Orlando Science Center

Session One



EMPLOYMENT AND TRAINING ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

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RNCPI-CBLT Session 1 Folder Contents

Materials Checklist
Session 1 Overview
Session 1 PowerPoint Slides
Session 1 Patient Chart Worksheet
Session 1 Task Cards

Tips/Reminders for a Successful Off-site

1. Get the directions to the school (and reverse directions, if needed).

2. Get the school contact name and phone number.

3. Make sure that you have all materials necessary for the session (see the Materials Checklist).

4. Ask for petty cash for tolls and gas, if needed.

   Receipt Codes:

   915 – DOL
   935 – WCF
   290 – Regular Off-site

   Write the receipt code on the receipt before submitting to H. Norton.

5. At the end of the session, give the projector time to cool before placing it back in the case. Turn it off as soon as you are finished using it. That should give it ample time to cool off before storing it again.

RNCPI-CBLT

Session One

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SESSION 1 OBJECTIVES

- The students will identify nursing career opportunities.
- The students will use critical thinking and listening skills to gather information about a patient.
- The students will administer diagnostic assessments to determine patient vital signs.

NURSING CAREERS

- CNA- Certified Nursing Assistant
- LPN- Licensed Practical Nurse
- RN- Registered Nurse
  - Emergency Room Nurse
  - NICU Nurse
  - PHN- Public Health Nurse
  - CCN-Critical Care Nurse
- CRNA- Certified Registered Nurse Anesthetist
- CNS- Clinical Nurse Specialist
- ARNP- Advanced Registered Nurse Practitioner
- RNC- Registered Nurse Clinician

Dare to Care

Nursing Video

COMMUNICATION IN NURSING

- Nurses need to communicate effectively with patients and other medical professionals to gain crucial information.
- Miscommunication by nurses could cause errors in diagnosis and treatment, and could even result in the death of a patient.

MEDICAL ABBREVIATIONS

While there is a standard set of medical abbreviations commonly used by most healthcare organizations, it is very important to know the abbreviations adopted at your place of employment. Can you decipher this?

Patient is AAO. BP and BGL are normal. Patient C/O pain at site of incision and H/A. Administer 1000mg acetaminophen, not to exceed q.i.d. Continue to monitor vitals.

A.D.P.I.E.

ASSESSMENT
⟹ What's happening? What are the patient's needs?

DIAGNOSIS
⟹ Determine the patient's health problem based on symptoms, etc.

PLANNING
⟹ Set measurable goals for patient care.

IMPLEMENTATION
⟹ Methods for achieving the goal.

E VALUATION
⟹ Interpret success of measurable goals.

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- What tools have you used to remember something in school, like a formula?
- A mnemonic is a technique used to aid in remembering important information.
- Examples in Math:
  PEMDAS
  FOIL

Onset
Rx
Location
Allergies
Negating Factors
Duration
Other Symptoms

Social History
Chief Complaint
Intensity

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- Onset means when the problem began.
- Rx refers to any prescriptions the patient may be taking.
- Location refers to where the issue is taking place on your body.

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- Allergies are reactions by the immune system to food, medications or environmental substances, called allergens.
- A negating factor is something that causes the symptoms to go away. (Ex: medication)

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- Duration refers to how long the symptoms last when they occur.
- Other symptoms refer to any other problem that the patient may be having.

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- A social history can include:
  - Occupation
  - Diet
  - Changes to lifestyle
  - Recreational substance abuse

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- The chief complaint is the main reason the patient is seeking medical care.
- Intensity is a measure of the severity of the patient's pain, and can be measured on a pain scale of **1-10**.

Test Your Knowledge!

Mrs. Carter is a 56 year old female, who was seen five days ago in your surgical clinic by Dr. Smith.

Mrs. Carter was discharged from the hospital eleven days ago following surgical removal of a benign abdominal cyst.

The patient has telephoned the clinic complaining of post-operative problems, specifically with her abdominal incision. In the last twenty-four to thirty-six hours, Mrs. Carter has noticed her incision is mildly though continuously tender to touch and appears slightly reddened and swollen. She denies any drainage. Mrs. Carter does note that she's feeling "run down" and "washed out," more so than any time since her operation.

Test Your Knowledge!

She had anticipated being recovered from her surgery by now, and fully returned to her prior activity level. She periodically feels warm & flushed, but hasn't checked her temperature, because she's unsure how. Mrs. Carter denies any nausea or vomiting, diarrhea or constipation since her post-operative visit.

Her past medical history is non-contributory; and, she has no known (medicinal) allergies. Currently, Mrs. Carter's medications consist of Tylenol on an "as-needed" basis. She has taken Tylenol four times in the last twenty-four hours, for incision tenderness.

Mrs. Carter notes that she was instructed, at her post-operative visit, that dressing the incision was no longer necessary. She also states she was instructed that she could now resume her usual hygiene practices, and has taken a tub bath twice since her last clinic visit.

GIVE IT A TRY?

1. Work with a partner to practice recording patient history.
2. The nurse (student 1) will use the mnemonic to solicit information.
3. The patient (student 2) will answer questions.
4. Both students will complete the scenario section of the patient chart together.

Nursing Tasks

1. Respiration Rate
2. Weight & Height
3. Blood Pressure
4. Pulse/Heart Rate
5. Temperature
6. Lung Volume

Session One Debriefing

1. How does the amount of education a nurse has impact the type of job the nurse is able to do?
2. What role does communication play in the quality of care a patient may receive from a nurse?

EXIT QUIZ

RNCPI-CBLT Session 1 Instructor Reference Sheets
Materials Checklist & Session Overview

Session 1 Materials Checklist

- ❑ Toshiba Laptop[1]
- ❑ Projector
- ❑ Speakers
- ❑ Exit Surveys (30 copies)
- ❑ Bookmarks (30)
- ❑ Patient Chart (30 copies)
- ❑ Task Cards (2 sets)
- ❑ Digital Scales[2] (3)
- ❑ Digital Blood Pressure Cuff[3] (3)
- ❑ Digital Ear Thermometer[4] (3)
- ❑ Disposable Thermometer covers[4] (30)
- ❑ Stop Watches (4)
- ❑ Tape Measures (6)
- ❑ Spirometers (4)
- ❑ Disposable spirometer mouthpieces (30)
- ❑ Stethoscopes (2)
- ❑ Alcohol pads (1 box)

Notes

1. Confirm that the powerpoint and videos are working on the laptop prior to leaving; and, be sure that the jump drive is in the front pocket of the laptop backpack in case of problems with the computer.
2. Make sure that the scales have batteries with a charge.
3. Make sure that the BP cuffs have batteries with a charge.
4. Make sure that the thermometers have disposable ear covers and that all batteries have charge.

RNCPI-CBLT Session 1 Instructor Reference Sheets
Materials Checklist & Session Overview

Session 1 Overview

Objectives
Nursing Careers
Video: Dare to Care
Communication in Nursing
Medical Abbreviations
ADPIE
Intro to ORLANDO SCI

- *Mnemonic*: Formula/rhyme used in the aid of remembering important information
- *PEMDAS*: Parentheses, Exponents, Multiplication and Division, and Addition and Subtraction; *FOIL*: First, Outside, Inside, Last

O.R.L.A.N.D.O. S.C.I.

- Onset
- Rx
- Location
- Allergies
- Negating Factors
- Duration
- Other Symptoms
- Social History
- Chief Complaint
- Intensity

Patient Chart Activity

- Test Your Knowledge Scenario
- Partners

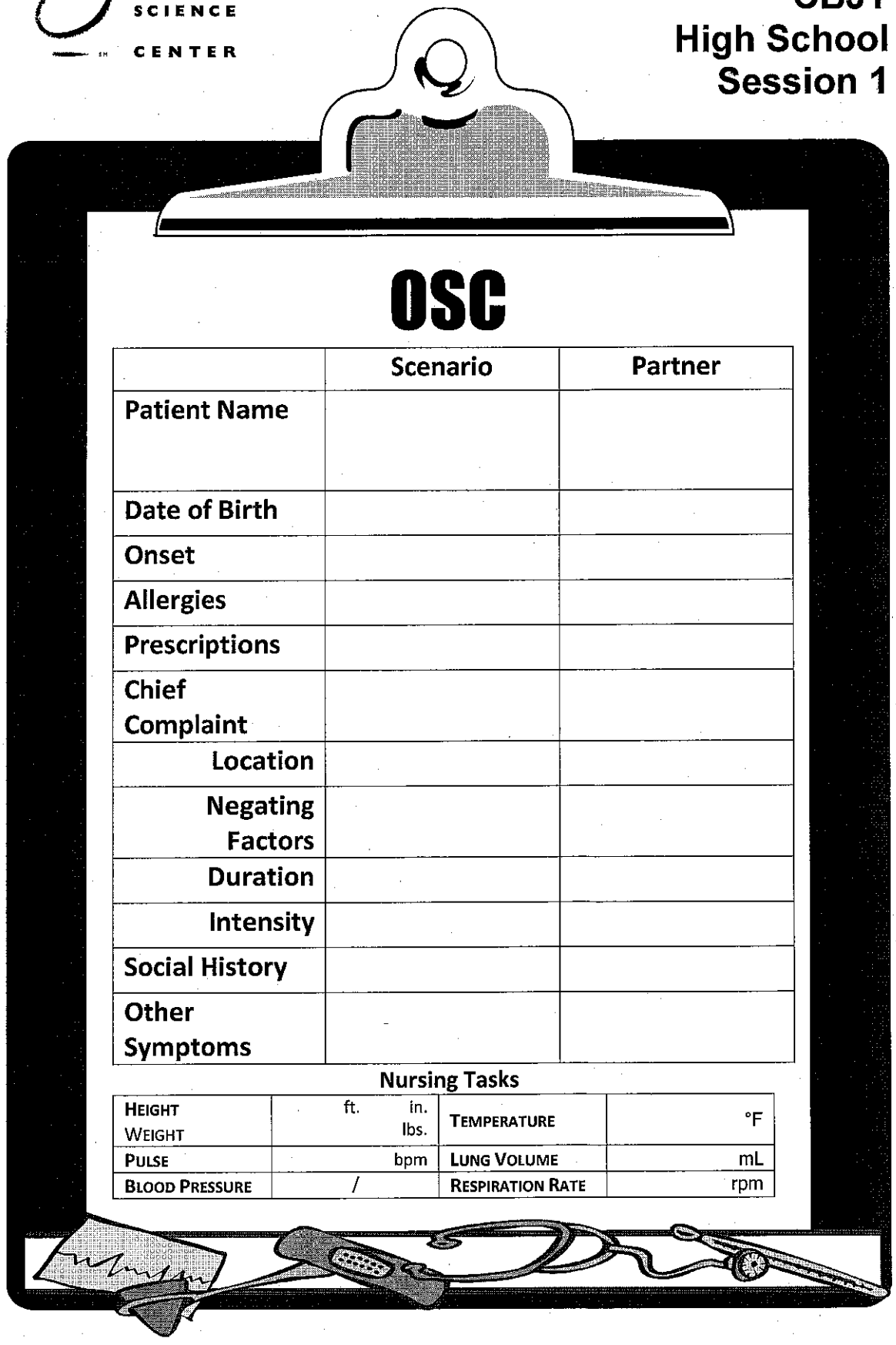
Nursing Tasks

- Respiration rate
  - Number of breaths a person takes per minute
- Weight & Height
- Blood Pressure
  - Pressure of circulating blood on the walls of blood vessels
  - Systolic (As the heart beats)/Diastolic (As the heart rests)
- Pulse/Heart Rate
- Temperature
- Lung Volume
  - How much air your lungs can hold.

Debriefing
Exit Quiz

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Regional Nursing Career Pathway
CBJT
High School
Session 1



OSC

	Scenario	Partner
Patient Name		
Date of Birth		
Onset		
Allergies		
Prescriptions		
Chief Complaint		
Location		
Negating Factors		
Duration		
Intensity		
Social History		
Other Symptoms		

Nursing Tasks

HEIGHT WEIGHT	ft. in. lbs.	TEMPERATURE	°F
PULSE	bpm	LUNG VOLUME	mL
BLOOD PRESSURE	/	RESPIRATION RATE	rpm

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RNCPI-CBLT Session One Task Cards

Height & Weight

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Height

1. Remove shoes (optional).
2. Partner 1: Stand with your back and heels against the wall.
3. Partner 2: Use the measuring tape to measure your partner's height from the top of the head to the feet.
4. Record the height in feet and inches on your worksheet.

Weight

1. Remove shoes (optional).
2. Tap the scale and wait for it to read zero.
3. Stand on the scale with two feet.
4. Wait five seconds and read display.
5. Record your partner's weight on your worksheet.

RNCPI-CBLT Session One Task Cards

Blood Pressure

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Blood Pressure

1. Have your partner sit down in a chair.
2. Place his/her arm on the desk/table with the ***wrist facing up.***
3. Place the wrist cuff around your partner's wrist and Velcro it closed.
4. Press the start button.
5. Tell your partner to breathe normally and remain still.
6. When you hear the beep, record your partner's blood pressure on your worksheet.

RNCPI-CBLT Session One Task Cards

Pulse/Heart Rate

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Pulse/Heart Rate

1. Have your partner turn his/her wrist face up on desk/table.
2. Use your index and middle fingers to locate the pulse on your partner's wrist.
3. Start the stopwatch.
4. Count your partner's pulse for ten seconds.
5. Multiply by 6 to get BPM and record on your worksheet.

RNCPI-CBLT Session One Task Cards

Respiration Rate

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Respiration Rate

1. Place the stethoscope on your partner's upper back and listen to your partner's lungs.
2. Count each respiration (inhale + exhale = 1 respiration) for thirty seconds.
3. Multiply the number of respirations counted by 2 and record on your worksheet.

RNCPI-CBLT Session One Task Cards

Temperature

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Temperature

1. Place the disposable earpiece on the probe of the ear thermometer.
2. Place the probe inside your partner's ear.
3. Press the start button.
4. When you hear the beep, record the temperature on your worksheet.
5. Discard the disposable earpiece into the trash.

RNCPI-CBLT Session One Task Cards

Lung Volume

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Lung Volume

1. Place the disposable mouthpiece on the Spirometer.
2. Place the mouthpiece inside your partner's mouth.
3. Instruct your partner to ***slowly take in*** a very deep ***breath .***
4. Instruct your partner to continue to breathe in until he/she can no longer do so.
5. Record the lung volume as shown by the ball.
6. Discard the disposable mouthpiece into the trash.

Regional Nursing Career Pathway Initiative
CBJT

Session One
Background Vocabulary

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- **A** ssessment
  D iagnosis
  P lanning
  I mplementation
  E valuation

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- Client Interview
- Physical Examination
- Observation

Vocabulary

- An ER nurse works in an area staffed and equipped for the reception and treatment of persons with conditions requiring immediate medical care, including serious illness and trauma.
- An ER nurse efficiently assesses patient health problems and needs, and develops and implements nursing care plans. A emergency room nurse typically administers care to patients in an emergency department, trauma center or intensive care setting.
- Emergency nurses specialize in rapid assessment and treatment when every second counts, particularly during the initial phase of acute illness and trauma. Emergency nurses must tackle diverse tasks with professionalism, efficiency, and above all—caring



http://www.nursejobshop.com/resources/er_nursing.cfm

- The field of pediatrics and neonatology is concerned with the growth and development of newborns, infants, children and adolescents.
- Neonatology is a subspecialty of pediatrics which involves the diagnosis, treatment and intensive care of infants in the first few months of life. Neonates born prematurely and infants who are unwell after delivery will be admitted to a neonatal intensive care unit (NICU).
- A pediatrics/neonatal nurse assesses infants' and children's health problems and concerns, develops and implements nursing care plans, and maintains medical records.
- A pediatrics/neonatal nurse works closely with a team of healthcare providers to comprehensively care for infants and children as well as involve their parents in the decision making process. Nurses may provide education for parents on health maintenance and disease prevention.
- A pediatrics/neonatal nurse typically administers care to patients in an inpatient, emergency or intensive care setting.



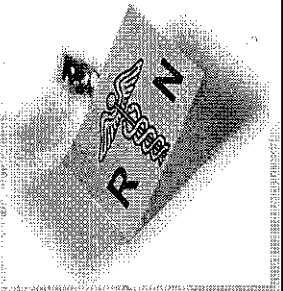
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- These nurses fall into the category of direct care giving.
- These professionals are often classified as: Certified Nursing Assistants, Home Health Aides, Personal Care Assistants, Nurse's Aides, Patient Care Technicians, depending on the work environment and the region.
- In most cases they provide for the most basic needs of patients.
- They work under the supervision of a nurse.
- They are a vital resource for providing information for the nurse since they have extensive daily contact with the patients.



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- They work to promote health, prevent disease, and help patients cope with illness. They are advocates and health educators for patients, families, and communities.
- They observe, assess, and record symptoms, reactions, and progress in patients; assist physicians during surgeries, treatments, and examinations; administer medications; and assist in convalescence and rehabilitation.
- RN's develop and manage nursing care plans, instruct patients and their families in proper care, and help individuals and groups take steps to improve or maintain their health.
- RN's assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients



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- Most LPN's provide basic bedside care, taking vital signs such as temperature, blood pressure, pulse, and respiration.
- They also prepare and give injections and enemas, monitor catheters, apply dressings, treat bedsores, and give alcohol rubs and massages.
- LPN's monitor their patients and report adverse reactions to medications or treatments. They collect samples for testing, perform routine laboratory tests, feed patients, and record food and fluid intake and output. To help keep patients comfortable, LPN's assist with bathing, dressing, and personal hygiene.. Experienced LPN's may supervise nursing assistants and aides.



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- A nurse practitioner is a registered nurse (R.N.) with additional specialized education. The nurse practitioner provides some care previously offered only by physicians. Education for nurse practitioners includes advanced nursing and selected medical studies as well as intensive clinical experience specific to the nurse practitioner's area of practice.
- Nurse practitioners care for basically healthy patients with typical health care needs. They focus on well-being and preventing health problems..
- Nurse practitioners are qualified to provide you with many health services - including the treatment of minor illnesses - and will refer you to a physician if a serious health problem is discovered.

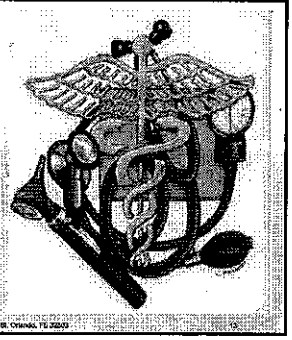


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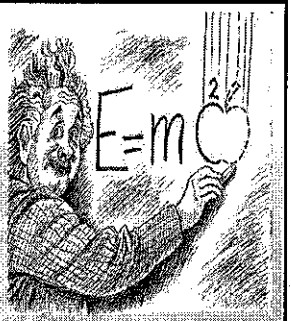
- A CRNA works with a team of health care professionals to provide care for patients undergoing procedures requiring anesthesia. A CRNA typically administers care to patients in a surgical, emergency or post-operative environment. Anesthesia nursing is practiced by nurses who have formal, post-secondary education and who function in highly specialized roles.
- CRNA's provide anesthetics to patients in collaboration with surgeons, anesthesiologists, dentists, podiatrists and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine.

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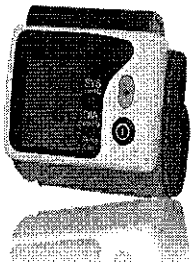
- A registered nurse who has received special training and can perform many of the duties of a physician



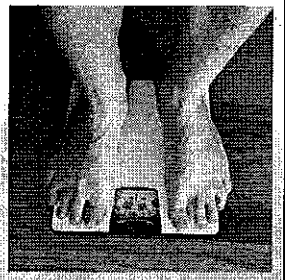
- One common mnemonic for remembering lists consists of an easily remembered word, phrase, or rhyme whose first letters are associated with the list items. The idea lends itself well to memorizing hard-to-break passwords as well. Though easy to derive, they are often not as powerful as the classical systems because they do not make use of visualization techniques.



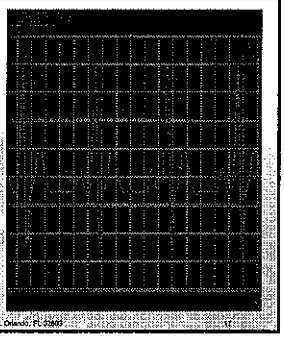
- The blood pressure is the pressure of the blood within the arteries. It is produced primarily by the contraction of the heart muscle. It's measurement is recorded by two numbers. The first (systolic pressure) is measured after the heart contracts and is highest. The second (diastolic pressure) is measured before the heart contracts and lowest. A blood pressure cuff is used to measure the pressure. Elevation of blood pressure is called "hypertension".



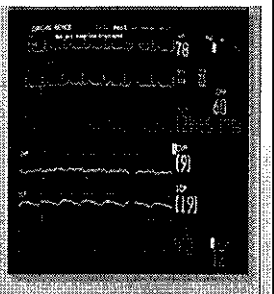
- The weight of a person's body as a result of the vertical force exerted by gravity.



- The rhythmical throbbing of arteries produced by the regular contractions of the heart, especially as palpated at the wrist or in the neck.

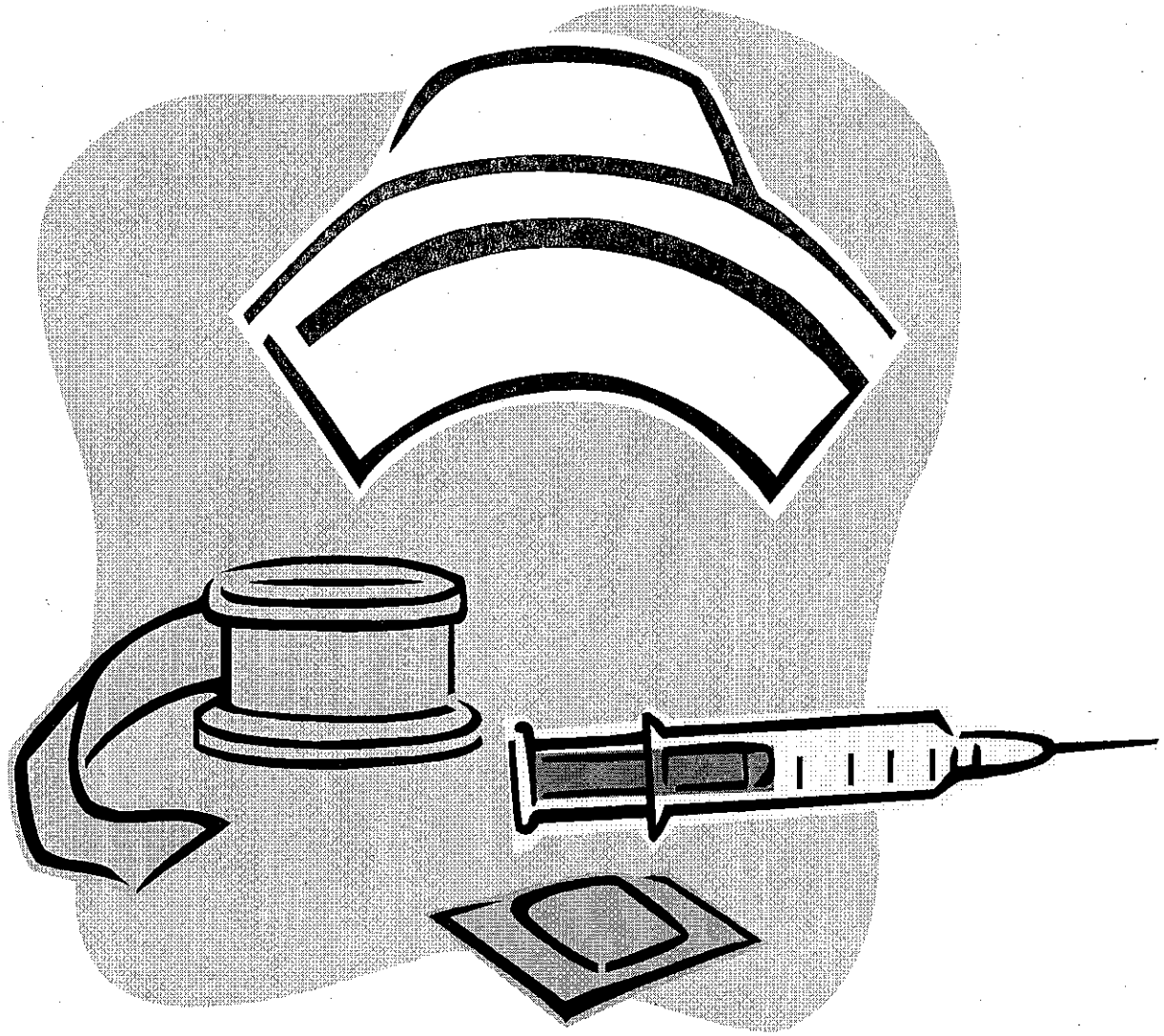


- The rate at which a person inhales and exhales; usually measured to obtain a quick evaluation of a person's health



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Session One



***** CONFIRM THAT ALL STUDENTS HAVE A SIGNED PERMISSION SLIP AND PHOTO RELEASE FORM PRIOIR TO PARTICIPATION*****

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Objectives:

- The students will match nursing titles with work-related roles.
- The students will develop techniques related to critical listening and open-ended questioning.
- The students will administer diagnostic assessments to determine patient vital signs.
- The students will distinguish the purpose of each piece of medical diagnostic equipment used.

ESOL accommodations:

- Use of multi-media instruction to provide alternate stimuli
- Use of role-playing
- Use of written and pictorial forms of pertinent information
- Use of realia
- Hands-on experiences
- Use of cooperative learning and small group format
- Model and demonstrate procedures and processes.
- Introduce visually dynamic literature
- Set the student up with pre-selected Internet sites

Related Vocabulary:

- ER / Trauma Nurse
- NICU/ Pediatric Nurse
- CNA- Certified Nurse Assistant
- RN- Registered Nurse
- LPN- Licensed Practical Nurse
- NP- Nurse Practitioner
- NA- Nurse Anesthetist
- CNS- Clinical Nurse Specialist
- RNC- Registered Nurse Clinician
- PHN- Public Health Nurse
- Pneumonic
- Blood pressure
- Weight
- Height
- Pulse
- Respiratory rate
- Body Temperature
- Symptoms
- Onset
- Rx

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- Location
- Allergies
- Negating factors
- Duration
- Other symptoms
- Social history
- Chief complaint
- Intensity

Content Related Background Information for Presenters:
(Information does not need to be presented to students. This should serve as a reference for answering student questions as they arise)

The nursing process was originally an adapted form of problem solving and is classified as a deductive theory.

The nursing process is a **cyclical** and **ongoing** process that can end at any stage if the problem is solved. The nursing process exists for every problem that the patient has, and for every element of patient care, rather than once for each patient. The nurse's evaluation of care will lead to changes in the implementation of the care, and the patient's needs are likely to change during their stay in the hospital as their health either improves or deteriorates. The nursing process is not something foreign or unusually complex. On the contrary, we use the process on a daily basis without even realizing it.

For example, a trip to the gas station to get fuel requires *assessing* the various prices and the number of people waiting to get gas. A subsequent decision, or *diagnosis*, is made based on the former criteria. This may include pulling into the gas station to fuel up or going down the road for better prices and/or less of a crowd. The price is right and there's not much of a crowd, we're pulling in. Now the *planning* can take place. This may include which pump to use, how much gas to put in the tank, whether or not to clean the windows along with other things. We're at the pump and ready to fuel up. We must now *implement* what we planned prior to pulling up to the pump. We've pulled up on the passenger side because the gas tank resides on this side, part of our plan. We've also given ourselves enough room to exit without getting blocked in by another vehicle, part of our plan also. We now unscrew the gas cap and begin fueling or Implementing what we planned. Things went well. We are fueled up and have exited the gas station without complication. Our *evaluation* of the trip to the gas station would be a good one. We may choose to use this method in the future.

The Nursing process is that simple in theory.

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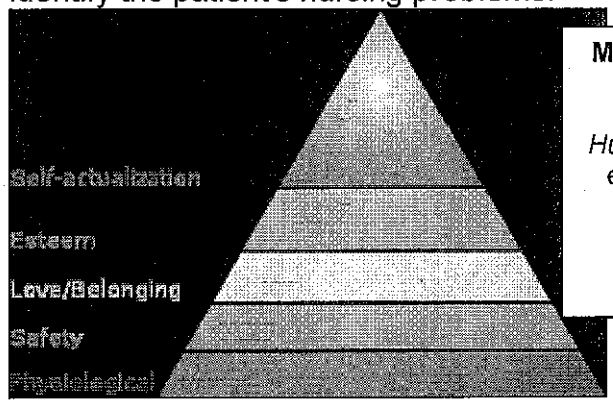
The following are the steps or phases of the nursing process.

How to collect data

- Client Interview
- Physical Examination
- Observation

Diagnosing Phase

Nursing diagnoses are part of a movement in nursing to standardize terminology, which includes standard descriptions of diagnoses, interventions, and outcomes. Those in support of standardized terminology believe that it will help nursing become more scientific and evidence based. The purpose of this stage is to identify the patient's nursing problems.



Maslow's hierarchy of needs is a theory in psychology, proposed by Abraham Maslow in his 1943 paper *A Theory of Human Motivation*, which he subsequently extended to include his observations of humans' innate curiosity. The diagram at the left is a visual representation of the theory.

Maslow's hierarchy of needs is used when the nurse prioritizes identified nursing health problems from the patient.

Types of Diagnosis

- Actual Diagnosis-a judgment on clients response to a health problem that is present
- High Risk-based on most likely to develop
- A Possible Nursing Diagnosis-a health problem is unclear and causative factor is unknown
- Wellness Diagnosis-indicating a well response of the patient

Components of a Nursing Diagnosis

- Problem Statement (diagnostic label)-describes the clients health problem
- Etiology (related factor)-the probable cause of the health problem
- Defining Characteristic-a cluster of signs and symptoms.

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Planning Phase

In agreement with the patient, the nurse addresses each of the problems identified in the planning phase. For each problem a measurable goal is set. The result is a nursing care plan.

Implementing Phase

The methods by which the goal will be achieved are also recorded at this stage. The methods of implementation must be recorded in an explicit and tangible format in a way that the patient can understand should he wish to read it. Clarity is essential, as it will aid communication between those tasked with carrying out patient care.

Evaluating Phase

The purpose of this stage is to evaluate progress toward the goals identified in the previous stages. If progress towards the goal is slow, the nurse must change the plan of care accordingly. Conversely, if the goal has been achieved then the care can cease. New problems may be identified at this stage, and thus the process will start all over again. It is due to this stage that measurable goals *must* be set - failure to set measurable goals will result in poor evaluations.
The entire process is recorded or documented in an agreed format in the patient's care plan in order to allow all members of the nursing team to perform the agreed care and make additions or changes where appropriate.

- **A**ssessment (of patient's needs)
- **D**iagnosis (of human response needs that nurses can deal with)
- **P**lanning (of patient's care)
- **I**mplementation (of care)
- **E**valuation (of the success of the implemented care)

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Engage: Nursing Careers- (15 minutes)

Presenter: "Imagine a career in which every day is different; a career where you can have a direct impact on a person's life; a career that will always be needed. There is no profession, which offers as many opportunities for diversified roles as nursing does. Nurses may follow their personal and professional interests by working with any group of people, in any setting, at any time. We are so excited that you have applied to be a part of this limited access program made possible by the Department of Labor. Each session we will cover a new critical nursing skill or area, in preparation for our final simulation of a health crisis, that features SIM man, a state-of-the-art patient simulator. We will begin by talking about what it means to be a nurse and what options exist within this exciting and dynamic field. We will be learning about the following fields within nursing:

- ER / Trauma Nurse
- NICU/ Pediatric Nurse
- CNA- Certified Nurse Assistant
- RN- Registered Nurse
- LPN- Licensed Practical Nurse
- NP- Nurse Practitioner
- NA- Nurse Anesthetist
- CNS- Clinical Nurse Specialist
- RNC- Registered Nurse Clinician
- PHN- Public Health Nurse"

***** OSC Presenter begins auxiliary PowerPoint on the topic of nursing. PowerPoint includes embedded web-based video, which require an Internet connection. After the building background video is shown there will be additional instructions that are shown for the "explore, explain and evaluate" sections of this session. *****

Explore: Introduction to patient intake- (15 minutes)

Presenter: " One of the most critical roles in any nursing capacity is assessing the patient's needs. This requires excellent communication skills. While there is basic information that should always be collected, it can be difficult to remember what to ask in an emergency situation. Nurses often develop a mnemonic to help them remember what information is the most critical. A mnemonic is a device, such as a formula or rhyme, used as an aid in remembering important information. In your own education I'm sure you have run across many. Who can give me an example of a common mnemonic that is used in math?"

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Possible responses:

- *PEMDAS- Please Excuse My Dear Aunt Sally for Long Division*
- *FOIL- First Out Inner Last for algebra.*

"We are going to teach you a mnemonic dedicated especially to the Orlando Science Center." (At this time hand out bookmarks to each student) and advance to next slide.

Onset
Rx
Location
Allergies
Negating factors
Duration
Other symptoms

Social history
Chief complaint
Intensity

Script Below
*** The Nurse and Patient in this scenario are OSC staff. The blanks are left within the script for the respective presenters name***

Presenter: "Ms._____ and I are going to demonstrate how you might use this tool, if someone came in to an urgent care clinic. Before we get started, let's review what each of these medical terms means."

(As you advance each slide it will explain to students what the term means)

Presenter: "Now as you see each word appear again, we will demonstrate how a nurse might use this mnemonic to evaluate their patient."

(As you advance each slide, the "nurse" will ask the following questions and the "patient" will respond. Please feel free to adapt the script and take theatrical license in order to remain in "character." The script is provided on cards for the presenters.)

Nurse: "Hi there, I am ____. Your chart says that your name is _____ and you are a 21-year-old female. I am pleased to meet you. I hear that you're not feeling like yourself today. Can you tell me when the problem began?"

(As a think aloud remind students that the word, "when" stands for "onset.")

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Patient: "Yesterday, I've tried everything but it won't go away!"

Nurse: " OK, can you tell me what medications or other remedies you have tried to relieve your symptoms?"

Patient: "Ice packs, Tylenol, Advil, and Sudafed."

Nurse: "Are you currently taking any over-the-counter medications or prescription drugs?"

(As a think aloud remind students that Rx stands for prescription drugs.)

Patient: "No, but I am taking a multi-vitamin."

Nurse: "Can you describe exactly where you are experiencing the problem?"

(As a think-aloud remind students that the word, "where" is the keyword for location.)

Patient: "Yes, it feels like the pain is behind my eyes."

Nurse: "Do you have any allergies to food, medications, or other things?"

Patient: "Yes, I'm allergic to peanuts."

Nurse: "Have you found that anything works to relieve your symptoms?"

(As a think aloud remind students that a negating factor means things that negate the pain, or, makes it go away.)

Patient: No, and the pain keeps getting worse!"

Nurse: "Once your symptoms begin how long do they typically last?"

Patient: "The pain has been continuous since it started!"

Nurse: "Do you have any other symptoms, beside pain?"

Patient: "Yeah... I'm feeling dizzy."

Nurse: "I know you're in pain but I need to ask you a few more questions, so that I can help you. Have you made any recent changes to your routine or diet? Do you smoke tobacco, drink alcohol, or use recreational drugs?"

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(As a think aloud remind students, that a social history includes; occupation, diet, changes to lifestyle, and recreational substance abuse.)

Patient: "I drink occasionally, and I started a new soup diet three days ago. I am only eating Progresso soup for a week."

Nurse: "I see... so if I understand you correctly your main complaint is that you have a bad headache that is radiating behind your eyes."

(As a think aloud, remind students that the word "main" can be used in place of chief.)

Patient: "Yes, that's the worst part, I've never had a headache like this."

Nurse: "On a scale of one to ten, with one being the least and ten being the worst, what would you say the pain is?"

Patient: "It's at least an eight!"

Nurse: "OK, I think that I have a pretty good idea what could be happening. Let me take your vital signs and check with the doctor, so we can get you feeling better as quickly as we can!"

Patient: "Thank you so much!"

End of script

Presenters: " Do you have any idea what they may find to be the cause of the headache? (An overload of sodium in soup causing dehydration and headache) When you observed the demonstration, what did you find to be interesting or confusing? One thing that many think is puzzling is why the nurse doesn't immediately ask what is wrong. The reason for this is that many patients come in with what they *think* is wrong, but after the nurse asks probing question, the root of the problem is something else entirely.

Now it's your turn! Working with a partner, we are going to role-play the patient nurse scenario. Each pair will receive a different set of activity cards and a blank patient chart. One person will be designated as the patient and one person will be designated as the nurse. Work as your assigned and complete the role-play simulation using the mnemonic provided to guide the nurse in drawing out information from their patient. The nurse should complete the patient chart throughout the activity. You have five minutes. You may begin."

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Explain: Nursing tasks demonstration (5- 8minutes)

Presenter: "After nurses complete the patient intake forms, it is necessary to take vital signs to assess how the body is reacting to their reported symptoms. The second part of today's session will be to complete the nurse's duties in taking patient vital signs. There will directions provided for each group but we will demonstrate how to perform each activity first."

(As you advance each slide directions for performing the activity will be displayed)

- **Task 1-** *Patient History* (patient chart)
    1. We have already gone over how to perform this task.
- **Task 2-** *Weight* (scale)
    1. Tap scale and wait for it to read 000.0
    2. Then stand on the scale with two feet
    3. Wait 5 seconds and read display.
    4. Record weight in pounds and ounces and convert to kilograms.
- **Task 3-***Height* (measuring chart, ruler)
    1. Remove shoes
    2. Stand with your back straight again the wall with the measuring chart.
    3. Place ruler horizontally and level against the top of your partner's head.
    4. Record height in feet and inches and convert to centimeters.
- **Task 4-***Blood Pressure* (blood pressure cuff)
    1. Sit down.
    2. Place wrist face up on the desk.
    3. Place the cuff around your partner's wrist and Velcro it closed.
    4. Press the start button.
    5. When the cuff beeps record the blood pressure as it is shown on the digital face.
- **Task 5-***Pulse* (stopwatch)
    1. Identify your index and middle fingers.
    2. Ask your partner to place their wrist face up on the desk.
    3. Lightly use your index and middle fingers together to feel the skin of your partner's wrist for a pulse.
    4. Then set your stopwatch for sixty-seconds/one minute.

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5. When you press start, begin counting the beats that you feel.
6. When the stopwatch beeps, record the number of heart beats per minute.

- **Task 6-** *Temperature* (digital ear thermometer/ disposable cover)
  1. Place disposable ear-piece on the probe of the digital ear thermometer
  2. Place the ear probe inside your partner's ear.
  3. Press the start button.
  4. When the thermometers beeps record the temperature in degrees Fahrenheit and convert to Centigrade.
- **Task 7-** *Respiratory Rate* (Spiro meter/disposable cover)
  1. Place disposable mouthpiece on Spiro meter
  2. With one breath, blow as hard as you can into the mouthpiece.
  3. Record the lung volume shown by the ball.

Evaluate- in groups- (20 minutes)

(Advance slide show to display tasks)

Presenter: "Can any of you decode this message, 'OMG GF ILLTTYL'? (Ask for student responses) That's right, it says "Oh my god girlfriend talk to you later" In many cases, this type of communication is associated with acronyms or abbreviations. Can you give us some other examples of texting shorthand? (Take student responses) You probably already know that when you are on the run it is much easier to text or e-mail in shorthand. This type of "language" is now common especially among this generation. But… you might be surprised to know that shorthand was first popularized that the medical profession. Working its way into courtrooms and offices everywhere. Can you imagine how hard it would be as a nurse to write everything out completely as patient was talking? It would be nearly impossible to do! Most patients are either sick or in pain and have waited a long time to see the nurse or physician. This is why nurses use shorthand to take notes while they are assessing their patients. If you look on the back of the bookmarks passed out earlier, you'll notice that some of the most common shorthand is listed.

- CC = chief complaint
- T. = temperature
- BP= blood pressure
- lbs= pounds
- R= right
- L= left
- HX= history

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- PMH= past medical history
- HA= headache
- LBP= lower back pain
- UA = urinalysis
- W= weight
- BPM= beats per minute
- C/O = complaining of
- HR=heart rate

****Remind students that they need to keep the bookmarks for all four sessions****

Now you will need to form a group of four. Each group will receive a bucket that contains the seven tasks. Initially, two students in the group will act as the patients and two students will act as the nurse. The nurses will record the vital signs of the patients on patient charts. Once all seven tasks have been completed you will switch roles and repeat. The new nurses will then complete patient charts on the new patients. You will have twenty minutes to complete this task."

- **Task 1** – *patient history: current medications/symptoms*
- **Task 2** – *weight*
- **Task 3**- *height*
- **Task 4** – *blood pressure*
- **Task 5**- *pulse*
- **Task 6**– *temperature*
- **Task 7**- *respiratory rate*

Presenter: Facilitate a discussion about some of the challenges a nurse might face in the patient intake process. If no, discussion begins naturally suggest the following questions:

- "What challenges would a new nurse face on the floor of an emergency room while trying to complete the following tasks?"
- "How might these pieces of information help a doctor or nurses establish a diagnosis?"
- "Which tasks were the most difficult?"
- "What organ system is each of the pieces of medical equipment related to?"
- " What types of specialists would you be referred to if their was an issue with:
    - Blood pressure
    - Heart rate
    - Respiratory rate?"

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Presenter: " Now let's test your knowledge. Please complete the following exit quiz and give to one of the presenters before you leave. During our next session, we will be discussing the effects of drug use, drug testing and its relationship with nursing."

Sunshine State Standards addressed:

HE.912.B.1.6	Justify when professional health services or providers may be required
HE.8.B.4.1	Assess personal health practices
HE.912.B.4.1	Evaluate personal health practices and overall health status to include all dimensions of health
HE.8.B.2.4	Compare and contrast ways to ask for and offer assistance to enhance the health of self and others

General Science Standards (Nature of Science) that are embedded in curriculum:

SC.912.N.4.2	Weigh the merits of alternative strategies for solving a specific societal problem by comparing a number of different costs and benefits, such as human, economic, and environmental.
SC.912.N.1.6	Describe how scientific inferences are drawn from scientific observations and provide examples from the content being studied.
SC.912.N.1.1	Define a problem based on a specific body of knowledge, for example: biology, chemistry, physics, and earth/space science, and do the following: 1. Pose questions about the natural world, 2. Conduct systematic observations, 3. Examine books and other sources of information to see what is already known, 4. Review what is known in light of empirical evidence, 5. Plan investigations, 6. Use tools to gather, analyze, and interpret data (this includes the use of measurement in metric and other systems, and also the generation and interpretation of graphical representations of data, including data tables and graphs), 7. Pose answers, explanations, or descriptions of events, 8. Generate explanations that explicate or describe natural phenomena (inferences),