



STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM

NUR225: TRANSITION FOR THE PARAMEDIC

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STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM

COURSE TITLE

NUR225: Transition for the Paramedic

CREDITS

Six (6) Credit Hours

Class Hours Per Week: 4

Asynchronous Class & Lab Hours Per Week: 6

College Laboratory Hours Per Week: 2

Clinical Laboratory Hours Per Week: 8

PREREQUISITES

Admission to the Nursing Program with Advanced Standing

COURSE DESCRIPTION

This course is designed for the Paramedic who is admitted to the Nursing Program with advanced standing. Content includes an introduction to the Associate Degree Nursing philosophy and concepts of the nursing profession. Emphasis is placed on the nursing process, nursing health assessment and the roles and responsibilities of the professional nurse. Trends in nursing and role transition will be explored. Select nursing skills will be evaluated in the learning laboratory as a means of validating safe performance of the skills. Students must have internet access in order to successfully complete this course. This course is presented as a Web Level 2 Course.

COURSE CONTENT

Areas of course content include:

I A. Orientation

- Course

- Lab

I B Select Nursing Skills

Unit II Part

A Safety Concepts

B Select Nursing Skills – Medical Asepsis

C Surgical Asepsis

D Hygiene Needs

E Activity Concepts

F Basic Communication Skills

G Nursing Process – Nursing Assessment

	H	Introduction to Pharmacology
	I	Community-Based Nursing: Teaching and Learning Principles
	J	Introduction to Legal Issues
	K	Physical Assessment
	L	Community-Based Nursing: Health Care Delivery
	M	Community –Based Nursing: Health Care Delivery System
	N	Concepts of Holistic Nursing: Culture and Ethnicity
	O	Concepts of Holistic Nursing: Health & Human Needs
	P	Concepts of Holistic Nursing: Stress and Adaptation
		Loss and Grief Process/Death and Dying
	Q	Basic Human Needs: Rest and Sleep
	R	Introduction to Nursing as a Profession
	S	Theoretical Basis for Nursing
	T	Basic Health Care Needs: Bowel Elimination
	U	Basic Health Care Needs: Urinary Elimination
	V	Basic Health Care Needs: Nutrition
	W	professional Responsibilities in Nursing: Professionalism
	X	Concepts of Holistic Care
Unit III	Part	
	A	Nursing Focus on the Adult Client
	B	Perioperative Nursing
	C	Principles of Comfort /Pain
	D	Alterations in Skin Integrity: Surgical and Non-Surgical Wound Care
	E	Alterations in Fluid and Electrolytes
	F	Alterations in Respiratory Function/Oxygenation
	G	Alterations in Endocrine Function: Diabetes
	H	Alterations in Cardiovascular Function
	I	Alterations in Gastrointestinal Function: Upper GI
	J	Alterations in Gastrointestinal Function: Lower GI
	K	Alterations in Neurological Function/Special Senses
	L	Alterations in Musculoskeletal Function
	M	Alterations in Renal/Urinary Function
	N	Alterations in Immunologic Function
	O	Alterations in Reproductive Function
	P	Alterations in Hematologic Function
	Q	Alterations in health: Oncology/Nursing the Client with Cancer

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Level Objectives (Level I):

Upon completion of Level One courses, the student will be able to:

1. Use principles from the biological, physical, behavioral, and nursing sciences, and general studies in providing basic nursing care.
2. Use the nursing process to maintain, restore, and/or promote optimal health for individual clients from diverse backgrounds in select healthcare settings.
3. Provide nursing care that reflects the dignity and worth of select clients within the legal, ethical, and social obligations of nursing practice.
4. Use basic communication skills during interactions with clients and members of the healthcare team.
5. Accept the responsibility for own personal and professional growth.
6. Demonstrate professional accountability and responsibility.
7. Provide nursing care in the three roles of the Associate Degree Nurse for select clients.
8. Organize nursing care for clients in select healthcare settings.

9. Assess the impact of both the internal and external environment on client health.

**CHARACTERISTICS OF THE GRADUATE/
LEVEL TWO OBJECTIVES/TERMINAL OBJECTIVES**

Upon completion of Level Two courses, the student will be able to:

1. Incorporate knowledge from the biological, physical, behavioral and nursing sciences, and general studies in providing comprehensive nursing care in a variety of healthcare settings.
2. Use the nursing process to maintain, restore, and/or promote optimal health for all clients from diverse backgrounds in a variety of healthcare settings.
3. Provide nursing care that reflects the dignity and worth of all clients within the legal, ethical, and social obligations of nursing practice.
4. Integrate principles and techniques of effective communication during interactions with clients, colleagues, and members of the health care team.
5. Assume responsibility for own personal and professional development.
6. Demonstrate professional accountability and responsibility.
7. Apply leadership/management skills and principles in the three roles of the associate degree nurse.
8. Appraise the impact of both the internal and external environment on client health.

Adopted: July, 1991
Revised: April, 1994; September, 2001

COURSE OBJECTIVES

At the completion of this course the student will be able to:

Adopted: July, 2009

DEVELOPMENT OF COLLEGE COMPETENCIES IN NUR 225

(College competencies are listed in the *Handout for Handbook for Nursing Students*).

During NUR 225, the five college competencies of communication, computation, computer literacy, critical thinking skills, and professionalism continue to be developed.

During NUR 225, students are required to work collaboratively with team members, physicians, clients and families, and other disciplines of the health care team including outside agencies. Students are expected to communicate effectively either in writing, verbally or through information technology in order to provide comprehensive care.

Computational skills are developed through learning laboratory experience and application of this skill in the clinical areas. A competency exam is administered during the course. Students must pass this exam with a score of 85% or better to successfully complete the course and be eligible for graduation.

Computer literacy skills are expanded through the use of orientation and application of computer charting in clinical settings. Web learning activities are incorporated during the course to enhance learning and application of computer skills.

Critical thinking skills are developed by utilizing case study scenarios in the classroom and by developing and discussing concept maps and care plans in the clinical area and with direct application in the provision of client care.

Students are expected to conduct themselves in a professional manner during any interactions with team members, clients and their families, faculty, and other disciplines. This expectation applies whether the student is in the classroom, college lab, or clinical lab setting.

TEACHING METHODS

Lectures, discussions, asynchronous WEB modular learning activities demonstrations with return demonstrations, audio-visuals, written assignments/projects, seminars, role playing, group activities, case studies, published online course work, self-paced learning activities, clinical conferences, and college and clinical laboratory experience.

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM
REQUIRED TEXTBOOKS AND READINGS

- American Nurses Association. (2003). *Nursing: Scope and standards of practice*. Washington, D.C.: ANA Publishers
- American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Washington, D.C.: ANA Publishers
- American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington D.C.: American Psychological Association.
- Cherry, B. & Jacob, S. R. (2008). *Contemporary nursing: Issues trends and management* (4th ed.). St. Louis: Elsevier Mosby.
- Corbett, J. (2008). *Laboratory tests and diagnostic procedures with nursing diagnoses* (7th ed.). Upper Saddle River, NJ: Pearson Prentice Hall Health.
- Deglin, J. & Vallerand, A. (2009). *Davis's drug guide for nurses* (12th ed.). Philadelphia: F.A. Davis.
- Gahart, B.L. (2010). *Intravenous medications* (26th ed.). St. Louis: Mosby Elsevier. .
- Lemone, P. & Burke, K. (2008). *Medical/surgical nursing* (4th ed.). New Jersey: Prentice Hall Health.
- Lilley, L.L., Harrington, S. & Snyder, J.S. (2007). *Pharmacology and the nursing process* (5th ed.). St. Louis: Mosby Elsevier.
- Mulholland, J. L. (2007). *The nurse, the math, the med: Drug calculations using dimensional analysis*. St. Louis: Mosby Elsevier.
- National League for Nursing (2000). *Educational outcomes of associate degree nursing programs: Roles and Competencies*. New York: NLN Publishers.
- Stark State College of Technology Publication. Syllabus for the Nursing Course - *NUR201: Transition for the LPN* (Fall, 2009 edition).
- Perrin, R. (2008). *Pocket guide to APA style* (2nd ed.). Boston: Houghton Mifflin.
- Perry, A.G. & Potter, P. A. (2010). *Clinical nursing skills and techniques* (7th ed.). St. Louis: Mosby Elsevier.
- Potter, P.A. & Perry, A.G. (2009). *Fundamentals of nursing* (7th ed.). St. Louis: Mosby Elsevier.
- Wilson, S. F. & Giddens, J. F. (2009). *Health assessment for nursing practice* (4th ed.). St. Louis: Mosby Elsevier.

Evolve Learning System for the following texts:

- Lilley: Pharmacology and the Nursing Process, 5th ed.
Perry: Clinical Nursing Skills and Techniques, 7th.

Wilson & Giddens: Health Assessment for Nursing Practice, 4th ed.

Cherry & Jacobs: Contemporary Nursing: Issues Trends and Management, 4th ed.

REQUIRED JOURNAL ARTICLES – IN LAB

Montag, M. (1964, June). The logic of associate degree nursing programs in nursing. *Nursing Science*, 2188-197.

Montag, M. (1980). Looking back: Associate degree education in perspective. *Nursing Outlook*, 28(4), 248-250.

COLLEGE/DEPARTMENTAL POLICES RELATED TO STUDENT BEHAVIOR IN CLASSROOM AND COLLEGE/CLINICAL LABS

STATEMENT CONCERNING DISABILITY SERVICES

The Disability Support Services (DSS) Office offers a variety of services and accommodations to students with disabilities based on appropriate documentation, nature of the disability, and academic need. In order to initiate services, students should meet with the DSS Coordinator early in the semester to discuss their needs. The DSS Coordinator determines specific accommodations and services. If a student with a disability does not request accommodations through the DSS Coordinator, the instructor is under no obligation to provide accommodations. You may contact the DSS Coordinator at (330) 966-5450, extension 4423, or schedule an appointment with the Admissions Office, Third Floor, Student Services Center.

NEED FOR REASONABLE ACCOMMODATIONS

If you need reasonable accommodations because of physical, mental, or learning disabilities you must contact the department chair of nursing within the first two (2) weeks of the semester or as soon as student is cognizant of disability. Accommodations can only be made within the scope of available resources, inclusive of clinical objectives and agency policies.

Any student who has a learning disability or is physically challenged and has not identified herself/himself to the nursing faculty is encouraged to do so in order that assistance may be made available. Faculty are quite willing to help all students inclusive of any student with special needs, but can only do this if we are aware of these needs.

If you have any questions about the above recommendations, please contact Gloria Kline.

PHYSICIAN'S STATEMENT

A Physician's Statement will be required to be submitted by a student in order to continue to attend clinical experience while pregnant or to return to clinical experience after surgery, any hospitalization, including an Emergency Room admission/treatment, disability, or childbirth. (See Appendix A). It is the student's responsibility to notify the Department Chair and submit a physician's statement as soon as the student is cognizant of pregnancy.

If a student has missed clinical experience due to a health problem, a Physician's Statement may be requested to be submitted prior to returning to the clinical area.

MODIFICATIONS FOR EXAMINATION PROCEDURES

In order for a student to receive modifications for examination procedures, the student is required to obtain the same evaluation and documentation outlined in the "Process for Obtaining Modification of the NCLEX Examination Procedures" (OBN-101, effective 1/17/02).

POLICY FOR IMPAIRED STUDENT PERFORMANCE

In order to ensure valid evaluation of student performance, the Health Sciences Division is requiring that the student provide ongoing written notice to the Clinical Coordinator and/or Department Chair of any medications that might affect performance in the program.

If the student fails drug testing required by any clinical site, they will be required to complete a Substance Abuse Evaluation and comply with recommendations before re-entry into the program is considered.

The Division of Health Sciences has adopted the "Policy Statement Regarding Impaired Student Performance". See "Handbook for Nursing Students."

If there is evidence of suspected consumption of alcohol or chemical or emotional impairment, the student will be sent off the clinical area immediately and the "Policy Statement Regarding Impaired Student Performance" will be implemented.

ACCOUNTABILITY FOR SAFE PRACTICE

Students are expected to follow Standard Precautions (formerly "Universal Precautions") and safe practice guidelines as recommended by CDC and Occupational Safety and Health Administration (OSHA) in classroom, clinical, and learning lab environments.

REPORTING OF INCIDENT OR UNUSUAL OCCURRENCE

In the event of an incident or unusual occurrence such as exposure to infectious disease or contaminated material, accidents to a student or client, injury in Learning Lab, or anything with potential to harm an individual (such as a medication error), the student is responsible to report immediately to the respective nursing faculty. The student will be assisted in completing the "Incident Conference Report" and referral to appropriate resources will be made as indicated. Student may be required to incur the cost of healthcare follow-up.

It is mandatory to report Blood and Body Fluids Exposures immediately to your clinical instructor so that post-exposure prophylaxis may be initiated within two hours after exposure.

POLICY REGARDING FOOD/DRINK IN THE CLASSROOMS

College policy prohibits eating or drinking in the classrooms and labs. Please be mindful of this policy when you attend class and labs.

STATEMENT CONCERNING COMPUTER USAGE

All students are expected to observe the Lab Usage Guidelines concerning appropriate use of computers at the College. The guidelines are posted in all areas in which computers are located and individuals may secure copies in the Admissions Office.

IN CASE OF EMERGENCY SITUATIONS

In case of family emergencies, and it is necessary to make contact with students, please use the following directives.

If the student is attending classes or lab experiences at the Alliance Career Centre, the family or care takers should call the receptionist at (330) 829-2267 and ask to be contacted with the student in the classroom/lab room. It is essential that the student inform family members or care takers of the process as well as the telephone number of the Alliance Career Centre.

If the student is attending classes or lab experiences at the College, the family or care takers should call the operator at (330) 494-6170 and ask that the Security Officer on duty contact the student in the classroom/lab room. It is essential that the student inform family members or care takers of the process as well as the telephone number of the College and the classroom.

If the student is attending clinical experiences, the family or care takers should call the hospital and ask for the nursing unit specifically. In order to expedite the call, the caller should communicate that the call is an emergency to the nursing student (Alliance Community Hospital: 330-596-4000; Aultman Hospital: 330-452-9911).

TARDINESS

Promptness for clinical experience is mandatory. Three (3) tardy occurrences will be considered equal to one absent day. Each absent day will need to be made up.

Students arriving late must meet with the instructor to determine if the clinical experience for that day can be completed. The final decision is left to the discretion of the instructor.

If the student has not arrived at the clinical unit by the end of pre-conference or 30 minutes into an observational experience, the day will be considered an absence and a make-up day will be required.

POLICY RELATED TO ELECTRONIC COMMUNICATION

All written assignments must be personally delivered to faculty mailboxes as specified in course syllabi. No facsimile (FAX) or e-mail will be accepted. Students may be dismissed for breach of this policy. Any written assignments that are FAXED or E-MAILED will be given an automatic grade of zero. (In addition, refer to the [Handbook for Nursing Students](#), Section 3.0.8.15 related to breach of confidentiality.)

No Bluetooth technology/ear pieces, cell phones or pagers are permitted in the clinical setting. (See section 6.0.9 Contacting Students in Emergency Situations).

All Bluetooth technology/ear pieces, cell phones, or any electronic communication devices are not permitted during classroom testing and test reviews. If a cell phone or pager sounds, rings, chimes, during testing the student will receive a 1% reduction in his/her test grade.

No personal laptops are permitted in the classroom during lectures, testing, or test reviews nor during learning lab presentations and no personal laptops are permitted in the clinical area at any time.

If one's cell phone or blue tooth device activates while providing client care, the instructor will have the prerogative to dismiss the student from clinical experience. Students in violation of this policy will be dismissed from clinical for the day resulting in a clinical make-up day.

A student in the clinical area may use a PDA for medical terminology, disease pathology and diagnostic tests. Information regarding medications must be obtained from their own drug handbook, via PDA format or hard copy. Students need to bring their own drug handbook and intravenous medication handbook to clinical.

Faculty and students may communicate via students' e-mail/ANGEL e-mail, except for reporting off to class, lab or clinical and all clinical information and reports.

Students are required to check their SSCT e-mail each Friday, and more frequently if possible. Faculty will be sending communications to students regarding wish lists, changes in schedule, information for class, and other miscellaneous communications. Faculty will not share clinical information or anything confidential via e-mail.

WITHDRAWAL POLICY

Students enrolled beyond the withdrawal deadline will be awarded course grades at the end of the term.

Requests to withdraw with a "W" grade beyond the deadline date through the end of the last class meeting of the course will be reviewed as follows:

1. Student must secure documentation of an emergency or extenuating circumstances necessitating the request.
2. Student must schedule and participate in a conference with the instructor and department head to discuss the request and present the documentation.
3. Upon considering the student request, the instructor and the department head must agree that the situation warrants an exception to the deadline requirement.
4. Student must process the withdrawal form bearing the signatures of the instructor and department head no later than the first day of the final exam period.

Failure to complete a "Change of Course" (Add/Drop) form will result in a grade of "F" being entered on the student's transcript at the end of the semester. Failure to attend class does not constitute a withdrawal.

For students enrolled in clinical nursing courses, the following exception applies:

The last day to withdraw from a clinical nursing course is the last class day. Each nursing course syllabus will publish deadline dates for withdrawal.

The last day to withdraw from this course is December 11, 2009.

DRESS CODE

Adherence to the dress code requirements for Stark State College of Technology nursing students is expected as stated in the "Handbook for Nursing Students." The student may be requested to leave the clinical area if compliance to the dress code is not evident. In the event the student is dismissed from the clinical area due to dress code violations, the day will be considered as an absence and make up will be required. Students must wear their name badges at all times, including when they go to assess their client the day prior to the clinical experience. Reminder: The name badge must be worn on the upper left chest area and with the name in view. No decorations permitted on the name badge.

Lab coats are to be worn over street clothes when picking up clinical assignments.

Please review requirements regarding jewelry. (See Handbook for Nursing Students).

INTRAVENOUS MEDICATION ADMINISTRATION

All intravenous medications are given under the direct supervision of the clinical instructor. Students may not administer IV Bolus medications in an emergency situation.

MEDICATION ADMINISTRATION

Regardless of agency policy, students will administer medication within a half-hour before or after the scheduled time. Medication/Incident errors prevented by Instructor intervention will need to be reported by filling out an Incident Report.

Once the incident report is completed with the nursing instructor, students need to make an appointment Within one week of the incident with Gloria Kline. The Incident Report process must be completed by the End of the course in which the student is enrolled in order to progress in the curriculum. If a student has a potentially catastrophic error or two or more cumulative medication errors throughout the program, the student will be required to do an individualized remedial assignment determined by faculty.

CLASSROOM REQUIREMENTS

ATTENDANCE

Attendance at classroom lectures is required and the student is held responsible for the content presented during classroom sessions. Attendance records will be maintained. Attendance at all learning experiences is a valuable tool in meeting the program and course objectives.

Students are expected to arrive for all learning experiences on time. Promptness is a professional responsibility as well as a courtesy to other group members.

To leave a message for a faculty person, students should call the DID number: (330) 966-5458; wait until they hear the first two words of the greeting, enter instructor's mailbox number, and leave a message.

Gloria Kline - extension 4252
Susan Kearns – extension 4290

ATTENDANCE POLICY STATEMENT

Stark State College gives students an opportunity to drop a course or all courses without academic penalty provided that the courses are dropped on or before the published drop date. A student will not be dropped from a class simply because he or she stops attending. Dropping a course or courses is the student's responsibility; it is also the student's responsibility to be aware of the published drop date. A student has not officially dropped a class until he or she has submitted a "Schedule Change Form" to the Registration Office.

WITHDRAWAL/DROP COURSE POLICY STATEMENT:

Stark State College gives students an opportunity to drop a course or all courses without academic penalty provided that the courses are dropped on or before the published drop date.

A student will not be dropped from a class simply because he or she stops attending. Dropping a course or courses is the student's responsibility; it is also the student's responsibility to be aware of the published drop date. A student has not officially dropped a class until he or she has submitted a "Schedule Change Form" to the Registration Office.

Behavioral Contracts

Behavioral Contracts may be initiated to assist students in their development of professional behaviors as outlined in the ANA Standards of Professional Behavior (2003). Students are expected to comply with all aspects of the Behavioral Contracts in order to progress through the curriculum. (Refer to 3.0.8.9.1 from the Handbook for Nursing Students).

College/ Departmental Policies, Continued:

LEGAL NAMES

Students are required to use their legal first and last names for all documentation purposes and ID badge. Nick names are not appropriate. Refer to the *Handbook for Nursing Students*, 5.0.2.

DECLARATION OF BELIEFS THAT AFFECT CARE DELIVERY

Students are required to reveal beliefs, as soon as they are recognized, that could impact their ability to provide prescribed patient care and/or nursing interventions. Refer to the *Handbook for Nursing Students*, 5.0.3.

CLASSROOM LEARNING ENVIRONMENT

Students are expected to be attentive and quiet during lecture to promote an effective learning environment. Faculty reserve the right to assign seating or dismiss disruptive students. Refer to the *Handbook for Nursing Students*, 5.0.4.

REQUIREMENT FOR OPEN LAB PRACTICE PRIOR TO LAB TESTING

Each student is required to attend open lab for the purpose of practicing testable skills prior to lab testing. Students are not permitted to test until practice in open lab has been documented. Refer to the *Handbook for Nursing Students*, 5.0.20.1.

PREPARATION

Student assignments are indicated in the course outline. Additional assignments may be given in class. Students are expected to be prepared for all classroom experiences by reading assigned materials, viewing audio-visuals/CAI material, and/or completing assignments.

ASSIGNMENTS

Students will be assigned several classroom assignments: Non-graded assignment – Take Home Case Study, Arterial Blood Gases; Arterial Blood Gas Analysis ; mandatory non-graded assignment – Theories in Nursing and Philosophy/Questionnaire on ADN Nursing and a poster presentation (group).

SUBMISSION OF REQUIRED ASSIGNMENTS:

It is highly recommended that students make two copies of all required assignments. At the time of submission, both copies should be date and time stamped. One copy will be submitted to the appropriate instructor and the second copy will be retained by the student.

LATE CLASSROOM ASSIGNMENTS

Written assignments not handed in at the designated time will be considered late. Five percent of the total possible score will be deducted for each school day that written assignment is late.

MANDATORY NON-GRADED ASSIGNMENTS

(ex. Computer assisted instruction print outs and case studies) submitted later than the published date and time will result in a 1% deduction per each school day off the test where the content is taught. Failure to turn in the completed assignment will result in a reduction of grade until the test grade reaches a 0%. **Note: Mandatory non-graded assignments are identified on the course calendar.**

EVALUATION

Test questions will be based upon unit objectives, will emphasize the application of principles and knowledge, and will incorporate the components of the nursing process.

Test items will be selected from the following materials:

- required textbook and periodical readings,
- required A-V materials such as slides, videos, filmstrips, and/or CAIs,
- lecture/discussion (classroom, learning lab, and WEB learning assignment).

Each exam covers specific areas of the course units. Faculty believe being competent in math is a component of safe nursing practice; therefore, classroom tests will contain mathematical computation problems relative to nursing situations. No calculators will be permitted for use on tests. A calendar schedule of test dates and topics, as well as assignment dates, is included in the syllabus.

Missed examinations must be completed in five (5) school days. It is the responsibility of the student to contact the instructor regarding missed examinations. Failure to meet this requirement will result in a deduction of 5% from the test grade. For each subsequent five-day period (if applicable), the test grade will be reduced by an additional 5%. Faculty reserve the right to administer a different test based on the same course content. The rule applies only to the first missed exam in a course.

For any subsequent missed examinations during the course, make-up tests will be given during finals week. An alternate test will be administered.

Students may not attend any test reviews for tests which they have not yet taken.

After all students have taken the test, students will have an opportunity to review the test at a designated time. Students will not be granted private test reviews with faculty if they do not attend the scheduled test review except for illness. Faculty will not entertain the answers to the test questions prior to the scheduled test review. There will be no additional opportunity to review the tests prior to the administration of the final exam. Tests remain the property of the school.

REQUEST ALTERNATE TESTING TIME

Requests for alternate time for classroom and/or learning lab testing including standardized examinations (i.e. HESI testing) will be considered by the nursing faculty; however, no testing will be permitted prior to the posted testing time as listed in the course calendar. Those students qualified for special accommodations will be tested relative to the posted testing time within the parameters specified by Stark State college of Technology Disability Services.

Examinations will not be administered prior to the scheduled date and time for any reason.

Testing Protocols

The Nursing Program will adhere to the following testing protocols:

1. There will be two test forms for each testing session for each nursing course.
2. Each student will be assigned a seat for testing per semester.

3. The only items permitted while taking the test are two #2 pencils. No food, drinks, snack, cell phones, nor large erasers will be allowed. Tissues will be provided at the instructor's desk.
 4. All books, bags and coats will be left in a specified area upon entrance to the classroom. Purses may be kept under the desk.
- Reminder: No wearing of baseball caps during testing.**
5. During test review, the same seating applies, as well as protocols identified in #3 and #4.
 6. There will be no note taking nor recording in any format during any test review.
 7. These protocols are applicable during standardized testing.
 8. All Bluetooth technology/ear pieces, cell phones or any electronic communication devices are not permitted during classroom testing and test reviews. If a cell phone or pager sounds, rings, chimes during testing the student will receive a 1% reduction in his/her grade.

GRADE CALCULATION

For each course in which the student is enrolled, the compilation of all test scores must equal 75% in order to successfully pass the course. To pass the course and continue in good standing in the nursing Program a score of 75% be achieved based on the following calculation:

$$\begin{array}{l}
 \text{Two Unit Tests } \underline{\hspace{1cm}} + \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \text{ divided by 2} = \underline{\hspace{1cm}} \text{ Average of Unit Tests} \\
 \text{Average of unit Tests } \underline{\hspace{1cm}} \times 6 = \underline{\hspace{1cm}} \text{ (A)} \\
 \text{Final Exam Score } \underline{\hspace{1cm}} \times 3 = \underline{\hspace{1cm}} \text{ (B)} \\
 \text{Total } \underline{\hspace{1cm}} \text{ (C)}
 \end{array}$$

Total of the above $(A + B) \div 9 = (D) \underline{\hspace{1cm}}$ (calculated total test grade)

"D" = the calculation used for course passage decision and continuation in the program. If "D" is less than 75% per the scale below, a grade of "D" or "F" will be assigned as the course grade.

Upon achieving a 75% or higher on the calculation of "D" above and meeting the criteria listed below, the student will receive the following additions to the final grade assigned for the course:

$$\text{Group/Poster Presentation} = (\text{assigned grade for project}) \times 1 = \underline{\hspace{1cm}} \text{ (E)}$$

$$\text{Final grade calculation. } (C + E) \div 10 = \text{Final Grade}$$

In addition to the above testing score the following criteria must be achieved to successfully complete the course and continue in the program:

- A grade of "Satisfactory" in clinical performance.
- A grade of "Satisfactory" in learning lab performance.
- A grade of 85% or better on the Math Competency Test.
- Completion of Group Project/Poster
- Completion of agency, classroom and clinical instruction evaluation forms.
- Achieve a grade of 75% or better in the compilation of all test scores.
- Attendance and presentation of Certificate of Completion at Good Thinking Workshop.
- Complete the HESI mid-curricular exam.

A make-up experience will be required for non-attendance at the Good Thinking Workshop.

Failure to complete any of the above course requirements will result in a course grade of “F”.

Faculty believe evaluation is a vital part of the learning process and indicates whether the objectives have been met and to what degree. The following grading scale has been adopted by the nursing faculty:

<u>Letter Grade</u>	<u>Numerical Grade</u>
A	93 - 100
B	85 - 92
C	75 - 84
D	70 - 74
F	69 and Below

CLINICAL REQUIREMENTS

CONFIDENTIALITY RELATED TO CLIENT CARE

According to HIPAA guidelines, client confidentiality must be maintained at all times which includes, but not limited to, discussion of client information in inappropriate areas, identification of the client on care plans, and copying or faxing any part of the client's chart. Refer to the Handbook for Nursing Students, Section 3.0.8.15.

ATTENDANCE

Attendance at clinical experiences is required. The student's clinical grade will be based on the successful meeting of course objectives. (Refer to “Clinical Evaluation” for information on clinical grades).

The importance of the clinical experience is emphasized because nursing theory and the nursing process are most effectively learned and internalized in an applied situation. It is through active participation in direct client care that the student has the opportunity to gain new experiences which result in a better understanding of nursing theory, an increased level of self confidence, and the development of critical thinking skills.

Although the importance of attendance at clinical experiences is stressed, students are requested to use sound judgment when ill. The risk to clients and co-workers must be considered when illness is related to a potentially infectious cause.

ABSENCE

In the event that the student needs to be absent from clinical experience, the student will notify the appropriate agency one-half hour prior to the scheduled clinical starting time. The following information should be included in the message: student name, school, assigned division, and instructor.

ALLIANCE COMMUNITY HOSPITAL

Alliance Community Hospital Procedure for Reporting Off

In order to plan for and meet patient care needs, students need to report off duty if unable to attend scheduled clinical experiences.

To report off duty call: (330) 596-4000 and ask for the Nursing Supervisor.

Name badges: Alliance Community Hospital mandates that the ID badge must be worn and visible while in the hospital. If this requirement is violated the student will lose clinical privileges. The name badge must be worn on the upper left chest area.

Student Parking Students are reminded that they must park in back of the hospital or in the parking area closest to Community Care (on the Union Avenue side). Violations of the parking policy could result in suspension from clinical experiences. Students are **not** to park in any reserved spaces.

AULTMAN HOSPITAL

In order to plan for and meet patient care needs, students need to report off duty if unable to attend scheduled clinical experiences.

Aultman Hospital Procedure for Reporting Off

To report off duty call: (330) 452-9911 and ask for the Nursing Supervisor

Student Parking Students and faculty are asked to park in a lot located directly behind the Dueber United Methodist Church on 645 Dueber Avenue, SW. A shuttle, available exclusively for employees, students and faculty, will then transport personnel to the hospital. The parking situation is constantly being monitored. The Aultman Shuttle will be available at 6:00 a.m. and will provide transport service to points at Morrow house on 6th Street, the Dartmouth building on Dartmouth Avenue, and the Emergency Department. The shuttle service will run until 5:30 p.m. however it will be available to you at the conclusion of your clinical by simply calling Security Services at extension 36268 and a Security Officer will drive you to your car. Students are not to park in the deck Monday through Friday from the hours of 6:00 a.m. to 5:30 p.m.

Illness During Clinical Hours:

Students who become ill during assigned clinical hours need to report to the clinical instructor/preceptor immediately. Depending upon the student's presentation, the clinical instructor/preceptor will refer the student to the emergency department or emergency medical services as indicated. If the student illness is not emergent, then arrangements may be made for them to go home.

Upon return from the clinical absence, the student will consult the instructor regarding make-up of the experience and assignments.

All missed clinical days will need to be made up. Make up of clinical time will be scheduled at one of the affiliating facilities. In the event that there is a need for more than one (1) make-up day, faculty will make a decision regarding student status on an individual basis. Failure to make-up the clinical experience on the assigned day will result in an unsatisfactory clinical grade and thus, failure of the course.

A fee of \$70.00 per clinical day will be charged for make-up experiences, regardless of individual situation. Three tardy days are equivalent to one missed clinical day.

Receipt for payment must be presented to the clinical instructor prior to or at the start of the make-up day.

CLINICAL PREPARATION

Clinical experiences are correlated with course theory content. Specific assignments for each experience will be determined by the clinical instructor. Students are required to go to the clinical area the day prior to the experience to obtain their assignments review the chart, formulate a plan of care, and introduce self to the client (if available). Students should formulate an initial plan of care based on their assessments.

Preparation for clinical experience is essential for safe client care. Students are to arrive at the clinical site prepared to discuss the following:

1. Initial nursing assessment (including data from the client record and other appropriate resources)
2. All medical diagnoses, treatments, diagnostic tests, diet therapy, and medications.

If a student is not prepared for clinical experience, the student may be sent from the clinical facility and the student will be considered absent from the experience. Clinical make-up will be required.

NOTE: Students are not permitted to photocopy (including Xerox and FAX copies) any portion of the client record for the purpose of assessment and/or care planning. (Refer to Section 3.0.8.15 of the Handbook for Nursing Students.)

WRITTEN CLINICAL ASSIGNMENTS

PLAN OF CARE

Students will be expected to plan care using a traditional care plan format and a clinical preparation sheet. Students will demonstrate satisfactory performance in the use of the Nursing Process to formulate individualized plans of care for assigned clients. The Care Plan will be graded as “satisfactory” or “unsatisfactory”. **The due date of the Care Plan is listed on the course calendar.**

PROCESS RECORDING

Students will complete one process recording during the clinical experience. The purpose of the process recording is to assist in the development of effective communication skills. The Process Recording will be graded as “satisfactory” or “unsatisfactory”. **The due date of the Process Recording is listed on the course calendar.**

PRE-AND POST-CONFERENCES

As part of the clinical experience students will participate in pre-and post-conferences each clinical day. Pre-conference is from 7:00 - 8:00 a.m.; Post conference is from 2:30 - 3:30 p.m. Locations will be announced by the individual instructor.

Journaling

At the end of each clinical day students will be required to write and submit an ungraded journal entry describing how they perceive their progression from role of the Paramedic to the role of RN. The purpose is to promote self-evaluation and awareness of your transition from Paramedic to RN.

Case Studies

Each week a case study will be provided for students to discuss when they have free time in the clinical area. The purpose of the case studies is to help with the development of critical thinking skills and effective communication skills.

CLINICAL EVALUATION

All critical elements identified in the Transition for the Paramedic "Clinical Nursing Evaluation" form must be met in a satisfactory manner to pass the course. Clinical performance will be graded as "Satisfactory" or "Unsatisfactory". Following satisfactory performance in clinical, the student will receive the letter grade achieved in the classroom portion of the course. Unsatisfactory performance means the student has failed the course, regardless of the classroom grade, and will not progress to NUR 122 Nursing Care of Child Bearing Family, and NUR 123 Nursing Care of Children.

Students will schedule final evaluation conferences with the instructor to communicate the clinical progress of the student. Students are expected to perform self-evaluation and bring the completed "Clinical Nursing Evaluation" form to the conference.

INCIDENT REPORTS

In certain situation students will be required to complete incident reports. Examples of such situation would be in the event of a medication error or an occurrence of injury to the student or client. If a needle stick injury or blood exposure occurs, the instructor needs to be informed immediately so appropriate treatment can be administered. Students are to follow the guidelines of the involved agency for the completion of incident reports. In addition, students are required to complete an incident report for Stark State College of Technology and meet with the respective instructor and the Department Chair of Nursing to discuss the incident. Refer to the copy of the incident report included in the syllabus. The incident report process must be completed by the end of the course in which the student is enrolled in order to progress in the curriculum.

REMEDIATION

Students may be referred to the Learning Lab at any time for remediation. Recommendations for remediation are made at the discretion of the instructor. It is mandatory that any student referred to the lab for remediation successfully complete the remediation process. Once the referral is made, it is the responsibility of the student to contact an instructor to schedule a time for remediation. The student will be permitted to perform the skill(s) in the clinical area after successfully completing the remediation process.

LEARNING LAB REQUIREMENTS

ATTENDANCE

Students are **required** to attend weekly experiences in the Learning Lab. If a student is unable to attend, then notification to the Learning Lab Instructor is to be made by calling ext. 4038, prior to the designated time.

In the event of absence from learning lab and in order to fulfill the objectives of the experience, the student will need to contact the instructor for make-up assignments, as indicated, within one week of the missed experience. Skills must be demonstrated and completed by the student before being performed in the clinical area.

Faculty members expect students to attend learning labs at the **originally scheduled time**. Students must sign in the actual arrival time on the "learning Laboratory Attendance" form.

REQUIREMENT FOR OPEN LAB PRACTICE PRIOR TO LAB TESTING:

Each student is required to attend open lab for the purpose of practicing testable skills prior to lab testing. Students are not permitted to lab test until practice in open lab has been documented.

LAB SUPPLIES

Students are expected to purchase a pack of supplies which includes sterile gloves, dressing equipment, and IV supplies. These packs are available for purchase through the SSCT Bookstore. Students **MUST HAVE** their own equipment available for lab practice and testing. The student will sign the "Accountability Declaration Regarding Nursing Skills Items".

DESCRIPTION OF LABS

1. Learning Lab
Learning Lab is the regularly scheduled lab time which all students are required to attend each week. During this lab time, the Learning Lab instructor will present new content and supervise initial practice of new skills.

2. Open Lab
Open labs are designated times during which students may come into the lab to practice skills and view the videos.

Students are expected to utilize the lab during Open Lab hours to practice skills. It is essential that students practice **ALL** skills prior to testing.

3. Testing Lab
During the times designated for Testing Lab, students will be assigned a time for lab testing.

During lab testing, a specific period of time will be allotted to complete the designated skills. **If the student has not completed the assigned skills by the end of the designated time frame, the test will be terminated by the instructor and the student will receive a grade of "Unsatisfactory" for the experience. If a student is not successful at the initial testing time, they may sign up for a future testing time.** However, all skills must be satisfactorily demonstrated by **December 11, 2009** to receive a grade of **"Satisfactory" for the Learning Lab component of the course.**

Students are responsible for knowing **all** the skills listed; however, he/she will be tested only on a specific number of skills in each category. Skills are randomly selected.

- A. Select Skills Testing
 - 1. Sterile technique in a catheter insertion
 - 2. Sterile Technique in a wound irrigation/packing
 - 3. Subcutaneous administration of insulin with appropriate sites and mixing insulin;
 - 4. Intramuscular injection with appropriate sites.
- B. Intravenous Medication Administration
- C. Nasogastric Tubes and Tube Feedings
- D. Physical Assessment - (Complete - Head to Toe)

Criteria for satisfactory performance of Health and Physical Assessment are listed in the assigned textbook readings in LeMone and Wilson. Criteria for satisfactory performance for other skills are identified in the textbook by Perry & Potter. Each time the student demonstrates satisfactory performance of a designated skill, the "Skills Competency Form" will be signed and dated by the instructor.

MATH COMPETENCY TESTING

Math skills are an essential element in the provision of safe nursing care; therefore, classroom tests will contain math material computation problems relative to nursing situations. For this reason, students are required to demonstrate proficiency in math skills in order to graduate.

Math competency testing is a mandatory experience for all students enrolled in this course. A grade of 85% or better is required to pass the test. The test is taken for mastery; therefore, students may retest until a grade of 85% is achieved. A student must take at least one mastery test the fourth week of the course (**November 12, 2009**). Mastery of the material must be accomplished by **December 4, 2009** in order to successfully complete the course.

The test will consist of 25 questions with clinical applications. One hour is allotted for completion of the test. Refer to the course calendar dates on which the math test will be offered.

Test taking will begin on the hour. Students will not be admitted once the test begins because this will disturb other students testing.

A practice test and guidelines for proper completion of the test questions is included in the syllabus. Answers to the practice test will be posted in the Learning Lab. Students are encouraged to complete the practice test as a means of self-evaluation to determine readiness to take the actual math test. Students needing to retake the test after the initial testing are encouraged to seek appropriate counseling prior to retesting.

NO CALCULATORS MAY BE USED!!

GUIDELINES FOR GROUP PROJECT

GOALS OF THE GROUP PROJECT

The goals of the group project are:

1. To work collaboratively with peers.
2. To research information in a scholarly manner.
3. To present accurate information related to environmental issues impacting health care/nursing
4. To glean and report information from the literature in a manner convincing to the reader; providing comments that reflect critical analysis of literature.
5. To present annotated bibliography using APA guidelines.
6. To present topic to college community.
7. To self-evaluate for continued growth.

Form a group consisting of 4-5 people. The group will choose a topic from the ideas listed and work together on the class and visual presentation. The students will meet with the faculty person to discuss topic prior to presentation.

Presentation will consist of the group:

1. providing formal presentation during class, within time allotted (20 minutes).
2. preparing a visual representation of the topic i.e. poster, series of pictures, slides or anything that will “tell the story”.

Criteria for evaluation of the group project will be based on whether the project is pertinent to course objectives and is informative, is clear and easy to understand, and is neat in appearance.

Group projects will be presented **November 30, 2009**. See Class Schedule. If group project is missed, presentation will be given to faculty, and may be video-taped.

GUIDELINES FOR ANNOTATED BIBLIOGRAPHY

Preparation for assigned paper will include an annotated bibliography. Each student is required to submit three to five annotated bibliography cards on articles which support the paper. The cards are to be completed according to the following **guidelines**.

- The annotated bibliography consists of:
 - A. the APA citation at the top of the card
 - B. a brief summary
 - C. critical and/or explanatory notes concerning the article
- Use only one 5x8 card for each reference
- Follow APA guidelines for accuracy of bibliographic citation
- References must be from nursing journals which are less than five years old (2003-present).
- Annotated bibliography cards are to be submitted.

Student Name _____

TOPIC: _____

EVALUATION OF GROUP PROJECT

PREPARATION

1. Meets with instructor with a plan for poster presentation prior to date of presentation (group)..... _____
2. Prepares annotated bibliography cards using APA citation.
Must be typed. Each student must submit three to five bibliography cards and a copy of the journal article at time of presentation (Must be scholarly reference and within the past five years) (individual)
 _____
3. Writes an objective statement which reflects the goal of the presentation..... _____

POSTER PRESENTATION

4. Creativity is evident throughout the process of the presentation (visual presentation is a poster) (group) _____
5. Develops an appropriate handout (i.e. content, uses principles of teaching and learning) (group)
 _____
6. Content is presented clearly and concisely. Each student must discuss poster. _____
7. Scope and relevance are evident (individual)..... _____
8. Content is effectively critiqued. (e.g. more than one view is presented) _____
9. Summations are concise and accurate..... _____

EVALUATION

10. Writes a brief evaluation statement of the presentation _____

Total Possible Points = 100

Points Achieved _____

Rating Scale for each line item:***

- 0.0 - Unacceptable
2.5 - Acceptable, needs considerable improvement
5.0 - Acceptable, needs moderate improvement
7.5 - Acceptable, needs minimal improvement
10.0 - Excellent, needs no improvement

**STARK STATE COLLEGE OF TECHNOLOGIES
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM**

NUR 225: Transition for the Paramedic

SELF-EVALUATION OF STUDENT PRESENTATION

DIRECTIONS: *Answer the following questions with brief statements. Submit on the day of the presentation after presenting. The evaluation must be submitted prior to the end of class meeting for the day.*

1. What was the strong point of your presentation?

2. What would you change?

Name _____ Date _____

**STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM**

NUR225: Transition for the Paramedic

Practice Math Test

GENERAL GUIDELINES:

I. COMMON EQUIVALENTS

2.2 lbs	= 1 kg
16 oz	= 1 lb
2.54 cm	= 1 inch
60 mg	= 1 grain
30 ml	= 1 oz
15 minims	= 1 ml
4 ml	= 1 dram
5 ml	= 1 tsp

Try to practice without the use of a calculator.

REMEMBER:
No calculators for actual test.

II. WORK ALL PROBLEMS IN DECIMALS

All answers should be in whole numbers and/or decimals.

III. ROUNDING

- a. **DO NOT** round off until the final answer.
- b. Work all problems to the hundredths place.
- c. If the final answer is greater than 1.0, round to the tenths (ex. 1.87), work the problem to the hundredths and round to the tenths (1.87 = 1.9 or 1.83 = 1.8).
- d. If the final answer is less than 1 (ex. 0.87), leave the answer in hundredths (ex. 0.87 = 0.87)

-
1. The client is ordered Lorazepam 1 mg, po, three times a day. The medication is available as 0.5 mg per tablet. How many tablets should the nurse administer with each dose?

ANSWER _____

2. The client is ordered Gantrisin 1 Gm. The drug is available as 250 mg per tablet. How many tablets should the nurse give?

ANSWER_____

3. The client is ordered potassium chloride 40 mEq, po, daily. The drug is available as 20 mEq/15ml. How many ml's should the client receive?

ANSWER_____

4. The client is ordered Solu-medrol 300 mg IV stat. It is available as 500 mg/8ml. How many ml's should the nurse administer?

ANSWER_____

5. The physician ordered 1.2 Gm po of medication Z. The drug is available as grains x per tablet. How many tablets should the nurse administer?

ANSWER_____

6. Hydrodiuril is available in 50 mg tablets. The client is to receive 0.05 Gm. How many tablet(s) should the client receive?

ANSWER_____

7. Histamine 0.25 mg is prescribed from a vial labeled 1:1000 or 1 mg/ml. How many parts of a tuberculin syringe would you administer to provide the dosage ordered? (There are 100 parts in a 1ml tuberculin syringe).

ANSWER_____

8. The client is prescribed 3,000 units of Heparin every 12hours. The Heparin is available in 5,000 units/ml vials. How many ml's should the nurse administer?

ANSWER_____

9. The client is ordered Tobramycin 50 mg, IM, every 8 hours. The drug is available as 80mg/2ml. How many ml's should the nurse administer?

ANSWER_____

10. Baby K in the premature nursery is prescribed 100 mg of Ampicillin. The medication is available as 250mg/1 ml. Calculate the dosage of the drug to be administered in minims.

ANSWER_____

11. During an code the physician ordered NaHCO_3 . The dose is 1mEq/kg of body weight. The client weighs 154 pounds. The medication is prepackaged as 1 mEq/ml. How many ml's should the nurse administer?

ANSWER_____

12. The client is ordered Procaine Penicillin 400,000 units, IM, every 12 hours. The drug is available as 600,000 units/1ml. How many ml's should the nurse administer?

ANSWER_____

13. The client is to receive atropine grain 1/100 IM one hour pre-operatively. The drug is available as Atropine Sulfate 0.4 mg/ml. How many ml's should the nurse administer?

ANSWER_____

14. The client is to receive Procaine Penicillin G 2.4 million units, IM. The drug is available as 2,400,000 units per 2 ml. How many ml's should the nurse administer?

ANSWER_____

15. The physician ordered Demerol 0.5 mg/lb, IM as a pre-operative medication. The child weighs 44 pounds. How many milligrams should the child receive?

ANSWER_____

16. The physician ordered Ceclor 5mg/kg for a child who weighs 20 kg. What dosage should the child receive with each dose?

ANSWER_____

17. The client is to receive Nitrostat grain 1/400 PRN for chest pain. The drug is available as Nitrostat 0.3 mg/tablet. How many tablets should the nurse administer?

ANSWER_____

18. The client is to receive 1000 ml D₅W at a rate of 125 ml/hr. The drop factor is 12 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

19. The client is to receive 1000 ml Normal Saline every 12 hours. The drop factor is 10 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

20. The client is to receive D₅W at 30 ml/hr. The drop factor is 60 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

21. The client is to receive an IVPB (IV piggy back) of 50 ml D₅W with 20 mg Pepcid over 20 minutes. The drop factor is 15 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

22. The client is to receive 1000 ml D₅LR to infuse over 8 hours per IV controller which delivers ml/hr. The nurse should set the controller at what rate?

ANSWER_____

23. The client is to receive 500 ml with 1000 mg of medication "X" to infuse at a rate of 2 mg/kg/hr. The client weighs 110 pounds. The drop factor is 60 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

24. The client is to receive an IV of 500 ml D₅W with 25,000 units of Heparin at a rate of 800 units/hr. The drop factor is 60 gtts/ml. How many gtts/min should the client receive?

ANSWER_____

25. The client is receiving an IV of 500 ml D₅W with 40,000 units of Heparin at a rate of 15 gtts/min. The drop factor is 60 gtts/ml. How many Units/hr is the client receiving?

ANSWER_____

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Technologies
ASSOCIATE DEGREE IN NURSING PROGRAM

Classroom: J210 **Learning Lab: J210**
4 hours **2 hours**
4 hours Web **2 hours on Web**

Clinicals: (Starting 3rd week) 7:00 am – 3:30 pm Affinity Medical Center, Massillon
8 hours

NUR 225 COURSE CALENDAR RN COMPLETION FOR THE PARAMEDIC

Learning Lab Content Tuesday, Oct. 20, 2009, 9 – 11 AM	Class Tuesday, Oct. 20, 2009 12 – 4 PM	Web (asynchronous)	Wednesday October 21, 2009 Lab Content	Thursday/Friday Oct. 22, 2009	Friday/Saturday (Supervised Open Lab)
Week of October 19, 2009					
Medication Administration Unit I B (oral, dermatological, rectal, subcutaneous, intra dermal, intramuscular, metered dose inhalations) – 9:00 am – 10:00 am Math calculations – Dimensional Analysis Unit II H 10:00 am – 11:00 am	Orientation Unit I A 12:00 pm – 1:00 pm Pharmacology Unit II H 1:00 pm – 4:00 pm	<u>Class Content:</u> Pharmacology – Unit II H (2 hrs) Safety/medical asepsis Unit II A & Unit II B (1 hr) Nursing Process Unit II G (1 hr) <u>Learning Lab Content:</u> Activity and exercise Unit II E (1 hr) Skin assessment/Braden Unit II D Restraint – Unit II A (1 hr)	<u>Lab Content:</u> Nursing Process and Critical Thinking- Case scenarios Unit II G 8:00 am – 12:00 pm Safety competency testing – 12:30 pm – 1:30 pm Medication administration Unit II H 1:30 pm – 3:30 pm Teaching/Learning and group projects 3:30 pm – 4:30 pm		Select skills per scheduled times

Learning Lab Content Tuesday, Oct. 27, 2009 9 - 11 AM	Class Tuesday, Oct. 27, 2009 12 – 4 PM	Web (asynchronous)	Wednesday October, 28, 2009 Lab Content	Thursday/ Friday October 29, 2009	Friday/Saturday Supervised Open Lab)
Week of October 26, 2009					
Parenteral therapy – Unit II H 9:00 am – 11:00 am	Fluid and Electrolytes – Unit III E 12:00 pm – 2:00 pm Communication – Unit II F 2:00 pm – 3:00 pm Introduction to Nutritional Concepts – Unit II V 3:00 pm – 4:00 pm	<u>Class Content:</u> Fluid and Electrolytes – Unit III E (1 hour) ABGs – Unit III E (1 hour) Perioperative Nursing – Unit III B (2 hours) <u>Learning Lab Content:</u> Perioperative – Unit III B (1 hour) Hygiene – Unit II D (1 hour)	<u>Lab Content:</u> Nursing Assessment Respiratory and Cardiovascular Unit II K 8:00 am – 11:00 am Neurological Musculoskeletal Assessment Unit II K 11:30 am– 1:30pm Transition for Paramedic Roles/ Responsibilities Unit II R 1:30 pm – 2:30 pm Parenteral Therapy Unit II H 2:30 pm – 4:30 pm		

Learning Lab Content Tuesday, Nov. 3, 2009 9-11 AM	Class Tuesday, Nov. 3, 2009 12 – 4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday Clinical November 5, 2009 or November 6, 2009	Friday/Saturday Supervised Open Lab)
Week of November 2, 2009					
Abdominal Assessment Unit II K 9:00 am – 10:00 am Simple Dressing Unit III D 10:00 am – 11:00 am	Surgical Asepsis – Unit II C 12:00 pm – 1:00 pm Alterations in Gastrointestinal Functions Unit III I 1:00 pm – 4:00 pm	<u>Class Content:</u> Wound Care – Unit III D (1 hour) Bowel/Urinary Elimination - Unit II T & Unit II U (2 hours) Nutrition – Unit II V (1 hour) <u>Learning Lab Content:</u> Wounds – Unit III D (2 hours)		Clinical – 7:00 am – 3:30 pm (8 hours) Orientation to clinical	

Learning Lab Tuesday, Nov. 10, 2009 9-11 AM	Class Tuesday, Nov. 10, 2009 12-4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday Clinical November 12, 2009 or November 13, 2009	Friday/Saturday Supervised Open Lab
Week of November 9, 2009					
NG Insertion/ Enemas Unit III I Enemas Unit II T 9:00 am – 10:00 am ABGs case application Unit III E 10:00 am– 11:00 am	Unit Exam #1 12:00 pm – 1:00 pm Diabetes – Unit III G 1:00 pm – 3:00 pm Concepts of Holistic Nursing – Unit II O, & Unit P 3:00 pm – 4:00 pm	<u>Class Content:</u> Diabetes – Unit III G (2 hours) Community Based Nursing HCD System Unit II L (1 hour) Concepts of Holistic Nursing/Health Human Needs – Rest and Sleep Unit II O (1 hour) <u>Learning Lab Content:</u> Isolation Techniques Unit III D (1 hour) NG insertions and Enemas Unit III I (1 hour)		Clinical – 7:00 am – 3:30 pm (8 hours)	

Learning Lab Tuesday Nov. 17, 2009 9-11AM	Class Tuesday, Nov. 17, 2009 12-4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday Clinical November 19, 2009 or November 20, 2009	Friday/Saturday Supervised Open Lab)
Week of November 16, 2009					
Insulin Therapy Unit III G 9:00 am – 10:00 am Complex Dressings Unit III D 10:00 am – 11:00 am	Philosophy – Unit II R 12:00 PM – 1:00 PM Principles Comfort and Pain Unit III C 1:00 PM – 3:00 PM Alterations in Immunology Function - Unit III N 3:00 PM – 4:00 PM	<u>Class Content:</u> Nursing as a Profession/Theory Unit II S (2 hours) Nursing focus on adult client Unit III A (1 hour) Immune function – Unit III N (1 hour) <u>Learning Lab Content:</u> Alterations in Musculoskeletal Function – Unit III L (2 hours)		Clinical –7:00 am – 3:30 pm (8 hours)	

Learning Lab Tuesday, Nov. 24, 2009 9-11 AM	Class Tuesday, Nov. 24, 2009 12-4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday Clinical November 26, 2009 or November 27, 2009	Friday/Saturday Supervised Open Lab)
Week of November 23, 2009					
Catheterization Unit III M 9:00 am – 11:00 am	Poster presentation, including debriefing 12:00 pm – 2:00 pm Alterations in respiratory function Unit III F 2:00 pm – 4:00 pm	<u>Class Content:</u> Alterations in Respiratory Function – Unit III F (2 hours) Alterations in Renal Function Unit III M (2 hours) <u>Learning Lab Content:</u> Catheterizations Unit III M (2 hours)		Thanksgiving Holiday, the college is closed.	

Learning Lab Content Tuesday Dec. 1, 2009 9-11AM	Class Tuesday Dec. 1, 2009 12-4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday Clinical December 3, 2009 or December 4, 2009	Friday/Saturday Supervised Open Lab
Week of November 30, 2009					
Orthopedic appliances and procedures Unit III L 9:00 am – 11:00 am	Unit Test #2 12:00 pm – 1:00 pm Alterations in Cardiovascular Function Unit III H 1:00 pm – 3:00 pm Alterations in Reproductive Function – Unit III O 3:00 pm – 4:00 pm	<u>Class Content:</u> Alterations in Cardiovascular Function – Unit III H (2 hours) Alterations in Neurologic Function/Special Senses – Unit III K (2 hours) <u>Learning Lab Content:</u> Seizure precautions - Unit III K (1 hour) Assessment of reproductive system Unit III O (1 hour)		Clinical – 7:00 am – 3:30 pm (8 hours)	

Learning Lab Content Tuesday Dec. 8, 2009 9-11 AM	Class Tuesday Dec. 8, 2009 12-4 PM	Web (asynchronous)	Wednesday Supervised Open Lab	Thursday/Friday December 10, 2009 or December 11, 2009 Clinical	Friday Open Lab Closed
Week of December 7, 2009 FINAL EXAM SATURDAY DECEMBER 12, 2009					
Lab Testing 9:00 am – 11:00 am	Professionalism/Ethics/ Values Unit II W & Unit II X 12:00 pm – 1:00 pm Legal – Unit II J 1:00 pm – 2:00 pm Oncology Concepts Unit III Q 2:00 pm – 4:00 pm HESI MID-CURRICULAR EXAM 5:00pm – 8:00 pm	<u>Class Content:</u> Ethics/Value – Unit II X (1 hour) Legal – Unit II J (1 hour) Oncology Concepts Unit III Q (1 hour) Alterations in Hematological Function – Unit III P (1 hour) <u>Learning Lab Content:</u> Special Senses – Unit III K (2 hours)		Clinical – (8 hours)	
Finals Week	Final Exam – (2 hours) Saturday, December 12, 2009				

COURSE OUTLINE: NUR 225: RN COMPLETION FOR THE PARAMEDIC

Ledger: P&P FON = Fundamentals of Nursing Textbook CNST = Clinical Nursing Skills Techniques

UNIT I (PART A): ORIENTATION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Discuss the course requirements.	A. Introduction 1. Course objectives 2. requirements a. Classroom b. Clinical c. Learning laboratory 3. Responsibility for learning activities a. Classroom b. Clinical c. Learning laboratory	<u>Classroom:</u> Syllabi Orientation to course syllabus NUR 225, ANGEL platform and EVOLVE web site	Lecture/Discussion
2. Identify areas of responsibility for learning.			
3. Examine feelings about entering college and the nursing program.	B. Feelings and attitudes about entering college and the Nursing Program		Class dialogue
4. Identify skills to adjust to college.	C. Skills to adjust to college 1. Note taking 2. Time management 3. Study skills 4. Class participation 5. Stress-reducing techniques		Guest speakers: RN (Paramedics initially)
5. Discuss the transition process from Paramedic to RN.	D. Transition process 1. Role similarities 2. Role differentiation 3. Socialization to profession of nursing		
6. Recognize the roles of the Associate Degree	E. The roles of the Associate Degree Nurse	<u>Read:</u> Lemone,	

UNIT I (PART A): ORIENTATION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
Nurse when caring for selected clients with alterations in health.	1. Include developmental tasks for the adult client 2. Identify normal/abnormal in Health Assessment 3. Identify role in Diagnostic Testing 4. Include pathophysiology, medical treatment, and complication prevention in plan of care	Ch. 1 Dimensions of Medical/Surgical Nursing Ch. 2 Alterations in Patterns of Health	

UNIT I (PART B): SELECT NURSING SKILLS			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Demonstrate competency in the following skills: A. Vital signs B. O ₂ application C. Medical asepsis	A. Vital sign assessment: 1. BP 2. HR 3. Resp 4. Temp	View Taylor CD-Rom videos in Learning Lab: -vital signs and Pulse Oximeter -O ₂ application -Parenteral medication	Competency testing in lab on the following skills: -Vital signs & Pulse Oximeter -O ₂ application -Parenteral medication

(wash hands & gloving) D. Parenteral medication (IM , subcutaneous and intradermal) E. Eye, ear, nose and rectal medication F. Metered dose/inhalers	5. Pulse Oximeter B. Oxygen application 1. Nasal 2. Mask a. Simple b. Ventura c. Non- rebreather C. Parenteral medication 1. Use medical asepsis (wash hands and glove) 2. IM 3. Subcutaneous 4. Intradermal D. Metered dose/inhalers	-Administration of eye, ear, nose, rectal medication -Meter-dosed/inhalers Learning Lab: Read P&P (CNS&T): Ch. 21 Skill 21-4 Eye medications Skill 21-5 Ear medications Skill 21-6 Nasal instillation Skill 21-7 Metered Dose Inhalers Skill 21-10 Rectal suppository Ch. 22 Skill 22-2 Intradermal injections Skill 22-3 Subcutaneous injections Skill 22-4 Intramuscular injections	-Administration of eye, ear, nose and rectal medications -Meter-dosed/inhalers Web asynchronous (Learning Lab): <i>EVOLVE Learning System Perry & Potter (CNS&T) Course documents, course, module 6 Lesson 1 Administering injections Lesson 3 Subcutaneous injections Lesson 4 Intradermal injections Lesson 5 Intramuscular injections</i>
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UNIT II: (PART A): SAFETY CONCEPTS			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to safety. 2, Describe factors that affect environmental safety.	A. Terminology related to safety B. Environmental 1. Factors that affect safety a. Basic needs b. Physical hazards c. Transmission of	Classroom: Potter & Perry (FON), Ch. 38, pp. 811-848 View Video: Violence in Healthcare in Nursing Lab independently	Unit Test for evaluation

UNIT II: (PART A): SAFETY CONCEPTS

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
3. Discuss environment and nursing assessment of a client in order to determine the client's safety. 4. Identify nursing diagnosis for clients in a potentially unsafe situation. 5. Implement a plan of care for clients in a potentially unsafe situation. 6. Demonstrate the correct procedure of applying restraints. 7. Describe proper procedure in filing an incident report in the clinical agencies. 8. Include evaluation in plan of care.	pathogens and parasites d. Pollution 2. Assessment a. Clients at risk b. History of accidents c. Hospitalized patient at risk for injury 3. Nursing diagnoses a. High risk for injury b. Altered protection 4. Planning 5. Implementing a. Teaching to prevent (1) Fires (2) Accidents (3) Poisoning b. Preventing falls c. Restraint therapy (1) Types (2) Uses (3) Guidelines (4) Procedure (5) Legal implications d. Filing an incident report 6. Evaluation	View Taylor CD-Rom on restraint therapy and transfer techniques Learning Lab Demonstration Supervised skill practice Perry & Potter (CNS&T), Procedural Guideline 13-1: Fire, electrical and radiation safety Skill 13-1: Fall prevention in a health care facility Skill 13-2 Designing a restraint –free environment Skill 13-3 applying physical restraints Skill 13-4 Seizure precautions Clinical Experience Applies concepts of safety to the care of clients.	Web: Pre and Post-Tests on ANGEL related to Safety Concepts <i>EVOLVE Learning System: Perry, CNST, Module 3</i> <i>Lesson 1 Safety equipment and fall prevention</i> <i>Lesson 2 Applying physical restraints</i> Competency test in learning lab on restraint therapy and transfer techniques ANGEL (Web) Read PowerPoints on Safety Concepts

UNIT II (PART B): SELECT NURSING SKILLS: MEDICAL ASEPSIS

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define infection control. 2. Explain the infection cycle. 3. Demonstrate hand	A. Infection Control/Standard Precautions 1. Definition 2. Infection cycle 3. Hand washing a. Purposes	Read: Potter & Perry (FON), Ch. 34, pp. 641-661 Learning Lab: Perry & Potter (CNS&T) Skills 7-1: Hand Hygiene,	Independent study and preparation for competency testing in

washing technique within procedural guidelines. 4. Explain the use of standard precautions. 5. Explore the use of latex and its implications on health. 6. Differentiate the methods of cleaning. 7. Demonstrate offering and removing a bed pan or urinal within procedural guidelines.	b. Techniques 4. Standard precautions a. Purpose b. Application 5. Latex and potential allergic responses 6. Methods of cleaning a. Surface b. Disinfection c. Sterilization 7. Elimination of wastes a. Use of bed pans, urinals b. Use of incontinence pad	Application and removal of gloves Standard Precautions information: (CNS&T, p 178-179, Box 7-1) View Taylor CD-ROM: Module 2, Asepsis -Hand hygiene -Putting on and removing PPE -Unexpected situations Medcom (view independently in lab) Hand Hygiene & Gloving <u>Clinical Experience:</u> The student will apply principles of medical asepsis concepts when providing care for clients in the clinical setting.	lab. <i>Evolve Learning Systems, Perry CNST Module 2 Infection Control</i> <i>Lesson 1</i> <i>Lesson 2</i> Unit Test for evaluation
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UNIT II (PART C): SURGICAL ASEPSIS

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to surgical asepsis.	A. Terminology related to surgical asepsis	<u>Learning Lab:</u> Potter & Perry (FON) Ch. 34 CNST, pp. 187-199, and pp. 967-976	Unit Test for Evaluation
2. Discuss the principles of surgical asepsis.	B. Principles	<u>View:</u> VHS – Aseptic Technique in the OR Basic Sterile Technique (shown in lab)	<u>Learning Lab:</u> Supervised practice of skills: Sterile Procedures

		Taylor CD-ROM Module 2	
3. Describe the elements of assessment necessary when using surgical asepsis.	C. Nursing diagnosis 1. Infection, high risk for		
4. Demonstrate procedurally correct surgical asepsis techniques in the Learning Lab/Clinical area, including documentation.	D. Performing sterile procedures 1. Opening sterile packages 2. Preparing a sterile field 3. Pouring sterile solutions 4. Surgical hand asepsis 5. Applying sterile gloves 6. Donning a sterile gown	Clinical Experience: The student will determine the need for surgical asepsis in care of assigned clients in the clinical area. Observe the use of surgical asepsis in the Operating Room, Pre-Surg, and PACU in select client situations.	
5. Contrast and compare medical and surgical asepsis in concepts and procedures.			

UNIT II (PART D): HYGIENE NEEDS

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define assessment terminology specific to the integumentary system. 2. Recall the physiology of the skin.	A. Integument: 1. Terminology related to integument 2. Physiology of the skin a. Factors affecting the skin and hygiene – illness and immobility	Read: Potter & Perry (FON), Ch. 39, pp. 849-906 Ch 48	Unit Test for evaluation
3. Use of the nursing process in providing basic hygiene for the client.	3. Nursing process: a. Assess skin b. Nursing diagnoses 1. skin integrity, impaired 2. Tissue	View: Taylor CD-ROM: Module 7 Read: Backrub: CNST pp. 394-401	Braden Scale Assessment on ANGEL (Web) Hygiene Care PowerPoint on ANGEL (Web)

4.	Demonstrate bathing and related procedures on a fictitious and/or actual client.	integrity, impaired deficit	3.	Self-care, Plan Intervention	Potter & Perry, (CNST) Ch. 17: Person hygiene and bed making Skill 17.1 – Bathing & personal care Skill 17.2 – Oral hygiene Skill 17.3 – Mouth care for unconscious or debilitated patients Skill 17.4 – Hair Care Skill 17.5 – Nail & foot care Skill 17.6 – Unoccupied bed Skill 17.7 – Occupied bed	Oral hygiene and denture readings
		c. Purpose	d. 1) Bathing	a) Types		
		Procedure	2) Anti-embolism		Skill 18-1 Risk & skin assessment	
5.	Evaluate basic hygiene.	stockings	3) Massaging		Skill 10.3 Applying elastic stockings & sequential compression devices	
		the back	4) Bed making	a) Types		
			5) Environmental care			
			6) Privacy			
			7) Teaching			
		clients	8) Evaluation			

Evolve Learning Systems, Wilson, Course Documents, Self Paced Learning Modules, Ch. 10, Skin, hair, & Nails

UNIT II (PART D): HYGIENE NEEDS - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
6. Demonstrate oral care procedures in the laboratory/clinical area.	B. Oral care: 1. Assessing 2. Nursing diagnoses a. Self-care deficit: oral hygiene b. altered oral mucus membrane 3. Planning 4. Implementing:		

	a. Oral hygiene b. Denture care c. Teaching client		
7. Demonstrate other personal hygiene care in the laboratory/clinical area.	C. Other personal hygiene: 1. Care of eyes, ears, nose 2. Hair care 3. Nail and foot care 4. Perineal and vaginal care 5. Nursing process in other personal hygiene issues	<u>Clinical Experience:</u> The student will apply the concepts related to basic hygiene when providing care for clients in the clinical area and perform a Braden Scale assessment.	

UNIT II (PART E): ACTIVITY CONCEPTS			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to activity. 2. Discuss the physiology of movement. 3. Describe factors affecting alignment and mobility.	A. Activity: 1. Terminology related to activity 2. Physiology of movement: a. Skeletal b. Muscular system c. Nervous system d. Body mechanics (1) Concepts (2) Postural reflexes	<u>Learning lab:</u> Active participation in activity stations and equipment demonstration. <u>Read:</u> Perry & Potter (CNS&T)	PowerPoint on ANGEL (Web) Unit Test for evaluation <i>Web asynchronous Learning Lab:</i> <u>View:</u> Taylor CD-ROM: Module 9, view in lab on own

4. Relate the role of exercise in the health of persons. 5. Utilize the nursing process when providing care for impaired clients with activity.	3. Factors affecting body alignment and mobility: - Developmental - Physical health - mental health - Life-style - Environment - Others 4. Exercise: - Types - Effects on body systems - Benefits - Risks 5. Nursing process: - Assessment - Physical - Ease of movement & gait - Alignment - Joints - Muscle function - Endurance characteristics	Procedural guideline 10-1: Maintaining body alignment Ch. 9 Safe patient handling, transfer and positioning Skill 9-1 Using safe and effective transfer techniques Skill 9-2 Moving and positioning patients in bed Procedural guideline 10-1: Performing ROM exercises Potter & Perry (FON), Ch. 37 Activity and exercise Ch. 47 Mobility and immobility	Do: <i>Evolve Learning System, Perry-CNST, course documents, course, Module 3 Lesson 3 Moving and transferring clients</i>
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UNIT II (PART E): ACTIVITY CONCEPTS - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
	b. Nursing diagnoses: - Activity intolerance - Impaired physical mobility - High-risk for activity intolerance	<u>Clinical Experience:</u> The student will incorporate activity concepts when providing nursing care for select clients.	

		(4) Fatigue		
6. to	Demonstrate procedurally correct techniques used to maintain, promote, and restore activity, including documentation.	c. Planning d. Implementing: (1) Positioning: (a) Devices (b) Types (c) Turning in bed (2) range of motion (3) Moving and lifting in bed (4) Transferring from bed to stretcher (5) transfer from bed to chair (6) Transfer of dependent client from bed (7) Mechanical devices to ambulate (8) Teaching clients (9) Documentation e. Evaluation		Formal lab testing for evaluation

UNIT II (PART F): BASIC COMMUNICATION SKILLS

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to communication.	A. Terminology related to the communication process.	Read: Potter & Perry (FON), Ch. 24, pp. 339-360 Ch. 26, pp.384-409	In Learning Lab – critique a communication vignette using published criteria. Unit Test for evaluation
2. Describe the basic characteristics of communication process.	B. Basic characteristics		ANGEL Web: Read: PowerPoints on communication skills
3. Define two forms of communication.	C. Forms of communication: 1. Verbal 2. Non-verbal		
4. Describe environmental factors that influence communication.	D. Environmental factors affecting communication: 1. Internal 2. External	Learning Lab: Perry & Potter (CNS&T),: Ch. 3 Perry & Potter (CNS&T) Ch. 4	
5. Discuss the relationship of the communication process with the nursing process.	E. Component of nursing process	Video to be viewed in Lab – <i><u>Listening and Responding Skills</u></i>	
6. Describe the types of communication skills.	F. Types of communication: 1. Therapeutic 2. Non-therapeutic	Clinical Experience: The student will apply communication skills during clinical experience.	Pre & Post Test on ANGEL (Web)
7. Describe effective communication skills. 8. Recognize need to incorporate effective communication skills in interactions with others. 9. List barriers to effective communication.	G. Effective communication skills H. Barriers to communication	Process Recordings: Due to clinical instructor on_____(date)	
UNIT II (PART F): BASIC COMMUNICATION SKILLS - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES

10. Use effective communication skills to interview as a means of data collection.	I. The interview for the purpose of data collection		
11. Describe the purposes of recording and reporting.	J. Recording and reporting as a means of communication: 1. Purpose		
12. Relate the characteristics of recording and reporting.	2. Characteristics of recording		
13. Explain the forms of reporting and recording.	3. Forms of reporting and recording		

UNIT II (PART G): NURSING PROCESS/NURSING ASSESSMENT			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Compose a definition of critical thinking. 2. Define key terms in critical thinking. 3. Identify critical thinking abilities.	A. Critical Thinking: 1. Definitions 2. Significance for nursing 3. Domains 4. Developing skill 5. Correlation with the nursing process	Read: Potter & Perry (FON) Ch. 15, Critical Thinking	Small Group Discussion Unit Test for evaluation
4. Describe the role of critical thinking in the nursing process.	B. Introduction to the nursing process	PowerPoints Data cluster Steps of Nursing Process Nanda's ND/Gordon	Complete case studies on ANGEL (Web) for application of nursing process.
5. Describe the elements of the nursing process.	1. Description/steps: a. Assessment b. diagnosis c. Planning d. Implementation e. Evaluation	<u>Clinical Experience:</u> Discuss clinical experiences demonstrating the use of the critical thinking model.	Review case studies for application of nursing process and submit a NCP on ANGEL for respective case studies.
6. Compare and contrast the problem-solving method to the nursing process.	2. Relatedness to problem-solving methodology		
7. Relate the characteristics of the nursing process.	3. Characteristics: a. Systematic b. Universally applied c. Dynamic d. Interpersonal		<i>Evolve Learning Systems, Fundamentals of Nursing, Course, Course documents, Resources, Chapter 15, NCLEX Review Questions</i>
UNIT II (PART G): NURSING PROCESS/NURSING ASSESSMENT - continued			

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
8. List the benefits in using the nursing process.	5. Benefits of use		
9. Discuss the functional health pattern.	C. Health patterns: 1. Marjory Gordon's list 2. Alterations or impairment		
10. Relate nursing diagnosis to functional health patterns.			
11. Define assessment.	D. Health Assessment: 1. Definition/purpose 2. Terminology specific to the nursing assessment	<u>Classroom:</u> Potter & Perry (FON), Nursing Assessment, Ch. 16	<i>Evolve Learning Systems, Fundamentals of Nursing, Course, Course documents, Resources, Chapter 16, NCLEX Review Questions</i>
12. Define terminology related to nursing health assessment.			
13. Discuss the purposes of a nursing health assessment.			
14. Explain the components of a health history.	3. Health history: a. Chief complaint b. History of present illness		
15. Obtain health history from a simulated and/or actual patient.	c. Past health history d. Family of systems e. Review of systems f. Patient profile		
16. Demonstrate a beginning skill level in performing physical assessment	4. Physical assessment		

techniques, focusing on normal findings.			
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UNIT II (PART G): NURSING PROCESS/NURSING ASSESSMENT - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
17. Use a variety of sources in data collection.	5. Data collection: - Types of data - Sources of data - Problems - Documentation - Diagnostic tests 6. Identify patient psychosocial concerns.		
18. Define nursing diagnosis and nursing diagnostic statement. 19. Appreciate the evolution of nursing diagnosis and NANDA's contribution. 20. Explain the process in formulating and validating. 21. State a two and three part nursing diagnosis statement.	D. Diagnosing: - Definition - Purpose of NANDA - Data interpretation - Formulating and validating - Two and three parts of a diagnosis - Guidelines for writing - Common errors in writing - Documenting prioritized list	Read: Classroom: Potter & Perry (FON), Nursing Diagnosis, Ch. 17	<i>Evolve Learning Systems, Fundamentals of Nursing, Course, Course documents, Resources, Chapter 17, NCLEX Review Questions</i>

22. Relate common errors in writing.			
23. Describe how to identify priorities of nursing diagnosis.			

UNIT II (PART G): NURSING PROCESS/NURSING ASSESSMENT - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
24. Define planning.	E. Planning: 1. Definition 2. Purpose 3. Writing goals: a. Short-term b. Long-term c. Measurable, d. Client centered realistic	<u>Read:</u> Potter & Perry (FON), Planning, Ch. 18 <u>Clinical Experience:</u> The student will use the process of nursing assessment to plan and provide client care in the clinical area. The student will develop a nursing care plan for a select client.	<i>Evolve Learning Systems, Fundamentals of Nursing, Course, Course documents, Resources, Chapter 18, NCLEX Review Questions</i>
25. Discuss the purpose of planning nursing care.			
26. Discuss skills necessary to adjust successfully to entering college.			
27. Differentiate between short-term and long-term goals.			
28. Describe the written nursing care plan.			
29. Write a brief plan of care on a simulated or actual patient.			
30. Define implementation.	F. Implementing: 1. Definition	<u>Read:</u> Potter & Perry (FON),	<i>Evolve Learning Systems, Fundamentals</i>

31. Explain the purpose of implementation.	2. Purpose 3. Types of nursing intervention 4. Communicating care a. Documentation b. Oral reporting	Implementing, Ch. 19 <u>Read:</u> Potter & Perry (FON), Documentation & Informatics Ch. 26	<i>of Nursing, Course, Course documents, Resources, Chapter 19, NCLEX Review Questions</i>
32. Relate the three types of nursing intervention.			
33. Recognize the need to communicate the implementation of nursing care.			
UNIT II (PART G): NURSING PROCESS/NURSING ASSESSMENT - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
34. Define evaluation.	G. Evaluating: 1. Definition 2. Purpose 3. Modify plan of care	<u>Read:</u> Potter & Perry (FON), Evaluation – Ch. 20	<i>Evolve Learning Systems, Fundamentals of Nursing, Course, Course documents, Resources, Chapter 20, NCLEX Review Questions</i>
35. Explain the purpose of evaluation.			
36. Describe the necessity to modify the plan of care indicated.			

UNIT II (PART H): INTRODUCTION TO PHARMACOLOGY			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to pharmacology.	A. Terminology related to pharmacology	<u>Independent Study</u> Read and complete problems Mulholland, Ch. 1-8	Lecture/Discussion Review in lab
2. Demonstrate ability to calculate dosage and solutions accurately using various systems of equivalents.	B. Math and dosage calculation 1. Math review 2. Systems of measurement a. Metric system b. Apothecaries system c. Household system d. Equivalents e. Solutions preparation	<u>Learning Lab:</u> Dimensional Analysis on Math & dosage calculations	Math & dosage calculations Pre and Post-Test on ANGEL (Web)
3. Discuss specific drug legislation.	C. Drug legislation: 1. Food and Drug Act (FDA) a. United States Pharmacopeia (USP) (NF) b. National Formulary 2. Controlled Substances Act	<u>Read:</u> Potter & Perry (FON), Ch. 35, Medication Administration Ch. 36, Complementary and Alternative Therapies	Unit Test for evaluation
4. Describe how drugs are named and reliable resources for drug names.	D. Drug nomenclature: 1. Chemical name 2. Generic Name 3. Trade name 4. Official name 5. Use of Physician's Desk Reference, Hospital Formulary and other sources	<u>Read:</u> Lilley, Ch. 1-9	PowerPoints and electronic sources on Pharmacology on ANGEL (Web) <i>EVOLVE Lilley Pharm, course documents, course, Modules 1-12</i>
5. Explain the pharmacodynamics of drugs.	E. Pharmacodynamics: 1. Drug action a. Receptors b. Cellular action 2. Drug effect 3. Drug interactions		

UNIT II (PART H): INTRODUCTION TO PHARMACOLOGY - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
6. Discuss the elements of pharmacokinetics.	F. Pharmacokinetics: 1. Absorption 2. Distribution 3. Metabolism 4. Excretion		
7. Relate factors that affect drug action.	G. Factors affecting drug action: 1. Weight 2. Sex 3. Genetic factors 4. Psychological 5. Pathology 6. Environment 7. Time of administration		
8. Describe various types of adverse drug effects.	H. Adverse drug effects: 1. Allergy 2. Anaphylactic reaction 3. Drug tolerance 4. cumulative effect 5. Idiosyncratic effect I. Complementary and alternative therapies		
9. Assess the medication history of simulated and/or actual client.	J. Medication administration: 1. Assessing medication 2. Preparing medications a. Physician's order (1) Types of orders (2) Parts of medication orders b. Questioning the medication order	Taylor CD-ROM: Module 3 Perry & Potter (CNS&T), Ch. 20	
UNIT II (PART H): INTRODUCTION TO PHARMACOLOGY - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES

10. Discuss principles necessary to safely prepare and administer medications to simulated and/or actual client. 11. Document administration of medications accurately in laboratory/clinical setting. 12. Evaluate client's response to medication. 13. Safely prepare and administer oral, topical, rectal, ophthalmic, otic, nasal and inhalant	J. Safety measures while preparing drugs: 1. Three checks 2. Six rights: a. Right medication b. Right client c. Right dosage d. Right route e. Right time f. Right - documentation 3. Safe environment a. Narcotics b. Identifying client 4. Administering oral medications a. Procedure 5. Medication errors K. Documentation of medications L. Evaluation of client's response to medication	<u>Clinical Experience:</u> Student will prepare and administer oral, topical, rectal, ophthalmic, otic, nasal, and inhalant medications accurately and safely to clients in the clinical area. The student will document the administration and evaluate the client's response to the administered medications.	Formal lab testing for evaluation
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medications to simulated and/or actual client.			
UNIT II (PART H): INTRODUCTION TO PHARMACOLOGY - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to parenteral administration of medication. 2. Recall previously learned knowledge regarding safe preparation of medications. 3. Discuss equipment required for parenteral administration. 4. Describe the various types of medication packaging. 5. Demonstrate accurate medication preparation in the laboratory and clinical area.	A. Terminology related to parenteral administration of medication. B. Preparation: 1. Needles and syringes 2. Medication packaging: a. Ampule b. Multiple-dose c. Rubber-capped vials d. Prefilled cartridges 3. Medication preparation: a. Mixing medication in one syringe b. Reconstituting powdered medication c. Procedure for drawing up medication 4. Sterile technique	Taylor CD-ROM: Module 4 Mulholland, Ch. 7 and review calculations Potter & Perry (FON), Perry & Potter (CNS&T), p. 610-642 Taylor CD-ROM: Module 4 Perry & Potter (CNS&T), pp. 700-723	Presentation of equipment and skill demonstration Supervised practice of skill <i>Evolve Learning systems, P&P, CNST, Course, Course Documents, Course, Self Study Module 6</i>
6. List the four major routes of parenteral administration. 7. Discuss the method and documentation of administering intradermal injections. 8. Demonstrate procedurally correct intradermal	C. Parenteral routes: 1. Intradermal 2. Subcutaneous (SC) 3. Intramuscular (IM) 4. Intravenous (IV) D. Intradermal injections: 1. Use 2. Sites 3. Equipment 4. Volume 5. Procedure 6. Documentation	VIDEO: In TASC Lab: "Administering Intradermal Medications" "Administering Subcutaneous Medications" Potter & Perry (FON), p. 735-754	

injections in the learning lab/clinical area.			
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UNIT II (PART H): INTRODUCTION TO PHARMACOLOGY - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
9. Discuss the method and documentation of administering subcutaneous injections. 10. Demonstrate procedurally correct subcutaneous injections in the learning lab/clinical area.	E. Subcutaneous injections: 1. Use 2. Sites 3. Equipment 4. Volume 5. Procedure 6. Documentation	Taylor CD-ROM: Module 4 Potter & Perry (FON), pp. 735-754	Formal lab testing for evaluation. Unit Test for evaluation
11. Discuss the method and documentation of administering intramuscular injections. 12. Demonstrate procedurally correct intramuscular injections in the learning lab/clinical area.	F. Intramuscular injections: 1. Use 2. Sites 3. Equipment 4. Volume 5. Procedure 6. Documentation	Perry & Potter (CNS&T), pp. 647-691	
13. Describe the major complications of parenteral medication	G. Complications of parenteral medication administration: 1. Abscess 2. Sciatic nerve damage 3. Hematoma	<u>Clinical Experience:</u> Student will prepare, administer, and document IM, SQ and/or intradermal medication	

administration.	4. Infection	accurately and safely in the	
14. Discuss nursing intervention for clients with complications due to parenteral medication administration.	5. Induration	clinical area.	
15. Discuss the principles of delegation.	6. Nursing interventions		

UNIT II (PART I): COMMUNITY-BASED NURSING: TEACHING AND LEARNING PRINCIPLES			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Describe basic principles of teaching and learning.	A. Principles of teaching/learning	Read: Potter & Perry (FON), Ch. 25, pp. 361-383	Unit Test for evaluation
2. Identify the three domains of learning.	B. Learning domains: 1. Cognitive 2. Affective 3. Psychomotor		
3. Define terminology specific to the teaching/learning process.	C. Terminology related to teaching/learning		
4. Relate the purposes of client teaching.	D. Purposes of client teaching: 1. Health: a. Maintain b. Restore c. Promote	Clinical Experience: The student will utilize principles of teaching/learning during clinical experience.	Presentation of posters
5. Describe the relationship between the nursing process and the teaching process.	E. Nursing process and the teaching process: 1. Assessment: a. Learning needs		

	b. Readiness to learn 2. Diagnosis: a. Knowledge deficit b. altered thought processes c. Non-adherence to therapeutic regimen 3. Planning: a. Writing goals b. Teaching plan 4. Implementation 5. Evaluation of teaching/learning		
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UNIT II (PART J): INTRODUCTION TO LEGAL ISSUES

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Discuss the Nurse Practice Act as the legal basis for nursing in the State of Ohio.	Legal Issues Within the healthcare Delivery System	Read: Potter & Perry (FON), Ch. 23	Lecture/Discussion ANGEL (Web): Pre and Post-Test questions
2. Briefly describe the six types of intentional torts.	A. Intentional Torts: 1. Assault and battery 2. Informed consent 3. Defamation 4. Invasion of privacy 5. False imprisonment 6. Fraud	Read: Cherry & Jacob, Ch. 8, pp. 141-163 Principles for delegation handout (Available on ANGEL, pdf. Document made available from ANA)	
3. Identify client situations in which these may occur.	B. Incidence in clinical settings		
4. Differentiate between negligence and malpractice.	C. Unintentional Torts 1. Negligence 2. Malpractice		
5. Define liability.	D. Liability		
6. Describe potential areas of liability for nurses.	E. Areas of potential liability for nurses: 1. Incident reports	View videos on Legal Aspects (TASC Lab)	

7. Explain why it is necessary to obtain liability insurance as a nurse.	2. Standards of care 3. Physician's orders F. Liability insurance	Respond to select case studies via Web.	
8. Relate the purpose/content of the client's medical record/chart from a legal perspective.	G. The Medical Record/Patient's Chart: 1. Purpose 2. Content 3. Implications to 4. Legal perspective		
9. Discuss principles of delegation.	H. Five rights of delegation: 1. Overarching principles 2. Nurse related principles	<u>Clinical Experience:</u> The student will practice within legal standards of care.	

UNIT II (PART J): INTRODUCTION TO LEGAL ISSUES - continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
	3. The five rights of delegation a. Right task b. Right circumstances c. Right person d. Right directions and communications e. Right supervision & evaluation		

UNIT II (PART K): PHYSICAL ASSESSMENT			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Demonstrate a beginning skill in performing physical assessment and taking a history and physical exam.	A. Physical assessment: 1. Introduction 2. Take a history 3. Perform physical exam: a. Inspection b. Auscultation c. Percussion d. Palpation	Learning Lab: Potter & Perry (FON), Health Assessment & Physical Exam, Ch. 33, pp. 552-640 Perry & Potter (CNS&T), Ch. 6: 6.1: General survey 6.2: Thorax & lungs 6.3: Heart & neck vessels 6.4: Abdomen 6.5: Muscular skeletal, neurological & peripheral vascular assessment	Mid-Term Testing: Head-to-Toe Assessment Each student create scenario Web Asynchronous
2. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the respiratory system.	B. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation 2. Respiratory	Wilson: <i>Health Assessment & Health History</i> , Ch. 3 <i>Techniques & Equipment</i> , Ch. 4 <i>Respiratory System</i> , Ch. 12 <i>Skin, Hair & Nails</i> , Ch. 11 <i>Abdomen</i> , Ch. 14	<i>Evolve Learning System, Wilson, course documents, course, self-paced learning modules, 11 – 18.</i>
3. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the	C. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation 2. Integumentary D. Nursing assessment:	Video assessment series: Head-to-Toe Respiratory System Gastrointestinal System	

integumentary system.	1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation	CD-ROM: View Taylor DVD: Head-to-Toe Assessment	
4. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the gastrointestinal system.	2. Gastrointestinal		

UNIT II (PART K): PHYSICAL ASSESSMENT – continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
5. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the cardiovascular system.	E. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation	Learning Lab – Read: Wilson: <i>Cardiovascular system & Peripheral vascular</i> Ch. 13 <i>Neurological system</i> , Ch. 16 <i>Eyes, ears, nose, mouth & throat</i> , Ch. 11 <i>Musculoskeletal</i> , Ch. 15 <i>Male genitalia</i> , Ch. 19 <i>Female genitalia</i> , Ch. 18 <i>Breasts</i> , Ch. 17 Video Assessment Series: Cardiac system Vascular system Nervous system Musculoskeletal system Clinical Experience: The student will perform clinical nursing assessments using accurate technique in the clinical setting.	
6. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the neurological system.	F. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation		
7. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the musculoskeletal system.	G. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation		
8. Demonstrate a beginning skill level in performing physical assessment techniques focusing on normal findings of the renal system.	H. Nursing assessment: 1. Techniques a. Inspection b. Auscultation c. Percussion d. Palpation		
9. Demonstrate a beginning skill level in performing physical	I. Nursing assessment: 1. Techniques		

assessment techniques focusing on normal findings of the reproductive system.	a. Inspection b. Auscultation c. Percussion d. Palpation 2. Reproductive		
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UNIT II (PART L): COMMUNITY-BASED NURSING: HEALTH CARE DELIVERY SYSTEM			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Describe the three levels of care available and what type of services are provided in each level. 2. Discuss the concepts of Community-Based Health Care. 3. Explore major trends affecting health care in the United States. 4. Examine the methods of financing health care in the United States.	A. Health care delivery system: 1. Levels of care: a. Preventative b. Primary c. Secondary d. Tertiary e. Restorative f. Continuing 2. Community-based health care: a. Health people 2010 b. Health care settings c. Emphasis on wellness d. Environmental health e. Demographics f. Role of nurse g. Historical perspective h. Levels of prevention: (1) Primary (2) Secondary (3) Tertiary 3. Major trends affecting health care: a. Economic b. Society c. Health/illness care d. Technology e. Political f. Legal g. Consumerism 4. Financing health care: a. Insurance b. H.M.O.	PowerPoints – reviewed on Web <u>Read:</u> Potter & Perry (FON), Ch. 2, pp. 15-31 Ch. 3, pp. 32-43 Ch. 5, pp. 53-67 Ch. 6 Cherry & Jacob, Ch. 7 Wilson, Ch. 1	<i>Evolve Learning Systems, Potter & Perry, Fundamentals of Nursing, Course, Course Documents, Resources, Chs. 2, 3, & 5 NCLEX Review Questions</i> <i>Evolve Learning Systems, Cherry& Jacobs, Contemporary, Nursing Issues, Trends, and Management, Course, Course Documents, Resources, Chapter 7, Critical Thinking Questions</i> Presentation of poster projects

	c. P.P.O. d. Caring for the e. Government - Medicare, Medicaid		
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UNIT II (PART L): COMMUNITY-BASED NURSING: HEALTH CARE DELIVERY SYSTEM - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
5. Examine various types of health care agencies within community. a 6. Describe the roles of members of the collaborative health care team. 7. Explain how statistics affect health care planning. 8. Describe the person's method of entry into the health care system. 9. Differentiate between the roles of client and patient.	5. Health care agencies within a community: a. Voluntary b. Religious agencies c. Government (1) Veterans Administration and Military (2) Public health Service (PHS) d. Public health agencies: (1) Local (2) State (3) Provincial/Federal 6. Collaborative health care team: a. Focus on nursing care of models delivering nursing care - various roles of nursing b. Roles of providers – primary care vs. specialists – managed care 7. Demographics and epidemiology: a. Environmental health issues: (1) Work risks (2) Atmosphere (3) Water quality (4) Food quality		

10. Discuss methods used in the health care delivery system to assure quality care.	care 8. The person within the health delivery system a. Roles of person (1) Patient (2) Client 9. Quality assurance: a. Credentialing of agencies b. Specific agencies c. Consumerism		
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UNIT II (PART M): COMMUNITY-BASED NURSING: HEALTH CARE DELIVERY SYSTEM			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to admitting/discharging from the hospital.	A. Terminology related to admitting/discharging from the hospital.	PowerPoints on continuity of care MEDCOM: In TASC Lab - Admission and Discharge (VHS)	
2. Describe the types of admission.	B. Types of admission: 1. Pre-admission testing (PAT) 2. Inpatient a. Elective b. emergency	<u>Classroom:</u> Perry & Potter (CNS&T), Ch. 2, Skills 1, 2, & 3	
3. Use the nursing process when admitting a client to the hospital.	C. Nursing process in admission of the client 1. Procedure of admission of client		Unit Test for evaluation
4. Use the nursing process when discharging a client from the hospital.	D. Nursing process in discharge of the client: 1. Procedure of discharge of client 2.. Home care 3. Nursing diagnoses: a. Health	<u>Clinical Experience:</u> The student will use the nursing process when admitting and discharging clients.	

	maintenance deficit b. Non-compliance c. High-risk for non-compliance d. Health seeking behavior e. Knowledge deficit f. Management of therapeutic regimen		
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UNIT II (PART N): CONCEPTS OF HOLISTIC NURSING: CULTURE AND ETHNICITY			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology related to culture. 2. Discuss the concepts of culture.	A. Concepts: - Culture - Assimilation - Ethnicity - Race - Stereotyping	Read: Potter & Perry (FON), Ch 9, pp. 106-120 Wilson, Ch. 2 Cherry & Jacob, Ch 10	Presentation of poster projects
3. Describe influence of culture on health care. 4. Identify factors of own culture related to health care. 5. Identify factors affecting interaction between the culturally diverse nurse and client.	B. Influence on health care: - Gender roles - Language and communication - Orientation to time and space - Food and nutrition - Socioeconomic factors - Family - Physical and mental health - Folk medicine	Video: In TASC Lab: <u><i>Culture in the Community</i></u>	Respond to culture assignment on Web

6.	Discuss guidelines for transcultural nursing	C. Transcultural Nursing		
7.	Identify culture/ethnicity on nursing care plans.			

UNIT II (PART O): CONCEPTS OF HOLISTIC NURSING: HEALTH AND HUMAN NEEDS				
OBJECTIVES		OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1.	Discuss the multi-dimensions of the person.	A. The person/client: 1. Dimensions of the person: a. Body b. Mind c. spirit 2. Basic human needs: a. Maslow b. Erickson c. Havinghurst	<u>Read PowerPoints on the Web:</u> Potter & Perry (FON), Ch. 6, pp. 68-83 Ch. 27, pp. 410-425 Ch. 28, pp. 426-442 Ch. 29, pp. 443-460	Lecture/Discussion Unit Test
2.	Explain basic human needs based on the theories of Maslow, Erickson, and Havinghurst.			
3.	Discuss the concept of holistic health.	3. Holism concept: a. Wellness b. Illness		
4.	Describe environmental factors that affect a person's health.	4. Factors affecting health: a. Internal (1) Beliefs and (2) Self-concept environment values	<u>Clinical Experience:</u> The student will apply the concepts of holistic care during clinical experience.	Identification of environmental factors affecting health in given situations.
5.	Explain how one's beliefs and values and self-concept affect health.			

6. Describe nursing's role related to health.	5. Nursing's role: a. Maintaining optimal health b. Restoring optimal health c. Promoting optimal health B. member in the family and community: 1. Family: a. Purpose/role b. Structure c. Developmental tasks d. Nursing implications :		<i>Evolve Learning System, Potter & Perry, Fundamentals of Nursing, Course, Course Documents, Resources, Chs. 6, 27, 28, & 29, NCLEX Review Questions.</i>
7. Identify the role of the Associate Degree Nurse in holistic care.			

UNIT II (PART O): CONCEPTS OF HOLISTIC NURSING: HEALTH AND HUMAN NEEDS - continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
8. Explain how a positive nurse-patient relationship is essential to holistic care.	2. Community: a. Purpose b. Factors affecting health		
9. Discuss the person's membership within the family and community.	C. Associate Degree Nursing: 1. The role of the Associate Degree Nurse a. Provider of client care b. Manager of care c. Member within the discipline of nursing 2. The nurse-patient relationship 3. Evidence based		

	practice		
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UNIT II (PART P): CONCEPTS OF HOLISTIC NURSING: STRESS AND ADAPTATION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define stress.	A. Homeostasis	<u>Classroom:</u> Potter & Perry (FON), Ch. 31, pp. 485-501	<i>Evolve Learning System, Potter & Perry, Fundamentals of Nursing, Course, Course Documents, Resources, Ch. 31, NCLEX Review Questions.</i>
2. Describe mechanisms involved in maintaining homeostasis.	B. Basic concepts		
3. Describe adaptive responses to stress.	C. Adaptation: responses to stress and chronic illness		

UNIT II (PART P): CONCEPTS OF HOLISTIC NURSING: LOSS AND GRIEF PROCESS/DEATH & DYING			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
1. Describe stages of the grief process. 2. Give examples of client situations involving loss. 3. Outline the basic needs of the dying client. 4. Begin to identify own values regarding death and dying. 5. Identify nursing implications related to working with clients and families affected by grief and loss.	A. Loss and grieving B. Factors affecting loss C. Dying: 1. Needs of the dying 2. Needs of grieving families D. Nursing implications	<u>Read:</u> Potter & Perry (FON), Ch. 30, pp. 461-484 Complete case study on loss and grief process	Unit Test for evaluation Review responses to case study

UNIT II (PART Q): BASIC HUMAN NEEDS: REST AND SLEEP			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES

1. Define terminology related to rest and sleep.	A. Terminology related to rest and sleep	<u>Classroom:</u> Potter and Perry (FON), Ch. 42, pp. 1028-1050	Lecture/Discussion Unit Test for evaluation
2. Discuss the physiology of sleep.	B. Physiology of sleep: 1. Stages of sleep 2. Sleep cycles 3. Sleep requirements		
3. Describe factors that affect sleep.	C. Factors affecting sleep: 1. Stage of development 2. Environment 3. Medications 4. Others		
4. Utilize the nursing process when providing care for clients with altered rest and sleep. 5. Demonstrate procedurally correct techniques used to maintain, promote, and restore rest and sleep, including documentation.	D. Nursing process: 1. Assessment: a. Sleep history b. Sleep diary c. Common sleep problems: (1) Sleep deprivation (2) Sleep disorders 2. Nursing diagnoses: a. Sleep pattern disturbance b. Others 3. Planning 4. Implementing: a. Restful environment b. Promoting relaxation c. Promoting bedtime rituals d. Promoting comfort 5. Evaluating	<u>Clinical Experience:</u> The student will utilize the nursing process when providing care for clients with altered rest and sleep.	Web Asynchronous <i>Evolve Learning System, Wilson, Course, Course Documents, Individual Assets, Ch. 8, Sleep assessment interactive exercise</i>
UNIT II (PART R): INTRODUCTION TO NURSING AS A PROFESSION			
	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
1. Examine various definitions of nursing.	A. Nursing as a profession:	<u>Classroom:</u>	Participate in critical thinking activity on ANGEL (Web)
2. Discuss the characteristics of a profession and a discipline.	1. Definitions	Potter & Perry (FON), Ch. 1	
	2. characteristics of a profession and a discipline	Cherry & Jacob, Chs. 1, 2, 3	
3. Describe how nursing organizations assist in defining nursing.	3. Major Nursing Organizations:		
	a. ANA		
	b. NLN		
	c. NOADN		
	d. ICN		
	e. Council of State boards of Nursing		
	f. Focused groups		
4. Trace the historical development of nursing from ancient civilization through the twentieth century.	B. Nursing history:	Complete the table on <i>Roles of Nurses</i> found in syllabus	Submit via ANGEL
	1. Historical development:	View videotape on " <i>History of Nursing</i> "	Response to videotape found in course syllabus
	a. Ancient civilization		
	b. Middle ages		
	c. Twentieth century		
5. Describe the relationship of major historical events to nursing.	2. Major historical events:	Complete questionnaire on videotape after viewing	
	a. Cultural		
	b. Medical discoveries	Complete page found in syllabus on " <i>Historical Perspective Highlights</i> "	
	c. Religious		
	reformatations		
	reformatations		
6. Discuss how the image of nursing has changed through time.	3. Image of nursing:		Presentation of poster
	a. Past		
	b. Present		

UNIT II (PART R): INTRODUCTION TO NURSING AS A APROFESSION – continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
7. Describe Florence Nightingale's contribution to nursing education.	C. Nursing Education: 1. Nightingale Principles of Education	Read: Read Cherry & Jacob, Ch. 4	
8. Discuss the three educational programs leading to license for registered nursing.	2. Three educational RN programs: a. Associate Degree b. Diploma c. Baccalaureate		
9. Relate the competencies of the Associate Degree Nurse according to the National League of Nursing. 10. Outline the past and present roles of the Associate Degree Nurse.	3. Competencies of the ADN graduate 4. Roles of the Associate Degree Nursing: a. Past b. Present	Read handout and complete questionnaire in syllabus Submit completed questionnaire to student drop off in Health Division Discussion of completed questionnaire on educational outcomes Read articles by Montag	Submit responses to Montag articles via ANGEL (Web)
11. Examine the philosophy, organizing framework, program outcomes, purpose, and level objectives of SSCT nursing program, as well as, core competencies of the College.	5. Philosophy/organizing framework of SSCT: a. Alignment of competencies of nursing program and the college competencies b. Program purpose and outcomes	<u>Handbook for Nursing Students</u> Section 2.0-2.0.6 Complete questionnaire in syllabus on philosophy, etc., and submit to student drop off in Health Division by?	Bring <u>Handbook for Nursing Students</u> to class. Discussion of completed questionnaire of philosophy, etc.

UNIT II (PART S): THEORETICAL BASIS FOR NURSING			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Describe the ideas and principles of six theories which are basic to many nursing concepts.	A. Basic theories: 1. Systems theory 2. Stress/adaptation theory 3. Developmental theory 4. Basic human needs 5. Health and wellness models 6. Psychosocial theories	<u>Classroom:</u> Potter & Perry (FON), Ch. 4, pp. 44-52 Cherry & Jacob, Ch. 5 Submit completed questionnaire found on ANGEL related to Nursing Theories.	Dialogue with classmates via ANGEL (Web) regarding "Theories in Nursing"
2. Examine major nursing theories	B. Major nursing theories: 1. Unitary Man, Martha Rogers 2. Roy's Adaptation Model 3. Self-Care Model, Dorothea Orem 4. Open Systems Model, Imogene King 5. Health Care Systems Model, Betty Neuman 6. Levine's Theory of Nursing 7. Johnson's Theory, Behavioral Systems 8. Zderad, Patterson, Humanistic Nursing 9. Watson's Theory of Caring 10. Leininger's Transcultural Care Model 11. Hildegard Peplau, 12. Psychodynamic Nursing 13. Parse-Human becoming 14. Benner, 5 Practice Areas C. Relationship of nursing theory to nursing practice		
3. Discuss how nursing theories relate to nursing practice.			

UNIT II (PART T): BASIC HEALTH CARE NEEDS: BOWEL ELIMINATION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define the terminology specific to bowel elimination.	A. Terminology related to bowel elimination	Read: PowerPoints on ANGEL (Web) Potter & Perry (FON), Ch. 46, pp. 1174-1218	
2. Explain briefly, the physiology of bowel elimination.	B. Physiology		Unit Test for evaluation
3. Identify factors that affect bowel elimination	C. Factors affecting bowel elimination		
4. Assess bowel elimination in the client using previously learned assessment skills.	D. Nursing process: 1. Assessment: a. History b. Physical exam (1) Abdomen (2) Stool c. Diagnostic studies		<i>Evolve Learning System, P&P, CNST, Course, Course Documents, Course, Module 15, Lesson 1, 2, 3, & 4, Module 17, Lesson 4.</i>
5. Select nursing diagnoses based on assessment of the client.	E. Nursing diagnoses: 1. Constipation 2. Diarrhea		
6. Plan nursing care based on goals for client.	F. Planning	Learning Lab: Perry & Potter (CNS&T), Skill 43-2 Measuring Occult Blood in Stool, pp. 1128-1130.	Learning Lab: Equipment presentation Skill demonstration
7. Demonstrate basic bowel elimination procedures safely and accurately in the learning laboratory.	G. Implementation: 1. Promote bowel habits 2. Offer and remove bedpan 3. Teach about laxatives, cathartics, and antidiarrheals 4. Enemas 5. Digital removal 6. bowel training	Clinical Experience: The student will apply concepts related to bowel elimination while caring for client in an acute or long-term care facility.	Lecture/Discussion Supervised skill practice
8. Evaluate plan of care with modifications as indicated.	H. Evaluation		Formal lab testing for evaluation

UNIT II (PART U): BASIC HEALTH CARE NEEDS: URINARY ELIMINATION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
1. Define terminology specific to urinary elimination.	A. Terminology related to urinary elimination.	<u>Read:</u> PowerPoints on urinary elimination Potter & Perry (FON), Ch. 45, pp. 1129-1173	<i>Evolve Learning System, P&P, CNST, Course, Course Documents, Course, Module 17, Lesson 1 & 2</i>
2. Explain basic physiology of the urinary system.	B. Physiology of the urinary system		Unit Test for evaluation
3. Describe factors that affect micturition.	C. Factors affecting micturition		
4. Utilize the nursing process when providing care for clients with impaired urinary elimination.	D. Nursing process: 1. Assessment a. Urinary status b. Other methods (1) Collection of urinary specimens (2) Assist with diagnostic procedures 2. Nursing diagnoses: a. Altered urinary elimination pattern b. Incontinence c. Self-toileting deficit 3. Planning 4. Implementing: a. Promoting normal urination b. Assisting with toileting 5. Evaluation	<u>Learning Lab:</u> Perry & Potter (CNS&T), Collecting urine specimens, Skill 43.1 pp. 1119-1126. Collect a specimen for culture: Urine Taylor CD-ROM: Module 11 <u>Clinical Experience:</u> The student will incorporate the concept of urinary elimination in the provision of care for clients.	<u>Learning Lab:</u> Discussion
5. Demonstrate procedurally correct techniques used to maintain, promote, and restore urinary elimination, including documentation.			

UNIT II (PART V): BASIC HEALTH CARE NEEDS: NUTRITION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to nutrition.	A. Terminology related to nutrition	Read: Potter & Perry (FON), Ch. 44	Lecture/Discussion
2. Explain calculations of calorie requirements and Ideal body weight.	B. Principles of nutrition: 1. Energy balance a. Calorie b. Ideal body weight (IBW)	Wilson Ch. 9	Calculate IBW: Compare with height and weight tables ANGEL (Web): Pre & Post-Tests Unit Test for evaluation
3. List the six food groups according to the food guide pyramid MyPyramid.gov.	C. Food guide pyramid: 1. Fruit group 2. Milk, yogurt and cheese group 3. Meat, poultry, fish, beans, and nuts 4. Bread, cereal, rice & pasta group 5. Vegetable group 6. Fats, oils and sweets		
4. Evaluate a diet using the Food Guide Pyramid. 5. Describe the six classes of nutrients and their significance.	D. Nutrient classes: 1. Nutrient density 2. Basic nutrients a. Carbohydrates b. Fats (lipids) c. Protein (1) Amino acids d. Functions 3. Regulatory nutrients a. Vitamins (1) Water soluble (2) Fat soluble b. Minerals 4. Water (CHO)	Read: Perry & Potter (CNS&T) Ch. 30: 30.1: Nutritional assessment 30.2: Assess the adult 30.3: Aspiration precautions ANGEL (Web): Read PowerPoints on nutrition Submit an evaluation on ANGEL of article in a popular magazine using guidelines.	<i>Evolve Learning System, Perry & Potter, CNST, Course, Resources, Ch. 30, NCLEX Review Questions</i> <i>Evolve Learning System, Wilson, Course Documents, Course, Individual Assets, Ch. 9, Interactive Exercises.</i>

UNIT II (PART V): BASIC HEALTH CARE NEEDS: NUTRITION - continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
6. Describe factors that affect nutrition.	E. Anatomy and physiology of the digestive system: 1. Absorption 2. Metabolism F. Nutritional Assessment: 1. History a. 24-hour food recall b. Food frequency c. Personal and family history d. Weight gain/loss e. Level of activity f. Appetite changes g. Elimination pattern h. Food preference 2. Anthropometric data: a. Height b. Weight c. BMI d. Ideal body weight e. Usual body weight 3. Clinical observation: a. Parameters b. Symptoms of malnutrition 4. Biochemical data: a. CBC b. Serum transferrin c. Antigen skin testing d. 24-hour urinary creatinine excretion e. Urinary urea nitrogen f. Albumin	<u>Clinical Experience:</u> Perform a nutritional assessment on a select client	Lab nutritional assessment

UNIT II (PART V): BASIC HEALTH CARE NEEDS: NUTRITION - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
7. Select nursing diagnoses based on nursing assessment of the client.	G. Nursing diagnoses: 1. Nutrition alternated less than requirements 2. Nutrition altered more than requirements 3. Knowledge deficit, related to diet 4. Swallowing, impaired 5. High risk for aspiration	Lecture/Discussion	
8. Plan nursing care based on goals for client.	H. Planning: 1. Goal setting 2. Implementing		
9. Differentiate various types of diets.	I. Dietary considerations: 1. Drug/nutrient interactions 2. Alternative food patterns 3. Religious dietary considerations 4. Types of diets: a. Clear liquid b. Full liquid c. Soft, mechanical soft d. Regular e. Pureed f. Prudent	<u>Clinical Experience:</u> The student will apply basic nutritional concepts to the care of clients.	
10. Assist client to eat and swallow as condition indicates.	J. Assisting with eating and swallowing	<u>Clinical Experience:</u> The student will assist with feeding in care of clients.	
11. Document intake of diet based on objective measurement.	K. Documentation on diet taken 1. Objective parameters		
12. Evaluate plan of care for clients with potential problems with nutrition.	L. Evaluation of plan of care		
13. Evaluate special needs	M. Food safety		

of the aged regarding nutrition.			
UNIT II (PART W): PROFESSIONAL RESPONSIBILITIES IN NURSING: PROFESSIONALISM			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define the term professionalism.	A. Professionalism: 1. Definition a. Profession and professionalism		Discussion
2. Compare the terms profession and professionalism. 3. Describe the characteristics of professionalism.	2. Characteristics	Read: Cherry & Jacob: Chapter 9 <u>ANGEL (Web):</u> Read PowerPoint on professionalism	Pre and Post Test on ANGEL (Web)
4. Identify professional values.	3. Values: a. Caring b. Altruism c. Equality d. Nonjudgmental e. Freedom f. Esthetics g. Human dignity h. Justice i. Truth j. Ethical		Unit Test for evaluation
5. Discuss professional behaviors and attributes.	4. Behaviors and attributes: a. Professional boundaries b. Use of evidence-based practice	Potter & Perry (FON) Chapter 5	
6. Apply the knowledge of professionalism to select case studies involving the nurse.	5. Case studies		

UNIT II (PART X): CONCEPTS OF HOLISTIC CARE: ETHICS/VALUES			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define the term “Ethics”. 2. Describe ethical conduct expected of nurses. 3. Discuss the Rules Promulgated from the Law Regulating Nursing and specific to student conduct. 4. Define the term “Values”. 5. Differentiate between the six types of values. 6. Describe the seven values considered essential to the practice of	A. Ethics/values: 1. Ethics: a. Definition 2. Nursing Codes of Ethics a. American Nurses Association 3. Student conduct – Ohio Board of Nursing Rules 4. Values: a. Definition b. Value clarification c. Value neutral 5. Six Types of values: a. Theoretical b. Economic c. Aesthetic d. Social e. Political f. Religious 6. Values essential to the practice of nursing: <i>altruism, equality, aesthetics, freedom, human dignity, justice, and truth</i>	<u>Read:</u> Potter & Perry (FON), Ch. 22, pp. 313-324 Cherry & Jacob, Ch. 9 Pre and Post-Test questions on ANGEL <u>Clinical Experience:</u> The student will demonstrate ethical behavior and articulate various ethical concepts in clinical situations. The student’s conduct in the clinical setting will align with OBN student conduct	Discussion

nursing. 7. Utilize the steps in the valuing process to discern one's own values.	7. Define modes of transmission	requirements.	
UNIT II (PART X): CONCEPTS OF HOLISTIC CARE: ETHICS/VALUES - continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
8. Appreciate the difference between personal values and professional responsibilities. 9. Discuss publications that assist one to maintain current nursing knowledge and skills. 10. Discuss specific environmental factors related to values/ethics within nursing practice.	8. Values clarification a. Steps in the valuing process B. Professional growth: 1. Literature a. Nursing journals b. Supportive literature C. Related environmental factors: 1. Cultural issues 2. Political issues 3. Social issues 4. Economic	ANGEL (Web): View PowerPoints on Ethics and Values Dialogue with faculty/peers on questions related to values/ethics in clinical situations. <u>Read:</u> P&P (FON): Ch. 22 Cherry & Jacob: Ch. 9	Exercise in values clarification during learning lab Unit Test for evaluation

UNIT III (PART A): NURSING FOCUS ON THE ADULT CLIENT			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to the lifespan development of the adult client.	A. Terminology related to young, middle, and older adults.	<u>Read:</u> P&P, (FON) Chs 11, 13 and 14 Lemone, Ch. 2 Web site: Healthy people 2010	Submit via ANGEL (Web) on due date: mandatory, non-graded assignment: Study Guide Young, middle and older adult
2. Discuss the development of stages/health issues of the young adult.	B. Young Adult 1. Physiological development 2. Psychosocial development 3. Cognitive, moral, and spiritual development 4. Common health problems		<i>Evolve Learning System, P & P, Fundamentals of Nursing, Course, Course Documents, Resources, Chs. 11, 13, & 14, NCLEX Review Questions</i>
3. Discuss the development stages/health issues of the middle adult.	C. Middle Adult 1. Physiological development 2. Psychosocial development 3. Cognitive, moral, and spiritual development 4. Common health problems		Unit Test
4. Discuss the developmental stages/health issues of the older adult.	D. Older Adult 1. Physiological development 2. Psychosocial development 3. Cognitive, moral, and spiritual development 4. Common health problems		
5. Utilize the knowledge of the development of the respective lifespan of the adult when providing nursing care to clients.	E. Nursing process 1. Young adult 2. Middle adult 3. Older adult	<u>Clinical Experience:</u> The student will incorporate developmental concepts of young, middle and older adults in provision of nursing care for clients.	
UNIT III (PART B): PERIOPERATIVE NURSING			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
1. Define terminology related to perioperative care.	A. Terminology related to perioperative care	<u>Classroom:</u> P&P, FON, Ch. 50	Lecture/Discussion Unit Test for evaluation
2. Discuss the surgical experience.	B. The Surgical Experience 1. Phases of the perioperative experience 2. Classification of surgical procedures 3. Anesthesia a. General b. Local 4. Informed Consent	<u>Read:</u> Lemone, Ch. 4 Lilley, Ch. 11 Corbett, Ch. 2	<u>Assignment:</u> Submit via ANGEL (Web) non-graded mandatory assignment by due date: Nursing focused post-operative assessment
3. Relate Informed Consent to Operative Consent.			
4. Explain concepts of ambulatory surgery.	C. Concept of ambulatory surgery	<u>Learning Lab:</u> CNST, Ch. 36	
5. Utilize the nursing process when providing care for clients during the preoperative phase of the surgical experience.	D. Preoperative Nursing Care 1. Assessment a. History b. Major components c. Screening tests 2. Nursing Diagnoses a. Fear b. Anxiety c. Self concept/body image d. Knowledge deficit, perioperative e. High risk for infection of nursing exam family R/T, experience infection	Taylor CD-ROM: Module 6	<i>Evolve Learning System, P&P, Fundamentals of Nursing, Course, Course Documents, Resources, Ch. 50, NCLEX Review Questions</i> <i>Evolve Learning System, P&P CNST, Course, My Content, Resources, Ch. 36, Review Questions.</i>

UNIT III (PART B): PERIOPERATIVE NURSING - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
6. Demonstrate procedurally correct techniques used to prepare clients for surgery, including documentation.	3. Planning 4. Implementation a. Prepare psychologically 1) Teaching 2) Communicating b. Prepare physically 1) Hygiene and skin preparation 2) Elimination 3) Nutrition/fluids 4) Day of surgery pre-op checklist 5) Documentation 5. Evaluation		
7. Describe intraoperative nursing care.	E. Intraoperative Nursing Care 1. Nursing process 2. Transfer to postanesthesia unit care		
8. Utilize the nursing process when providing care for clients during the postoperative phase of the surgical experience.	F. Postoperative Nursing Care 1. Immediate care 2. Ongoing care a. Assessment b. Nursing diagnoses 1) Potential complications 2) Others c. Planning	<u>Clinical Experience:</u> The student will utilize the nursing process when providing care for clients during the preoperative, intraoperative, and postoperative phases of the surgical experience.	

	d. Implementation 1) Potential complications 2) Others 3) Documentation e. Evaluation		
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UNIT III (PART C): PRINCIPLES OF COMFORT/PAIN			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to comfort and pain.	A. Terminology related to comfort and pain	<u>Classroom – Read:</u> P&P FON, Ch. 43 Lemone, Ch 9	Lecture/Discussion Unit Test for evaluation
2. Discuss the pain experience.	B. The pain experience – The 5 th vital sign 1. Definition 2. Origins of pain 3. Transmission of pain stimuli 4. Pain syndromes 5. Perception of pain 6. Characteristics of pain 7. Responses to pain 8. Acute versus chronic pain	<u>Read:</u> <u>P&P, CNST, Ch. 15:</u> 15.1 Providing Pain Relief 15.2 Patient Controlled Analgesia 15.3 Epidural Analgesia 15.4 Local Infusion Pump 15.5 Non-pharmacological aids to promote comfort Wilson Ch. 6	
3. Describe the factors affecting the pain experience.	C. Factors affecting the pain experience 1. Culture 2. Religion 3. Environment 4. Age		
4. Utilize the nursing process when providing	D. Nursing Process 1. Assessment	<u>Clinical Experience:</u> The student will incorporate	

care for clients with altered comfort.	a. Misconceptions b. Objective measurements c. Components	the concept of comfort in the provision of care for clients.	
	2. Nursing Diagnoses a. Acute pain b. Chronic pain c. Comfort, altered 3. Planning		

UNIT III (PART C): PRINCIPLES OF COMFORT/PAIN - Continued:			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
5. Demonstrate procedurally correct techniques used to maintain, promote, and restore comfort, including documentation.	4. Implementing a. Managing anxiety b. Teaching client c. Manipulating factors affecting pain d. Methods of analgesic administration 1) PCA 2) Intra-spinal e. Non-invasive pain 1) Relief measures 2) Cutaneous stimulation 3) Distraction 4) Alleviating pain through touch 5. Evaluation 6. Drugs for control of pain a. Opioid (narcotic) analgesics		Lecture/Discussion Unit Test for evaluation

		b. Non-Opioid analgesics		
6. Describe the positive and negative effects of stress.	7. Stress and Adaptation	a. Stress	Learning Lab: Stress and adaptation – PowerPoint on ANGEL (Web) P&P FON, Ch. 31 Guided Imagery Exercise – PowerPoint on ANGEL (Web)	Submit responses to stress questionnaire <i>Evolve Learning System, Potter & Perry, Fundamentals of Nursing, Course, Course Documents, Resources, Ch. 31, NCLEX Review Questions</i>
		b. Effects of stress		
7. Incorporate methods of managing stress in the care planning of select clients.		c. Managing stress		
	strategies	1) Coping		
	model	2) Holistic		
	breathing	3) Controlled		
	imagery	4) Guided		
	relaxation	5) Body		
		6) Meditation		

UNIT III (PART C): PRINCIPLES OF PAIN - Continued:				
OBJECTIVES	OUTLINE		LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
8. Identify conditions for which relaxation is appropriate therapy.	8. Stress Epidemic	a. Mind-body connection		
		1) Autonomic nervous system effects		
		2) Immune system effects		
		3) Endocrine system effects		
		b. Biologic stress		
9. Describe physiological and behavioral manifestations of relaxation.	Selye	1) Defined by		
	stress	2) Types of		

	3) Different reactions to stress a) Adaptive b) Maladaptive c. Relaxation therapy 1) Focus on breathing 2) Progressive tension and relaxation of muscle groups 3) Meditation		
10. Discuss various methods of achieving relaxation, including breathing and muscle relaxation exercises, use of humor, meditation, and reframing.	d. Humor as a means of stress reduction effects 1) Physiologic 2) Psychological 3) Social 4) Spiritual e. Reframing	<u>Clinical Experience:</u> The student will incorporate the concept of stress management in the provision of care for clients.	

UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Wound Healing/Non-Healing: A. Define terminology specific to wounds.	A. Terminology related to wounds B. Physiology of the skin	<u>Classroom:</u> P&P FON, Ch. 48	Lecture/Discussion Unit Test

B. Recall the physiology of the skin. C. Describe the body's reaction to trauma. D. Discuss the use of the nursing process in performing wound care.	C. Body's reaction to trauma 1. Wounds a. Types b. Principles of tissue healing c. Wound healing d. Wound drainage e. Wound complications 2. Psychological effects of wounds 3. Inflammation/Infection a. Antipyretics b. Anti-infectives D. Nursing process 1. Assessment a. Surgical wounds b. Non-surgical wounds c. Pressure ulcers 2. Nursing diagnoses a. Risk for impaired skin integrity b. tissue integrity impaired 3. Planning a. Promotion of healing b. Nutrition	<u>Learning Lab:</u> CNST Chs. 18, 38, 39, 40 Skill 43.7 pp.1143 Taylor CD-ROM: Module 8 <u>Clinical Experience:</u> The student will perform procedurally correct dressing changes of assigned clients in the clinical area.	<u>Learning Lab:</u> Presentation of dressing equipment and skill demonstration Supervised skill practice Formal lab testing for evaluation Demonstration
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UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE - Continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
E. Demonstrate	4. Implementation a. Supplies	<u>Clinical Experience – continued:</u>	<i>Evolve Learning System, P&P, CNST,</i>

procedurally correct wound care techniques in the Learning Lab/ Clinical area, including documentation.	b. Types of bandaging c. Changing the dressing d. Removing staples e. Irrigating wounds f. Packing a wound g. Wound cultures: infected wounds h. Wet-to-dry dressings i. Semi permeable membrane dressings j. Others 5. Evaluation	The student will assess the wound and determine intervention and document accurately assessments, interventions, and clients' responses.	<i>Course, Course Documents, Resources, Ch. 18, 38, 39, & 40 Review Questions.</i> <i>Evolve Learning System, P&P, CNST, Course, Course Documents, Course, Module 17, Lesson 5.</i>
2. Hot and Cold Application: A. Define terminology specific to hot and cold application. B. Discuss the physiological response to heat and cold.	A. Terminology related to hot and cold application B. Physiologic responses to heat and cold 1. Local effects of heat 2. Local effects of cold 3. Benefits of heat and cold 4. Others		Lecture/Discussion Unit Test for evaluation

UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE - Continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
Hot and cold application – continued: C. Discuss the use of the nursing process when applying heat or cold to the client. D. Demonstrate procedurally correct technique of heat application in the Learning Lab/Clinical area, including documentation. E. Demonstrate procedurally correct technique of cold application in the LearningLab/ Clinical area, including documentation	C. Nursing process - Assessment - Physical and mental status - Area of application - Equipment - Nursing diagnoses - Risk for injury - Risk for impaired tissue perfusion - Planning - Indications for heat applications - Indications for cold applications - Implementation - Client teaching - Applying heat - External heating device - Warm compresses to open wound or closed wound - Applying cold - Ice bags - Cold packs - Cold compresses - Alcohol sponge bath - Documentation - Evaluation	<u>Learning Lab:</u> P&P CNST, Ch 40 <u>Clinical Experience:</u> The student will apply heat and cold therapy where indicated to assigned clients in the clinical area with documentation of assessment, interventions and client response to therapy.	<u>Learning Lab:</u> Presentation of equipment and skills demonstration Supervised practice of skills Unit Test and Formal Lab Testing for evaluation

UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES

UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
3. Anti-infective Therapy A. Define purpose and Indications. B. Discuss various types of anti-infective agents. C. Discuss specific assessments and diagnostic tests related to anti-infective therapy. D. Discuss the nursing process in relation to care of clients receiving	A. Introduction to terminology B. Classification 1. Penicillins, Cephalosporins 2. Erythromycin 3. Tetracyclines 4. Aminoglycosides 5. Sulfonamides and Quinolones 6. Anti-fungal agents C. Assessment and diagnostic tests 1. Loading Dose 2. Peak and Trough D. Nursing Process	Students are to complete Anti-Infectives Study Guide prior to first Unit Test <u>Read:</u> Lilley, Chs. 37, 38, 41 <u>Clinical Experience:</u> The student will administer Anti-Infective Agents, with assessment and evaluation	Unit Test for evaluation Submit via ANGEL (Web) by due date: Mandatory non-graded assignment Study guide on basics of anti-infective pharmacology and nursing considerations

anti-infectives.			
4. Isolation Techniques: A. Define the purpose and indications for clients. B. Discuss the various types of isolation techniques.	A. Purpose B. Indications C. Types – Body substance isolation 1. Blood and body fluids a. Blood and body fluids b. Respiratory c. AFB (T.B.) d. Strict	Learning Lab: Isolation techniques P&P (CNST) Ch. 5	<i>Evolve Learning System, Course, Lilley, Course Documents, Course, Self Study Module 16 & Quiz.</i>
UNIT III (PART D): ALTERATIONS IN SKIN INTEGRITY: SURGICAL AND NON-SURGICAL WOUND CARE - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
Isolation Techniques – continued:	C. Types – Body substance isolation – continued:		

B. Discuss the various types of isolation techniques – continued C. Demonstrate procedurally correct isolation techniques in the Learning Lab/ Clinical area. D. Discuss the nursing process when providing care for clients in isolation.	secretion e. Enteric precautions f. Drainage and precautions g. Contact D. Nursing Process: Meeting the needs of clients in isolation	. <u>Clinical Experience:</u> The student will use the nursing process providing care for clients in isolation.	
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UNIT III (PART E): ALTERATIONS IN FLUID AND ELECTROLYTES			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
1. Define terminology specific to fluid and electrolytes.	A. Terminology related to fluid and electrolytes B. Physiology of body fluids and electrolytes - Fluid compartments - Fluid content - Measurement of electrolytes - Regulation of electrolytes - Fluid and electrolyte movement - Acid-Base balance	<u>Independent Study:</u> The student will review fluid and electrolytes prior to class. <u>Read:</u> P&P FON, Ch. 41 Lemone, Ch. 10 and 238-253 Lilley, Ch. 16 Corbett, Ch. 6	Lecture/Discussion Submit via ANGEL (Web) Mandatory non-graded assignment Fluid & electrolyte handout
2. Describe common alterations in fluids and electrolytes.	C. Alterations - Fluid imbalances - Electrolyte imbalances - Acid-Base imbalances - Metabolic acidosis - Metabolic alkalosis - Respiratory acidosis - Respiratory alkalosis - Others		<i>Evolve Learning System, Potter & Perry, Fundamentals of Nursing, Course, Course Documents, Resources, Ch. 41, NCLEX Review Questions & Fluid & Electrolyte Tutorial.</i>

UNIT III (PART E): ALTERATIONS IN FLUID AND ELECTROLYTES - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
3. Utilize the nursing process when providing care for clients with fluid	D. Assessment of clients with selected fluid and electrolyte conditions	<u>Media:</u> Videos (see in TASC Lab) 1. Acid-Base Balance the	Exercise on interpretation of ABGs in Lab – Week _____

and electrolyte imbalances.	1. Measure intake and output 2. Daily weights 3. Laboratory studies 4. Other parameters	Ups and Downs of Ph 2. Acid-Base Balance: Respiratory Acidosis & Alkalosis 3. Acid-Base Balance: Metabolic Acidosis & Alkalosis <u>Read:</u> Article by Pruitt & Jacobs <u>Learning Lab: ABG</u> <u>Exercises:</u> Talyor CD-ROMS: Modules 5 and 16 <u>Clinical Experience:</u> The student will incorporate the concept of fluid and electrolyte balance and acid-base balance into the provision of care for clients.	Presentation of equipment Demonstration and practice of skills Formal Lab Testing Submit via ANGEL (Web) Mandatory non-graded assignment ABG Analysis Home Case Study and submit via ANGEL (Web)
	E. Planning care for clients with select nursing diagnoses 1. Fluid volume excess 2. Fluid volume deficit 3. Alterations in electrolytes 4. Alterations in acid-base imbalance F. Implementing Interdisciplinary Care 1. Interventions a. Diagnostic testing b. Dietary therapy c. Medications d. Intravenous therapy 2. Health promotion activities a. Client/family 3. Community based care 4. Evaluation teaching/learning		

UNIT III (PART E): ALTERATIONS IN FLUID AND ELECTROLYTES - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
4. Describe the sites for IV hyperalimentation administration.	G. Intravenous hyperalimentation: Total Parenteral Hyperalimentation (TPN) 1. Sites 2. Components 3. Procedure 4. Nursing process		
5. Discuss the basic nursing care required for a client receiving TPN.			
6. Demonstrate procedurally correct techniques used to maintain, promote, and restore fluid and electrolyte balance, including documentation.	H. Management of IV Therapy 1. IV fluids and solutions 2. Rate calculations 3. Modalities a. IV solution infusion b. Intermittent infusion devices c. IV piggy back d. Adding solution to IV solution container e. IV bolus f. Volume control administration set g. Central and peripheral lines h. Electronic infusion devices 4. Planning 5. Implementing a. Preventing fluid imbalances b. Modifying fluid intake c. Increasing fluids d. Restricting fluids e. IV fluids/solutions f. Rate calculations g. Documentation	<u>Learning Lab:</u> Mulholland, Ch. 9 & 10 P&P CNST, Ch. 22 pp. 605-619 Ch. 28 <u>Clinical Experience:</u> The student will administer intravenous medications and solutions when providing care to clients with alterations in fluids and electrolytes	Submit via ANGEL (Web) Pre and post tests R/T IV Therapy. Dimensional Analysis R/T flow rates in lab. Practice and testing stations on IV Therapy Modalities. <i>Evolve Learning System, P&P, CNST, Course Documents, Course , Module 10 & 11, NCLEX, Post Tests & Exams.</i>

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UNIT III (PART E): ALTERATIONS IN FLUID AND ELECTROLYTES - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
7. Discuss potential complications of IV therapy.	I. Complications of IV Therapy 1. Abscess 2. Hematoma 3. Infiltration 4. Infection 5. Embolus 6. Induration 7. Free flow		
UNIT III (PART F): ALTERATIONS IN RESPIRATORY FUNCTION/OXYGENATION			

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Recall terminology specific to oxygenation/respiratory system.	A. Terminology related to oxygenation/respiratory system.	<u>Independent Study:</u> The student will review the normal assessment and anatomy and physiology of the respiratory system prior to class.	Lecture/Discussion Unit Test
2. Review the normal anatomy and physiology of the respiratory system.	B. Anatomy and physiology of the respiratory system.		
3. Describe the factors affecting the respiratory function. 4. Integrate a procedurally correct respiratory nursing assessment in select clients with altered oxygenation. 5. Describe the various respiratory care modalities used to support oxygenation.	C. Assessment of clients with select respiratory conditions 1. Factors affecting respiratory functioning: a. Level of health b. Lifestyle c. Drugs d. Environment 2. Chronic obstructive pulmonary disease a. Bronchitis b. Emphysema c. Asthma 3. Respiratory acidosis and alkalosis	<u>Classroom:</u> Lemone, Ch. 36 and Ch. 39, pp. 1320-1340 Lilley, Ch 36 - drugs for pulmonary disorders – review actions and side-effects of steroids (glucocorticoids), leukotriene modifiers, mast cell stabilizers. Complete case study on alterations in respiratory function.	Pre and Post Tests on Web Case study discussion in classroom
6. Demonstrate procedurally correct techniques to maintain, promote, and restore the respiratory system, including documentation.	D. Planning care for clients with select nursing diagnoses 1. Nursing diagnosis a. Breathing pattern, ineffective b. Impaired gas exchange c. Activity intolerance d. Knowledge deficit		

UNIT III (PART F): ALTERATIONS IN RESPIRATORY FUNCTION/OXYGENATION - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
7. Discuss the disease processes and therapeutic management of specific respiratory conditions listed, including diagnostic testing.	E. Implementation 1. Collaborative interventions a. Diagnostic testing b. Pharmacotherapy- bronchodilators and other drugs	<u>Learning Lab:</u> Respiratory P&P FON pp. 956-965 P&P CNST, Ch. 23. View Taylor CD ROM – Module 14	<u>Learning Lab:</u> Discussion/ Demonstration Laboratory practice with respiratory modalities
8. Describe related environmental factors that impact oxygenation and contribute to respiratory conditions.	2. Independent nursing functions a. Promoting improved gas exchange and a more effective breathing pattern b. Client education about reduction of risk factors	<u>Nursing Lab:</u> Perry & Potter (CNS&T) Skills 36.2pp. Post-operative exercises (breathing, coughing, leg turning) Skills 5.6, pp. Pulse Oximetry Skills 23.3, Using incentive spirometry	<i>Evolve Learning System, P & P, CNST, Course, Course Documents, Resources, Ch. 23, Review Questions</i>
9. Utilize the nursing process when providing care for select clients with alterations in oxygenation.	3. Implementation of specific respiratory care modalities a. Oxygen administration b. IPPB c. Mini nebulization d. Postural drainage, chest percussion, and vibration e. Suctioning f. Hyperbaric oxygenation g. CPAP, BiPAP F. Evaluation	<u>Clinical Experience:</u> The student will incorporate learned concepts in the provision of care for clients with alterations in respiratory function/oxygenation.	

UNIT III (PART G): ALTERATIONS IN ENDOCRINE FUNCTION: DIABETES MELLITUS			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to diabetes mellitus (D.M.).	A. Terminology related to diabetes mellitus (D.M.)	Independent Study: The student will review pancreatic function prior to class	Lecture/Discussion
2. Review normal anatomy and physiology of the pancreas and related endocrine system.	B. Anatomy and physiology of pancreas and related endocrine system	Classroom: Lemone, Ch, 20 Lilley, Ch. 31 Corbett, Ch. 8 Submit via ANGEL (Web) Mandatory non-graded assignment: Study Guide – Insulin Therapy	Pre and Post Tests on ANGEL <i>Evolve Learning System, Lilley, Course Documents, Course, Self Study Module 15 & Quiz.</i>
3. Identify diagnostic assessment of D.M.	C. Assessment of clients with diabetes		
4. Describe the major types of D.M.	D. Types of diabetes 1. Type 1 2. Type 2 3. Gestational d. Other		
5. Explain the pathophysiology of D.M.	E. Pathophysiology		

UNIT III (PART G): ALTERATIONS IN ENDOCRINE FUNCTION: DIABETES MELLITUS - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
6. Describe related etiological factors that impact and contribute to D.M.	F. Etiology 1. Genetic 2. Immunological c. Environmental		
7. Discuss the therapeutic management of the diabetic client, including dietary, exercise, and medication considerations.	G. Planning Care 1. Risk for infection 2. Risk for injury 3. Altered skin integrity 4. Deficient knowledge, self-management of D.M. 5. Sexual dysfunction 6. Ineffective coping H. Implementation 1. Interdisciplinary care a. Diagnostic screening b. Monitoring blood glucose - SMBG c. Medication 1) Insulin 2) Oral hypoglycemic agents d. Diet therapy e. Exercise program f. Treatment of acute complications 1) Insulin 2) DKA 3) HHS	Media: Med Com: Nursing Management of the Patient with Diabetes (TASC Lab) Streaming video on diabetes (available on SSCT computers due to license agreement) Learning Lab: Mulholland, Ch. 11 P&P CNST: 22.3 Administering Subcutaneous Medications – Insulin p. 593-594. 43.9 Blood Glucose pp. 1153-1158	Web Asynchronous
8. Explain the acute complications of D.M.			

UNIT III (PART G): ALTERATIONS IN ENDOCRINE FUNCTION: DIABETES MELLITUS - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
9. Describe chronic complications of D.M.	2. Independent nursing functions a. Client and family teaching b. Prevention of complications 1) Macrovascular 2) Microvascular		<u>Learning Lab:</u> Discussion/Demonstration Presentation of equipment with skill demonstration. Supervised skill practice.
10. Utilize the nursing process when providing care for the diabetic client, including insulin administration, glucose testing, and patient education.	I. Evaluation	<u>Clinical Experience:</u> The student will incorporate learned concepts in the provision of care for clients with diabetes mellitus.	Formal lab testing Unit Test for evaluation

UNIT III (PART H): ALTERATIONS IN CARDIOVASCULAR FUNCTION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to cardiovascular function.	A. Terminology related to cardiovascular function		
2. Review the normal anatomy and physiology of the cardiovascular system and circulation.	B. anatomy and physiology of the cardiovascular system, including circulation	<u>Independent Study:</u> The student will review the normal anatomy and physiology and assessment of the cardiovascular system prior to class.	Lecture/Discussion Audiovisuals
3. Integrate procedurally correct cardiovascular nursing assessment in select clients with altered cardiovascular function.	C. Assessment of clients with select cardiovascular conditions 1. Coronary artery disease/Atherosclerosis/angina pectoris 2. Hypertension 3. Thrombophlebitis and deep vein thrombosis	<u>Classroom:</u> Lemone Ch. 30 pp. 936-956; Ch. 33, p. 1075-1100 Wilson, Ch. 13 <u>Coronary Artery Disease</u> Lemone, Ch. 31, pp. 957-973 Lilley, Chs. 23 & 28. Corbett, Ch. 9, pp. 225-245 <u>Hypertension</u> Lemone, ch. 35, pp 1153-1169 Lilley, Ch. 24.	Pre & Post-Tests via ANGEL (Web)
4. Discuss coronary artery disease and its therapeutic management.			
5. Describe related environmental factors that impact and contribute to cardiac conditions.			

UNIT III (PART H): ALTERATIONS IN CARDIOVASCULAR FUNCTION - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES

		<u>Venous Conditions</u> Lemone, Ch. 35, pp. 1186-1203 Lilley, Ch, 27 Submit via ANGEL (Web) assigned case studies for respective altered cardiovascular function	
6. Utilize the nursing process when providing care for select clients with alterations in cardiac function. 7. Discuss the disease process and therapeutic management of specific vascular conditions listed, including diagnostic testing. 8. Describe related factors that impact and contribute to vascular conditions. 9. Utilize the nursing process when providing care for select clients with alterations in vascular function.	D. Planning care for clients with select nursing diagnoses 1. Altered tissue perfusion 2. Acute pain (angina) 3. Activity intolerance 4. Knowledge deficit E. Implementation 1. Interdisciplinary care a. Diagnostic testing b. Medication therapy c. Diet therapy 1) Sodium restriction 2) Cholesterol restriction 2. Independent nursing interventions a. Promoting improved blood flow b. Promoting comfort c. Client and family education F. Evaluation		Unit Test for evaluation
UNIT III (PART I): ALTERATIONS IN GASTROINTESTINAL FUNCTION – UPPER GI			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology	A. Terminology related to the	<u>Independent Study:</u>	

specific to the gastrointestinal system.		gastrointestinal system	The student will review the normal anatomy and physiology of the upper gastrointestinal system and abdominal assessment techniques.	
2. Review the normal anatomy and physiology of the gastrointestinal system.	B.	Anatomy and physiology of the gastrointestinal system		
3. Integrate a procedurally correct abdominal assessment when caring for select clients with altered GI function.	C.	Nursing assessment of abdomen	<u>Classroom:</u> Lemone, Ch. 22, pp. 644-650 (nutritional disorders) P&P, Ch. 43 p. 1299-1321	Lecture/Discussion
4. Differentiate use and effects of nasogastric and nasoenteric tubes. 5. Demonstrate procedurally correct administration of tube feedings through a nasogastric or nasoenteric tube in the learning lab/clinical area.	D.	Specific nursing procedures 1. Gastrointestinal intubation a. Nasogastric b. Nasoenteric 2. Tube feedings a. Nasogastric b. Nasoenteric	<u>Media:</u> Med Com: Nurses Guide to Enteral Tube Feeding <u>Learning Lab:</u> <u>Gastrointestinal Lab</u> P&P, CNST, Ch. 31. 31.1 Intubating 31.2 Verifying Placement 31.3 Irrigating 31.4 Enteral Feedings/ NG, Gastrostomy or Jejunostomy tube Enemas	

UNIT III (PART I): ALTERATIONS IN GASTROINTESTINAL FUNCTION – UPPER GI - Continued

OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
			<u>Learning Lab – continued:</u> Skill Demonstration

			Presentation of equipment Supervised skill practice Formal Lab Testing
6. Explain the nursing care of a client requiring a gastrostomy tube.	c. Gastrostomy tube		
7. Demonstrate procedurally correct enema administration in the learning lab/clinical area.	3. Enemas a. Cleansing b. Oil retention c. Carminative		
8. Discuss the disease processes and therapeutic management of specific alterations in esophageal, gastric and duodenal function, including diagnostic testing and surgical intervention.	E. Assessment of clients with select upper GI conditions 1. GERD and hiatal hernia 2. Peptic ulcer disease 3. Cholelithiasis and cholecystitis	Classroom: Lemone, Ch. 23 pp. 655-691 Ch. 24, pp. 696-704 Lilley, Ch. 51 Peptic ulcer drugs; Ch. 53 bowel disease, nausea, vomiting.	<i>Evolve Learning systems, P&P, CNST, Course, Course Documents, Course, Self Study Module 13</i>
9. Describe related environmental factors that impact and contribute to gastric and duodenal alterations in health.			<i>Evolve Learning System, P&P, CNST, Course, Course Documents, Course, Module 17, Lesson 3.</i>
UNIT III (PART I): ALTERATIONS IN GASTROINTESTINAL FUNCTION – UPPER GI - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
10. Discuss the disease processes and therapeutic management of biliary conditions listed,	F. Planning care for clients with select nursing diagnoses 1. Acute and chronic pain 2. Altered nutrition		

including diagnostic testing and surgical intervention.	3. Fluid volume deficit 4. Knowledge deficit		
11. Describe related environmental factors that impact and contribute to biliary disease.			
12. Utilize the nursing process when providing care for select clients with alterations in esophageal, gastric, duodenal, and biliary function.	G. Implementation 1. Collaborative interventions a. Endoscopic procedures b. Surgical interventions c. Medication therapy 1) Anti-acids 2) Anti-emetics H. Evaluation	<u>Clinical Experience:</u> The student will utilize the nursing process when providing nursing care for clients with alterations in gastric, duodenal, and biliary function.	Unit Test for evaluation

UNIT III (PART J): ALTERATIONS IN GASTROINTESTINAL FUNCTION – LOWER GI			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Discuss the disease processes and therapeutic management of specific intestinal	A. Assessment of clients with select intestinal conditions 1. Chronic inflammatory bowel disease	<u>Independent Study:</u> The student will review the normal anatomy and physiology of the lower	Lecture/Discussion

conditions listed, including diagnostic testing and surgical intervention.	a. Crohn's disease b. Ulcerative colitis 2. Hernias 3. Obstructions 4. Diverticular disease & polyps 5. Inflammatory bowel disease 6. Appendicitis 7. Peritonitis 8. Gastroenteritis	gastro-intestinal system. <u>ANGEL (Web):</u> View PowerPoints on ANGEL (Web) related to alterations in lower GI function <u>Read:</u> Lemone, Chs. 25 & 26	Pre and Post Tests via ANGEL Submit via ANGEL: Non-graded assignment related to alterations in lower GI function
2. Describe related environmental factors that impact and contribute to intestinal conditions.	B. Planning care for clients with select nursing diagnoses 1. Diarrhea and constipation 2. Fluid volume deficit 3. Psychosocial problems		
3. Identify the disease process and therapeutic management. 4. Utilize the nursing process when providing care for select clients with altered intestinal function.	C. Implementation 1. Collaborative interventions a. Endoscopic procedures b. Dietary therapy c. Medication therapy d. Surgeries 1) Bowel obstruction 2) Bariatric surgery 2. Independent nursing interventions D. Evaluation	<u>Clinical Experience:</u> The student will utilize the nursing process when providing care for clients with altered intestinal function.	Unit Test for evaluation

UNIT III (PART K): ALTERATIONS IN NEUROLOGICAL FUNCTION/SPECIAL SENSES			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology	A. Terminology related to nervous	<u>Independent Study:</u>	Lecture/Discussion

specific to the nervous system and sensorineural function. 2. Review the normal anatomy and physiology of the nervous system.	system and sensorineural function B. Anatomy and physiology of the nervous system.	The student will review the normal assessment and anatomy and physiology of the nervous system, including sensory function, prior to class. <u>Review:</u> Lemone, Ch. 43	Pre and Post Tests via ANGEL.
3. Demonstrate procedurally correct neurological nursing assessment of select clients with altered neurological/ neurosensorial function.	C. Nursing assessment of selected neurological conditions 1. Multiple sclerosis 2. Parkinson's disease 3. Convulsive disorders	<u>Read:</u> Lemone, Ch. 46, pp. 1626 – 1634 (M.S.), 1635-1642 (Parkinson's); Ch. 44, pp. 1547 – 1554 (seizure disorder) Lilley, Chs. 13 & 14 <u>ANGEL (Web):</u> View PowerPoints on ANGEL related to alterations in neurological function.	Submit via ANGEL: non-graded assignment related to alterations in neuro function. <i>Evolve Learning System, Lilley, Course Documents, Course, Self Study Module 14 & Quiz.</i>
4. Discuss the disease processes and therapeutic management of specific neurological conditions, including diagnostic testing.	D. Planning care for clients with select nursing diagnoses 1. High risk for peripheral neurovascular dysfunction 2. High risk for disuse syndrome 3. Impaired physical mobility 4. Potential for injury		Unit Test for evaluation

UNIT III (PART K): ALTERATIONS IN NEUROLOGICAL FUNCTION/SPECIAL SENSES - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
5. Describe related environmental factors			

that impact and contribute to neurological conditions.			
6. Utilize the nursing process when providing care for select clients with altered neurological conditions.	E. Implementation 1. Collaborative interventions a. Diagnostic testing b. Medication therapy c. consultation with occupational and physical therapy, and social services 2. Independent interventions a. Prevention of complications related to impaired mobility, disuse syndrome and potential for injury b. client education F. Evaluation	<u>Clinical Experience:</u> The student will incorporate learned concepts in providing care for clients with alterations in neurological functions.	
7. Explain assessment techniques for vision and hearing.	F. and Review the assessment of vision and hearing	<u>Independent Study:</u> Review Wilson,, Ch. 11	Pre and Post Tests via ANGEL
8. Discuss the disease processes and therapeutic management of specific eye and ear conditions, including diagnostic testing and surgical intervention.	G. Assessment of select eye and ear conditions 1. Cataracts 2. Glaucoma 3. Middle ear – otitis media 4. Inner ear – Meniere’s syndrome	<u>Read:</u> Lemone, Ch. 47, pp. 1669-1690 Lemone, Ch. 48, pp. 1704 – 1712, 1721 – 1728 Lilley, Chs. 58 & 59	

UNIT III (PART K): ALTERATIONS IN NEUROLOGICAL FUNCTION/SPECIAL SENSES - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
9. Describe related environmental factors	H. Planning care for clients with select nursing diagnoses	<u>ANGEL (Web):</u> View PowerPoints on ANGEL	Submit via ANGEL: non-graded assignment

that impact and contribute to specific eye and ear conditions.	1. Sensory-perceptual alterations: input deficit or deprivation; input excess or sensory overload 2. High risk for injury	related to special senses.	related to special senses
10.Utilize the nursing process when providing care for select clients with altered visual and hearing function.	I. Implementation 1. Medication therapy 2. Prevention of complications 3. Client education J. Evaluation	<u>Clinical Experience:</u> The student will incorporate learned concepts in the provision of care for clients with alterations in visual and auditory function	Unit Test for evaluation

UNIT III (PART L): ALTERATIONS IN MUSCULOSKELETAL FUNCTION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to the musculoskeletal system.	A. Terminology related to the musculoskeletal system	<u>Independent Study:</u> The student will review the normal anatomy and physiology and assessment	Study guide Pre and Post Tests via

2. Review the anatomy of the musculoskeletal system.	B. Anatomy of the musculoskeletal system	of the musculoskeletal system	ANGEL
3. Demonstrate a procedurally correct nursing assessment of the musculoskeletal system of select clients with altered musculoskeletal function.	C. Assessment of clients with select musculoskeletal conditions 1. Contusions, sprains, strains 2. Joint dislocation 3. Fracture 4. Repetitive use injury 5. Osteoporosis 6. Gout 7. Arthritis a. Osteoarthritis b. Rheumatoid c. Total hip d. total knee 8. Osteomyelitis 9. Fibromyalgia D. Planning care for clients with select nursing diagnoses 1. Knowledge deficit 2. Impaired physical mobility 3. Altered nutrition 4. Pain 5. Risk for infection 6. Risk for impaired tissue perfusion	Review: Lemone, Ch. 40 Wilson, Ch. 15 Read: Musculoskeletal Trauma Lemone, Ch. 41 Musculoskeletal Disorders Lemone, Ch. 42 pp. 1432-1441; 1443-1447; 1449-1458; 1459-1469; 1477-1480; 1486-1487 Wilson, Chs. 12, 44, & 54 pp. 829-831. ANGEL (Web): View PowerPoints on ANGEL related to alterations in musculoskeletal function	Submit via ANGEL: Non-graded assignment related to alterations in musculoskeletal function

UNIT III (PART L): ALTERATIONS IN MUSCULOSKELETAL FUNCTION - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
4. Discuss the nursing care required for clients with casts, traction, and/or orthopedic surgery,	E. Implementation 1. collaborative interventions a. Diagnostic testing b. Cast care	Media – seen in learning lab: CD ROM: Immobilization	Learning Lab: Discussion/ Demonstration

including consideration of complications. 5. Discuss the disease processes and therapeutic management of specific musculoskeletal conditions, including diagnostic testing and surgical intervention. 6. Describe environmental factors that impact and contribute to musculoskeletal conditions.	c. Traction 1) Types 2) Principles d. Orthopedic surgery e. Medications f. Crutch walking g. CPM's 2. Independent nursing interventions a. Client and family teaching b. Prevention of complications c. Promote comfort	<u>Learning Lab:</u> P&P, CNST: 10.3 Elastic stockings and sequential compression devices 10.4 Assisting with ambulation, crutch walking 11.1 Assist with cast application 11.2 Assist with cast removal 11.3 Skin traction 11.4 Skeletal traction and pin care 11.5 Immobilization devices	Skill demonstration with supervised skill practice. Presentation of equipment
7. Utilize the nursing process when providing care for select clients with altered musculoskeletal function.	F. Evaluation	<u>Clinical Experience:</u> The student will utilize the nursing process when providing care for select clients with altered musculoskeletal function.	Unit Test for evaluation

UNIT III (PART M): ALTERATIONS IN RENAL/URINARY FUNCTION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to renal/urinary	A. terminology related to the renal/urinary system	<u>Independent Study:</u> The student will review the	Lecture/Discussion

system. 2. Review the normal anatomy and physiology of the renal/urinary system.	B. Anatomy and physiology of the renal/urinary system	normal anatomy and physiology and assessment of the renal system prior to class	
3. Demonstrate procedurally correct nursing assessment of the renal/urinary system.	C. Nursing assessment of renal/urinary system 1. History 2. Physical examination	<u>Read:</u> Lemone, ch. 27, Ch. 29, pp 882-893 Lilley, Ch. 25	
4. Discuss the disease processes and therapeutic management of specific renal/urinary conditions listed, including diagnostic testing and surgical intervention.	D. Assessment of clients with select renal/urinary conditions 1. Urinary tract infections 2. Acute/chronic glomerulonephritis 3. Urolithiasis	<u>Classroom:</u> Complete case study on acute glomerulonephritis and bring to class	Review of case study on acute glomerulonephritis
5. Describe related environmental factors that impact and contribute to renal/urinary conditions.	E. Planning care for clients with select nursing diagnoses 1. Altered urinary elimination pattern 2. Incontinence 3. Self-deficit toileting	View Taylor CD Rom: The Indwelling Catheter: Guidelines for Nursing Care <u>Learning Lab: Elimination</u> P&P, CNST: 33.1 Inserting catheter 33.2 Care & removal 33.2 Procedural Guideline Cath for residual urine 33.3 Catheter irrigation 33.5 Suprapubic catheter	<u>Learning Lab:</u> Discussion/ Demonstration Presentation of equipment and skill demonstration Supervised skill practice Formal Lab Testing for Evaluations

UNIT III (PART M): ALTERATIONS IN RENAL/URINARY FUNCTION - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
6. Utilize the nursing process when providing care for clients with	F. Implementation 1. Collaborative intervention a. Diagnostic testing	<u>Clinical Experience:</u> The student will incorporate learned concepts in the	

alterations in renal/urinary function.	b. Medication therapy c. Surgical	provision of care for clients with alterations in renal function	Unit Test for evaluation
	d. Diet management 2. Independent nursing interventions a. Prevention of complications with ongoing assessment and management of risk factors b. Client education regarding risk factors, diet, and fluid management c. Implementing male and female catheterization – straight and indwelling d. Implementing continuous bladder irrigation – open and closed systems G. Evaluation		

UNIT III (PART N): ALTERATIONS IN IMMUNOLOGIC FUNCTION

OBJECTIVES		OUTLINE		LEARNER ASSIGNMENTS/ EXPERIENCES		CLASS/WEB ACTIVITIES	
1.	Define terminology.	A.	Anatomy and physiology of immune system response 1. Natural immunity 2. Acquired immunity	<u>Independent Study:</u> The student will review the immunological system prior to class		Pre and post Tests on ANGEL Unit Test	
2.	Identify factors affecting immune response.	B.	Factors affecting immune system	<u>Classroom:</u> Lemone, pp. 286-309 (overview); 298-303 (natural & acquired immunity); 326-340 (hypersensitivity; anaphylaxis). Lemone, pp. 348-367 (HIV) Lilley, pp. 551-552 (drugs used in allergy) pp. 612-617 (anti-retrovirals) Complete case study on HIV/AIDS and bring to class. <u>Journal:</u> Kenny, P.E., (2004), The changing Face of Aids, Nursing 2004 34(8), 57-63 <u>Clinical Experience:</u> The student will incorporate learned concepts in caring for clients with alterations in immunologic response.		Review of case study on HIV/AIDS	
3.	Identify pathology, incidence, transmission, diagnostic evaluation, clinical manifestation, and medical management.	C.	Assessment of the client with acquired immunodeficiency syndrome 1. Incidence 2. Transmission 3. Diagnostic evaluation 4. Clinical manifestations				
4.	Utilize the nursing process in caring for clients with alterations in immunological response.	D.	Planning care for clients with select nursing diagnoses 1. Risk for infection 2. Altered nutrition 3. Altered skin integrity 4. Self care deficits				
		E.	Implementation 1. Managing risk factors R/T transmission 2. Medication therapy 3. Emotional support and ethical concerns 4. Client education				
		F.	Evaluation				
UNIT III (PART O): ALTERATIONS IN REPRODUCTIVE FUNCTION							
OBJECTIVES		OUTLINE		LEARNER ASSIGNMENTS/ EXPERIENCES		CLASS/WEB ACTIVITIES	
1.	Define terminology	A.	Terminology related to the	Independent Study:			

specific to the reproductive system. 2. Review the normal anatomy and physiology of the reproductive system. 3. Differentiate between the nursing assessment of the reproductive system in females and males.	reproductive system B. Anatomy and physiology of the reproductive system C. Nursing assessment of the reproductive system 1. History 2. Physical examination a. Male b. Female	The student will review the normal anatomy and physiology of the reproductive system <u>Review:</u> Wilson, Chs. 17 & 18 Lemone, Ch, 49	Pre and Post Tests on Reproductive Function
4. Discuss the disease processes and therapeutic management of specific reproductive conditions, including diagnostic and surgical intervention.	D. Assessment of clients with select reproductive conditions 1. Benign prostatic hypertrophy 2. Benign breast disorders a. Fibrocystic changes b. Intraductal 3. Uterine disorders a. Leiomyoma b. Endometriosis 4. Sexually transmitted diseases a. Vaginal infections b. Genital herpes c. Genital warts d. Chlamydia e. Gonorrhea f. Syphilis g. PID	<u>Read BPH:</u> Lemone, Ch, 50, pp 1777-1788 <u>Breast Disorders:</u> Lemone, Ch. 51, pp. 1820-1822 <u>Uterine Disorders:</u> Lemone, Ch. 51, pp. 1794-1812 <u>Sexually Transmitted Diseases:</u> Lemone, Ch. 52 Lilley, Chs. 33 & 34.	
UNIT III (PART O): ALTERATIONS IN REPRODUCTIVE FUNCTION - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
5. Utilize the nursing	E. Planning care for clients with	<u>ANGEL (Web):</u>	

process care for with altered function.	when providing select clients reproductive	select nursing diagnoses 1. Body image disturbance 2. Altered sexuality patterns 3. Risk for infection F. Implementation 1. Collaborative interventions a. Medication therapy b. Surgical procedures 2. Independent nursing interventions a. Risk reduction b. client education G. Evaluation	View PowerPoints on ANGEL related to altered reproductive function <u>Clinical Experience:</u> The student will utilize the nursing process when providing care for select clients with altered reproductive functions	Unit Test for evaluation
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UNIT III (PART P): ALTERATIONS IN HEMATOLOGIC FUNCTION			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Recall terminology specific to the hematologic system.	A. Review of anatomy and physiology	<u>Independent Study:</u> Review anatomy and physiology	Pre and Post Tests on

2. Recall normal anatomy and physiology.		Read: Lemone, chs. 33 and 34 pp. 1101-1106	ANGEL
3. Identify causes of clinical manifestations, diagnostic evaluation, and medical management of specific conditions.	B. Assessment of clients with select hematologic disorders related to: 1. Iron deficiency 2. Vitamin B₁₂ deficiency 3. Folic acid deficiency 4. Aplastic anemia	Read handouts in syllabus on drugs to treat anemia Lilley, Ch. 56	
4. Utilize the nursing process to plan care for clients with specific hematologic conditions.	C. Planning care for clients with select nursing diagnoses 1. Activity intolerance 2. Altered tissue perfusion 3. Altered nutrition 4. Pain 5. Risk for infection 6. Risk for bleeding D. Implementation 1. Collaborative interventions a. Diagnostic testing b. Medication therapy c. Diet therapy 2. Independent functions a. Prevention of complications and management of risk factors b. Promoting comfort c. Client education E. Evaluation	Clinical Experience: The student will apply the nursing process when caring for clients with alterations in hematological function ANGEL (Web): View PowerPoints on ANGEL related to hematologic function	Unit Test for evaluation

UNIT III (PART Q): ALTERATIONS IN HEALTH; ONCOLOGY/NURSING THE CLIENT WITH CANCER			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
1. Define terminology specific to oncology nursing.	A. Terminology related to oncology nursing B. Pathophysiology and theories of	Classroom: Lemone, Ch. 14 Corbett, Ch. 10, pp. 246-274	Lecture/Discussion Pre and Post Tests on

2.	Describe the theories of carcinogenesis and the pathophysiology of the malignant process.	carcinogenesis, comparing normal cell growth to malignant cells	Lilley, Ch. 47	ANGEL
3.	Identify known carcinogens in the internal and external environment of clients at risk for or diagnosed with cancer.	C. Known carcinogens and risk factors D. Types of neoplasms, characteristics of malignant cells, invasion and metastasis and the physiologic and psychologic effects of cancer E. Classification, grading and staging, tumor markers, diagnostic testing, laboratory test used in the diagnosis and treatment of cancer		
4. and	Describe the physical and psychological effects of cancer on clients.	F. Nursing care of clients diagnosed with cancer 1. Assessment a. Function health patterns b. Physical examination c. Related environmental factors 2. Nursing diagnosis a. Anxiety b. Body image disturbance c. Anticipatory grieving d. Risk for infection	Complete case study and bring to class	Review case study of the client with cancer
UNIT III (PART Q): ALTERATIONS IN HEALTH; ONCOLOGY/NURSING THE CLIENT WITH CANCER - Continued				
OBJECTIVES		OUTLINE	LEARNER ASSIGNMENTS/	CLASS/WEB

		EXPERIENCES	ACTIVITIES
5. Explain laboratory and diagnostic tests used in the care of clients with suspected or diagnosed cancer. 6. Identify and compare the different types of treatment for cancer: -chemotherapy -radiation -biotherapy -surgery	e. Risk for injury f. Altered nutrition g. Self-care deficit h. Knowledge deficit 3. Planning		
7. Use the nursing process to plan for the provision of nursing care for clients with cancer.		<u>Clinical Experience:</u> The student will utilize the nursing process when providing nursing care for clients with cancer	
8. Discuss the use of chemotherapy to treat clients with cancer. 9. Explain the major complications of cancer.	4. Implementation a. Collaborative interventions 1) lab/diagnostic students 2) Pain management 3) Diet therapy: prevention and symptom management		

UNIT III (PART Q): ALTERATIONS IN HEALTH; ONCOLOGY/NURSING THE CLIENT WITH CANCER - Continued			
OBJECTIVES	OUTLINE	LEARNER ASSIGNMENTS/ EXPERIENCES	CLASS/WEB ACTIVITIES
8 & 9 – continued	4) Surgery		
	a) Primary		
10. Discuss psychological support	b) Diagnostic		
and physical care for clients with cancer.	c) Prophylactic		
	d) Palliative		
11. Identify appropriate	e) Reconstructive		
assessment, nursing	5) Chemotherapy		
diagnoses,	a) Classification		
outcomes/goals,	b) Toxicity		
interventions and	c) Administration		
evaluations for clients	6) Immunotherapy		
with	7) Hyperthermia		
cancer	8) Biological response		
	9) Radiation therapy		
	5. Evaluation		

STARK STATE COLLEGE OF TECHNOLOGY
DIVISION OF HEALTH SCIENCES
ASSOCIATE DEGREE IN NURSING PROGRAM

NUR225: Transition for the Paramedic

DEVELOPING A PSYCHOLOGY FOR SUCCESS*

One's attitude may be one of the most helpful qualities in being successful in one's course of studies. The following are eight principles to help build a successful attitude.

1. Concept of Control

Principle: Winners set goals, establish plans, and take control.

Ask yourself these questions: How important is my future? How important am I? What is my mission in life right now.

A plan of action may give you control over your immediate future; give you a sense of direction, and decrease anxiety and stress.

Remember that you do have limited time and energy; you need a balance in life. Build in rewards.

WINNING THOUGHT: A WINNER HAS A PLAN! A LOSER HAS AN EXCUSE!

Sometimes we have to unload items that do not help us reach our goals. May have to temporarily give up some things that we enjoy or want. It is important to have support networks.

WINNING THOUGHT: There are those who travel, and there are those who are going somewhere. If a person knows not where one is going, any wind will get them there. Great Quotations, Inc.

The power to achieve success is within your control. "I can" is power. "I will" is control.

2. Concept of Freedom

Principle: Attitude is Freedom

Victor Frankl said, in In Search of Meaning. "The last of the human freedoms is to choose one's attitude in any given set of circumstances. Attitude is an inner quality that can keep us free, even happy, during difficult times."

You can view your situation as an opportunity not an obstacle.

WINNING THOUGHTS In the mind's eyes lies the fulfillment of a dream. No one can give it to you. No one can take it away.

3. **Concept of Self-Fulfilling Prophecy**

Principle: The outcome of your efforts is directly related to your self-expectancy and your self-image.

There is a connection between body and mind. You become what you think about most. What is your self-talk.

Expect the best; it will happen! Success is a self-fulfilling prophecy.

WINNING THOUGHT: You have a choice to be your own creator. Winners make it happen! Losers let things happen!

Believe in yourself - believe you can do it!

4. **Concept of Self-Esteem**

Principle: The quality of your performance exists in direct proportion to your feeling of self-worth.

Your goal in life is to become the best you!

WINNING THOUGHT: Those who say, "I can," will.
Those who say, "I can," won't.

Ask yourself this question: Will I be successful in this nursing program? List five reasons why?

1.

2.

3.

4.

5.

A sense of self-worth means you are an important person. You can make a difference in your chosen profession.

It is nice to get praise and recognition from others.

But don't rely on external reinforcement alone to give a feeling of worthiness. Self-respect and self-esteem come from within.

5. **Concept of Self-Awareness**

Identify strengths and weaknesses and take courage to recognize constructive criticism and apply corrective measures when necessary.

6. **Concepts of Courage/Failure**

Principle: Failure is a natural consequence of courageous man/person.

The only one who fails is the one who does not try. Don't make excuses. Take full responsibility for your errors. Spend time understanding weakness and correcting deficiencies.

Failure is an opportunity to begin again more intelligently.

WINNING THOUGHT: There can be no failure to a person who has not lost their courage, character, self-respect, and self-confidence. He or she is still a King or a Queen. - Great Quotations, Inc.

You gain strength, courage, and confidence with every error you make if you confront it honestly and sensibly.

You do not have to be perfect. Just do your best.

7. **Concept of Perseverance**

Principle: No goal is achieved without perseverance.

A powerful attribute underlying success is endurance.

Focus on your goal. Maintain a strong sense of commitment.

WINNING THOUGHT: Success is failure turned inside out. The silver tint of the clouds of doubt. And you never can tell how close you are. It may be near when it seems so far. So stick to the fight when you're hardest hit. It's when things seem worse that you must not quit. -Great Quotations, Inc.

8. **Concept of Motivation**

Principle: Motivation is the muscle behind success.

Two motivators: fear and desire

Fear of the unknown is a strong motivator, as well as the desire to become an RN. The desire to achieve personal satisfaction, power, prestige, status, to help people, and obtain a job are strong motivators.

WINNING THOUGHT: When you have done your best, wait for the results in peace.

* Taken from: *Sides, M. & Cailles, N. (1989). Nurse's guide to successful test-taking. Philadelphia: J.B. Lippincott. (Chapter One - Forming the Psychology of State Board Success)*

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM

NUR225: TRANSITION FOR THE PARAMEDIC

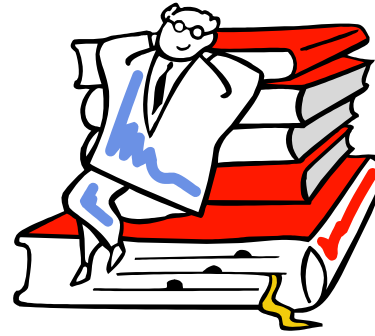
STRATEGIES FOR EFFECTIVE TEST-TAKING*

According to the authors there are ten basic strategies for test-taking:

1. Know the parts of a test question and how to read them.
Three parts: background, stem and list of options; keyed response and distractors.
2. Read the question carefully before looking at the options, identify key words in the stem.
3. Identify the theme of the item and base it on the information provided in the stem; do not assume info that is not given.
4. Answer difficult questions by eliminating the obviously incorrect.
5. Select responses that are therapeutic, show respect, and communicate acceptance; eliminate responses that are bizarre, inappropriate and punitive.
6. Know the basic principles that guide nursing.
7. Look for patterns in your performance and flaws in your thinking. Analyze test-taking behaviors and establish strategies to correct problems.
8. Manage time effectively during test taking.
9. Do not change answers without good reason or sound rationale.
10. Choose options that are within the realm of nursing: be able to differentiate the need for nursing judgment from physician judgment.

* Taken from: Sides, M. Cailles, N. (1989) *Nurse's guide to successfully test-taking*. Philadelphia: J.B. Lippincott Co. (Chapter Four - Strategies for Effective Test-Taking).

STRATEGIES...



... TO MAXIMIZE STUDY TIME!

1. Do assigned readings prior to class.
2. Re-read class notes at least one time during the first 24-hours after class.
3. Transfer key items of information to index cards. Keep the cards with you to review frequently.
4. Limit study sessions to no more than 20 minutes at a time. Learning drops significantly after 15-20 minutes.
5. Use NCLEX review books to study the material. Try to explain why all of the possible answers are right or wrong. If unable to do so, refer to the textbooks to get the explanation.
6. If you don't understand a portion of the material, read several different resources. A different author may explain the material in a way which has more meaning to you.
7. Study groups can be effective, especially if the group is comprised of people with various levels of knowledge and ability. Avoid groups in which each meeting becomes a social event rather than a study session.
8. Instead of highlighting your textbooks, use a tape-recorder to tape key information as you read. You can then listen to the tapes as you drive or at other times as a means of reviewing the material.

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM
NUR225: Transition for the Paramedic

These questions are directed in assisting understanding of the Purpose, Philosophy, Goals, Organizing Framework, and Curriculum Strands of the ADN Program at Stark State College of Technology.

Philosophy Statement:

1. The program is designed to promote what in the student?
2. The student is prepared to care for what type of clients?
3. What concepts are emphasized in the nursing curriculum?
 - a.
 - b.
 - c.
 - d.
 - e.
4. Describe in your own words the beliefs about the Person in this Philosophy?
5. In your own words, explain the beliefs about:

Environment:

Health:

Nursing:

Learning:

A.D.N. Education:

Organizing Framework Statement:

1. The “Organizing Framework” purpose is:
2. Learning experiences occur in what three domains:
 - a.
 - b.
 - c.
3. What are the progressive strands in the curriculum?

a.

b.

c.

4. What are the pervasive strands in the curriculum?
 - a.
 - b.
5. Briefly describe, in your own words, each of the strands above.

Program Outcomes:

List the seven Program Outcomes -- What do these mean?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Program Purpose Statement:

Explain in your own words, what are the major purposes of the Program:

Level Two Objectives Statement:

Within the Level Two Objectives, identify the concepts and Curriculum Strands of the Program. Be prepared to discuss your answer.

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM

NUR 225: Transition for the Paramedic

QUESTIONNAIRE RELATED TO EDUCATIONAL COMPETENCIES FOR GRADUATES OF ASSOCIATE DEGREE NURSING PROGRAM

1. How has the preparation of the Associate Degree Nurse graduate changed since its inception in 1950?

2. What are the commonalities of registered nursing practice as identified by the National Council of State Boards of Nursing?
 - A. _____
 - B. _____
 - C. _____
 - D. _____
3. List and define three of the ten (10) major trends emerging in the current environment that are transforming the health care delivery. *Choose three that are meaningful to you.*
 - A. _____

 - B. _____

 - C. _____

 - D. _____

4. Refer to Appendix A. Of the 51 assumptions listed, what three (3) assumptions initially impressed you as either very important and/or quite challenging? Briefly explain.
 - A. _____

B.

C.

5. What are the three roles of nursing which are used to organize the practice competencies of nursing?

A.

B.

C.

6. List and briefly describe the eight core components of nursing practice which are essential to the work of the entry level Registered Nurse and inherent in the three roles of nursing practice.

A.

B.

C.

D.

E.

F. _____

G. _____

H. _____

7. Be prepared to discuss the educational outcomes listed with each care component.

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ADDITIONAL DEFINITIONS OF NURSING

Florence Nightingale, 1859	“Charge of the personal health of somebody...and what nursing has to do...is to put the patient in the best condition to act upon him.”
Sister Olivia Gowan, 1943	“Art and science involving the total patient; promoting spiritual, mental, and physical health: stressing health education and health preservation: ministering to the sick; caring for the patient's environment; giving health service to the family: the community and the individual.”
Virginia Henderson, 1964	“To assist the individual, sick or well, in the performance of these activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible.
Yura & Walsh, 1969	“Nursing is an encounter with a client and his family in which the nurse observes, supports, communicates, ministers, and teaches; she contributes to the maintenance of optimum health, and provides care during illness until the client is able to assume responsibility for the fulfillment of his own basic human needs; when necessary, she provides compassionate assistance with dying.
Patterson and Zderad, 1976	“Nursing is an experience lived between human beings. The elements of this humanistic nursing framework include incarnate men (patient and nurse) meeting (being and becoming) in a goal-directed (nurturing well-being and more-being), intersubjective transaction (being with and doing with) occurring in time and space (as measured and as lived by patient and nurse) in a world of men and things.”
ANA, Nursing a Social Policy Statement, 2000	“Nursing is the diagnosis and treatment of human responses to actual or potential health problems.”

“Practice of nursing as a registered nurse: means providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing includes:

- < Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
- < Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;
- < Assessing health status for the purpose of providing nursing care;
- < Providing health counseling and health teaching;
- < Administering medications, treatments, and executing regimens prescribed by licensed physicians, dentists, and podiatrists;
- < Teaching, administering, supervising, delegating, and evaluating nursing practice.

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NUR201: TRANSITION FOR THE PARAMEDIC
INSTRUCTOR: GLORIA KLINE

Questions to consider when viewing videotape on history of nursing (Nursing in America –NLN):

1. What is the theme of the videotape? Relate one event/fact that most impressed you.
2. At this point in time, how will this video most impact you?
3. Compare and contrast one event in the video to present day nursing or health care as you know it.

4. Write down any other impressions you would like to discuss.

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Name_____ Date_____

Historical Perspective Highlights

Nursing continues to respond to the needs of the client. Identify some of the times that nursing has responded.

Nurses are active in social policy and political arenas. Give an example.

Briefly explain how each of the following have influenced nursing.

a. Florence Nightingale: _____

b. Civil War: _____

c. Twentieth Century:

d. Twenty-first Century:

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Name _____ Date _____

Complete the following table with the correct word or phrase to differentiate among the nursing roles that are listed.

<i>Title</i>	<i>Education/Preparation</i>	<i>Role Description</i>
Example: Nurse Researcher	 <i>Advanced Degree</i>	 <i>Conducts research relevant to practice and education.</i>
Nurse Midwife		
Nurse Practitioner		
Nurse Anesthetist		
Nurse Administrator		
Nurse Entrepreneur		

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NUR225: Transition for the Paramedic

COMMUNICATION CONCEPTS

I. Attending Behaviors in the Nurse-Client Relationship

- a. Erect posture with the upper torso slightly inclined toward the client.
- b. Direct eye contact.
- c. Use of open, expansive gestures.
- d. Minimal encouraging cues.
- e. Nonverbal cues such as nodding and smiling.

II. Guidelines to Effective Verbal Expressions in the Nurse-Client Relationship

- a. Keep messages clear, concrete, honest, and to the point.
- b. Match the content and delivery with each client's developmental and educational level, experiential frame of reference, and learning readiness.
- c. Define unfamiliar terms and concepts.
- d. Put ideas in a logical sequence of related material.
- e. Relate new ideas to familiar ones when presenting new information.
- f. Repeat key ideas.
- g. Keep language as simple as possible; use vocabulary familiar to the client.
- h. Focus only on essential elements; present one idea at a time.
- i. Reinforce key ideas with vocal emphasis and pauses.
- j. Use as many sensory communication channels as possible for key ideas.
- k. Make sure that nonverbal behaviors support verbal messages.
- l. Seek feedback to validate accurate reception of information.

III. Facial Expressions Associated with Different Emotions

- a. Anguish/distress:
Eyebrows down and together, forming the "worry triangle"; cheeks stretched and flattened down; corners of lips turned down; eyes without life in them; may have difficulty looking at others.

- b. Anger/rage:
Mouth and jaw firmly set; eyes narrow and alert; facial muscles taut; speech fast; lips curled under and tense; looking directly at others with a cold, hard stare.
- c. Guilt/shame:
Head down; shoulders slumped; eyes down; avoiding direct eye contact; some twitching of facial muscles; face flushed; may lick lips.
- d. Happiness/joy:
Face smiling, laughing, life in the eyes; muscles relaxed, stretched upward and outward, nostrils flared; looking directly at others.
- e. Contempt:
Lips pursed, tense with corners turned up; jaw tense; eyes narrowed and focused.
- f. Interest:
Forehead drawn upward; eyes wide open; smiling, mouth open; facial muscles relaxed.
- g. Fear:
Muscles tense; head lowered; eye contact limited, mouth closed.
- h. Caring:
Eyes soft; muscles relaxed, smiling.

IV. **Physical Behavioral Cues**

- a. Emblems:
Gestures or body motions having a generalized verbal interpretation; e.g. handshaking or sign language.
- b. Illustrators:
Actions that accompany and exemplify the meaning of the verbal message. Illustrators are used to emphasize certain parts of the communication; e.g. stern facial expression, pounding a fist on the table. They are usually spontaneous rather than premeditated.
- c. Affect Displays:
Facial presentation of emotional affect. Similar to the illustrators used above but the sender has more control over their display, e.g. a reproving look, and alert expression, a smile or a grin, a sneer. Affect displays seem to be more pervasive nonverbal expressions of the client's emotional state. They have a larger range of meaning and act to support or contradict the meaning of

the verbal message. Sometimes the generalized affect is not related to a specific verbal message; e.g. a depressed client may have a retarded emotional affect throughout the relationship that has little to do with the communicated message.

- d. **Regulators:**
Nonverbal activities that adjust the course of the communication as the receiver gives important information to the sender about the impact of the message. Regulators include nodding, facial expressions, some hand movements, looking at a watch.
- e. **Adaptors:**
Characteristic, repetitive, nonverbal actions that are client specific and of long duration. They give the nurse information about the client's usual response to difficult emotional issues. Sample behaviors include a psychogenic tic, nervous foot tapping, blushing, twirling the hair.
- f. **Physical Characteristics:**
Nonverbal information about the client that can be gleaned from the outward appearance of the person; e.g. skin tone, body odor, dirty hair, unshaven, excessive or garish make-up, decayed or missing teeth .

V. **What to Listen for When Communicating**

- a. Content themes.
- b. Communication patterns.
- c. Discrepancies in content, body language, and vocalization.
- d. Feelings revealed in a person's voice, body movements, and facial expressions.
- e. What is not being said as well as what is being said.
- f. The client's preferred representational system.
- g. The nurse's own inner responses.
- h. The effect communication produces in others involved with the client.

VI. **Listening Responses**

<u>Listening Response</u>	<u>Example</u>
Minimal cues and leads	Body actions; smiling, nodding, leaning forward. Words: "mm" or "uh huh", "oh really" or "go on".
Clarification	"Please describe what happened in sequence." "I'M not sure I understand what you mean; please give me an example."
Restatement	Repeat the client's words.

Paraphrasing	<u>Client</u> : I can't take this anymore. The chemo is worse than the cancer. I just want to die. <u>Nurse</u> : It sounds as though you are saying you have had enough.
Reflection	"It sounds as though you feel guilty because you weren't home at the time of the accident". "You sound really frustrated because the treatment is taking longer than you thought it would."
Summarization	"Before moving on, I would like to go over with you what I think we accomplished thus far."
Silence	Briefly disconnecting, but continuing to use attending behaviors following an important idea, thought, or feeling.
Touch	Gently rubbing a person's arm during a painful procedure

VII. **Disconfirming Responses That Block Communication**

<u>Category of Response</u>	<u>Explanation of Category</u>	<u>Examples</u>
False reassurance	Using pseudocomforting phrases in an attempt to offer reassurance	"It will be okay." "Everything will work out."

Giving advice	Making a decision for a client. Offering personal opinions. Telling a client what to do; using phrases such as “ought to” or “should do”.	“I feel you should.....” “If I were you I would.....”
False inferences	Making an unsubstantiated assumption about what a client means. Interpreting the client’s behavior without asking for validation. Jumping to conclusions.	“What you really mean is you don’t like you doctor.” “Subconsciously you are blaming your husband for the accident.”
Moralizing	Expressing your own values about what is right and wrong, especially on a topic that concerns the client.	“Abortion is wrong.” “It is wrong to refuse to have that operation.”
Value judgments	Conveying your approval for disapproval about the client’s behavior or about what the client has said, using words such as “good”, “bad”, or “nice”.	“I’m glad you decided to.....” “That really wasn’t a nice way to behave.” “She’s a good patient.”
Social responses	Polite superficial comments that do not focus on what the client is feeling or trying to say. Use of clichés.	“Isn’t that nice?” “Hospital rules, you know.” “Just do what the doctor says.” “It’s a beautiful day.”

INTERPERSONAL TECHNIQUES

For the nurse to carry out the therapeutic role effectively, the nurse must become aware of the means by which he or she is interacting with the patient. Every comment the nurse makes to the patient (or within his hearing) can be evaluated as having therapeutic or non-therapeutic value: i.e., it either contributes to his emotional growth or it reinforces his illness.

The following list of interpersonal techniques, both therapeutic and non-therapeutic, is given to aid the nurse in interacting more therapeutically with patients. The techniques play only a limited role but will serve as a guide to offer a variety of responses and to limit the frequency of non-therapeutic utterances.

THERAPEUTIC TECHNIQUES	EXAMPLES
Using silence.	Yes. Uh-Hum. I follow what you said. Nodding.
Giving recognition.	Good morning, Mr. S. You've tooled a leather wallet. I notice that you've combed your hair.
Offering self.	I'll sit with you awhile. I'll stay here with you. I'm interested in your comfort.
Giving broad opening.	Is there something you'd like to talk about? What are you thinking about? Where would you like to begin?
Offering general leads.	Go on. And then? Tell me about it.
Placing the event in time or in sequence.	What seemed to lead up to....? Was this before or after...? When did this happen?
Making observations.	You appear tense. Are you uncomfortable when you...? I notice that you're biting your lips. It makes me uncomfortable when you...?
Encouraging description of perceptions.	Tell me when you feel anxious. What is happening? What does the voice seem to be saying?

Restating.	Patient: I can't sleep. I stay awake all night. Nurse: You have difficulty sleeping. Patient: The fellow that is my mate died at war and is pending me yet to marry. Nurse: You were going to marry him, but he died during the war.
------------	--

THERAPEUTIC TECHNIQUES	EXAMPLES
Reflecting.	Patient: Do you think I should tell the doctor? Nurse: Do you think you should? Patient: My brother spends all my money and then has the nerve to ask for more. Nurse: This causes you to feel angry.
Focusing.	This point seems worth looking at more closely.
Exploring.	Tell me more about that. Would you describe it more fully? What kind of work?
Giving information.	My name is ... Visiting hours are ... My purpose in being here is ... I'm taking you to the ...
Seeking clarification.	I'm not sure that I follow. What would you say is the main point of what you said?
Presenting reality.	I see no one else in the room. That sound was a car backfiring. Your mother is not here; I am a nurse.
Voicing doubt.	Isn't that unusual? Really? That's hard to believe.
Seeking consensual validation.	Tell me whether my understanding of it agrees with yours. Are you using this word to convey the idea...?
Encouraging evaluation.	What are your feelings in regard to...? Does this contribute to your discomfort?
Verbalizing the implied.	Patient: I can't talk to you or to anyone. It's a waste of time. Nurse: Is it your feeling that no one understands? Patient: My wife pushes me around just like my mother and sister did. Nurse: Is it your impression that women are domineering?
Attempting to translate into feelings.	Patient: I'm dead! Nurse: Are you suggesting that you feel lifeless? Is it that life seems without meaning? Patient: I'm way out in the ocean. Nurse: It must be lonely <u>or</u> You may seem to feel deserted.
Suggesting collaboration.	Perhaps you and I can discuss and discover what produces your anxiety.

Summarizing.	Have I got this straight? You've said that ... During the past hour, you and I have discussed ...
Encouraging formulation of a plan of action.	What could you do to let your anger out harmlessly? Next time this comes up, what might you do to handle it?

NON-THERAPEUTIC TECHNIQUES	EXAMPLES
Reassuring.	I wouldn't worry about ... Everything will be alright. You're coming along fine.
Giving approval.	That's good. I'm glad that you ...
Rejecting.	Let's not discuss ... I don't want to hear about ...
Disapproving.	That's bad. I'd rather you wouldn't.
Agreeing.	That's right. I agree.
Disagreeing.	That's wrong. I definitely disagree with ... I don't believe that.
Advising.	I think you should ... Why don't you ...
Probing.	Now tell me about ... Tell me your life history.
Challenging.	But how can you be President of the United States? If you're dead, why is your heart beating?
Testing.	What day is this? Do you know what kind of a hospital this is? Do you still have the idea that ...?
Defending.	This hospital has a fine reputation. No one here would like to you. But Dr. B is a very able psychiatrist. I'm sure that he has your welfare in mind when he ...
Requesting an explanation.	Why do you think that? Why do you feel this way? Why did you do that?
Indicating the existence of an external source.	What makes you say that? Who told you that you were Jesus? What made you do that?
Belittled feeling expressed.	Patient: I have nothing to live for...I wish I was dead. Nurse: Everybody gets down in the dumps <u>or</u> I've felt that way sometimes.

NON-THERAPEUTIC TECHNIQUES	EXAMPLES
Making stereotyped comments.	Nice weather we're having. I'm fine, and how are you? It's for your own good. Keep your chin up. Just listen to your doctor and take part in activities--you'll be home in no time.
Giving literal responses.	Patient: I'm an Easter egg. Nurse: What shade? <u>or</u> Patient: They're looking in my head with television! Nurse: What channel <u>or</u> Try not to watch television.
Using denial.	Patient: I'm nothing. Nurse: Of course you're something. Everybody is somebody. <u>or</u> Patient: I'm dead. Nurse: Don't be silly.
Interpreting.	What you really mean is ... Unconsciously you're saying ...
Introducing an unrelated topic.	Patient: I'd like to die. Nurse: Did you have visitors this weekend?

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ARTERIAL BLOOD GAS ANALYSIS EXERCISE

DIRECTIONS:

Analyze the following arterial blood gases (ABG's) as normal, uncompensated or acute; partially compensated or chronic; compensated; or corrected; metabolic or respiratory; acidosis or alkalosis. Describe the oxygenation level. Base excess may not always be included – NA (not available). **Note: These are for interpretation practice only. Complete prior to lab and bring to learning lab the week they are due.**

	pH	PaCO ₂	HCO ₃	Base Excess	paO ₂	ANALYSIS
1	7.49	41	30.6	6.7	54	
2	7.54	22.1	18.3	-3.1	137	
3	7.44	29.9	20.0	-3.7	174	
4	7.30	51	25	NA	80	
5	7.46	50	33	NA	90	
6	7.29	52	24	NA	88	
7	7.36	29	20	NA	95	
8	7.29	62	23	NA	60	

	pH	PaCO ₂	HCO ₃	Base Excess	paO ₂	ANALYSIS
9	7.30	40	18	NA	85	
10	7.38	55.1	31.9	5.3	65	
11	60.4	32.6	32.6	4.9	76	
12	7.42	47.2	29.6	4.4	62	
13	7.36	26.9	14.8	-9.0	97	
14	7.15	15	8	NA	120	
15	7.44	36	23	NA	90	
16	7.43	28	18	NA	82	
17	7.36	23	13	NA	88	
18	7.53	42	40	NA	82	
19	7.28	61	40	NA	86	
20	7.52	42	35	NA	80	

	pH	PaCO ₂	HCO ₃	Base Excess	paO ₂	ANALYSIS
21	7.18	40	25	NA	90	

STARK STATE COLLEGE OF TECHNOLOGY
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**TAKE HOME CASE STUDY
ARTERIAL BLOOD GAS ANALYSIS**

Name: _____ Date: _____

DIRECTIONS:

In narrative form, complete the following questions or statements based on the textbook reading assignment. To better comprehend this material, it is best to answer the items in your own words rather than copy answers from the text. You can evaluate what you actually understand and review what you do not.

1. Three mechanisms maintain pH balance in the body. In general, how does each work?

Mechanism	General Action
Buffering	
Respiratory compensation	
Metabolic compensation	

--	--

2. In your own words, describe each of the four levels of compensation:

Level of Compensation	Description
Uncompensated	
Partially compensated	
Compensated	
Corrected	

3. In the space provided, differentiate the ABG components as directed, including what each one reflects/represents.

Component	Is this... Acid-Base or Oxygenation Determinant?	Normal Range	Description
pH			
PaCO ₂			
HCO ₃			
Base Excess			
PaO ₂			
SaO ₂			

Hgb			

4. Complete the following table:

	Description of Imbalance	Common Reasons	Demonstrated ABG Values	Signs and Symptoms	Nursing Intervention
Respiratory Alkalosis					
Respiratory Acidosis					
Metabolic Alkalosis					
Metabolic Acidosis					

STANDARDS I.V. SOLUTIONS USED FOR FLUID AND ELECTROLYTE REPLACEMENT					
Product	Osmolarity	Electrolytes		Calories/liter and Indications	Precautions and nursing implications
		Element	Amount		
Dextrose solutions 2.5% 5% 10% 20% 50%	126 mOsm/liter 252 mOsm/liter 505 mOsm/liter 1.010 mOsm/liter 2.525 mOsm/liter	N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	80 to 1,700 calories Maintains water balance and correct imbalance. Supplies calories as carbohydrates.	Electrolyte-free solutions may cause peripheral circulatory collapse and anuria in patients with sodium deficiency. May aggravate hypokalemia and irritate veins. Do not administer with blood. Electrolyte-free solution increases body fluid loss.
Saline solutions 0.45% 0.9% 3% 5%	154 mOsm/liter 308 mOsm/liter 1.026 mOsm/liter 1.710 mOsm/liter	Sodium chloride Sodium chloride Sodium chloride Sodium chloride	77 mEq/liter 154 mEq/liter 513 mEq/liter 855 mEq/liter	No calories Fluid replacement, dehydration, sodium depletion. Low-salt syndrome (hyponatremia).	Use chloride solution with caution in edematous patients with heart, renal, or hepatic disease. Administer slowly.
Dextrose-saline solutions 5% D/0 45 NaCl (D,1/2 NS) 5% D/0 9 NaCl (D,NS)	406 mOsm/liter 559 mOsm/liter	Sodium chloride Sodium chloride	77 mEq/liter 154 mEq/liter	170 calories Fluid replacement, caloric feeding, dehydration, sodium depletion.	Use chloride solution with caution in patients with compromised cardiovascular or pulmonary status. Continually assess for crackles edema, and skin turgor.
Ringer's (plain) solution	309 mOsm/liter	Sodium Potassium Calcium Chloride	147 mEq/liter 4 mEq/liter 4.5 mEq/liter 155.5 mEq/liter	No calories Dehydration, sodium depletion, replacement of GI loss.	Assess laboratory values for correction of electrolyte imbalance. Continually assess for signs and symptoms of electrolyte imbalances.
Lactated Ringer's solution	273 mOsm/liter	Sodium Potassium Calcium Chloride Lactate	130 mEq/liter 4 mEq/liter 3mEq/liter 109 mEq/liter 28 mEq/liter	9 calories Replacement of surgical and GI loss, dehydrations, sodium depletion, acidosis, diarrhea, and burns.	Check urine output before infusing potassium. Continually assess for electrolyte or fluid imbalance check laboratory values and signs and symptoms specific to imbalance. Assess for edema and crackles.
Dextrose In lactated Ringer's solution 2.5% 5% 10% In Ringer's plain solution 2.5% 5% 10%	399 mOsm/liter 525mOsm/lier 775 mOsm/liter N/A 562 mOsm/liter N/A	 (See lactated Ringer's solution above) (See Ringer's (plain) solution above)	. (See lactated Ringer's solution above) (See Ringer's (plain) solution above)	89 to 349 calories Supplies calories as carbohydrates	Do not infuse with blood. Assess patient for greater caloric need.

STARK STATE COLLEGE OF TECHNOLOGY
Health Sciences Division
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Topic: Accountability Declaration

Re: Nursing Skills Pack Items

Student: _____

Print Last Name	First	MI
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Having purchased required nursing skills practice items from Stark State College, I hereby agree to:

1. hold myself totally accountable and responsible for the safe transport, designated utilization and secured storage of all items within the Associate Degree in Nursing learning environment and on any private or public property; residence or building,
2. utilize all items according to established clinical protocols,
3. abstain from practicing on any human or creature, living or deceased. Use of any items on human beings would be considered malpractice;
4. dispose of all used items in accordance with OSHA standards,
5. bring my lab supplies for practice and testing as directed, and will not use another person's items.

I understand that lab practice and testing will not be permitted if I do not have my own equipment.

Legible Signature

Date _____

cc: student

PHYSICAL ASSESSMENT GUIDELINES: Learning Lab Testing

	Instructor Comments
General survey Ht, Wt, BMI Vital Signs, including apical pulse Race, gender, age Assess behavior & appearance including grooming Signs of distress Mental status Speech pattern Congruence of Verbal & non-Verbal	
INTEGUMENTARY Skin Color, temperature, moisture, lesions Nail beds Turgor Hair	
RESPIRATORY Inspect anterior & posterior thorax: shape, configuration, symmetric expansion, AP diameter Respiratory Pattern Palpate and Percuss Auscultate breath sounds; identify normal & adventitious	
CARDIOVASCULAR Auscultate Heart Sounds S ₁ & S ₂ at Assessment sites - A, P, E, T, M PMI Normal heart rate, rhythm Assess for splitting, S ₃ & S ₄ , Pericardial friction rub, Murmurs Prosthetic heart sounds Peripheral vascular assessment Lymph nodes Peripheral pulses Edema Capillary Refill JVD	
GASTROINTESTINAL Mucosa, lips, teeth & gums Inspection: Color, contour, symmetry; masses or pulsations; Inspect skin for striae, scars, venous pattern Abdominal girth Auscultation of bowel sounds Percussion: Tympany vs Dullness Palpation - Liver & Spleen Rebound Tenderness Stool assessment – last BM Usual bowel elimination pattern	

PHYSICAL ASSESSMENT GUIDELINES: Learning Lab Testing (continued)

	Instructor Comments
RENAL Voiding pattern, complaints Visual Inspection of urine, amount, color, odor Costovertebral angle tenderness Bladder distension	
NEUROLOGICAL Level of Consciousness Hand grasp Plantar & Dorsiflexion against resistance Arm against resistance Gait Heal-to-Toe walk Romberg PERRLA 6 Fields of Gaze Corneal Light Reflex Deep Tendon Reflex Plantar flexion reflex Eye – Vision, Close and Distance Inspect sclera & conjunctiva Ear – Gross hearing testing, Rinne & Weber	
MUSCULOSKELETAL Inspection of Joints: size, symmetry redness, contour, deformity, crepitation tenderness/pain, ROM Grading of Muscle strength	
REPRO/GENITALIA/RECTUM Teach BSE or TSE	

STUDENT SIGNATURE _____

FACULTY SIGNATURE _____

Date _____

Date _____

rev. 9-25-01

Name _____

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM
SKILLS COMPETENCY FORM

SKILLS	
A. PARENTERAL MEDICATIONS (other than IV) (1 Skill - 15 min)	S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____ ***** <u>RETEST:</u> S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____
1. Mixing insulins in one syringe and identify sites.	
2. Administering an IM injection and identify sites.	
3. Administering a subcutaneous injection and identify sites.	
4. Administering an intradermal injection and identify sites.	
5. Prepare a Z-track medication, administer, and identify sites.	
B. STERILE TECHNIQUE (1 Skill - 15 min)	S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____ ***** <u>RETEST:</u> S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____
1. Female and male (straight and indwelling).	
2. Collect culture, cleanse a wound, and apply sterile dressing.	
3. Irrigate a sterile wound, insert packing, and dress a wound.	
A. NASOGASTRIC TUBES and TUBE FEEDINGS (1 Skill - 15 min)	S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____ ***** <u>RETEST:</u> S / U Date _____ Instructor Signature _____ Student Signature _____ Comment: _____
1. Nasogastric intubation and removal.	
2. Irrigate and monitor N/G tube.	
3. Giving an Intermittent/Continuous N/G feeding.	

Name _____		SKILLS
B. INTRAVENOUS MEDICATION ADMINISTRATION (2 Skills - 30 min)		S / U Date _____
1. Preparation of intravenous system and regulating and changing IV flow rate. (electronic/gravity)		Instructor Signature _____
2. Monitoring IV site and change IV flow rate.		Student Signature _____
3. Administering medications by IV piggyback.		Comment: _____

		<u>RETEST:</u>
		S / U Date _____
		Instructor Signature _____
		Student Signature _____
		Comment: _____
4. Administering medication through a peripheral IID.		S / U Date _____
5. Giving a Bolus medication through an existing IV. (Compatible/Incompatible)		Instructor Signature _____
6. Administering Bolus medication per central line. (Compatible/Incompatible)		Student Signature _____
		Comment: _____

		<u>RETEST:</u>
		S / U Date _____
		Instructor Signature _____
		Student Signature _____
		Comment: _____
C. PHYSICAL ASSESSMENT SKILLS (1 Skill - 30 min) Head to Toe Assessment		S / U Date _____
		Instructor Signature _____
		Student Signature _____
		Comment: _____

		<u>RETEST:</u>
		S / U
		Date _____
		Instructor Signature _____
		Student Signature _____
		Comment: _____

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM

Guidelines for Process Recording

Definition: A written record of the client's and nurse's verbal and nonverbal interaction during a specific period of time.

Purpose: To assist the student to develop basic communication skills through the analysis of communication techniques.

Directions: The process recording is to be typed or legibly written according to the identified format.
Process Recording Due Date – See course calendar

Process Recording Format

Student Name: _____

Date of Interaction: _____

Duration of Interaction: (10-15 minutes)_____

Purpose for the interaction: _____

Background information/observations: Include the following information -

1. What external factors affected your conversation with the client?
2. What internal factors affected the client's ability to interact?
2. Age of client
3. Description of client

Age of client

Appearance/grooming

Tone of voice

Facial expression

Gestures/body movements

Eye contact

Body position

SUMMARY:

1. Evaluate how well the objective for the interaction was met:
 - a. Was the client assisted to express feelings?
 - b. Were the client's needs identified?
 - c. How did your thoughts and feelings affect the interaction?
2. Identify your strengths and weaknesses:
3. What was gained by the interaction?
...by the client? ...by the student?

NURSE VERBAL	CLIENT VERBAL/NONVERBAL	NURSE'S THOUGHTS AND FEELINGS CONCERNING INTERACTION	ANALYSIS OF THE INTERACTION
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Record the interaction chronologically	Record the interaction chronologically Enclose non-verbal communication in parentheses	1. Describe own feelings and Thoughts 2. Identify your perception of the client's feelings as indicated by verbal and non-verbal responses.	1. Identify the techniques utilized 2. Evaluate each statement as therapeutic (T) or non-therapeutic (NT) 3. With NT response, identify alternate responses that would be more therapeutic (verbal and non-verbal)
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NURSE VERBAL	CLIENT VERBAL/NONVERBAL	NURSE'S THOUGHTS AND FEELINGS CONCERNING INTERACTION	ANALYSIS OF THE INTERACTION

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM
PLAN OF CARE

NUR 225: TRANSITION FOR THE PARAMEDIC

GUIDELINES FOR CARE PLANS:

- < Using Marjory Gordon's Functional Health Patterns, assess the client's health pattern.
- < Incorporate data from client interview, chart, Kardex, family/significant others or member of the health care team.
- < Identify actual or potential (Risk for) health problems.
- < Identify and discuss significant laboratory data critical to client's diagnosis.
- < Using Data clustering, write a Nursing Diagnosis using correct format.
- < In the Nursing care plan identify the Nursing Diagnostic Statement, a Goal, Nursing Interventions, Rationales and Evaluation.
- < Complete the Treatment/Kardex profile including Activity, Medications, Dietary and Treatments.
- < Develop Discharge Plan

METHOD:

1. Complete "Nursing Health Assessment and Physical assessment"
2. Complete Clinical Preparation Sheet
3. Complete "Laboratory Data" – identifying and discussing lab data critical to client's medical diagnosis. Include nursing significance.
4. Highlight problems identified on Health Assessment, Physical Assessment and Lab Data.
5. Complete Treatment/Kardex profile including activity, meds, IV's, dietary and treatments.
6. Complete "Care Plan" including 2-3 Nursing Diagnoses (Nursing diagnostic statement, goal, intervention, rationale and evaluation)
7. A Discharge Plan based on client need at potential or actual discharge.

EVALUATION:

Care plans are to be submitted to your clinical instructor on the date indicated. See course calendar.

Satisfactory/non-satisfactory performance is identified by meeting the above criteria.

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM

HEALTH PATTERNS ASSESSMENT GUIDELINES

General Directions:

The following guidelines have been developed to assist students to expand their skills in completing client assessments which are holistic and based in nursing practice. A review of chapter one of Clinical applications of nursing diagnosis: Adult, child, women's psychiatric, geriatric and home health considerations by Cox, et al (copies available in Learning Lab) is recommended to reinforce students' understanding of Gordon's Functional Health Patterns Assessment as related to the nursing process.

Students are reminded that it is necessary to assess client's functioning at home as well as in the acute care setting. The assessment process involves observations of non-verbal behavior as well as direct interaction with the client and family and/or friends. Additional sources of information include the client's record, other care givers, etc. In order to assess quickly, accurately and in depth, the assessor must be able to use critical thinking skills. It is toward this goal that students should be moving throughout this semester and the remainder of the school year.

Under the category of the Functional Health Patterns Assessment there are suggestions for open-ended questions designed to provide clients with the opportunity to discuss their health more fully rather than giving simple one- or two-word answers. Students are expected to determine when more in-depth exploration of a particular area of the assessment is indicated. **THE QUESTIONS INCLUDED ON THE GUIDELINES ARE NOT THE ONLY QUESTIONS WHICH SHOULD BE ASKED OF THE CLIENT!!!!** It is the responsibility of the student to decide what must be assessed and complete the assessment of the client appropriately. The questions which are suggested may need to be reworded to fit the context of the interaction or to be made more understandable to the client.

Throughout the assessment process the student is to seek the perceptions and concerns of client. Use of this format allows the client to disclose personal information related to his/her functional health patterns. This can be intimidating to the person doing the assessment. It is important to remember that this process is part of the development of a therapeutic relationship with the client. You, as the nurse, are not required to supply answers to the client. Your role is to assist the client to arrive at his/her own answers or solutions. Your function is to serve as a guide and a resource person rather than as someone who has all the answers.

Each of the Health Patterns should be assessed in relation to the developmental stage of the individual. At the conclusion of the assessment the nurse should be able to identify the primary strengths and weaknesses of the client and plan care based on the individualized needs of the client.

HEALTH PERCEPTION-HEALTH MANAGEMENT:

1. What is your understanding of why you came to the hospital?
2. What do you expect to be the outcome of this hospitalization?
3. What do you expect to occur while you are in the hospital (in terms of care given by the health care providers as well as diagnostic tests, procedures and treatments ordered by the physician)?
4. How would you describe your current health?
5. How would you describe your health prior to your current illness?
6. What do you do to maintain your health? (examples: diet, exercise, stress reduction, yearly physical and dental exams, monthly breast or testicular self-exams, homeopathic techniques, vitamins, etc.).
7. What has been your past experience with hospitals? (This could include personal experiences or experiences related to the hospitalization of family or friends).
8. What does this hospitalization mean to you?

NUTRITIONAL-METABOLIC:

1. How would you describe your appetite?
2. Describe what you eat and drink in a typical _____ (identify a time frame such as day or week - this is referred to as a diet recall).
3. What are your favorite foods and liquids?
4. Do you follow any specific diet restrictions (based on health, religion, or personal convictions).
5. Who prepares the food in your household?
6. How is the food typically prepared? (fried, baked, broiled, etc.).
7. Under what circumstances is the food usually ingested; for example, at the table, in front of the TV, alone or with other people.
8. What role does food play in your life — provides comfort, social, sustenance, etc.

ELIMINATION:

1. Describe your urinary pattern?
2. Describe your bowel pattern?
3. What impact do your patterns of elimination have on your:
 - a. social life
 - b. activity level
 - c. sleep/rest pattern

*NOTE: You may need to explore the client's elimination pattern in relation to the type, amount and time of day food and fluids are ingested.

4. If an elimination problem is identified ask the client
 - a. What solutions have you tried to correct the problem?
 - b. Did the solutions you tried work?
 - c. What ideas do you have to correct the problem?

ACTIVITY - EXERCISE:

1. Describe your activity in a typical day from the time you arise until you return to bed at night.
2. Describe the physical lay-out of your residence, i.e. stairs to entrance, one- or two-story, location of bathroom(s), utilities available, and the availability and location of facilities to do laundry, prepare food, wash dishes, bathe, etc.

*NOTE: It may be appropriate to assess the client's method of transportation, proximity to bus routes, safety of neighborhood for conducting out-door activities, presence of sidewalks for walking, how level is the terrain around the clients home, is the home in a rural or urban setting.

3. Who lives in your home with you? Describe the roles and responsibilities of each person residing in your home (who cooks, cleans, shops, does the laundry; how independently does each member of the household function)?
4. Do you have any concerns about your ability to carry out your daily activities? If so, what ideas do you have about how to deal with your concerns?
5. What role does physical exercise have in your daily pattern of living?
6. Do you have a plan to include exercise in your daily pattern of living?

SLEEP - REST:

1. How would you describe the adequacy of your sleep, rest and relaxation in terms of quality and quantity?
2. What helps you to rest or sleep?
3. What interferes with your rest or sleep?
4. Tell me about something you have done which left you feeling totally relaxed and rested.
5. What helps you relax?
6. What are some of your favorite leisure activities?

COGNITIVE - PERCEPTUAL:

1. Refer to Mental Status evaluation format on psychiatric assessment form. (Not relevant until student has enrolled in NUR222: Nursing Care of Persons with Alterations in Health II.)
2. Assess sensory status: vision, hearing, taste, touch, sensitivity to heat, cold, pressure.
3. Assess cognitive functioning: ability to read, make appropriate judgments and decisions, and comprehend/remember instructions.

SELF-PERCEPTION - SELF-CONCEPT:

1. How do you feel people perceive you when they first meet you?
2. What concerns do you have related to your current situation?
3. Do you feel that your current illness will have an impact on your body image or how you live your life? (If the client has other illnesses assess those illnesses in relation to body image and lifestyle.)
4. How much control do you feel you have in relation to the management of this illness?
5. How do you see yourself _____ from now? (the student must determine what time frame is relevant, i.e. 1 month, 1 year, 5 years from now).

ROLE - RELATIONSHIP:

1. Assess all of the roles the client perceives himself/herself fulfilling (mother/father, son/daughter, aunt/uncle, niece/nephew, wife/husband, grandparent, friend, employee church member, organizational member, role related to employment, community member, volunteer, etc.) Use open-ended questions to obtain this information.
2. Describe how the individuals within your household interact.
3. How would you describe your relationships with your family in general?
4. How do you perceive your illness affecting you in your various roles?
5. How do you perceive your illness impacting the other members of your household and your family in general?
6. How are major decisions made in your family?
7. Who is primarily responsible for the management of your household?

SEXUALITY - REPRODUCTIVE:

1. The student should observe the client for verbal and non-verbal cues about the client's self perception as a sexual being. Some examples on non-verbal cues include body and hand movements or position when at rest and when moving about; clothing; facial hair; use of make-up; use of cologne; hairstyle and hair care; hygiene in general. Verbal cues to sexual identity include both the content of the message as well as the way in which the message is communicated.
2. Are your sexual needs being met?
3. How do you anticipate this illness will affect your sexual functioning (or reproductive functioning, if relevant to the client's life)? *The student would also need to assess if any other on-going disorders have impacted the sexual or reproductive functioning of the client).

COPING - STRESS TOLERANCE:

1. How would you describe your decision-making ability?
2. Please give an example of a major decision which you have had to make. How did you feel as you went through the decision-making process? How did you feel about your decision afterwards?
3. What area of your life is most difficult for you when it comes to making decisions?
4. Tell me about a major change that has occurred at some point in your life. How did you cope with the change?
5. Do you anticipate any changes in your future related to either your current medical condition or other factors in your life? What impact do you feel the change(s) will have on you? How do you plan to deal with the change(s)?
6. Are there any changes in your life that you would like to see occur? What do you feel you can do to facilitate the desired changes?
7. Describe a time when you felt very stressed and tell me how you dealt with the stress. Was your stress reduced by your actions?
8. What does it mean to you to feel secure? What makes you feel secure?
9. How are other members of the family coping with your current condition? (The nurse must observe the verbal and non-verbal communications of the family in relation to this area of functioning.)

VALUE - BELIEF:

1. What role does religion play in your life?
2. When needed, who or what do you turn to as a source of strength?
3. What things in your life do you value the most?
4. What would be helpful to you in dealing with your current illness?
5. How do you meet your spiritual needs?

PHYSICAL ASSESSMENT

General Appearance: (Include age, actual height and weight and ideal body weight)

Integumentary:

Respiratory:

Cardiovascular:

Gastro-intestinal:

Neurological (including special senses):

Renal:

Musculoskeletal:

Reproductive:

STARK STATE COLLEGE OF TECHNOLOGY
DIVISION OF HEALTH SCIENCES
ASSOCIATE DEGREE IN NURSING PROGRAM

LABORATORY DATA/KARDEX PROFILE

(If a serial test, include results of last (4) samples)

CLIENT INITIALS _____ STUDENT NAME _____

TEST	Clinical Value (Indicate High or Low with Arrow)			Possible cause(s) of abnormal values as related to client diagnosis.
	Normal Values	Hospital Admission	Current	
CBC				
WBC				
RBC				
Hgb				
Hct				
MCH				
MCV				
MCHC				
RDW				
Platelet count				
Differential count				
Neutrophils				
Eosinophil				
Basophil				
Lymphocytes				
Monocytes				
TYPE AND SCREEN				
APTT/PT				

TEST	Clinical Value (Indicate High or Low with Arrow)			Possible cause(s) of abnormal values as related to client diagnosis.
	Normal Values	Hospital Admission	Current	
URINE:				
CHEMISTRY				
Glucose				
Sodium				
Potassium				
Chloride				
Carbon Dioxide				
Calcium				
Phosphorous				
Cholesterol				
Triglycerides				
Uric acid				
Creatinine				
BUN				
Total bilirubin				
Alkaline phosphatase				
SGOT/AST				
LDH				
Total protein				
Albumin				
OTHER				

	POSSIBLE CAUSE(S) OF VALUES RELATED TO CLIENT DIAGNOSES
EKG Date: Results:	
X-RAY Date: Type: Results	
CULTURES Date: Results:	
Other Diagnostic Studies (with dates):	
Nursing Responsibilities with Diagnostic Studies (Pre & Post, Collection)	

TREATMENT / KARDEX PROFILE

Client Initials: _____

	TIME	ACTION/PURPOSE	NURSING RESPONSIBILITY
ACTIVITY			
MEDICATIONS			
INTRAVENOUS			
DIETARY			
TREATMENTS			

STARK STATE COLLEGE OF TECHNOLOGY
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CARE PLAN

Student Name _____

Age _____

Date(s) of Care _____

Medical Diagnosis (All) _____

NURSING DIAGNOSIS STATEMENT	CLIENT OUTCOME	NURSING INTERVENTIONS/RATIONALES	EVALUATION

CARE PLAN, CONTINUED

NURSING DIAGNOSIS STATEMENT	CLIENT OUTCOME	NURSING INTERVENTIONS/RATIONALES	EVALUATION

Student Name_____

Client Initials_____

DISCHARGE PLANNING:	
1. Medications	
2. Lives: Alone, with no known residence anticipated need for change in living arrangements post discharge; intended destination upon discharge; post discharge transportation.	
3. Assistive devices/treatment needs post discharge.	
4. Health teaching	
5. Previous utilization of community resources; possible referrals; discharge coordinator, Social Service, Home Health VNA, Hospice, Homemaker, Meals on Wheels, Adult Day Care Center, support groups; anticipated financial assistance post discharge.	
6. Dietary changes/restrictions.	
7. Signature:	

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM
Operational Definitions for Anecdotal Record Headings

Therapeutic Communication/Caring Intervention:

Therapeutic communication is an interactive verbal and non-verbal process that is goal directed and assists clients to adapt to their environment.

When caring interventions are implemented within the nurse/client relationship, trust is established. This relationship is enhanced through a nurturing, protective, compassionate, and person-centered approach.

Reporting/Collaboration:

Reporting is the communication of relevant, accurate and complete information in a concise, clear, and timely manner.

Collaboration is interaction with the client, family, faculty member, and health care team members for goal setting, planning, decision making, problem solving..

Recording/Documentation:

Recording is the accurate, complete and timely documentation of assessments, interventions, and progress toward client outcomes.

Nursing Process/Clinical Decision Making:

Nursing process involves assessment, planning, prioritization, implementation, and evaluation of the client's health status using a holistic approach. Consideration of the internal and external environment is incorporated in the use of the nursing process. The use of critical thinking provides the foundation for appropriate clinical decision making.

Skills Performance/Organization/Managing Care:

The performance of skills involves the application of principles from the biological, physical, behavioral, and nursing sciences to deliver safe, efficient, and organized care.

Teaching/Learning:

Teaching encompasses the provision of individualized health education to promote and facilitate informed decision making and support self-care activities. Integral components of the teaching process include transmission of information, evaluation of the response to teaching, and modification of teaching based on identified responses.

Professional Behaviors:

Professional behaviors involve confidentiality, integrity, responsibility and accountability, i.e. punctuality, appearance, clinical preparation, submission of written work on time, behavior that follows the stated behaviors of Stark State College and the clinical agency, and seeking additional learning opportunities. Professional practice is based on legal, ethical, and regulatory guidelines. Professional behaviors also include self-evaluation and modification of performance as a result of self/instructor evaluation.

STARK STATE COLLEGE OF TECHNOLOGY
Health Sciences
Associate Degree in Nursing

INTRAVENOUS THERAPY CLINICAL APPLICATION

Chart Information:

Admitting Diagnosis: _____

Patient Age: _____ Ht. _____ Wt. _____

Lab Data:

Hct. _____ Hb. _____ WBC _____ Na+ _____
K+ _____

BUN _____ Creatinine _____ Glucose _____

24 Hour Fluid Balance:

72 Hour Fluid Balance:

Intake:	Output:	Intake:	Output:
po _____	_____	po _____	_____
IV _____		IV _____	

Any medications that affect fluid balance? *(Use back of paper)*

Name: _____ Route: _____ Dose: _____

Risk for fluid excess? Why or why not?

IV Information:

Primary solution: Purpose of primary solution:

Osmolarity of solution? Isotonic Hypertonic Hypotonic

Rate _____ What time should a new bag be hung? _____ Type of tubing _____

Any secondary IV orders? *(Use back of paper)* Include name, classification and purpose.

What is pH of solution? Times?

Any other IV push medications? *(Use back of paper)*

Name: Time: Incompatibility issues?

Any guidelines for pushing this medication?

Patient Assessment:

T _____ P _____ R _____ B/P _____ LOC _____
Skin turgor _____ Skin condition _____ Lips _____

Dependent edema _____ Appearance of urine _____
Abdomen _____ Lung sounds _____

Identify a priority nursing diagnosis for your patient: *(Related to Fluids and Electrolytes)*

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM

Clinical Orientation
NUR225: Transition for the Paramedic

- I. Welcome to clinical experience.**
- II. Introduction of faculty person and students.**
- III. Description of nursing unit to be used.**
- IV. Review of clinical requirements identified in syllabus:**
 - a. Attendance is mandatory at all clinical experiences. A clinical make-up day will be required for all absences.
 - b. Review of process for reporting off of clinical experiences.
 - c. Review of clinical make-up day policy.
 - d. Promptness for clinical experiences is required. Students who have three tardy experiences will be required to do a make-up day. Students arriving at the clinical area after pre-conference is completed will be sent off the unit and be required to do a make-up day.
 - e. Students are to adhere to the dress code as stated in the *Handbook for Nursing Students*. Failure to adhere to the dress code may result in dismissal from the clinical area for that day with subsequent completion of a make-up day at the end of the semester.
 - f. Clinical preparation is to be completed prior to each clinical experience. Failure to prepare properly for clinical experiences may result in dismissal from the clinical area for that day with subsequent completion of a make-up day at the end of the semester. Each instructor will identify the type of clinical preparation necessary for the specific clinical area.

Students are expected to use appropriate resources for clinical preparation and clinical practice (appropriate resources are client records and textbooks – not medical dictionaries, etc.)
 - g. Students are required to submit to the clinical instructor the following: one concept map nursing care plan, one traditional nursing care plan, one process recording, a written report of the perioperative experience, a written report of the diagnostic experience, and a community education paper.
 - h. Review of Clinical Evaluation Tool and weekly anecdotal notes. Review of process for mid-term and final evaluations.

V. Standard Precautions and OSHA Guidelines –

Students are expected to follow Standard Precautions and OSHA Guidelines. This includes but is not limited to proper handwashing, Wearing clean gloves when in contact with blood and body fluids, Proper disposal of biohazardous materials, handling of sharps, and proper handling of linen (DO NOT throw dirty linen on the floor!!).

VI. Confidentiality Issues –

Students are reminded to adhere to HIPAA Guidelines. Any violation of client confidentiality may result in dismissal from the nursing program.

Students are **not** to request or make copies of any portion of the client's record. Copying these records and removing them from the agency is a breach of confidentiality and can result in a grade of unsatisfactory for that week and possibly dismissal from the nursing program.

Students are **not** to put the client's name or initials on any clinical preparation papers which will be taken from the agency.

VII. Communication Issues –

Students are expected to communicate with the instructor and RN team leader on an on-going basis, especially when there are deviations from normal.

All communications, whether verbal or written, are to be organized, objective, and concise. Use specific language when communicating, i.e. BP of 184/110 rather than stating the BP is high, or the sodium is 127 rather than saying it is low.

Avoid words such as *normal*, *appears*, *seems*, *tolerated well*, and *within normal limits* because they are subjective and non-measurable (unless the agency has written parameters to identify what is considered normal).

When reporting to the instructor or an RN staff member about a client, the student should identify the client by name and room number prior to giving the report.

VIII. Pre- and Post-conferences –

Students are expected to arrive at clinical conferences in a timely manner. Failure to arrive on time to post-conferences may indicate unsatisfactory organizational skills and unsatisfactory prioritization.

All students are expected to actively participate in clinical conferences on a weekly basis.

Pre-conference will be held in _____

Post-conference will be held in _____

IX. Review of process for starting the clinical day –

- a. Review how students are to identify their RN team leader and how they will receive report (oral, taped, written).
- b. Review process for doing initial head-to-toe assessment and assessment

- of the environment.
- c. Note: Assessments should be charted as soon as possible rather than waiting until the end of the clinical day.
- d. Discuss need to determine and acquire supplies that will be needed throughout the clinical day in the provision of care.

X. Medication Administration –

- a. Students are to bring their drug handbook and Intravenous Medication handbook to clinical each week.
- b. Students are to be prepared to discuss **all** the medications the client is receiving including scheduled and PRN medications.
- c. Students can administer medications as early as ½ hour prior to the assigned time and as late as ½ hour after the medications are scheduled to be given. Meds given outside of this time span will be considered a medication error unless there is a valid reason for the variation. If there is a problem with administering the medications on time, the student is responsible for communicating with the instructor in a timely manner.
- d. Anytime that an instructor prevents a student from making a medication error it is considered a medication error and an incident report must be completed.
- e. All insulin and heparin doses are to be checked with the **nursing instructor** prior to the administration of the drug in accordance with agency and program policies.
- f. The student must be accompanied by an instructor when administering PO, IM, and SQ medications until the instructor determines that the student may go alone. **At no time are students to do any IV procedures without direct instructor supervision.**
- g. All PRN medications are to be discussed with the instructor prior to giving the medication so that the instructor can evaluate your assessment and decision-making skills related to the situation.
- h. The instructor **must be present** when you sign out and administer any narcotic.
- i. Students are reminded to identify the client prior to administering all medications. Proper identification includes comparing the client's wrist band with the MAR to verify the client's name and ID number. Failure to properly ID the client will result in a grade of unsatisfactory for the clinical day.

When touring the nursing unit, students will be oriented to method used for storing and dispensing medications as well as the method of documenting medications administered.

XI. Documentation –

Review agency format (i.e. written, computerized) and specific policies for documentation. Documentation is an ongoing process and should be done as indicated (i.e. after nursing care activities, physician visits, response to other therapies such as post-bronchoscopy care, change in client status, etc.).

XII. IV Therapy Procedures –

- a. IIDs (intermittent infusion devices) are restarted every _____ hours. They are flushed with _____ ml of normal saline each shift.
- b. IV tubing (with the exception of blood and TPN tubing) is changed every _____ hours.
- c. IV bags are changed every _____ hours.
- d. Students are responsible for calculating medication dosages ordered for continuous IVs to ascertain that the client is receiving the correct dose and that the dose is within a safe range. Failure to do this could result in a medication error.
- e. Prior to contacting the instructor to administer an IV medication, students are to assemble the supplies which will be needed (IV solution, tubing, flushes), assess the IV site, check the expiration dates on tubings and bags, and perform their calculations.
- f. Review IV therapy form included in syllabus.

XIII. Client Wrist Bands –

Review what each color of wrist band represents for the agency.

XIV. Emergency Situations –

- a. Students are permitted to perform basic CPR in a code situation but are **not** to administer medications or do any documentation of care provided during the code.
- b. If a student is in a client's room and the client falls, arrests, seizures or has any other type of emergency, the student should pull the call light cord out of the wall and stay with the client. This will activate an emergency signal and personnel will respond rapidly.
- c. Review agency specific process for identifying the code status of clients.
- d. Show students the location of the code cart.
- e. Review the location of fire alarm pulls, fire extinguishers, emergency exits, and written emergency procedures.

XV. Professional Conduct –

Students are to display professional conduct at all times when in the clinical setting. This involves but is not limited to showing respect and consideration for the client and families, classmates, the nursing staff

and other hospital personnel, and the instructor. Professional conduct also includes adherence to the dress code, use of proper grammar and professional terminology, and the setting aside of personnel issues while in the workplace.

Students are expected to use standby time effectively by seeking out and engaging in new learning experiences under the supervision of the nursing instructor.

Students are not permitted to congregate in the hallways, nurses station or other areas of the clinical unit and engage in personnel conversations.

Students are referred to the *Handbook for Nursing Students* regarding expected professional conduct as stated by the Ohio Board of Nursing.

XVI. Miscellaneous –

- a. Students are not to have pagers or cell phones in the clinical area.
- b. Students are not permitted coffee or cigarette breaks during the clinical experience.
- c. Students who have a clinical day of 6 or more hours are permitted a 30 minute lunch break which begins the moment the student leaves the nursing unit.
- d. At no time are students permitted to leave the clinical area early. Any Student who leaves early will be required to do a clinical make-up day.

**STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Sciences
ASSOCIATE DEGREE IN NURSING PROGRAM**

**Clinical Orientation
NUR225: Transition for the Paramedic**

I have read and been informed of the Stark State College policies and Agency policies as identified above. This tool provides an orientation to the basic clinical expectations and those expectations that are specific to the agency and the unit.

Date_____

**Student
Signature**_____

**Student
Printed Name**_____

Faculty Name_____

**Agency name and
nursing unit**_____

STARK STATE COLLEGE OF TECHNOLOGY
Division of Health Technologies
ASSOCIATE DEGREE IN NURSING PROGRAM
CLINICAL NURSING EVALUATION
NUR201: TRANSITION FOR THE LPN

Student Name: _____ Dates of Experience: **October 19, 2009 – December 11, 2009**
Evaluation: _____ Self _____ Nursing Faculty **FINAL GRADE:** _____ Satisfactory _____ Unsatisfactory

All areas must be satisfactory at the time of Final evaluation to be Satisfactory in clinical performance.

Satisfactory (S)= The ability to utilize or implement behaviors essential for the provision of safe client care.
Unsatisfactory (U)= The inability to utilize or implement behaviors essential for the provision of safe client care.

All objectives are critical elements and must be satisfactory in order to pass the course.

	S	U	Final Evaluation Comments
<i>I. Explain the concepts and principles from the biological, physical, behavioral, nursing sciences and general studies in planning and providing nursing care.</i>			
A. Use concepts learned from the biological, physical, behavioral, nursing sciences and general studies and nursing courses to formulate a plan of care for select clients.			
B. Discuss relationships between nursing concepts and scientific principles in the care of select clients.			
<i>II. Use the nursing process to maintain, restore, and/or promote optimal health when providing care for select client.</i>			
A. <u>Assessment:</u>			
1. Assess the health status of select clients using a nursing health assessment tool.			
2. Use a variety of methods to collect relevant data (e.g. client, Kardex, family, team members, medical record).			
3. Assess the clients' responses to actual or potential health problems.			
4. Assess select clients for changes in health status.			
5. Assess select clients for learning potential and/or barriers and educational needs related to healthcare status.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
6. Assess the environment for factors that may impact the status of select clients.			
7. Assess clients' responses to nursing interventions.			
8. Identify community resources for select clients.			
B. <u>Diagnosis:</u>			
1. Compare data collected to normal parameters.			
2. Develop nursing diagnostic statements for select clients.			
3. Prioritize nursing diagnoses according to clients' health status.			
4. Develop nursing diagnostic statements using evidence based I Information.			
C. <u>Planning:</u>			
1. Identify outcomes/goals for select clients.			
2. Use assessment data to organize and prioritize care for select clients.			
3. Prioritize nursing care of select clients based on scientific principles.			
4. Collaborate with clients, healthcare team members and nursing faculty in planning care.			
5. Develop a teaching/learning plan for select clients.			
D. <u>Implementation:</u>			
1. Perform nursing interventions to achieve expected outcomes for select clients.			
2. Perform nursing activities competently and safely.			
3. Use Standard Precautions while performing nursing activities.			
4. Explain purpose and action of medications and the nurse's role related to administration of medications.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
5. Administer medications accurately and safely to select clients.			
6. Teach select clients, methods to promote, maintain, and/or restore health.			
7. Explain concepts and principles from the biological, physical, behavioral and nursing sciences and general studies in providing care to select clients.			
8. Implement measures to promote a safe physical and psychosocial environment for select clients.			
9. Assist select clients to achieve optimal comfort and function.			
E. <u>Evaluation:</u>			
1. Evaluate, in an ongoing manner, clients' responses in relation to expected client outcomes.			
2. Modify plan of care on an ongoing basis.			
3. Evaluate the progress of clients toward achievement of identified learning outcomes.			
4. Modify healthcare education plans based on evaluation of progress toward meeting identified learning outcomes.			
5. Evaluate own performance in relation to roles of: a. Manager of care b. Provider of care c. Member of the discipline of nursing			
III. Provide nursing care that reflects the dignity and worth of adults of varying age groups within the legal, ethical, and social obligations of nursing practice.			
A. Demonstrate caring behaviors that reflect valuing of adults of varying age groups.			
B. Protect and promote the dignity of adult clients of varying age groups.			
C. Maintain both organizational and client confidentiality.			
D. Delineate and maintain professional boundaries with adult clients of varying age groups.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
E. Recognize and provide for emotional, cultural, religious and spiritual influences on clients' health.			
F. Identify select issues related to healthcare and end-of-life decisions of adult clients.			
G. Describe care adaptations in consideration of clients' values, customs, culture and/or habits.			
IV. Utilize basic communication skills when interacting with select clients.			
A. Use basic therapeutic communication when providing nursing care to select clients.			
B. Use principles of communication when interacting with colleagues, nursing faculty and members of the healthcare team.			
C. Follow agency and program guidelines for documentation.			
D. Record accurate information in the medical record/chart on each assigned client in a timely manner.			
E. Use appropriate medical terminology, spelling and grammar in documentation and speech.			
F. Report accurate information about assigned clients to the healthcare team members in a timely manner.			
G. Use information technology to support and communicate the planning and provision of client care.			
V. Describe responsibility for continued learning and personal growth.			
A. Use self-evaluation to determine one's own learning needs.			
B. Seek experiences that meet one's own identified learning needs.			
C. Seek opportunities for additional learning experiences.			
D. Use available resources within the agency to expand one's nursing knowledge and skill.			
E. Participate in pre- and post-conferences.			
F. Demonstrate improvement in clinical performance as a result of self and/or nursing faculty evaluation.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
VI. Demonstrate behavior that reflects the transition from the role of LPN to the role of professional nursing student. (second-year nursing student).			
A. Demonstrates receptivity to suggestions for role change.			
B. Use assessment skills to gather pertinent data.			
C. Interpret assessment data for select clients.			
D. Begin to examine the role as evaluator of care.			
VII. Demonstrate nursing behaviors that reflect accountability and responsibility in providing nursing care to select clients.			
A. Organize nursing care for assigned clients.			
B. Begin and complete assignment within allotted time or provides valid explanation for not completing assignment.			
C. Seek assistance in providing nursing care when confronted with unknown and/or unfamiliar situations.			
D. Use clients' or hospital's supplies in an economical manner.			
E. Comply with program policies regarding: 1. Dress code 2. Absences/tardiness 3. Course specific policies			
F. Comply with clinical agency policies regarding: 1. Provision of client care 2. Maintenance of confidentiality 3. Agency specific policies not related to client care			
G. Report inconsistencies in nursing and/or physicians' orders related to client care to clinical nursing faculty.			
H. Demonstrate cognizance of own behavior in clinical setting.			
I. Submit written work on time.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
J. Prepare for clinical practice using appropriate resources.			
VIII. Relate the roles of the associate degree nurse in providing care to select clients.			
A. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.			
B. Explain professional nursing Standards of Care.			
C. Demonstrate collaboration with other team members.			
D. Display respect toward colleagues, nursing faculty, and members of the healthcare team.			
E. Identify activities that promote continuity of care for select clients.			
F. Maintain a professional image.			
G. Use the principles of management in providing nursing care to one assigned client.			
H. Identify areas of nursing care that may be delegated to assistive personnel.			
I. Initiate steps to advocate for rights of select clients.			
IX. Demonstrate an organized approach in providing nursing care for select clients.			
A. Demonstrate decision-making skills in providing care for select clients.			
B. Provide evidence-based rationales for nursing interventions and skill performance.			
C. Implement nursing strategies to provide cost-effective, quality care.			
D. Demonstrate competence with skills to provide nursing care to select clients.			
X. Identify select environmental factors that impact select clients.			
A. Describe the impact of economic, political, social and demographic forces on the delivery of healthcare.			

OBJECTIVE	FINAL EVALUATION		
	S	U	COMMENTS
B. Describe the physiological, psychological and developmental variables that affect delivery of healthcare.			
C. Explain how select environmental factors impact client outcomes.			

Final Comments:

Strengths:

Areas Needing Improvement:

Student's Signature_____

Date_____

Nursing Faculty's Signature_____

Date_____

**STARK STATE COLLEGE OF TECHNOLOGY
DIVISION OF HEALTH SCIENCES
ASSOCIATE DEGREE IN NURSING PROGRAM**

INCIDENT CONFERENCE REPORT

To be completed within one week of incident and submitted to Department Chair

Student's Name _____ Student ID Number _____

Date _____ Clinical Site _____

Location (i.e., Floor Number, Room Number, etc.) _____

In your own words briefly describe the incident and/or problem (to be completed by student).

How could the incident or problem have been prevented (to be completed by student)?

Documentation of corrective action taken to prevent similar incident from happening again (to be completed by student and instructor during conference).

Student's Signature _____ Date _____

Faculty Signature _____ Date _____

Meeting with Department Chair in Nursing:

Comments:

Department Head Signature _____ Date _____

Student Signature _____ Date _____

IF A STUDENT HAS A POTENTIALLY CATASTROPHIC MEDICATION ERROR OR TWO OR MORE CUMULATIVE MEDICATION ERRORS, THE STUDENT WILL BE REQUIRED TO DO AN INDIVIDUALIZED REMEDIAL ASSIGNMENT DETERMINED BY THE FACULTY.

STARK STATE COLLEGE OF TECHNOLOGY
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ASSOCIATE DEGREE IN NURSING PROGRAM

LAB REMEDIATION FORM

Instructions: If a student displays need for skill remediation in the clinical setting, the clinical instructor will initiate the Lab Remediation Form. The student will be expected to contact the Learning Lab instructor to arrange a time for skill review and return demonstration with the specified time limit.

CLINICAL INSTRUCTOR

ASSESSMENT:

PLANNING:

GOAL: Time frame student has to complete plan

LEARNING LAB INSTRUCTOR:

INTERVENTIONS:

EVALUATION:

Student Signature _____

Comments: _____
