

VNSG 1323-501 HY

Basic Nursing Skills Spring 2021 – 16 Weeks

Mondays: 08:00am to 09:00am - Lecture - Hybrid

Mondays: 09:10am to 12:10pm & 1:10pm to 4:10pm – Skills Lab - Live

Instructor Information:

Ute Holch RN MHA BSN, uholch@com.edu, Office 409-933-8715

Communicating with your instructor:

ALL electronic communication with the instructor must be through your COM email. Due to FERPA restrictions, faculty cannot share any information about performance in the class through other electronic means.

Student hours and location: Hybrid Class

Required Textbook:

Tamara Dahlkemper (2016), *Caring for Older Adults Holistically* (6th ed). Philadelphia: FA Davis Company. ISBN 9780803645493

Patricia Williams, (2018), deWit's Fundamental Concepts and Skills for Nursing Study Guide, (5th ed.). St. Louis: Elsevier. ISBN 9780323396219

Patricia Williams, (2018). *deWit's Fundamental Concepts and Skills for Nursing*, (5th ed.). St. Louis: Elsevier. ISBN 9780323483261 (**Used for Lectures**)

Patricia Williams, (2018). *deWit's Fundamental Concepts and Skills for Nursing Evolve Adaptive Quizzing* (EAQ) (registration and login/password access required, COM faculty will assist with the registration). ISBN 978032367718 (**Online Quizzing in Evolve Website**)

E. Tinal Cuellar. (2021). *NCLEX-PN Examination* (6th ed.). HESI. ISBN 9780323653480 (**Used throughout the VN program**)

Meg Gulanick, & Judith Myers. (2017), Nursing Care Plans: Diagnoses, Interventions, & Outcomes. St. Louis: Elsevier. ISBN 9780323428187

Videos (2016), Clinical Skills Essentials Collection, St. Louis: Elsevier. ISBN 9780323389471

Shadow Health. (2017). Digital Clinical Experience (Version 5.0) [Software]. (ISBN: 978-0-9897888-1-6) Available in the COM bookstore or from http://www.shadowhealth.com

EHR Tutor software for electronic documentation (registration and login/password access required. COM faculty will assist with the registration). You may purchase and set up your account at http://my.ehrtutor.com/signup

NCLEX-PN Examination (6th ed.). HESI Comprehensive Review PN (Used all through 2021)

Links - https://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf https://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf

Recommended Textbooks

LA Silvestri, (2016). *Saunder's Comprehensive Review for NCLEX-PN*. (7thed.). St. Louis, Saunders Elsevier. ISBN 9780323484886 Susan deWit (2017). *Medical Surgical Nursing Concepts and Practice*. (3rd ed.). St. Louis; Elsevier. ISBN 9780323243780

Textbook Purchasing Statement:

A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

Course Description:

VNSG 1323. Basic Nursing Skills. This course provides mastery of entry-level nursing skills and competencies for a variety of healthcare settings. Utilization of the nursing process as the foundation for all nursing interventions.

Course requirements:

Prerequisite: <u>BIOL 2401</u> with a grade of "C" or better. (Lecture 1, Lab 6, Credit 3. Prerequisite or Corequisite: <u>BIOL 2402</u>, <u>VNSG 1122</u>, <u>VNSG 1227</u>, <u>VNSG 1260</u> with grade "C" or better.

Course Outline:

See appendices.

Attendance Policy:

See Attendance policy in the Nursing Student Handbook.

Withdrawal Policy:

Students may withdraw from this course for any reason prior to the last eligible day for a "W" grade. Before withdrawing students should speak with the instructor and consult an advisor. Students are only permitted to withdraw six times during their college career by State law.

FN Grading:

The FN grade is issued in cases of *failure due to a lack of attendance*, as determined by the instructor. The FN grade may be issued for cases in which the student ceases or fails to attend class, submit assignments, or participate in required capacities, and for which the student has failed to withdraw. The issuing of the FN grade is at the discretion of the instructor.

Determination of Course Grade/Detailed Grading Formula (methods of evaluation to be employed to include a variety of means to evaluate student performance).

Early Alert Program:

The Student Success Center at College of the Mainland has implemented an Early Alert Program because student success and retention is very important to us. I have been asked to refer students to the program throughout the semester if they are having difficulty completing assignments or have poor attendance. If you are referred to the Early Alert Program you will be contacted by someone in the Student Success Center who will schedule a meeting with you to see what assistance they can offer in order for you to meet your academic goals.

Academic Dishonesty:

Any incidence of academic dishonesty will be dealt with in accordance with college policy and the Student Handbook. Academic dishonesty, such as cheating on exams, is an extremely serious offense. See Behavior/Conduct policy in the Nursing Student Handbook.

Plagiarism:

Plagiarism is using someone else's words or ideas and claiming them as your own. Plagiarism is a very serious offense. Plagiarism includes paraphrasing someone else's words without giving proper citation, copying directly from a website and pasting it into your paper, using someone else's words without quotation marks. Any assignment containing plagiarized material will receive a grade of zero and the student will be referred to the Office of Student Conduct for the appropriate disciplinary action. Also see the Behavior/Conduct policy in the Nursing Student Handbook.

Avoiding Plagiarism: http://www.plagiarism.org/

Student Concerns:

If you have any questions or concerns about any aspect of this course, please contact me using the contact information previously provided. If, after discussing your concern with me, you continue to have questions, please contact Dr. Mary Amanda Ordonez at <u>409-933-8141/mordonez@com.edu</u>.

Student Learner Outcome:

Upon successful completion of this course, students will perform these objectives as outlined in the Texas Board of Nurse Examiners Differential Essential Competencies (DECs) for the vocational nurse.

Upon completion of this course, the student is expected to utilize beginning clinical reasoning skills as a Provider of Patient-Centered Care, Member of the Health Care Team, Patient Safety Advocate, and/or Member of the Profession:

- 1. Identify basic medical terminology, vocabulary, and abbreviations used in healthcare.
- 2. Identify the steps of the nursing process during interactions in the simulated laboratory setting.
- 3. Demonstrate therapeutic communication techniques and data collection during basic physical assessment across the lifespan in the simulated laboratory setting.

- 4. Demonstrate correct usage of basic principles of medical and surgical asepsis during performance in the simulated laboratory setting.
- 5. Provide competent, direct, patient-centered nursing care to selected adult and older adult patients based on spiritual & cultural interpretation of health-related data collected in the simulated laboratory.
- 6. Apply the steps of the nursing process to performance of basic patient-centered nursing skills in the adult and older adult patient, within legal and ethical parameters, while delivering competent care in a simulated laboratory setting.
- 7. Identify origin of disease and risk factors for disease development and exposure to possible sources of infectious organisms and environmental hazards during practice in the simulated laboratory setting.
- 8. Demonstrate decision-making skills across the lifespan during problem-solving and clinical reasoning activities in the simulated laboratory setting.
- 9. Apply health teaching of basic principles underlying nursing skills procedures during performance on patients across the lifespan in the simulated laboratory setting.
- 10. Demonstrate evaluation of patient-centered nursing care effects on adult and older adult patients by documenting the patient's response following safe, caring therapeutic nursing interventions in the simulated laboratory setting.
- 11. Demonstrate use of problem-solving techniques, which facilitate coordination of human and material resources for compassionate, patient-centered care across the lifespan in the simulated laboratory setting.
- 12. Collaborate with classmates and instructors in the simulated laboratory setting to develop skills needed to facilitate effective patient-centered care across the lifespan.
- 13. Identify safety standards that promote a healthy, safe, and comfortable work environment.
- 14. Improve performance based upon self-evaluation during practice of safe and compassionate, patient-centered nursing care skills across the lifespan in the simulated laboratory setting.
- 15. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

Grading Scale

A = 90 - 100.00

B = 80 - 89.99

C = 75 - 79.99*

D = 60 - 74.99

F=<60 *A minimum final grade of "C" is required to pass this course.

Grade Calculation

All assignments, including pass/fail, must be submitted to pass the course.

The exam average must be at least 75% before non-examination assignment grades are calculated into the final course grade.

See Grade Determination & Calculation in the Nursing Student Handbook.

Assignment	%
EAQ Quizzes ** (Eight Quizzes, 2.5 each)	20
Med Term/Paper Quizzes** (13 Quizzes, 1.5 each)	19.5
Skills Competency Validation *** (Pass/Fail)	Pass
Discussion Board Participation	0.5
Exam 1*	15
Exam 2*	15
Exam 3*	15
Comprehensive Final Exam*	15
Average Exam Total*	
Total	100%
*75% Average Needed	
** Weighted - calculated after 75% exam average	
***All skills competencies require passing for course progression	

Grade Appeal Process:

Concerns about the accuracy of grades should first be discussed with the instructor. A request for a change of grade is a formal request and must be made within six months of the grade assignment. Directions for filing an appeal can be found in the student handbook.<https://build.com.edu/uploads/sitecontent/files/student-services/Student-Handbook 2019-2020v5.pdf. An appeal will not be considered because of

services/Student Handbook 2019-2020v5.pdf. An appeal will not be considered because of general dissatisfaction with a grade, penalty, or outcome of a course. Disagreement with the instructor's professional judgment of the quality of the student's work and performance is also not an admissible basis for a grade appeal.

https://build.com.edu/uploads/sitecontent/files/student-services/Student_Handbook_2019-2020v5.pdf

Academic Success & Support Services:

College of the Mainland is committed to providing students the necessary support and tools for success in their college career. Support is offered through our Tutoring Services, Library, Counseling, and through Student Services. Please discuss any concerns with your faculty or an advisor.

ADA Statement:

Any student with a documented disability needing academic accommodations is requested to contact Holly Bankston at 409-933-8520 or hbankston@com.edu. The Office of Services for Students with Disabilities is located in the Student Success Center.

Counseling Statement:

Any student that is needing counseling services is requested to please contact Holly Bankston in the student success center at 409-933-8520 or hbankston@com.edu. Counseling services are available on campus in the student center for free and students can also email

<u>counseling@com.edu</u> to setup their appointment. Appointments are strongly encouraged; however, some concerns may be addressed on a walk-in basis.

COVID-19 Statement: All students, faculty and staff are expected to familiarize themselves with materials and information contained on the College of the Mainland's Coronavirus Information site at www.com.edu/coronavirus. Students are required to watch a training video, complete the self-screening guidance at: www.com.edu/selfscreen. In addition, students, faculty, and staff must perform a self-screening prior to each campus visit. Finally, students, faculty, or staff which have had symptoms of COVID-19, received a positive test for COVID-19, or have had close contact with an individual infected with COVID-19 must complete the self-report tool.

Alternative Online Classroom requirements:

- · A desktop or laptop computer with the following specifications (PC or Mac):
- o 2 GB Free HDD space
- o 4 GB RAM Required, 8 GB recommended
- o CPU equivalent to Intel i3 2+GHz
- o Operating System:
- § MAC OS 10.13, 10.14, or 10.15 ONLY, or
- § Windows 10 (version 1809 or 1903) ONLY

Learning Modules

Unit 1: Infection Prevention and Control (Chapter 16, 17)

Student Learner Objectives

After completing this unit, the student should be able to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles as Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. List the types of microorganisms that can cause infection in humans.
- 2. Discuss the links in the infection process and give an example of each.
- 3. Discuss factors that make older adults more susceptible to infection.
- 4. Explain how the body's protective mechanisms work to prevent infection.
- 5. Explain how the inflammatory and immune responses protect the body.
- 6. Identify means for removal or destruction of microorganisms on animate and inanimate objects.
- 7. Compare and contrast medical asepsis and surgical asepsis.
- 8. Describe accepted methods of disinfection and sterilization.
- 9. Describe the four stages of infection.
- 10. List two common health care—associated infections (HAIs) and describe three ways to decrease the occurrence of each.
- 11. Explain how Transmission-Based Precautions are used with Standard Precautions.
- 12. Compare and contrast Airborne Precautions with Droplet Precautions.
- 13. Discuss the special requirements for Airborne Precautions when the patient has pulmonary tuberculosis.
- 14. Compare infection prevention and control procedures appropriate for the hospital with those used in the home.
- 15. List techniques for handling specimens; disposing of soiled linen, trash, and sharps; and cleaning equipment in the isolation setting.
- 16. Give three examples of how the nurse can provide psychosocial care of a patient in isolation.
- 17. State the four rules of surgical asepsis.

Clinical Practice

- 1. Discuss the surveillance, prevention, and control of infections in hospitalized patients.
- 2. Demonstrate proper hand hygiene techniques.
- 3. Consistently demonstrate the application of the US Centers for Disease Control and Prevention (CDC) Standard and Transmission-Based Precautions while caring for patients.
- 4. Prepare to teach a home care patient with a wound infection how to prevent spread of infection to family members.

- 5. Use Standard Precautions when caring for patients.
- 6. Use Transmission-Based Precautions when caring for patients.
- 7. Properly bag and remove soiled linens and trash from an isolation room.
- 8. Teach a patient or family member how to properly dispose of soiled items at home.
- 9. Teach a patient or family member proper hand hygiene techniques.

Learning Content Infectious Agent

- Bacteria
- Prions
- Protozoa
- Viruses
- Rickettsia
- Fungi
- Helminths
- Other Infectious Agents

Process (Chain) of Infection

- Causative Agent (Link One)
- Reservoir
- Mode of Transfer
- Portal of Entry
- Susceptible Host

Body Defenses Against Infection

- Inflammatory Response
- Immune Response

Asepsis and Control of Microorganisms

- Medical Asepsis and Surgical Asepsis
- Hand Hygiene
- Standard Precautions
- Cleaning and Disinfection

Sepsis in the Home Environment

Infection Control Surveillance

Infection

- Stages of Infection
- Health Care-Associated Infections (HAIs)

Infection Prevention and Control

- Standard Precautions
- Airborne Precautions
- Droplet Precautions
- Contact Precautions

Personal Protective Equipment (PPE)

Needle Stick Injuries

Psychological Implications

- Promoting Social Interaction
- Combating Sensory Deprivation

Application of the Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation

Older Adult Considerations

• Infection Control in the Older Adult (Dahlkemper, 2016, Chapter 14)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process Case study reviews.
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Hand washing
- Use of Personal Protective Equipment
- Sterile Gloving & Ungloving
- Preparing a Sterile Fluid
- Pouring Sterile Liquids

Unit 2: Measuring Vital Signs (Chapter 21)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

1. List the anatomic structures involved in the regulation of the vital signs and describe their functions.

- 2. Identify the physiologic mechanisms that regulate temperature, heart rate, blood pressure, and respiration.
- 3. List the factors that affect body temperature.
- 4. Discuss normal and abnormal characteristics of the pulse.
- 5. Describe the respiratory patterns considered to be normal and abnormal.
- 6. Explain the relationship of Korotkoff sounds to systolic and diastolic blood pressure.
- 7. State why pain is considered the fifth vital sign.

Clinical Practice

- 1. Demonstrate measuring and recording the body temperature of an adult and a child at the oral, rectal, axillary, and tympanic (eardrum) sites using electronic or tympanic thermometer.
- 2. Demonstrate measuring and recording an apical pulse and a radial pulse.
- 3. Demonstrate counting and recording respirations.
- 4. Demonstrate measuring and recording blood pressure.
- 5. Demonstrate using an automatic vital signs machine to monitor pulse and blood pressure.
- 6. Recognize deviations from normal vital sign patterns.
- 7. Determine factors that might be adversely affecting the patient's temperature, pulse, respiration, or blood pressure.

Learning Content

Overview of Structure and Function Related to the Regulation of Vital Signs

- How is Body Heat Produced
- What Factors Affect Body Heat Production
- Regulators of Body Temperature
- How Does Fever Occur? Physiologic Effects
- Physiologic Mechanisms Controlling Pulse
- What is? Respirations
- Organs of Respirations
- How is Respiration Controlled
- What is Blood Pressure
- Physiologic Factors Affecting Blood Pressure
- Vital Sign Changes with Aging

Measuring Body Temperature

- Factors Influencing Temperature Readings
- Problems of Temperature Regulation
- Measuring Body Temperature
- Glass Thermometers
- Electronic Thermometers
- Disposable Thermometers

Measuring the Pulse

- Common Pulse Points
- Pulse Rate
- Pulse Characteristics

Measuring Respirations

- Respiratory Patterns
- Measuring Oxygen Saturation

Measuring the Blood Pressure

- Equipment to Measure BP
- Korotkoff Sounds
- Hypertension
- Hypotension

Pain, the Fifth Vital Sign

Automated Vital Sign Monitoring

Documenting Vital Signs

- Recording Temperature Measurements
- Recording Pulse Measurements
- Recording BP Measurements
- Evaluating Vital Signs

Application of the Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation

Older Adult Considerations

• Unique Aspects of Physiological Assessments in Older Adults (Dahlkemper, 2016, Chapter 16)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews.
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Measuring Temperatures
- Measuring Pulses
- Measuring Respirations
- Measuring Blood Pressures

Unit 3: Resuscitation/End of Life Care (Chapter 15)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Correlate the stages of grief and of dying with their associated behaviors and feelings.
- 2. Discuss the concept of hospice care.
- 3. Identify three common fears a patient is likely to experience when dying.
- 4. Describe common symptoms related to physiologic changes at end-of-life stages.
- 5. List the common signs of impending death.
- 6. Illustrate the difference between the patient's right to refuse treatment and assisted suicide.
- 7. Understand ethical guidelines in the *Code of Ethics for Nurses* regarding the patient's right to refuse treatment, euthanasia, and assisted suicide.

Clinical Practice

- 1. Identify ways in which you can support or instill hope in the terminally ill patient and his family.
- 2. Demonstrate compassionate therapeutic communication techniques with a terminally ill patient and/or his family.
- 3. Describe one nursing intervention for comfort care that can be implemented in a hospital or a nursing home for a dying patient for each of the following problems: pain, nausea, dyspnea, anxiety, constipation, incontinence, thirst, and anorexia.
- 4. Explain the reason for completing an advance directive to a terminally ill patient, as well as what "health care proxy" and "DNR/DNI".
- 5. Prepare to provide information regarding organ or tissue donation in response to family questions.
- 6. Assist with postmortem care for a deceased patient.

Learning Content

Nurses Attitudes Toward End-of-Life Care

• Change, Loss, and Grief

Death and Dying

- End-of-Life Care within Health Care System
- Hospice and Palliative Care The Dying Process

Nurses and the Dying Process

• Common Problems of the Dying Patients and Nursing Management

Signs of Impending Death

- Physical Signs
- Psychosocial and Spiritual Aspects of Dying

Legal and Ethical Aspects of Life-and-Death Issues

- Advanced Directives
- Euthanasia
- Adequate Pain Control Organ and Tissue Donation

Postmortem (After Death) Care

Autopsy

Application of the Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Post-Mortem Care
- Documentation

Unit 4: Safely Lifting, Moving & Positioning Patients (Chapter 18)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Describe the anatomy and function of the musculoskeletal system.
- 2. Explain the importance of proper body mechanics, alignment, and position change for both patient and nurse.
- 3. Discuss the principles of safe body movement and positioning, giving an appropriate example for each principle.

- 4. Identify ways to maintain the patient's correct body alignment in bed or in a chair.
- 5. Describe the proper method for transferring a patient between a wheelchair and a bed.

Clinical Practice

- 1. Correctly position a patient in the following positions: supine, prone, Fowler, and Sims.
- 2. Assist patients to sit up in bed.
- 3. Demonstrate complete passive range-of-motion (ROM) exercises for a patient.
- 4. Correctly transfer a patient from a wheelchair to a bed.
- 5. Transfer a patient from a bed to a stretcher.
- 6. Demonstrate the correct techniques for ambulating a patient and for breaking a fall while ambulating.

Learning Content

Structures Involved in Positioning and Moving Patients

- Bones
- Joint
- Bursae
- Skeletal Muscles
- Tendons
- Ligaments Cartilage

Functions of Bones for Positioning and Moving Patients Functions of Muscles for Positioning and Moving Patients System Changes with Aging

Principles of Body Movement for Nurses

- Obtain Help Whenever Possible
- Use Leg Muscles
- Provide Stability for Movement
- Use Smooth Coordinated Movements
- Keep Loads Close to the Body
- Keep Loads Near the Center of Gravity
- Pull and Pivot

Principles of Body Movement for Patients

- Hazards of Improper Alignment and Positioning
- Pressure Injuries

Positioning

- Moving Patients Up in Bed
- Therapeutic Exercises
- Lifting and Transferring
- Transferring Devices

Application of the Nursing Process

- Assessment
- Nursing Diagnosis

- Planning
- Implementation

Older Adult Considerations

Promoting Wellness (Dahlkemper, 2016, Chapter 6)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Positioning the Patient,
- Moving the Patient Up in Bed,
- Passive Range of Motion,
- Transfer to a Wheelchair and Stretcher,
- Ambulating the Patient

Unit 5: Hygiene/Personal Care/Skin Care and Pressure Injury Prevention (Chapter 19)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Describe the structure and function of the integumentary system.
- 2. Describe factors that influence personal hygiene practices.
- 3. List the skin areas most susceptible to pressure injuries.
- 4. Discuss risk factors for impaired skin integrity.
- 5. Discuss the purposes of bathing.
- 6. Describe how hygienic care for the younger and the older patient differs.

Clinical Practice

- 1. Describe how to prevent and stage a pressure injury.
- 2. Perform a complete bed bath and back rub.
- 3. Provide oral care for an unconscious patient.

- 4. Prepare to provide personal care for a patient, including nail care, mouth care, perineal care, and shaving.
- 5. Assist a patient with the care of contact lenses.
- 6. Instruct a patient in ways to prevent buildup of cerumen in the ears.

Learning Content

Overview of the Structure and Function of the Integumentary System

- Structure of the Skin
- Function of Skin and Structures Changes in System due to Aging

Factors Affecting Hygiene

- Skin and Pressure Injuries
- Bathing
- Therapeutic Baths
- Back Massage
- Perineal Care
- Mouth Care
- · Hair Care
- Shaving
- Nail Care
- Eye Care
- Ear Care

Application of the Nursing Process

- Assessment
- Nursing Diagnosis Planning
- Implementation

Older Adult Considerations

• Common Clinical Problems (Dahlkemper, 2016, Chapter 17)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

• Hygiene Care

Unit 6: Nutrition Therapy, Assisted Feeding (Chapter 27)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Identify the nurse's role related to nutritional therapy and special dietary needs.
- 2. Compare and contrast a full liquid diet with a clear liquid diet.
- 3. Explain the different dietary modification levels: pureed, mechanically altered, advanced, and regular.
- 4. Describe health issues related to nutrition.
- 5. List disease processes that may benefit from nutritional therapy.
- 6. Verbalize the rationale for assisted feedings and tube feedings.
- 7. List the steps for the procedure to insert, irrigate, and remove a nasogastric tube.
- 8. Discuss the procedure for tube feeding.
- 9. Identify the medical rationale and nursing care for a patient receiving peripheral parenteral nutrition (PPN) and total parenteral nutrition (TPN).
- 10. Understand the possible complications associated with modified diets, tube feedings, PPN, and TPN.

Clinical Practice

- 1. Using therapeutic communication, assist a patient who requires a special diet.
- 2. Develop a patient education plan for nutritional therapy.
- 3. Demonstrate insertion, irrigation, and removal of a nasogastric tube.
- 4. Demonstrate feeding a patient through a nasogastric tube or percutaneous endoscopic gastrostomy (PEG) tube.
- 5. Know your facility's policies, procedures, and protocols for nutrition-related problems and complications with tube feedings.

Learning Content Goals of Nutritional Therapy The Postoperative Patient Health Issues Related to Nutrition

- Feeding and Eating Disorders
- Anorexia Nervosa
- Obesity
- Pregnancy
- Substance-Related and Addictive Disorders

Disease Processes that Benefit from Nutritional Therapy

- Cardiovascular Disease
- Diabetes Mellitus
- HIV/AIDS

Assisted Feeding

- Nasogastric and Enteral Tubes
- Percutaneous Endoscopic Gastrostomy or Jejunostomy Tubes
- Feeding Tubes and Pumps
- Total Parenteral Nutrition (TPN)

Application of the Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation

Older Adult Considerations

• Gerontology Considerations (Dahlkemper, 2016, Chapter 17)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Assisting a Patient with Feeding
- Nasogastric Tube/J-Tube/G-Tube Feeding
- Nasogastric Tube Irrigation
- Nasogastric Tube Removal
- Insertion NGT
- Using a Feeding Pump

Unit 7: Patient Environment and Safety (Chapter 20)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient

Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Discuss nursing responsibilities for environmental management.
- 2. Identify common noises in health care facilities and ways to minimize their effects on patients.
- 3. Explain the importance of neatness and order in the patient's environment.
- 4. Describe methods to prevent mechanical and thermal accidents and injury in health care facilities and the home.
- 5. Discuss the various forms of bioterrorism, safety measures to be taken, signs and symptoms of agents used, and measures to treat or contain the threat.
- 6. Discuss the principles for using protective devices.
- 7. Demonstrate knowledge of the legal implications of using protective devices.

Clinical Practice

- 1. Discuss how the health care facility's environment affects your patient.
- 2. Using correct technique, make an unoccupied and an occupied bed.
- 3. Explain, according to your facility's procedures, how to clean up a biohazard spill.
- 4. Discuss your clinical facility's response plan to a bioterrorism threat.
- 5. Given an emergency scenario, practice triaging the victims.
- 6. Correctly apply an extremity immobilizer.

Learning Content

Factors Affecting the Environment

- Temperature
- Ventilation
- Humidity
- Lighting
- Odor
- Noise
- Interior Design
- Neatness Privacy

Patient Unit

- Patient Room Assembly
- Beds
- Bed Position
- Making

Safety

- Hazards
- Falls
- Burns
- Smoking

- Fire
- Hazardous Material
- Biohazards
- Bioterrorism
- Poison

Protective Devices

- Legal Implications
- Alternatives
- Principles of Protective Devices
- Documentation

Application of the Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation

Gerontology Considerations

- Activity, Rest, and Sleep as Criteria for Health (Dahlkemper, 2016, Chapter 10)
- Safety (Dahlkemper, 2016, Chapter 7)
- Unique Aspects of Physiological Assessments in Older Adults (Dahlkemper, 2016, Chapter 16)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills:

- Making an Unoccupied Bed,
- · Making an Occupied Bed, and
- Applying Protective Devices

Unit 8:

Unit 8

Unit 9

Assessing Health Status/Physical Assessment (Chapter 22)

Unit 10

Unit 11

Unit 12

Medication Administration (Chapter 34, 35,36)

Unit 13

Admitting, Transferring, and Discharging Patients (Chapter 23,32)

Medical Terminology (All Chapters)

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Discuss the types of assessment used in various situations.
- 2. Demonstrate the techniques used during physical examination.
- 3. Describe how to gather information for a comprehensive database for a patient.

Clinical Practice

- 1. Assess the patient's psychosocial and physical functioning by gathering information in an organized way.
- 2. Perform a basic physical examination on a patient.
- 3. Perform a visual acuity test on a patient.
- 4. Carry out focused physical assessments of the cardiovascular, respiratory, gastrointestinal, and neurologic systems.
- 5. Teach patients the assessment techniques for the early detection of cancer.
- 6. Educate patients about the recommendations for periodic diagnostic testing.
- 7. Assist with a medical examination by positioning and draping the patient and organizing the equipment.

Learning Content

Data Collection and Assessment

Assessment

Data Collection
Psychosocial Assess
Cultural Assessment
Physical Assessment
Techniques PA
Percussion
Olfaction

Height & Weight

Basic PA

Vital Sign Measure

Body System Review

Head/Neck

Chest/Heart

Lungs

Skin

Extremities

Abdomen

- Assisting w Physical Exam
- Special Focus Examinations

Eyes

Ears

Hearing

Comprehension

Application of the Nursing Process

- Assessment
- Nursing Diagnosis Planning
- Implementation

Gerontology Considerations

- Physiological Assessment (Dahlkemper, 2016, Chapter 16)
- Common Clinical Problems (Dahlkemper, 2016, Chapter 17)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Performing a Physical Exam
- Narrative Documentation of an Assessment
- Documentation of Assessment

Head-To-Toe-Assessment:	
Level:Week:Student's Name:	Date:
Advance Directives: Resuscitate DN Other	R
Medical/Surgical DX:	Allergies:
Pt's Initials:DOA:Age:Se	ex: Ht: Wt:kg
Date:Time	
V/S: TPRBP	
Neuron	nuscular
Glasgow Coma Scale (GSC)	Level of Consciousness:
(Circle best score in each category)	LethargicConfusedAlert
Eye Opening	Seizures Last seizure on
4 Spontaneously	(date)
3 In response to speech	Orientated: TimePlacePerson
2 To painful stimulus	
1 No eye opening to any stimulus	Grips: Equal/Unequal Strong
<u>Verbal Response</u>	Weak
5 Oriented to person, place, & time	ROM of Extremities: Full Partial
4 Engages in conversation, but content	
confused	Weakness Numbness
3 Inappropriate words	
2 Incomprehensible sounds	Speech: ClearSlurred
1 No verbal response	Eyes: Left Right
Motor Response	(PERRL_
6 Obeys commands appropriately	Sclera:
5 Attempts to purposely remove painful stimuli	Vision: Blurred Double
4 Withdrawn	
3 Abnormal flexion in response to painful	Safety: Bed rails Double
stimuli	
2 Abnormal extension in response to painful	Fall Precaution:
stimuli	
1 No movement to painful stimuli	Call Light Within Patient Reach:
Total GCS Score	Activity Level:Patient Tolerance:
15 points = Normal function	
7 points or less = Comatose status	Pain Level: (Scale of 1-10)
3 points = Possible brain death	

	Quality:
	Duration:
	Location:
	Intensity:
	How Pain is Relieved:
	Comments:
	CooperativeUncooperative Agitated Calm
	Withdrawn History of Depression:Depressed
	Now
	Mood Swings
	Emotional Level:
Pocni	ratory
Breath Sounds:	SOB without exertion with
Clear Right Clear Left	exertion
Crackles RightLeft	Requires O2 at HomeI/minute
Rales Right Left	Requires O2 at HospitalI/minute
	Nailbeds Cap Refills < / > 3seconds
Wheezing Right Left Congested_	Mucous Membranes:
Cough ProductiveNon-Productive	Respirations: Labored / non-labored
	Comments:
	Special Precautions:
	Number of pillows:
Cardiov	/ascular

Any stated problems:	Chest Pain:with or without exertion
Rhythm: Regular Irregular	Location:
Pulse Rate & Rhythm: ApicalRadial	Dizziness: Phlebitis: Homan's
Palpitations:	Comments:
Comments:	
Gastroir	ntestinal
Diet at Home:	Nausea/Vomiting:
Diet Ordered:NPO:	
	Constipation:
Appetite:	Diarrhea:
	Abdomen: Soft Firm
Snacks:	DistendedNon-distended
	Tender: Location
Current Weight:Kg	Bowel Sounds:
Weight Changes: From Kg to	Last BM:(date)
Kg	Drains: Tubes
Over what period of time	StomaRectum:
Special Precautions:	Hemorrhoids:
NGT Patent Suction	
Teeth:Gums:Lips:	
Genito	urinary
Female	Male
Genitalia:LMP	Genitalia:
Menstrual Problems	
	Prostate Problems
DischargeLast PAP Smear	
 .	Discharge
Urination: Burning	Landing to the second s
Retention	IncontinenceHematuria
UrgencyColor	Kotonos Clusoso
Foley Urostomy	KetonesGlucose
Intake	
Output	

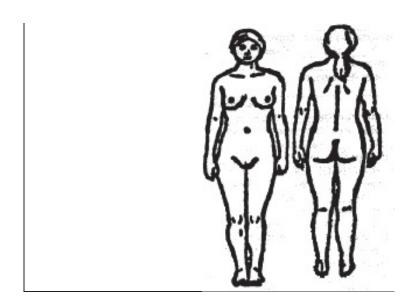
	Comments:	
	·	
Sk	in	
Any stated problems:	Drainage	
, ,		
Color: PaleCyanoticDusky	Pressure Sores:	
Flushed	#1 Stage#2 Stage	
Temperature: Cool Hot Warm		
Dry Diaphoretic Turgor	#3 Stage #4 Stage	
		
LesionsIntact	Packings:	
Coronas Duras Incicions	Livriana Calf Assist Tatal	
Scrapes BurnsIncisions	Hygiene: SelfAssistTotal Care	
Scars: Tattoos:	Sutures:	
Restraints:	Satures.	
	Traction:	
Pressure Sore		
Deep Tissue Injury: Localized area of purple or	Stage III: Full thickness skin loss, extending to	
maroon discoloration on intact skin d/t shear	the sc fat but not fascia, "crater" appearance,	
or pressure. Considered un-stageable, may	no visible bone, tendon or muscle.	
progress quickly to stage III or IV.	Stage IV: Full thickness skin loss with exposed	
Stage I: Area is pink, red, or mottled, skin	bone, muscle and structures. Tunneling, eschar.	
unbroken, blanches to touch, lasting up to 15	Un-stageable: Base covered by slough or	
minutes after pressure is released	eschar, cannot evaluate depth. Must be	
Stage II: Skin appears cracked, blistered, and/or	debrided to evaluate staging and treatment.	
broken.		
Surrounding area is reddened.	****	
IV S		
Site:Type:Gauge:	IV Solution:	
Condition	Pater Prima in Hear	
Condition: Date/Time:	Rate:Pump in Use: Tubing Labeled:	
Date/ Illie.	rubing tabeleu	
Social I	History	

	Years:	Language:
Amount/Day:	Years:	Education Level:
Amount/Day: _	Years:	Marital Status: Single MarriedWidowed Divorced
Contacts:	_ Reading:	Religious Preference:
Legally Blin	d:	Physical Impairment/ADL: AmbulatoryW/C
 Partial	_	WalkerCaneBedridden
ces:	Deformities	Contractures Amputations
	Amount/Day:Contacts: Legally Blin Partial	Amount/Day: Years:Amount/Day: Years:Contacts: Reading: Legally Blind: Partial ces: Deformities

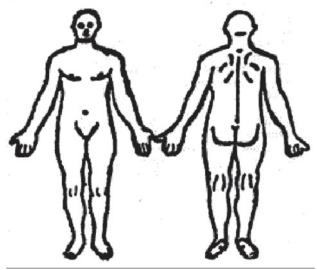
Female Body – Mark Abnormalities

Legend:

Legend:



Male body – Mark Abnormalities



Medication Administration: Oral, Topical, Inhalant, Parenteral

Intravenous Medications, Intradermal, Subcutaneous, Intramuscular

Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Describe the legal and professional responsibilities of the licensed practical nurse/licensed vocational nurse (LPN/LVN) related to medication administration.
- 2. Identify all of the parts of a complete medication order.
- 3. Compare and contrast the hard copy medication administration record (MAR) and the electronic medication administration record (eMAR).
- 4. Discuss the types of technology used in hospitals and their effect on medication errors.
- 5. Identify the advantages and disadvantages of the unit-dose system and the prescription system.
- 6. Summarize four principles to be followed when giving a medication through a feeding tube.
- 7. Analyze special considerations when administering oral and topical medications to an older adult.
- 8. Evaluate your responsibilities in the event of a medication error.
- 9. Identify the principles for safe and effective administration of intradermal, subcutaneous, and intramuscular injections.
- 10. List the routes used for administering parenteral medications and the advantages and disadvantages of each route for pediatric, adult, and older adults.
- 11. Summarize the signs and symptoms of anaphylactic shock.

Clinical Practice

- 1. Recognize the different types of medication orders (e.g., scheduled or routine, PRN, stat, and one time).
- 2. According to the facilities policy, identify the times used for scheduled medications (i.e., daily, BID, TID, and QID).
- 3. Demonstrate the accounting for doses of controlled medications that must be withdrawn from the locked narcotics cabinet or dispensed from an automatic dispensing unit.
- 4. Prepare and apply topical medications such as eye ointments, eardrops, nasal medications, transdermal patches, and topical ointments.
- 5. Write a care plan for a patient who is receiving medication that includes patient-specific data, an identified nursing diagnosis, and interventions that you would use.
- 6. Give oral and topical medications using the Six Rights of Medication Administration.
- 7. Teach a patient to use a metered-dose inhaler.
- 8. Instill a vaginal and a rectal suppository safely and effectively.
- 9. Document medication administration and your patient's response to the therapy.
- 10. Using clinical judgment, choose the appropriate syringe and needle for the type of injection ordered.
- 11. Follow Standard Precautions when administering injections and disposing of used equipment.
- 12. Aseptically and accurately withdraw and measure the ordered dose of a medication from a vial or an ampule.
- 13. Demonstrate reconstitution of a medication from a powder.
- 14. Demonstrate the correct method for drawing up two types of medications, including insulin, in one syringe.
- 15. Use the Six Rights of medication administration, including checking for patient drug allergies.
- 16. Prepare and administer an intradermal injection, using the Six Rights and aseptic technique.
- 17. Correctly prepare and administer a subcutaneous injection with 100% accuracy.
- 18. Correctly prepare and administer an intramuscular injection with 100% accuracy.

- 19. Locate the appropriate site on a patient to give an intradermal, subcutaneous, or intramuscular injection by identifying correct anatomic landmarks.
- 20. Evaluate your documentation of injections after administration.

Learning Content

Nursing Responsibilities Medication Administration

• Promotion of Safety Six Rights

Medication Orders

- Types of Orders
- Regularly Schedules / Routine Medication Orders
- Dosage of Medications
- Routes of Oral and Topical Medication Administration
- Medication Administration and Technology Medication Administration Record

Medication Administration Systems

- Unit Dose System
- Prescription System
- Preparation Controlled Substances from Dispenser

Topical Drugs

• Ointments Suppositories

Oral Medication

• Tablets, capsules, powders

Eye and Ear Medications

- Ophthalmic drops, ointments
- Positioning

Nasal

Medication

Positioning

Inhalation Medication

- Metered
- Use of Spacer
- Vaginal Medication

Rectal Medications

Medications via Feeding Tube

Principles of Parenteral Injections

Routes for Parenteral Medications

- Intradermal Route
- Subcutaneous Route
- Intramuscular Route

Injection Equipment

- Types of Syringes
- Measurement Scales
- Needle Gauge and Length

- Preventing Needle Sticks
- Syringes and Needle Selection Preparing the Syringe for Use

Parenteral Solutions

- Using a Medication Ampule
- Using a Medication Vial
- Reconstitution of a Drug
- Compatibility of Medications
- Injection of Medications
- Anaphylactic Shock

Medication Errors

- Reporting
- Near Miss Reporting

Gerontology Considerations

• Unique Aspects of Physiological Assessments in Older Adults (Dahlkemper, 2016, Chapter 16)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Administering Oral Medications
- Instilling Eye Medications
- Administering Topical Skin Medications
- Medications via Feeding Tube
- Instilling Otic Medication
- Inserting Rectal Suppositories
- Administering Intradermal Injection
- Administering Subcutaneous Injection
- Administering Intramuscular Injection
- Preparing a Syringe for Use
- Withdrawing Medication from an Ampule
- Withdrawing Medication from a Vial

- Combining Insulins
- Giving a Z-Track Injection

Admitting, Transferring, and Discharging Patients Student Learner Objectives

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in implementing the nursing roles of Provider of Patient Centered Care, Member of the Healthcare Team, Patient Safety Advocate, and Member of the Profession.

Theory

- 1. Differentiate between routine and emergency admissions.
- 2. Describe the role of the admitting department.
- 3. Identify the elements included in a patient's orientation to the nursing unit.
- 4. Discuss five types of information that must be included in the discharge form sent with a patient going to another facility.
- 5. Delineate the necessary information to include on a patient's discharge instructions when the patient is going directly home.
- 6. Explain the procedure for pronouncing and recording a patient's death.

Clinical Practice

- 1. Orient a patient to the patient unit and the hospital.
- 2. Assist with the performance of an admission assessment.
- 3. Assist with the transfer of a patient to another unit.
- 4. Use correct communication techniques to ensure safe handoff of a patient to another nurse, department, or facility.
- 5. Interact with the social worker regarding the discharge needs of an assigned patient.
- 6. Demonstrate appropriate interaction with the family of a patient who has died.

Learning Content

Types of Admissions

• Routine Admissions Emergency Admissions

Admission Process

- Preadmission Procedures/Requirements
- Authorization for Admission
- Admitting Department Function
- Orientation to Nursing Unit
- Initial Nursing Assessment
- Initiating the Medical Record
- Patient Reaction to Admission

Patient Transfer to Another Hospital

Discharging Patient

Extended Care/Rehab Discharge

Discharge to Home

• Discharge w Home Health Discharge Against Medical Advice

Death of a Patient

- Autopsies
- Organ Donation
- Providing Support
- Pronouncement of Death

Gerontology Considerations

- Environments of Care (Dahlkemper, 2016, Chapter 12)
- Rehabilitative and Restorative Care (Dahlkemper, 2016, Chapter 2)
- Psychosocial Assessment (Dahlkemper, 2016, Chapter 18)

Learning Activities

- Readings from required and recommended texts
- Related topics and open skills labs to review system and the nursing process
- Case study reviews
- Critical thinking activities
- Lecture/Discussion
- Clinical Reasoning Questions
- Study Questions
- Workbook exercises
- NCLEX-Style chapter review question assignment

Skills

- Admitting
- Transferring
- Discharging Patients

Medical Terminology

This will be a self-study module assigned in Blackboard, all instruction and learning activities will be found there.

Student Learning Outcomes

Upon completion of this unit, the student will be expected to utilize beginning critical thinking/clinical reasoning skills in understanding the use of basic medical terminology and abbreviations.

- 1. Recognize prefixes, suffixes, word roots, and combining forms.
- 2. Demonstrate understanding of the rules for combining word parts to write medical terms correctly.
- 3. Identify and distinguish abbreviations.
- 4. Demonstrate understanding of the primary accent used in pronunciation.

- 5. Match medical specialists with the areas in which they specialize.
- 6. Identify selected medical conditions associated with each specialty.
- 7. Identify the prefixes, combining forms and suffixes for colors, procedures, symptoms, and diagnoses, diagnostic studies, directional terms, anatomical terms.
- 8. Build and analyze medical terms with combining forms and suffixes.
- 9. Identify and write correct term when presented with its definition or match terms with their definitions.
- 10. Identify and write terms for selected structures, pathologies, and interventions of each body system.
- 11. Spell medical terms correctly