilical cord of approximately 120cm in length, which contains the umbilical vein and two umbilical arteries. The umbilical cord inserts into the fetus and extends to the surface of the placenta, forming the fetal membranes. The fetal membranes are thin, translucent, and consist of the chorion, amnion, and decidua. These three structures are grouped into outer and inner membranes.

THREE DISTINCT LAYERS OF MEMBRANES

1. **Amnion:**
 1. It is the innermost layer.
 2. It is a thin, wet, and clear layer of epithelial and connective tissue.
 3. It is derived from the fetal ectoderm by outgrowth with the mesoderm.
 4. It is highly vascularized and the umbilical vein and arteries pass through it.
2. **Decidua Capsularis:**
 1. It is the middle layer.
 2. It is a wet, reddish, and vascularized and is the very maternal component of the membranes.
 3. It is a layer of trophoblastic cells in contact with the fetus.
 4. It also normally contains a few maternal blood vessels, some phagocytes and other leukocytes.
 5. At the placental margin, the decidua capsularis is contiguous with the decidua basalis, which is the maternal part.

DEVELOPMENT

1. **10 Weeks p.l.c.**
2. **17 Weeks p.l.c.**
3. **20 Weeks p.l.c.**

L. Charts, Spleen

CPR INFANT (UNDER 1 YEAR)

MAKE SURE THE ENVIRONMENT IS SAFE FOR RESCUERS & VICTIM

- 1 Attempt to Wake the Infant and Call for Help.**

If the infant is not breathing, does not breathe on the same side of the chest, or does not respond to stimulation, call for help. If you are alone, call for help first, then begin CPR. If you are with another person, call for help and then begin CPR.


- 2 Begin Chest Compressions.**

Place the infant on a firm, flat surface. Push the center of the chest down about 1/2 inch (1.25 cm). Push for 1 second, then release. Repeat at a rate of 100-120 per minute. Push 30 compressions.


- 3 Open the Airway.**

After 30 compressions, open the airway using the head-tilt/chin-lift method. Place your mouth over the infant's nose and mouth, making a tight seal.


- 4 Begin Rescue Breaths.**

Give the infant 2 breaths, each through the mouth into the mouth of the rescuer. Watch for chest rise. If the chest does not rise, reposition the head and try again. Give 2 breaths.


- 5 Repeat Chest Compressions.**

Repeat chest compressions. Do 30 more compressions just as you did before. Do not stop until help arrives or the infant starts breathing.



- 6 Repeat Rescue Breaths.**

Repeat rescue breaths. Give 2 more breaths just as you did before. Do not stop until help arrives or the infant starts breathing.




REPRODUCTIVE SYSTEM

The Male Reproductive Organs



The Female Reproductive Organs



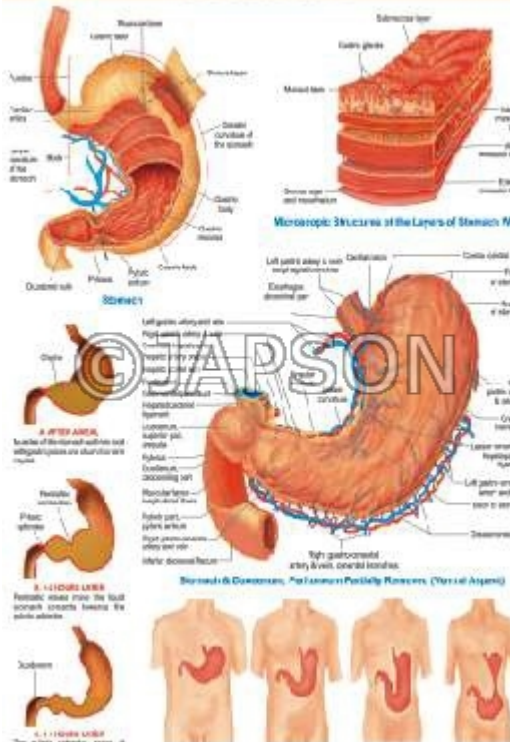
FEMALE REPRODUCTIVE ORGANS

The female reproductive system is specialized to produce offspring. It consists of the ovaries, fallopian tubes, uterus, and vagina. The ovaries produce eggs, and the fallopian tubes transport them to the uterus. The uterus is where the embryo implants and develops. The vagina is the birth canal.

Q. Charts, Stomach

R. Charts, Baby Development

STOMACH



Microscopic Structure of the Layers of Stomach Wall

The stomach wall consists of four layers: the mucosa (innermost), submucosa, muscularis (middle), and serosa (outermost).


Regions of the Stomach:

- 1. THE CARDIUM:** The upper part of the stomach, where food enters from the esophagus.
- 2. THE FUNDS:** The main body of the stomach, where most digestion occurs.
- 3. THE PYLORUS:** The lower part of the stomach, which leads to the small intestine.

Variables in Position and Contour of Stomach in Relation to Body Habitus

The position and contour of the stomach vary based on body habitus: Hypochondric, Dolichocholesteric, Pyrocholesteric, and Achromic.

BABY DEVELOPMENT



CONCEPTION

1 WEEK

2 WEEKS

3 WEEKS

4 WEEKS

5 WEEKS

6 WEEKS

7 WEEKS

8 WEEKS

9 WEEKS

10 WEEKS

11 WEEKS

12 WEEKS

13 WEEKS

14 WEEKS

15 WEEKS

16 WEEKS

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32 WEEKS

33 WEEKS

34 WEEKS

35 WEEKS

36 WEEKS

37 WEEKS

38 WEEKS

39 WEEKS

40 WEEKS

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