### CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM (CT-CCNP)

Capital Community College, Gateway Community College, Naugatuck Valley Community College, Northwestern Connecticut Community College, Norwalk Community College, Three Rivers Community College

### NUR 102: FAMILY HEALTH NURSING

#### **Course Prerequisite**

NUR 101: Introduction to Nursing Practice; PSY 111: General Psychology; BIO\*235: Microbiology

### **Course Corequisite**

NUR 103: Pharmacology for Families Across the Life Span; PSY 201: Life span Development; SOC 101 Principles of Sociology

### **Course Components**

| Credits | 8 credits           |
|---------|---------------------|
| Hours   | Classroom: 60 hours |
|         | Clinical: 180 hours |

### **Course Description**

The student will focus on issues affecting the family, including childbearing, childrearing, geriatric care and intermediate health care needs of limited duration. The medical surgical health problems include care for the client in the perioperative period and the client experiencing orthopedic and simple genitourinary conditions. The course addresses several psychiatric disorders: anxiety and cognitive disorders, common child and adolescent psychiatric disorders. The student will have clinical rotations that provide experience caring for the childbearing family as well as caring for medical-surgical clients across the lifespan.

## **Course Objectives**

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

- 1. Apply principles of holism in providing nursing care for individuals and/or families from diverse cultures across the lifespan.
- 2. Demonstrate application of the nursing process when providing nursing care to individuals and/or families across the lifespan.
- 3. Administer safe and competent care to individuals and/or families using evidence- based practice, quantitative reasoning, and technological competence.
- 4. Demonstrate effective communication when interacting with individuals, families, and members of the health care team.
- 5. Implement a basic teaching plan for individuals and/or families with a learning need across the life span.
- 6. Foster a caring environment by demonstrating respect for individuals and/or families across the life span.
- 7. Demonstrate a basic ability to function as a member of the health care team.
- 8. Exhibit accountability and responsibility when providing nursing care to the individuals and families across the lifespan.
- 9. Assume responsibility for personal growth and professional role development.

| WEEK<br>HOURS      | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION   |
|--------------------|---|---|---|--|
| 4 hours<br>1/25/12 | Unit I: Nursing care of the<br>childbearing family  |   |   |  |
| 1/25/12            | <ul> <li>Antepartal Nursing Define and describe the terms that relate to pregnancy and its signs and symptoms </li> <li>Identify the physiological changes and the common discomforts that occur during pregnancy</li> <li>Identify the pertinent data needed for adequate health supervision of pregnancy Describe the care and management of gestational problems in pregnancy Apply the care and management of pre existing conditions to the context of pregnancy Identify nursing diagnoses appropriate for clients experiencing health deviations during pregnancy. Apply legal and ethical principles to the holistic care of antepartal clients</li></ul> | <ul> <li>A. Critical Thinking: Nursing process<br/>applied to clients and families during<br/>the antepartum period.</li> <li>B. Provision of safe, holistic, culturally<br/>competent care to client and family during<br/>the antepartum period</li> <li>1. Terminology related to pregnancy</li> <li>2. Calculation of pregnancy estimated<br/>date of confinement</li> <li>3. Signs and symptoms of pregnancy <ul> <li>a. Presumptive</li> <li>b. Probable</li> <li>c. Positive</li> <li>d. Diagnostic Aids <ol> <li>Pregnancy Tests</li> <li>Ultrasound</li> </ol> </li> <li>4. Physiological Changes of Pregnancy <ul> <li>a. Anatomic and Metabolic</li> <li>Uterine/cervical</li> <li>Abdominal wall</li> <li>Breast</li> <li>Weight Changes</li> <li>b. Hormonal</li> <li>Estrogen</li> <li>Progesterone</li> <li>Human Chorionic<br/>gonadotropin</li> <li>Placental Hormones</li> <li>c. Systemic</li> </ul> </li> </ul></li></ul> | Assigned Readings<br>Chapman & Durham (C&D) Ch 4, 5,<br>6, & 7<br>Lecture<br>Discussion<br>Dosage Calculation Testing<br>Nursing Skills Lab- Fundal<br>assessment & Leopold's Maneuvers | Examination<br>Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Skills Validation:<br>IVPB, catheterization,<br>enteral tubes |

| WEEK<br>HOURS | UNIT OBJECTIVES | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|---------------|-----------------|---|-----------------------------------|------------|
|               |                 | <ol> <li>Cardiovascular</li> <li>Respiratory</li> <li>Gastro-intestinal</li> <li>Urinary</li> <li>Muscular-skeletal</li> <li>Integumentary</li> </ol>   |                                   |            |
|               |                 | <ul> <li>5. Interdisciplinary and Nursing Health<br/>Supervision During Pregnancy <ul> <li>Assessment</li> <li>Screening/Fetal Wellbeing Tests</li> <li>Minor Discomforts</li> <li>Warning Signs</li> <li>Nutritional Counseling</li> <li>Childbirth Education</li> <li>Teratogens of Pregnancy</li> <li>Genetic Counseling</li> </ul> </li> </ul>  |                                   |            |
|               |                 | <ul> <li>6. Psychological Adaptation of<br/>Pregnancy</li> <li>a. Developmental Tasks</li> <li>b. Psychosocial Changes</li> </ul>   |                                   |            |
|               |                 | <ul> <li>7. Complications of Pregnancy:<br/>Abortion, Cardiac Disease,<br/>HIV/AIDS, Diabetes in Pregnancy,<br/>Hypertensive Disorders,<br/>Hyperemesis Gravidarum,<br/>Incompetent Cervix, Ectopic<br/>Pregnancy, Gestational Trophoblastic<br/>Disease, Infectious Diseases,<br/>Placenta Previa, Rh Incompatability <ul> <li>a. Etiology</li> <li>b. Pathophysiology</li> <li>c. Clinical manifestations &amp;<br/>complications</li> <li>d. Diagnostic tests</li> <li>e. Cultural considerations</li> </ul> </li> </ul> |                                   |            |

| UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION  |
|--|---|--|---|
|  | <ul> <li>f. Evidence based theory and<br/>principles</li> <li>g. Collaborative management:<br/>Treatment Modalities <ol> <li>Medical</li> <li>Surgical</li> <li>Nutrition</li> <li>Pharmacological (NUR*103)</li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ol> </li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> </ul> |  |   |
|  | EXAM 1  |  |   |
|  |   |  |   |
| Intrapartal Nursing<br>Examine maternal adaptation to the<br>physiological and psychosocial<br>stress of labor.<br>Discuss nursing care for the<br>laboring woman through each stage<br>of labor.<br>Compare various birthing options.<br>Discuss the role of the nurse when<br>caring for laboring women during | <ul> <li>A. Critical Thinking Nursing process applied to Intrapartum clients and families</li> <li>B. Provision of safe, holistic, culturally competent care to intrapartum client and family</li> <li>1. Philosophy of Labor and delivery</li> <li>2. The P's of Labor</li> <li>3. Labor and delivery management: <ul> <li>a. Basic Electronic</li> <li>Fetal/Uterine Monitoring</li> <li>b. Normal, spontaneous</li> <li>Vaginal Delivery (NSVD)</li> </ul> </li> </ul>   | Assigned Readings<br>C & D-Ch 8 & 9<br>Lecture<br>Discussion<br>Handouts<br>Videos<br>Nursing Skills Lab: Intrapartal/<br>Fetal Well-Being<br>Observational experience in clinical   | Return Demonstration<br>Group Discussion<br>Maneuvers<br>Fetal Monitoring<br>Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW)   |
|  | Intrapartal Nursing         Examine maternal adaptation to the physiological and psychosocial stress of labor.         Discuss nursing care for the laboring woman through each stage of labor.         Compare various birthing options.         Discuss the role of the nurse when  | f.Evidence based theory and<br>principlesg.Collaborative management:<br>Treatment Modalities1)Medical2)Surgical3)Nutrition4)Pharmacological (NUR*103)h.Health Promotion/Maintenance<br>Restoration and/or PreventionC.Communication1.Client and family education<br>2.2.Community resourcesD.Professionalism<br>1.1.Legal-ethical issues<br>2.2.Role developmentEXAM 1A.Critical Thinking Nursing process applied<br>to Intrapartum clients and familiesbiscuss nursing care for the<br>laboring woman through each stage<br>of labor.A.Compare various birthing options.1.Discuss the role of the nurse when<br>caring for laboring women during1.Discuss the role of the nurse when<br>caring for laboring women during1.Discuss the role of the nurse when<br>caring for laboring women during3.Listen and pelivery (NSVD)1.Compare various birthing options.3.Labor and delivery management:<br>a.Basic Electronic<br>Fetal/Uterine Monitoring<br>b.Discuss the role of the nurse when<br>caring for laboring women duringNormal, spontaneous<br>Vaginal Delivery (NSVD) | Image: constraint of the section of the sec |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION   |
|---------------|---|--|--|--|
|               | Apply legal and ethical principles to<br>the holistic care of laboring women  | <ul> <li>d. Cesarean Section</li> <li>4. Nursing Care of the Client requiring<br/>OB Anesthesia/Analgesia <ul> <li>a. Pharmacological (NUR*103)</li> <li>b. Non-pharmacological</li> <li>c. Local Anesthesia<br/>(NUR*103)</li> <li>d. Regional Anesthesia<br/>(NUR*103)</li> <li>e. General Anesthesia<br/>(NUR*103)</li> </ul> </li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> </ul> |  |  |
| 2 hours       |   |  |  |  |
|               | Intrapartal Nursing:  | A. Provision of safe, holistic and culturally  |  |  |
| 2/8           | Complications of Labor<br>Differentiate between the signs and<br>symptoms, medical management<br>and nursing care of the woman<br>experiencing uterine problems<br>during labor and delivery.<br>Evaluate the signs and symptoms,<br>medical management and nursing<br>care of the woman experiencing | <ol> <li>competent care to intrapartum client and<br/>family experiencing complications of labor</li> <li>Premature Labor</li> <li>Premature Rupture of Membranes</li> <li>Dysfunctional Labor</li> <li>Precipitous Labor</li> <li>Umbilical Cord Abnormalities</li> <li>Persistent Posterior Position</li> <li>Breech Presentations</li> <li>Cephalo-Pelvic Disproportion</li> </ol>  | Assigned Readings<br>C &D – 10 & 11<br>Lecture<br>Discussion<br>Nursing Skills Lab | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW) |
|               | fetal problems during labor and<br>delivery.<br>Discuss the signs and symptoms,   | <ol> <li>Multiple Gestation</li> <li>Post-Date Pregnancies</li> <li>Amniotic Fluid Embolus</li> <li>Amniotic Fluid Variations</li> </ol>   |  |  |

| WEEK<br>HOURS       | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION   |
|---------------------|--|--|--|--|
|                     | medical management and nursing<br>care of the woman experiencing<br>amniotic fluid problems during<br>labor and delivery.<br>Apply legal and ethical principles to<br>the holistic care of laboring women<br>experiencing complications  | <ul> <li>13. Placenta Abruptio</li> <li>14. Uterine Rupture</li> <li>15. Shoulder Dystocia</li> <li>B. Communication <ol> <li>Client and family education</li> <li>Community Resources</li> </ol> </li> <li>C. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> </ul>  |  |  |
| 3 hours<br>2/8 & 15 | Postpartum Nursing<br>NI & ComplicationsDiscuss physiological changes,<br>nursing assessments and nursing<br>care during the post-partum period.Identify the psychosocial changes,<br>nursing assessments and nursing<br>care as women adapt to the stress<br>of the post-partum period.Discuss care for the family<br>experiencing situational<br>psychosocial crisis during the<br>postpartum periodApply legal and ethical principles<br>to the holistic care of postpartum<br>women and families | <ul> <li>2. Role development</li> <li>A. Critical Thinking: Nursing process applied to clients and families experiencing both normal and complications during the postpartum phase.</li> <li>B. Provision of safe, holistic, culturally competent care to client and family in the postpartum phase of child bearing.</li> <li><u>Normal Postpartum</u> <ol> <li>Physical Postpartum Changes</li> <li>Nursing Care of the Postpartum Patient</li> <li>Normal, spontaneous Vaginal Delivery (NSVD)</li> <li>Post op Cesarean Section</li> </ol> </li> <li>Psychological Postpartum Adjustments <ol> <li>Maternal/Family Role Adaptation</li> <li>Postpartum Blues/Depression</li> <li>Etiology and Management</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp; complications</li> <li>Cultural considerations</li> </ol> </li> </ul> | Assigned Readings<br>C & D Ch – 11, 12, & 13<br>Lecture<br>Discussion<br>Nursing Skills Lab<br>Postpartum Assessment Simulation<br>Guest Speaker: Maternal<br>Bereavement<br>Breastfeeding<br>Postpartum/Contraceptive Teaching<br>Case Study: Postpartum Depression<br>Provide nursing care to a postpartum<br>client | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES                                | EVALUATION   |
|---------------|--|---|--|--|
|               |  | <ul> <li>e. Evidence based theory and principles</li> <li>f. Collaborative management: Treatment Modalities <ul> <li>i. Medical</li> <li>ii. Nutrition</li> </ul> </li> <li>g. Promotion/Maintenance Restoration and/or Prevention</li> <li>i. Likelihood of reoccurrence during subsequent pregnancy</li> </ul> <li>C. Communication <ul> <li>1. Client and family education</li> <li>2. Role development</li> <li>a. Postpartum Teaching <ul> <li>i. Breast care</li> <li>ii. Perineal / Episiotomy care</li> <li>iii. Contraception (NUR*103)</li> <li>iv. Discharge instructions</li> </ul> </li> <li>3. Community resources</li> <li>D. Professionalism <ul> <li>1. Legal-ethical issues</li> </ul> </li> </ul></li> |  |  |
|               | Compare complications the post-<br>partum woman may experience<br>related to a situational crisis<br>involving her circulatory status. | <ul> <li>Postpartum Complications:</li> <li>Postpartum Hemorrhage</li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp; complications</li> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> </ul>   | Assigned Readings<br>Lecture<br>Discussion<br>Nursing Skills Lab | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES                                | EVALUATION   |
|---------------|---|--|--|--|
|               |   | <ul> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Surgery</li> <li>b. Medical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ul>   |  |  |
|               | Differentiate between<br>complications the postpartum<br>woman may experience when<br>experiencing a situational crisis<br>related to clotting mechanism or<br>status.  | <ul> <li>Postpartum Hypercoagulation:<br/>Thrombophlebitis, Pulmonary Embolism</li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp;<br/>complications</li> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management: Treatment<br/>modalities <ul> <li>a. Surgery</li> <li>b. Medical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ul> | Assigned Readings<br>Lecture<br>Discussion<br>Nursing Skills Lab | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |
|               | Apply complications the post-<br>partum woman may experience<br>during a situational crisis involving<br>her comfort-rest status to the need<br>for alterations in care | <ul> <li>Hematoma/Lacerations: Cervical,<br/>Vaginal, Perineal</li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp;<br/>complications</li> <li>4. Diagnostic tests</li> </ul>  | Assigned Readings<br>Lecture<br>Discussion<br>Nursing Skills Lab | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |

| WEEK<br>HOURS           | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION  |
|-------------------------|--|--|---|---|
|                         |  | <ol> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Collaborative management:<br/>Treatment Modalities         <ul> <li>Surgery</li> <li>Medical</li> <li>Nutrition</li> <li>Pharmacological</li> </ul> </li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ol>  |   |   |
|                         | Examine complications the<br>postpartum woman may experience<br>related to a situational crisis<br>involving her immune status | <ol> <li>Postpartum Infections: Pelvic, Breast</li> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp;<br/>complications</li> <li>Diagnostic tests</li> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Collaborative management:<br/>Treatment Modalities         <ul> <li>Surgery</li> <li>Medical</li> <li>Nutrition</li> <li>Pharmacological</li> </ul> </li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ol> | Assigned Readings<br>Lecture<br>Discussion<br>Nursing Skills Lab                        | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW)<br>Concept mapping |
| 1 hour<br>2/22          |  | EXAM 2   |   |   |
| 3 hours<br>2/15 &<br>22 | Neonatal Nursing<br>Identify characteristics of the<br>normal full term newborn.   | <ul> <li>A. Critical Thinking: Nursing process applied<br/>to clients and families who have given birth<br/>to a well or a special needs newborn</li> </ul>  | Assigned Readings: Chapman and<br>Durham; Ch. 15 (normal newborn),<br>Ch. 16 (discharge | Exams<br>Clinical performance<br>evaluation   |
|                         | Describe the nursing care of the normal full term newborn  | <ul> <li>B. Provision of safe, holistic, culturally competent care to client and family with a</li> </ul>  | planning/teaching), Ch. 17 (high-risk newborn)  | Clinical Learning<br>Experience<br>Workbook (CLEW)  |

| Identify characteristics of<br>newborns with complications and<br>special needs.       newborn infant       Hockenberry: Ch 8 (normal<br>newborn), Ch. 9 (high-risk newborn)         Describe the nursing care of<br>newborns with complications and<br>nursing care.       Normal Full Term Newborn<br>Characteristics of the Newborn       Hockenberry: Ch 8 (normal<br>newborn), Ch. 9 (high-risk newborn)         Apply legal and ethical principles<br>to the holistic care of the neonate       Etiology       Simulation         Collaborative management:<br>Treatment Modalities<br>a. Medical       Collaborative management:<br>Treatment Modalities<br>a. Medical       Simulation         Newborn with complications/pecial<br>neck: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulations, Preterm Infant, post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome<br>(RDS), cardiac conditions, pecial<br>neck: Respiratone Abuse, Preterm Infant, post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome<br>(RDS), cardiac conditions, Alteration in<br>Thermoregulations/special<br>necks: Respiratone Abuse, Transient<br>Tachypnea of Noronate (CTTN), Necrotizing<br>Entercoclitis (NEC)       Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology         Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology       Pathophysiology       Pathophysiology         2. Pathophysiology       Clinical manifestations &<br>complications &<br>complications of       Pathophysiology   | WEEK<br>HOURS | UNIT OBJECTIVES                     | CONTENT                                | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|--|---------------|-------------------------------------|--|-----------------------------------|------------|
| newborns with complications and<br>special needs.Normal Full Term Newborn<br>Characteristics of the Newbornnewborn), Ch. 9 (high-risk newborn)Describe the nursing care of<br>newborns with complications and<br>nursing care.Physiological Jaundice<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complicationsDiscussionApply legal and ethical principles<br>to the holistic care of the neonatePhysiological Jaundice<br>1. EtiologyDiscussionJ. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations<br>6. Evidence based theory and principles<br>7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>a. Medical<br>b. Nutrition, e. Pharmacological<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulations, fleeration<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications &<br>complications &<br>complications &<br>complications &<br>conditions &<br>condit  |               | Identify characteristics of         | newborn infant                         |                                   |            |
| special needs.       Normal Full Term Newborn<br>Characteristics of the Newborn<br>Characteristics of the Newborn       Lecture         Describe the nursing care of<br>newborns with complications and<br>nursing care.       Physiological Jaundice       Discussion         Apply legal and ethical principles<br>to the holistic care of the neonate       Clinical manifestations &<br>complications       Simulation         4.       Diagnostic tests       assessment         5.       Cultural considerations       Guest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infant         8.       Health Promotion/Maintenance<br>Restoration and/or Prevention       Nursing Skills Lab: Newborn<br>Assessment         Newborn with complications, Syndrome<br>(RDS), cardiac conditions, stleration in<br>Thermoregulation, Pretern Infant, Infant of a Diabetic Mother,<br>Clieft HipPlater, Genetic concers: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Entercoolitis (NEC)       Nursing Management of the Newborn with<br>complications &<br>complications &<br>compl |               |                                     |  |                                   |            |
| Describe the nursing care of<br>newborns with complications and<br>nursing care.Physiological Jaundice<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complicationsDiscussionApply legal and ethical principles<br>to the holistic care of the neonateClinical manifestations &<br>complicationsVideo: i-tunes U-newborn<br>assessment4. Diagnostic tests<br>5. Cultural considerations<br>6. Evidence based theory and principles<br>7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Nurtition<br>c. Pharmacological<br>8. Health Promotion/Maintenance<br>Restoration and/or PreventionGuest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infantNewborn with complications/special<br>needs:<br>Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lipPalate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complicationsNewborn with<br>complications/special<br>needs: Linical manifestations &<br>complications of the Newborn with<br>complications/special needs:<br>Linical manifestations &<br>complicationsNursing Management of the Newborn with<br>complications special needs:<br>Linical manifestations &<br>complications  |               | special needs.                      | Normal Full Term Newborn               | _                                 |            |
| newborns with complications and<br>nursing care.Physiological Jaundice<br>1. EtiologyDiscussionApply legal and ethical principles<br>to the holistic care of the neonate0. Clinical manifestations &<br>complicationsSimulation4. Diagnostic tests<br>5. Cultural considerationsassessment5. Cultural considerations<br>6. Evidence based theory and principles<br>7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>8. Health Promotion/Maintenance<br>Restoration and/or PreventionGuest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infant7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>8. Health Promotion/Maintenance<br>Restoration and/or PreventionNursing Skills Lab: Newborn<br>Assessment8. Health Promotion/Maintenance<br>Restoration and/or PreventionNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Disbetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachyprica of Neomate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     | Characteristics of the Newborn         | Lecture                           |            |
| nursing care.1.ÉtiologySimulationApply legal and ethical principles<br>to the holistic care of the neonate1.ÉtiologySimulation4.Diagnostic testsassessment5.Cultural considerationsGuest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infant7.Collaborative management:<br>Treatment Modalities<br>a.Medical<br>b.Nursing Skills Lab: Newborn<br>Assessment8.Health Promotion/Maintenance<br>Restoration and/or PreventionNursing Skills Lab: Newborn<br>Assessment8.Health Promotion/Maintenance<br>Restoration and/or PreventionProvide nursing care to a newborn9.Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndromes, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special<br>needs:<br>1.9.Questions/special<br>Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alternation in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome<br>(RDG)gy9.Pathophysiology<br>2.Pathophysiology<br>3.9.Clinical manifestations &<br>complications/special<br>needs:<br>1.9.Etiology<br>2.Pathophysiology<br>3.9.Clinical manifestations &<br>complications9.Clinical manifestations &<br>complications   |               |                                     |  |                                   |            |
| 2. Pathophysiology       Simulation         Apply legal and ethical principles<br>to the holistic care of the neonate       Clinical manifestations &<br>complications       Video: i-tunes U-newborn<br>assessment         4. Diagnostic tests       Collaborative management:<br>Treatment Modalities<br>a. Medical       Guest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infant         8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Nursing Skills Lab: Newborn         9. Nursing Skills Lab: Newborn       Assessment         9. Nursing Care to a newborn       Nursing Skills Lab: Newborn         9. Newborn with complications/special<br>needs: Respiratory Distres Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:<br>I. Etiology       Etiology         9. Pathophysiology       Clinical manifestations &<br>complications       Simulation <th></th> <td>newborns with complications and</td> <td>Physiological Jaundice</td> <td>Discussion</td> <td></td>  |               | newborns with complications and     | Physiological Jaundice                 | Discussion                        |            |
| Apply legal and ethical principles<br>to the holistic care of the neonate3. Clinical manifestations &<br>complicationsVideo: i-tunes U-newborn<br>assessment4. Diagnostic tests<br>5. Cultural considerations<br>6. Evidence based theory and principles<br>7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Nutrition<br>c. Pharmacological<br>8. Health Promotion/Maintenance<br>Restoration and/or PreventionGuest Speaker: Newborn Intensive<br>Care Nurse or parent of preterm<br>infantNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteric concers: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complicationsNursing Management of the Newborn with<br>complications &<br>complications0. Unising Management of the Newborn with<br>complicationsClinical manifestations &<br>complications1. Etiology<br>2. PathophysiologyClinical manifestations &<br>complications  |               | nursing care.                       |  |                                   |            |
| to the holistic care of the neonate       complications       Video: i-tunes U-newborn         4. Diagnostic tests       sessment         5. Cultural considerations       Evidence based theory and principles       Guest Speaker: Newborn Intensive         7. Collaborative management:<br>Treatment Modalities       a. Medical       Nurrition         b. Nutrition       c. Pharmacological       Nursing Skills Lab: Newborn         8. Health Promotoin/Maintenance<br>Restoration and/or Prevention       Nursing Skills Lab: Newborn         Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)       Nursing Management of the Newborn with<br>complications/special needs:         Nursing Management of the Newborn with<br>complications/special needs:       Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:       Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:       Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:       Enterocolitis (NEC)   |               |                                     |  | Simulation                        |            |
| 4. Diagnostic tests       assessment         5. Cultural considerations       Guest Speaker: Newborn Intensive         6. Evidence based theory and principles       Guest Speaker: Newborn Intensive         7. Collaborative management:<br>Treatment Modalities       infant         8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Nursing Skills Lab: Newborn         8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Provide nursing care to a newborn         Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermorogulation, Pretern Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology       Nursing Management of the Newborn with<br>complications &<br>complications  |               |                                     |  |                                   |            |
| 5. Cultural considerations       6. Evidence based theory and principles       Guest Speaker: Newborn Intensive         7. Collaborative management:       Treatment Modalities       infant         a. Medical       b. Nutrition       Nursing Skills Lab: Newborn         b. Nutrition       c. Pharmacological       Assessment         8. Health Promotion/Maintenance       Restoration and/or Pareominion       Provide nursing care to a newborn         Newborn with complications/special       needs: Respiratory Distress Syndrome       Provide nursing care to a newborn         (RDS), cardiac conditions, alteration in       Thermoregulation, Preterm Infant, Postterm Infant, Infant of a Diabetic Moher, Cleft Iip/Palate, Genetic concerns: Down's       Syndrome, Substance Abuse, Transient         Tachypnea of Neonate (TTN), Necrotizing       Enterocolitis (NEC)       Nursing Management of the Newborn with complications/special needs:         1. Etiology       2. Pathophysiology       3. Clinical manifestations & complications &   |               | to the holistic care of the neonate |  | Video: i-tunes U-newborn          |            |
| 6. Evidence based theory and principles       Guest Speaker: Newborn Intensive         7. Collaborative management:<br>Treatment Modalities       infant         a. Medical       Nutrition         b. Nutrition       Nursing Skills Lab: Newborn         c. Pharmacological       Assessment         8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Provide nursing care to a newborn         Newborn with complications, special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:       Nursing Management of the Newborn with<br>complications/special needs:         1. Etiology       Pathophysiology       Pathophysiology         2. Pathophysiology       Clinical manifestations &<br>complications  |               |                                     |  | assessment                        |            |
| 7. Collaborative management:<br>Treatment Modalities       Care Nurse or parent of preterm<br>infant         a. Medical       Nurition         b. Nutrition       Nursing Skills Lab: Newborn         c. Pharmacological       Nursing Skills Lab: Newborn         8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Nursing Skills Lab: Newborn         Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)       Nursing Management of the Newborn with<br>complications/special needs:         Nursing Management of the Newborn with<br>complications/special needs:       Provide nursing care to a newborn         1. Etiology       Provide nursing care to a newborn         2. Pathophysiology       Provide nursing care to a newborn  |               |                                     |  |                                   |            |
| Treatment Modalities       infant         a.       Medical         b.       Nutrition         c.       Pharmacological         8.       Health Promotion/Maintenance<br>Restoration and/or Prevention         Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs:       Nursing Management of the Newborn with<br>complications &<br>complications &<br>complications  |               |                                     | v 1 1                                  |                                   |            |
| a. MedicalNursing Skills Lab: Newbornb. NutritionAssessmentc. PharmacologicalAssessment8. Health Promotion/Maintenance<br>Restoration and/or PreventionProvide nursing care to a newbornNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     |  |                                   |            |
| b. NutritionNursing Skills Lab: Newbornc. PharmacologicalAssessment8. Health Promotion/Maintenance<br>Restoration and/or PreventionProvide nursing care to a newbornNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     |  | infant                            |            |
| c.PharmacologicalAssessment8.Health Promotion/Maintenance<br>Restoration and/or PreventionProvide nursing care to a newbornNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications  |               |                                     |  |                                   |            |
| 8. Health Promotion/Maintenance<br>Restoration and/or Prevention       Provide nursing care to a newborn         Newborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)       Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     |  |                                   |            |
| Restoration and/or PreventionProvide nursing care to a newbornNewborn with complications/special<br>needs: Respiratory Distress Syndrome<br>(RDS), cardiac conditions, alteration in<br>Thermoregulation, Preterm Infant, Post-<br>term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complicationsCleft lip/Palate, Genetic concerns:<br>Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>3. Clinical manifestations &<br>complicationsNursing Management of the Newborn with<br>complications &<br>complications &<br>complications   |               |                                     |  | Assessment                        |            |
| Newborn with complications/special needs: Respiratory Distress Syndrome (RDS), cardiac conditions, alteration in Thermoregulation, Preterm Infant, Post-term Infant, Infant of a Diabetic Mother, Cleft lip/Palate, Genetic concerns: Down's Syndrome, Substance Abuse, Transient Tachypnea of Neonate (TTN), Necrotizing Enterocolitis (NEC)         Nursing Management of the Newborn with complications/special needs:         1. Etiology         2. Pathophysiology         3. Clinical manifestations & complications  |               |                                     |  |                                   |            |
| needs: Respiratory Distress Syndrome         (RDS), cardiac conditions, alteration in         Thermoregulation, Preterm Infant, Post-         term Infant, Infant of a Diabetic Mother,         Cleft lip/Palate, Genetic concerns: Down's         Syndrome, Substance Abuse, Transient         Tachypnea of Neonate (TTN), Necrotizing         Enterocolitis (NEC)         Nursing Management of the Newborn with         complications/special needs:         1. Etiology         2. Pathophysiology         3. Clinical manifestations &         complications  |               |                                     | Restoration and/or Prevention          | Provide nursing care to a newborn |            |
| (RDS), cardiac conditions, alteration in         Thermoregulation, Preterm Infant, Post-         term Infant, Infant of a Diabetic Mother,         Cleft lip/Palate, Genetic concerns: Down's         Syndrome, Substance Abuse, Transient         Tachypnea of Neonate (TTN), Necrotizing         Enterocolitis (NEC)         Nursing Management of the Newborn with         complications/special needs:         1. Etiology         2. Pathophysiology         3. Clinical manifestations &         complications   |               |                                     |  |                                   |            |
| Thermoregulation, Preterm Infant, Post-term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs: <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp;<br/>complications</li> </ol>   |               |                                     |  |                                   |            |
| term Infant, Infant of a Diabetic Mother,<br>Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)         Nursing Management of the Newborn with<br>complications/special needs: <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp;<br/>complications</li> </ol>  |               |                                     |  |                                   |            |
| Cleft lip/Palate, Genetic concerns: Down's<br>Syndrome, Substance Abuse, Transient<br>Tachypnea of Neonate (TTN), Necrotizing<br>Enterocolitis (NEC)<br>Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     |  |                                   |            |
| Syndrome, Substance Abuse, Transient         Tachypnea of Neonate (TTN), Necrotizing         Enterocolitis (NEC)         Nursing Management of the Newborn with         complications/special needs:         1. Etiology         2. Pathophysiology         3. Clinical manifestations &         complications   |               |                                     |  |                                   |            |
| Tachypnea of Neonate (TTN), Necrotizing         Enterocolitis (NEC)         Nursing Management of the Newborn with         complications/special needs:         1. Etiology         2. Pathophysiology         3. Clinical manifestations & complications         complications  |               |                                     |  |                                   |            |
| Enterocolitis (NEC)<br>Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications  |               |                                     |  |                                   |            |
| Nursing Management of the Newborn with<br>complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     |  |                                   |            |
| complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     | Enterocolitis (NEC)                    |                                   |            |
| complications/special needs:<br>1. Etiology<br>2. Pathophysiology<br>3. Clinical manifestations &<br>complications   |               |                                     | Nursing Management of the Newborn with |                                   |            |
| <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp; complications</li> </ol>   |               |                                     |  |                                   |            |
| <ul> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp; complications</li> </ul>   |               |                                     |  |                                   |            |
| 3. Clinical manifestations & complications   |               |                                     |  |                                   |            |
| complications  |               |                                     |  |                                   |            |
|  |               |                                     |  |                                   |            |
| 4. Diagnostic tests  |               |                                     |  |                                   |            |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION   |
|---------------|--|---|--|--|
|               |  | <ul> <li>a. Genetic Concerns <ol> <li>Genetic Counseling</li> <li>Genetic Testing</li> </ol> </li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management: <ul> <li>Treatment Modalities</li> <li>a. Medical</li> <li>b. Nutrition</li> <li>c. Pharmacological (NUR*103)</li> </ul> </li> <li>8. Health Promotion/Maintenance <ul> <li>Restoration and/or Prevention</li> </ul> </li> <li>C. Communication <ul> <li>a. Client and family education</li> <li>b. Community resources</li> </ul> </li> <li>D. Professionalism <ul> <li>Legal-ethical issues</li> <li>Role development</li> </ul> </li> </ul> |  |  |
| 1 hour<br>3/7 | Unit II: Nursing care of the<br>perioperative clientPreoperative clientPreoperative NursingDescribe the typical content of<br>preoperative patient education<br>programsDescribe age specific, cultural and<br>literacy sensitive approaches to<br>preoperative patient educationState the effects of stress on the<br>surgical patientDiscuss the various ways that | <ul> <li>A. Critical Thinking: Nursing process applied to the preoperative client</li> <li>B. Provision of safe, holistic, culturally competent care to the preoperative client</li> <li><u>Preoperative Nursing</u></li> <li>1. Patient perception of the surgical experience <ul> <li>a. Fear</li> <li>b. Readiness to learn/need to know</li> <li>c. Importance of the presence of the nurse</li> </ul> </li> <li>2. Need for Diagnostic testing and physical preparation</li> </ul>   | Assigned Readings:<br>Lewis Chapter 18<br>Posted/Printed Articles<br>Potter's Fundamentals Book<br>pp. 1365-1389<br>Potter's Skills 7 <sup>th</sup> pp.938-947<br>Lecture<br>Case Study<br>Discussion<br>Simulation<br>Video | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|---------------|--|--|-----------------------------------|------------|
|               | surgery can be classified<br>Describe factors affecting surgical<br>outcome<br>Discuss the nursing responsibilities<br>in the pre-operative period<br>Develop a plan of care for the pre-<br>operative patient | <ol> <li>Provision of client/family preoperative teaching, categories of information:         <ul> <li>a. Health care relevant information (healthcare team members, expected events and their timing, pain management)</li> <li>b. Exercises to perform, or skill teaching (Cough/deep breathing, surgery specific, relaxation exercises)</li> <li>c. Psychosocial support (specific concerns of client, foster problem solving skills, importance of information seeking, need for post discharge support)</li> <li>d. Community resources (need for support and ability to access)</li> </ul> </li> <li>C. Communication: apply the principles of therapeutic communication during the preoperative period</li> <li>Methods of delivery of pre-op education</li></ol> | Observational Experience          |            |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION   |
|---------------|--|---|---|--|
| noong         |  | <ul><li>D. Professionalism</li><li>1. Legal-ethical issues</li><li>2. Role development</li></ul>  |   |  |
| 1 hour<br>3/7 | Intraoperative Nursing   |   |   |  |
| 3/7           | <ul> <li>Discuss the various members of the surgical team and their roles during surgery.</li> <li>Describe the surgical environment and the role of the nurse within that environment.</li> <li>Differentiate between the various types of anesthesia used during surgery.</li> <li>Describe surgical wound classification according to the Centers for Disease Control (CDC) Describe selected intraoperative risks and complications</li> </ul> | <ul> <li>A. Critical Thinking: Nursing process applied to the intraoperative client</li> <li>B. Provision of safe, holistic, culturally competent care to the intraoperative client</li> <li>Intraoperative Nursing <ol> <li>Surgical Team</li> <li>Surgical Environment:</li> <li>Anesthesia <ol> <li>General Anesthesia</li> <li>Regional Anesthesia</li> <li>Rocal Anesthesia</li> <li>Conscious Sedation</li> <li>Local Anesthesia</li> </ol> </li> <li>Risk of postoperative infection as measured by Surgical Wound Classification: <ol> <li>Class I/ Clean wounds</li> <li>Class II/Clean-contaminated wounds</li> <li>Class IV/Dirty or infected wounds</li> </ol> </li> <li>5. Other Intraoperative Risks/   Complications <ol> <li>Risk of Injury from</li> <li>transport</li> <li>surgical positioning</li> <li>hazardous substances and acuinpunct (baser contervious)</li> </ol> </li> </ol></li></ul> | Assigned Readings;<br>Lewis Chapter 19<br>Potter's Fundamentals pp. 1389 -<br>1399<br>Posted/Printed Articles<br>Lecture<br>Case Study<br>Discussion<br>Simulation<br>Video<br>Observational Experience | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |
|               |  | (2) surgical positioning  |   |  |

| WEEK<br>HOURS           | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION  |
|-------------------------|---|---|--|---|
|                         |   | <ul> <li>(1) Hypothermia</li> <li>(2) Hyperthernia and Malignant<br/>Hyperthermia</li> <li>c. Risk for Alteration in fluid<br/>balance</li> <li>(1) Autologous blood donation</li> <li>(2) Bloodless surgery</li> </ul> |  |   |
|                         |   | C. Communication: apply the principles of therapeutic communication during the preoperative period  |  |   |
|                         |   | <ul> <li>D. Professionalism</li> <li>1. Legal-ethical issues</li> <li>2. Role development</li> </ul>  |  |   |
| <b>4 hours</b> 3/7 & 14 | Postoperative Nursing   |   |  |   |
| 5,7 & 11                | Describe the responsibilities of the PACU nurse in the prevention and recognition of complications. | <ul><li>A. Critical Thinking: Nursing process applied<br/>to the postaoperative client</li><li>B. Provision of safe, holistic, culturally</li></ul>   | Assigned Readings:<br>Lewis Chapter 20<br>Potter's Fundamentals pp. 1400 –<br>1407 | Clinical performance<br>evaluation<br>Clinical Learning |
|                         | Identify common postoperative complications   | competent care to the intraoperative client   | Potter's Skills pp. 948 - 964  | Experience Workbook<br>(CLEW)                           |
|                         | Discuss the management of   | Postoperative Nursing   | Posted/Printed Articles  |   |
|                         | common postoperative complications  | 1. Postanesthesia (PACU) Assessment (ABC)   | Lecture  |   |
|                         | Use the nursing process in caring   | a. Airway: (A & B)<br>1. Obstruction  | Case Study   |   |
|                         | for clients in the postoperative period.  | 2. Hypoxia<br>3. Aspiration   | Discussion, Simulation   |   |
|                         | Describe key nursing assessment<br>and care parameters common for                                   | <ul><li>b. Alteration in body temperature(C)</li><li>c. Nausea and Vomiting</li><li>d. Fluid balance (C)</li></ul>  | Observational Experience<br>Provide nursing care to a                              |   |
|                         | all postoperative patients  | e. Pain assessment<br>2. Postoperative nursing care principles  | postoperative client   |   |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|---------------|---|---|-----------------------------------|------------|
|               | Describe the gerontological<br>considerations related to the post-<br>operative management of clients | <ul> <li>a. Pain management</li> <li>b. Early mobility</li> <li>c. Circulatory function</li> <li>d. Pulmonary toilet</li> <li>e. Urinary Function</li> <li>f. Gastrointestinal Function</li> <li>3. Management of postoperative complications</li> <li>a. Hemorrhage <ol> <li>Hypovolemic Shock</li> <li>Prevention Early Identific.</li> <li>Clinical Manifestations</li> </ol> </li> <li>2. Collaborative Management</li> <li>Medical/Pharmacologic</li> <li>(NUR*103)</li> <li>Surgical</li> <li>Nursing Management</li> <li>Anaphylaxis</li> <li>Anaphylaxis</li> <li>Anaphylaxic Shock <ol> <li>Prevention Early Identific.</li> <li>Clinical Manifestations</li> </ol> </li> <li>2. Collaborative Management</li> <li>Medical/Pharmacologic</li> <li>(NUR*103)</li> <li>Surgical</li> <li>Nursing Management</li> <li>Anaphylaxis</li> <li>Anaphylaxis</li> <li>Collaborative Management</li> <li>Medical/Pharmacologic</li> <li>(NUR*103)</li> <li>Nursing Management</li> <li>Collaborative Management</li> <li>Medical/Pharmacologic</li> <li>(NUR*103)</li> <li>Nursing Management</li> <li>Gerontologic Considerations</li> <li>Mental Status</li> <li>Pain</li> </ul> |                                   |            |
| l             |   | therapeutic communication during the  |                                   |            |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION  |
|---------------|---|---|-----------------------------------|---|
|               | UNIT OBJECTIVES Anemia Compare and contrast pathophysiology and clinical manifestations of anemia. Summarize the nursing care of the client experiencing anemia | preoperative period         D. Professionalism         1. Legal-ethical issues         2. Role development         A. Critical Thinking: Nursing process applied to clients with anemia         B. Provision of safe, holistic, culturally competent care to clients with anemia.         Anemia:         I. Anemia due to blood loss         II. Anemia due to impaired blood production         III. Anemia due to destruction of RBC         1. Etiology         2. Pathophysiology         3. Clinical manifestations & complications         4. Diagnostic tests and procedures: |                                   | EVALUATION<br>Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Concept mapping |
|               |   | <ol> <li>Evidence based theory and<br/>principles</li> <li>Collaborative management:<br/>Treatment modalities:         <ul> <li>a. Nutrition</li> <li>b. Pharmacological</li> </ul> </li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ol>   |                                   |   |
|               |   | <ul> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> </ol> </li> </ul>  |                                   |   |

| WEEK<br>HOURS  | UNIT OBJECTIVES   | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES                           | EVALUATION                    |
|----------------|---|--|---|-------------------------------|
|                |   | 2. Role development  |   |                               |
| 1 hour<br>3/14 |   | EXAM 3   |   |                               |
| 4 hours        | Unit III: Principles of Geriatric<br>Nursing: Nursing Care of the   |  |   |                               |
| 2/22&29        | Geriatric Client  | A. Critical Thinking: Nursing process applied to a geriatric client  |   |                               |
|                | Discuss adult aging theories in                                     |  | Assigned Readings:  | Clinical performance          |
|                | relation to wellness and illness.                                   | B. Provision of safe, holistic, culturally competent care to a geriatric client                                | Lewis; Ch. 5&6 pp. 62-89, Ch. 60 pp. 1518-1537              | evaluation                    |
|                | Outline common changes and  |  | Potter & Perry; Ch. 14 pp. 191-214                          | Clinical Learning             |
|                | adaptations occurring in the older adult.                           | <ol> <li>Psychosocial Aging         <ol> <li>Activity Theory</li> </ol> </li> </ol>                            | Perry & Potter; pp. 1102-1103<br>(teaching medication self- | Experience Workbook<br>(CLEW) |
|                | adun.   | b. Disengagement Theory  | administration)   | (CLLW)                        |
|                | Identify myths and stereotypes that                                 | c. Continuity Theory   |   | Concept mapping               |
|                | alter perceptions about aging                                       |  | Lecture   | concept mapping               |
|                | persons in our society.   | 2. Assessment of Older Adult   |   |                               |
|                |   | a. Primary Aging   | Discussion  |                               |
|                | Describe health care needs of the                                   | b. Secondary Aging   |   |                               |
|                | aging population in a variety of healthcare settings                | c. Functional Assessment of Older<br>Adult   | Mini Mental Status  |                               |
|                |   |  | Provide care for residents of an                            |                               |
|                | Discuss the impact of illness, hospitalization and institutionaliz- | <ol> <li>Common concerns         <ol> <li>Physiological changes of aging</li> </ol> </li> </ol>                | Extended Care Facility                                      |                               |
|                | ation on the independent function-<br>ing of the older adult.       | <ul> <li>b. Psychosocial changes of aging</li> <li>c. Disengagement theory</li> </ul>                          | Simulation  |                               |
|                | ing of the older addit.   | d. Activity Theory   | Electronic resources:                                       |                               |
|                |   | e. Continuity Theory   | http://consultgerirn.org/                                   |                               |
|                |   | c. Continuity Theory   | <u>mtp://consulgermi.org/</u>                               |                               |
|                |   | 4. Physiological changes affecting   |   |                               |
|                |   | pharmacokinetics; issue of   |   |                               |
|                |   | polypharmacy in geriatric population   |   |                               |
|                |   | <ol> <li>Settings for the delivery of care</li> <li>a. Community settings (daycare, senior centers)</li> </ol> |   |                               |
|                |   | b. Assisted Living   |   |                               |
|                |   | c. Longterm  |   |                               |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|---------------|---|---|-----------------------------------|------------|
|               |   | d. Subacute/Rehab<br>e. Acute   |                                   |            |
| 2 hours       | Principles of Geriatric Nursing:<br>Cognitive Disorders   |   | I                                 |            |
| 2/29          | Differentiate between the clinical presentations of delirium and dementia.                          | A. Critical Thinking: Nursing process applied<br>to a geriatric and cognitively impaired<br>client  |                                   |            |
|               | Discuss the nursing care of the client with delirium  | B. Provision of safe, holistic, culturally<br>competent care to a cognitively impaired<br>client  |                                   |            |
|               | Discuss the nursing care of the client with dementia.   |   |                                   |            |
|               | Describe the characteristic<br>behaviors and stages of Alzheimer's<br>Disease.                      | <ul> <li><u>Delirium</u></li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp; complications</li> </ul>  |                                   |            |
|               | Discuss diagnosis, medical<br>treatment and nursing care of the<br>client with Alzheimer's disease. | <ol> <li>Diagnostic tests</li> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Collaborative management:<br/>Treatment Modalities         <ul> <li>a. assurance of a safe environment</li> <li>b. Medical</li> </ul> </li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention         <ul> <li>a. Nutrition</li> <li>b. Pharmacological</li> </ul> </li> </ol> |                                   |            |
|               |   | <ul> <li><u>Dementia: Alzheimer's</u></li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp; complications</li> <li>4. Diagnostic tests</li> </ul>  |                                   |            |

| WEEK<br>HOURS      | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION  |
|--------------------|---|---|--|---|
|                    |   | <ul> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Nutrition</li> <li>c. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role Development</li> </ol> </li> </ul> |  |   |
|                    |   |   |  |   |
| 5 hours<br>3/14&28 | Unit IVNursing care of the<br>client with select orthopedic<br>conditionsIdentify nursing care delivery for<br>the pediatric client with orthopedic<br>problemsDescribe the nursing care for the<br>client with a fracture.Discuss medical management and<br>nursing care for the client with a<br>fractured hip. | <ul> <li>A. Critical Thinking: Nursing process applied<br/>to a client with an orthopedic condition</li> <li>B. Provision of safe, holistic, culturally<br/>competent care to a client with an<br/>orthopedic condition</li> <li><u>Common Pediatric orthopedic conditions:</u><br/><u>Congenital Hip dysplasia, scoliosis, club</u><br/>foot</li> </ul>  | We will start with fractures first.<br>Review Anatomy & Physiology<br>(A&P)<br>Assigned Readings:<br>Hochenberry pp. 1122 – 1127, pp.<br>1130 – 1134, pp. 151.<br>Lecture<br>Discussion<br>Case Study: Total Hip Replacement | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Concept mapping |
|                    | Discuss nursing care delivery for<br>the client with arthritis.   | <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp;</li> </ol>  | Provide nursing care to a client with<br>an orthopedic condition   |   |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES  | EVALUATION |
|---------------|--|--|--|------------|
|               | Compare and contrast the<br>management of osteoarthritis and<br>rheumatoid arthritis<br>Describe the nursing care for the<br>client with reconstructive joint<br>replacement | complications<br>4. Diagnostic tests<br>5. Cultural considerations<br>6. Evidence based theory and principles<br>7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Surgical   | Case Study: care of a client with a cast   |            |
|               | Discuss nursing care delivery for<br>the client with osteomyelitis<br>Discuss nursing care delivery for<br>the client with amputation.                                       | <ul> <li>c. Nutrition</li> <li>d. Pharmacological</li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ul>  |  |            |
|               | Address nursing care for the client<br>with complications of orthopedic<br>procedures  | <ul> <li><u>Fracture</u> <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp; complications <ul> <li>a. Fat embolism</li> <li>b. Compartment syndrome</li> <li>c. Volkman's contracture</li> </ul> </li> <li>Diagnostic tests</li> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> </ol></li></ul> Osteoarthritis and Rheumatoid Arthritis <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations &amp; complications</li> </ol> | Readings:<br>Lewis pp. 1590 – 1604,<br>1605 – 1608, 1610 – 1614, 1614 –<br>1618, 1620 – 1623, 1641 – 1658,<br>1661 – 1664, 1634 – 1637, 1620 –<br>1623,<br>Posted/Printed Articles |            |

| WEEK<br>HOURS | UNIT OBJECTIVES | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|---------------|-----------------|---|-----------------------------------|------------|
|               |                 | <ul> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>(1) Joint Replacement Surgery</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> <li>Other orthopedic disorders:</li> <li>Gout, Osteoporosis, Lyme Disease,<br/>osteomyelitis</li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp;<br/>complications</li> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Nutrition</li> <li>c. Pharmacological</li> <li>d. Surgical/amputation</li> </ul> </li> <li>8. Health Promotion/Maintenance and<br/>Restoration and or Prevention</li> </ul> |                                   |            |

| WEEK<br>HOURS      | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION  |
|--------------------|---|---|---|---|
|                    |   | <ul> <li>D. Professionalism</li> <li>1. Legal-Ethical issues</li> <li>2. Role Development</li> </ul>  |   |   |
| 1 hour<br>4/11     |   | EXAM 4  |   |   |
| 2 hours<br>4/11&18 | Unit V: Pediatric Nursing<br>Principles of Pediatric Nursing<br>Describe the philosophy and goals<br>of pediatric nursing<br>Discuss the significance of family | <ul> <li>A. Critical Thinking: Nursing process<br/>applied to the care of the pediatric client<br/>and family</li> <li>1. Trends in pediatric care</li> <li>2. Health promotion and the pediatric</li> </ul>                            | Assigned Readings:<br>Hockenberry;  | Clinical performance<br>evaluation                                    |
|                    | in the care of pediatric clients<br>Identify health- promotional<br>activities essential for normal<br>growth and development in the<br>pediatric population    | <ul> <li>client</li> <li>3. Family characteristics</li> <li>4. Cultural influences on the pediatric client and family</li> <li>5. Parenting styles <ul> <li>a. Child-rearing philosophies</li> <li>b. Discipline</li> </ul> </li> </ul> | Chapters: 3,4, 5, 6, 7<br>pp 29-132 & 158-191<br>Chapters: 10, 21, 22, 23, & 24<br><u>Within the chapters listed, focus on</u><br><u>the following pages</u> : 322-376, 658-<br>682, 686-697, 710-715, 717-725, | Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Concept mapping |
|                    | List the major components of a<br>pediatric history and physical exam<br>Explain how children differ from<br>adults in their response to illness                | <ul> <li>6. Principles of growth and development</li> <li>a. Cephalocaudal</li> <li>b. Proximodistal</li> <li>c. Simple to complex</li> <li>d. General to specific</li> </ul>   | 732-737, 763-768, 814-823, 826-<br>831, 849-852<br>Lecture  |   |
|                    | and hospitalization<br>Discuss pediatric illness as a<br>family stressor  | <ul> <li>7. Application of theories of growth and development</li> <li>a. Cognitive: Piaget</li> <li>b. Psychosocial: Erikson</li> <li>c. Moral: Kohlberg</li> </ul>  | Discussion<br>Video   |   |
|                    | Discuss the principles and<br>techniques for administering<br>medications and IV fluids to<br>children  | <ul> <li>d. Psychosexual: Freud</li> <li>8. Physical Assessment <ul> <li>a. History</li> <li>b. Vital signs</li> <li>c. Anthropometric measurement</li> </ul> </li> </ul>   |   |   |
|                    | Describe communication strategies<br>that assist nurses in working<br>effectively with children   | <ul> <li>d. Growth charts</li> <li>e. Nutrition</li> <li>9. Developmental Assessment <ul> <li>a. Denver Developmental Screening</li> </ul> </li> </ul>  |   |   |

| WEEK<br>HOURS   | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES       | EVALUATION                         |
|-----------------|--|--|---|------------------------------------|
|                 | Describe legal issues unique to<br>children and families<br>Discuss care of children with<br>common pediatric illnesses          | Test II (DDST-II)<br>b. Play as an indicator<br>10. The Hospitalized child<br>a. Preparation for elective<br>hospitalization<br>b. Emergency hospitalization<br>c. Stressors associated with illness<br>and hospitalization<br>11. Preparing children for procedures<br>a. Physical preparation<br>b. Verbal preparation<br>c. Coping with pain<br>d. Use of play as a coping<br>mechanism<br>12. Administering medication to children<br>a. Administering injections<br>c. Principles of IV fluid<br>administration |   |                                    |
|                 |  | <ul> <li>B. Communication with the pediatric client<br/>and family</li> <li>1. Communication strategies <ul> <li>a. Developmental principles</li> <li>a. Cultural considerations</li> </ul> </li> <li>2. Parental education <ul> <li>a. Safety</li> <li>b. Anticipatory guidance</li> </ul> </li> <li>C. Professionalism <ol> <li>Consent for care</li> <li>The nurse as a child advocate</li> </ol> </li> </ul>   |   |                                    |
|                 |  | 3. Mandatory reporting laws  |   |                                    |
| 3 hours<br>4/18 | <b>Common Pediatric Conditions</b><br>Describe nursing care and<br>management when caring for the<br>child with common pediatric | A. Critical Thinking: Nursing process<br>applied to the care of the pediatric client<br>and family with <u>Common Pediatric</u><br><u>Conditions:</u> Gastroenteritis, Appendecitis,   | Assigned Readings: See above<br>Lecture | Clinical performance<br>evaluation |
|                 | conditions.  | Otitis Media, conditions affecting the   |   |                                    |

| WEEK          | UNIT OBJECTIVES   | CONTENT   | SUGGESTED LEARNING                                      | EVALUATION  |
|---------------|---|---|---|---|
| HOURS         |   | <ul> <li>tonsills and adenoids, Pyloric Stenosis,<br/>Care of the Child with Developmental<br/>Needs</li> <li>B. Provision of safe, holistic, culturally<br/>competent care to the pediatric client and<br/>family with <u>Common Pediatric Conditions</u></li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp;<br/>complications</li> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> <li>C. Communication <ul> <li>Client and family education</li> <li>Community resources</li> </ul> </li> </ul> | EXPERIENCES<br>Discussion<br>Simulation                 | Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Concept mapping |
|               |   | <ul><li>D. Professionalism</li><li>1. Legal-ethical issues</li><li>2. Role development</li></ul>  |   |   |
| 1 hour<br>4/4 | Unit VI: Bariatrics:<br>Care of clients with medically<br>significant obesity | A. Critical Thinking: Nursing process applied to clients with morbid obesity.   | Assigned readings;<br>Lewis pp. 954 – 959               | Clinical performance<br>evaluation                                    |
|               | Describe health implications for the morbidly obese client.                   | B. Provision of safe, holistic, culturally competent care to clients with morbid obesity.   | Potter's Skills pp 314 – 316<br>Posted/Printed Articles | Clinical Learning<br>Experience Workbook<br>(CLEW)                    |

| WEEK<br>HOURS  | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION   |
|----------------|--|--|---|--|
|                | Compare and contrast the Bariatrics<br>surgical techniques utilized for the<br>morbidly obese individual.<br>Utilize the nursing process to<br>develop a holistic plan of care for<br>clients following Bariatric surgery. | Bariatrics         1. Etiology         2. Pathophysiology         3. Clinical manifestations & complications         4. Diagnostic tests and procedures         5. Cultural considerations         6. Evidence based theory and Principles         7. Collaborative management: Treatment modalities: <ul> <li>a. Surgery</li> <li>b. Medical</li> <li>c. Rehabilitative</li> <li>d. Nutrition</li> <li>e. Pharmacological</li> </ul> <li>8. Health Promotion/Maintenance Restoration and/or Prevention</li> <li>C. Communication         <ul> <li>1. Client and family education</li> <li>2. Community resources</li> </ul> </li> <li>D. Professionalism         <ul> <li>1. Legal-ethical issues</li> <li>2. Role development</li> </ul> </li> | Provide nursing care to a client with<br>a disturbance in gastrointestinal<br>function  | Concept mapping  |
| 2 hours<br>4/4 | <u>Unit VII: Nursing care of the</u><br><u>client with select genitourinary</u><br><u>conditions</u>   |  |   |  |
|                | Use the nursing process as a<br>framework when caring for patients<br>with commonly occurring urinary<br>system problems.<br>Use the nursing process as a  | <ul> <li>A. Critical Thinking: Nursing process applied<br/>to the clients experiencing genitourinary<br/>conditions</li> <li>B. Provision of safe, holistic, culturally<br/>competent care to clients experiencing</li> </ul>  | Assigned Readings:<br>Lewis review A & P Chapter 45<br>pp. 1114 – 119, pp.1122 – 1129,<br>1134 – 1141, 1377 - 1386<br>Lecture | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW) |

| WEEK<br>HOURS | UNIT OBJECTIVES   | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION  |
|---------------|---|--|---|---|
|               | framework when caring for patients<br>with commonly occurring urinary<br>system problems.   | genitor-urinary conditions<br>Urinary Tract Infections, Urolithiasis,<br>Kidney Surgery, Benign Prostatic  | Discussion  | Concept mapping   |
|               | Identify common laboratory and<br>diagnostic tests used to determine<br>urinary system dysfunction.                                   | Hypertrophy         1. Etiology         2. Pathophysiology         3. Clinical manifestations & complications         4. Diagnostic tests         5. Cultural considerations         6. Evidence based theory and principles         7. Collaborative management:<br>Treatment Modalities         a. Medical         b. Surgical         c. Nutrition         d. Pharmacological         8. Health Promotion/Maintenance         Restoration and/or Prevention         C. Communication         1. Client and family education         2. Community resources         D. Professionalism         1. Legal-ethical issues         2. Role development | Provide nursing care to a client<br>experiencing a genitor-urinary<br>condition |   |
| 1 hour<br>5/2 |   | EXAM 5   |   |   |
| 1 hour<br>5/2 | <u>Unit VIII: Nursing care of the</u><br><u>client with a Sexually</u><br><u>Transmitted Illness</u>                                  | A. Critical Thinking: Nursing process applied<br>to the care of clients with sexually<br>transmitted illnesses   | Assigned Readings<br>Lewis Ch 53  |   |
|               | Identify risk factors, signs and<br>symptoms and learning needs<br>related to vaginal infections and<br>sexually transmitted diseases | B. Provision of safe, holistic, culturally competent care to with sexually transmitted illnesses   | Lecture<br>Discussion   | Clinical performance<br>evaluation<br>Clinical Learning |

| WEEK<br>HOURS | UNIT OBJECTIVES                                   | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION   |
|---------------|---|--|---|--|
|               |   | <u>Sexually Transmitted Illnesses:</u><br><u>Gonorrhea, Syphillis, Chlamydia,</u><br>Herpes Genitalis, Trichomoniasis,   | Case Study: Nursing Care for the<br>client with sexually transmitted<br>illness | Experience Workbook<br>(CLEW)                      |
|               |   | Condylomata Acuminata,<br>Humanpapilloma virus (HPV)         1. Etiology         2. Pathophysiology         3. Clinical manifestations &<br>complications         4. Diagnostic tests         5. Cultural considerations         6. Evidence based theory and principles         7. Collaborative management: Treatment<br>Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> 8. Health Promotion/Maintenance<br>Restoration and/or Prevention         C. Communication         1. Client and family education         2. Community resources         D. Professionalism         1. Legal-ethical issues |   | Concept mapping                                    |
|               |   | 2. Role development  |   |  |
| 2 hours       | Unit IX: Nursing care of the gynecology client    |  | Assigned Readings   |  |
| 4/18          | Address life cycle changes of women.              | A. Critical Thinking: Nursing process applied to the care of clients with gynecological  | Lewis Ch 51-p. 1289-98, 1300-05,<br>Ch 1306-11, up to Breast cancer &           | Clinical performance evaluation                    |
|               | Describe common health screening tests for women. | disorders<br>B. Provision of safe, holistic, culturally<br>competent care to with gynecological  | Ch 54.<br>Lecture<br>Discussion   | Clinical Learning<br>Experience Workbook<br>(CLEW) |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION      |
|---------------|--|--|---|-----------------|
|               | Identify factors that can influence<br>the health of the female<br>reproductive system.<br>Describe the components<br>associated with the physical<br>assessment, including routine<br>health screening test of the female<br>reproductive system<br>Identify tests that a commonly<br>used to diagnose dysfunctions of<br>the reproductive system.<br>List nursing diagnoses appropriate<br>to women with gynecologic<br>disorders.<br>Discuss the role of the nurse and<br>the use of the nursing process<br>when caring for clients with<br>common gynecological disorders. | disorders         1. Menstrual Cycle         a. Normal         b. Deviations of Normal         2. Taking a gynecological history         a. Demographic Data         b. Personal & Family History         c. GYN History         d. STD History         e. Diet         f. Stressors         g. Support System         3. Physical Assessment         a. Breast Exam         b. Abdominal Exam         c. External Genitalia         d. Pelvic Exam         e. Bimanual Exam         f. Rectovaginal Exam         4. Diagnostic Assessment         a. Laboratory tests         b. Radiographic studies         c. Endoscopic studies         d. Biopsy         e. Other diagnostic studies         Disorders affecting women's health: Pre-         Menstrual Syndrome, Menstrual         Irregularities, Menopause, Benign Breast         Disorders, Endometriosis, Vaginitis,         Uterine Prolapse, Cystocele or Rectocele,         Toxic Shock Syndrome         1. Etiology         2. Pathophysiology         3. Clinical manifestations & | Nursing Skills Lab: Self Breast<br>Examination<br>Case Study: Menopause<br>Provide nursing care to a<br>gynecology client | Concept mapping |

| WEEK            | UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING   | EVALUATION  |
|-----------------|--|---|--|---|
| HOURS           |  | <ul> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management: Treatment<br/>Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> </ul> | EXPERIENCES  |   |
| 2 hours<br>4/25 | Unit X: Nursing care of the<br>family experiencing violenceDiscuss the differences between<br>physical violence, sexual violence,<br>emotional violence and neglectDescribe common characteristics<br>of the abused and abusersIdentify stressors and predictors of<br>family violence.Discuss safety plans for victims of<br>family violenceDescribe phases of rape-trauma<br>syndrome and common reactions | <ul> <li>A. Critical Thinking: Nursing process applied to the care of clients/families experiencing violence and neglect</li> <li>B. Provision of safe, holistic, culturally competent care to clients/families experiencing violence and neglect</li> <li><u>Violence: Spousal Abuse, Elder Abuse, Child Abuse, Sexual Assault</u></li> <li>1. Etiology</li> <li>2. Pathophysiology</li> <li>3. Clinical manifestations &amp; complications</li> <li>4. Diagnostic tests</li> <li>5. Cultural considerations</li> </ul>  | Assigned Readings:<br>Varcarolis Chapter 26 & 27<br>Lecture- guest<br>Discussion | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience Workbook<br>(CLEW)<br>Concept mapping |

| UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING  | EVALUATION   |
|--|---|---|--|
| during each phase.<br>Discuss the role of the nurse when<br>caring for the abused client<br>Describe the role of the nurse as an<br>advocate in incidences of family<br>violence<br>Describe how the role of the nurse<br>varies in the care of clients that are<br>victims of different types of<br>violence, abuse and neglect | <ul> <li>6. Evidence based theory and principles</li> <li>7. Collaborative management:<br/>Treatment Modalities <ul> <li>a. Medical</li> <li>b. Surgical</li> <li>c. Nutrition</li> <li>d. Pharmacological</li> </ul> </li> <li>8. Health Promotion/Maintenance<br/>Restoration and/or Prevention</li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> </ul>  | EXPERIENCES   |  |
| Unit XI: Nursing care of the<br>client and family experiencing   | <ul> <li>D. Professionalism</li> <li>1. Legal-ethical issues</li> <li>2. Role development</li> </ul>  |   |  |
| <u>death</u>   |   |   |  |
| Identify the stages of grieving.<br>Identify clinical symptoms of grief<br>and factors affecting a grief<br>response<br>Identify measures that facilitate the<br>grieving process<br>List clinical signs of impending<br>and actual death<br>Identify the nurse's legal<br>responsibilities regarding client<br>death            | <ul> <li>A. Critical Thinking: Nursing process applied to a dying client</li> <li>B. Provision of safe, holistic, culturally competent care to a dying client <ol> <li>Palliative Care</li> <li>Clinical manifestations &amp; complications</li> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Grief and Bereavement</li> </ol> </li> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> </ul>  | Assigned Readings: Lewis; Ch. 11<br>pp 153-166<br>Potter & Perry; Ch. 30 pp. 461-484<br>Perry & Potter; Ch. 16 pp. 403-419<br>AV; Frontline documentary: <u>"Facing</u><br><u>Death" and NPR audiocast: <u>"Why</u><br/>this city in Wisconsin is the best<br/>place to die."<br/>Lecture<br/>Discussion<br/>Nursing Skills Lab: Post Mortem<br/>Care</u>   | Clinical performance<br>evaluation<br>Clinical Learning<br>Experience<br>Workbook (CLEW)<br>Concept mapping  |
|  | Discuss the role of the nurse when<br>caring for the abused client<br>Describe the role of the nurse as an<br>advocate in incidences of family<br>violence<br>Describe how the role of the nurse<br>varies in the care of clients that are<br>victims of different types of<br>violence, abuse and neglect<br>Unit XI: Nursing care of the<br>client and family experiencing<br>death<br>Identify the stages of grieving.<br>Identify clinical symptoms of grief<br>and factors affecting a grief<br>response<br>Identify measures that facilitate the<br>grieving process<br>List clinical signs of impending<br>and actual death<br>Identify the nurse's legal<br>responsibilities regarding client | Discuss the role of the nurse when<br>caring for the abused client7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Surgical<br>c. Nutrition<br>d. PharmacologicalDescribe the role of the nurse<br>violence8. Health Promotion/Maintenance<br>Restoration and/or PreventionDescribe how the role of the nurse<br>viaries in the care of clients that are<br>violence, abuse and neglectC. Communication<br>1. Client and family education<br>2. Community resourcesDist XI: Nursing care of the<br>client and family experiencing<br>deathA. Critical Thinking: Nursing process applied<br>to a dying clientIdentify clinical symptoms of grief<br>and factors affecting a grief<br>responseA. Critical Thinking: Nursing process applied<br>to a dying clientList clinical signs of impending<br>and actual deathA. Critical Thinking: Nursing process<br>complications<br>3. Cultural considerations &<br>complications<br>3. Cultural considerations<br>4. Evidence based theory and principles<br>5. Grief and BreavementIdentify the nurse's legal<br>responsibilities regarding client<br>deathC. Communication<br>1. Client and family education<br>2. Communication<br>3. Cultural considerations<br>4. Evidence based theory and principles<br>5. Grief and Breavement | during each phase.       6. Evidence based theory and principles         Discuss the role of the nurse when<br>caring for the abused client       6. Evidence based theory and principles         Describe the role of the nurse as an<br>advocate in incidences of family<br>violence       7. Collaborative management:<br>Treatment Modalities<br>a. Medical<br>b. Surgical<br>c. Nutrition         Describe how the role of the nurse<br>varies in the care of clients that are<br>victims of different types of<br>violence, abuse and neglect       7. Communication         Unit XI: Nursing care of the<br>client and family experiencing<br>death       7. Critical Thinking: Nursing process applied<br>to a dying client       A. Critical Thinking: Nursing process applied<br>to a dying client         Identify the stages of grieving.<br>Identify measures that facilitate the<br>grieving process       A. Critical Thinking: Nursing process applied<br>to a dying client       Assigned Readings: Lewis; Ch. 11<br>pp 153-166<br>Potter & Perry; Ch. 30 pp. 461-484<br>Potter & Perry; Ch |

| WEEK<br>HOURS        | UNIT OBJECTIVES  | CONTENT   | SUGGESTED LEARNING<br>EXPERIENCES                     | EVALUATION |
|----------------------|--|---|---|------------|
| HOUKS                | when caring for the dying client.  | 1. Legal-ethical issues   |   |            |
|                      | when earing for the dying cherk.   | 2. Role development   | Provide nursing care to a terminally ill client       |            |
| 3 hours<br>5/2 & 5/9 | Unit XII: Nursing Care of The<br>Client with a Psychiatric/Mental<br>Health Disorder           |   |   |            |
|                      | Adult Psychiatric Conditions:<br>Anxiety, Somatoform, Factitious<br>and Dissociative Disorders | A. Critical Thinking: Nursing process applied<br>to a client with a psychiatric/mental health<br>disorder   | Assigned Readings:Varcarolis Ch 3, pp.63-8,13, 14, 24 | Exam       |
|                      |  |   | Lecture   |            |
|                      | Describe the DSM-IV-TR<br>evaluation system for classification<br>of mental disorders.         | 1. Introduction to the DSM-IV-TR and its use in psychiatric/mental health nursing   | Varcarolis Crossword Puzzle                           |            |
|                      | Identify adaptive and maladaptive  | <ul><li>a. Axis</li><li>b. Global Function Index</li></ul>  | Discussion  |            |
|                      | coping through identification and<br>understanding of defense<br>mechanisms.                   | 2. The role of defense mechanisms in client coping  | Case Study: Application of the DSM-IV-TR              |            |
|                      | Identify theories of anxiety disorders   | a. Adaptive<br>b. Maladaptive   | Films: The Note Book, Up in the Air,<br>Tenderness    |            |
|                      | disorders  | B. Provision of safe, holistic, culturally  |   |            |
|                      | Identify basic characteristics of medical anxiety disorders                                    | competent care to a client with a psychiatric disorder  |   |            |
|                      | Discuss assessment when<br>providing care to people with<br>anxiety and anxiety disorders      | <ol> <li>Anxiety Disorders         <ol> <li>Etiology</li> <li>Pathophysiology</li> </ol> </li> </ol>  |   |            |
|                      | Identify nursing diagnoses and<br>outcomes for people with anxiety<br>disorders                | <ul> <li>c. Clinical manifestations &amp; complications</li> <li>d. Diagnostic tests</li> <li>e. Cultural considerations</li> <li>f. Evidence based theory and</li> </ul> |   |            |
|                      | Describe manifestation of the somatoform, factitious and                                       | principles of management  |   |            |

| WEEK<br>HOURS           | UNIT OBJECTIVES                                 | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|-------------------------|---|--|-----------------------------------|------------|
| WEEK<br>HOURS           | UNIT OBJECTIVES<br>dissociative disorders       | CONTENTGeneralized Anxiety Disorder, Panic<br>Disorders, Phobias, Social Anxiety<br>Disorders, OCD, PTSD2. Somatoform Disorders/Somatization<br>a. symptoms of unmet needs<br>b. Importance of secondary gains<br>c. Impact on healthcare system<br>g. Evidence based theory and<br>principles of management3. Factitious Disorders<br>a. Prototype: Munchausen<br>Syndrome and Munchausen<br>Syndrome by Proxy<br>h. Evidence based theory and<br>principles of management4. Dissociative Disorders<br> | SUGGESTED LEARNING<br>EXPERIENCES | EVALUATION |
|                         |   | <ul> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> </ul>   |                                   |            |
| 1 hour<br>Exam 5<br>5/2 |   | Exam 5   |                                   |            |
| 3 hours<br>5/9          | Adult Psychiatric Conditions:<br>Mood Disorders |  |                                   |            |
| צוב                     | wioou Disoruers                                 |  |                                   |            |

| WEEK<br>HOURS | UNIT OBJECTIVES  | CONTENT  | SUGGESTED LEARNING<br>EXPERIENCES   | EVALUATION |
|---------------|--|--|---|------------|
|               | Compare and contrast the<br>symptoms of the different forms of<br>mood disorders and thought<br>disorders across the lifespan.<br>Correlate recommended treatment<br>modalities with the major types of<br>mood disorders.<br>Describe appropriate nursing<br>interventions for behaviors<br>associated with mood disorders. | <ul> <li>A. Critical Thinking: Nursing process applied to clients experiencing mood disorders</li> <li>B. Provision of safe, holistic, culturally competent care to clients with mood disorders</li> <li><u>Mood Disorders, Depression, Postpartum Depression with Psychotic Features, Bipolar Disorder, Suicide</u> <ol> <li>Etiology</li> <li>Pathophysiology</li> <li>Clinical manifestations and complications</li> <li>Diagnostic evaluation DSM IV</li> <li>Cultural considerations</li> <li>Evidence based theory and principles</li> <li>Collaborative management Treatment modalities <ol> <li>Surgical</li> <li>Medical</li> <li>Rehabilitative</li> <li>Nutrition</li> <li>Pharmacological</li> </ol> </li> <li>Health Promotion/Maintenance Restoration and/or Prevention</li> </ol></li></ul> <li>C. Communication <ol> <li>Client and family education</li> <li>Community resources</li> </ol> </li> <li>D. Professionalism <ol> <li>Legal-ethical issues</li> <li>Role development</li> </ol> </li> | Assigned readings<br>Handouts<br>Nurse-Client Communication Skills:<br>a. Mood Disorders<br>Selected A/V and computer<br>materials: "Hearing Voices" CD and<br>exercises<br>Provide nursing care to a client<br>experiencing mood disorders<br>NUR*203<br>Role play Communication skills with<br>the psychiatric clients<br>Tape: Hearing Voices (Lab<br>NUR*201)<br>Suicide Assessment<br>Process recording workshop in<br>preparation for psychiatric nursing<br>clinical experience in NUR 203 | Exam       |
| Final<br>Exam | MONDAY, May 14 <sup>th</sup>   |  |   |            |

| WEEK    | UNIT OBJECTIVES | CONTENT    | SUGGESTED LEARNING | EVALUATION |
|---------|-----------------|------------|--------------------|------------|
| HOURS   |                 |            | EXPERIENCES        |            |
| Week    |                 | Final Exam |                    |            |
| 2 hours | 8:30 to 10:30am |            |                    |            |

## CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM (CT-CCNP)

Capital Community College, Gateway Community College, Naugatuck Valley Community College, Northwestern Connecticut Community College, Norwalk Community College, Three Rivers Community College

# NUR\* 102: Family Health Nursing Laboratory Topics Schedule

## **Obstetrical/Pediatric Nursing Topics**

| Lab Topic                           |       | Time      |
|-------------------------------------|-------|-----------|
| Breastfeeding (1 hour theory)       |       | 1 hour    |
| Newborn Assessment and Care         |       | 2.5 hours |
| Post Partum Assessment/Care         |       | 1.5 hour  |
| Child Birth Education (i.e. Lamaze) |       | 1 hour    |
|                                     | TOTAL | 6         |

## **Combined Nursing Topics**

| Lab Topic                                      | Time      |
|--|-----------|
| Urinary Catheterization Content (includes CBI) | 1.5 hour  |
| Urinary Catheterization Practice               | 1.5 hours |
| IVPB Content                                   | 2 hours   |
| IVPB Practice                                  | 1 hour    |
| Medication Calculation Testing or Support      | 1 hour    |
| VALIDATIONS IVPB & CATHETERIZATION             | 2         |
| TOTAL  | 9.0       |

# **Medical/Surgical Topics**

| Lab Topic  | Time      |
|--|-----------|
| Blood Transfusion                                      | 1.5 hours |
| Surgical Assessment                                    | 1.5 hour  |
| Decompression Tubes Content                            | 2.0 hours |
| Indications, placement, patency,                       |           |
| Enteral Tube Medication Administration and Practice    |           |
| PCA/Epidural pumps                                     | 1 hour    |
| Ortho Lab/Disorders of the Musculoskeletal System      | 1 hour    |
| VALIDATION: ENTERAL MED ADMINISTRATION                 | 1 hour    |
| TOTAL  | 8.0       |
| Floating Hour to be applied at faculty team discretion | 1.0       |
| NURSING 102 TOTAL LAB HOURS                            | 24        |

# Combined Nursing Topics <u>NUR\*102: Family Health Nursing</u>

# On Campus Clinical Laboratory: Care of Breastfeeding Clients (1 hour)

## \*Note to students: assigned readings to be completed prior to laboratory attendance

| Nursing Care of Breastfeeding Clients |  |  |
|---------------------------------------|--|--|
| Up                                    | Learning ObjectivesSuggested Learning ActivitiesUpon completion of the Learning Laboratory+the student will be able to:+ |  |
| 1.                                    | Discuss breastfeeding readiness and indications of infant hunger   | Review handouts/readings/videos related to breastfeeding |
| 2.                                    | Describe signs that baby is getting enough milk  | Guest speaker  |
|                                       |  | Demonstration of various breastfeeding techniques        |
| 3.                                    | Identify steps to ensure correct breastfeeding latch   |  |
| 4.                                    | Discuss and demonstrate various infant<br>holding positions to promote comfort,<br>support and ease of breastfeeding     |  |
| 5.                                    | Apply the nursing process to breastfeeding issues  |  |
| 6.                                    | Identify benefits for both mother and baby related to breastfeeding.   |  |

#### On Campus Clinical Laboratory: Nursing Care and Assessment of Newborns (2.5hours)

| <b>Learning Objectives</b><br>Upon completion of the Learning Laboratory<br>the student will be able to: |  | Suggested Learning Activities   |
|--|--|---|
| 1.<br>2.   | Identify normal newborn reflexes<br>Review the correct techniques for<br>administration of newborn medications<br>including routes, sites and equipment<br>needed<br>Describe the components of a complete | Review handouts/readings/videos related to<br>newborn assessment and care<br>Demonstration and practice with return<br>demonstration of newborn assessment using<br>newborn manikins/Sim Baby<br>Critical Thinking scenario and small group<br>discussion: newborn care |
|  | newborn exam including normal<br>varients vs. abnormal findings<br>Describe care of the newborn following<br>circumcision  | Guest speaker<br>Case Study   |
| 5.   | Review the components of a baby bath   |   |
| 6.   | Discuss the variety of formulas and nipples used for bottle fed babies.  |   |
| 7.   | Discuss ways to keep newborns safe from abduction and SIDs prevention  |   |

## On Campus Clinical Laboratory: Nursing Care and Assessment of the Postpartum Client (1.5 hours)

| Learning Objectives<br>Upon completion of the Learning Laboratory<br>he student will be able to:  | Suggested Learning Activities   |
|---|---|
| <ol> <li>Describe a systematic "Bubble"<br/>assessment of a postpartum client         <ol> <li>Breast</li> <li>Uterus/fundus</li> <li>Bladder</li> <li>Bowel</li> <li>Lochia</li> <li>Episiotomy, Emotional</li> </ol> </li> <li>Describe routine care of the mother<br/>who has delivered her infant vaginally<br/>vs. cesarean section</li> </ol> | Review handouts/readings/videos related to<br>postpartum assessment and care<br>Student practice a return demonstration of a<br>post partum assessment<br>Critical Thinking scenario and small group<br>discussion<br>Case Study<br>Guest speaker |
|   |   |

## On Campus Clinical Laboratory: Care of Clients Requiring Urinary Catheterization (1.5 hours)

| <b>Learning Objectives</b><br>Upon completion of the Learning Laboratory<br>the student will be able to:  | Suggested Learning Activities   |
|---|---|
| <ol> <li>Describe the indications for urinary<br/>catheterization, such as:.         <ul> <li>a. measuring residual urine volume</li> <li>b. urinary retention</li> </ul> </li> <li>Describe the procedure for assessing post<br/>void residual urine using straight<br/>catheterization</li> <li>State the advantages of using a bladder<br/>scanner to assess urine volume.         <ul> <li>a. Relate the steps for assessing<br/>bladder urine volume using a<br/>bladder scanner.</li> </ul> </li> <li>Describe the nursing assessments that<br/>should be done prior to catheterizing a<br/>client</li> <li>Describe nursing considerations related to<br/>catheterization of a female vs. a male client</li> <li>Describe the procedural differences<br/>between straight and indwelling<br/>catheterization</li> <li>Identify the equipment needed to perform<br/>urinary catheteris</li> <li>State expected outcomes following<br/>completion of the procedure</li> <li>Discuss key principles related to urinary<br/>catheterization</li> </ol> | Review handouts/readings/videos related to<br>urinary catheterization.<br>Review handouts/readings/videos related to<br>bladder scanning<br>Faculty demonstration of urinary<br>catheterization and removal of indwelling<br>catheter.<br>Student practice on SimMan®: insertion of<br>indwelling catheter, removal of catheter.<br>Review of validation performance checklist for<br>urinary catheterization.<br>Critical thinking exercise and small group<br>discussion: urinary catheterization |

| Combined Nursing Topics  |  |  |
|--|--|--|
| catheterization and related procedures   |  |  |
| using laboratory simulation models.  |  |  |
|  |  |  |
| 18. Discuss the risks and potential  |  |  |
| complications associated with  |  |  |
| catheterization, and the nursing   |  |  |
| interventions to prevent them  |  |  |
| 19. Discuss client teaching related to urinary catheterization   |  |  |
| 20. Demonstrate collection of a urine specimen from a continuous bladder drainage system.                        |  |  |
| 21. Review/Discuss routine catheter care and<br>the procedure for removal of an indwelling<br>catheter (NUR*101) |  |  |

# **Combined Nursing Topics**

| Pa                    | Part B: Nursing Care of Clients Requiring Continuous Bladder Irrigation (CBI) and Open<br>Intermittent Catheter Irrigation   |  |  |
|-----------------------|--|--|--|
| Uŗ                    | earning Objectives<br>boon completion of the Learning Laboratory<br>e student will be able to:   | Suggested Learning Activities  |  |
| the<br>1.<br>2.<br>3. |  | Review readings/handouts/videos related to<br>CBI and open intermittent catheter irrigation.<br>Demonstration and practice setting up a CBI<br>and performing open intermittent catheter<br>irrigation.<br>Critical thinking exercise and small group<br>discussion: bladder irrigation. |  |
| 6.<br>7.              | State the expected outcomes following<br>completion of the procedure<br>List the steps required for performing<br>closed continuous bladder irrigation.<br>List the steps required for performing open<br>intermittent catheter irrigation.<br>Describe nursing considerations related to<br>the prevention of infection when<br>performing catheter irrigation. |  |  |

#### **Combined Nursing Topics** Competency Assessment/Validation: Insertion of an Indwelling Urinary Catheter

#### **Competency Assessment/Validation:** Insertion of an Indwelling Urinary Catheter for a Female Client

Student: \_\_\_\_\_\_Date: \_\_\_\_\_

| <b>Psychomotor Skill</b> (Note: specific skills may vary slightly in accordance with equipment or facility protocol) | S/U |
|--|-----|
| Part I: Preparation for Catheterization  |     |
| 1. Check M.D. order  |     |
| 2. Gather equipment for catheterization  |     |
| a. Correct catheterization kit (Straight or Foley) and correct catheter size   |     |
| b. Extra pair of sterile gloves, extra sterile catheter or kit of correct size and type                              |     |
| c. Bath blanket and linen protector  |     |
| 3. Identify patient and explain procedure  |     |
| 4. Wash hands  |     |
| 5. Provide privacy   |     |
| 6. Raise height of bed   |     |
| 7. Position patient in dorsal recumbent position with knees flexed   |     |
| 8. Drape patient with bath blanket   |     |
| 9. Cleanse perineum prn and identify anatomical landmarks  |     |
| Part II: Getting the Field Ready   |     |
| 1. Open catheter kit   |     |
| 2. Place outer plastic wrap at end of bed for waste disposal   |     |
| 3. Place catheter set on bed between patient's legs  |     |
| 4. Open outer wrap using principles of sterile technique   |     |
| 5. Using sterile technique place sterile drape, plastic side down, under buttocks                                    |     |
| 6. Don sterile gloves  |     |
| 7. Place fenestrated drape over perineum maintaining sterility   |     |
| 8. Organize equipment in order of use  |     |
| a. Place cotton balls/swabs, antiseptic solution, and lubricant closest to patient                                   |     |
| b. Pour antiseptic over cotton balls or open packet with swabs   |     |
| c. Test catheter balloon for leaks (unless manufacturer does not recommend)  |     |
| d. Pull back fluid to deflate balloon but leave syringe attached to lumen  |     |
| e. Squirt lubricant onto tray  |     |
| f. Lubricate tip of catheter 2 inches  |     |
| Part III: Inserting Catheter   |     |
| 1. Separate the labia minora with your non-dominant hand to expose urethral meatus                                   |     |
| 2. Cleanse meatus, using downward strokes (front to back)  |     |
| a. Far labial fold first   |     |
| b. Near labial fold next   |     |
| c. Over center of meatus last  |     |
| 3. Pick up catheter (3in. from tip) with dominant hand   |     |
| 4. Ask patient to bear down gently as if to void   |     |
| 5. Insert catheter 2-3 in. or until urine flows: when urine is seen, advance 1-2 in.                                 |     |

# **Combined Nursing Topics**

| Combined runsing ropies   |  |
|---|--|
| 6. Release labia and hold catheter in place with non-dominant hand                        |  |
| 7. Inflate balloon with recommended amount of sterile water and tug gently                |  |
| 8. Allow bladder to empty   |  |
| 9. Attach end of catheter to end of tubing on urinary drainage device if not pre-attached |  |
| 10. Remove gloves and wash hands  |  |
| 11. Follow hospital protocol regarding securing catheter to leg (use clean gloves)        |  |
| Part IV: Patient Assessment and Documentation   |  |
| 1. Assess color, clarity, odor, and amount of urine obtained                              |  |
| 2. Cleanse patient's perineum (insure that patient is clean and dry)                      |  |
| 3. Remove drapes  |  |
| 4. Perform Documentation per facility protocol  |  |

\_\_\_\_\_

Lab Referral\_\_\_\_\_ Comments: \_\_\_\_\_\_

Dates Remediated/Comments:

| Validating Instructor | Date: |  |
|-----------------------|-------|--|
| 0                     |       |  |

## On Campus Clinical Laboratory: Intravenous Piggy Back Administration (IVPB) (2 hours)

| <b>Learning Objectives</b><br>Upon completion of the Learning Laboratory<br>the student will be able to:   | Suggested Learning Activities  |
|--|--|
| <ol> <li>Discuss the indications and methods of<br/>administration for IV piggy back<br/>(IVPB) medications.</li> <li>Demonstrate safe and competent<br/>practice during IV piggyback<br/>medication administration         <ol> <li>Assessment of client allergies</li> <li>Calculation of correct dose</li> <li>Verification of medication<br/>compatibility</li> <li>Maintenance of aseptic<br/>technique during preparation<br/>and administration of IV<br/>medications</li> <li>Accurate reconstitution of IVPB<br/>medication</li> <li>Regulation of infusion at<br/>prescribed rate</li> <li>Assessment of client response<br/>to IVPB medication</li> </ol> </li> </ol> | Review of handouts/readings/videos related to<br>IV piggyback medication administration.Demonstration and practice of preparing IV<br>medication for administration via piggyback<br>and saline lock/intermittent infusion device.Small group work-return demonstration<br>(calculate dose, mix medication in mini bag,<br>calculate infusion rate, back prime secondary<br>line) utilizing laboratory equipmentPractice IV medication reconstitution and<br>calculation of piggyback drip rates.Critical Thinking Exercise with small group<br>discussion<br>Case study: client scenariosReview IVPB Validation Performance |
| <ol> <li>Relate potential complications<br/>associated with IVPB medication<br/>administration.</li> </ol>   | checklist  |
| 4. Demonstrate correct technique for saline lock med/intermittent infusion device administration (i.e. S-A-S)  |  |
| 5. Discuss principles related to the<br>administration of Intravenous<br>medication/additives via a primary<br>solution (i.e. Potassium, multivitamins)  | Demonstration and practice of adding<br>medication to primary IV solution.   |
| 6. Demonstrate the procedure for administering IV medication utilizing an infusion pump  | Small group work-return demonstration<br>utilizing laboratory equipment  |

# **Combined Nursing Topics**

Student: \_\_\_\_\_Date: \_\_\_\_\_

#### **Competency Assessment/Validation:** Administration of Piggyback Medication via Secondary Line (IVPB)

| <b>Psychomotor Skill</b> (Note: specific skills may vary in accordance with equipment or facility protocol) |  |  |
|---|--|--|
| 1. Washes hands   |  |  |
| 2. Obtains ordered medication and does three checks against M.D. order on MAR                               |  |  |
| 3. Verbalizes checking compatibility of medication with primary solution/additives                          |  |  |
| 4. Gathers appropriate equipment  |  |  |
| a. Verbalizes selection of correct IVPB solution / volume.  |  |  |
| b. Inspects solution for clarity, color, expiration date.   |  |  |
| c. Selects appropriate tubing and dates tubing per facility protocol  |  |  |
| d. Selects appropriate diluent for the medication   |  |  |
| 5. Reconstitutes medication and draws up accurate dose  |  |  |
| <ul><li>6. Injects medication into IV solution, using aseptic technique</li></ul>                           |  |  |
| 7. Clamps secondary tubing and spikes IVPB bag  |  |  |
| 8. Labels bag per facility protocol (i.e. name of medication, dose, client name, room#,                     |  |  |
| date, time, signature)  |  |  |
| 9. Calculates drip rate precisely   |  |  |
| 10. Properly identifies client and explains procedure   |  |  |
| 11. Washes hands and gathers gloves   |  |  |
| 12. Dons gloves and assesses IV site for:   |  |  |
| a. changes in temperature   |  |  |
| b. edema  |  |  |
| c. leakage  |  |  |
| d. color (pallor, redness)  |  |  |
| e. pain or tenderness   |  |  |
| 13. Cleanses upper Y-port on primary tubing with alcohol wipe and attaches secondary set                    |  |  |
| 14. Purges air from secondary tubing by back priming (i.e. lowers IVPB below level of                       |  |  |
| Primary bag)  |  |  |
| 15. Closes roller clamp on secondary tubing and hangs IVPB bag on pole                                      |  |  |
| 16. Lowers primary bag on hanger  |  |  |
| 17. Opens secondary tubing clamp completely   |  |  |
|   |  |  |
| 18. Sets rate using primary line clamp, adjusted to within 5 gtts of correct rate                           |  |  |
| 19. Rechecks site to verify no infiltration, pain, leakage  |  |  |
| 20. Verbalizes need to recheck site and rate again in 5-10 min  |  |  |
| 21. Maintains principles of asepsis throughout procedure  |  |  |
| 22. Documents per facility policy   |  |  |

Lab Referral\_\_\_\_ Comments: \_\_\_\_\_

Dates Remediated/Comments:

#### Validating Instructor \_\_\_\_\_ Date:\_\_\_\_\_

May 2010

# **Medical/Surgical Topics**

### NUR\*102: Family Health Nursing

### On Campus Clinical Laboratory: Administration of Blood/Blood Product Transfusions (1.5 hours)

|  | ing Objectives  | Suggested Learning Activities   |
|--|---|---|
| Upon completion of the Learning Laboratory |   |   |
| the stu                                    | ident will be able to:  |   |
| 1.   | Relate the indications and therapeutic purposes for transfusion therapy.  | Lecture/Discussion  |
| 2.   | Discuss the advantages of autologous transfusions.  | Review of handouts/readings/videos related to blood transfusion.  |
| 3.   | Describe blood typing systems and   | Review of equipment related to blood transfusion.   |
|  | their use in determining compatibility of blood components.   | Faculty demonstration of preparing PRBC's for administration.   |
| 4.   | Describe the principles of safe transfusion administration.   | Practice calculating drip rates to ensure timely administration of transfusion.   |
| 5.   | Demonstrate safe and competent practice when monitoring transfusions:   | Practice monitoring of blood transfusion.   |
|  | <ul> <li>a. Client assessment pre-<br/>transfusion</li> <li>b. Pre-administration protocol</li> <li>c. Client identification</li> <li>d. Client monitoring</li> <li>e. Documentation</li> </ul> | Critical Thinking Exercise/Case Studies/ small<br>group discussion related to the key factors in<br>blood/blood products administration |
| 6.   | Compare and contrast the different types of transfusion reactions.  |   |
| 7.   | Discuss the prevention and nursing management of transfusion reactions.   |   |

# **Medical/Surgical Topics** NUR\*102: Family Health Nursing On Campus Clinical Laboratory: Surgical Assessment (1.5 hours)

| <b>Learning Objectives</b><br>Upon completion of the Learning Laboratory<br>the student will be able to: |   | Suggested Learning Activities  |  |
|--|---|--|--|
|  | Describe the <i>initial</i> nursing assessment<br>of the client received from the Post<br>Anesthesia Care Unit (PACU) such as:  | Review of readings/handouts/videos related to post-operative nursing assessment and care.                              |  |
|  | a. Airway assessment and<br>positioning for maximal air   | Return demonstration of securing airway  |  |
|  | exchange.<br>b. Circulatory Assessment (vital   | Practice utilizing devices for incentive spirometry and oxygen saturation.   |  |
|  | signs, physical assessment)<br>c. Level of Consciousness/<br>sedation<br>d. Assessment of Comfort/ Pain   | Role play instructing a client in post-op exercises.   |  |
|  | Management  | Case study/ critical thinking exercise with small group discussion.  |  |
| 2.   | Identify the components of a generalized post-op client nursing assessment  | Develop a care plan for a post-op client.  |  |
| 3.   | Demonstrate preparation of the bedside<br>unit for the client returning from<br>surgery.  | Case study-Small group discussion of post op<br>day #2, development of atelectasis and<br>decreasing oxygen saturation |  |
| 4.   | Discuss the rationale and teaching<br>considerations for post-operative clients<br>such as:<br>a. Incentive Spirometry (IS)<br>b. Leg Exercises/Intermittent<br>Compression Devices<br>(i.e.Venodynes)<br>c. Pain Management<br>d. Early mobility |  |  |
| 5.   | Describe special considerations for the surgical dressing change  |  |  |
| 6.   | Discuss nursing interventions that<br>promote resumption of client's baseline<br>function and prevent post-op<br>complications.   |  |  |

# Medical/Surgical Topics NUR\*102: Family Health Nursing

**On Campus Clinical Laboratory:** 

### Nursing Care of Clients with Decompression Tubes; Enteral Tube Medication Administration (2 hours)

|   | earning Objectives   | Suggested Learning Activities   |
|---|--|---|
| Upon completion of the Learning Laboratory the student will be able to: |  |   |
| 1.  | Differentiate between the various types of<br>enteral tubes (i.e. PEG, NGT, jejunal,<br>gastrostomy)   | Review readings/handouts/videos on NG tube<br>for decompression.<br>Student practice: setting up for NGT insertion.   |
| 2.<br>3.  | Describe the different types of tubes used<br>for gastric decompression.<br>State the purposes of a Nasogastric (NG)<br>tube.  | <ul> <li>Faculty demonstration and student practice:</li> <li>1. verifying tube placement</li> <li>2. anchoring tube</li> <li>3. irrigating tube</li> <li>4. attaching tube to suction</li> </ul> |
| 4.  | Discuss the procedure for insertion of an NG tube.   | <ul><li>5. measuring tube to suction</li><li>Critical thinking exercise/case study: client</li></ul>  |
| 5.  | Discuss expected outcomes following completion of the procedure.   | with an NG tube (NGT)   |
| 6.  | Describe the evidence based procedure for verifying placement of an NG tube  |   |
| 7.  | <ul><li>Describe nursing management of the client with an NG tube to include</li><li>a. the use of suction,</li><li>b. NG Tube irrigation,</li><li>c. evaluating NG tube output</li><li>d. NG tube removal</li></ul> |   |

# Medical/Surgical Topics

#### **Medical/Surgical Topics** Competency Assessment/Validation: Medication Administration via an Enteral Tube

| Psychomotor Skill (Note: specific skills may vary in accordance with equipment or facility protocol)       S/U         1. Gathers supplies (60 ml catheter tip syringe)       2         2. Prepares medication per procedure using MAR, 6 Rights, Checks 2 forms of identity       3         3. Obtains liquid form or crushes meds <ul> <li>a. Verbalizes verification that medication is crushable</li> <li>4. Dilutes crushed medication with 30 ml water</li> <li>5. Assess that tube is securely taped or fastened</li> </ul> |
|--|
| 2. Prepares medication per procedure using MAR, 6 Rights, Checks 2 forms of identity         3. Obtains liquid form or crushes meds         a. Verbalizes verification that medication is crushable         4. Dilutes crushed medication with 30 ml water   |
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| a. Verbalizes verification that medication is crushable         4. Dilutes crushed medication with 30 ml water   |
|  |
| 5. Assess that tube is securely taped or fastened  |
|  |
| 6. Places towel under work area  |
| 7. Places patient in high fowler's position  |
| 8. Dons clean gloves   |
| 9. Disconnects tube from feeding or suction or removes plug  |
| a. Holds tube up above level of stomach  |
| b. Pinches tube to prevent backflow and leaking  |
| 10. Confirms tube placement: checks markings, checks aspirate color and pH   |
| a. Draw up 30 ml of air into 60 ml syringe   |
| b. Attach to end of feeding tube   |
| c. Flush tube with 30 ml of air before attempts to aspirate fluid  |
| d. Draw back on syringe slowly-obtaining 5-10 ml of gastric aspirate   |
| e. Gently mix aspirate in syringe  |
| f. Measure pH-dipping the pH strip into fluid or by applying few drops of fluid to   |
| the strip-comparing with the color on the chart provided by manufacturer   |
| i. Gastric contents < 4, tube feeding pH usually 5 or greater, ph of   |
| pleural fluid from the tracheabronchial tree is generally $> 6$  |
| 11. Verbalizes how to aspirate for residual if feeding   |
| a. Return aspirated contents unless excessive amount (usually > 100cc)   |
| 12. Flushes with 30 ml of warm water   |
| 13. Removes plunger of syringe   |
| a. Pinches/kinks gastric tube  |
| b. Places end of syringe into gastric tube   |
| 14 Administers meds by gravity, pours each med separately, flushes with 10 ml H <sub>2</sub> O between each med  |
| 15 After last medication flushes with 30-60 ml $H_2O$  |
| 16. Pinches gastric tube, removes syringe and inserts clamp or connects to tube feeding.   |
| Do not reconnect to suction for 60 minutes   |
| 17. Positions client with HOB elevated 30-45 degrees for 1 hour  |
| 18. Records total amount of fluid given  |
| 19. Verbalizes how to irrigate a nasogastric tube using 30 ml normal saline  |

Lab Referral\_\_\_\_\_ Comments: \_\_\_\_\_\_

Dates Remediated/Comments:

Validating Instructor \_\_\_\_\_ Date:\_\_\_\_\_

# Medical/Surgical Topics NUR\*102: Family Health Nursing

**On Campus Clinical Laboratory:** 

#### Pain Management: Nursing Care of Clients with Epidural or Patient Controlled Analgesia (PCA) (1 hour)

| Up  | earning Objectives<br>bon completion of the Learning Laboratory  | Suggested Learning Activities   |
|-----|--|---|
| the | e student will be able to:   |   |
|     | Describe patient controlled analgesia and<br>the different modalities used to provide it.<br>Discuss the evidence to support the<br>advantages of PCA and epidural analgesia<br>(evidenced based practice)                         | Review of readings/handouts/videos related to<br>care of the client receiving PCA/epidural pain<br>management.<br>Review of readings/handouts/videos related to<br>epidural catheter management |
| 3.  |  | Review of equipment used in providing PCA<br>and epidural pain management.  |
| 4.  | State the agents (i.e. opiods) commonly<br>used for PCA and epidural pain<br>management.   | Discuss nursing implications related to client teaching and safety with PCA and epidural.   |
| 5.  | Discuss concerns / safety issues related to PCA / epidural use.  | Case study/ critical thinking exercise and sma<br>group discussion related to the care of clients<br>receiving PCA/epidural pain management.  |
| 6.  | Discuss principles and safety features of PCA / epidural pump operation.   |   |
| 7.  | Describe the process for client activation of PCA devices  |   |
| 8.  | Describe safe and competent nursing care<br>of the client receiving PCA/ epidural<br>analgesia   |   |
|     | <ul> <li>a. Design a nursing care plan for the client receiving PCA/ epidural analgesia to include but not be limited to: <ol> <li>nursing assessments to monitor client response to PCA/epidural analgesia</li> </ol> </li> </ul> |   |
|     | ii. nursing assessments to monitor the safety of the client receiving  |   |

|      | Wieureur Burgieur Topies   |  |  |  |  |
|------|--|--|--|--|--|
|      | PCA/ epidural analgesia  |  |  |  |  |
| iii. | nursing interventions for the<br>client receiving PCA/ epidural<br>analgesia |  |  |  |  |

# **Medical/Surgical Topics**

# <u>NUR\*102: Family Health Nursing</u> Orthopedics Lab: Nursing Care of Clients with Disorders of the Musculoskeletal System (1 hour)

| Learning Objectives<br>Jpon completion of the Learning Laboratory<br>he student will be able to:  | Suggested Learning Activities   |
|---|---|
| <ol> <li>Discuss nursing considerations related<br/>to mobilizing clients with joint<br/>replacements and hip fractures.</li> <li>Relate the principles and rationale of<br/>hip precautions and their importance in<br/>preventing postoperative dislocation.</li> <li>Describe quad and glut setting<br/>exercises.</li> <li>Compare and contrast the different<br/>weight bearing status orders commonly<br/>seen with post-operative orthopedic<br/>clients.</li> <li>Discuss the fitting and use of<br/>ambulatory devices appropriate for a<br/>client's weight bearing status.</li> <li>Describe functional assist levels and<br/>their implications for safely mobilizing<br/>the post-op orthopedic client.</li> <li>Review the equipment used in the care<br/>of clients with fractured hip and major<br/>joint replacements.</li> <li>Relate the purposes, types,<br/>complications, and nursing care of the<br/>patient in a cast.</li> <li>Plan and implement care for the patient<br/>in a cast.</li> </ol> | Power point presentation by guest expert<br>physical therapist.<br>Demonstration of mobilization techniques and<br>hip precautions by physical therapist.<br>Discussion and question and answer session<br>with physical therapist.<br>Student practice of mobilization techniques on<br>peers. |