**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 (Student Learning Outcomes)**

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. (as measured by exam questions, Simulation exercise, reflective journals, CLEW, formative and summative clinical evaluations)
2. Demonstrate application of the nursing process when providing nursing care to individuals and/or families across the lifespan. (as measured by exam questions, Simulation exercise, case studies, reflective journals, CLEW, formative and summative clinical evaluations)
3. Administer safe and competent care to individuals and/or families using evidence- based practice, quantitative reasoning, and technological competence. (as measured by exam questions, case studies, reflective journals, Simulation exercise, CLEW, formative and summative clinical evaluations)
4. Demonstrate effective communication when interacting with individuals, families, and members of the health care team. (as measured by exam questions, case studies, Simulation exercise, CLEW, formative and summative clinical evaluations)
5. Implement a basic teaching plan for individuals and/or families with a learning need across the life span. (as measured by exam questions, CLEW, formative and summative clinical evaluations)
6. Foster a caring environment by demonstrating respect for individuals and/or families across the life span. (as measured by exam questions, case studies, reflective journals, Simulation exercise, CLEW, formative and summative clinical evaluations)
7. Demonstrate a basic ability to function as a member of the health care team. (as measured by exam questions, case studies, Simulation exercise, CLEW, formative and summative clinical evaluations)
8. Exhibit accountability and responsibility when providing nursing care to the individual and families across the lifespan. (as measured by exam questions, case studies, Simulation exercise, reflective journals, CLEW, formative and summative clinical evaluations)
9. Assume responsibility for personal growth and professional role development. (as measured by exam questions, reflective journals, CLEW, formative and summative clinical evaluations)

**Unit Objectives:** refer to class outline

**Course Schedule**

Lecture: Wednesdays 8:30-10:30AM and 12:30-2:30PM College Laboratory: 8:00 or 8:30 a.m. to 2:30 or 3 p.m. four days as noted on calendar. Two Day Clinical experience as assigned. Please see course calendar and Blackboard for specifics of classroom and clinical experiences.

**Methods of Instruction**

This course is team-taught. Teaching modalities include lecture, discussion, simulations, case studies, demonstration, return demonstration, guest speakers, experiential exercises, small group activities, and clinical practice. Computerized programmed instruction and video and are also used. Blackboard Learn and Digication are used as learning management tools. It is advised to direct questions on course content to the professor responsible for that content.

**Required Textbooks: (All textbooks are used in subsequent courses)**

Ackley, B.J., & Ladwig, G.B. (2016). Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care (11th ed.). St. Louis, MI: Saunders/Elsevier. 978-0-323-32224-9

Durham, R, & Chapman, L, Maternal-newborn nursing the critical components of nursing care 2nd ed. Philadelphia: F.A. Davis Company, 20103. 9780803637047

Hockenberry, M. J., & Wilson, D. (2016) Wong's essentials of pediatric nursing. 10th ed. St. Louis: Sauders/Elselvier 9780323353168

Lewis S. et al. (2017). Medical Surgical Nursing: Assessment and Management of Clinical Problems (10th ed.). St. Louis, MO: Elsevier.

978-0-323-06581-8

Pickar, G.D., & Abernethy, A.B. (2013). Dosage Calculations (9th ed.). Clifton Park, NY: Thomson/Delmar. 9781133707271

Perry, A. & Potter, P. (2018). Clinical Nursing Skills and Techniques (9th ed.). St. Louis, MO: Elsevier.

978-0-323-40069-5

Potter, P & Perry, A. (2017). Fundamentals of Nursing (9thed.) St. Louis MI: Mosby/Elsevier. 978-0-323-32740-4

Van Leeuwen, A. M. (2015). Davis’ Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (6th ed.). Philadelphia: FA Davis. 978-0-803-64405-2

Vacarolis, E.M., Carson, V.B., & Shoemaker, M.C. (2013). Foundations of Psychiatric Mental Health Nursing: A Clinical Approach (7th ed.). St. Louis, MO: Elsevier. 978-1-415-575358-1

**Optional Textbooks: No assigned readings are from these texts. They are for your information only.**

Dillon (2015) Nursing Health Assessment (3rd ed.) Philadelphia, PA: F.A. Davis. 9780803644007

Buchum, J., & Rosenthal, L. (2016). Lehne’s Pharmacology for Nursing Care (9th ed.). St. Louis, MI: Mosby/Elsevier. 9780323321907

Purnell, L.D., & Paulanka, B.J. (2014). Guide to Culturally Competent Health Care (3rd ed.). Philadelphia, PA: F.A. Davis. 9780803639621

Dudek, (2011). Nutrition Essentials for Nursing Practice (8th ed.) 978149635109

Sommers, M.S., & Fannin, E. (2015). Diseases and Disorders: A Nursing Therapeutics Manual (5th ed.). Philadelphia, PA: F.A. Davis. 9780803638556

Wilkinson, J.M. (20011. Nursing Process and Critical Thinking (4th ed.). Upper Saddle, New Jersey: Pearson/Prentice Hall. 9780132181624

A medical dictionary is helpful-2 good ones are:

Mosby’s Dictionary of Medicine, Nursing, and Health Professions, 10th ed, 2017) St. Louis, MO: Elsevier. 9780323414258

or Taber Cyclopedic Medical Dictionary (2017) (23rd ed.). Philadelphia, PA: F.A. Davis. 9780803659049

**Director of Nursing and Allied Health:**

Edith Ouellet, M.S.N., RN, Associate Professor. Office: C 245

Phone & Voicemail: (860) 215-9460 E-mail: **eouellet@trcc.commnet.edu**

Rhonda Charette, Assistant to the Director  Office: C 245 Phone & Voicemail: (860) 215-9301 E-mail: **rcharette@trcc.commnet.edu**

**Course Coordinator**

Anne Lamondy, A.P.R.N., Professor **alamondy@trcc.commnet.edu** Office: C212 Faculty Offices Phone & Voicemail: 860-215-9447

**Full – Time Faculty**

Cynthia Arpin, M.S.N., R.N., Assistant Professor, **carpin@trcc.commnet.edu** Office: C220 Faculty Offices Phone & Voicemail: (860) 215-9465

Melissa Neill, M.S.N., R.N. Assistant Professor **mneill@trcc.commnet.edu**Office: C 246 Faculty Offices Phone & Voicemail: (860) 215-9477

Suzanne Turner, M.S.N., R.N., Assistant Professor, [**sturner@trcc.commnet.edu**](file:///C%3A%5CUsers%5C00710816%5CDownloads%5Csturner%40trcc.commnet.edu) Office: C240 Faculty Offices Phone & Voicemail: (860) 215-9482.

**Part-Time Faculty:**

Sandra Basley, M.S.N., R.N.; Judy Dollard, M.S.N., R.N.; Kathleen Gauthier, C.N.M.; Martha Healy, M.S., R.N.; Cory Herrick, M.S.N., R.N.; Leanne Larose, M.S.N.c., R.N.

**Nursing Lab Tutors:**

Karen Amor, M.S.N., R.N. -Nursing Lab Coordinator-[**kamor@trcc.commnet.edu**](file:///C%3A%5CUsers%5C00710816%5CDownloads%5Ckamor%40trcc.commnet.edu)or BB Learn

Laurie Godaire, M.S.N., R.N., C.L.N. [**lgodaire@trcc.commnet.edu**](file:///C%3A%5CUsers%5C00710816%5CDownloads%5Clgodaire%40trcc.commnet.edu) or BB Learn

Kim Kobleski, M.S.N., R.N. [**kkobleski@trcc.commnet.edu**](file:///C%3A%5CUsers%5C00710816%5CDownloads%5Ckkobleski%40trcc.commnet.edu) or BB Learn

**Faculty / Staff Availability**

Students are encouraged to seek clarification with the course coordinator as needed. Students are also encouraged to seek advisement with faculty as needed. Scheduled faculty office hours are posted outside faculty offices. Students may also meet with faculty by appointment. All faculty, staff and peers look forward to your success and practice as a registered nurse. Please utilize your time and ours to develop your abilities to the fullest.

**Nursing Program College Facilities**

Faculty offices are located within C wing second floor. The College lab is located in the A wing second floor. Computer labs are located within the nursing lab and throughout the campus (library and E wing). The Library is located in the C wing first floor.

**Nursing Program Clinical Facilities**

William W. Backus Hospital, Norwich CT, Lawrence and Memorial Hospital, New London CT, Manchester Community Hospital, Manchester, CT, Norwich & Sayles Public Schools, Construction Surgical Center

Please see Nursing Handbook for clinical dress code.

**Exams**

* Test answer sheets will be distributed at 8:20 am, exam booklets at 8:30 am
* Students are required to complete the answer sheet as directed, which includes student name, **accurate Banner ID number** and correct alternate test designation.
* Students will have one hour to complete exams and 2 hours to complete the final exam
* Students may not leave the exam room for any reason and return to the exam
* All books, coats, backpacks, bags, etc. must be left in your car or placed in the front of the exam room. **Cells phones turned *off.***
* Eating and/or drinking are not permitted during exams
* Students may not wear hats during exams
* Students may not wear “smart watches” during the exam
* For mathematical calculations, the school will provide calculators.
* Wooden #2 lead pencils are to be used, no mechanical pencils
* Anyone who looks at another student’s exam or who is seen talking either to himself or herself or to someone else during the exam may receive a zero grade.
* Exam scores will be posted on Bb within 48 hours of taking the exam
* Tardy or absence
	+ It is expected that all students will be present and punctual for exams.
	+ **In the event that the student will be absent for personal illness, the student must notify the course coordinator prior to 8 a.m. on the morning of the exam. *Failure to do so may result in a grade of zero for that exam. Any student taking a make-up examination will have 10 points subtracted from the examination grade unless documentation of extenuating circumstances has been provided and approved.***
	+ Planned absences for vacations are not valid reasons for missing an exam.
	+ If warranted, one makeup exam will be offered at the end of the semester. Make up exams are graded on a raw score basis.

|  |  |  |
| --- | --- | --- |
| **Exams** | **Date** | **Weight** |
| Exam 1 | 9/12/18 | 15% |
| Exam 2 | 10/3/18 | 15% |
| Exam 3 | 10/24/18 | 15% |
| Exam 4 | 11/14/18 | 15% |
| Exam 5 | 12/5/18 | 15% |
| Final **\*** | MON.12/10/18  | 25% |
| \***In order to take the final exam, you must bring documentation with your signature that you have completed the on-line course evaluations for N102 & 103 to the final exam.** |

**Examination Schedule: All Are Taken in the Multipurpose Room (MPR**

|  |  |  |
| --- | --- | --- |
| Med Calculation Exam | A 216 &220 | Friday 9/7/18 Passing ≥ 90%  |

**Grading Policies**

To pass Nursing 102 and progress in the nursing program a student must achieve **ALL** of the following:

* Earn at least a 74 average in the theoretical portion of the course. Test items are drawn from ALL content of the course; theory, lab, clinical and math.
* Pass the clinical component of the course in a satisfactory manner.
* Pass Dosage Calculation Competency with 90% accuracy.  Students may use calculators provided by the college for all exams involving drug calculations. A student may not administer medications until s/he has successfully passed the dosage calculation examination.  A student will be given three (3) attempts to pass the dosage calculation examination.  A student who fails the dosage calculation examination must participate in remediation before taking the next examination. A student who fails the third (3rd) examination will be withdrawn from the nursing course and dismissed from the nursing program. See Nursing Student Handbook.
* Pass required clinical skills validations. Three (3) opportunities will be given to pass the clinical skills validation.  Students unable to meet validation criteria must attend mandatory remediation before repeat attempts to validate required clinical skills.  Students who are unable to satisfactorily meet validation criteria upon the third attempt will be dismissed from the nursing program as a clinical failure. See Nursing Student Handbook.
* Any student who scores less than 77.5% will be referred to the nursing lab for a review of the exam concepts.
* ATI Exam- Prior to the end of the semester all students will take two standardized ATI exams- one covers M/S content and one covering OB content. Depending on student’s level of achievement up to three points can be earned. The points earned will be added to the grade earned on the final exam.

**Evaluations:**

**Clinical**: A conference will be scheduled **by the learner** with his/her clinical instructor for discussion and evaluation **of the student's progress at the end of each clinical week**. A formative clinical evaluation form will be completed by the instructor and reviewed by the student at these times. Clinical performance is evaluated on the basis of how well the learner meets the objectives and achievements identified on the evaluation form. Students must successfully meet the clinical objectives in order to pass the course. Students are responsible for self-evaluation and documentation. Students will submit their Assessment Collection Tool and Nursing Care Plan as assigned. A summative evaluation will be completed and reviewed at the end of the semester.

* **Theory:** There will be five *60 minute exams* (with 40 questions on each exam) and one 2 hour cumulative final examination (with 100 questions) in Nursing 102. The exams will start at 8:30AM. Class will resume promptly at 9:30 a.m.
* **Weight:** 5 exams, each worth 15% = 75% of total grade. Final examination = 25% of total grade. The five exams plus the final = the letter grade in the course.
* The final course grade also requires a satisfactory evaluation for clinical performance and successful completion of the Med Math test and Clinical Validations.

**The grading criteria are:**

A 93-100, A- 90-92,

B+ 87-89, B 83-86, B- 80-82

C+ 77-79, C 74-76

D+ 67-69, D 64-66, F 0-63

**EVALUATIONS:** *The student must complete evaluations for the course, faculty, and clinical instructor/s before grades will be released.*

**Nursing Program Policy Handbook:  The student is responsible for content in the TRCC and Nursing Program Handbooks.**

Refer to the Nursing Program Policy Handbook for detailed information regarding:

* Missed Exams
* Clinical Evaluations
* College Labs
* Attendance
* Required Clinical Equipment
* Professional Appearance in the Clinical Sites
* Professional conduct in classroom, lab and clinical
* Return if withdraw
* Inability to return under certain circumstances
* **Attendance Policy:** Students are expected to attend each lecture, classroom laboratory and clinical experience. It is the student's responsibility to notify the instructor if absence is necessary and to fulfill objectives of the experience. All clinical absences are to be made up as per the Nursing Program Policy Handbook.
* **Clinical Absenteeism Policy:**he student who is absent for one clinical day will receive a PIP. A second absence will result in the student being placed on clinical warning. To be successful in the course, the student must earn removal from clinical warning status by having no further clinical absences the remainder of the semester.

If the student has more than **2 absences** (M/S), the student will not be able to meet the clinical objectives resulting in a clinical failure, thereby, failing the course (please see the student nursing handbook). Extenuating circumstances will be reviewed by the nursing faculty and the director of nursing.

If there are **greater than one absence in a specialty area** (ex. OB, Psych), the student will be unable to meet the clinical and course objectives resulting in a clinical failure, thereby, failing the course.  Extenuating circumstances will be reviewed by the nursing faculty and the director of nursing.

* **Test Make-Up Policy:** If you must be absent from a scheduled test due to illness or other emergency, contact the course coordinator by 8 a.m. on the morning of the test 860-215-9447. *Failure to do so may result in a grade of zero for that exam. Any student taking a make-up examination will have 10 points subtracted from the examination grade unless documentation of extenuating circumstances has been provided and approved.* Students with an approved absence from scheduled tests will be given an alternate form of the examination at a time and date toward the later part of the semester.

**Statement on Penalty for Academic Dishonesty or Plagiarism:** Plagiarism is the **unacknowledged** use of another person’s words or ideas in your writing. Whether conscious or not, plagiarism is a serious offense. Evidence that you did not write material that you submit under your name can result in failure for the entire course. Refer to the current College Catalog for policy. Students are expected to: “Demonstrate academic integrity by not engaging in conduct that has as its intent or effect the false representation of a student’s academic performance, including but not limited to: (a) cheating on an examination; (b) collaborating with others in work to be presented, contrary to the stated rules of the course; (c) plagiarizing, including the submission of others’ ideas or papers (whether purchased, borrowed or otherwise obtained) as one’s own; (d) stealing or having unauthorized access to examination or course materials; (e) falsifying records or laboratory or other data; (f) submitting, if contrary to the rules of a course, work previously presented in another course; and (g) knowingly assisting another student in any of the above, including an arrangement whereby any work, classroom performance, examination, or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.” Consequences are delineated in the College Catalog. Visit <https://help.blackboard.com/Moodlerooms/Student/Create_or_Modify_Content/Assignments/SafeAssign>

**Additional Expected Activity Requirements:** Students are expected to participate in class discussions, role-play, group presentations, simulations, material review and lab practice. Participation enhances the learning experience and allows students and instructors the opportunity to learn from each other. Students will be expected to submit work; Select CLEW(s), Reflection(s), Process Recording, and Geriatric nursing Assignment to *Digication.*

* + **Study Groups**

 Students are encouraged to form study groups which can meet in the lab or at the groups’ mutual location choice. Tutors within the nursing lab are available also during posted hours of the Nursing Laboratory. Students are encouraged to be proactive in their learning and seek help independently. Referrals may be made by faculty for lab and theory improvement. The Nursing Lab and Nursing Tutors are in place to promote success and retention. Students are encouraged to utilize these independent opportunities weekly. Practice materials are within your N102 Course Shell on Blackboard Learn, Text book Web Sites and CDs / DVDs, material within the nursing laboratory and library. Sample exam questions can be found within these materials. Some students have recommended the following book for practice with first semester Nursing Exam Questions. It is available to use in our nursing laboratory.

* Nugent, P. A., & Vitale, B. A. (2018). *Test Success, Test-Taking Techniques for Beginning Nursing Students* (8th ed.). Philadelphia: F.A. Davis. ISBN: 978-0-8036-6909-3

**Classroom Behavior**

Demeanor is a vital part of participation. Students should behave appropriately at all times and are asked to practice common courtesy, recognizing each person's right to learn in an atmosphere conducive to the learning experience. Students who violate the rules of courtesy and/or professional demeanor will be asked to leave. Students are required to attend all class meetings. Tardiness and early leaves as well as absences have a direct impact on student learning.

**WITHDRAWAL POLICY**:  Students may withdraw, in writing, at the Registrar's Office for any reason. Refer to the Nursing and College Student Handbooks and College Catalog. Students who receive an *overall* unsatisfactory clinical grade at any time in the rotation will fail this course and receive a grade of F. Students who receive a clinical grade of Fail should consult the Student Handbook for CT-CCNP policies. This course does not offer midterm theoretical warning grades. Students with concerns about their course average are encouraged to contact the course coordinator.

**DISABILITIES STATEMENT**:

If you have a disability that may influence your progress in this course, please meet with a Disability Service Provider (DSP) as soon as possible. (Before the course starts is best.) Please note that accommodations cannot be provided until you provide written authorization from a DSP. Contact Advising and Counseling Services at (860) 215-9017 for further information. Table below provides contact information for College Disability Service Providers.

|  |  |
| --- | --- |
| **College Disabilities Service Provider** |   |
| Matt Liscum, Counselor(860) 215-9265, Room A113  |  Learning Disabilities  ADD/ADHD  Autism Spectrum  Mental Health Disabilities  |   |
| Elizabeth Willcox, Advisor(860) 215-9289, Room A113 |  Medical Disabilities  Mobility Disabilities  Sensory Disability |

Please see the Three Rivers Community College Catalog for additional policies and information.

**BOARD OF REGENTS FOR HIGHTER EDUCATION AND CONNECTICUT STATE COLLEGES AND UNIVERSITIES POLICY REGARDING SEXUAL MISCONDUCT REPORTING, SUPPORT SERVICES AND PROCESSES POLICY**

**Statement of Policy for Public Act No. 14-11: An Act Concerning Sexual Assault, Stalking and Intimate Partner Violence on Campus:**

“The Board of Regents for Higher Education (BOR) in conjunction with the Connecticut State Colleges and Universities (CSCU) is committed to insuring that each member of every BOR governed college and university community has the opportunity to participate fully in the process of education free from acts of sexual misconduct, intimate partner violence and stalking. It is the intent of the BOR and each of its colleges or universities to provide safety, privacy and support to victims of sexual misconduct and intimate partner violence.”

**UNITED STATES DEPARTMENT OF EDUCATION AND OFFICE OF CIVIL RIGHTS TITLE IX STATEMENT OF POLICY:**

“Title IX of the Education Amendments of 1972 (Title IX) prohibits discrimination based on sex in education programs and activities in federally funded schools at all levels. If any part of a school district or college receives any Federal funds for any purpose, all of the operations of the district or college are covered by Title IX.

Title IX protects students, employees, applicants for admission and employment, and other persons from all forms of sex discrimination, including discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity. All students (as well as other persons) at recipient institutions are protected by Title IX – regardless of their sex, sexual orientation, gender identity, part-or full-time status, disability, race, or national origin-in all aspects of a recipient’s educational programs and activities.”

If any student experiences sexual misconduct or harassment, and/or racial or ethnic discrimination on Three Rivers Community College Campus, or fears for their safety from a threat while on campus, please contact Marie Krug, Title IX Coordinator: Office C131  MKrug@trcc.commnet.edu

**CLINICAL CANCELLATION DUE TO INCLEMENT WEATHER**: When the college is closed for reasons of inclement weather, clinical experiences will also be canceled. When the college delays opening, clinical experiences will also have a later start time. However, students should use discretion in traveling in poor weather conditions. If you are unable to report to scheduled clinical experiences, be sure to notify your clinical instructor and the appropriate nursing unit. Preplanning and communication with your clinical instructor and course leader is important. (The College Student Handbook and Catalog lists radio stations announcing cancellations.) There also will be a notice of delays or cancellation on a recording at 860-215-9000, posted on the Three Rivers Web Page: www.trcc.commnet.edu, Blackboard Learn. ***It is strongly encouraged you sign up for Early Alert (notification via email or text).***

**GERIATRIC NURSING PRESENTATIONS:**

Each clinical group will deliver a presentation that covers a portion of the geriatric nursing care content, using real case scenarios from your medical/surgical nursing experiences. Each clinical group will receive a topic (TBD), and each presentation will be a maximum of 20-30 minutes. The presentations will take place during class time. Each student will have the opportunity to earn up to 2 points on the exam that includes the geriatric content.

Please refer to the syllabus and curriculum objectives. We will focus on topics such as ageism, functional assessments/ability, normal physiologic changes in aging, theories of aging (continuity, disengagement, and activity theory), psychosocial changes, polypharmacy, caregiver role-strain, and cognitive changes in aging. During weekly clinical assignments you apply this knowledge each time you provide nursing care to the older adult and their family.

**LEARNING ACTIVITIES**:

Many of the classes require learning activities to be completed prior to attending class. It is expected that the required work be completed so students can fully participate in each class.

**DIGICATION:**

All students are required to maintain a learning portfolio in Digication that uses the school template.

 1.) **During your last week of clinical**, prepare a summative reflection (using the same reflective tool you use each week). Address each core value in regards to the entire semester experience. Reflect on the entire clinical semester. Once you have completed this work send your clinical instructor an invitation to your Digication account.

Last revised date: 7/2018

| **WEEK****HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **SUGGESTED LEARNING EXPERIENCES** | **EVALUATION** |
| --- | --- | --- | --- | --- |
| **4 hours** | **Unit I: Nursing care of the childbearing family****Antepartum Nursing** Define and describe the terms that relate to pregnancy and its signs and symptomsIdentify the physiological changes and the common discomforts that occur during pregnancy Identify the pertinent data needed for adequate health supervision of pregnancy Describe the care and management of gestational problems in pregnancyApply the care and management of preexisting 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 antepartum clients  | 1. Critical Thinking: Nursing process

 applied to clients and families during the antepartum period.1. Provision of safe, holistic, culturally competent care to client and family during the antepartum period
	1. Terminology related to pregnancy
	2. Calculation of pregnancy estimated date of confinement
	3. Signs and symptoms of pregnancy
		1. Presumptive
		2. Probable
		3. Positive
		4. Diagnostic Aids
			1. Pregnancy Tests
			2. Ultrasound
	4. Physiological Changes of Pregnancy
		1. Anatomic and Metabolic
			1. Uterine/cervical
			2. Abdominal wall
			3. Breast
			4. Weight Changes
		2. Hormonal
			1. Estrogen
			2. Progesterone
			3. Human Chorionic gonadotropin
			4. Placental Hormones
		3. Systemic
2. Cardiovascular
3. Respiratory
4. Gastro-intestinal
5. Urinary
6. Muscular-skeletal
7. Integumentary
	1. Interdisciplinary and Nursing Health Supervision During Pregnancy
8. Assessment
9. Screening/Fetal Wellbeing Tests
10. Minor Discomforts
11. Warning Signs
12. Nutritional Counseling
13. Childbirth Education
14. Teratogens of Pregnancy
15. Genetic Counseling
	1. Psychological Adaptation of Pregnancy
16. Developmental Tasks
17. Psychosocial Changes
18. Complications of Pregnancy: Abortion, Cardiac Disease, HIV/AIDS, Diabetes in Pregnancy, Hypertensive Disorders, Hyperemesis Gravidarum, Incompetent Cervix, Ectopic Pregnancy, Gestational Trophoblastic Disease, Infectious Diseases, Placenta Previa, Rh Incompatibility
	1. Etiology
	2. Pathophysiology
	3. Clinical manifestations & complications
	4. Diagnostic tests
	5. Cultural considerations
	6. Evidence based theory and principles
	7. Collaborative management:

 Treatment Modalities* + 1. Medical
		2. Surgical
		3. Nutrition
		4. Pharmacological (NUR\*103)
	1. Health Promotion/Maintenance Restoration and/or Prevention

 1. Communication
	1. Client and family education
	2. Community resources
2. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned ReadingsDurham & Chapman (D&C) Ch 4, 5, 6, & 7LectureDiscussionDosage Calculation TestingNursing Skills Lab- Fundal assessment 1st OB Office Visit-Role PlayCommercial for Healthy PregnancyGallery Walk -Bleeding Disorders of Pregnancy  | ExaminationClinical performance evaluationClinical Learning Concept mappingSkills Validation: IVPB, catheterization, enteral tubes |
| **4 hours** | **Intrapartum 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 caring for laboring women during birth related proceduresApply legal and ethical principles to the holistic care of laboring women | * 1. Critical Thinking Nursing process applied to Intrapartum clients and families
	2. Provision of safe, holistic, culturally competent care to intrapartum client and family
1. Philosophy of Labor and delivery
2. The P’s of Labor
3. Labor and delivery management:
	1. Basic Electronic Fetal/Uterine Monitoring
	2. Normal, spontaneous Vaginal Delivery (NSVD)
	3. Forceps/Vacuum Extraction
	4. Cesarean Section
4. Nursing Care of the Client requiring OB Anesthesia/Analgesia
	1. Pharmacological (NUR\*103)
	2. Non-pharmacological
	3. Local Anesthesia (NUR\*103)
	4. Regional Anesthesia (NUR\*103)
	5. General Anesthesia (NUR\*103)
5. Communication
6. Client and family education
7. Community resources
8. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned ReadingsD&C-Ch 8 & 9LectureDiscussionHandoutsVideos Normal L&DObservational experience in clinical | ExaminationsDemonstration-Leopold’s ManeuversGroup DiscussionClinical performance evaluationClinical Learning ExperienceConcept mapping |
| **1 hour** | **Refer to exam** **blueprint** | **Exam 1****MPR** |  |  |
| **2 hours** | **Intrapartum Nursing: Complications of Labor** Differentiate between the signs and symptoms, medical management and nursing care of the woman experiencing uterine problems during labor and delivery.Evaluate the signs and symptoms, medical management and nursing care of the woman experiencing fetal problems during labor and delivery.Discuss the signs and symptoms, medical management and nursing care of the woman experiencing amniotic fluid problems during labor and delivery.Apply legal and ethical principles to the holistic care of laboring women experiencing complications | A. Provision of safe, holistic and culturally competent care to intrapartum client and family experiencing complications of labor1. Premature Labor
2. Premature Rupture of Membranes
3. Dysfunctional Labor
4. Precipitous Labor
5. Umbilical Cord Abnormalities
6. Persistent Posterior Position
7. Breech Presentations
8. Cephalo-Pelvic Disproportion
9. Multiple Gestation
10. Post-Date Pregnancies
11. Amniotic Fluid Embolus
12. Amniotic Fluid Variations
13. Placenta Abruptio
14. Uterine Rupture
15. Shoulder Dystocia
16. Communication
	1. Client and family education
	2. Community Resources
17. Professionalism
18. Legal-ethical issues
19. Role development
 | Assigned ReadingsD&C – 10 & 11LectureDiscussionNursing Care Plan: Patient/Family TeachingVideo-Operative Deliveries**.** | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **3 hours** | **Postpartum Nursing****Nl & Complications**Discuss physiological changes, nursing assessments and nursing care during the post-partum period.Identify the psychosocial changes, nursing assessments and nursing care as women adapt to the stress of the post-partum period.Discuss care for the family experiencing situational psychosocial crisis during the postpartum periodApply legal and ethical principles to the holistic care of postpartum women and families | 1. Critical Thinking: Nursing process applied to clients and families experiencing both normal and complications during the postpartum phase.
2. Provision of safe, holistic, culturally competent care to client and family in the postpartum phase of child bearing.

Normal Postpartum 1. Physical Postpartum Changes
2. Nursing Care of the Postpartum Patient
	1. Normal, spontaneous Vaginal Delivery (NSVD)
	2. Post op Cesarean Section
3. Psychological Postpartum Adjustments
	1. Maternal/Family Role Adaptation
4. Postpartum Blues/Depression
	1. Etiology and Management
	2. Pathophysiology
	3. Clinical manifestations & complications
	4. Cultural considerations
	5. Evidence based theory and principles
	6. Collaborative management: Treatment Modalities
		1. Medical
		2. Nutrition
	7. Promotion/Maintenance Restoration and/or Prevention
5. Likelihood of reoccurrence during subsequent pregnancy
	1. Communication
6. Client and family education
7. Role development
	1. Postpartum Teaching
		1. Breast care
		2. Perineal / Episiotomy care
		3. Contraception (NUR\*103)
		4. Discharge instructions
8. Community resources
	1. Professionalism
9. Legal-ethical issues
 | Assigned ReadingsD&C Ch – 11, 12,LectureDiscussionPostpartum Assessment Maternal Bereavement lectureBreastfeeding: Guest speaker, Kathy Mason, BS, RNC, IBCLC Postpartum Care of Families from different culturesAudio: Postpartum DepressionProvide nursing care to a postpartum patient | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
|  | Compare complications the post-partum woman may experience related to a situational crisis involving her circulatory status. | Postpartum Complications: Postpartum Hemorrhage 1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management:

 Treatment Modalities1. Surgery
2. Medical
3. Nutrition
4. Pharmacological
5. Health Promotion/Maintenance Restoration and/or Prevention
 | Build a care plan for an assigned PP Complication | Clinical performance evaluationClinical Learning Experience Concept mapping |
|  | Differentiate between complications the postpartum woman may experience when experiencing a situational crisis related to clotting mechanism or status. | Postpartum Hypercoagulation: Thrombophlebitis, Pulmonary Embolism1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management: Treatment modalities
8. Surgery
9. Medical
10. Nutrition
11. Pharmacological
12. Health Promotion/Maintenance Restoration and/or Prevention
 |  | Clinical performance evaluationClinical Learning Experience Concept mapping |
|  | Apply complications the post-partum woman may experience during a situational crisis involving her comfort-rest status to the need for alterations in care | Hematoma/Lacerations: Cervical, Vaginal, Perineal1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management: Treatment Modalities
	1. Surgery
	2. Medical
	3. Nutrition
	4. Pharmacological
8. Health Promotion/Maintenance Restoration and/or Prevention
 |  | Clinical performance evaluationClinical Learning Experience Concept mapping |
|  | Examine complications the postpartum woman may experience related to a situational crisis involving her immune status | Postpartum Infections: Pelvic, Breast1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management: Treatment Modalities

SurgeryMedicalNutritionPharmacological1. Health Promotion/Maintenance Restoration and/or Prevention
 | Assigned ReadingsLectureDiscussion | Clinical performance evaluationClinical Learning Experience Concept mapping |
| **3 hours** | **Neonatal Nursing**Identify characteristics of the normal full-term newborn.Describe the nursing care of the normal full-term newbornIdentify characteristics of newborns with complications and special needs. Describe the nursing care of newborns with complications and nursing care.Apply legal and ethical principles to the holistic care of the neonate | 1. Critical Thinking: Nursing process applied to clients and families who have given birth to a well or a special needs newborn
2. Provision of safe, holistic, culturally competent care to client and family with a newborn infant

Normal Full-Term NewbornCharacteristics of the Newborn Physiological Jaundice1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management:

 Treatment ModalitiesMedicalNutritionPharmacological1. Health Promotion/Maintenance

 Restoration and/or PreventionNewborn 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
4. Diagnostic tests
	1. Genetic Concerns
5. Genetic Counseling
6. Genetic Testing
7. Cultural considerations
8. Evidence based theory and principles
9. Collaborative management:

 Treatment ModalitiesMedicalNutritionPharmacological (NUR\*103)1. Health Promotion/Maintenance Restoration and/or Prevention

C. Communication* 1. Client and family education
	2. Community resources

D. Professionalism1. Legal-ethical issues2. Role development | Assigned Readings: D&C; Ch. 15 (normal newborn), Ch. 16 (discharge planning/teaching), Ch. 17 (high-risk newborn)Hockenberry; Ch 7 & 8, Review content listed in syllabus for specific areas of focusLecture Discussion Video: YouTube-newborn assessmentNursing Skills Lab: Newborn AssessmentProvide nursing care to a newborn | Examination Clinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hours** | **Unit II: Nursing care of the perioperative client****Preoperative Nursing**Describe the typical content of preoperative patient education programs Describe age specific, cultural and literacy sensitive approaches to preoperative patient education State the effects of stress on the surgical patientDiscuss the various ways that surgery can be classified Describe factors affecting surgical outcomeDiscuss the nursing responsibilities in the pre-operative periodDevelop a plan of care for the pre-operative patient | 1. Critical Thinking: Nursing process applied to the preoperative client
2. Provision of safe, holistic, culturally competent care to the preoperative client

Preoperative Nursing1. Patient perception of the surgical experience
	1. Fear
	2. Readiness to learn/need to know
	3. Importance of the presence of the nurse
2. Need for Diagnostic testing and physical preparation
3. Provision of client/family preoperative teaching, categories of information:
4. Health care relevant information (healthcare team members, expected events and their timing, pain management)
5. Exercises to perform, or skill teaching (Cough/deep breathing, surgery specific, relaxation exercises)
6. Psychosocial support (specific concerns of client, foster problem-solving skills, importance of information seeking, need for post discharge support)
7. Community resources (need for support and ability to access)
8. Communication: apply the principles of therapeutic communication during the preoperative period
9. Methods of delivery of pre-op education
	1. individual instruction by a nurse
	2. group instruction
	3. booklets and other audio-visual materials
10. Culturally determined values, beliefs, customs, and health-seeking behaviors can influence:
	1. Interpersonal communication
	2. Increased use of alternative medicine or other non-traditional interventions that may influence interventions
11. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings;Lewis Chapter 17Potter’s fundamentals Chapter 50Potter Clinical Nsg Skills Ch 37AORN Posted/Printed Articles & Quizzes Lecture Case StudyDiscussion Observational Experience | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **2 hours** | **Intraoperative Nursing**Discuss the various members of the surgical team and their roles during surgery.Describe the surgical environment and the role of the nurse within that environment.Differentiate between the various types of anesthesia used during surgery.Describe surgical wound classification according to the Centers for Disease Control (CDC)Describe selected intraoperative risks and complications | 1. Critical Thinking: Nursing process applied to the intraoperative client
2. Provision of safe, holistic, culturally competent care to the intraoperative client

Intraoperative Nursing1. Surgical Team
2. Surgical Environment:
3. Anesthesia
	1. General Anesthesia
	2. Regional Anesthesia
	3. Conscious Sedation
	4. Local Anesthesia
4. Risk of postoperative infection as measured by Surgical Wound Classification:
5. Class I/ Clean wounds
6. Class II/Clean-contaminated wounds
7. Class III/Contaminated wounds
8. Class IV/Dirty or infected wounds
9. Other Intraoperative Risks/ Complications
	1. Risk of Injury from
10. transport
11. surgical positioning
12. hazardous substances and equipment (laser, cautery, radiation, chemicals)
13. Alteration in body temperature
	1. Hypothermia
	2. Hyperthermia and Malignant Hyperthermia
14. Risk for Alteration in fluid balance
	1. Autologous blood donation
	2. Bloodless surgery
15. Communication: apply the principles of therapeutic communication during the preoperative period
16. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings;Lewis Chapter 18Potter’s Fundamentals Chapter 50Posted/Printed ArticlesLecture Case StudyDiscussion VideoObservational Experience | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Refer to the exam blueprint** | **Exam 2****MPR** |  |  |
| **3 hours** | **Postoperative Nursing**Describe the responsibilities of the PACU nurse in the prevention and recognition of complications.Identify common postoperative complications Discuss the management of common postoperative complicationsUse the nursing process in caring for clients in the postoperative period.Describe key nursing assessment and care parameters common for all postoperative patientsDescribe the gerontological considerations related to the post-operative management of clients | 1. Critical Thinking: Nursing process applied to the postoperative client
2. Provision of safe, holistic, culturally competent care to the intraoperative client

Postoperative Nursing1. Post anesthesia (PACU) Assessment (ABC)
	1. Airway: (A & B)
	2. Obstruction
	3. Hypoxia
	4. Aspiration
	5. Alteration in body temperature(C)
	6. Nausea and Vomiting
	7. Fluid balance (C)
	8. Pain assessment
2. Postoperative nursing care principles
	1. Pain management
	2. Early mobility
	3. Circulatory function
	4. Pulmonary toilet
	5. Urinary Function
	6. Gastrointestinal Function
3. Management of postoperative complications
	1. Hemorrhage
	2. Hypovolemic Shock

 i. Prevention Identify Early.  ii. Clinical Manifestations 2. Collaborative Management i. Medical/Pharmacologic (NUR\*103) ii. Surgical iii. Nursing Management b. Anaphylaxis  1. Anaphylactic Shock i. Prevention Identify Early. ii. Clinical Manifestations 2. Collaborative Management i. Medical/Pharmacologic (NUR\*103) ii. Nursing Management1. Ileus
2. Atelectasis
3. Deep Vein Thrombosis (DVT)
4. Complications of wound healing
	1. dehiscence
	2. evisceration
	3. infection
5. Gerontologic Considerations
	1. Mental Status
	2. Pain
6. Communication: apply the principles of therapeutic communication during the preoperative period

D. Professionalism1. Legal-ethical issues2. Role development |  Lewis Chapter 19 Shock p. 1587-1592, p. 1594-1604 (focus on hypovolemic and anaphylactic)  Simulation-Hypovolemic Shock | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Anemia**Compare and contrast pathophysiology and clinical manifestations of anemia.Summarize the nursing care of the client experiencing anemia | 1. Critical Thinking: Nursing process applied to clients with anemia
2. Provision of safe, holistic, culturally competent care to clients with anemia.

Anemia:1. Anemia due to blood loss
2. Anemia due to impaired

 blood production1. Anemia due to destruction of

 RBC 1. Etiology2. Pathophysiology3. Clinical manifestations &  complications4. Diagnostic tests and  procedures:5. Evidence based theory and  principles6. Collaborative management: Treatment modalities: a. Nutritionb. Pharmacological 7. Health Promotion/Maintenance  Restoration and/or PreventionC. Communication1. Client and family education2. Community resourcesD. Professionalism1. Legal-ethical issues 2. Role development | Assigned readings:Lewis Chapter 30 p. 606-611, p. 612-614, p. 614 (acute blood loss)- 619Review anatomy and physiology of RBCsLewis Ch 19Case Study: come to class prepared to answer questions on anemiaPosted/Printed ArticlesProvide nursing care to a client with anemia | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Unit VI: Bariatrics:**Care of clients with medically significant obesityDescribe health implications for the morbidly obese client.Compare and contrast the Bariatrics surgical techniques utilized for the morbidly obese individual.Utilize the nursing process to develop a holistic plan of care for clients following Bariatric surgery. | 1. Critical Thinking: Nursing process applied to clients with morbid obesity.
2. Provision of safe, holistic, culturally competent care to clients with morbid obesity.

Bariatrics 1. Etiology 2. Pathophysiology3. Clinical manifestations &  complications4. Diagnostic tests and  procedures5. Cultural considerations6. Evidence based theory and  Principles7. Collaborative management: Treatment modalities: a. Surgery b. Medicalc. Rehabilitatived. Nutritione. Pharmacological 1. Health Promotion/Maintenance

 Restoration and/or PreventionC. Communication1. Client and family education2. Community resourcesD. Professionalism1. Legal-ethical issues2. Role development | Assigned readings;Lewis pp. 885-889-Posted/Printed ArticlesProvide nursing care to a client with a disturbance in gastrointestinal function | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **4 hours** | **Unit V: Pediatric Nursing****Principles of Pediatric Nursing**Describe the philosophy and goals of pediatric nursingDiscuss the significance of family in the care of pediatric clientsIdentify health- promotional activities essential for normal growth and development in the pediatric populationList the major components of a pediatric history and physical examExplain how children differ from adults in their response to illness and hospitalizationDiscuss pediatric illness as a family stressor Discuss the principles and techniques for administering medications and IV fluids to childrenDescribe communication strategies that assist nurses in working effectively with childrenDescribe legal issues unique to children and familiesDiscuss care of children with common pediatric illnesses | 1. Critical Thinking: Nursing process applied to the care of the pediatric client and family
2. Trends in pediatric care Health promotion and the pediatric client
3. Family characteristics
4. Cultural influences on the pediatric client and family
5. Parenting styles
	1. Child-rearing philosophies
	2. Discipline
6. Principles of growth and development
	1. Cephalocaudal
	2. Proximodistal
	3. Simple to complex
	4. General to specific
7. Application of theories of growth and development
	1. Cognitive: Piaget
	2. Psychosocial: Erikson
	3. Moral: Kohlberg
	4. Psychosexual: Freud
8. Physical Assessment
	1. History
	2. Vital signs
	3. Anthropometric measurement
	4. Growth charts
	5. Nutrition
9. Developmental Assessment
	1. Denver Developmental Screening Test II (DDST-II)
	2. Play as an indicator
10. The Hospitalized child
	1. Preparation for elective hospitalization
	2. Emergency hospitalization
	3. Stressors associated with illness and hospitalization
11. Preparing children for procedures
	1. Physical preparation
	2. Verbal preparation
	3. Coping with pain
	4. Use of play as a coping mechanism
12. Administering medication to children
	1. Administering oral medication
	2. Administering injections
	3. Principles of IV fluid administration
13. Communication with the pediatric client and family
	1. Communication strategies
		1. Developmental principles
		2. Cultural considerations
14. Parental education
15. Safety
16. Anticipatory guidance
17. Professionalism
18. Consent for care
19. The nurse as a child advocate
20. Mandatory reporting laws
 | Assigned Readings:Fundamentals text: Ch 12 139-156Hockenberry;Ch1 pp1-13, Ch 2 pp15-22; Ch 3 pp 38-48; Ch 4 pp 57-98; Ch 5 pp114-141; Ch 6; Ch 10-15 Review basic development- focus on tables and charts, Ch 19 pp554-569; Ch 20 pp 575-584, 602-609; Ch 12 pp 378-406, Ch 13 pp 407-421, Ch 15 pp 457-475, Ch 16 pp 476-497, Ch 21 pp 621-634, Ch 22 pp 639, 665-672(med admin)Common conditionsTonsillitis and Adenoiditis pp 642-644AOM/OMEpp 645-647Gastroenteritis/Dehydrationpp 689-701Appendicitis pp 709-712Pyloric Stenosis 728-729 Lecture Discussion Video-YoutubeSchool health center observation | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Refer to the exam blueprint** | **Exam 3****MPR** |  |  |
| **5 hours** | **Unit IV Nursing care of the client with select orthopedic conditions**Identify nursing care delivery for the pediatric client with orthopedic problems Describe the nursing care for the client with a fracture.Discuss medical management and nursing care for the client with a fractured hip.Discuss nursing care delivery for the client with arthritis.Compare and contrast the management of osteoarthritis and rheumatoid arthritisDescribe the nursing care for the client with reconstructive joint replacementDiscuss nursing care delivery for the client with osteomyelitisDiscuss nursing care delivery for the client with amputation.Address nursing care for the client with complications of orthopedic procedures | 1. Critical Thinking: Nursing process applied to a client with an orthopedic condition
2. Provision of safe, holistic, culturally competent care to a client with an orthopedic condition

Common Pediatric orthopedic conditions: Congenital Hip dysplasia, scoliosis, club foot* 1. Etiology
	2. Pathophysiology
	3. Clinical manifestations & complications
	4. Diagnostic tests
	5. Cultural considerations
	6. Evidence based theory and principles
	7. Collaborative management: Treatment Modalities
		1. Medical
		2. Surgical
		3. Nutrition
		4. Pharmacological
	8. Health Promotion/Maintenance Restoration and/or Prevention

Fracture1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
	1. Fat embolism
	2. Compartment syndrome
	3. Volkman’s contracture
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management: Treatment Modalities
	1. Medical
	2. Surgical
	3. Nutrition
	4. Pharmacological
8. Health Promotion/Maintenance Restoration and/or Prevention

Osteoarthritis and Rheumatoid Arthritis* + - 1. Etiology
			2. Pathophysiology
			3. Clinical manifestations & complications
			4. Diagnostic tests
			5. Cultural considerations
			6. Evidence based theory and principles
			7. Collaborative management: Treatment Modalities
				1. Medical
				2. Surgical

Joint Replacement Surgery* + - * 1. Nutrition
				2. Pharmacological
			1. Health Promotion/Maintenance Restoration and/or Prevention

Other orthopedic disorders:Gout, Osteoporosis, Lyme Disease, osteomyelitisEtiology PathophysiologyClinical manifestations & complications Diagnostic tests Cultural considerations Evidence based theory and principles Collaborative management: Treatment ModalitiesMedicalNutritionPharmacologicalSurgical/amputationHealth Promotion/Maintenance and Restoration and or Prevention1. Communication
	1. Client and family education
	2. Community Resources
2. Professionalism
	1. Legal-Ethical issues
	2. Role Development
 | We will start with fractures first.Review Anatomy & Physiology (A&P)Readings:Lewis Ch 61& 62 also pp. 1496-1499, 1504-1507, 1510-1515, 1517-1535 Posted/Printed ArticlesReadings:Hochenberry pp. 959-963LectureDiscussionCase StudiesProvide nursing care to a client with an orthopedic condition | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **6 hours** | **Unit III: Principles of Geriatric Nursing & Cognitive Disorders**Differentiate between the clinical presentations of delirium and dementia. Discuss the nursing care of the client with deliriumDiscuss the nursing care of the client with dementia.Describe the characteristic behaviors and stages of Alzheimer’s Disease.Discuss diagnosis, medical treatment and nursing care of the client with Alzheimer’s disease. | 1. Critical Thinking: Nursing process applied to a geriatric and cognitively impaired client
2. Provision of safe, holistic, culturally competent care to a cognitively impaired client

Delirium * 1. Etiology
	2. Pathophysiology
	3. Clinical manifestations & complications
	4. Diagnostic tests
	5. Cultural considerations
	6. Evidence based theory and principles
	7. Collaborative management: Treatment Modalities
		1. assurance of a safe environment
		2. Medical
	8. Health Promotion/Maintenance Restoration and/or Prevention
		1. Nutrition
		2. Pharmacological

Dementia: Alzheimer’s Etiology PathophysiologyClinical manifestations & complications Diagnostic tests Cultural considerations Evidence based theory and principles Collaborative management: Treatment ModalitiesMedical Nutrition PharmacologicalHealth Promotion/Maintenance Restoration and/or Prevention1. Communication

1. Client and family education2. Community resources1. Professionalism
	1. Legal-ethical issues
	2. Role Development
 | Assigned Readings: Lewis; Ch. 5 & 59Potter & Perry; Ch 10, pg 124 (Box 10-3) & pg 127 (Box 10-6)Ch. 14, pp. 173-193Perry & Potter; pp. 1102-1103, 1096-1101. (teaching medication self-administration)LectureClass Presentation/Discussion Mini Mental StatusSimulationElectronic resources: <http://consultgerirn.org/> | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Refer to the exam blueprint** | **Exam 4****MPR** |  |  |
| **1 hour** | **Unit VIII: Nursing care of the client with a Sexually Transmitted Illness**Identify risk factors, signs and symptoms and learning needs related to vaginal infections and sexually transmitted diseases | 1. Critical Thinking: Nursing process applied to the care of clients with sexually transmitted illnesses
2. Provision of safe, holistic, culturally competent care to with sexually transmitted illnesses

Sexually Transmitted Illnesses:Gonorrhea, Syphilis, Chlamydia, Herpes Genitalis, Trichomoniasis, Condylomata Acuminata, Human papilloma virus (HPV)* + - 1. Etiology
			2. Pathophysiology
			3. Clinical manifestations & complications
			4. Diagnostic tests
			5. Cultural considerations
			6. Evidence based theory and principles
			7. Collaborative management: Treatment Modalities

a. Medicalb. Surgicalc. Nutritiond. Pharmacological* + - 1. Health Promotion/Maintenance Restoration and/or Prevention
1. Communication
	1. Client and family education
	2. Community resources
2. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings Lewis Ch 52LectureDiscussionCase Study: Nursing Care for the client with sexually transmitted illnessSTD Prevention ActivityPosted Articles | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **2 hours** | **Unit IX: Nursing care of the gynecology client**Address life cycle changes of women.Describe common health screening tests for women.Identify factors that can influence the health of the female reproductive system.Describe the components associated with the physical assessment, including routine health screening test of the female reproductive system Identify tests that a commonly used to diagnose dysfunctions of the reproductive system.List nursing diagnoses appropriate to women with gynecologic disorders.Discuss the role of the nurse and the use of the nursing process when caring for clients with common gynecological disorders. | 1. Critical Thinking: Nursing process applied to the care of clients with gynecological disorders
2. Provision of safe, holistic, culturally competent care to with gynecological disorders
3. Menstrual Cycle
4. Normal
5. Deviations of Normal
6. Taking a gynecological history
7. Demographic Data
8. Personal & Family History
9. GYN History
10. STD History
11. Diet
12. Stressors
13. Support System

3. Physical Assessment1. Breast Exam
2. Abdominal Exam
3. External Genitalia
4. Pelvic Exam
5. Bimanual Exam
6. Rectovaginal Exam
	1. Diagnostic Assessment
		1. Laboratory tests
		2. Radiographic studies
		3. Endoscopic studies
		4. Biopsy
		5. Other diagnostic studies

Disorders affecting women’s health: Pre-Menstrual Syndrome, Menstrual Irregularities, Menopause, Benign Breast Disorders, Endométrioses, Vaginitis, Uterine Prolapse, Cystocele or Rectocele, Toxic Shock Syndrome1. Etiology
2. Pathophysiology
3. Clinical manifestations & complications
4. Diagnostic tests
5. Cultural considerations
6. Evidence based theory and principles
7. Collaborative management: Treatment Modalities

a. Medicalb. Surgicalc. Nutritiond. Pharmacological1. Health Promotion/Maintenance Restoration and/or Prevention
2. Communication
	1. Client and family education
	2. Community resources
3. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings:Lewis review Chapter 53D&C Ch 1 & 2 p.28-34Lecture; case study. Complete assignment prior to coming to classDiscussionAssigned ReadingsLewis Ch 50 p. 1204-1208, Ch 51- up to Breast cancer & Ch 54.LectureDiscussionDemonstration: Self Breast ExaminationCase Study: Menopause  | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **2 hours** | **Unit VII: Nursing care of the client with select genitourinary conditions**Use the nursing process as a framework when caring for patients with commonly occurring urinary system problems.Use the nursing process as a framework when caring for patients with commonly occurring urinary system problems.Identify common laboratory and diagnostic tests used to determine urinary system dysfunction. | 1. Critical Thinking: Nursing process applied to the clients experiencing genitourinary conditions
2. Provision of safe, holistic, culturally competent care to clients experiencing genitor-urinary conditions

Urinary Tract Infections, Urolithiasis, Kidney Surgery, Benign Prostatic Hypertrophy* + - 1. Etiology
			2. Pathophysiology
			3. Clinical manifestations & complications
			4. Diagnostic tests
			5. Cultural considerations
			6. Evidence based theory and principles
			7. Collaborative management: Treatment Modalities
				1. Medical
				2. Surgical
				3. Nutrition
				4. Pharmacological
1. Health Promotion/Maintenance Restoration and/or Prevention Communication
	1. Client and family education
	2. Community resources
2. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings:Lewis review pp. 1033-1040, 1045-1050, 1063-1066, 1268-1275Lecture; case study. Complete assignment prior to coming to classDiscussionProvide nursing care to a client experiencing a genitor-urinary condition | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **2 hours** | **Unit X: Nursing care of the family experiencing violence**Discuss the differences between physical violence, sexual violence, emotional violence and neglect Describe common characteristics of the abused and abusersIdentify stressors and predictors of family violence.Discuss safety plans for victims of family violenceDescribe phases of rape-trauma syndrome and common reactions during each phase.Discuss the role of the nurse when caring for the abused clientDescribe the role of the nurse as an advocate in incidences of family violence Describe how the role of the nurse varies in the care of clients that are victims of different types of violence, abuse and neglect | 1. Critical Thinking: Nursing process applied to the care of clients/families experiencing violence and neglect
2. Provision of safe, holistic, culturally competent care to clients/families experiencing violence and neglect

Violence: Spousal Abuse, Elder Abuse, Child Abuse, Sexual Assault* + - 1. Etiology
			2. Pathophysiology
			3. Clinical manifestations & complications
			4. Diagnostic tests
			5. Cultural considerations
			6. Evidence based theory and principles
			7. Collaborative management: Treatment Modalities
				1. Medical
				2. Surgical
				3. Nutrition
				4. Pharmacological
			8. Health Promotion/Maintenance Restoration and/or Prevention
1. Communication
	1. Client and family education
	2. Community resources
2. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings:Varcarolis Chapter 26 & 27 (in both 7th & 8th editions)DiscussionVideoPowerPoint | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **2 hours** | **Unit XI: Nursing care of the client and family experiencing death**Identify the stages of grieving.Identify clinical symptoms of grief and factors affecting a grief responseIdentify measures that facilitate the grieving processList clinical signs of impending and actual deathIdentify the nurse’s legal responsibilities regarding client deathDiscuss the role of the nursing when caring for the dying client. | 1. Critical Thinking: Nursing process applied to a dying client
2. Provision of safe, holistic, culturally competent care to a dying client
	1. Palliative Care
	2. Clinical manifestations & complications
	3. Cultural considerations
	4. Evidence based theory and principles
	5. Grief and Bereavement
3. Communication
	1. Client and family education
	2. Community resources
4. Professionalism
	1. Legal-ethical issues
	2. Role development
 | Assigned Readings: Lewis Ch 9Potter & Perry; pp 708-730Perry & Potter; Ch. 16 pp. 403-419AV; Frontline documentary: “Facing Death” LectureNursing Skills Lab: Simulation Discuss providing nursing care to a terminally ill client | ExaminationClinical performance evaluationClinical Learning Experience Concept mapping |
| **1 hour** | **Refer to the exam blueprint** | **Exam 5****MPR** |  |  |
| **3 Hours****2 hours** | **Adult Psychiatric Conditions: Mood Disorders**Compare and contrast the symptoms of the different forms of mood disorders and thought disorders across the lifespan.Correlate recommended treatment modalities with the major types of mood disorders.Describe appropriate nursing interventions for behaviors associated with mood disorders.**Unit XII: Nursing Care of The Patient with a Psychiatric/Mental Health Disorder Adult Psychiatric Conditions: Anxiety, Somatoform, Factitious and Dissociative Disorders** | 1. Critical Thinking: Nursing process applied to clients experiencing mood disorders
2. Provision of safe, holistic, culturally competent care to clients with mood disorders

Mood Disorders, Depression, Postpartum Depression with Psychotic Features, Bipolar Disorder, Suicide1. Etiology2. Pathophysiology3. Clinical manifestations and  complications4. Diagnostic evaluation DSM IV5. Cultural considerations6. Evidence based theory and  principles7. Collaborative management Treatment modalitiesa. Surgicalb. Medicalc. Rehabilitatived. Nutrition e. Pharmacological1. Health Promotion/Maintenance

 Restoration and/or PreventionC. Communication1. Client and family education2. Community resourcesD. Professionalism1. Legal-ethical issues2. Role developmentDescribe the DSM-IV-TR evaluation system for classification of mental disorders.  Identify adaptive and maladaptive coping through identification and  A. Critical Thinking: Nursing process applied to a client with a psychiatric/mental health disorder 1.Introduction to the DSM-IV-TR and its use in psychiatric/mental health nursing a. Axis b. Global Function Index 2. The role of defense mechanisms in client coping a. Adaptive b. Maladaptive understanding of defense mechanisms. Identify theories of anxiety disorders. Identify basic characteristics of medical anxiety disorders Discuss assessment when providing care to people with anxiety and anxiety disorders Identify nursing diagnoses and outcomes for people with anxiety disorders Describe manifestation of the somatoform, factitious and dissociative disorders B.Provision of safe, holistic, culturally  competent care to a client with a psychiatric disorder  1. Anxiety Disorders a.Etiology  b. Pathophysiology  c. Clinical manifestations & complications  d. Diagnostic tests  e. Cultural considerations  f. Evidence based theory and principles  of management Generalized Anxiety Disorder, Panic  Disorders, Phobias, Social Anxiety  Disorders, OCD, PTSD 2. Somatoform Disorders/Somatization a. symptoms of unmet needs  b. Importance of secondary gain c. Impact on healthcare system g. Evidence based theory and principles of management 3. Factitious Disorders a. Prototype: Munchausen  Syndrome and Munchausen  Syndrome by Proxy b. Evidence based theory and  principles  of management 4. Dissociative Disorders a. Define Dissociation b. Prototypes: Dissociative Fugue  and Dissociative Identity Disorder c. Evidence based theory and principles of management C. Communication 1. Client and family education 2. Community resources D. Professionalism 1. Legal -ethical issues 2. Role development  | Assigned readings; Varcarolis Chapter 13, 14Nurse-Client Communication Skills:* 1. Mood Disorders

Provide nursing care to a patient experiencing mood disorders during Behavioral Health clinical rotationRole play Communication skills with the Behavioral Health PatientsTape: Hearing Voices (Lab NUR\*201)Suicide AssessmentProcess recording workshop in preparation for Behavioral Health nursing clinical experienceConcept mappingAssigned Readings:Varcarolis: Ch 15,16 pgs 310-321 and Ch 17LectureVideoDiscussion | ExaminationConcept mapping |
| **Final Exam****2 hours** |  | **Final Exam****MPR** |  |  |

**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 |
| Postpartum Assessment/Care | 1.5 hour |
| Maternal Bereavement | 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 Indications, placement, patency, Enteral Tube Medication Administration and Practice | 2.0 hours |
| 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 |

**NUR\*102: Family Health Nursing**

**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**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Discuss breastfeeding readiness and indications of infant hunger
2. Describe signs that baby is getting enough milk
3. Identify steps to ensure correct breastfeeding latch
4. Discuss and demonstrate various infant holding positions to promote comfort, support and ease of breastfeeding
5. Apply the nursing process to breastfeeding issues
6. Identify benefits for both mother and baby related to breastfeeding.
 | Review handouts/readings/videos related to breastfeedingGuest speakerDemonstration of various breastfeeding techniques |

**NUR\*102: Family Health Nursing**

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

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

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| --- |
| **Nursing Assessment and Care of Newborns** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Identify normal newborn reflexes
2. Review the correct techniques for administration of newborn medications including routes, sites and equipment needed
3. Describe the components of a complete newborn exam including normal variants vs. abnormal findings
4. Describe care of the newborn following circumcision
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
 | Review handouts/readings/videos related to newborn assessment and careDemonstration and practice with return demonstration of newborn assessment using newborn manikins/Sim BabyCritical Thinking scenario and small group discussion: newborn careInfant HR occultation simulatorInfant care scenarios  |

**NUR\*102: Family Health Nursing**

**On Campus Clinical Laboratory: Maternal Bereavement**

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

|  |
| --- |
| **Nursing Assessment and Care of the Family experiencing a neonatal loss.** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe grief process for multiple types of infant loss.
2. Describe process of creating memories for the family experiencing infant loss.
 | Power Point/Discussion Guest SpeakerReadings: D&C p. 478 Loss & Grief |

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

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

|  |
| --- |
| **Nursing Assessment and Care of the Postpartum Client** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe a systematic “Bubble-He” assessment of a postpartum client
2. Breast
3. Uterus/fundus
4. Bladder
5. Bowel
6. Lochia
7. Episiotomy
8. Homan’s
9. Emotional
10. Describe routine care of the mother who has delivered her infant vaginally & cesarean section
 | Review handouts/readingsVideos on postpartum assessment and careStudent practice a return demonstration of a postpartum assessmentCritical Thinking scenarioDemonstration of PP patient care equipmentReadings: D&C Ch 12, Ch 11 pp.305, Ch 13 |

**NUR\*102: Family Health Nursing**

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

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

|  |
| --- |
| **Part A: Nursing Care of Clients Requiring Urinary Catheterization** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe the indications for urinary catheterization, such as:.
	1. measuring residual urine volume
	2. urinary retention
2. Describe the procedure for assessing post void residual urine using straight catheterization
3. State the advantages of using a bladder scanner to assess urine volume.
	1. Relate the steps for assessing bladder urine volume using a bladder scanner.
4. Describe the nursing assessments that should be done prior to catheterizing a client
5. Describe nursing considerations related to catheterization of a female vs. a male client
6. Describe the procedural differences between straight and indwelling catheterization
7. Identify the equipment needed to perform urinary catheterization
8. Compare and contrast the different types of urinary catheters
9. State expected outcomes following completion of the procedure
10. Discuss key principles related to urinary catheterization
11. Demonstrate aseptic technique during catheterization and related procedures using laboratory simulation models.
12. Discuss the risks and potential complications associated with catheterization, and the nursing interventions to prevent them
13. Discuss client teaching related to urinary catheterization
14. Demonstrate collection of a urine specimen from a continuous bladder drainage system.
15. Review/Discuss routine catheter care and the procedure for removal of an indwelling catheter (NUR\*101)
 | Review handouts/readings/videos related to urinary catheterization.Review handouts/readings/videos related to bladder scanningFaculty demonstration of urinary catheterization and removal of indwelling catheter.Student practice on SimMan®: insertion of indwelling catheter, removal of catheter.Review of validation performance checklist for urinary catheterization.Critical thinking exercise and small group discussion: urinary catheterization |

|  |
| --- |
| **Part B: Nursing Care of Clients Requiring Continuous Bladder Irrigation (CBI) and Open Intermittent Catheter Irrigation** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Discuss the indications and purposes of urinary bladder and catheter irrigation.
2. Describe the indications for closed continuous (CBI) vs. open catheter (Intermittent) irrigation
3. List the equipment needed to perform closed continuous and open intermittent irrigation.
4. Describe the nursing assessments related to catheter irrigation.
5. State the expected outcomes following completion of the procedure
6. List the steps required for performing closed continuous bladder irrigation.
7. List the steps required for performing open intermittent catheter irrigation.
8. Describe nursing considerations related to the prevention of infection when performing catheter irrigation.
 | Review readings/handouts/videos related to CBI and open intermittent catheter irrigation.Demonstration and practice setting up a CBI and performing open intermittent catheter irrigation.Critical thinking exercise and small group discussion: bladder irrigation. |

**Competency Assessment/Validation:**

**Insertion of an Indwelling Urinary Catheter**

**Competency Assessment/Validation:**

**Insertion of an Indwelling Urinary Catheter for a Female Client**

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

|  |  |
| --- | --- |
|  |  |
|  |  |
| **Psychomotor Skill *(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
 |  |
| 1. Gather equipment for catheterization
	1. Correct catheterization kit (Straight or Foley) and correct catheter size
	2. Extra pair of sterile gloves, extra sterile catheter or kit of correct size and type
	3. Bath blanket and linen protector
 |   |
| 1. Identify patient and explain procedure
 |  |
| 1. Wash hands
 |  |
| 1. Provide privacy
 |  |
| 1. Raise height of bed
 |  |
| 1. Position patient in dorsal recumbent position with knees flexed
 |  |
| 1. Drape patient with bath blanket
 |  |
| 1. Cleanse perineum prn and identify anatomical landmarks
 |  |
| **Part II: Getting the Field Ready** |  |
| 1. Open catheter kit
 |  |
| 1. Place outer plastic wrap at end of bed for waste disposal
 |  |
| 1. Place catheter set on bed between patient’s legs
 |  |
| 1. Open outer wrap using principles of sterile technique
 |  |
| 1. Using sterile technique place sterile drape, plastic side down, under buttocks
 |  |
| 1. Don sterile gloves
 |  |
| 1. Place fenestrated drape over perineum maintaining sterility
 |  |
| 1. Organize equipment in order of use
	1. Place cotton balls/swabs, antiseptic solution, and lubricant closest to patient
	2. Pour antiseptic over cotton balls or open packet with swabs
	3. Attach syringe to lumen for inflation after catheter placement
	4. Squirt lubricant onto tray
	5. Lubricate tip of catheter 2 inches
 |  |
| **Part III: Inserting Catheter** |  |
| 1. Separate the labia minora with your non-dominant hand to expose urethral meatus
 |  |
| 1. Cleanse meatus, using downward strokes (front to back)
	1. Far labial fold first
	2. Near labial fold next
	3. Over center of meatus last
 |  |
| 1. Pick up catheter (3in. from tip) with dominant hand
 |  |
| 1. Ask patient to bear down gently as if to void
 |  |
| 1. Insert catheter 2-3 in. or until urine flows: when urine is seen, advance 1-2 in.
 |  |
| 1. Release labia and hold catheter in place with non-dominant hand
 |  |
| 1. Inflate balloon with recommended amount of sterile water and tug gently
 |  |
| 1. Allow bladder to empty
 |  |
| 1. Attach end of catheter to end of tubing on urinary drainage device if not pre-attached
 |  |
| 1. Remove gloves and wash hands
 |  |
| 1. 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
 |  |
| 1. Cleanse patient’s perineum (insure that patient is clean and dry)
 |  |
| 1. Remove drapes
 |  |
| 1. Perform Documentation per facility protocol
 |  |

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

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Dates Remediated/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5/2010

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Validating Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUR\*102: Family Health Nursing**

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

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

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| --- |
| **Nursing Care of Clients requiring Intravenous Administration Medication**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Discuss the indications and methods of administration for IV piggy back (IVPB) medications.
2. Demonstrate safe and competent practice during IV piggyback medication administration
	1. Assessment of client allergies
	2. Calculation of correct dose
	3. Verification of medication compatibility
	4. Maintenance of aseptic technique during preparation and administration of IV medications
	5. Accurate reconstitution of IVPB medication
	6. Regulation of infusion at prescribed rate
	7. Assessment of client response to IVPB medication
3. Relate potential complications associated with IVPB medication administration.
4. Demonstrate correct technique for saline lock med/intermittent infusion device administration (i.e. S-A-S)
 | Review of handouts/readings/videos related to IV piggyback medication administration.Demonstration and practice of preparing IV medication for administration via piggyback and saline lock/intermittent infusion device.Small group work-return demonstration (calculate dose, mix medication in mini bag, calculate infusion rate, back prime secondary line) utilizing laboratory equipment Practice IV medication reconstitution and calculation of piggyback drip rates.Critical Thinking Exercise with small group discussionCase study: client scenariosReview IVPB Validation Performance checklist |
| 1. Discuss principles related to the administration of Intravenous medication/additives via a primary solution (i.e. Potassium, multivitamins)
 | Demonstration and practice of adding medication to primary IV solution. |
| 1. Demonstrate the procedure for administering IV medication utilizing an infusion pump
 | Small group work-return demonstration utilizing laboratory equipment |

**Competency Assessment/Validation:**

**Administration of Piggyback Medication via Secondary Line (IVPB)**

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

|  |  |
| --- | --- |
| **Psychomotor Skill *(Note: specific skills may vary in accordance with equipment or facility protocol)*** |  **S/U** |
| 1. Washes hands
 |  |
| 1. Obtains ordered medication and does three checks against M.D. order on MAR
 |  |
| 1. Verbalizes checking compatibility of medication with primary solution/additives
 |  |
| 1. Gathers appropriate equipment
2. Inspects solution for clarity, color, expiration date.
3. Selects appropriate tubing and dates tubing per facility protocol
 |  |
| 1. Clamps secondary tubing and spikes IVPB bag
 |  |
| 1. Calculates drip rate precisely
 |  |
| 1. Properly identifies client and explains procedure
 |  |
| 1. Washes hands and gathers gloves
 |  |
| 1. Dons gloves and assesses IV site for:
2. changes in temperature
3. edema
4. leakage
5. color (pallor, redness)
6. pain or tenderness
 |  |
|  |
|  |
|  |
|  |
| 1. Cleanses upper Y-port on primary tubing with alcohol wipe and attaches secondary set
 |  |
| 1. Purges air from secondary tubing by back priming (i.e. lowers IVPB below level of Primary bag)
 |  |
| 1. Closes roller clamp on secondary tubing and hangs IVPB bag on pole
 |  |
| 1. Lowers primary bag on hanger
 |  |
| 1. Opens secondary tubing clamp completely
 |  |
| 1. Sets rate using primary line clamp, adjusted to within 5 gtts/min of correct rate
 |  |
| 1. Rechecks site to verify no infiltration, pain, leakage
 |  |
| 1. Verbalizes need to recheck site and rate again in 5-10 min
 |  |
| 1. Maintains principles of asepsis throughout procedure
 |  |
| 1. Documents per facility policy
 |  |

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

Dates Remediated/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5/2010

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

**NUR\*102: Family Health Nursing**

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

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

|  |
| --- |
| **Nursing Care of Clients requiring Blood/Blood Products Transfusion/Administration**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Relate the indications and therapeutic purposes for transfusion therapy.
2. Discuss the advantages of autologous transfusions.
3. Describe blood typing systems and their use in determining compatibility of blood components.
4. Describe the principles of safe transfusion administration.
5. Demonstrate safe and competent practice when monitoring transfusions:
	1. Client assessment pre-transfusion
	2. Pre-administration protocol
	3. Client identification
	4. Client monitoring
	5. Documentation
6. Compare and contrast the different types of transfusion reactions.
7. Discuss the prevention and nursing management of transfusion reactions.
 | Lecture/DiscussionReview of handouts/readings/videos related to blood transfusion.Review of equipment related to blood transfusion.Faculty demonstration of preparing PRBC’s for administration. Practice calculating drip rates to ensure timely administration of transfusion.Practice monitoring of blood transfusion.Critical Thinking Exercise/Case Studies/ small group discussion related to the key factors in blood/blood products administration |

**NUR\*102: Family Health Nursing**

**On Campus Clinical Laboratory: Surgical Assessment (1.5 hours)**

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

|  |
| --- |
| **Nursing Care of the Surgical Client**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe the *initial* nursing assessment of the client received from the Post Anesthesia Care Unit (PACU) such as:
	1. Airway assessment and positioning for maximal air exchange.
	2. Circulatory Assessment (vital signs, physical assessment)
	3. Level of Consciousness/ sedation
	4. Assessment of Comfort/ Pain Management
2. Identify the components of a generalized post-op client nursing assessment
3. Demonstrate preparation of the bedside unit for the client returning from surgery.
4. Discuss the rationale and teaching considerations for post-operative clients such as:
	1. Incentive Spirometry (IS)
	2. Leg Exercises/Intermittent Compression Devices (i.e.Venodynes)
	3. Pain Management
	4. Early mobility
5. Describe special considerations for the surgical dressing change
6. Discuss nursing interventions that promote resumption of client’s baseline function and prevent post-op complications.
 | Review of readings/handouts/videos related to post-operative nursing assessment and care.Return demonstration of securing airwayPractice utilizing devices for incentive spirometry and oxygen saturation.Role play instructing a client in post-op exercises.Case study/ critical thinking exercise with small group discussion.Develop a care plan for a post-op client.Case study-Small group discussion of post op day #2, development of atelectasis and decreasing oxygen saturation |

**NUR\*102: Family Health Nursing**

**On Campus Clinical Laboratory:**

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

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

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

Critical thinking exercise/case study: client with an NG tube (NGT) |

|  |
| --- |
| **Part B: Enteral Tube Medication Administration** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe nursing assessments related to medication administration via enteral tubes
2. Demonstrate techniques for assessing placement of enteral tubes prior to medication administration
3. List the steps of the procedure for administration of medications via an enteral tube.
4. Discuss nursing considerations related to administration of medications via enteral tubes such as:
	1. Medications contraindicated for enteral administration
	2. Contraindications to crushing of certain medications
	3. Implications for medication incompatibilities such as:
		1. Clamping between medications
5. Discuss measures to prevent complications when administering medications via an enteral tube such as:
	1. Dislodging of tube
	2. Clogging of tube
6. State expected client outcomes following completion of medication administration via an enteral tube
7.
 | Review of readings/handouts/videos for medication administration via enteral tubesFaculty demonstration and student practice of procedure.Critical thinking exercise/ case study with small group discussion.Review of validation performance checklist for medication administration via enteral tubes. |

**Competency Assessment/Validation:**

**Medication Administration via an Enteral Tube**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Psychomotor Skill *(Note: specific skills may vary in accordance with equipment or facility protocol)*** | **S/U** |
| 1. Gathers supplies (60 mL catheter tip syringe)
 |  |
| 1. Prepares medication per procedure using MAR, 6 Rights, Checks 2 forms of identity
 |  |
| 1. Obtains liquid form or crushes meds
2. Verbalizes verification that medication is crushable
3. Verbalize to dilute crushed medication with 30 mL water
 |  |
| 1. Assess that tube is securely taped or fastened
 |  |
| 1. Places towel under work area
 |  |
| 1. Places patient in high fowler’s position
 |  |
| 1. Dons clean gloves
 |  |
| 1. Disconnects tube from feeding or suction or removes plug
2. Holds tube up above level of stomach
3. Pinches tube or uses Lopez valve to prevent backflow and leaking
 |  |
| 1. Confirms tube placement: checks markings, checks aspirate color and pH
2. Draw back on syringe slowly-obtaining 5-10 mL of gastric aspirate **(if pt is receiving feedings you would pull back to measure residual as in step 10)**
3. Gently mix aspirate in syringe
4. 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
5. Gastric contents < 4, tube feeding pH usually 5 or greater, ph of pleural fluid from the tracheobronchial tree is generally > 6
 |  |
| 1. Verbalizes how to aspirate for residual if feeding
2. Return aspirated contents unless excessive amount (usually > 100cc)
 |  |
| 1. Flushes with 30 mL of warm water
 |  |
| 1. Removes plunger of syringe
2. Utilizes Lopez valve appropriately
3. Places end of syringe into gastric tube
 |  |
| 1. Administers meds by gravity, pours each med separately, flushes with 10 mL H2O between each med
 |  |
| 1. After last medication flushes with 30-60 mL H2O
 |  |
| 1. Removes syringe and inserts clamp/utilizes Lopez valve or connects to tube feeding.

Do not reconnect to suction for 60 minutes |  |
| 1. Positions client with HOB elevated 30-45 degrees for 1 hour
 |  |
| 1. Records total amount of fluid given
 |  |
| 1. Verbalizes how to irrigate a nasogastric tube to suction using 30 mL normal saline
 |  |

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

Dates Remediated/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5/2010

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

**NUR\*102: Family Health Nursing**

**On Campus Clinical Laboratory:**

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

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

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| **Nursing Care of Clients with Epidural or Patient Controlled Analgesia (PCA)** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Describe patient controlled analgesia and the different modalities used to provide it.
2. Discuss the evidence to support the advantages of PCA and epidural analgesia (evidenced based practice)
3. Identify clients who would be candidates for PCA/epidural pain management.
4. State the agents (i.e. opioids) commonly used for PCA and epidural pain management.
5. Discuss concerns / safety issues related to PCA / epidural use.
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 of the client receiving PCA/ epidural analgesia
9. Design a nursing care plan for the client receiving PCA/ epidural analgesia to include but not be limited to:
10. nursing assessments to monitor client response to PCA/epidural analgesia
11. nursing assessments to monitor the safety of the client receiving PCA/ epidural analgesia
12. nursing interventions for the client receiving PCA/ epidural analgesia
 | Review of readings/handouts/videos related to care of the client receiving PCA/epidural pain management.Review of readings/handouts/videos related to epidural catheter managementReview of equipment used in providing PCA and epidural pain management.Discuss nursing implications related to client teaching and safety with PCA and epidural.Case study/ critical thinking exercise and small group discussion related to the care of clients receiving PCA/epidural pain management. |

**NUR\*102: Family Health Nursing**

**Orthopedics Lab: Nursing Care of Clients with Disorders of the Musculoskeletal System (1 hour)**

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

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| **Nursing Care of Clients with Disorders of the Musculoskeletal System** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities** |
| 1. Discuss nursing considerations related to mobilizing clients with joint replacements and hip fractures.
2. Relate the principles and rationale of hip precautions and their importance in preventing postoperative dislocation.
3. Describe quad and glut setting exercises.
4. Compare and contrast the different weight bearing status orders commonly seen with post-operative orthopedic clients.
5. Discuss the fitting and use of ambulatory devices appropriate for a client’s weight bearing status.
6. Describe functional assist levels and their implications for safely mobilizing the post-op orthopedic client.
7. Review the equipment used in the care of clients with fractured hip and major joint replacements.
8. Relate the purposes, types, complications, and nursing care of the patient in a cast.
9. Plan and implement care for the patient in a cast.
 | Power point presentation by guest expert physical therapist.Demonstration of mobilization techniques and hip precautions by physical therapist. Discussion and question and answer session with physical therapist.Student practice of mobilization techniques on peers. |