

S.NO	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHER'S/ LEARNER'S ACTIVITY	AV AIDS	EVALUATION
1.	1min	to introduce about lower respiratory tract infection	<p>INTRODUCTION:</p> <p>A lower respiratory tract infection is any infection of the airways and/or lungs. It is usually caused by a virus. LRI's can spread in several ways. If there is an infection such as cold, tiny droplet of fluid containing the cold virus are launched into the air whenever you sneeze, cough or speak. If these are breathed in by someone else, they may also become infected. Infections can also be spread through direct and indirect contact.</p>	<p>Introducing about lower respiratory tract infection</p> <p>listening</p>	PPT	What is lower respiratory tract infection?
2.	2mins	to list out the lower respiratory tract infections	<p>LRI INFECTIONS:</p> <p>It includes:</p> <ul style="list-style-type: none"> • Pneumonia • Bronchitis • Bronchial asthma • Empyema • Lung abscess • Haemoptisis • Haematemesis • Pulmonary tuberculosis 	<p>Listing out the lower respiratory tract infections</p> <p>Listening</p>	PPT	What are the lower respiratory tract infections?

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		to discuss about pneumonia	<p>asthma, or HIV/AIDS.</p> <ul style="list-style-type: none"> • Are younger than 1 year of age or older than 65 • Have a weakened or impaired immune system. • Take medicines for gastroesophageal reflux disease (GERD). • Have recently recovered from a cold or influenza infection. • Are malnourished. • Have been recently hospitalized in an intensive care unit. • Have been exposed to certain chemicals or pollutants • Have any increased risk of breathing mucus or saliva from the nose or mouth, liquids, or food from the stomach into the lungs. <p>SIGN AND SYMPTOMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Rusty or green mucus (sputum) coughed up from lungs 	<p>Discussing about pneumonia</p> <p>Listening</p>	PPT	Discuss in detail about pneumonia?

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		to discuss about pneumonia	<ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Fast breathing and shortness of breath <input type="checkbox"/> Shaking chills. <input type="checkbox"/> Chest pain that usually worsens when taking a deep breath (pleuritic pain) <input type="checkbox"/> Fast heartbeat <input type="checkbox"/> Fatigue and feeling very weak <input type="checkbox"/> Nausea and vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Sweating <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <p>ASSESSMENT AND DIAGNOSTIC FINDINGS:</p> <ul style="list-style-type: none"> ❖ Chest x ray (to check the consolidation of lungs) ❖ Blood tests(increase in eosinophils) ❖ Sputum culture (growth of any organisms) ❖ Pulse oximetry (O2 saturation) ❖ Chest CT scan (to check the consolidation of lungs) 	<p>Discussing about pneumonia</p> <p>Listening</p>	PPT	Discuss in detail about pneumonia?

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			❖ Bronchoscopy (lung visualization)			
		to discuss about pneumonia	<ul style="list-style-type: none"> ❖ Pleural fluid culture (to check growth of organism) ❖ Thoracentesis (procedure collect to pleural fluid) <p>MEDICAL MANAGEMEN:</p> <ul style="list-style-type: none"> ▪ Macrolides ▪ Tetracyclines ▪ Fluoroquinolones <p>SURGICAL MANAGEMENT:</p> <ul style="list-style-type: none"> ▪ Thoracotomy ▪ Chest Tubes <p>COMPLICATIONS OF PNEUMONIA:</p> <ul style="list-style-type: none"> ✓ Abscesses ✓ Respiratory Failure ✓ Bacteraemia ✓ Empyema and Pleural Effusions ✓ Collapsed Lung <p>NURSING MANAGEMENT:</p> <ul style="list-style-type: none"> ☒ Maintain a patent airway and adequate oxygenation. 	<p>Discussing about pneumonia</p> <p>Listening</p>	PPT	Discuss in detail about pneumonia?

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			<ul style="list-style-type: none"> ☒ Obtain sputum specimens as needed. ☒ Use suction if the patient can't produce a specimen 			
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		to discuss about pneumonia	<ul style="list-style-type: none"> ☒ Provide a high calorie, high protein diet of soft foods ☒ To prevent aspiration during nasogastric tube feedings, check the position of tube, and administer feedings slowly. ☒ To control the spread of infection, dispose secretions properly. ☒ Provide a quiet, calm environment, with frequent rest periods. ☒ Monitor the patient's ABG levels, especially if he's hypoxic. ☒ Assess the patient's respiratory status. Auscultate breath sounds at least every 4 hours. ☒ Monitor fluid and intake output. ☒ Evaluate the effectiveness of administered medications. ☒ Explain all procedures to the patient and family 	<p>Discussing about pneumonia</p> <p>Listening</p>	PPT	Discuss in detail about pneumonia?

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			<p>PREVENTION:</p> <ul style="list-style-type: none"> ✚ Good Hygiene and Preventing Transmission ✚ Changing Hospital Practices 			
		to discuss about pneumonia	<ul style="list-style-type: none"> ✚ Vaccines ✚ Viral Influenza Vaccines (Flu Shot) ✚ Pneumococcal Vaccines ✚ Vitamins 	Discussing about pneumonia	PPT	Discuss in detail about pneumonia?
4.	10mins	to explain about bronchitis	<p>BRONCHITIS:</p> <p>DEFINITION: Bronchitis is an inflammation of the bronchial tubes, the airways that carry air to lungs.</p> <p>TYPES:</p> <ol style="list-style-type: none"> 1.Acute bronchitis 2.Chronic bronchitis <p>Acute bronchitis Acute (i.e. recent onset) bronchitis is an inflammation of the lower respiratory passages (bronchi).</p> <p>Chronic bronchitis</p>	<p>Explaining about bronchitis</p> <p>Listening</p>	PPT	Explain in detail about bronchitis?

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			<ul style="list-style-type: none"> ☒ The elderly and infants ☒ People with gastroesophageal reflux disease (GERD) ☒ Those who are exposed to irritants at work 			
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		to explain about bronchitis	<p>SIGNS AND SYMPTOMS:</p> <ul style="list-style-type: none"> ➔ Coughing ➔ Production of clear, white, yellow, grey, or green mucus (sputum) ➔ Shortness of breath ➔ Wheezing ➔ Fatigue ➔ Fever and chills ➔ Chest pain or discomfort ➔ Blocked or runny nose <p>ASSESSMENT AND DIAGNOSTIC FINDINGS:</p> <ul style="list-style-type: none"> ❖ Pulmonary function tests (to check lung capacity and function) ❖ Spirometry(how fast and how much air you breathe) 	Explaining about bronchitis	PPT	Explain in detail about bronchitis?

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			<input type="checkbox"/> Drink more liquids <input type="checkbox"/> Get more rest <input type="checkbox"/> Eat healthy foods <input type="checkbox"/> Use a humidifier or vaporizer <input type="checkbox"/> Avoiding people who are sick with colds or the flu			
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		to explain about bronchitis	<input type="checkbox"/> Getting a yearly flu vaccine <input type="checkbox"/> Getting a pneumonia vaccine (especially for those over 60 years of age) <input type="checkbox"/> Washing hands regularly <input type="checkbox"/> Avoiding cold, damp locations or areas with a lot of air pollution <input type="checkbox"/> Wearing a mask around people who are coughing and sneezing <i>NURSING MANAGEMENT</i> <input type="checkbox"/> Monitor for adverse effects of bronchodilatorstremulousness, tachycardia, cardiac arrhythmias, central nervous system stimulation, hypertension.	Explaining about bronchitis	PPT	Explain in detail about bronchitis?

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			<ul style="list-style-type: none"> ☒ Monitor oxygen saturation at rest and with activity. ☒ Eliminate all pulmonary irritants, particularly cigarette smoke. Smoking cessation usually reduces pulmonary irritation, sputum production, and cough. Keep the patient's room as dust-free as possible. ☒ Use postural drainage positions to help clear 	Listening		
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		to explain about bronchitis	secretions responsible for airway obstruction. <ul style="list-style-type: none"> ☒ Teach controlled coughing. ☒ Encourage high level of fluid intake (8 to 10 glasses; 2 to 2.5 L daily) within level of cardiac reserve. ☒ Give inhalations of nebulized saline to humidify bronchial tree and liquefy sputum. ☒ Avoid dairy products if these increase sputum production. ☒ Encourage the patient to assume comfortable position to decrease dyspnea. ☒ Use pursed lip breathing at intervals and during periods of dyspnea to control rate and depth of 	Explaining about bronchitis	PPT	Explain in detail about bronchitis?

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			<p>respiration and improve respiratory muscle coordination.</p> <ul style="list-style-type: none"> ☒ Discuss and demonstrates relaxation exercises to reduce stress, tension, and anxiety. ☒ Encourage frequent small meals if the patient is dyspnoeic; en a small increase in abdominal contents may press on diaphragm and impede breathing. 	Listening		
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		to explain about bronchitis	<ul style="list-style-type: none"> ☒ Offer liquid nutritional supplements to improve caloric intake and counteract weight loss. ☒ Avoid foods producing abdominal discomfort. ☒ Encourage use of portable oxygen system for ambulation for patients with hypoxemia and marked disability. 	<p>Explaining about bronchitis</p> <p>Listening</p>	PPT	Explain in detail about bronchitis?
5.	10mins	to describe about bronchiolitis	<p>BRONCHIOLITIS:</p> <p>DEFINITION:</p> <p>Bronchiolitis is a clinical syndrome characterized by the acute onset of respiratory symptoms in a child younger than 2 year of age typically the initial symptoms of upper</p>	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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		<p>respiratory tract viral infection such as fever within 4-6 days to include evidence of lower respiratory tract involvement with the onset of cough and wheezing.</p> <p>RISK FACTORS:</p> <ul style="list-style-type: none"> + Younger age (<6 months) + Prematurity (Low birth weight) + Underlying chronic lung disease + Cyanotic heart disease 	Listening		
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		to describe about bronchiolitis	<p>+ Immunodeficiency.</p> <p>ETIOLOGY:</p> <p>▣ Acute bronchiolitis is typically caused by a viral infection. With improvement in diagnostic ability to identify viruses in respiratory secretions (nasopharyngeal aspirates) multiple viral agents have been identified as causative agents of acute bronchiolitis. The most common etiology of bronchiolitis is Respiratory Syncytial Virus (RSV), accounting 50-90% cases.</p>	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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		<p>☒ Other viruses that cause bronchiolitis include, rhinovirus, humanmeta pneumo virus, influenza, adenovirus, corona virus and parainfluenza viruses.</p> <p>CLINICAL FEATURES:</p> <p>Clinical sign and symptoms of bronchiolitis consist of rhinorrhea, cough, tachypnea, wheezing, crackles, and increasedrespiratory efforts as grunting, nasal flaring, and intercostals and/or sub costal retraction and poor feeding.</p>	Listening		
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		to describe about bronchiolitis	<p>Clinical features of severe disease in bronchiolitis are as following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor feeding (< 50% of usual fluid intake in preceding 24 hours) <input type="checkbox"/> Lethargy <input type="checkbox"/> History of apnea <input type="checkbox"/> Respiratory rate > 70/ min. <input type="checkbox"/> Presence of nasal flaring and/ or grunting <input type="checkbox"/> Severe chest recession <input type="checkbox"/> cyanosis 	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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		<p>Criteria for hospitalization:</p> <p>When assessing a child, admit them to hospital if they have any of following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apnea <input type="checkbox"/> Persistent oxygen saturation < 92% at room air <input type="checkbox"/> Inadequate oral fluid intake (<50 % of usual volume) <input type="checkbox"/> Persistent severe respiratory distress <p>INVESTIGATIONS:</p> <p>These investigations may include oxygen saturation</p>	Listening		
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		to describe about bronchiolitis	<p>recording, blood gas analysis, chest X- ray, virological or bacteriological testing, hematology and biochemistry</p> <p>MANAGEMENT:</p> <p> Supportive Care:It includes maintenance of adequate hydration, provision of respiratory support as necessary, and monitoring for disease progression.</p> <p> Nutrition and hydration:Clinicians should administer nasogastric or intravenous fluids for infants with diagnosis of bronchiolitis who cannot maintain</p>	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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			<p>hydration orally. Children with bronchiolitis are at an increased risk of dehydration because of their increased needs (related to fever and tachypnea) and reduced oral acceptance.</p> <p> Antibiotics:It is recommended that antibiotics should be used only in childrenhaving specific indications of coexistence of a bacterial infection.Presence of infiltrates or atelectasis on chest X-ray film may not indicate bacterial infection. Clinical setting, with consolidation onX-ray film may indicate a possibility</p>	Listening		
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		to describe about bronchiolitis	<p>of bacterial pneumonia in infants with Bronchiolitis</p> <p> Inhaled bronchodilators:Beta 2 agonists & epinephrine: In a meta-analysis of 30 trialscomparing bronchodilators other than epinephrine (includedsalbutamol, terbutaline, ipratopium) with placebo, there were nosignificant differences in improvement in oxygenation,hospitalization rate, or duration of hospitalization.</p>	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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		<p> Hypertonic saline: Hypertonic saline may reverse some pathophysiological abnormalities in acute bronchiolitis by decreasing epithelial edema, improving elasticity and viscosity of mucus and thus improving airway clearance. However, there are still issues related to its use including optimal volume, concentration of saline, frequency of administration and ineffective device. The use of 3% saline is not recommended until all these are addressed by further studies</p> <p> Steam inhalation: Steam inhalation has been</p>	Listening		
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		to describe about bronchiolitis	<p>proposed to improve airway clearance of mucus and outcome of acute bronchiolitis. Being less expensive and easily available, steam was considered to be a suitable intervention in low income countries.</p> <p> Anti-inflammatories:</p> <ul style="list-style-type: none"> Inhaled corticosteroids: Two RCTS in infants with bronchiolitis have demonstrated that inhaled corticosteroids have no effect on length of 	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?

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			<p>hospitalstay, time to becoming asymptomatic or rate of respiratory readmission tohospital within12 months.</p> <ul style="list-style-type: none"> • Systemic corticosteroids: Cochrane systemic review concluded that oral systemic corticosteroids didnot reduce length of hospital stay in previously well infants less than 12months of age with acute bronchiolitis <p>HOSPITAL BASED RESPIRATORY SUPPORTIVE CARE:</p> <ul style="list-style-type: none"> ✓ Supplemental oxygen. ✓ Pulse oximetry 	Listening		
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		to describe about bronchiolitis	<ul style="list-style-type: none"> ✓ Mechanical ventilation ✓ Chest physiotherapy ✓ Nasal suction ✓ Surfactant 	Describing about bronchiolitis	PPT	Describe in detail about bronchiolitis?
5.	10mins	to elaborate about	<p>PULMONARY TUBERCULOSIS:</p> <p>DEFINITION:</p>	Elaborating about	PPT	Elaborate in detail about pulmonary

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		pulmonary tuberculosis	<p>Pulmonary tuberculosis is a chronic infectious inflammation of the lung, as well as a special pneumonia.</p> <p>CAUSES AND RISK FACTORS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcoholism <input type="checkbox"/> IV drug abuse <input type="checkbox"/> Crowded living conditions <input type="checkbox"/> Homelessness <input type="checkbox"/> Poverty <input type="checkbox"/> Immigration from certain countries <input type="checkbox"/> Low body weight <input type="checkbox"/> Certain medical treatments (such as corticosteroid treatment or organ transplants) 	<p>pulmonary tuberculosis</p> <p>Listening</p>		tuberculosis?
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		to elaborate about pulmonary tuberculosis	<p>SIGN AND SYMPTOMS :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cough (usually cough up mucus) <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Excessive sweating, especially at night <input type="checkbox"/> Fatigue 	<p>Elaborating about pulmonary tuberculosis</p>	PPT	Elaborate in detail about pulmonary tuberculosis?

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			<ul style="list-style-type: none"> ☒ Fever ☒ Unintentional weight loss <p>Other symptoms that may occur with this disease:</p> <ul style="list-style-type: none"> ☒ Breathing difficulty ☒ Chest pain ☒ Wheezing <p>ASSESSMENT AND DIAGNOSTIC FINDINGS:</p> <ul style="list-style-type: none"> ➔ Mantoux test (PPD (purified protein derivative given in left arm using tuberculin syringe) ➔ Chest CT scan (mycobacterium tuberculi is found) ➔ Chest x-ray (in right upper lobe, mycobacterium tuberculi is found) ➔ Sputum examination and cultures (AFB) 	Listening		
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		to elaborate about pulmonary tuberculosis	<p>MEDICAL MANAGEMENT:</p> <p><i>1st line drugs:</i></p> <table border="1"> <thead> <tr> <th>DRUG DOSE</th> <th>DRUG DOSE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Isoniazide (INH)</td> <td>300 mg/day</td> <td></td> </tr> <tr> <td>Rifampicin</td> <td>600 mg/day</td> <td></td> </tr> <tr> <td>Pyrazinamide</td> <td>1500 mg/day</td> <td>25 mg/kg/day</td> </tr> <tr> <td>Ethambutol</td> <td>1200 mg/ day</td> <td>15- 125 mg/kg/day</td> </tr> <tr> <td>Streptomycin</td> <td>0.75—1gm/day</td> <td>25 mg/kg/day</td> </tr> </tbody> </table> <p><i>2nd line drugs:</i></p> <table border="1"> <tbody> <tr> <td>Amikacin (AG)</td> <td>15 mg/kg/day</td> </tr> <tr> <td>Aminosalicyclic acid</td> <td>8- 12 gm/day</td> </tr> <tr> <td>Capreomycin</td> <td>15 mg/kg/da</td> </tr> <tr> <td>Ciprofloxacin</td> <td>1500 mg/day (divided)</td> </tr> <tr> <td>Clofazimine</td> <td>200 mg/day</td> </tr> <tr> <td>Cycloserine</td> <td>500- 1000 mg/day (divided)</td> </tr> </tbody> </table>	DRUG DOSE	DRUG DOSE		Isoniazide (INH)	300 mg/day		Rifampicin	600 mg/day		Pyrazinamide	1500 mg/day	25 mg/kg/day	Ethambutol	1200 mg/ day	15- 125 mg/kg/day	Streptomycin	0.75—1gm/day	25 mg/kg/day	Amikacin (AG)	15 mg/kg/day	Aminosalicyclic acid	8- 12 gm/day	Capreomycin	15 mg/kg/da	Ciprofloxacin	1500 mg/day (divided)	Clofazimine	200 mg/day	Cycloserine	500- 1000 mg/day (divided)	Elaborating about pulmonary tuberculosis	PPT	Elaborate in detail about pulmonary tuberculosis?
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		<p>to elaborate about pulmonary tuberculosis</p>	<table border="1" data-bbox="622 240 1406 411"> <tr> <td>Ethionamide</td> <td>500- 750 mg/day</td> </tr> <tr> <td>Levofloxacin</td> <td>500 mg/day</td> </tr> <tr> <td>Rifabutin</td> <td>300 mg/day</td> </tr> </table> <p><i>Current recommended treatment for pulmonary TB has three regimens:</i></p> <p><input checked="" type="checkbox"/> 6 Month Regimen—virtually 100% effective, more expensive. (usually only used in pulmonary TB)</p> <p><input type="checkbox"/> First 2 months</p> <table border="1" data-bbox="622 691 1406 975"> <thead> <tr> <th>DRUG</th> <th>DOSE</th> </tr> </thead> <tbody> <tr> <td>Isoniazide—300mg</td> <td>1 tablet daily (300mg)</td> </tr> <tr> <td>Rifampicin—300mg</td> <td>2 tablets daily (600mg)</td> </tr> <tr> <td>Pyrazinamide—500mg</td> <td>3 tablets daily (1500mg)</td> </tr> <tr> <td>Ethambutol—400mg</td> <td>3 tablets daily (1200mg)</td> </tr> </tbody> </table> <p><input type="checkbox"/> Next 4 months</p> <table border="1" data-bbox="622 1034 1406 1257"> <thead> <tr> <th>DRUG</th> <th>DOSE</th> </tr> </thead> <tbody> <tr> <td>Isoniazide—300mg</td> <td>1 tablet daily (300mg)</td> </tr> <tr> <td>Rifampicin—300mg</td> <td>2 tablets daily (600mg)</td> </tr> <tr> <td>Pyridoxine—10mg</td> <td>1 tabletdaily (10mg) for 6 months</td> </tr> </tbody> </table>	Ethionamide	500- 750 mg/day	Levofloxacin	500 mg/day	Rifabutin	300 mg/day	DRUG	DOSE	Isoniazide—300mg	1 tablet daily (300mg)	Rifampicin—300mg	2 tablets daily (600mg)	Pyrazinamide—500mg	3 tablets daily (1500mg)	Ethambutol—400mg	3 tablets daily (1200mg)	DRUG	DOSE	Isoniazide—300mg	1 tablet daily (300mg)	Rifampicin—300mg	2 tablets daily (600mg)	Pyridoxine—10mg	1 tabletdaily (10mg) for 6 months	<p>Elaborating about pulmonary tuberculosis</p> <p>Listening</p>	<p>PPT</p>	<p>Elaborate in detail about pulmonary tuberculosis?</p>
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		to elaborate about pulmonary tuberculosis	<p>☞ 9 Month Regimen—</p> <p>☐ First 2 months</p> <table border="1"> <thead> <tr> <th>DRUG</th> <th>DOSE</th> </tr> </thead> <tbody> <tr> <td>Isoniazide—300mg</td> <td>1 tablet daily (300mg)</td> </tr> <tr> <td>Rifampicin—300mg</td> <td>2 tablets daily (600mg)</td> </tr> <tr> <td>Ethambutol—400mg</td> <td>3 tablets daily (1200mg)</td> </tr> </tbody> </table> <p>☞ Next 7 months</p> <table border="1"> <thead> <tr> <th>DRUG</th> <th>DOSE</th> </tr> </thead> <tbody> <tr> <td>Isoniazide—300mg</td> <td>1 tablet daily (300mg)</td> </tr> <tr> <td>Rifampicin—300mg</td> <td>2 tablets daily (600mg)</td> </tr> <tr> <td>Pyridoxine—10mg</td> <td>1 tabletdaily (10mg)</td> </tr> </tbody> </table> <p>☞ 12 Months Regimen—inexpensive and reasonably effective.</p> <p>☐ Regimen 1—effectiveness is nearly 100%</p> <table border="1"> <tbody> <tr> <td>Injection Streptomycin</td> <td>1gm (IM)—Twice Weekly</td> </tr> <tr> <td>Tablet Isoniazide 15 mg/kg/day</td> <td>15 mg/kg/day</td> </tr> <tr> <td>Tablet Pyridoxine</td> <td>1 tablet of 10mg dail</td> </tr> </tbody> </table> <p>Regimen 2—very cheap, effectiveness is 80-90%</p>	DRUG	DOSE	Isoniazide—300mg	1 tablet daily (300mg)	Rifampicin—300mg	2 tablets daily (600mg)	Ethambutol—400mg	3 tablets daily (1200mg)	DRUG	DOSE	Isoniazide—300mg	1 tablet daily (300mg)	Rifampicin—300mg	2 tablets daily (600mg)	Pyridoxine—10mg	1 tabletdaily (10mg)	Injection Streptomycin	1gm (IM)—Twice Weekly	Tablet Isoniazide 15 mg/kg/day	15 mg/kg/day	Tablet Pyridoxine	1 tablet of 10mg dail	<p>Elaborating about pulmonary tuberculosis</p> <p>Listening</p>	PPT	Elaborate in detail about pulmonary tuberculosis?
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S.NO	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHER'S/ LEARNER'S	AV AIDS	EVALUATION
		to elaborate about pulmonary tuberculosis	<p>→ The tuberculin is injected intradermally with the bevel of the needle pointing upward. As wheal 6 t 10 mm in diameter should form the layers of the skin when the solution is injected properly. If the wheal is not formed, the procedure is repeated.</p> <p>→ The reaction of the test should be determine in 48- 72 hours.</p>	<p>Elaborating about pulmonary tuberculosis</p> <p>Listening</p>	PPT	Elaborate in detail about pulmonary tuberculosis?
6.	10mins	to discuss about bronchial asthma	<p>BRONCHIAL ASTHMA:</p> <p>DEFINITION:</p> <p>Asthma is a heterogenous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with variable expiratory airflow limitation</p> <p>PATHOPHYSIOLOGY:</p> <div style="text-align: center;"> <pre> graph TD A[Trigger factor] --> B[Airway inflammation] B --> C[] B --> D[] B --> E[] </pre> </div>	<p>Discussing about bronchial asthma</p> <p>Listening</p>	PPT	Discuss in detail about bronchial asthma.

S.NO	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHER'S/ LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		to discuss about bronchial asthma	<ul style="list-style-type: none"> ☒ Pets: Keep them away from sleeping area if possible outside the house. ☒ Avoid strong order, smoke mosquito coil burning and especially tobacco smoke. <p>Pharmacotherapy:</p> <ul style="list-style-type: none"> ☒ The drug used in the management of asthma include quick reliever preventers and long term relievers as classification of drug used for management of asthma. ➔ Quick reliever: Used for acute attacks to relieve bronchospasm as and when needed. Short acting beta 2 agonists. (Salbutamol, Terbutaline, Adrenaline and Aminophylline). ➔ Preventers: Used for long- term to control the inflammation and to prevent further attacks. (Theophylline) ➔ Long term symptoms receivers: Used to relieve bronchospasm for longer hours. (Long acting beta2 agonists- Salmeterol, Formoterol, Bambuterol). 	<p>Discussing about bronchial asthma</p> <p>Listening</p>	PPT	Discuss in detail about bronchial asthma.

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LESSON PLAN
ON
LOWER RESPIRATORY TRACT
INFECTIONS