

Topical outline

28.403 Health Promotion, Maintenance and Restoration III Spring 2006

<u>Date</u>	<u>Topic</u>	<u>Chapters</u>
January 18, 2006	Introduction to Course Care of the Critically Ill Client End of life Care:	Chapter 9
January 19, 2006	NLN COMPREHENSIVE EXAM (9-12) Hospital Orientation (Rm. 216) (Bayhealth Group only)	
January 20, 2006	EKG INTEPRETATION (0900 am) MEDICATION TEST	Chapter 34
January 23, 2006	Problems of Oxygenation: Diagnostic Studies Quiz # 1	Chapter 27 & PP.480-487
January 25, 2006	Problems of Oxygenation: Lower Airway problems	Chapter 32. PP. 591-615, 497-507 564 – 569
January 30, 2006	<u>EXAM I & Review</u>	
February 01, 2006	Problems of Oxygenation: ARF & ARDS	
February 06, 2006	Problems of Cardiac Output and Tissue Perfusion Retest Exam #1	Chapter 33 PP. 627 - 653 732 – 743 PP. 837 – 838 (Lewis Hietkemper)
February 08, 2006	Cardiac Output: Managing Coronary Artery Diseases & MI's. Quiz # 2	Chapter 38 PP. &89 - 815
February 13, 2006	Problems of Cardiac Output/Perfusion: CHF, CABG, Shock & Transplants	Chapter 35 PP. 698 – 712, 806 -815

February 15, 2006	Problems of cardiac Output/Perfusion: Cont'd Cardiac Surgeries.	
February 20, 2006	EXAM II & Review	
February 22, 2006	Problems of Cardiac Output/perfusion: Vascular Disorders: Aneurysms	PP. 756 - 760
February 27, 2006	Problems of Cardiac Output/perfusion: Vascular Disorders: Pulmonary Embolism Retest: Exam II	Chapter 32 PP. 591 -599
March 01, 2006	Problems of Protection: Burns	Chapter 68 PP.1555 - 1585
March 06-10, 2006	SPRING BREAK	
March 13, 2006	Problems of Protection: DIC Quiz # 3	Chapter 25 PP.440 -441 & 784
March 15, 2006	Problems of Excretion: Renal Failure	Chapter 69 PP. 1589 – 1613 Chapter 72 PP. 1664 - 1702
March 20, 2006	Problems of Excretion: Complications of Diabetes Mellitus.	Chapter 65 PP. 1140 – 1488
March 22, 2006	Problems of Digestion, Nutrition &Elimination: Hepatitis Quiz # 4	Chapter 59 PP. 1298 - 1322
March 27, 2006	Exam III & Review	

March 29, 2006	Problems of Digestion, Nutrition & Elimination: Pancreatitis	Chapter 60 PP. 1338 -1348
March 29, 2006	HONORS DAY (MANDATORY ATTENDANCE) Noon	
April 3, 2006	Problems of Mobility & Regulation: Intracranial Problems Retest: Exam III	Chapter 41 PP. 989 -1000 Chapter 42 PP. 900 – 904(seizures)
April 05, 2006	Problems of Mobility & Regulation: Strokes	Chapter 45 PP. 973-989
April 10, 2006	Problems of Mobility & Regulation: Spinal Cord Trauma	Chapter 43 PP. 931 - 942
April 12, 2006	Problems of Mobility & Regulation: Tetanus & Major Head trauma. Quiz # 5	
April 14-17, 2006	EASTER BREAK	
April 19, 2006	Exam IV and Review	
April 24, 2006	Case/Clinical Simulations	
April 26, 2006	Case/Clinical Simulations & Retest: Exam IV	
April 27, 2006	Rehearsal for Grand Rounds	
April 28, 2006	GRAND ROUNDS 9AM-4PM	
May 8, 2006	Final Exam 11am – 1pm.	

Clinical Dates

January 19, 2006	NLN Pre -test (9 – 12)	
January 20	EKG INTEPRETATION MATH TEST	
January 26 & 27	on campus lab	Alternatives: ICU 1 day
February 2 & 3	Clinical	Dialysis 1 day
February 09 & 10	Clinical	ED 1 day
February 16 & 17	Clinical	Team leader 2 days
February 23 & 24	Clinical	
March 2 & 3	Clinical	
March 9-& 10	Spring Break	
March 16 & 17	Clinical	
March 23 & 24	Clinical	
March 30 & 31	Clinical	
April 6 & 7	Clinical	
April 13	Clinical	
April 14 – 17	Easter Break	
April 20 & 21	Clinical	
April 27	Rehearsal for Grand Rounds	
April 28, 2006	Grand Rounds Presentation	

Delaware State University
Department of Nursing
Course Syllabus

Course Number: 28.403
Course Title: Health Promotion, Maintenance and Restoration III
Placement in Curriculum: Fourth Year, Second Semester

Faculty: Mrs. E. Gwanmesia, RN, MSN, MSM, (Price Building, Room 119C) Telephone: 857-6766
Dr. J. A. Adepoju, RN, MA., PhD, (Price Building, Room 121A) Telephone: 857-6768
Mrs. Michelle Leite, RN, MSN, APN

Course Description: This course focuses on the application of nursing process in the care of clients with complex adaptation problems in health promotion, maintenance, and restoration. The cultural, ethical, psychosocial, and legal aspects of these complex health problems are emphasized as they affect individual clients and their families, the health care team and society.

The course also allows the student to experience leadership/management roles as well as provide nursing care related to clients' complex needs.

Clinical observational and/or participatory experiences with clients are provided in a variety of settings.

Course Objectives: Upon completion of this course, the student will:

1. Utilize the nursing process in the care of adults with complex adaptation problems in health promotion, maintenance, and restoration to:
 - A. Assess interaction and identify nursing diagnoses based on an understanding of the potential impact of multiple physiological and psychological stimuli
 - B. Formulate realistic goals denoting progress from an illness state to an optimal level of adaptation
 - C. Incorporate research findings when planning intervention
 - D. Implement care plans which include strategies for

delivering coordinated care

- E. Perform dependent, interdependent, and independent nursing actions in critical, acute and chronic health care environments
 - F. Evaluate the attainment of defined client goals
2. Coordinate care of clients with complex adaptation problems by collaborating with families, health care team, and community agencies
 3. Identify areas of future nursing research
 4. Display self-directed learning indicating continuing professional growth

Teaching Strategies:

Lecture/Discussion
Group Discussion: Active participation in class and in post clinical conferences.
Audio-Visual Aids
Clinical Scenarios & Case simulations

Evaluation Methods:

- | | |
|--|------------|
| 1. Unit Exams (4) | 60% |
| Quizzes | 5% |
| Math/Pharm Test | 5% |
| Final Exam | 20% |
| Clinical Conference/Oral Presentations | <u>10%</u> |
| | 100% |
2. Clinical – Pass/Fail: A student must pass all components in order to pass clinical. This includes campus lab Practice of procedures prior to clinical practicum
 - 2.1 Evaluation of clinical performance (Mid-semester Clinical & Final)
 - 2.2 Nursing Care Plans
 - 2.3 Pharmacology Index Cards or Medication Sheets (Weekly)
 3. Students are expected to attend all days including direct patient care and alternative experiences.

Credit & Time Allocation:

7 semester credits
3 hours theory per week
2 clinical days per week
(12 clinical hours per week)

**Teaching/Learning
Facilities:**

Delaware State University Nursing Department, Dover,
DE. St. Francis Hospital, Wilmington, DE.
DE. Bay Health Medical Center: Kent Campus, Dover,
DE.

Required Text:

Ignatavicius, D. & Workman, L., (2002). Medical-Surgical
Nursing: (5th ed.) St. Louis: Critical Thinking for
Collaborative Care. (4th ed). Pennsylvania: Saunders.

Recommended Texts:

American Psychological Association, (2001). Publication manual
of the American Psychological Association. (5th ed.) Washington,
DC: Author

Doenges, M., & Moorhouse, M. (2000). Nurses pocket guide (7th
ed.). Philadelphia: F.A. Davis.

McKenry, L., & Salerno, E. (1995). Mosby's pharmacology in
nursing. St. Louis: Mosby.

Swearingen, P., & Keen, J.H. (2001). Manual of critical care
nursing. (4th ed.) St. Louis: Mosby.

Shirley, A. Jones. ECG Notes: Interpretation & Management
Guide.

Tracey B. Hopkins. Guide to lab and diagnostic tests.

Myers, E. & Hopkins, T. Medsurg notes: Nurses' clinical pocket
guide

Delaware State University
Department of Nursing

Health Promotion, Maintenance and Restoration III
28.403

Course Requirements and Students Guidelines

As stated in the Department of Nursing Student handbook – “Students must attend classes with regularity and punctuality in order to meet the objectives of each course” Therefore, students are expected to be punctual and attend all classes and related experiences, and are responsible for content covered in clinical, class, and simulated laboratory experiences, Computer assisted instruction, readings, and conferences. Students who miss any clinical experiences will not be able to meet the clinical objectives in order to complete requirements for 28.403. Students are responsible for maintaining competency in skills assimilated from other nursing courses.

According to the University Attendance Policy, “Regular class attendance is a vital part of the educational process. Students are required to attend all classes. If a faculty member chooses to evaluate attendance as part of a grade for a course, such a policy must be written in the syllabus, which is distributed at the beginning of a course. The policy must state what part of the course grade is based on attendance and how individual absences will be assessed. If a faculty member declines to integrate attendance as part of a course grade, under no circumstances may a student’s final grade be reduced solely because of class absences. The office of the Provost and Vice President for Academic Affairs issues excuses for students who are absent from classes while participating in official university-related activities or on university-related travel. In all other cases, only the instructor can approve a student’s request to be excused from class.”

Honesty – Integrity must be practiced in all endeavors and relationships. All acts of dishonesty including cheating on tests, examinations, and plagiarism, will be considered as serious misconduct. Any student violating this regulation is subject to dismissal from the College. (College Student Handbook, 1985-87, p. 38). The sanctions for academic cheating and/or plagiarism include but are not limited to receiving an “F” in the course and expulsion from the College.

Plagiarism – Plagiarism is copying the words of another without putting the words inside quotation marks or acknowledging the source with an author citation. Paraphrasing the words of another is using your own sentence structure and citing the source of your idea with an author citation. Paraphrasing is not merely changing or rearranging a few words. Ideally your written work will be more of a synthesis of ideas obtained from several sources written in your own words than in quotation or paraphrasing.

Make-up exams will be given at the discretion of the instructor based on valid documented reasons from the student. There will be no make-up for quizzes. Any student not taking an exam at the scheduled time will be penalized. A student's grade will not be higher than the highest grade achieved during the scheduled exam. That student must be prepared to take the exam on or before the next class day. After the review of a quiz or examination, the grade is final.

Grading within the course will follow the scale as listed in the Department of Nursing Student Handbook. It is as follows:

A = 100 – 90
B = 89 – 80
C = 79 – 74
D = 74 – 60
F = 59 and below

A copy of all written assignments should be retained by the student. The instructor(s) will not be liable for lost papers. Students will be penalized **4 points** for each school day or fraction that an assignment is late. Assignments are due at **9:00am** on the **assigned day**. No exceptions will be made without prior permission.

For the clinical experience, students are expected to wear full uniform to the clinical areas, unless otherwise stated. The full uniform includes a watch with a second hand and a smooth band. No jewelry or nail polish is permitted. No body piercing or visible tattoos are permitted. Hair must be neat and off the collar at all times. It is expected that students conduct themselves at all times in a manner appropriate to a professional person. Refer to Department of Nursing Student Handbook for uniform code.

Students are free to use the computer and simulated laboratories for practice and/or study as necessary. The labs are to be kept clean and orderly at all times. All practice material should be returned to appropriate cabinets. Broken material should be reported to the secretary in the nursing office immediately or to 403 faculty. Students are expected to complete learning experiences as specified in particular sequence identified in the course outline. Students must meet all health requirements and have current CPR basic rescuer certification prior to the beginning of the course. Students must give written verification of having chickenpox or Hepatitis B vaccine.

At the end of the course, students can submit a self-addressed stamped envelope to the course coordinator to receive their final grade.

Delaware State University
Department of Nursing
28.403
Health Promotion, Maintenance and Restoration III

Test/Retest Model

Test/retest model will be used in 28.403 as a required teaching/learning strategy. Students may repeat exams that they failed or earned a low grade. The retesting program will be offered to all students. The final score for each unit exam will be an average of the two. This policy includes the Math/Pharmacology exam. Mandatory enrichment sessions will be offered once a week. Other faculty will assist Mrs. Gwanmesia with the enrichment sessions. There will be no retesting for quizzes or final exams. Students will not be allowed to attend the session if they come five minutes late. In order to retake each unit exam, the students must meet the following criteria:

- 1). Attend academic enrichment sessions and stay the entire time as assigned.
- 2). Repeat second exam after attending an enrichment session at the time scheduled by 28.403 faculty (**See topical outline schedule for specific dates**).
- 3). Sign in and initial attendance record after you sign out.

28.403 Health Promotion, Maintenance and Restoration III
Grading Sheet

Student name _____

Faculty name _____

Date _____

I. Unit Exams (60%)

Unit I A	(15%) _____	_____ X .15 = _____
Unit IB	_____	
Unit IIA	(15%) _____	_____ X .15 = _____
Unit IIB	_____	
Unit IIIA	(15%) _____	_____ X .15 = _____
Unit IIIB	_____	
Unit IV A	(15%) _____	_____ X .15 = _____
Unit IVB	_____	
		Exam Totals _____

II. Assignments & Quizzes (5%)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Average _____ X .05 = _____

III. Cumulative Final Exam (20%) _____ X .20 = _____

IV. Math Test (5%) _____ X .05 = _____

V. Clinical Conference (10%) _____ X .10 = _____

VI. Final Grade _____

Delaware State University
Department of Nursing
Health Promotion, Maintenance and Restoration III
28.403 Leadership Practicum

Purpose: The purpose for the leadership practicum is to provide opportunity for the students to experience behaviors common to nurses in first line management roles.

Objectives: Upon completion of the practicum the student will be able to:

- I. Prepare assignments based on client care needs and team members' interests and abilities.
- II. Set priorities and schedule personal work time that ensures the most important work is completed and there is open time for the unexpected.
- III. Delegate appropriate tasks to appropriate persons.
- IV. Recognize whether conflict is disruptive and identify methods for constructive resolution of the conflict.

Method: The student will plan for and provide care to a group of clients through functioning as a team leader who is responsible for directing the work of other team members.

Required Reading:

Read chapters 1, 2, & 3 in:

Yoder-Wise, Patricia. (2003). Leadership and management in nursing, (3rd. ed).
St. Louis: Mosby.

Guidelines for Leadership Practicum

Practicum for Leadership Role:

Time: Wednesday of the Leadership Practicum

1. Complete required readings prior to the Practicum.
2. Become familiar with the location and content of the following:
 - A. Department of Nursing Structure Standards Manual:
Philosophy of Nursing Service Department
Goals and Objectives of Nursing Service Department,
Responsibility of Unit Manager, RN Team Leader Staff Nurse, (RN and LPN), Nursing Assistant, and Unit Clerk
Standards of Care Policies and Procedures regarding Nursing Procedures, Nursing Protocols, Instruction Forms, Standard Unit Based Structure Standards
 - B. Admission, Discharge, and Patient Education Standards and Protocols
 - C. Guidelines for do not resuscitate orders:
 - D. Safety Policies for: Infection control, use of restraints and side rails, fire and disaster, electrical safety, transport safety, emergency procedures (Cardiopulmonary, hemorrhage, hypoglycemia, hypovolemic shock).
3. Become familiar with in-house phone directory, beeper system, outside phone call placement, and escort service.
- 4; Interact with RN Charge Nurse/Team Leader and Instructor for purpose of identifying what a typical day is like for the first line manager. Make note of how the RN Team Leader makes assignments, manages personal time, delegates tasks, communicates patient care data to other health care providers and to nursing staff, and deals with conflict and stress. The interaction should take a form that is mutually agreeable to both student and RN Team Leader.

ASSESS

1. Review client records and document care needs on agency Shift Report worksheet.

PLAN

1. Assign clients according to team member abilities and interests.
2. Become familiar with all care needs and medications, procedures and equipment for all clients.
3. Communicate assignments to team members.

Time: Thursday and Friday of Leadership Practicum

ASSESS

1. Take shift report.
2. Review assignments; make any needed changes.
3. Make an assessment of all clients assigned to the team within the first two hours of the shift.

PLAN

1. Develop a time management schedule for each day's activities in priority order. Make a brief note of your success or non-success in getting the activity done and the reason.
2. See that each client's care plan and discharge plan are current and complete.
3. Identify what collaboration with other health care professionals and family will be needed (RN) team leader, unit manager, physician, dietician, social worker, IV nurse, etc. and basic care such as diet, discharge planning, and teaching.
4. Identify what team members will need assistance with client education for self-care or discharge planning
5. Assign team members break and lunch times.

IMPLEMENT

1. Provide direct care as planned.
2. Make regular rounds and verbally interact with team members to validate patient status and problems.
3. Coordinate care needs of team member's clients to insure team members understand and fulfill their plans of care.
4. Keep up to date as changes in medical orders are made.
5. Assist team members with resolution of patient care problems.
6. Assist team members with client care as requested and when the need for assistance is obvious.
7. Obtain report from each team member.
8. Give end of shift report to RN Team Leader using the guidelines included in the packet.
9. Discuss concerns and problems with RN Team Leader and Faculty.

EVALUATE

1. Evaluate ongoing care of clients and their response and progress toward goals.
2. Revise care plans based on ongoing assessment of clients.
3. Revise assignments as needed.
4. At the end of clinical day 1, review your time schedule and events of the day and make appropriate adjustments for the next day.
5. At the end of the clinical day 2, Friday, evaluate the entire experience and identify strengths and weaknesses. Comment on your leadership experience and your team. How would you improve these areas?

TEAM MEMBER ROLE

1. Receive assignment from Team Leader at a mutually agreed time.
2. Review and prepare for new and unfamiliar care needs such as medications, treatments, etc.
3. Receive shift report.
4. Accept change of assignment as needed.
5. Provide complete care to assigned clients using the nursing process.
6. Work cooperatively with team leader.
7. Interact with the team leader regarding client status and problems.
8. Give end of shift report to team leader and to agency nursing staff.
9. Participate in post conference.

EVALUATION OF THE LEADERSHIP PRACTICUM

1. Submit an evaluation of the Leadership Practicum that provides concrete evidence that each of the objectives were met or not met and a commentary on the value of the experience.
2. Submit a legible copy of your assignment work sheets and copies of your prioritized time management schedule. Comment on how their use contributed to the achievement of the practicum objectives.
3. Brief summary of whether or not objectives were met.

Guidelines for shift Report

A complete, concise, organized report is to be given. For each client this report should include:

1. Client's name, age and sex.
2. Physician's name.
3. Medical diagnosis.
4. General condition and special needs such as allergies, no code, safety risks.
5. Significant changes over last 16hours.
6. Nursing diagnoses or problems, actual and risk.
7. Significant medication or treatment information; i.e., new orders and therapies, reaction to therapies such as transfusion reaction, dietary changes.
8. Client's response to nursing care measures and therapies: include vital signs, total intake and output, intravenous fluids (type, amount, and additives).
9. Tests, procedures, surgery, consultations, physical therapy or dialysis, client response and current status. For post operative clients, give time of arrival from recovery room, general condition, vital signs, IV'S, dressings, voiding, tolerance of oral intake, placement and patency of drainage tubes, describe breathing pattern and coughing and coughing effectiveness.
10. Significant information concerning family members.
11. Pending discharges, transfers and/or admissions.

Clinical Conference-Nursing Grand Rounds.

Description: This activity is designed to assist the students in the utilization of their leadership and critical thinking abilities and address practice-education issues in a comprehensive manner. Rounds are seen as a mechanism for fostering knowledge and appreciating what is clinically significant at the bedside (Schumacher & Severson, 1996). It enhances collaboration among the student group and faculty, stimulates discussion and problem solving, increases awareness of nursing research and promotes professional growth.

Objectives

1. Decide which of all the patients, with whom one had direct contact, is an “interesting” patient.
2. Collaborate with student colleagues to form teams to present an “interesting” patient.
3. Design a presentation plan.
4. Plan a formal conference for the university community using principles of teaching learning.
5. Present the conference to a group according to the plan.
6. Evaluate the conference using a faculty designed post conference evaluation form.

Methods

1. Provide direct care to patients during assigned clinical rotations in this course. On every Thursday/Friday at post conference discuss the potential of each patient as a “conference” patient.
2. Prior to **February 15** form a team of **three** student colleagues and agree on a “conference” patient. Submit the names of the team members and the name of the patient. One person from the team must have been assigned this patient for direct care in a routine clinical week.
3. Prior to **February 22** select one team member to act as spokesperson for the student team. Submit the name of that person in writing to the course coordinator.

4. Meet with your team by **March 2** to plan presentation and distribute work assignments. Decide on a title for your group presentation. The discussion should include:
 - a. Purpose of this presentation
 - b. Behavioral objectives
 - c. Content area for each objective in the form of a detailed outline to include research studies
 - d. Selecting appropriate teaching modes and media
 - e. Assignment of equipment checks
 - f. Delegating and creating appropriate bibliography/references and handouts.
5. Meet with the entire class on **March 22** to plan times for conference and presentation schedule. Design a poster inviting university and nursing community to attend. Give the poster to course coordinator.
6. Give a written list of needed equipment to Mr. McQueen by **April 19**
7. On **April 5** obtain at least one poster and place it in an area appropriate for audience participants. This could be your workplace, the classrooms on campus, clinical areas, etc. Sign a form documenting that you took a poster and location of its anticipated placement.
8. Prepare the rooms for presentations and check equipment prior to **April 19**
Practice with group members as needed.
9. Present conferences (allow 60-90minutes)
 - A. Establish a facilitative environment
 - B. Use public speaking principles
 - C. Arrange for distribution of handouts
 - D. Distribute and collect evaluations
10. Evaluate the presentation and conference using the evaluation tool.
Summarize results and draw conclusions. Include actual evaluations in the written report. Report the implications of results for making changes for the future. Be specific and creative.
11. Write a report as a team and leave it in the nursing office by 1000 on **May 1**.
Use the “criteria” for grading conference part “2 and 4” as a guide for written report.

References

- Connell, E. (1997). Giving an outstanding presentation. *American Journal of Nursing*, 97(12), 62-64.
- Shumacker, J. & Severson, A. (1996). Building bridges for future practice: an innovation approach to foster critical thinking. *Journal of Nursing Education*, 35(1), 31-33.
- Steckel, C. & King, R. (1996). Nursing grand rounds: therapeutic touch in the coronary care unit. *Journal of Cardiovascular Nursing*, 10(3), 50-54.

Delaware State University
 Department of Nursing
Criteria for Grading Clinical Conference

	Possible Points	Earned
1. Participate in group decision making	20	_____
1.1 Submit documentation that the chart was reviewed in the medical records/floor.	5	_____
1.2 Submit presentation title to clinical instructor by approved date.	5	_____
1.3 Participation in the method selected to publicize clinical conference	5	_____
1.4 Actual attendance at all group presentations.	5	_____
2. Written report of conference	25	_____
2.1 Purpose of the presentation	5	_____
2.2 Behavioral objectives	5	_____
2.3 Content outline	5	_____
2.4 Copies of handouts	5	_____
2.5 References in APA style	5	_____
3. Group evaluation of presentation	40	_____
3.1 Summarize results of peer evaluations	10	_____
3.2 Draw conclusions and report implications of results for making changes to presentation	10	_____
3.3 Comment on group process/teaching modes	10	_____
3.4 Explain value of experience/knowledge gained	10	_____
4. Faculty evaluation of presentation.	15	_____
	Total	100

403: Health Promotion, Maintenance and Restoration III
Unit I: Introduction to Advanced Medical Surgical Nursing (HPMR III)

Learning Outcomes	Content	Learning Activities
<ol style="list-style-type: none"> 1. Assess common problems and needs of patients/families in critical care units. 2. Plan care for patients and families of patients in the critical care environment. 3. Demonstrate appropriate nursing interventions to improve the outcomes of patient care in the critical care environment. 4. Explain the goals of end-of-life care 5. Describe the hospice concept. 6. Interpret the common physical and emotional signs of impending death 7. Describe postmortem care. 	<p>Introduction to course</p> <ol style="list-style-type: none"> 1. Course Requirements <ol style="list-style-type: none"> a. Course activities and description b. Student Expectations c. Faculty expectations <ol style="list-style-type: none"> 1. Class behavior 2. Communication 3. Clinical behavior 4. Respect of Faculty 5. Respect of Students 6. Respect of clinical staff II. Critical care Nursing Units <ol style="list-style-type: none"> 1. Emergency room 2. Intensive care unit 3. Step down units 4. Stroke units 5. Cardiac units 6. Spinal Cord injury units (Neurological) 7. Burn units 8. Rehabilitation units 9. Hospice care III. End of Life Care <ol style="list-style-type: none"> 1. Dealing with loss 	<p><u>Prior to Class</u> Read: Ignatavicius, & Workman, Chapter 9, pp.106-116.</p> <p><u>During Class</u> -Review syllabus and course Requirements, Clinical assignments -Overview of the care of the critically ill patient.</p> <p><u>After Class</u> -Prepare for the next class</p> <p>-Read : Original research Meyers, Eichhorn, Guzzetta, Clark, Klein, Taliaferro, & Calvin (2000).Family presence during invasive procedures and resuscitations. The experience of family members, nurses, and physicians. AJN, 100, 32-43.</p> <p>Burke, K. G. & Fairman, J. (2000). The patient is awake. AJN, 10, 78-81.</p> <p>Vanderbeek, J. (2000). Till death do us part? A firsthand account of family</p>

Unit I: Introduction to Advanced Medical Surgical Nursing (HPMR III) (continued)

Learning Outcomes	Content	Learning Activities
	<p>2. Death and Dying</p> <p>IV. The Roles of the Critical care and Medical Surgical Nurse</p> <ol style="list-style-type: none"> 1. Care giver 2. Teacher 3. Leader 4. Counselor 5. Advocate <p>V. The critical care patient.</p> <ol style="list-style-type: none"> 1. Common problems of the Critical care patient. 2. Lack of sleep and causes. <p>VI. Interventions to meet the Family's needs.</p> <ol style="list-style-type: none"> 1. Define family, family facilitator, invasive procedures. 2. Issues related to family needs <ol style="list-style-type: none"> a. Emotional and physical problems. b. Cultural consideration c. Collaborative Care(Multi disciplinary team). 	<p>presence. AJN, 100, 44.</p> <p>Critical Thinking: If a patient you are caring for is transferred to a critical care unit, what measures would you use to prepare both the patient and the family for this transfer?</p>

Unit II: Problems of Oxygenation: Management of Clients with problems of Respiratory Tract

Learning Outcomes	Content	Learning Activities
<p>1. Describe the anatomy and physiology of the respiratory system</p> <p>2. Assess the respiratory system and document findings</p> <p>3. Interpret ABG data related to respiratory disorders</p> <p>4. Plan nursing care based on the results of diagnostic studies related to the respiratory system</p>	<p>1. Respiratory System</p> <p>a. Review of A& P</p> <p>b. Diagnostic Studies</p> <p>1. Laboratory Tests</p> <ul style="list-style-type: none"> - Blood test - Sputum test <p>2. Invasive Tests</p> <p>Endoscopic exams, Thoracentesis, Lung biopsy, bronchoscopy</p> <p>3. Noninvasive Tests</p> <p>X-rays, Scans, Pulmonary Function tests, pulse oximetry, Exercise testing, Skin testing, MRI</p> <p>4. ABG analysis</p> <p>a. Treatments</p>	<p><u>Prior to Class</u></p> <p>Review chapter 27 in Iggy & Workman (Student Responsibility, testable information).</p> <p>Read pages 480-487 in Iggy & Workman</p> <p><u>During Class</u></p> <p>Overview of Diagnostic Studies ABG analysis-TIC TAC TOE</p> <p>View Video on Ventilators</p>
<p>1. Assess clients with respiratory problems</p> <p>2. Plan and provide nursing care for the client who requires endotracheal intubation or a tracheotomy</p> <p>3. Demonstrate the procedure for suctioning an airway and performing tracheotomy care.</p> <p>4. Discuss the nursing management of the client with a laryngectomy</p> <p>5. Describe the types of artificial airways and indications for use.</p> <p>6. Prioritize nursing</p>	<p>II. Respiratory Disorders</p> <p>A. Pulmonary Embolism</p> <p>B. Chronic Obstructive Pulmonary Diseases</p> <p>1. Acute Respiratory Failure</p> <p>2. Acute respiratory distress syndrome</p> <p>3. The client requiring Intubations, ventilation, Tracheostomies, oxygen therapy</p> <p>C. Chest Trauma and Thoracic Injuries</p> <p>4. Pneumothorax</p> <p>5. Hemothorax</p> <p>6. Clinical manifestations</p>	<p><u>Prior to Class</u></p> <p>Review Chapter 30, pp. 529-538, 539- 551, in Iggy & Workman (Students are responsible).</p> <p>Read Chapters 32, pp. 591-615, 564-569, and 497-507 in Iggy & Workman.</p> <p><u>During Class</u></p> <p>Discuss types of chest trauma</p> <p>View Film on Chest tubes</p> <p>View Video on ARDS</p> <p>Case Study- Respiratory Failure</p> <p>Review procedure for Thoracentesis</p>

<p>diagnosis for clients who require mechanical ventilation.</p> <p>7. Describe indications for intubation.</p> <p>8. Describe clinical manifestations of Pulmonary Embolism.</p>		<p><u>After Class</u> Apply Knowledge and skills in clinical settings</p>
<p>9. Provide emotional support for clients/families with complex adaptation needs.</p> <p>10. Explain the collaborative care of the client with respiratory problems.</p> <p>11. Describe the etiology, pathophysiology, and clinical manifestations of acute respiratory distress syndrome.</p> <p>12. Assess and document findings for the client in acute respiratory failure.</p> <p>11. Evaluate the effectiveness of nursing care for clients with respiratory problems</p>	<p>7. Therapeutic management</p> <p>8. Gum shot wounds</p> <p>9. Chest tubes</p> <p>10. Fractured Ribs</p> <p>11. Flail Chest</p> <p>III. Nursing Management</p> <ol style="list-style-type: none"> 1. Assessment 2. Nursing Diagnosis 3. Planning 4. Nursing intervention 5. Evaluation <p>IV. Drugs used in treatment of Respiratory problems</p> <ol style="list-style-type: none"> 1. Morphine 2. Singular 3. Lasix 4. Albuterol 5. Prednisone (seldom used in the treatment of ARDS) 6. Theophylline. <p>V. Airway obstruction.</p> <p>Tracheostomy.</p> <ol style="list-style-type: none"> a. Providing tracheostomy Care b. Decannulation c. Cancer of the head and 	<p>Read Pages 514-516, 497-507, and 516-527 (Airway obstruction)</p>

	<p>neck</p> <ol style="list-style-type: none">1. Clinical manifestation2. Diagnostic Studies3. Collaborative care4. Nutritional Therapy5. Nursing Management. Radiation therapy6. Surgical therapy7. Voice Rehab.	
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Unit II: Problems of Cardiac Output & Tissue Perfusion: Management of clients with problems of the cardiovascular system.

Learning Outcomes	Content	Learning Activities
<p>1. Assess the cardiovascular status of a patient using a variety of diagnostic studies/findings.</p> <p>2. Describe cardiovascular changes associated with aging.</p> <p>3. Provide safe nursing care for a patient with invasive hemodynamic monitoring equipment.</p> <p>4. Explain the purpose of hemodynamic monitoring.</p> <p>5. Identify factors that place clients at risk for cardiovascular problems.</p> <p>6. Perform appropriate assessments for clients at risk for cardiovascular problems.</p>	<p>1. Cardiovascular System</p> <p>A. Anatomy and Physiology</p> <p>B. Assessment</p> <p>C. Effects of aging on the CV system.</p> <p>D. Diagnostic studies:</p> <p>Noninvasive</p> <ol style="list-style-type: none"> 1. CXR 2. ECG 3. Ambulatory ECG monitoring 4. Exercise treadmill testing 5. Echocardiogram 6. Nuclear cardiology 7. MRI 8. Blood tests 9. Invasive Studies <ol style="list-style-type: none"> a. Cardiac catheterization b. Coronary angiography c. Electrophysiology study d. Blood flow and pressure measurements. <ol style="list-style-type: none"> 1. Hemodynamic monitoring <ol style="list-style-type: none"> a. Arterial Lines: Blood pressure monitoring, complications b. Swan-Ganz: Nursing management 	<p>Prior to Class</p> <p>Review chapter 33 in Iggy & Workman pp. 627-653 (Testable material),</p> <p>During Class</p> <p>Review diagnostic studies</p> <p>Discuss catheterization, demonstration of lines used</p> <p>View video on Hemodynamic monitoring Case Study</p> <p>After Class</p> <p>Apply knowledge and skills in clinical settings\</p>

Unit II: Problems of cardiac Output/Tissue perfusion Cont'd

Learning Outcomes	Content	Learning Activities
<p>1. Identify the clinical characteristics and electrocardiographic patterns of common dysrhythmias</p> <p>2. Plan therapeutic nursing care for common dysrhythmias.</p> <p>3. Differentiate between defibrillation and cardioversion identifying indications for use of each.</p> <p>4. Plan care for the management of clients with temporary and permanent pacemakers.</p> <p>5. Interpret common cardiac dysrhythmias</p> <p>6. Identify priority nursing diagnoses for clients experiencing dysrhythmias.</p>	<p>II. Nursing Role in Managing Arrhythmias</p> <p>A. Conduction System Review</p> <p>B. Electrocardiogram monitoring</p> <p>C. Telemetry Monitoring</p> <p>D. Assessment of cardiac rhythm</p> <p>E. Electrophysiologic mechanism</p> <p>F. Evaluation of Arrhythmias</p> <p>G. Types of arrhythmias: Sinus bradycardia, Sinus tachycardia, PVC's, Atrial Flutter, Atrial fibrillation, Ventricular tachycardia, ventricular fibrillation, and asystole.</p> <p>H. Antiarrhythmic drugs</p> <p>I. Defibrillation</p> <p>J. Implantable cardioverter-defibrillator</p> <p>K. Pacemakers</p>	<p><u>Prior to Class</u> Read chapter 34 in Iggy & Workman (Possibly Guest Lecturer)</p> <p><u>During Class</u> Recognition of basic rhythms, hand outs on pacemakers and rhythm recognition and intervention</p> <p><u>After Class</u> Review rhythms and treatments Apply knowledge and skills in clinical settings.</p>

Unit II: Cardiac Output Cont'd

Learning Outcomes	Content	Learning Activities
<p>1. Describe the clinical manifestations of and therapeutic/nursing management of clients with hypertensive emergencies</p>	<p>III. Hypertensive Crisis A. Review Hypertension B. Causes C. Clinical manifestation D. Nursing management E. Therapeutic management</p>	<p><u>Prior to Class</u> Review Chapter pp. 732-743 (Hypertension) in Iggy & Workman. Testable material, student responsibility. Read pages 837-838 in Lewis, et al</p>
<p>1. Describe the etiology and pathophysiology of coronary artery disease.</p> <p>2. Assess patients with common cardiovascular disorders</p> <p>3. Explain the nursing role in health promotion and maintenance related to risk factors for coronary artery disease.</p> <p>4. Prioritize nursing diagnoses for patients with cardiovascular disorders.</p> <p>5. Develop an individual plan of care for patients with cardiovascular disorders.</p> <p>6. Compare & contrast stable angina, unstable angina & Myocardial infarction.</p> <p>7. Identify life threatening complications of CAD</p>	<p>IV. Nursing Role in Managing Coronary Artery Disease (CAD).</p> <p>A. Significance B. Etiology and pathophysiology C. Developmental stages D. Collateral Circulation E. Risk Factors 1. Modifiable risk factors 2. Non-modifiable risk factors F. Client Education. G. Nutritional management H. Pharmacological management I. Angina pectoris 1. Pathophysiology 2. types of angina 3. Clinical manifestations 4. Complications 5. Diagnostic studies</p>	<p><u>Prior to Class</u> Read chapter 38 pp. 789-815 in Iggy & Workman</p> <p><u>During Class</u> Discussion on CAD Case Study on CAD/MI</p> <p><u>After Class</u> Apply knowledge and skills during clinical rotations to ICU, ED</p>

Unit II: Cardiac Output/Perfusion (Continued)

Learning Outcomes	Content	Learning Activities
<p>pectoris.</p> <p>8. Describe the pathophysiology of myocardial infarction.</p> <p>9. Provide safe nursing care for patients with cardiovascular disorders</p> <p>10. Describe the nursing role in rehabilitation of a myocardial infarction client</p> <p>11. Assist patients/families to adapt to complex oxygenation/perfusion problems and their outcomes.</p>	<p>6. Therapeutic management</p> <p>7. Nursing management- assessment, diagnoses, planning, implementation, evaluation acute intervention, chronic and home management</p> <p>J. Myocardial Infarction(MI)</p> <p>1. Pathophysiology</p> <p>2. Clinical management</p> <p>3. Complications</p> <p>4. Diagnostic studies</p> <p>5. Therapeutic management</p> <p>6. Pharmacologic Management</p> <p>7. Nursing management</p> <p>assessment, diagnoses, planning, implementation and evaluation</p> <p>a. Acute intervention</p> <p>1. Pain</p> <p>2. Monitoring</p> <p>3. Rest and Comfort</p> <p>4. Anxiety</p>	

Unit II: Oxygenation/Perfusion (Continued)

Learning Outcomes	Content	Learning Activities
	<ul style="list-style-type: none"> 5. Emotional and behavioral reactions b. Ambulatory and home care <ul style="list-style-type: none"> 1. Patient education 2. physical exercise 3. Risk factors 4. Therapeutic management K. Sudden Cardiac Death <ul style="list-style-type: none"> 1. Significance 2. Etiology 3. Risk factors 4. Therapeutic management L. Special Issues <ul style="list-style-type: none"> 1. Gerontologic considerations 2. Women and CAD 3. Implications for nursing 	
<ul style="list-style-type: none"> 1. Define shock 2. Differentiate between the 3 major classifications of shock related to cause and precipitating factors. 3. Analyze nursing management for clients with the different types of shock. 4. Identify clients at risk for septic shock 5. Identify Clients at risk for hypovolemic shock 	<ul style="list-style-type: none"> V. Shock <ul style="list-style-type: none"> A. Systemic Inflammatory Response Syndrome (SIRS) B. Multiple Organ Dysfunction Syndrome (MODS). 	<p><u>Prior to Class</u> Read chapter 37, pp. 771-787 in Iggy & Workman</p> <p><u>During Class</u> Case studies- differentiating different types of shock and related nursing care.</p> <p>Review concept map of hypovolemic shock, pp. 778</p> <p><u>After Class</u> Critical thinking challenge. Pp 787- Turn in next class.</p>

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<p>Unit II Cont'd: Cardiac Output/Perfusion</p> <p><u>Learning Outcomes</u></p>	<p><u>Content</u></p>	<p><u>Learning Activities</u></p>
<p>1. Differentiate between the therapeutic, pharmacologic, nutritional, and nursing management of the patient with chronic versus acute congestive heart failure.</p> <p>2. Assess patients with congestive heart failure</p> <p>3. Develop an individual plan of care for a patient with congestive heart failure</p> <p>4. Prioritize nursing diagnoses for patients with congestive heart failure</p> <p>5. Evaluate effectiveness of outcomes for patients with CHF or pulmonary edema.</p> <p>6. Provide emotional support for patients/families with congestive heart failure.</p>	<p>VI. Nursing role in managing Congestive Heart Failure and Cardiac Surgery.</p> <p>A. Congestive Heart failure (CHF)</p> <ol style="list-style-type: none"> 1. Significance 2. Pathophysiology <ol style="list-style-type: none"> a. Risk factors b. Etiology c. Pathology of ventricular failure d. Compensatory mechanisms 3. Types of CHF (Classification of heart failure) 4. Collaborative management 5. Diagnostic Studies 6. Nursing Diagnoses & Collaborative problems 7. Pharmacologic management of chronic CHF <ol style="list-style-type: none"> a. Positive inotropic agents b. Diuretics c. Vasodilator drugs 8. Nutritional management/CHF 9. Home care management/health teaching. <p>B. Cardiac Surgery</p> <ol style="list-style-type: none"> 1. Preoperative management 2. Intraoperative 	<p><u>Prior to Class</u> Read chapter 35 in Iggy & Workman Read pages 698-712, 806-815.</p> <p><u>During Class</u> Lecture and discussion Case study- CHF, CABG View video on CABG</p> <p>Have students diagram the backward flow of blood in both right and left ventricular failure and indicate the areas of increased congestion. Ask them to explain how left sided failure eventually causes right sided failure</p> <p><u>After Class</u> Apply knowledge and skills in clinical settings Review class notes and compare to textbook</p>

	management	
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Unit II: Problems of cardiac output/ tissue perfusion (Continued)

Learning Outcomes	Content	Learning Activities
<p>7. Demonstrate the preoperative and postoperative teaching for the patients having cardiac surgery.</p> <p>8. Assist patients/families to adapt to lifestyle changes following cardiac surgery.</p>	<p>3. Postoperative management</p> <p>4. Mechanical assist devices.</p>	<hr/>
<p>1. Describe the pathophysiology, clinical manifestations and surgical management of aortic aneurysms.</p> <p>2. Design an individualized plan of care for a patient with an aneurysm.</p> <p>3. Describe the pathophysiology, clinical manifestations, and therapeutic and nursing management of patients with pulmonary emboli.</p>	<p>VII. Nursing Role in Managing Vascular Disorders.</p> <p>A. Aneurysms</p> <ol style="list-style-type: none"> 1. Pathophysiology 2. Classification 3. Clinical manifestations 4. Collaborative management 5. Diagnostic studies 6. Therapeutic management 7. Surgical intervention/non-surgical 8. Nursing management (home care/health teaching <p>B. Pulmonary Embolism</p> <ol style="list-style-type: none"> 1. Pathophysiology 2. Clinical manifestations 3. Complications 4. Diagnostic studies 5. Therapeutic and Pharmacology management <ol style="list-style-type: none"> a. Conservative therapy b. Surgical interventions c. Thrombolytic Therapy 	<p><u>Prior to Class</u> Read pages 756-760 in Iggy & Workman</p> <p>Read chapter 32, pp. 591-597..</p> <p><u>During Class</u> Have students predict complications that could occur as a result of surgical repair of aneurysms, considering the interruption in blood supply and coagulation and bleeding problems around the graft site.</p> <p>Ask two students to role play the nurse providing discharge teaching for a patient with a repair of an aortic aneurysm</p> <p>Have students work in groups to identify the expected results of the following diagnostic studies in a patient with a massive pulmonary embolism: ECG, Chest X-ray, Lung Scan, pulmonary angiography, and ABG analysis</p>

	6. Nursing management -common nursing diagnosis	
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Unit III: Problems of Protection: Interventions for Clients with Burns

Learning Outcomes	Content	Learning Activities
<ol style="list-style-type: none"> 1. Describe the causes and prevention of burn injuries. 2. Differentiate between the involved structures and the client appearance of partial and full-thickness burns. 3. Classify burns based on severity. 4. Explain fluid and electrolyte shifts during the emergent and acute burn phases. 5. Explain the physiologic and psychosocial aspects of burn rehabilitation. 6. Prioritize nursing diagnoses for clients with burn injuries. 7. Apply the nursing process in the management of the emotional needs of the burn patient and family. 8. Design a plan of care including nursing interventions for management of pain in the burn patient. 	<ol style="list-style-type: none"> A. Types of Burn Injury <ol style="list-style-type: none"> 1. Thermal burns 2. Chemical burns 3. Smoke and inhalation injury 4. Electrical burns B. Classification of Burn Injury <ol style="list-style-type: none"> 1. Depth 2. Extent 3. Location 4. Patient risk factors 5. Major versus minor burns C. Phases of Burn Management <ol style="list-style-type: none"> 1. Pre-hospital care 2. Emergent phase <ul style="list-style-type: none"> - pathophysiology -clinical manifestations -complications -airway management -fluid therapy 3. Acute phase <ul style="list-style-type: none"> - pathophysiology -clinical manifestations -fluid replacement -pain management -nutritional therapy 4. Rehabilitation phase 	<p>Prior to Class (Burns) Read Iggy & Workman Chapter 68, pp. 1555-1585 Read research article: Wiebelhause, P. & Hanson, S.L. (2001. What you should know about managing burn emergencies. <u>Nursing 31</u>, 36-41.</p> <p>Disseminated Intravascular Coagulation (DIC)</p> <p>Read Iggy & Workman, Chapter 25, pp. 440-441, 784.</p> <p style="text-align: center;">During Class Discussion of relevant literature</p> <p style="text-align: center;">After Class Practice skills in clinical areas</p>

	5. Emotional needs of the patient and family	
<p>9. Apply your knowledge of anatomy and physiology in the etiology and pathophysiology of DIC.</p> <p>10. Describe the clinical manifestations and diagnostic findings in clients with DIC.</p> <p>11. Explain the nursing and collaborative management of DIC.</p>	<p>D. Pain Management Disseminated Intravascular Coagulation (DIC)</p> <p>A. Etiology and pathophysiology</p> <p>B. Clinical manifestations</p> <p>C. Diagnostic studies</p> <p>D. Nursing management</p> <p>-Nursing diagnoses</p> <p>-Nursing implementation</p>	

Unit III: Problems of Excretion: Management of Clients & Problems of the Urinary/Renal System

Learning Outcomes	Content	Learning Activities
<p>1. Differentiate between acute and chronic renal failure.</p> <p>2. Demonstrate an understanding of the causes of prerenal, intrarenal, and post-renal acute renal failure.</p> <p>3. Explain the collaborative care and nursing management for a patient in the oliguric and diuretic phases of acute renal failure.</p> <p>4. Apply your knowledge of pathophysiology in describing the systemic effects of chronic renal failure.</p> <p>5. Differentiate between peritoneal dialysis and hemodialysis in terms of purpose, indications for use, advantages and disadvantages and nursing responsibilities.</p> <p>6. Prioritize nursing diagnoses for client with acute and chronic renal failure.</p>	<p>A. Acute Renal Failure</p> <ol style="list-style-type: none"> 1. Etiology and pathophysiology 2. Diagnostic studies <p>B. Nursing management: Acute Renal Failure</p> <ol style="list-style-type: none"> 1. Nursing assessment 2. Nursing diagnosis 3. Planning 4. Nursing implementation <p>C. Chronic Renal Failure</p> <ol style="list-style-type: none"> 1. Significance 2. Clinical manifestations 3. Collaborative conservative care <p>D. Nursing management conservative therapy of chronic renal failure</p> <ol style="list-style-type: none"> 1. Nursing assessment 2. Planning 3. Nursing implementation 4. Evaluation 	<p>Prior to Class</p> <p>Review: Iggy & Workman. Chapter 69. pp. 1589-1613 Nursing Assessment of Urinary System, and chapter 72. Interventions for Clients with Acute and Chronic Renal Failure. Pp 1664-1702.</p> <p>Read research: Ross, C.A. (2000). Emergency: Dialysis Disequilibrium Syndrome. <u>AJN</u>, 2, 53-54.</p> <p>Hayes, D.D. (2000). Caring for you patient with permanent hemodialysis. <u>Nursing</u> 3, 41-46.</p> <p>During Class</p> <p>Discussion of current literature</p> <p>After Class</p> <p>Apply knowledge and skills in clinical settings Participate in Dialysis alternative experience Compare class notes to textbook readings</p>
	<p>E. Dialysis</p> <ol style="list-style-type: none"> 1. General 	

	<p>principles</p> <ol style="list-style-type: none">2. Peritoneal dialysis<ul style="list-style-type: none">-complications of peritoneal dialysis3. Hemodialysis<ul style="list-style-type: none">-Vascular access sites-Complications of hemodialysis4. Effects of and adaptation to peritoneal	
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Problems of Excretion: Problems of Regulation and Metabolism: Interventions for Clients with Diabetes Mellitus

Learning Outcomes	Content	Learning Activities
<p>1. Describe the pathophysiologic and clinical manifestations of diabetes mellitus.</p> <p>2. Differentiate between Type 1 and Type II diabetes mellitus.</p> <p>3. Distinguish between the pathophysiology and manifestations of acute and chronic complications of diabetes mellitus.</p> <p>4. Describe the collaborative and interdisciplinary care of clients with diabetes mellitus.</p> <p>5. Describe the role of nutrition in the management of diabetes mellitus.</p> <p>6. Prioritize nursing diagnoses for clients with design a plan a care for a newly diagnosed client with diabetes mellitus.</p>	<p>Complications of Diabetes</p> <p>A. Review of Diabetes Mellitus</p> <p>B. Acute Metabolic Complications</p> <ol style="list-style-type: none"> 1. Diabetic ketoacidosis (D.K.A.) <ol style="list-style-type: none"> a. Causes/Etiology b. Pathophysiology/Assessment Findings c. Collaborative care/interventions 2. Hyperglycemia Hyperosmolar non-ketosis (H.H.N.K.) <ol style="list-style-type: none"> a. Collaborative care b. Nursing management of D.K.A, and H.H.N.K. 3. Hypoglycemia <ol style="list-style-type: none"> a. Nursing and Collaborative management <p>C. Chronic Complications</p> <ol style="list-style-type: none"> 1. Angiopathy-macro and micro 2. Peripheral Vascular Disease 3. Diabetic Retinopathy 4. Nephropathy 5. Neuropathy 6. Skin Changes 7. Infection 8. Gerontologic considerations 	<p>Prior to Class Review – Patient with diabetes mellitus Chapter 65, pp. 1440-1448</p> <p>During Class Case Study</p> <p>After Class Apply knowledge and skills in the clinical settings.</p>

Unit IV. Problems of Digestion, Nutrition, and Elimination: Hepatitis and Pancreatitis

Learning Outcomes	Content	Learning Activities
<p>1. Define jaundice and describe signs and symptoms that may occur with the different types of jaundice.</p> <p>2. Differentiate among the types of viral hepatitis, including etiology, pathophysiology, clinical manifestations, complications and collaborative care.</p> <p>3. Describe the pathophysiology, clinical manifestations, complications, and collaborative care for patients with acute and chronic Pancreatitis.</p> <p>4. Prioritize nursing diagnoses for clients with acute and chronic Pancreatitis.</p> <p>5. Plan the nursing care and management of acute and chronic Pancreatitis.</p> <p>6. Evaluate outcomes of nursing interventions for patients with hepatitis/Pancreatitis.</p>	<p>A. Types of Jaundice</p> <ol style="list-style-type: none"> 1. Hemolytic 2. Hepatocellular 3. Obstructive <p>B. Viral Hepatitis</p> <ol style="list-style-type: none"> 1. Etiology 2. Pathophysiology 3. Clinical manifestations 4. General considerations <p>C. Nursing Management Hepatitis</p> <ol style="list-style-type: none"> 1. Nursing assessment 2. Planning 3. Nursing implementation 4. Evaluation <p>D. Acute Pancreatitis</p> <ol style="list-style-type: none"> 1. Etiology and pathophysiology 2. Clinical manifestations 3. Complications 4. Nursing management 	<p>Prior to Class Read Chapter 59, pp. 1298-1322</p> <p>Pancreatitis, Chapter 60, pp. 1338-1348</p> <p>Read article: Buckhold, Kim. (2000). Who's afraid of Hepatitis C? <u>AJN</u>, 5. pp. 26-31.</p> <p>During Class Case Study, Discuss relevant literature</p> <p>After Class Apply skills and knowledge in clinical areas.</p>

Unit V: Problems of Mobility, Sensation and Cognition: Neurologic Problems

Learning Outcomes	Content	Learning Activities
<p>1. Assess clients for increased intracranial pressure.</p> <p>2. Identify common etiologies, clinical manifestations, and therapeutic management of increased intracranial pressure.</p> <p>3. Describe nursing management of head injury.</p> <p>4. Prioritize nursing diagnoses and nursing management for the client with increased intracranial pressure.</p> <p>5. Evaluate effectiveness of outcomes of nursing interventions for clients with increased intracranial pressure.</p> <p>6. Describe the etiology, clinical manifestations, diagnostic studies, and management of seizure disorders and epilepsy.</p> <p>7. Design a plan of care for clients with seizure disorders.</p> <p>8. Apply the nursing process in the care of the unconscious patient.</p>	<p>Nervous System</p> <p>I. Nursing Role in Managing Intracranial Problems</p> <p>A. Review the following:</p> <ol style="list-style-type: none"> 1. A & P, Assessment, Dx Studies 2. Unconsciousness 3. Unconsciousness state <ol style="list-style-type: none"> a. Behavior b. Glasgow Coma Scale <p>B. Intracranial Pressure (ICP)</p> <p>Cerebral Edema</p> <ol style="list-style-type: none"> 1. Mechanism of increased ICP 2. Complications 3. Clinical manifestations 4. Diagnostic studies 5. Therapeutic management 6. Pharmacology management 7. Nutritional management 8. Nursing management – primary goals, assessment, diagnoses, planning, implementation <ol style="list-style-type: none"> a. Maintenance of respiratory function b. Fluid and electrolyte balance c. Monitoring of ICP d. Body position e. Protection from injury and environmental management f. Contributory factors g. Psychological considerations 	<p>Prior to Class</p> <p>Review Chapter 41 in Iggy & Workman</p> <p>Read pages 989-990 (traumatic head injury)</p> <p>Read pages 990-991 (ICP)</p> <p>Read pages 993-1000 (management) Chapter 42, pp. 900-904 (seizure/epilepsy)</p> <p>During Class</p> <p>Case Studies</p> <p>After Class</p> <p>Apply knowledge and skills in clinical setting.</p>
	<p>C. Major Head Trauma</p>	

	<ol style="list-style-type: none"> 1. Pathophysiology 2. Diagnostic and therapeutic management 3. Nursing management- assessment, diagnoses, planning, implementation, health promotion and maintenance, acute intervention, chronic and home management <p>D. Cranial Surgery</p> <ol style="list-style-type: none"> 1. Surgery procedure 2. Nursing management- assessment diagnoses, planning, implementation, acute intervention, chronic and home management <p>E. Seizure Disorders and Epilepsy</p>	
<ol style="list-style-type: none"> 1. Describe the incidence and risk factors for stroke. 2. Compare and contrast the pathophysiology of strokes caused thrombosis, embolism, and intracranial hemorrhage. 3. Correlate the clinical manifestations of stroke with the underlying pathophysiology. 4. Describe acute nursing management of the stroke client. 5. Describe the rehabilitative nursing management of the stroke client. 6. Provide psychosocial support of the patient/family with 	<p>II. Nursing Role in Managing Stroke Patients</p> <ol style="list-style-type: none"> A. Significance B. Risk factors C. Pathophysiology D. Types of strokes E. Clinical manifestations F. Diagnostic studies G. Therapeutic management <ol style="list-style-type: none"> 1. Prevention 2. Acute and chronic management H. Pharmacology management I. Nutritional management 	<p>Prior to Class Read Iggy & Workman, Chapter 45, pp. 973-989</p> <p>During Class Case Study – Stroke</p> <p>After Class Apply knowledge and skills in clinical settings Compare note to textbook</p>

stroke.		
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Unit V: Problems of Mobility (cont'd): Stroke

Learning Outcomes	Content	Learning Activities
<p>1. Explain the etiology, clinical manifestations, and nursing management of clients with tetanus.</p> <p>2. Discuss the significance of spinal injury in terms of disability and cost.</p> <p>3. Explain the pathophysiologic mechanisms of the initial injury to the spinal cord.</p> <p>4. Explain the phenomenon of spinal shock and its manifestations.</p> <p>5. Describe the classification systems used to describe spinal cord injuries.</p> <p>6. Discuss the initial immobilization, stabilization, assessment and diagnosis of the patient with a spinal cord injury.</p> <p>7. Prioritize nursing diagnoses for patients with spinal cord injury.</p> <p>8. Design a plan of care for the nursing management of clients with spinal cord injury.</p>	<p>III. Nursing Role In Managing Spinal Cord Problems</p> <p>A. Spinal Cord Trauma</p> <ol style="list-style-type: none"> 1. Etiology and Pathophysiology 2. Classification of Spinal Cord Injury 3. Clinical Manifestations 4. Collaborative care 5. Nursing Management <ol style="list-style-type: none"> a. Nursing assessment <ol style="list-style-type: none"> 1. Autonomic hyperreflexia b. Diagnosis c. Planning d. Intervention-acute, immobilization e. Evaluation <p>B. Tetanus</p> <ol style="list-style-type: none"> 1. Clinical Manifestations 2. Collaborative Care 3. Nursing Management <ol style="list-style-type: none"> a. Current recommendations for vaccination 	<p>Prior to Class Read Chapter 43, pp. 931-942</p> <p>During Class Video-Spinal Cord Trauma</p> <p>After Class Review and study for final.</p>

Delaware State University
Department of Nursing
28-403
Health Promotion, Maintenance, and Restoration III
Guide for Clinical Evaluation

Directions:

Listed below are some of the behaviors in which the course objectives and behaviors can be met. The descriptors do not include every single behavior to be performed. They are intended to give a general idea or scope. The descriptors correspond to the behaviors listed in the evaluation tool.

- 1. Analyze concepts from the biopsychosocial sciences and humanities to assist individuals and families from diverse backgrounds in meeting health care needs.**
 - a. Analyze knowledge related to nursing and other healthcare disciplines and applies that knowledge when providing care**

Example: electrolyte function in the body, infectious agents, normal from abnormal body functions.
 - b. Describe psychosocial theories as related to client's developmental stage, defense mechanisms, family structure and cultural backgrounds**

Examples: Conduct a systematic assessment using theories about family and family development as the basic framework.(Erickson's developmental stages, family structure and interactions).

Plan and implement client-teaching keeping in mind client's developmental stage using the appropriate learning theories.
 - c. Describe appropriate concurrent knowledge from pathophysiology and pharmacology.**

Examples: Knowledge of actions, indications, side effects, and nursing implications of medications being administered, calculations, proper administration, complications of chronic illnesses such as hypertension and diabetes mellitus.
 - d. Analyze concepts relative to cultural diversity when caring for individuals and families from diverse backgrounds.**

Example: cultural awareness related to values and beliefs, roles in the family, ethnicity.

2. **Manages client care in structured and unstructured setting to assist in meeting client needs across the life span with common well-defined problems of adaptation.**

- c. **Applies standards and principles, when planning, giving, and adapting care, based on admitting diagnoses, medication, therapeutic treatments and procedures.**

Example: collects relevant data, differentiates subjective from objective data, and performs appropriate physical assessment.

Abide by Delaware State University Department of Nursing uniform code. (Wear a clean uniform, pressed, jewelry and hair are appropriate)

- d. **Plans and implements nursing interventions congruent with client condition and evaluate client progress toward desired outcomes.**

Examples: Safely and accurately identify client's needs based on data collected and client condition.

Prioritize client needs, plan care consistent with client values, and implement activities to meet client needs.

- e. **Maintain a safe and therapeutic environment.**

Example: collaborates with members of healthcare team, maintains client confidentiality, uses care plans to guide and evaluate care, performs interventions with effectiveness and safety.

- f. **Evaluates client's progress toward desired outcomes.**

Examples: Evaluate client's response to a therapeutic nursing intervention, integrating pertinent data, modify plan of care as needed and document appropriately in client record.

- g. **Delegates appropriately, lead, inspire, and motivate others.**

Examples: Communicates effectively orally and in writing in-group discussion, end- of- shift report, care plans and charting.

Successfully pick out client assignments for fellow students, conduct pre and post conference when assigned.

Manage time and environment effectively.

3. **Utilizes critical thinking in decision-making process and in the nursing process and in the provision of nursing care to clients.**

- a. Involves the client in the determination of goals and establishes nursing care plans consistent with those goals.
- b. Demonstrate evaluation and integration of pertinent information from multiple sources in planning care.
Example: may have to integrate information from a secondary source.
- c. Utilizes research and evidence based practice when giving rationale for care.
Example: provides the scientific rationale and resources in written care plans.
- d. Analyze data collected in planning care to promote, maintain and restore health.
Example: identifies risk behaviors and needs for teaching.
- e. Seeks appropriate assistance in clinical area.
Examples: Identifies strengths and limitations, returns to campus lab for review of skills.
Seeks clarification and validation before proceeding with interventions as necessary.

4. Collaborates with cultural diverse individuals, families, groups, communities, and multidisciplinary team in order to formulate interventions that assist in promoting, maintaining and restoring health in clients across the life span.

- h. Facilitates teamwork (focuses on common goals, helps and encourages others to contribute in their own way).

Examples: Respects experience and consults with health team members. Obtains needed information from the staff using a goal-directed approach.
- i. Communicates appropriately with client, family, or client's definition of family, and members of the entire health care team.
Examples: Demonstrates interviewing skills, therapeutic communication skills, attitude of acceptance and empathy when communicating with members of various cultures, communicates plan of care. Reports changes in level of consciousness, vital signs, level of activity tolerance, appearance of wounds, etc.
- j. Demonstrates accurate documentation on clients' records.
Example: uses legible, clear, and professional language.

5. Incorporates nursing research and findings to apply evidenced based practice in the care of the client.

- a. Applies findings from nursing research to the care of selected clients.
- b. Implements a plan of care for health teaching that incorporates evidenced-based practice.
- c. Utilizes disseminated research findings to make decisions about client care.
- d. Collects data about client, which are research-based and utilizes the data to formulate nursing diagnoses and plan for care.

6. Utilizes professional values, knowledge of legal and ethical concepts, and safety measures in the provision of nursing care.

- a. Protect the privacy and confidentiality of the client.
- b. Adhere to the Patient's Bill of Rights.
- c. When applicable serve as an advocate for the client and family.
- d. Recognize the client's right to refuse care.
- e. Recognize the legal basis of informed consent.

7. Utilizes behaviors that demonstrate ongoing personal and professional role of development.

- a. Demonstrates self-direction in performing professional tasks.
- b. Arrives at clinical agency promptly and in an appropriate uniform.
- c. Demonstrates preparation for learning experience.
- d. Reports to appropriate person when leaving the clinical area.
- e. Takes responsibility for completing assignments and required documentation.
- f. Recognizes, corrects and reports own errors.
- g. Identifies own learning needs and seeks appropriate experiences to fulfill goals and objectives.
- h. Adheres to established agency and university policy during clinical experience.

Delaware State University
Department of Nursing

Evaluation of Student Clinical Performance
28-403 Health Promotion, Maintenance and Restoration III

Student's Name: ----- Clinical Agency-----

Semester: -----

Clinical Instructor(s): -----

Number of days absent: ():-----

Number of days late: ():-----

Clinical Evaluation Tool

Below are listed some of the ways in which the course objectives and behaviors can be met. The descriptors do not include every single behavior to be performed, but are intended to give a general idea or scope.

S = Satisfactory

U = Unsatisfactory

Clinical Outcomes	S	U
<p>1. Analyze concepts from the bio-psychosocial sciences and humanities to assist individuals and families from diverse backgrounds in meeting health care needs.</p> <p>A. Analyze knowledge related to nursing and other healthcare Disciplines and applies that knowledge when providing care.</p> <p>B. Describes psychosocial theories as related to clients developmental Stage, defense mechanisms, family structure and cultural Backgrounds.</p> <p>C. Describe appropriate concurrent knowledge from pathophysiology and pharmacology.</p> <p>D. Analyze concepts relative to cultural diversity when caring for individuals and families from diverse backgrounds.</p> <p>Comments:</p>		

2. Manages Client care in structured and unstructured setting to assist in meeting client needs across the life span with common well-defined problems of adaptation.

- A. Applies standards and principles when planning, giving and adapting care based on admitting diagnoses, medication, therapeutic treatments and procedures.
- B. Plans and implements nursing interventions s congruent with client condition and evaluate client progress toward desired outcomes.
- C. Maintain a safe and therapeutic environment.
- D. Evaluates client’s progress toward desired outcomes.
- E. Delegates appropriately, lead, inspire, and motivate others.

Comments:

3. Utilizes critical thinking indecision making process and in the nursing process and in the provision of nursing care to clients.

- A. Involves the client in the determination of goals and establishes nursing care plans consistent with those goals.
- . .
- B. Demonstrates evaluation and integration of pertinent information from multiple sources in planning care.
- C. Utilizes research and evidenced based practice when giving rationale for care.
- D. Analyze data collected in planning care to promote, maintain and restore health.
- E. Seeks appropriate assistance in clinical area.
- . .

Comments:

<p>4. Collaborates with culturally diverse individuals, families, groups, communities, and multidisciplinary team in order to formulate interventions that assist in promoting, maintaining and restoring health in clients across the life span.</p> <p>A. Facilities teamwork (focuses on common goals; helps and encourage others to contribute in their own way).</p> <p>B. Communicates appropriately with client, family, or client’s definition of family, and members of the entire health care team.</p> <p>C. Demonstrates accurate documentation on clients’ records.</p> <p>Comments:</p>	
<p>5. Incorporates nursing research and findings to apply evidenced based practice in the care of the client.</p> <p>A. Applies findings from nursing research to the care of selected clients.</p> <p>B. Implements a plan of care for health teaching that incorporates evidenced-based practice.</p> <p>D. Utilizes disseminated research findings to make decisions about client care.</p> <p>E. Collects data about client, which are research- based and utilizes the data to formulate nursing diagnoses and plan of care.</p> <p>.</p> <p>6. Utilizes behaviors that demonstrate ongoing personal and professional role of development.</p> <p>A. Protect the privacy and confidentiality of the client</p> <p>B. Adhere to the Patients Bill of Rights.</p> <p>E. When applicable serve as an advocate for the client and family.</p> <p>F. Recognize that client’s right to refuse care.</p> <p>G. Recognize the legal basis of informed consent.</p> <p>Comments:</p>	

<p>7. Utilizes behavior that demonstrate ongoing personal and professional role of development.</p> <p>A. Demonstrates self-direction in performing tasks.</p> <p>B. Arrives at clinical agency promptly and in an appropriate uniform.</p> <p>C. Demonstrates preparation for learning experience.</p> <p>D. Reports to appropriate person when leaving the clinical area.</p> <p>E. Takes responsibility for completing assignments and required documentation.</p> <p>F. Recognizes, corrects and reports own errors.</p> <p>G. Identifies own learning needs and seeks appropriate experiences to fulfill goals and objectives.</p> <p>H. Adheres to established agency and university policy during clinical experiences.</p> <p>Comments:</p>		
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Delaware State University
Department of Nursing

Mid-term Clinical Narrative Evaluation and Recommendations.

Clinical Instructor _____

Date_____

Student _____

Date_____

Delaware State University
Department of Nursing

Final Clinical Narrative Evaluation

Recommendations:

Clinical Instructor _____ Date _____

Student: _____ Date: _____

Delaware State University
Department of Nursing

28.403 Health Promotion, Maintenance and Restoration III
Nursing Care Plan Grading Criteria

	Available Points	Actual Points
Completion of sections I through IV	5	_____
Documents subjective information according to assessment guide	10	_____
Documents objective data according to the assessment guide	15	_____
Provides validation of data (reference for normals) and provides analysis of normal versus abnormal	6	_____
Formulates NANDA-Approved Nursing Diagnoses, including related to statements and secondary to diagnosis (if applicable)	10	_____
Writes defining characteristics (as evidenced by)	6	_____
Prioritizes all nursing diagnoses correctly	10	_____
Identifies three teaching needs of the client	5	_____
<u>Complete a care plan for each of the top three priority nursing diagnoses</u>		
Formulates a measurable goal with three outcome criteria	8	_____
Documents two nursing interventions for each outcome criteria (six total)	10	_____
Cites rationale from literature for each nursing intervention	5	_____
Evaluates interventions to determine if outcome criteria were achieved by documenting either met or unmet and if outcome criteria unmet, the reasons why not	10	_____
Total	100	_____

Delaware State University
Department of Nursing
28.403

Health Promotion Experience

During the clinical rotation for 28.403 each student is expected to select one health promotion topic of interest and develop a teaching project. The topic must be approved by the clinical instructors. The project will be presented to the team mates during clinical post conference sessions. This will count as a clinical grade. Therefore it will be a pass/fail grade. The project must include the following criteria:

1. Purpose of the presentation
2. The audience you are addressing
3. Four behavioral objectives clearly stated.
4. Content to be taught
5. Teaching Method
6. References in APA style