

Resume



Liji K Raju

Kannankerikunnill House
Nedumpuram P.O.
Thiruvalla - 689110
Pathanamthitta
Kerala

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PERSONAL INFORMATION:

Name : Liji K Raju
Permanent Address : Kannankerikunnill House, Nedumpuram P.O.Thiruvalla - 689110
Nationality : Indian
Date of Birth : 22-12-1997
Language known : English, Hindi, Malayalam, Kannada
Marital Status : Single
Passport Number : W2862153 (Date Of Expiry- 31/07/2032)

REGISTRATION:

Maharashtra State Nursing Council

Registration Number : XVII-31331

Karnataka State Nursing Council

Registration Number : 101660

EDUCATION:

Bachelor Of Nursing (BSN) | 2019

Alva's College of Nursing, Karnataka, India

Higher Secondary | 2015

D.B.H.S.S Thiruvalla, kerala, India.

WORK EXPERIENCE:

Grand medical foundation-Ruby hall clinic – Pune

Registered staff nurse from 27-01-2020

I have 2 years 4 months experience in medical surgical ward.

Responsibilities

- Providing direct nursing care.
- Identify nursing needs of patients and be sure it is met.
- To provide holistic nursing care which will promote the recovery of the patient as well as establishing good professional relationships with colleagues.
- Assure patients right of confidentiality, dignity and self-respect.
- To attend doctor's round and carry out the orders.
- Administration of medications and therapeutic management in effective manner in accordance to hospital policy.
- Admission and discharge procedure of the patients.
- Monitoring of vital signs.
- IV cannulation.
- Blood extraction.
- Catheter insertion.
- Blood transfusion.

PATIENTS CONDITION HANDLED:

- Anemia
- DM
- Hypertensive
- Pre eclamsia and eclamsia
- Pre and post cardiac surgery
- Pre and post renal surgery
- Post delivery
- Pre and post general surgery
- CVA
- RTA with poly trauma
- RTA with head injury
- GBS
- ARDS
- H1N1

- Auto immune conditions and chronic liver diseases
- Total knee replacement
- Total hip replacement
- Cholecystectomy
- Biopsy
- Hystrectomy

TRAINING PROGRAMMES:

- Basic cardiac life support
- Advance cardiac life support
- Fire training programme

CNE-S ATTENDED:

- Aging and health
- Lung health awareness
- Hematological malignancies
- Mental health and older adults
- Vector borne diseases

REFERENCE:

Upon request

DECLARATION

I hereby declare that above furnished information is true to the best of my knowledge and any work assigned will be completed satisfactorily.

Date:

Place:

Thanking You
Yours Faithfully

Liji K Raju