

College: Phoenix Community College
Course: Nursing 151
Instructor: Karen Gray
Text: Various, see syllabus

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PCC NUR Interview

Karen Gray, December

- This course involves a considerable amount of reading.
- The primary assignment associated with reading is quizzes and tests
- she assigns homework which counts toward the final grade but not toward passing or failing (so you can't fail if you don't do homework, but you can't get an A either)
- all Maricopa schools have an identical curriculum of tests and quizzes, so those are what count toward the pass/fail
- Some homework she assigns includes
 - terminology assignment (define words and then locate on an image, anatomy)
 - write up a care plan (one or two per semester, this is the most demanding assignment)
 - evidence based practice (paper assigned at mid semester, due at end of semester)
 - oral reports (in lab, with a Powerpoint presentation)
 - portfolio
- The text assigned for this class are the ones that will be used for the entire program

3 cases:

- A terminology assignment or quiz (quizzes are MC, terminology assignments sent)
- Most demanding: Care Plan (two student samples sent)
- Midterm: Evidence based practice paper (one student paper sent)

Body Organization Anatomical Locations & Positions

On paper, define the following terms. Then using Google Images, “Anatomical Position” & “Body Cavities” find an image and locate the terms on the image. Print and turn in with your definitions.

Directions:

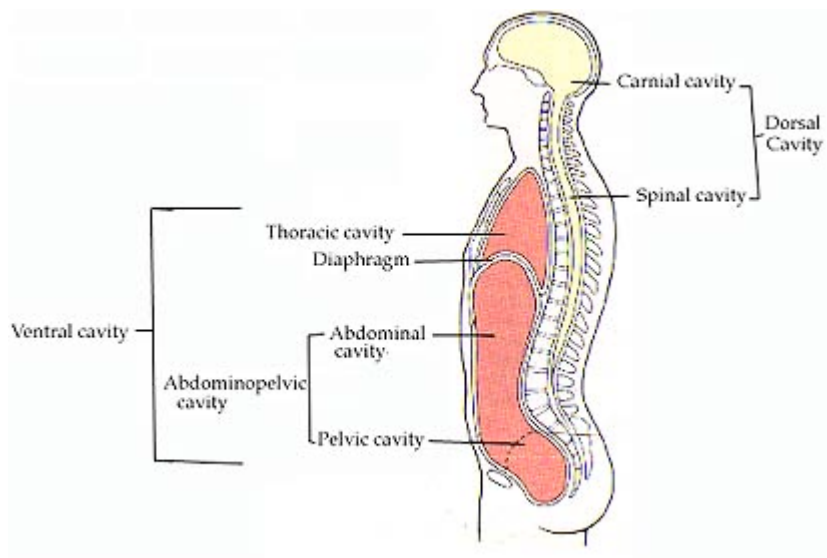
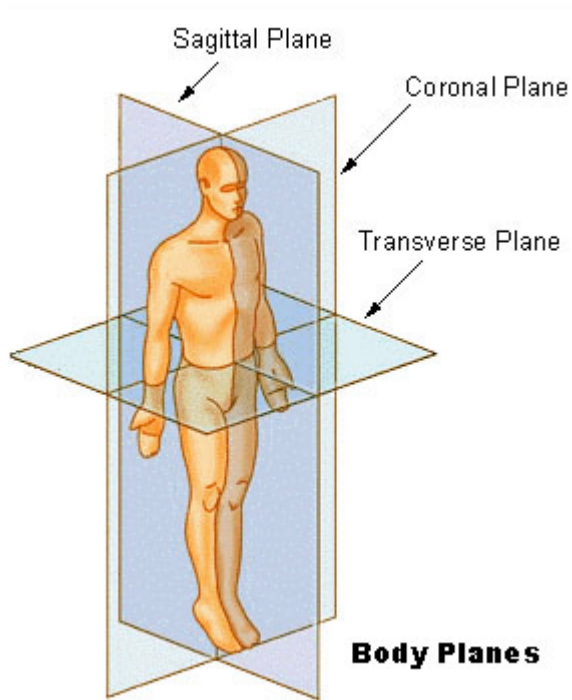
1. Superior: body part closer to the head
2. Anterior: towards the front of the body
3. Posterior: towards the back of the body
4. Medial: body part closer to the middle of the body
5. Lateral: body part away from the “midline” of the body
6. Proximal: body part closer to point of attachment
7. Distal: body part farther from point of attachment
8. Ventral: same as anterior
9. Dorsal: same as posterior

Planes:

1. Midsagittal Plane: divides body into right and left sides
2. Transverse/Horizontal Plane: divides body into upper and lower parts
3. Coronal/Frontal Plane: up and down plane, divides body into front and back

Cavities:

1. Ventral Cavity
 - Thoracic: separated by diaphragm from the abdominopelvic cavity
 - Abdominal: includes most of small and large intestines, stomach, liver, gallbladder, spleen, kidneys
 - Pelvic: enclosed by hip bones, contains urinary bladder and reproductive organs
2. Dorsal Cavity
 - Cranial: cavity that contains the skull
 - Spinal: cavity that contains the vertebrae
3. Abdominopelvic Cavity: extends from diaphragm to floor of pelvis



Cardiovascular System

Define the following terms:

1. Arrhythmia: a disturbance in the rhythm of the heartbeat
2. Bradycardia: slow heartbeat, <60 bpm
3. Cardiomegaly: medical condition, enlarged heart
4. cyanosis: blue-ish color in skin due to lack of oxygen or defective hemoglobin in the blood
5. embolism: occlusion of a blood vessel by a blood clot (embolus)
6. aneurysm: a permanent cardiac or arterial dilation usually caused by weakening of the vessel wall
7. diastole: dilatation of heart in which chambers are filling with blood
8. systole: contraction of the heart, blood in chambers is forced out
9. ischemia: reduced blood supply, caused by vasoconstriction or obstacles to arterial flow
10. phlebitis: inflammation of vein
11. tachycardia: fast heartbeat, >100 bpm
12. thrombus: moving blood clot (emboli)
13. ventricular: pertaining to a ventricle
14. fibrillation: uncontrolled twitching, quivering of atrium of heart, causes fast and irregular ventricular activity
15. infarction: deprivation of blood supply, causing tissue to die

Define the following Abbreviations:

1. BP: blood pressure
2. CAD: coronary artery disease
3. CHF: chronic heart failure
4. DVT: deep venous thrombosis
5. ECG/EKG: electrocardiogram
6. MI: myocardial infarction

Define the following root forms:

- | | |
|------------------------|-------------------|
| 1. Angio: blood vessel | 6. Myo: muscle |
| 2. aorto: aorta | 7. Thrombo: clot |
| 3. arteri: artery | 8. Vascul: vessel |
| 4. cardio: heart | 9. Necr: death |
| 5. isch: to hold back | 10. Sten: narrow |

Write the medical term for the following meanings:

1. A condition of narrowing of a blood vessel: peripheral artery disease
2. Inflammation of a vein: phlebitis
3. A fast heartbeat: tachycardia
4. Enlargement of the heart: cardiomegaly
5. A condition in which a blood clot obstructs a blood vessel: embolism



MCCDNP
NUR151 Nursing Theory and Science I

PREPARATORY CARE PLAN FOR THE ADULT CLIENT

(*) denotes section to be completed prior to clinical

Student Name _Block I "A" Student Care Area ___2004-1___ Sex _F___

Marital Status _Married_ Allergies _No Known Allergies / Patient has sensitivity to ASPIRIN_ Age _80_

Code Status _Patient request no emergency medical procedures be instituted_

Admitted from: home _____ LTC _____ Acute Care _____ Other _ER_

(*)Medical/Surgical Diagnosis:

1. Congestive heart failure
2. Bronchopneumonia
3. Arteriosclerotic heart disease
4. Osteoarthritis
5. Constipation
6. Edema
7. Orthopnea
8. Anorexia
9. Pleural effusion
10. Cardiomegaly
11. Left ventricular hypertrophy

(*) Pathophysiology:

(Textbook/source _____) In your own words, describe textbook signs and symptoms associated with the medical/surgical diagnosis. If there is a surgical diagnosis, include the surgical pathophysiology (what will be different after surgery) Use reverse side if necessary.

1. Congestive heart failure is the diagnoses given to impaired cardiac pumping with associated pulmonary congestion. Heart failure and pulmonary congestion will be identified separately and the correlation between the two identified. Heart failure is not actually a disease but is a result of another cardiac or circulatory disease. Most notably, heart failure is associated with cardiovascular diseases such as hypertension, coronary artery disease and myocardial infarction. Heart failure is identified by the signs and symptoms related to ventricular insufficiency/dysfunction that result in circulatory dysfunction and fluid retention. Patients will likely report reduced exercise tolerance, fatigue, nocturia, chest pain, weight changes, dyspnea and painful or painless peripheral edema. Heart failure will show signs of both left and right ventricular insufficiency. Heart failure normally begins with signs from left sided failure; as the left ventricle is unable to completely expel blood into the systemic circulatory system it will begin to back up in the left atrium and pulmonary circuit. The buildup of blood in the pulmonary circuit causes an increase in pulmonary pressure that causes fluid to cross over the pulmonary capillary bed into the interstitium and then the alveoli – this is evidenced by crackling in the lungs. The build up of fluid within the lungs promotes pulmonary congestion and edema. Right sided failure is normally an after effect of left sided failure. Long standing increased pulmonary hypertension can result in right-sided hypertrophy and failure. When the right ventricle fails to expel blood with enough pressure into the pulmonary circuit it will begin to back up in the right atrium and venous circulatory system. Signs associated with right sided heart failure include jugular venous distention, hepatomegaly (enlargement of the liver), splenomegaly (enlargement of the spleen), vascular congestion of the GI tract and peripheral edema.

Treatment for congestive heart failure is focused on decreasing symptoms, correcting ventricular changes, improving quality of life and decreasing mortality and morbidity. Drug therapy normally includes diuretics, vasodilators, positive inotropes, pain management, and oxygen therapy. Response to treatments is key to reducing mortality. Recurring hospitalizations within 12 months for heart failure increase mortality from 4.1% to 40%.

Information on CHF was found in Medical Surgical Nursing, by Lewis, Heitkemper, Dirksen, O'Brien and Bucher.

2. Arteriosclerotic heart disease is the diagnoses given to a type of coronary artery disease that involves the build up of plaque in the coronary arteries. The disease is characterized by deposits of cholesterol and lipids within the intimal wall of the artery. Arteriosclerotic heart disease takes many years to develop and the endothelium of the artery has to be susceptible to disease from a previous injury or disease. Arteriosclerotic heart disease then begins as just fatty streaks within the smooth muscle cells, then fibrous plaque forms due to the smooth muscle cell proliferation and finally a complicated lesion forms. Coronary artery disease takes many

years to develop and once it is best treated if caught early. Identifying risk factors and beginning treatment strategies early will result in the most successful outcome. Risk factors include being a white, middle aged man, women over 65, family history, elevated serum lipid levels, hypertension, tobacco use, physical inactivity, diabetes, obesity and negative psychological states. As the disease progresses signs of poor myocardial perfusion will be evident, eventually more severe ischemia or infarction could occur.

Treatment for arteriosclerotic heart disease depends upon the disease state; early treatments include counteracting risk factors such as dietary changes to reduce fat intake, controlling blood pressure, abstaining from tobacco, reaching a healthy weight and properly managing other diseases (i.e., diabetes). Drug therapies are also focused on counteracting risk factors such as cholesterol lowering drugs and antiplatelet therapy. More invasive procedures to reopen blocked arteries include balloon angioplasty and stent placement. Angioplasty involves feeding a small catheter into the afflicted artery and inflating a balloon within the restriction to compress the blockage and dilate the vessel. A stent can also be placed in the blocked area instead of, or in addition too, the angioplasty as means to secure the blockage even further. A stent is an expandable mesh tube that stays in place within the blockage to maintain vessel patency.

Information on arteriosclerotic heart disease was found in Medical Surgical Nursing, by Lewis, Heitkemper, Dirksen, O'Brien and Bucher.

3. Osteoarthritis is a slowly progressive noninflammatory disorder of the synovial joints. The exact idiopathic cause of osteoarthritis is unknown, but secondary OA is caused by an event or condition that damages cartilage or otherwise destabilizes the joint. Overuse of joints as seen in athletes is a common source of joint damage that could evolve into OA. Progression of OA causes the articular cartilage to become less able to resist wear; a metabolic response within the chondrocytes makes it less able to repair damage. Further changes in the cartilage cause fissures and erosion of the surfaces, as the cartilage is further destroyed the bone surfaces are no longer cushioned from one another. Secondary inflammation may occur as the body attempts to remove small pieces of cartilage and bone debris within the joint. Osteoarthritis does not have any systemic symptoms; its effect is seen only in the joints that it impacts. Discomfort and stiffness in the afflicted joint(s) are the main symptoms but crepitation and deformity can result.

The treatment of osteoarthritis is focused on pain control and preventing disability and increasing function. Rest and joint protection, heat therapy for stiffness, management of weight or other factors that increase joint stress, and pain management are the most common treatments for OA. There is no cure for osteoarthritis.

Information on osteoarthritis was found in Medical Surgical Nursing, by Lewis, Heitkemper, Dirksen, O'Brien and Bucher.

Medical/Surgical/Social/Cultural History: (Describe all recent, pertinent events, diseases, issues that will impact nursing care).
Collect this data from the chart and the client interview; (Use back of page if needed)

Patient medical history includes normal childhood ailments and recently multiple episodes of congestive heart failure within the last 10 years. Patient was initially brought to the emergency room by her daughter with complaints of shortness of breath, and was subsequently admitted. The patient carries several current diagnoses and/or history of ailments and diseases directly related to her current congestive heart failure including; edema, arteriosclerotic heart disease and orthopnea. The patient also currently suffers from bronchopneumonia, anorexia and constipation. The patients' surgical history includes a cholecystectomy at 65 year of age and bilateral cataract extraction at 78 years of age; success and current impacts from surgical interventions are unknown. The patient is very active in her church and is a practicing protestant. The patient is a retired school teacher, and currently lives at home with her spouse whom is in poor health with an unknown condition. The patient has at least one child, a daughter who lives nearby, that assists with parental care when needed. All children are reported living and in good health. The patient reports no family history of cancer, hypertension, heart disease or diabetes. The patient also reports having 5 grandchildren and 10 great-grandchildren.

Current Orders

- **Activity:**
 - Bed rest with commode privileges
- **Diet Ordered**
 - Restricted sodium diet (2gm of sodium per meal)
 - Low cholesterol
 - No caffeine
 - Fluids restricted to 1500mL daily
- **Other:**
 - 4L of oxygen per minute via nasal canula
 - Vitals every 4 hours
 - Consult Dr. Smiley with cardiology
 - Evaluation by physical therapy
 - Pulse oximetry every shift. Call physician if less than 90.

Medications: (Generic and trade names; Must have columns with * completed before administering; Must be able to discuss Nursing Implications with instructor)

Allergies: NONE - Aspirin Sensitivity

*Names/Classification What is it for?	*Dose/Time	*Is this a Safe Dose?	Assessment and Results Needed Before Administration (BP, Pulse, Glucose (write sliding scale here))	Nursing Implications (Medication Prep; what therapeutic and or adverse effects will you watch for?)
Lasix/furosemide Loop diuretic / Sulfonamide derivative Used for pulmonary and CHF edema	80mg IVP NOW	Yes	Dosage of 80 mg IVP is only indicated for acute pulmonary edema – assessment must indicate as such. Assess BP before and during, orthostatic hypotension can occur.	IV solution that has become yellow or has precipitate or crystals is not to be used. Watch for symptoms of dehydration and orthostatic hypotension. Should decrease edema, BP and show increased diuresis.
ampicillin Broad spectruc antiinfective / aminopenicillian Used for respiratory tract infections	1 GM IVPB every six hours	Yes	Culture and sensitivity prior to administration ensure correct treatment has been identified.	Infusion over 15 minutes for this dose. Watch for allergic reaction, vaginitis, rash and GI upset. Patient should report improvement of symptoms; signs of infection should decrease.
hydrochlorothiazide Diuretic, antihypertensive / thiazide, sulfonamide derivative Used for edema, hypertension and CHF	25mg four times a day	NO – Geriatric dose is 12.5mg per day initially	Assess BP before and during administration, orthostatic hypotension can occur.	AM administration is best to avoid sleep disturbance, give with food to prevent GI upset. Watch for signs of dehydration, dizziness, weakness, fatigue (increased fall risk). Should decrease BP and edema in lung tissue.
heparin Anticoagulant, antithrombotic Used to prevent deep vein thrombosis and pulmonary embolism	5000 units sub- cutaneous every 12 hours	Yes	None	Administer at the same time each day to maintain steady blood levels. <i>Will increase the action of diazepam (Valium) and digoxin will decrease the action of heparin.</i> Watch for fever and rash. Watch for signs of hemorrhage. Should prevent formation of thrombi.

<p>Digoxin Inotropic antidysrhythmic, cardiac glycoside / digitalis preparation</p> <p>Used for CHF and atrial fibrillation</p>	0.125 mg every day	Yes	Assess and document apical pulse for 1 minute prior to administration. Note rate, rhythm and quality.	Administer at the same time each day with or without food. May crush if needed. Watch for pulse less than 60 BPM, and/or significantly different than baseline, and report to physician. <i>Increased risk of toxicity due to diuretics. Milk of Magnesia will decrease effects.</i> Should decrease edema, pulse, respirations and crackles.
<p>Multivitamin w/iron Vitamins, multiple</p> <p>Used to prevent and treat vitamin deficiency.</p>	1 capsule every day	Yes	None	Capsule should be swallowed whole unless a chewable is available. Adverse affects are rare. Should result in an absence of vitamin deficiency.
<p>Nitroglycerin gr Coronary vasodilator, anti-anginal / nitrate</p> <p>Used to relieve pain associated with angina</p>	1/150 (0.4mg) sub-lingual PRN for chest pain	Yes	Assess level of chest pain on a scale of 1-10. Take BP prior to administration.	Sub-lingual tab should be held under tongue until dissolved. Monitor patient for collapse, hypotension and dizziness (increased fall risk). Patient should report decreased/eliminated chest pain on scale of 1-10.
<p>Morphine sulfate/Morphine Opioid analgesic / alkaloid</p> <p>Used for moderate to severe pain relief.</p>	10mg IM PRN for severe chest pain	Yes	Assess chest pain on a scale of 1-10.	Do not administer IV drug if it has become cloudy or precipitate has formed. Watch for respiratory depression, sedative effects (increased fall risk) and constipation. Patient should report decreased/eliminated chest pain on scale of 1-10.
<p>K-Dur/Potassium Chloride Electrolyte, mineral replacement / potassium</p> <p>Used to prevent or treat hypokalemia</p>	20 mEq 4 times a day	Yes	Vital signs – BP and pulse. Note rate, rhythm and quality of pulse.	Dissolve tab in 8oz of cold water or juice with or after meals. Watch for cardiac depression and GI upset. Potassium levels should remain within normal range (3-3.5 mg/dl)

<p>Colace / docusate sodium Laxative, emollient / anionic surfactant</p> <p>To soften stools and prevent constipation</p>	100 mg every day	Yes	None	Give tablet or capsule with full glass of liquid. Best given on an empty stomach to increase absorption. Watch patient for nausea, cramps or diarrhea. Should decrease constipation within 3 days.
<p>Restoril/temazepam Sedative, hypnotic / benzodiazepine, short-intermediate acting</p> <p>Used for insomnia</p>	15mg PRN at bedtime	NO, Geriatric dose is 7.5 mg	Assess BP prior to administering.	Give with food to decrease GI symptoms. Tablet may be crushed if needed. Watch for BP drop over 20 mm Hg, and contact physician immediately. Will induce sedation – patient may be confused and drowsy (increased fall risk). Should decrease sleeplessness and drowsiness.
<p>Valium / diazepam Antianxiety, anticonvulsant, skeletal muscle relaxant, central acting/ benzodiazepine, long acting</p> <p>Used for anxiety, preoperative skeletal muscle relaxant, seizures.</p>	2mg every 4 hours PRN for anxiety	Yes	Assess degree of anxiety. Assess BP.	Give with food or milk to decrease GI symptoms, crush tablet if needed. Decrease morphine by 1/3 if administered concomitantly. Watch for hypotension, if BP drops over 20 mm Hg contact physician. Watch for tachycardia and respiratory depression. Dizziness and drowsiness are likely (increased fall risk). <i>Action will be increased due to heparin.</i> Should decrease anxiety.
<p>Robitussin / dextromethorphan Antitussive, nonopioid / levorphanol derivative</p> <p>Used for relief nonproductive cough</p>	5cc every 4 hours PRN for cough	Yes	Assess type of cough. Should be used only for non-productive cough.	7.5 mg/mL is the most appropriate strength for geriatric patient due to slowed metabolism. Do not provide water for 30 minutes after administration to avoid dilution. Watch for dizziness and sedative effects (increased fall risk). Should relieve dry irritating cough.

<p>Tylenol/acetaminophen Nonopioid analgesic / nonsalicylate, paraaminophenol derivative.</p> <p>Used for mild to moderate pain or fever.</p>	<p>650mg every 4 hours PRN for fever over 101</p>	<p>Yes</p>	<p>Assess temperature and administer if over 101 degrees F.</p>	<p>May be administered crushed or whole, chewable, liquid and suppository forms available. Administer with food or milk to prevent GI symptoms. Side effects are uncommon, watch for renal distress if long term therapy is needed. Should reduce fever.</p>
<p>Milk of Magnesia / magnesium hydroxide Electrolyte; anticonvulsant, laxative, saline; antacid.</p> <p>Used for constipation</p>	<p>30mL PRN for constipation</p>	<p>Yes</p>	<p>Assess BP.</p>	<p>Administer with 8 oz of water. May be taken with food to reduce GI symptoms. Watch for GI upset and hypotension. <i>Effects of hypertensives may be increased, may decrease effects of digoxin.</i> Should reduce / relieve constipation.</p>
<p>5% dextrose and water Caloric agent</p> <p>Used to increase caloric intake, increase fluids.</p>	<p>IV / TKO</p>	<p>Yes</p>	<p>None</p>	<p>Maintain rate to keep vein open / access only. Increased fluid intake is contraindicated for this patient. Should provide IV access for drug administration.</p>

Physical Assessment Data (Assess patient each day that you provide care and document below as though you are documenting on the chart)

- Based on the current patient problems/medications/treatments on which system(s) will you focus your assessment? Why? (Neuro/HEENT, CV, GI/GU, Integumentary., Musculoskeletal, Respiratory)
- Describe your findings (if normal describe DO NOT document “Within Normal Limits WNL”)

- Neuro/HEENT systems:
 - Included in assessment due to patient age, history of cataracts and anorexia.
- Findings:
 - Alert and oriented
 - Speech slow, clear and articulate
 - Unsteady gait, uses cane at home for assistance w/ambulation
 - PERRLA
 - Bilateral cataract extraction at age 78
 - Visual and auditory acuity is diminished
 - Nose and throat negative
 - Complains of occasional headache
 - No palpable lymph nodes in neck, no tracheal deviation
 - No enlargement or palpable lumps in thyroid
 - Minimal bruit auscultated over right carotid

- CV/Resp Systems:
 - Included in assessment due to patient diagnoses of congestive heart failure, arteriosclerotic heart disease, edema, bronchopneumonia and orthopnea.
- Findings:
 - Fine rales auscultated over bases of both lungs
 - Cardiomegaly evident in chest xray
 - No thrills palpated
 - Two pillow orthopnea
 - Apical heart rate 108, irregular
 - No pulse deficit
 - Early midsystolic murmu
 - Gallop rhythm

- +1 pitting edema present in feet and ankles bilaterally
 - BP 172/98
 - Feet cool to the touch
 - Pedal pulses palpable, faint
-
- GI/GU Systems:
 - Included in assessment due to patient constipation
 - Findings:
 - Moderately distended, soft
 - No bruits auscultated
 - Bowel sounds present and active
 - Scar from cholecystectomy at 65
 - Normal female genitalia
 - Onset of menopause at 52, no hormone replacement
 - No abnormal vaginal discharge
 - Last pap smear 5 years ago
 - Rectal exam deferred
 - Patient states external hemorrhoids in past, but not currently bothersome.
-
- Integumentary/Musculoskeletal Systems:
 - Included in assessment due to edema and joint pain complaints/osteoarthritis
 - Findings:
 - No tenderness in lower extremities
 - Full range of motion in all extremities
 - Complains of stiffness in knees and hands.

Additional Systems or Comments:

Laboratory and diagnostic data (Abnormals and/or trends that impact current care)

Date	Test	Normal Value	Patient Result	Significance to your patient? (Why test was done, what do results tell you?)
9/10/09	Chemistry Screen <ul style="list-style-type: none"> - Sodium - Potassium - Chloride - Creatinine 	135-145mmol/L 3.5 – 5. mmol/L 97-107 mmol/L 0.5-1.1 mg/dL	128 mmol/L 3.4 mmol/L 90 mmol/L 2.4 mg/dL	Test is normally performed for basic screening. Patient shows decrease electrolytes resulting in hyponatremia, hypokalemia and reduced chloride due to effects of retained water from CHF. Patient also shows increased creatinine due to poor renal blood flow.
9-10-09	Complete Blood Count <ul style="list-style-type: none"> - WBC - RBC - Hgb - Hct - MCV - MCH - MCHC 	4.5-11. mm ³ 4.2-4.87 mm ³ 11.7-16.1 g/dL 38-44% 85-95 fl 28-32 Pg 33-35 g/dL	12.3 mm ³ 3.31 mm ³ 9.2 g/dL 28.4% 84.2 fl 27.6 Pg 32 g/dL	Test is normally performed for basic screening. Patient results show infection based on increased WBC's, and anemia based on decreased levels of all other values – likely due to her stated anorexia.
9-11-09	Chest Xray Report	Normal findings	pleural effusion in both lungs, peripheral congestion, cardiomegaly	Performed due to dyspnea and rales. Results concur with diagnoses of congestive heart failure and provide details on the extent of the edema and congestion.
9-11-09	ECG <ul style="list-style-type: none"> - Heart rate - Rhythm - PR interval 	60 – 100 bpm regular .04 - .12 seconds	112 bpm Irregular 0.25 seconds	Performed due to diagnoses of CHF. Report states atrial fibrillation and evidence of left ventricular hypertrophy.

Critical Thinking Questions (This page must be completed by the end of the day)

List some possible nursing diagnoses for this patient.

Decreased cardiac output
Ineffective renal perfusion
Risk for imbalanced fluid volume
Nutrition, less than body requirements
Impaired gas exchange
Risk for falls
Impaired tissue integrity

What are you on alert for today with this patient?

Fall risks related to polyuria
Fluid and electrolyte imbalance due to diuretics
Maintaining proper fluid intake
Respiratory distress related to condition and medications

What are the important assessments to make?

Cardiovascular and respiratory assessments should be done frequently, utilize regular vital signs to identify possible concerns.

What complications could occur? What could go wrong? What nursing interventions will ensure patient safety?

Patient could have further respiratory distress due to pain medications, diuretics could further endanger fluid and electrolyte balance, patient could fall, patient could experience further systemic damage due to impaired circulation.

Nursing interventions necessary to ensure patient safety would include providing ambulatory assistance and patient teaching about fall risks.

ASSESSMENT: Significant Client Data	PLANNING: Client Goals	NURSING INTERVENTIONS	RATIONALE FOR INTERVENTIONS	EVALUATION
<p>Nursing Diagnosis(NANDA): (Patient's Problem) Etiology (R/T): (Cause of Patient's Problem) Signs & Symptoms (AMB): (Evidence, proof, that the patient has <u>this</u> problem)</p> <p>Risk of falls related to medication effects as manifested by drowsiness and dizziness.</p>	<p>Client Goal: (Goals are based on the patient's S/S)</p> <p>Patient will not experience a fall while hospitalized.</p>	<p>(Nurses intervene on the cause of the problem in order to achieve the patient's goal)</p> <p>Provide physical support during ambulation.</p> <p>Provide ambulatory assistance via a walker.</p> <p>Assess patients' use of ambulatory assistance devices.</p> <p>Assess patients' willingness to ask for assistance.</p>	<p>(Why am I doing this intervention?)</p> <p>To provide support to the patient that is not available from an assistant type device.</p> <p>To provide the patient independent means to ambulate if deemed safe.</p> <p>To ensure patient knows proper use of ambulatory device and decrease the fall risk associated with poor technique.</p> <p>Determine if patient will request help if needed or if further interventions to prevent falls will be needed.</p>	<p>(What would the patient say or do or what evidence would you find that would verify whether or not the goal was met or unmet?)</p> <p>Patient does not fall while ambulating, uses assistance devices properly and requests physical assistance when needed.</p>

<p>Nutrition less than body requirements related to anorexia as manifested by weight loss and nutritional deficits.</p>	<p>Patient will increase dietary intake to *1500 calories daily within 72 hours.</p> <p>*specific daily calorie needs would be determined based upon the patients height/weight and input from physician or nutritionist. 1500 calories is used in this situation as an example of specificity.</p>	<p>Offer patient frequent snacks/small meals.</p> <p>Provide verbal encouragement to finish foods.</p> <p>Determine patients' food preferences and offer frequently if dietary requirements allow.</p> <p>Arrange consult with dietician</p> <p>Watch patient eat</p> <p>Assess daily weight</p> <p>Monitor I/O</p>	<p>To prevent fatigue due to SOB, and gradually increase intake.</p> <p>Provide positive reinforcement to meeting goal.</p> <p>Increase likelihood of success by offering foods that are preferred.</p> <p>Determine if special measures need, or can be taken to assist with proper nutrition.</p> <p>To determine if patient has symptoms of dysphagia</p> <p>To determine weight loss/gain and monitor progress.</p> <p>To measure effectiveness of interventions.</p>	<p>Patient is eating regularly scheduled meals and intake has increased to 1500 calories daily.</p>
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<p>Fluid volume excess related to impaired circulation as manifested by peripheral and pulmonary edema and diluted electrolytes.</p>	<p>Patient will regain fluid volume balance evidenced by resolution of edema and normal CBC.</p>	<p>Monitor I&O</p> <p>Restrict fluid intake</p> <p>Monitor daily weight</p> <p>Auscultate lungs q 4 hours</p> <p>Elevate head of bed</p>	<p>Determine success of medication therapies and nursing interventions.</p> <p>Ensure patient does not further increase fluid volume.</p> <p>Determine success of medication therapies and nursing interventions. Weight should be decreasing with water loss.</p> <p>Monitor pulmonary edema for positive or negative changes.</p> <p>Allows patient easier respirations; utilizing gravity to keep fluids down.</p>	<p>Patients' peripheral edema is resolved, lung sounds are clear and CBC is normal.</p>
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Student Name: Block I "B & C" Students Care Area: Acute Care Sex F

Marital Status: Married Allergies: NKA- intolerance to ASA (causes heartburn and nausea)

Code Status: DNR

Admitted from: home X LTC _____ Acute Care _____ Other _____

Medical/Surgical Diagnosis (Psychiatric Diagnosis):

- 1) Congestive Heart Failure secondary to ASHD (Arteriosclerotic Heart Disease)
- 2) Bronchopneumonia
- 3) Osteoarthritis

Pathophysiology (Textbook/source MedlinePlus and Human Anatomy and Physiology: Eighth Edition)

Chen, M., & Zieve D. (2001, July 22). Heart Failure. Retrieved from

<http://www.nlm.nih.gov/medlineplus/ency/article/000158.htm>

Hoehn, K., & Marieb E. N. (2010). *Human Anatomy and Physiology: Eighth Edition*. San Francisco, CA: Pearson \

Education.

Directions: **In your own words**, express the textbook description of the disease process associated with the medical/surgical diagnosis. Next, list the signs & symptoms of your patient that are associated with the disease process. (Use back of page or add additional paper if needed.)

Textbook Disease Process	Patient's Signs & Symptoms
<p>1) Congestive heart failure is a condition effecting the heart and happens when heart is no longer able to pump enough blood to the rest of the blood.</p> <p>Congestive heart failure can effect either the left side of the heart or the right side. This condition is a problem especially because of our body's need for certain nutrients, electrolytes and fluids but without good blood supply from the heart our body is deprived and complications arise.</p> <p>Complications of congestive heart failure include shortness of breath, cough, swelling of feet and ankles, swelling of abdomen, weight gain, irregular pulse, sensations of feeling the heart, difficult sleeping, fatigue, weakness, faintness, loss of appetite, ingestion.</p>	<p>Congestive Heart Failure</p> <ol style="list-style-type: none"> 1) Breathlessness (Shortness of breath) with activity or when talking 2) Productive Cough with yellow sputum 3) Edema on both lower extremities\ 4) Fatigue 5) Malaise 6) Chills 7) Nausea 8) Decreased appetite 9) Apical HR 108 10) BP 172/98 on 09/10/2009 at 2200 11) Anorexia



Textbook Disease Process	Patient's Signs & Symptoms
<p>2) Bronchopneumonia (Pneumonia) is an infectious inflammation of the lungs caused either by a virus, bacteria or fungus, fluid then begins to collect in the alveoli. When the alveoli do not work properly, gas exchange is impaired and this causes the feeling of being short of breath. Furthermore, our body goes through a series of steps to fight off infection including inflammation and when this happens with pneumonia chest pain and fever occur. The elderly, 65 years of age and older and those younger than 2 are most at risk for pneumonia.</p> <p>3) Osteoarthritis is a condition with an unknown cause but it is thought that the regular use of the joints can trigger the release of enzymes that will break articulate cartilage including it's collagen fibrils. In a healthy person, the damaged cartilage will repair itself but in people who have Osteoarthritis more cartilage will be destroyed than repaired. Symptoms of osteoarthritis start showing up by middle age and by 70 years old almost all persons with this condition will start showing up with symptoms.</p> <p>Osteoarthritis will happen equally in both men and women before age 55 but after age 55 it is more common amongst women. Others factors that can cause osteoarthritis are genetics, obesity and any fractures or joint injuries. Medical factors like bleeding disorders can cause bleeding in the joints and lack of blood supply can cause bone death.</p>	<p>Pneumonia:</p> <ol style="list-style-type: none"> 1) Shortness of breath 2) Productive cough with light yellow sputum 3) Chills 4) Loss of appetite 5) Fatigue <p>Osteoarthritis:</p> <ol style="list-style-type: none"> 1) Stiffness in knees and hands 2) Use of assistive device at home to ambulate 3) Unsteady gait



PATIENT HEALTH HISTORY

(Medical/Surgical/Social/Developmental/Emotional/Cultural)

Directions: In your own words, summarize relevant components of the **patient's health history** (This includes but is not limited to accidents or injuries with dates, serious or chronic illnesses with dates, hospitalizations with dates, and operations with dates, immunizations, and allergies) and **review of systems**. Use back of page or add additional paper if needed.

Medical

- There is no history of MI
- Common childhood diseases but cannot recall which ones specifically.
- History of Cataracts
- Onset of menopause at age 52
- Gait is unsteady and uses a cane as assistive device
- Intolerance to Aspirin which causes Mrs. Wheezy heartburn and nausea
- Past problem with external hemorrhoids although not currently bothered by them.
- +1 Pitting edema in lower extremities
- Over the past 10 years there has been recurring episodes of CHF

Surgical

- Removal of cataracts at age of 78
- At the age of 65 gall bladder removed

Social

- Married, husband is not in the best of health
- Active at church
- 5 great grand children

Developmental

- Low activity due to unsteady gait
- When times are difficult for Mrs. Weezy and her husband, the daughter who lives near by provides assistance.
- Retired teacher

Emotional

- Alert and oriented

Cultural

- Very active at church

Review of Systems

Vital Signs/Height and Weight

Vital Signs on 09/10/2009:	2200:	T: 100.0	P: 110	R: 32	BP: 172/98
	2350:	T: 100.8	P: 112	R: 30	BP: 164/94
Vital Signs on 09/11/2009:	0200:	T: 101.2	P: 116	R: 30	BP: 164/90
	0400:	T: 100.4	P: 108	R: 26	BP: 162/92
	0600:	T: 99.6	P: 104	R: 26	BP: 138/88
	0800:	T: 99.2	P: 100	R: 24	BP: 136/90



Height and Weight: Unknown, not listed.

Skin: Skin is warm and moist, color is pale upon admission to the ED. +1 Pitting edema of both lower extremities. No tenderness in lower extremities. Feet cool to touch. Scar from cholecystectomy on abdomen.

Head and Neck: Complaints of occasional headache. Diminished hearing and vision. Lymph nodes are not palpable. Minimal bruit auscultated over the right carotid artery.

Cardiovascular: Congestive heart failure. Apical pulse of 108. Early midsystolic murmur.

Respiratory: Chronic cough ongoing for 4 to 6 months with light yellow sputum. SOB especially with activity or talking. Fine rales present over bilateral lung bases. Chest x-ray shows cardiomegaly and a pleural effusion in both lungs.

Gastrointestinal: Scar from past cholecystectomy. Bowel sounds are present and normoactive. Abdomen is moderately distended and soft. Abdominal girth is 42 in across umbilicus. Refused rectal exam. Past problems with external hemorrhoids but now these problems are not present.

GU: Genitalia looks normal. Onset of menopause at age of 52. Not taking any hormone replacement. There is no abnormal vaginal discharge present. Last PAP smear was 5 years ago.

Musculoskeletal: Complaints of stiffness present in the knees and hands. Patients gait is unsteady and patient relies on assistive device for ambulation.

Neurological: Awake, Alert and Oriented. Speech can be described as slow, clear and articulate.



Type of Order	Patient's Order	Significance to client
Diet <ul style="list-style-type: none"> • Dining Room or In Room • Assistance with Eating • Restrictions/Precautions 	2 mg Sodium, low cholesterol, no caffeine and restricted fluids to 1500 ml/day	Due to Congestive Heart Failure and edema in both lower extremities.
I/O	Lasix 80 mg IVP stat	To reduce excess of fluid in both of the extremities of the patient's legs.
Activity Level	Bedrest with commodes privileges	Patient is taking pain medication which can cause drowsiness and put the patient at risk for falls.
Vital signs	<ol style="list-style-type: none"> 1) Pulse oximetry every shift 2) Vital signs every 2 hours on 09/10/2011 and on 09/11/2011 every 4 hours 	<ol style="list-style-type: none"> 1) Because of patient's dx with Pneumonia, her gas exchange is impaired as demonstrated by her SOB while talking or having any activity. These physical signs and symptoms are indicative of alterations in the patients respiratory status. 2) Because patient is on Digoxin and Nitroglycerin for PRN chest pain there is a heightened concern for cardiac issues or changes in respiratory status. Vital signs will measure the effectiveness of circulatory and respiratory functions.
Treatments/Procedures <ul style="list-style-type: none"> • Wound Care • Other 	<ol style="list-style-type: none"> 1) Chest X-Ray 2) STAT EKG 	<ol style="list-style-type: none"> 1) Patient came into ED with chronic cough and history of CHS. The chest x ray will evaluate for cardiac, respiratory and skeletal structure within the lung cavity and helps diagnose multiple diseases such as pneumonia and CHF. 2) Patient comes into ED with cardiac related issues, EKG will show the hearts electrical activity and signals being sent to create the heartbeat.
Blood glucose monitoring		
Other	<ol style="list-style-type: none"> 1) Oxygen at 4L/min via NC 2) CBC 3) PT and PTT 4) Routine Urinalysis 	<ol style="list-style-type: none"> 1) Patient is SOB and has impaired gas exchange, O2 will help pt. to breathe better. 2) Will screen for infection, anemia.



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		<p>3) The PTT is used to determine if there is unexplained bleeding or clotting in the body, it is used a lot of times with the PT which looks at our body's ability to form blood clots in response to bleeding.</p> <p>4) A urinalysis can reveal diseases which may have gone unnoticed simply because there are no obvious signs/symptoms.</p>
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MEDICATIONS

<ul style="list-style-type: none"> • Generic & Trade Names • Functional Classification • Pharmacological /Chemical Classification 	<ul style="list-style-type: none"> • Dose • Time • Route 	<ul style="list-style-type: none"> • Is This A Safe Dose? <ul style="list-style-type: none"> ○ High/Low 	<ul style="list-style-type: none"> • Assessment & Results Needed Before Administration <ul style="list-style-type: none"> ○ BP, Pulse ○ Glucose (Write sliding scale) 	<ul style="list-style-type: none"> • Significance for Patient <ul style="list-style-type: none"> ○ Why is the Patient Receiving this Med 	<ul style="list-style-type: none"> • Nursing Implications <ul style="list-style-type: none"> ○ What Therapeutic &/or Adverse Effects Will You Watch For? • Patient Teaching
Amoxicillin; anti infectives, antiulcer agents. Amino penicillins <ul style="list-style-type: none"> • Amoxil • Moxatag • Trimox 	0600: 1 Gram 2400 IVPB	Safe dose. Low	N/A	Pneumonia	Diarrhea, N/V, Rashes
Digoxin; antiarrhythmias, inotropics. Digitalis glycosides <ul style="list-style-type: none"> • Lanoxicaps • Lanoxin 	0800: 0.125 mg PO	Safe dose. Low	Monitor AP for 1 full minute before administering. Withhold dose and notify physician if pulse rate is < 60 BPM	Dx of CHF and lower extremity edema	Fatigue, Bradycardia, N/V/D, monitor blood pressure and pulse.
Hydrochlorothiazide; thiazide diueretics. Antihypertensive diueretics. <ul style="list-style-type: none"> • Oretic • Microzide • Esedrix 				Excess fluid	
Heparian; anti coagulants, anti thrombotics. <ul style="list-style-type: none"> • Heplock • Heplock U-P 				CHF secondary to ASHD	
KDUR; Mineral and Electrolyte replacements- supplements <ul style="list-style-type: none"> • Potassium Supplements 				Low potassium (3.4) and pt. is on Lasix which lowers plasma level of potassium	
				Decreased activity level, low	



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<ul style="list-style-type: none"> • Generic & Trade Names • Functional Classification • Pharmacological /Chemical Classification 	<ul style="list-style-type: none"> • Dose • Time • Route 	<ul style="list-style-type: none"> • Is This A Safe Dose? <ul style="list-style-type: none"> ○ High/Low 	<ul style="list-style-type: none"> • Assessment & Results Needed Before Administration <ul style="list-style-type: none"> ○ BP, Pulse ○ Glucose (Write sliding scale) 	<ul style="list-style-type: none"> • Significance for Patient <ul style="list-style-type: none"> ○ Why is the Patient Receiving this Med 	<ul style="list-style-type: none"> • Nursing Implications <ul style="list-style-type: none"> ○ What Therapeutic &/or Adverse Effects Will You Watch For? • Patient Teaching
Colace; laxative, stool softener <ul style="list-style-type: none"> • Docusate sodium • Exlax 	0800: 100 mg PO	Safe dose. Low.		peristalsis	
Multivitamin with Iron	1000: 1 cap PO	Safe dose.			
Nitroglycerine; antianginals, nitrates <ul style="list-style-type: none"> • Nitrostat • Nitroquick 	1/150 gr sublingual PRN		Monitor BP and Pulse	Chest Pain	Dizziness, headache, hypotension, tachycardia, N/V, monitor BP and pulse
Lasix; diuretic, loop diuretics <ul style="list-style-type: none"> • Furosemide • Gen 	2200: 80 mg IVP	High dose.	Monitor BP and Pulse.	Excess fluid, bilateral lower extremity edema	Assess fluid status, monitor daily weight, I/O ratios, dehydration, lethargy, weakness, hypotension, oliguria
Morphine Sulfate; opioid analgesic, opioid agonist. <ul style="list-style-type: none"> • Morphine 	10 mg IM PRN	Safe dose. Low	Assess for respiratory depression. Check HR following administration	Chest pain	Assess type, location and intensity of pain. Fall risk, constipation, confusion, sedation, hypotension.
Restoril; sedative, hypnotic,	15 mg PO	Safe dose. Low	Assess anxiety levels.	Anxiety	Assess sleep patterns before and periodically



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<ul style="list-style-type: none"> • Generic & Trade Names • Functional Classification • Pharmacological /Chemical Classification 	<ul style="list-style-type: none"> • Dose • Time • Route 	<ul style="list-style-type: none"> • Is This A Safe Dose? <ul style="list-style-type: none"> ○ High/Low 	<ul style="list-style-type: none"> • Assessment & Results Needed Before Administration <ul style="list-style-type: none"> ○ BP, Pulse ○ Glucose (Write sliding scale) 	<ul style="list-style-type: none"> • Significance for Patient <ul style="list-style-type: none"> ○ Why is the Patient Receiving this Med 	<ul style="list-style-type: none"> • Nursing Implications <ul style="list-style-type: none"> ○ What Therapeutic &/or Adverse Effects Will You Watch For? • Patient Teaching
benzodiazepines <ul style="list-style-type: none"> • Temazepam 	PRN				throughout therapy, risk of falls, behavior changes, N/V, rashes.
Valium; anti anxiety agents, anti convulsants, sedative hypnotics, skeletal muscle relaxants, benzodiazepines <ul style="list-style-type: none"> • Diazepam 	2 mg PRN PO	Safe dose. Low	Monitor for BP, Pulse and Respirations		Dizziness, drowsiness, lethargy
Robitussin; for allergy, cold and cough remedies. Expectorant. <ul style="list-style-type: none"> • Guaifenesin 	5 cc PRN PO	Safe dose. Low		Chronic cough	Adverse reactions, dizziness, HA, N/V, Diarrhea, Rash. Assess lung sounds, frequency and type of cough and description of bronchial secretion. Maintain fluid intake of 1500-2000 ml/day.
Tylenol; anti pyretics, non opioid analgesics <ul style="list-style-type: none"> • Acetaminophen 	650 mg PRN PO	Safe dose. Low	Check temperature, if less than 101 administer.		Hepatic failure, hepatotoxicity, renal failure, rash
Milk of Magnesia; mineral and electrolyte. <ul style="list-style-type: none"> • Magnesium Hydroxide 	30 ml PRN PO	Safe dose. Low			Adverse effects are diarrhea, flushing, sweating. Assess for abdomen distension, presents of bowel sounds, and usual pattern of bowel function.



LABORATORY AND DIAGNOSTIC TESTS

Directions: Complete chart and comment on any abnormal values and/or trends that have an impact on current care

Test	Date	Normal Value	Patient Results	Significance to Your Patient <input type="checkbox"/> Why Test Was Done <input type="checkbox"/> What Do the Results Tell You
Chemistry:				
Cholesterol				
Triglycerides				
Glucose	09/10/09	< 110mg/dl	97 mg/dl	Result is below 110, not indicative of DM.
BUN				
Creatinine	09/10/09	0.5-1.1 mg/dl	2.4 mg/dl	Elevated creatinine indicates possible kidney failure or in this patient's case with her CHF reduced blood flow to the kidneys. The test was performed to assess the patient's level of dehydration and kidney function.
Calcium	09/10/09	8.2-10.2 Mg/dl	8.6 mg/dl	
Phosphorous				
Sodium	09/10/09	135-145 Mmol/dl	128mmol/dl	
Chloride	09/10/09	97-107 mmol/dl	90 mmol/dl	
Potassium	09/10/09	3.5-5.0 mmol/dl	3.4 mmol/dl	
CO2	09/10/09	22-26 mmol/dl	24 mmol/dl	
Anion gap				
Total protein	09/10/09	6.0-80 mg/dl	6.7 mg/dl	
Albumin				
Total bilirubin	09/10/09	0.3-1.2 mg/dl	0.5 mg/dl	
GGT				
SGOT				
SGPT				
LDH				
Uric acid				
Alkaline Phosphatase				



Test	Date	Normal Value	Patient Results	Significance to Your Patient ○ Why Test Was Done ○ What Do the Results Tell You
Iron				

LABORATORY AND DIAGNOSTIC TESTS

Directions: Complete chart and comment on any abnormal values and/or trends that have an impact on current care

Test	Date	Normal Values	Patient Results	Significance to Your Patient ○ Why Test Was Done ○ What Do the Results Tell You
CBC:				
Red blood cell count	09/10/09	4.2-5.9 mm3	3.31 mm3	
Hematocrit	09/10/09	37-48%	28.4%	
Hemoglobin	09/10/09	12-16 g/100ml	9.2 gm/dl	
White blood cell count:				
Differential	09/10/09	4.5 – 11.0	12.3 mm3	Productive cough with sputum, fever of 100.6. Abnormal/High WBC count is indicative of infection.
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Basophils				
Erythrocyte				
Sedimentation rate				
Platelet activity tests:				
Bleeding time				
Platelet count	09/10/09	150,000-350,00 mm3	330,000 cu mm	
Coagulation tests:				
Activated partial Thromboplastin time (PTT)				
Prothrombin time (PT)	09/10/09	11-13.5 second	12.4 seconds	
INR				
Drug therapeutic levels:				



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Test	Date	Normal Values	Patient Results	Significance to Your Patient ○ Why Test Was Done ○ What Do the Results Tell You
Digoxin				
Theophylline				
Dilantin				
Lithium				
Other				



LABORATORY AND DIAGNOSTIC TESTS

Directions: Complete chart and comment on any abnormal values and/or trends that have an impact on current care

Test	Date	Normal Values	Client Results	Significance to Your Patient ○ Why Test Was Done ○ What Do the Results Tell You
Culture results: N/A				
Urinalysis: Routine Urinalysis	09/10/09	Color: light yellow-deep amber depends on hydration level Character: clear Specific Gravity: 1.001-1.029 pH: 5.0-9.0 Protein: less than 20mg/dl Glucose: negative Ketones: negative Urobilinogen: up to 1mg/dl Bilirubin: negative Blood: less than 5/hpf Casts: none Mucus: none	Color: yellow Character: clear Specific Gravity: 1.009 pH: 5.0 protein: negative glucose: negative ketones: negative urobilinogen: normal Bilirubin: negative Blood: negative Casts: 0-5 Mucus: 1+	To screen urine for multiple substances such as infection, blood, sugar, bilirubin, urobilinogen, nitrates, and protein to assist and diagnosing disorders such as renal and liver disease as well as assess hydration status. Casts results shows indications for renal disease.
X-rays: Chest X-ray	09/11/09	Normal lung fields, cardiac size, mediastinal structure, thoracic spine, ribs, and diaphragm.	Pleural effusion in both lungs, congestion in the periphery, cardiomegaly. Evidence supports diagnosis of congestive	To assist in the evaluation of cardiac, respiratory, and skeletal structure within the lung cavity and diagnose multiple diseases such as pneumonia and congestive heart failure. Congestive heart failure due to pleural effusion in both lungs.



Test	Date	Normal Values	Client Results	Significance to Your Patient ○ Why Test Was Done ○ What Do the Results Tell You
			heart failure.	
CT Scans: N/A				
MRI: N/A				
Ultra-sound: N/A				



PHYSICAL ASSESSMENT DATA

Directions:

- Assess the patient each day that you provide care and document below as though you are documenting on the chart
- Describe your findings (DO NOT document "Within Normal Limits" WNL)
- Based on the current patient problems/medications/treatments, place an asterisk next to the system(s) that would be part of your focused assessment

Systems	Findings
Neuro/HEENT	Neurological: alert and orientated. Speech slow, clear articulates. Gait unsteady. Uses cane at home for assistance with ambulation. HEENT: PERRLA, bilateral cataract extraction at age 78. visual and auditory acuity diminished. Nose and throat negative. Complains of occasional headache. Neck: no palpable lymph nodes. No tracheal deviation. No enlargement or palpable lumps in thyroid. Minimal bruit auscultated over right carotid.
CV/Respiratory	Heart and blood vessels: apical heart rate 108, irregular. No pulse deficit. Early mid-systolic murmur. Gallop rhythm. Ankle and foot edema present bilaterally. Blood pressure 172/98. Chest and lungs: fine rails auscultated over bases of both lungs. Chest x-ray demonstrates cardiomegaly. No thrills palpated. Two pillow orthopnea.
GI/GU	Abdomen: moderately distended, soft. No bruits auscultated. Bowel sounds present and active. Scar from cholecystectomy at age 65. Genitalia: normal female genitalia. Onset of menopause age 52. Does not take hormone replacement. No abnormal vaginal discharge. Last pap smear 5 years ago. Rectal: rectal exam differed. States has had problems with external hemorrhoids in the past, but not currently bothered.
Integumentary/Musculoskeletal	Extremities: no tenderness in lower extremities. +1 pitting edema in lower extremities. Feet cool to touch. Pedal pulse is palpable and faint. Full ROM in all extremities. C/O of stiffness in knees and hands.
Additional Systems or Comments	



CRITICAL THINKING QUESTIONS

Directions: Answer questions completely. This page must be completed by the end of the clinical day.

1. List some possible nursing diagnoses for this patient.
 - A) Activity intolerance, risk for fall (risk for fall r/t activity intolerance and narcotics)
 - B) Fatigue r/t SOB as manifested by sleeping all day
 - C) Ineffective airway clearance r/t bilateral pleural effusion as manifested by chronic cough
 - D) Constipation r/t narcotics and activity intolerance as manifested by abdomen distension
 - E) Fluid overload r/t CHF as manifested by edema

2. What are you on alert for today with this patient?
 - A) Ineffective airway
 - B) Risk for fall
 - C) Nutrition (I&O)
 - D) Monitoring vital signs
 - E) Weight
 - F) Pain Management

3. What are the important assessments to make?
 - A) Focused respiratory assessment
 - B) Focused cardiac assessment
 - C) Fall risk
 - D) Focused GI assessment

4. What complications could occur?
 - a. What could go wrong?

Fall, edema, decreased cardiac output, CHF exacerbation, impaired gas exchange, possible intubation

 - b. What nursing interventions will ensure patient safety?
 - o Fall- assistive devices, bed alarms, call lights at reach, room free of clutter, room close to nurse' station, bed in lowest position, bedside commode
 - o Edema- monitor I&O, decrease sodium intake, monitor daily weight, elevate lower extremities
 - o Respiratory- Use of incentive devices to clear lungs, continuous pulse oximetry, vital signs, semi fowlers position to ease with breathing
 - o Cardiac monitoring
 - o Skin- Turn every 2 hours



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ASSESSMENT: Significant Client Data	PLANNING: Patient Goal (Based on the patient's S/S) Patient goals have SMART components. Well-written goals are Specific to the patient, Measurable , Attainable , Reasonable/Relevant/Results Oriented , and Time Bound .	NURSING INTERVENTIONS (Based on the cause of the problem) 2-3 Assessing Interventions 2-3 Do/Assisting Interventions 1-2 Teaching Interventions 1 Collaborating Intervention	RATIONALE FOR INTERVENTIONS (Why am I doing the intervention?)	EVALUATION (What would the patient say/do or what evidence would you find that would verify whether the goal was met or unmet?)
<p>Nursing Diagnosis (NANDA): (Patient's Problem)</p> <p>Impaired physical mobility</p> <p>Etiology (R/T): (Cause of Patient's Problem)</p> <p>Prescribed movement restrictions</p> <p>Signs & Symptoms (AMB): (Evidence/proof that the patient has <u>this</u> problem)</p> <p>Subjective Data:</p> <p>Chest pain, shortness of breath while talking or with physical activity</p> <p>Objective Data</p> <p>Gait changes</p>	<p>One Short Term:</p> <p>Patient will participate in at least 3 activities of daily living 2 times a day before each shift change.</p> <p>One Long Term:</p> <p>Patient will ambulate around nursing unit 1 time with minimal contact assistance prior to day of discharge.</p>	<p>Assessing Interventions:</p> <ol style="list-style-type: none"> 1) Assess degree of pain, listening to client's description 2) Assess nutritional status and client's report of energy level 3) Note situations or equipment that may restrict movement <p>Doing/Assisting Interventions:</p> <ol style="list-style-type: none"> 1) Schedule activities with adequate rest periods during the day to reduce fatigue 2) Provide regular skin care to include pressure area management 3) Provide for safety measures as indicated by individual situation, including environmental management and fall prevention. <p>Teaching Interventions:</p> <ol style="list-style-type: none"> 1) Demonstrate use of standing aids and mobility devices, and have client/care provider demonstrate knowledge about, and safe use of device. <p>Collaborating Interventions:</p> <ol style="list-style-type: none"> 1) Consult with physical or occupational therapist, as indicated, to develop individual exercise and mobility program, and identify appropriate mobility devices. 	<p>SEE ATTACHED FOR RATIONALES</p>	



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ASSESSMENT: Significant Client Data	PLANNING: Patient Goal (Based on the patient's S/S) Patient goals have SMART components. Well-written goals are Specific to the patient, Measurable , Attainable , Reasonable/Relevant/Results Oriented , and Time Bound .	NURSING INTERVENTIONS (Based on the cause of the problem) 2-3 Assessing Interventions 2-3 Do/Assisting Interventions 1-2 Teaching Interventions 1 Collaborating Intervention	RATIONALE FOR INTERVENTIONS (Why am I doing the intervention?)	EVALUATION (What would the patient say/do or what evidence would you find that would verify whether the goal was met or unmet?)
<p>Nursing Diagnosis (NANDA): (Patient's Problem)</p> <p>Nausea</p> <p>Etiology (R/T): (Cause of Patient's Problem)</p> <p>Pharmaceuticals</p> <p>Signs & Symptoms (AMB): (Evidence/proof that the patient has <u>this</u> problem)</p> <p>Subjective Data:</p> <p>Feels nauseated</p> <p>Objective Data</p> <p>Aversion toward food</p>	<p>One Short Term:</p> <p>Client will eat 50% of a meal throughout the day.</p> <p>One Long Term:</p> <p>Client will be free of nausea with acceptable dietary intake determined by BMI.</p>	<p>Assessing Interventions:</p> <ol style="list-style-type: none"> Client eats at least 50% of meal. Client shows no signs of guarding. Check vital signs and note signs for dehydration. <p>Do/Assisting Interventions:</p> <ol style="list-style-type: none"> Client will be assisted by UAP while eating. Provide diet and snacks of preferred or bland foods when available. <p>Teaching Interventions:</p> <ol style="list-style-type: none"> Advise client to drink liquids 30 minutes before or after meals, instead of with meals. <p>Collaborative Intervention:</p> <ol style="list-style-type: none"> Identify signs (e.g., emesis appears bloody, black, or like coffee grounds; feeling faint) requiring immediate notification of healthcare provider. 	<p>SEE ATTACHED FOR RATIONALES</p>	<p>As a result of a well a balanced diet and an adequate food intake of at least 50% of meals a day, patient has been able to maintain constant and healthy weight in accordance with his suitable BMI.</p>

ASSESSMENT: Significant Client Data	PLANNING: Patient Goal (Based on the patient's S/S) Patient goals have SMART components.	NURSING INTERVENTIONS (Based on the cause of the problem) 1-3 Assessing Interventions 1-3 Doing/Assisting Interventions	RATIONALE FOR INTERVENTIONS (Why am I doing the intervention?)	EVALUATION (What would the patient say/do or what evidence would you find that would verify whether
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NUR151 Nursing Theory and Science I
Care Plan**

<p>Nursing Diagnosis (NANDA): (Patient's Problem)</p> <p>Ineffective airway clearance</p> <p>Etiology (R/T): (Cause of Patient's Problem)</p> <p>Excessive mucus</p> <p>Signs & Symptoms (AMB): (Evidence/proof that the patient has this problem)</p> <p>Subjective Data:</p> <p>Difficulty breathing Chronic cough c light yellow sputum</p> <p>Objective Data</p> <p>Adventitious breath sounds Rales Varied respiratory rate</p>	<p>One Short Term:</p> <p>Patient will maintain oxygen saturation level of 90% or above by the end of shift.</p> <p>One Long Term:</p> <p>Patient will have clear lung sounds, with minimal crackles, upon auscultation and clear sputum when coughing by the time of discharge.</p>	<p>Assessing Interventions:</p> <ol style="list-style-type: none"> 1. Monitor vital signs 2. Do pulse oximetry to check oxygen saturation. 3. Auscultate respirations breath sounds. <p>Do/Assisting Interventions:</p> <ol style="list-style-type: none"> 4. Elevate head of bed and change position of client every 2 hours or as needed. 5. Suction client prn <p>Teaching Interventions:</p> <ol style="list-style-type: none"> 6. Provide information about the necessity of raising and expectorating secretions versus swallowing them. <p>Collaborative Interventions:</p> <ol style="list-style-type: none"> 7. Demonstrate, assist client, SO in performing specific airway clearance techniques (e.g. forced expiratory breathing, respiratory muscle strength training). 	<ol style="list-style-type: none"> 1. Note any changes in respiratory rate to keep from hypoxia. 2. Note oxygen saturation levels to maintain adequate amount of oxygen for maintenance. 3. Indicative of respiratory distress and/or accumulation of secretions. 4. To take advantage of gravity decreasing pressure on the diaphragm and enhancing drainage of/ ventilation to different lung segments. 5. Suction to maintain open airway during rest 6. To report changes in color and amount I the event that medical intervention may be needed to prevent or treat infection. 	<p>The patient met goal to increase oxygen saturation by 90%.</p> <p>The patient has continued to change position while in bed and to facilitate better breathing the head of her bead continues to be elevated. As a result of this, the patient has be able to more effectively rid of sputum and minimize the sound of crackles through auscultation.</p>
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<p>ASSESSMENT: Significant Client Data</p>	<p>PLANNING: Patient Goal (Based on the patient's S/S) Patient goals have SMART components.</p>	<p>NURSING INTERVENTIONS (Based on the cause of the problem) 2-3 Assessing Interventions 2-3 Do/Assisting Interventions 1-2 Teaching Interventions</p>	<p>RATIONALE FOR INTERVENTIONS (Why am I doing the intervention?)</p>	<p>EVALUATION (What would the patient say/do or what evidence would you find that would verify whether</p>
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	Well-written goals are Specific to the patient, Measurable , Attainable , Reasonable/Relevant/Results Oriented , and Time Bound .	1 Collaborating Intervention		the goal was met or unmet?)
Nursing Diagnosis (NANDA): (Patient's Problem)	One Short Term:			
Etiology (R/T): (Cause of Patient's Problem)				
Signs & Symptoms (AMB): (Evidence/proof that the patient has <u>this</u> problem)				
Subjective Data:				
Objective Data	One Long Term:			



Nursing Diagnosis: Impaired Physical Mobility related to Prescribed Movement Restrictions

Rationales for Assessing Interventions

- 1) Since pain is subjective and we cannot perform any kind of test to assess the level of pain in patients, it is very important to make use of the pain scale by asking the patient to rate his/her level of pain. Pain scales come in different patterns varying from numbers to faces. The most used pain scale among adults is the numerical pain scale. The numerical pain scale ranges from 0 to 10 where 0 is no pain and 10 is severe pain. It is very important to explain the patient the level of pain for each number on the scale. If the patient is in pain she will be less likely to participate in ADLs or ambulation. (MedlinePlus, pain diagnosis)
- 2) A well balanced diet with appropriate nutrients will promote a higher activity level. A high protein and a carbohydrate diet will be very critical in the recovery of the patient. The body needs protein for proper repair and maintenance. Carbohydrates are the most important source of energy used in our bodies. (Medline Plus)
- 3) Patients with foley catheters, IV lines and O2 tubing require extra focus to keep these pieces of equipment out of their way while ambulating/moving. When ambulating patient should use the IV line pole for support. (Medline).

Rationales for Doing/Assisting Interventions

- 1) Patients suffering from bronchopneumonia will experience shortness of breath while performing ADLs or when exercising. When performing ROM exercises with the patient it is very important to take rest periods to decrease the chance of patient overexerting herself. (Medline Plus, Pneumonia, 10/04/2011).
- 2) Any break in the skin allows for the entry of bacteria causing an infection that could be life threatening. Taking pressure off bony prominences is a primary concern for patients who are bedridden and repositioning the patient at a 30 degree tilt shifts the pressure onto soft tissue which are less likely to sustain damage (Bale 2011).
- 3) Falls can lead to longer hospital stays and drive up the cost of medicine. Physical environments are estimated to cause falls 44% of the time, making the need for a fall risk assessment or use of fall risk factors necessary for a safe environment (bed rails, bed height and alarm, IVs, Catheters, footwear, flooring) (Hignet 2006).

Rationale for Teaching interventions

- 1) Proper use of an assistive device such as a cane, walker or crutches improves a patient's balance, provides a base of support for the patient and increases their independence and activity levels. Most often patients are not instructed on how to properly use these assistive devices and the aid is not as optimal. It is important that clinicians assess a patient's height for proper adjustment of the assistive device, assess their strong and weak sides and also guide the patient on how to use the device then observe the patient performing the action (Bradley 2011).

Rationale for Collaborating intervention

- 1) It is necessary for nurses to collaborate with Physicians, Physical Therapists and Occupational Therapists in order to see that the patient's needs are fully met, there is not one discipline or position that can meet all of the patient's needs. Sharing goals, responsibility, problem solving, and working together are things that involve collaboration (Ellingson 2002).



**Phoenix College
NUR151 Nursing Theory and Science I
Care Plan**

Nursing Diagnosis: Nausea related to Pharmaceuticals

Rationales for Assessing Interventions

1. Maintain adequate weight according to the BMI. Although there is no relation between a low BMI and mortality, there is a high prevalence in chronic diseases in the elderly population that fall below their adequate BMI (Weight Loss and Mortality-Separating cause and effect, Journal of Internal Medicine).
2. To identify any abdominal pain or pre nausea defining characteristics. A distended abdomen could be from hypomotility and is a common risk for nausea and vomiting (Managing Nausea and Vomiting- Current Strategies, Garrett).
3. Nausea may occur in the presence of hypotension and fluid deficit which will consequently lead to fluid and electrolyte imbalance ((Managing Nausea and Vomiting- Current Strategies, Garrett).

Rationales for Doing/Assisting Interventions

1. To encourage patient to maintain proper nourishment despite nauseating sensation. The pharmaceuticals patient is taking has an effect on her nauseating feeling. "Morphine and paracetamol may lessen appetite and/or cause nausea..." ("I'm just not interested in eating...", 2006).
2. To reduce gastric acidity and improve nutrient intake by "eating bland foods such as dry toast or crackers and drinking carbonated beverages such as ginger ale" (Managing Nausea and Vomiting- Current Strategies, Garrett).

Rationale for Teaching interventions

1. Resorting to a non-pharmaceuticals therapy could enhance patients interest to be active I her own health care. A common alleviator of nausea is ginger. "Ginger has a long history of use as a home remedy against nausea, including nausea caused by drugs" (Clinical Uses of Zingiber officinale, 2009).

Rationale for Collaborating intervention

1. Timely recognition and intervention may limit severity of complications. Recognizing the initial onset of these signs is crucial for the reason that it is "easier to prevent signs and symptoms than to control them" (Managing Nausea and Vomiting- Current Strategies, Garrett).

Running Head: AGING

Aging: The Changes of the Body

Aging: The Changes of the Body

Caring for a patient with respiratory problems can be difficult and the care needed can become very complicated and critical for positive outcomes. The National Institute of Health and Clinical Excellence (NICE) (2007) has suggested that the aging population, increased complexity of medical interventions and shorter length of hospital inpatient stays have meant that patients in hospital are at an increased risk of becoming ill. (Higginson, R., & Jones, B, 2009, p. 456) Critical illnesses can often be prevented when professionals are able to appropriately assess, identify problems, and plan the most effective interventions possible. One of the most critical assessments that need to be done in order to plan care successfully is assessing the airway of these critical ill patients with respiratory problems.

Advanced life support protocols (RCUK, 2007) state that the aims of the initial assessment of the critically ill patient are to: Stabilize the patient Identify and treat life-threatening conditions. There are many triage, assessment and survey models one can use when assessing critically ill patients all of which follow the similar pattern of ABCDE: A: airway assessment – is the airway clear or is there any sign of obstruction? B: breathing and ventilation assessment – is there appropriate rise and fall of the chest and is breathing adequate with consideration given to lungs, chest wall, and diaphragm? C: circulation – is the circulation sufficient to meet the needs of the patient (checked by assessing for blood pressure, blood loss and heart rate)? D: disability – neurological status. Is the neurological status of the patient intact (assess the patient's level of consciousness, using the Glasgow Coma Scale, AVPU scale (Alert, Voice, Pain, Unresponsive), pupil size, symmetry and reaction)? E: exposure/environmental

control – are there any other problems/injuries that may be affecting the patient's overall condition? (p.456)

Monitoring and constantly checking airway, vital signs, ability to speak, general distress, color of the patient's skin, amount of work needed to expand chest, chest expansion and auscultation are very critical when monitoring respiratory problems. One of the definitive ways to confirm respiratory failure is by analyzing the arterial blood gases. It is very important to check that levels are within range. Another useful diagnostic tool that can be useful in emergency situations acute dyspnea patients is obtaining a blood specimen to evaluate plasma BNP and NT-proBNP. These levels can determine if respiratory distress is a cause of heart failure; identify the correct underlying problem is crucial to provide the best care. Once diagnosis of respiratory problems is confirmed physicians may prescribe a variety of treatments or medications. For respiratory problems the best delivery of medications is inhalation; therefore use of many drug therapies such as multidose pressurised inhalers, breath-actuated inhalers and dry powder inhalers are needed. Nebulisation is an important and common method of delivering drugs to the airways, and it is vital that nurses caring for patients receiving nebulizer therapy understand the advantages and limitations of nebulizers. (Kelly, C., & Lynes, D. (2011) p. 50) Nebulizers are used to convert a liquid medication into a fine aerosol that can be easily inhaled using either an air-jet nebulizer or an ultrasonic nebulizer. An air-jet nebulizer works using an electric compressor or an air cylinder. An ultrasonic nebulizer is powered by ultrasonically vibrating crystals that produce aerosol particles. The crucial practice of using nebulizers is choosing the correct nebulizer chamber with the correct type of compressor because using nebulizers with incorrect compressors will not administer the medication adequately. Nebulizers can be useful when the patient is unable to use other devices, perhaps as a result of severe illness or poor

manual dexterity (BTS 1997).Administering nebulizers can also require less time from carers in contrast to handheld devices. For example during an acute exacerbation or when treating young children or older people (BTS and SIGN 2009, NICE 2010). (Kelly, C., & Lynes, D. (2011) p. 52) The journal of Kelly, C. and Lynes, D. writes some teaching guidelines to follow to ensure best practice.

It is imperative that any patient receiving nebulised therapy is given adequate support and instruction on the use, cleaning and maintenance of nebulisers and compressors. Practical advice such as information on travelling with a nebuliser can be useful for patients wishing to maintain mobility and independence. Nurses have an important role in educating patients on disease management and medication, often helping them to choose a suitable device. It is essential that any decisions the patient makes are informed fully.

With aging comes many complications that can worsen if they are not cared for in the correct manner. With aging everything slows down, the absorption of fats, carbohydrate, vitamin, mineral and calcium decrease. The abdominal muscles weaken and the intestinal motility and peristalsis decrease. Constipation becomes very common among older adults and this can result from many factors such as: mobility, medication, dehydration, poor diet, and minimum fiber intake. Many organs decrease in function and this can lead to other complications. Nursing assessment can be a complicated process when assessing older adults because they may have vague symptoms and multiple co-existing chronic illnesses. Common problems with older adults include: lower GI bleeds, appendicitis, and acute abdomen. The following are guidelines that help address any problems with the GI tract:

Monitor his bowel sounds, which should be normally active. Increased bowel sounds may indicate diarrhea or early intestinal obstruction. Decreased or absent bowel sounds may indicate bowel obstruction, peritonitis, or adynamic ileus. Ask him about his bowel movements. If he says he's constipated or has diarrhea, ask him what that means to him. If he's constipated, assess the medications he's taking to see if one of them might be the culprit. Encourage him to eat high-fiber foods and drink plenty of noncaffeinated, nonalcoholic fluids, unless contraindicated. Encourage him to walk and to remain as physically active as possible. You may need to get a physical therapy referral for him. Monitor his fluids and electrolytes closely. Watch for signs of a ventral hernia, such as a localized bulge in the abdominal wall. Inform the health care provider if you suspect a hernia. Closely monitor liver function tests. Inform the health care provider of any abnormalities in case medications need to be adjusted.

Like mentioned before, aging brings many health changes and it is also to assess the GU system in an aging adult. There are many complications that occur in the urinary system of an aging adult and the most common is urinary tract infection related to indwelling catheters. It is really important to avoid using catheter placement when it is not really necessary when a patient is having trouble urinating it is important to use a bladder scanner. Research studies have shown that bladder scanners are an accurate, noninvasive method of assessing bladder volume, suggesting that the use of a bladder scanner may reduce the number of catheterizations and, subsequently, UTIs. (Boyer, D. (n.d). p.10) The bladder scanner can useful in determining if there is a need to place a urinary indwelling catheter if a high volume of urine is being retained. Some acceptable reasons to place a urinary catheter are: urinary flow obstruction, neurogenic

bladder, urologic studies, decubitus ulcers, hospice, hypoxia, emergency surgery, hip fractures, intubated patient, unconscious patients, or for exact urine input monitoring. Some reasons to avoid placing indwelling catheters are: incontinence, morbid obesity, dementia, confusion, nursing convenience, and urine specimen collection. If is necessary to use an indwelling catheter is crucial to remember to always use sterile technique when placing Foley catheters.

Diagnosis (NANDA's) for pneumonia:

1. Activity intolerance
2. Ineffective breathing pattern
3. Acute pain related to inflammation

3 physical and 1 psychosocial risks for complications associated with pneumonia:

1. Pleurisy: the inflammation of the pleura
2. Atelectasis: collapsed alveoli
3. Pleural effusion: fluid in the pleural space
4. Isolation: deficit knowledge can lead to a person to isolate for fear of contamination

References

- Bal, L., Thierry, S., Brocas, E., Van de Louw, A., Pottecher, J., Hours, S., & ... Tenailon, A. (2006). B-type natriuretic peptide (BNP) and N-terminal-proBNP for heart failure diagnosis in shock or acute respiratory distress. *Acta Anaesthesiologica Scandinavica*, 50(3), 340-347.
- Boyer, D. (n.d). Implementation of an Evidence-Based Bladder Scanner Protocol.[Miscellaneous Article]. *Journal Of Nursing Care Quality*, 24(1), 10-16.
- Foley catheter project: avoiding unnecessary foley catheter placement in the emergency department. (2011). *ED Management*, 1.
- Higginson, R., & Jones, B. (2009). Respiratory assessment in critically ill patients: airway and breathing. *British Journal Of Nursing (Mark Allen Publishing)*, 18(8), 456
- Kelly, C., & Lynes, D. (2011). Best practice in the provision of nebuliser therapy. *Nursing Standard*, 25(31), 50-56.



NUR151
Nursing Theory and Science I
Section: 12664
Fall 2011

Lecture on Wednesday	Room: C-102	Time: 0900 - 1330
Lab on Monday/Tuesday	Room: N Bldg/C117 & 120	Time: 0800 – 1400
Clinical on Mon/Tues/Thurs/Friday		Time: 0630 – 1630

Required Textbooks:

Elsevier Package Includes (ISBN 978-0-323-052344):

Varcarolis & Halter (2010). *Psychiatric Mental Health Nursing* (6th ed) St Louis: Saunders/Elsevier

Lilley, Rainforth Collins, Harrington, Snyder (2011). *Pharmacology and the Nursing Process*, (6th ed.), St Louis: Mosby/Elsevier

Lilley, Rainforth Collins, Harrington, Snyder (2011). *Study Guide for Pharmacology and the Nursing Process*, (6th ed.), St Louis: Mosby/Elsevier

Potter & Perry (2009), Fundamentals, 7th Ed, Elsevier/Mosby

Mosby's Nursing Video Skills Basic, Intermediate, & Advanced DVD: Student Version 3.0

Lewis, Heitkemper, Dirksen, O'Brien, Bucher (2011), Medical-Surgical Nursing Assessment and Management of Clinical Problems, 8th Ed, Phil: Mosby

Evolve Case Studies \$55 ISBN #9781416060062

Additional Required Textbooks

Luz Martinez de Castillo, Sandra & Werner-McCullough, Maryanne, Calculating Drug Dosages, 2nd Ed

F.A. Davis Taber's Cyclopedic Medical Dictionary, 21st Ed

Deglin, J. & Vallerand, A. (2010). Davis Drug Guide for Nurses 12th Ed, Philadelphia: F. A. Davis

Van Leeuwen, Kranpitz, & Smith (2006), Laboratory and Diagnostic Tests with Nursing Implications, 3rd Ed, Phil: F.A. Davis

Recommended

Silvestri, L. (2008). Saunders Comprehensive Review for the NCLEX-RN Examination, 4th Ed, Phil: W. B. Saunders

Potter & Perry, Clinical Companion for Fundamentals of Nursing, 7th Ed, Saunders

Suggested



Doenges, M., Moorhouse, M., & Murr, A. (2010). Nurses pocket guide: Diagnoses, prioritized interventions and rationales. 12th ed. Philadelphia: F. A. Davis Co.

NUR151 Nursing Theory and Science I is a theory and clinical course. A total of 10 course credits are awarded for successful completion of the course competencies. The course consists of a minimum of 75 clock hours for the theory section and a minimum of 225 clock hours for the clinical laboratory portion.

Course Description:

Introduction to fundamentals of nursing theory and practice utilizing critical thinking based on the nursing process and principles of evidence based practice. Focus on meeting basic human needs within the wellness/illness continuum. Theoretical concepts related to holistic care of well, geriatric, and adult clients. Provides safe nursing care to clients with selected alterations in health. Introduction to professional nursing practice. Applies concepts of health promotion, disease/illness prevention. Provides care based upon integration of pathophysiology, nutrition, communication and physical, biological, and psycho-social sciences. Uses information technology in performing and evaluating client care.

Course Competencies:

1. Explain concepts of basic and therapeutic communication in the nurse-client relationship.
2. Demonstrate caring behaviors using therapeutic communication skills and techniques.
3. Identify nursing strategies that promote a therapeutic environment.
4. Identify caring behaviors for adult and geriatric clients.
5. Describe nursing process relevant to care of adult and geriatric clients with selected alterations in health.
6. Identify basic critical thinking skills and problem-solving to provide holistic nursing care to clients with alteration in health.
7. Describe normal and abnormal assessment data related to care of clients with selected health alterations.
8. Evaluate effects of nursing interventions during client care.
9. Describe the role of Evidence-Based Practice (EBP) in professional nursing practice.
10. Apply basic health promotion, disease/illness prevention, and health restoration strategies for adult and geriatric clients.
11. Demonstrate ability to implement a teaching plan for clients and families.
12. Describe nursing interventions that provide basic care and comfort measures.
13. Describe pathophysiologic processes involved in selected health alterations.
14. Describe types, classifications, pharmacokinetics, and pharmacodynamic properties of selected drugs.
15. Apply principles of safe medication administration for adult and geriatric clients.
16. Calculate medication dosages safely and accurately.
17. Describe developmental theories and learning needs across the lifespan as related to adults and elderly clients.
18. Identify nutritional concepts that support wellness and nutritional needs.
19. Explain concepts of the wellness to illness continuum as it applies to client care.
20. Apply effective elements of the plan of care for adult and geriatric clients to meet holistic needs.
21. Apply elements of technology and information management to practice to include documentation, use of online databases, web-based enhancements, and library resources.
22. Document client findings and conditions through recording and reporting.
23. Apply the nursing program philosophy using the core values when providing client care.
24. Describe the role of the nurse as a member of the healthcare team.
25. Provide client care within the legal and ethical guidelines of professional nursing practice.
26. Apply the Standard of Care to safeguard client health and well-being.
27. Describe behaviors in accordance with standards of practice of the registered nurse.
28. Perform selected clinical skills/procedures for clients within the guidelines of professional practice.



29. Provide safe and competent care to clients within the scope of professional nursing practice.
30. Describe the role of the nurse in emergency preparedness plans.

Grading: In order to receive a passing grade in Nursing Theory and Science I the student must:

- **Achieve at least 76.0% of total possible proctored exam points (171 of 225 total possible points). No rounding will occur with the calculation of the final grade to achieve a passing score of 76.0%.**
- Obtain a passing score or satisfactory rating on each laboratory practicum
- Consistently function at “Satisfactory” level for each of the clinical competencies on the evaluation form. The final formative evaluation may not contain any Needs Improvement “I” or Unsatisfactory “U” ratings.

Final grades will be awarded only after the lead course instructors receive the following documents:

- Formative/Summative Evaluation Tool - all rotations
- Clinical Nursing Skills List - make copy for your portfolio

Grading Scale: The Nursing Program uses the following grading scale:

92 -100% =A	point range 276-300
84 - 91% = B	point range 252-275
76 - 83% = C	point range 228-251
68 - 75% = D	point range 204-227
67% and below = F	203

Nursing Science Final Clinical Grade

Satisfactory on all clinical competencies = “Pass”

Needs Improvement “I” / Unsatisfactory “U” on any clinical competency = “Fail”

Quizzes/Exams:

Course exams are given **during class time** and may cover any lecture or reading material listed as assignments. All block I content is testable, **including lab content**.

- Testing begins promptly at the beginning of class time and exams will be timed. **Students arriving late must complete their exam in the time remaining.**
- Students are not permitted to leave the room and reenter during testing.
- Students absent on the day of an exam will be responsible for scheduling and completing the test within 5 school days of the original exam date. The student must call before the exam to schedule a makeup exam. Only one exam may be made up and make-up tests may be in an alternative format, including essay.
- Quiz review policy: Quizzes will be reviewed at the end of class with **no discussion allowed**. Students are not allowed to record, take notes, or take pictures during quiz review. Students who do not comply with quiz review policy may be subject to academic dishonesty policy discipline including probation and/or dismissal from the nursing program.
- If you have questions regarding exam content, please review your text. If you do not understand a concept after reviewing your text, you may make an appointment with your instructor to discuss the content so that we can assure your understanding.
- **Quizzes/Exams may be available for review for one week after the test date. You will only be permitted to view each exam once. Exams will *only* be available for review for one week after the original exam date!**
- **Final exams are not available for review.**
- **Nursing courses are not graded on a curve; grades are earned without regard to the scores of other students.**
- **In-Class and Pop quizzes:** Students are required to prepare for class. In-class quizzes may be administered on any given lecture day and may be either scheduled or pop quizzes. In-class quiz points will count toward the 225 total quiz points.



Calculation of Final Grade:

Once the student meets the course requirements, the course grade is determined by the following criteria:

Total Points Possible: To be determined by course instructor (see point samples below)

Course Requirements for Grade Calculations	Required Weighting	Points
Proctored Unit Quizzes/Exams		135
Proctored Block Exit Exam: Evolve Reach/HESI Score is based on <i>conversion score points</i> —found in top left corner of the exam printout	5%	15
Proctored Comprehensive Theory and Clinical Final Exam		75
Weight of Total Proctored Points	75%	225
Oral Presentations		10
Written Assignments		15
Learning Activities/Outside Assignments		25
Lab Practicum		25
Weight of Total Non-Proctored Points	25%	75
Total Points for NUR151	100%	300 total

***Evolve Reach/HESI conversion points are calculated as follows:**

Multiply the Evolve Reach/HESI *conversion score* by the points allocated in the grid.
 The *conversion score* is found on the top left corner of the printout of the Evolve Reach/HESI test.

EX: 86.4 (conversion score) x 0.15 (15 points in the grid divided by 100) = 12.96 (round to 13)

Standard rounding rules apply.

Course Requirements for Clinical Performance	Grade
Consistently function at “Satisfactory” (S) level for each of the clinical competencies on the evaluation form.	S

Teaching Methods:

Any or all of the following teaching methods may be used in this class:

- Lecture
- Videos and computer-assisted learning
- Case Studies
- Instructor-led demonstrations and student lab practice
- Small and large group discussion
- Cooperative group learning
- Student group projects and oral presentations
- Written assignments including Client Care Plan
- Independent reading and study



- Clinical agency assignments
- Web-enhanced/Hybrid Learning Content

A portion of your required coursework as well as many optional references and activities will be available on BlackBoard, the online course management system. Please note that you are responsible for reading and understanding the required online content that is provided. If there are questions regarding this content, it is the responsibility of the student to contact the instructor for clarification. Students must be aware that reliable web access is needed either at home, in a library setting, or at the college.

Web-enhanced/Hybrid Learning is defined as:

- A blending of face-to-face content with online facilitation/instruction.
- Completing a portion of your coursework, learning and instruction in person (classroom) and completing a portion independently online.
- A teaching modality designed for highly motivated, self-disciplined, technology-literate students.

Assignment Policy:

All assignments are to be submitted in hard-copy form on the due date, unless otherwise indicated. Assignments submitted early (prior to the due date) will be accepted only via email attachment. Assignment due dates are non-negotiable. Assignments submitted after the due date will be subject to a reduction in points and/or 0 points awarded.

Practicum Policy

- Practicum points are earned through passing each skills test with a 76%.
 - Students must pass the medication skills test/practicum in the lab prior to administering medications in the clinical setting.
 - Remediation of skills practicum is permitted 3 times only. Remediation policy is as follows:
 - Remediation 1: The student must pass the skill/practicum with 76%; however, the points earned will be the original score from the first attempt.
 - Remediation 2: The student must pass the skill/practicum with 76%; however, the points earned will be 0 points. The second remediation may be observed by 2 instructors and may be recorded.
 - Remediation 3: The student must pass the skill/practicum with 76%; however, the points earned will be 0 points. The third remediation will be observed by 2 instructors and will be recorded.
- Failure on 3rd remediation will mean failure of Block I

Attendance Guidelines

1. Students must be registered for the class in order to attend.
2. It is responsibility of the student to notify the Office of Admissions and Records for withdrawals to discontinue studies in a course or at the college.
3. Students will be held to Maricopa Community College District (MCCD) policies and procedures related to attendance (see College Catalog, AR 2.3.2). "Attendance requirements are determined by the course instructor. Students who do not meet the attendance requirement as determined by the course instructor may be withdrawn." "Students who fail to attend the first scheduled class meeting, or who fail to contact the instructor regarding absence before the first scheduled class meeting may, at the option of the instructor, be withdrawn."



4. Nursing classes prepare students for safe patient care and faculty expect students to attend each class, laboratory, and clinical session to develop the theoretical and practice components of the professional nursing role. It is the responsibility of the student to notify the instructor prior to an absence. Laboratory and clinical hours are often not possible to make-up and students must not expect make-up time to be available. When an absence results in the inability of the student to develop and demonstrate clinical practice objectives and meet the required hours of the course necessary for credit, the student cannot receive a passing grade.
5. In the event that an absence is necessary for serious illness of the student or family member, the absence policy of the nursing program includes:
 - a. Theory/didactic sections: Students are expected to attend all classes necessary to meet criteria of the course. If an absence occurs, the student is responsible to obtain class notes and assignments. Students may not arrive late or leave early as these behaviors disrupt the learning environment. A faculty member has the right to deny entrance to the class if students arrive after the start of class and initiate disciplinary actions for students leaving class early.
 - b. Practice Laboratory Sessions: Students must attend all laboratory sessions. Makeup time for skills taught in lab may not be possible. Students will be graded on successful demonstration of skills and procedures learned in the laboratory session and must review skills prior to patient care. All students are encouraged to spend time in the nursing practice laboratory in addition to the scheduled time to gain experience in nursing skills and procedures required for safe patient care. **All Clinical absence and tardy policies apply to the Practice Laboratory Sessions.** It is imperative that students notify the lab instructor(s) prior to any absence from lab.
 - c. Clinical Sessions: Students are expected to attend all clinical sessions necessary to meet the objectives and hour requirements of the course.
 - 1) Clinical hours include pre-clinical laboratory practice, pre- and post-conferences, all scheduled clinical days, alternative clinical learning activities, and simulation.
 - 2) All students must attend the agency specific orientation prior to all clinical rotations. Any student absent on a day of orientation may not continue in the rotation.
 - 3) Students are not permitted to arrive on the nursing unit late or leave early during scheduled clinical hours. The student **must** notify the clinical instructor if he/she will be late. Late arrival to clinical beyond 15 minutes may result in being counted as an absence for the day.
 - 4) Clinical experiences scheduled in psychiatric/mental health, obstetrical, and pediatric rotations are assigned to meet the minimum course requirements.
 - 5) In case of serious illness or emergency situations, a student may find an absence unavoidable. When an absence occurs, the student **must** notify the clinical instructor in advance of the clinical hours. Any absence can jeopardize successful achievement of course competencies. Consequences of any absences will be determined at the time of the clinical evaluation.
 - 6) The nursing program does not provide “make-up” clinical hours.
 - d. **Required Attendance for Additional Days**
 - 1) Attendance will be required for one additional Campus Wellness Day to be held on 2 selected Mondays and one Thursday. Students will be given the opportunity to sign up for the Campus Wellness Days in advance.

6. Tardy Policy:

- Professional behavior includes being on time for all scheduled class periods including lecture, lab and clinical.
- Tardiness in lab and clinical will result in a student conference.
- Tardiness policy will follow computer time or satellite time (cell phone used in clinical).



- One minute late constitutes a tardy.
- Three tardies constitute one absence.
- More than one absence or more than three tardies will result in disciplinary action and possibly dismissal from the program.

Health and Safety Requirements: Students must be in compliance with the Health and Safety Requirements as a condition of enrollment in nursing courses. All requirements must be current throughout the block of enrollment.

Standards of Professional Conduct (Nursing Student Handbook): The nursing faculty believes that standards of professional conduct are an inherent part of professional socialization and expect students enrolled in the nursing program to adhere to the standards. All students are expected to follow the “Standards of Professional Conduct” described in the Student Handbook.

Unsafe or unethical clinical conduct will not be tolerated and may result in dismissal from the program according to guidelines in the Nursing Program Student Handbook and/or College Catalog.

Academic Protocol:

Adult behavior and professional demeanor is expected at all times, in all settings. Dishonesty will not be tolerated. This includes cheating on tests, copying partial or full assignments, plagiarizing from published sources, or allowing others to copy from you. All assignments are individual work unless specifically noted by the instructor to be a group assignment. Disciplinary action will be taken and may include permanent dismissal from the nursing program.

Disruptive Behavior:

Disruptive behavior includes any activity that interferes with or creates a negative or dangerous learning environment. This includes talking in side-conversations during lecture and any behaviors disrupting the learning of other students. Cell phones and pagers must not be audible while in class, nursing practice laboratory, or clinical setting. Wait for a break to make or return calls and text messages.

Health Insurance Portability & Accountability Act (HIPAA):

All verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/or course. All students are required to complete a HIPAA tutorial each semester of the nursing program, either according to the orientation requirements of the clinical agency or on-line at www.nursing.maricopa.edu.

Disabled Resource Services: If you have or think you have a disability, including a learning disability, please make an appointment with an advisor at disability resources as soon as possible. They can assist you with appropriate accommodations for you in your classes.

Netiquette

Be professional at all times. You are preparing yourself to be a career professional. Remember this as you communicate online.

Be considerate. The sending of spam mail to fellow classmates or instructors is not allowed.

Be respectful of other people. Everyone is entitled to his or her own opinion.

Be calm. If you are upset or frustrated, keep this out of your communications with your fellow students or instructors. An angry or sarcastic comment does little to win respect or cooperation. Think about what you are



going to say in an unemotional, professional manner. Provide adequate information when asking for help or assistance from your instructors or classmates.

Humor and sarcasm. Because there are no visual cues in distance education, humor and sarcasm are impossible to discern. Be very careful when interjecting humor and refrain from using any remarks that are sarcastic in nature.

Harassment and other offensive behavior. The online learning environment is no place to harass, threaten, or embarrass others. Comments that can be viewed, as offensive, sexist, or racially motivated will not be tolerated. It is never appropriate to put anyone down because of his or her age, race, religion, color, sex, or sexual preference.

Offensive material. Students may not post, transmit, promote, or distribute content that is racially, religiously, or ethnically offensive or is harmful, abusive, vulgar, sexually explicit, otherwise potentially offensive.

Copyrights and intellectual property. Students may not post, transmit, promote, or distribute content that know or could reasonably be expected to know is illegal, or content that violates copyright or other protected intellectual property rights.

Capital letters and bolding. In written communication, the use of capital letters and/or bolding is used for emphasis. In much of the corporate world, writing in all caps is considered yelling. Yelling is not tolerated in a residential classroom and, therefore, is not acceptable in any online communications with students.

Visitors: No unregistered persons, including children (and pets), are permitted in class.

Nursing faculty reserves the right to make alterations to the syllabus. Nursing faculty will provide sufficient notification to students of any syllabus revisions.

Remember, this is a Hybrid course. You must check into the course (on Blackboard) on a regular basis, preferably daily. You are responsible to be aware of any course announcements, postings, emails, and changes. Check the course announcements, course schedule, and email for posted changes.

NUR151 Schedule

Please refer to the schedules tab in your Blackboard classroom for detailed information on:

- Module content outlines in the Module Template
- Assignment Schedule
- Lab Schedule
- Clinical Schedule

Syllabus and course outline subject to change based on student needs as assessed by the school of nursing faculty. Students will be notified of all syllabus revisions.

A complete schedule appears below. This schedule includes: lecture topics, lab topics, lecture and lab preparation, quizzes, assignments, and all activities for each week. You are encouraged to organize this information in a format that works for you. You may want to transfer information to a paper or electronic calendar. Do whatever is necessary to assume responsibility for your learning! Congratulations on your admission to the nursing program.



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
Week 1 August 21 - 27 Cook-Tidwell Module 1	<p>Module 1</p> <ol style="list-style-type: none"> 1. Discuss the historical development of the profession of Nursing 2. Identify the core values of the nursing program as outlined by the Maricopa Community Colleges 3. Describe nursing behaviors that enhance nurse-client, and professional-work relationships 4. Identify legal, ethical, and professional concepts related to the nursing profession 	<p>Module 1 Fundamental Standards of Professionalism</p>	<p>Reading Assignment</p> <p>Potter and Perry: Chapters 1,2,22,23,24 Lewis: Chapter 1</p>	<p>OSS110 Willo Room on August 23</p> <p>Lab Preparation for August 23</p> <ul style="list-style-type: none"> • Perry & Potter (P & P): pp 216, 352-356, 683 • 843 (Electric safety) • 839 - 840 (Fire safety) <p>Lewis: pp 155-156, 637 (Advance directives)</p> <p>P & P: pp 332-333, Informed Consent P & P: pp 328-329, (Advanced Directives & confidentiality)</p>
Nelson (Module 2)	<p>Module 2</p> <ol style="list-style-type: none"> 1. Identify the components of critical thinking in the nursing process 2. Discuss the concepts of the nursing process 3. Develop a plan of care for an adult/geriatric client 	<p>Module 2</p> <p>Basic Elements in Nursing Practice</p> <p>Introduction to the Nursing Process: Assessment, Data, Diagnosis, Planning,</p>	<p>Module 2</p> <p>Reading Assignments: Potter & Perry Chapters 16 - 20; 24 Lewis 8th ed. Chapter 1 pages 10-16</p>	<p>Lab Topics August 23</p> <p>Introduction to Lab Policies: Attendance, rules, Equipment, set-up, clean-up, Corsey bags, contact information, Pink slips, Skills list, Uniforms Therapeutic communication Fire, electrical, disaster safety plan</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
		Implementation, Evaluation <div style="background-color: yellow; text-align: center; padding: 5px;">See Module 3 Below</div>		OSHA Workplace standards First aid, body fluid exposure protocol Informed consent Advanced directives Confidentiality AZ Nurse Practice Act Professional Boundaries EMTALA
Week 2 August 28- Sept 3 Cook-Tidwell Modules 3 & 16 will be covered in Week 2 & Week 3	Module 3 1. Identify the principles of safe nursing care of the adult client. 2. Describe the principles of asepsis and infection control. 3. Demonstrate safe nursing practice including accident and error prevention 4. Identify sensory	Module 3 Basic Standards of Safe Practice in Client Care Sensory Deficits: Vision & Hearing Cataracts, glaucoma, macular degeneration Basic Principles of Pharmacodynamics and	Reading Assignments Module 3 Potter and Perry: chapters 34, 35, 38, pp 687-695, 1103-1104, 1389 Lilley Chapters 1-4, 6, 7	<div style="background-color: yellow; text-align: center; padding: 5px;">Lab Preparation for Aug 29</div> P & P: pp 820, Table 38-1; 829-830 (Fall risk) P & P pp_1103 - 1104 (Aspiration Precautions) P & P pp. 326 - 327; 386 (The Joint Commission) P & P pp. 654 - 667 (PPE, infection control, standard precautions hand



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
	<p>perception alterations in the adult/geriatric client</p> <p>5. Identify pharmacokinetic and pharmacodynamic principles related to the adult/geriatric client</p> <p>Module 16</p> <ol style="list-style-type: none"> 1. Identify elements of basic nursing research methods and how it applies to Evidenced Based Practice 2. Describe the elements of a client record and legal parameters 3. Describe guidelines for effective reporting, communication, and documentation 4. Describe the various uses of technology in the nursing profession 	<p>Pharmacokinetics</p> <p>Module 16</p> <p>Essential Elements of Technology and Information Management in Nursing</p> <ul style="list-style-type: none"> ○ Library Resources ○ Evidence Based Practice (EBP) ○ Clinical elements of technology in nursing ○ Electronic Medical Record ○ Computer literacy ○ Information literacy ○ Introduction of computerized testing ○ Scholarly Online/Web based data bases ○ Documentation/charting/reporting <ul style="list-style-type: none"> ▪ Narrative Notes ▪ DAR ▪ SOAP ▪ MAR ▪ Flow Sheets ▪ SBAR 	<p>Module 16</p> <p>Reading assignment: Potter and Perry chapters: 5,23,26</p>	<p>hygiene)</p> <p>Basic Video Skills: Basic Infection Control</p> <p>P & P pp. 564 - 566 (hgt & wgt)</p> <p>P & P Chapter 32 (Vital Signs)</p> <p>Basic Video Skills: Vital Signs</p> <p>Lab Topics for Aug 29</p> <p>TJC: Sentinel Events National patient safety goals & Incident reports</p> <p>Fall Risk: assessment & interventions</p> <p>Patient Identification</p> <p>Aspiration Precautions</p> <p>Standard Precautions</p> <p>Hand hygiene</p> <p>Infection control</p> <p>PPE</p> <p>Medical/surgical asepsis</p> <p>Health assessment: height and weight</p> <p>Vital signs: BP, Pulse, Respirations, Temperature, Pulse Oximetry</p> <p>Lab Preparation Aug 30</p> <ul style="list-style-type: none"> • P & P: pp 866-904 (bed bath, hygiene), 1162-1163 (catheter care), 1195-1196 (Bedpan), 1151 (urinal), 897-904 (Bed-making) • <u>Basic Video Skills</u> <ul style="list-style-type: none"> ○ Bathing ○ Personal Hygiene & Grooming ○ Elimination Assistance (Urinal & bedpan) ○ Bed making • P & P pp. 693, table 35-4, pp 701, table 35-8 (Abbreviations) <p>Luz Martinez de Castillo &</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
				<p>Werner-McCullough Note to students: You will be working on drug calculations all semester. For this lab day, begin with the assignment in Red font. Refer to these topics all throughout the semester.</p> <ul style="list-style-type: none"> • Interactive CD: Basic Math Review; Methods of Calculation; Systems of Measurement; Reading Medication Labels; Administration of Oral Medications/Calculations of oral drugs. • Student Workbook: Math Review pp. 1 - 9; Methods of Calculations pp. 10 - 15; Systems of Measurement pp. 16 - 22; Reading Medication Labels pp. 33 - 39; Oral Medications pp. 40 - 46. <p>Lab Topics for Aug 30 Personal care and Hygiene Bed Bath, Oral care, peri-care, back care/massage/relaxation, foot care, nail care, hair care, shaving Catheter care Toileting (bedpan urinal briefs) Delegation Bed making: occupied & unoccupied Introduction to Medication Calculations Systems of Measurement with conversions Methods for calculations Abbreviations Delegation</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
<p>Week 3 Sept 4 - Sept 12 Cook-Tidwell</p> <p>No Class on Monday, Sept 5 for the Labor Day Holiday</p>	<p>Module 3 1. Identify the principles of safe nursing care of the adult client. 2. Describe the principles of asepsis and infection control. 3. Demonstrate safe nursing practice including accident and error prevention 4. Identify sensory perception alterations in the adult/geriatric client 5. Identify pharmacokinetic and pharmacodynamic principles related to the adult/geriatric client</p> <p>Module 16 1. Identify elements of basic nursing research methods and how it applies to Evidenced Based Practice 2. Describe the elements of a client record and legal parameters 3. Describe guidelines for effective reporting, communication, and documentation 4. Describe the various uses of technology in the nursing profession</p>	<p>Module 3 Basic Standards of Safe Practice in Client Care Sensory Deficits: Vision & Hearing Cataracts, glaucoma, macular degeneration Basic Principles of Pharmacodynamics and Pharmacokinetics</p> <p>Module 16 Essential Elements of Technology and Information Management in Nursing</p> <ul style="list-style-type: none"> ○ Library Resources ○ Evidence Based Practice (EBP) ○ Clinical elements of technology in nursing ○ Electronic Medical Record ○ Computer literacy ○ Information literacy ○ Introduction of computerized testing ○ Scholarly Online/Web based data bases ○ Documentation/charting/reporting <ul style="list-style-type: none"> ▪ Narrative Notes ▪ DAR ▪ SOAP ▪ MAR ▪ Flow Sheets ▪ SBAR 	<p>See Week 2 above for the Modules 3 & 16 reading assignments. No new reading assignment for this week.</p>	<p>Lab Preparation Sept 6</p> <ul style="list-style-type: none"> • P & P: Ch. 37 pp. 793 - 808 (body mechanics, ambulation/exercise, assistive devices) • 329 (Restraints) • 829-840 (Restraints, Client safety) • 787 - 791; 1260 - 1274 (Safe Transfers), pp. 1230-1236 (ROM), 1251-1260 (Turning & positioning) • <u>Basic Video Skills</u> <ul style="list-style-type: none"> ○ Safe Patient Handling ○ Restraints and Alternatives <p>Lab Topics for Sept 6 Turning/Positioning/position of comfort Pressure point reduction Braden Scale Range of Motion: active & passive Vital Sign Practice Ambulation (gait belt) Transfers Body Mechanics & ergonomic Fall precautions & assessment tools Restraints Assistive devices: crutch, cane, walker, Wheelchair, lifts Adaptive devices Drug Calculation Practice</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
Week 4 Sept 11 - Sept 17 Gray	Module 4 1. Describe normal assessment data related to care of the adult/geriatric client 2. Identify the components of a health history 3. Perform vital signs and a basic head to toe assessment on an adult 4. Identify the principles of pharmacotherapy and safe medication administration	Module 4 Homeostasis: Normal and Abnormal Physical Assessment Data Introduction to Pharmacotherapy and Safe Medication Administration	Quiz Sept 14 0900 in Lower level of Library Reading Assignment Potter and Perry: Chapter 33 & 16 Lilley Chapter 1; 6 (Do case study p. 75); 10 (pp. 112 - 131). Luz Martinez de Castillo & Werner-McCullough Interactive CD: Basic Math Review; Methods of Calculation; Systems of Measurement; Reading Medication Labels; Administration of Oral Medications/Calculations of oral drugs. Student Workbook: Math Review pp. 1 - 9; Methods of Calculations pp. 10 - 12 (Do problems 1 - 10 and bring to class); Systems of Measurement pp. 16 - 22; Reading Medication Labels pp. 33 - 39; Oral Medications pp. 40 - 46. Recommended Reading Potter & Perry Chapter 35 (p. 688 Box 35-1; p. 689 Fig 35 - 1; p. 690 Table 35-2; pp. 691 - 717)	Lab Preparation Sept 12 Lilley Chapter 6, 10 (pp. 112 - 131; pp. 138 - 148). Potter & Perry <ul style="list-style-type: none"> Chapter 35 (p. 688 Box 35-1; p. 689 Fig 35 - 1; p. 690 Table 35-2; pp. 691 - 717) <ul style="list-style-type: none"> Advanced Video Skills Safe Medication Administration, Nonparenteral Medication Administration Luz Martinez de Castillo & Werner-McCullough <ul style="list-style-type: none"> Interactive CD: Methods of Calculation; Reading Medication Labels; Administration of Oral Medications. Student Workbook: Methods of Calculations pp. 10 - 12 ; Reading Medication Labels pp. 33 - 39; Oral Medications pp. 40 - 46 Lab Topics for Sept 12 Medication Administration Oral, topical, SVN, transdermal, enteral, suppositories 3 checks, 6 rights MAR Medication reconciliation Lab Preparation Sept 13



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
				<p>P & P: pp 1062-1066 Lilley Chapter 10 (pp. 112 - 131; pp. 138 - 148). Luz Martinez de Castillo & Werner-McCullough Interactive CD: Syringes & Needles; Administration of Parenteral Medications; Reconstitution of Powdered Medications - Simple Reconstitution.</p> <p>Student Workbook: Syringes & Needles; Administration of Parenteral Medications; Reconstitution of Powdered Medications - Simple Reconstitution.</p> <ul style="list-style-type: none"> • Advanced Video Skills <ul style="list-style-type: none"> ○ Injections <p>Lab Topics for Sept 13 Medication administration Pain Scale; Injectables Pain assessment tools</p>
<p>Week 5 Sept 18 - Sept 24 Gray</p>	<p>Module 5 1. Describe the basic concepts of fluid and electrolyte balance: Homeostasis 2. Describe the pathophysiology of selected fluid and electrolyte imbalances 3. Identify nursing interventions to promote fluid and electrolyte balance and correct imbalances 4. Identify nursing</p>	<p>Module 5 Introduction to Fluid Balance: Homeostasis Fluid Imbalances Basic Acid/Base Abnormalities Edema Atelectasis</p> <p>Pharmacology: Oral Medication Administration and</p>	<p>Thursday Sept 22 Campus Wellness Day: Hispanic Heritage Month</p> <p>Reading Assignments: Potter and Perry: Ch 41 (except IV content) pp 991-102 Lilley Chapter 7; 10 (112 - 118).</p>	<p>Lab Preparation Sept 19 • P & P Chapters 16 & 33</p> <p>Lab Topics Sept 19 Assessment: Physical Assessment & Health History</p> <p>Lab Preparation Sept 20 • P & P Chapters 16 & 33</p> <p>Lab Topics Sept 20 Assessment: Physical Assessment & Health History</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
	<p>interventions for safe administration of oral medications and client instruction on medication administration</p>	<p>Client Instruction</p>	<p>Lewis Chapter 17 Pages 301 - 316; 320 - 326. Luz Martinez de Castillo & Werner-McCullough Interactive CD: Administration of Oral Medications Student Workbook: Oral Medications pp. 40 - 46.</p>	
<p>Week 6 Sept 25 - Oct 1 Nelson</p>	<p>Module 6 1. Identify the principles of balanced nutritional 2. Apply the nursing process to address the nutritional needs of adult/geriatric clients 3. Describe various diets used in meeting the nutritional needs of the adult/geriatric client 4. Demonstrate the safe administration of enteral feedings and enteral medications 5. Demonstrate the safe preparation, administration, and documentation of injectable medications 6. Describe common medications utilized in treating gastrointestinal disorders, hyperglycemic and hypoglycemic disorders</p>	<p>Module 6 Nutrition Principles of Balanced Nutrition Diet Therapy, Regular Diet, Special Diets, Enteral Feedings/Medications Pharmacokinetics/Pharmacodynamics for selected Pharmacological Classifications: Insulin Anti-hyperglycemics Glucose elevating drugs Anti-emetics H2 Blockers Intestinal Flora Modifiers (probiotics) Pharmacology: Injectable Medications: Types, Locations, Mixing Medications, Insulin</p>	<p>Case study: Altered Nutrition due Sept 28 at 0900</p> <p>Terminology Assignment Due Sept 28 at the beginning of Lecture</p> <p>Reading Assignment Potter and Perry: Chapter 44 Lilley: Chapter 32 Chapter 50 pp. 788 - 790; Chapter 51, pg. 800; Chapter 52</p>	<p>Lab Preparation Sept 26 • P & P pp. 261 - 274 (Chapter 18) Review IMA Wheezy patient chart located in Blackboard/course content/Lab/Care planning</p> <p>Lab Topics Sept 26 Introduction to Care Planning TLC Hospital: Introduction to medical record: documentation, MAR, Med record components, communication of findings</p> <p>Lab Preparation Sept 27 See Vital Signs Rubric in Course Content/Lab Folder/Practicum rubrics</p> <p>Lab Topics Sept 27</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
				Vital Signs Practicum
Week 7 Oct 2 - Oct 8 Cook-Tidwell	Module 7 1. Identify the principles of therapeutic communication. 2. Describe the stages and functions of sleep and associated sleep disorders 3. Apply the nursing process to the concept of sleep 4. Demonstrate basic care and comfort measures when providing nursing care to adult/geriatric clients 5. List teaching methods used to promote learning in adult/geriatric clients 6. Describe the components of long-term care and tertiary care	Module 7 Providing Care & Comfort Measures to Adult & Geriatric Clients Caring / Comfort Measures: Sleep History & Patterns Stages and Functions of Sleep Sleep Apnea, Insomnia Medications: Sleep aids Long Term care & Tertiary Care Long term care Residents Rights	Quiz October 5, 0900 Lower level of Library Case study: Sleep Due October 5, at 0900 Reading assignment: Potter and Perry chapters 31, 42 Lilley chapter 13 Lewis chapter 8, 9	Lab Preparation Oct 3/4 See Medication administration practicum rubric Course Content/Lab Folder/Practicum rubrics Lab Topics Oct 3/4 Medication Administration Practicum
Week 8 Oct 9 - Oct 15 Gray	Module 8 1. Identify the basic principles of oxygenation/perfusion/ ventilation 2. Identify signs and symptoms of selected upper and lower respiratory tract conditions 3. Apply the nursing process in the care of adult/geriatric clients with respiratory disorders	Module 8 Oxygenation/Perfusion/Ventilation of Adult & Geriatric Clients Selected disorders: COPD Viruses Pneumonia, TB, Valley Fever, Aspiration, Influenza Medications:	Case study: Breathing Due Oct 12, 0900 Reading Assignment Potter and Perry: Ch 40 (disregard the skills 40-1 to 40-3) Lewis (8th ed) Chapter 27: Acute Viral Rhinitis pp. 523 - 524 Influenza pp. 524 - 525	Lab Preparation Oct 10/11 <ul style="list-style-type: none"> • P & P pp. 1153 - 1171 • <u>Intermediate Video Skills</u> <ul style="list-style-type: none"> ○ Urinary Catheter Management ○ Infection Control: Sterile field; performing sterile gloving



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
	4. Describe common medications utilized in treating respiratory disorders	OTC cough & cold remedies, Bronchodilators Antitubercular drugs	Acute Pharyngitis pp. 527 - 528 Chapter 28: Pneumonia pp. 546 - 552 TB pp. 553 - 557 Chapter 29: COPD pp. 610 - 631 Also pp. 598 - 599 Table 29-7 Optional Reading in Lewis Respiratory System Chapter 26 Lilley Chapters 36, 37 & 41	Ima Wheezy Care Plan is Due in lab this week Lab Topics Oct 10/11 Sterile Gloving Urinary catheterization and Care (foley, straight cath, EUD/condom cath)
Week 9 Oct 16 - Oct 22 Cook-Tidwell	Module 9 1. Identify the normal structure and function of the gastrointestinal and urinary systems 2. Describe selected disorders of urinary and bowel elimination 4. Apply the nursing process in the care of clients with selected urinary and bowel elimination disorders. 5. Describe common medications utilized in treating elimination disorders	Module 9 Elimination: Urinary & Bowel Selected disorders: Dysuria/Hematuria Nocturia/Polyuria Incontinence Ostomies Diarrhea Constipation/Impaction Distention/Flatulence Medications Laxatives Anti-diarrheal	Case Study: Constipation Due on October 19 at 0900 Reading Assignment Potter and Perry: Chapter 45 and 46 Lilley chapter 51	Lab Preparation Oct 17/18 • P & P Chapter 48, pp. 1278 - 1341 • <u>Intermediate Video Skills</u> ○ Wound & Pressure Ulcer care Lab Topics Oct 17/18 Wound Care Surgical Drains Residual Limb Care Braden Scale Pressure ulcer prevention Catheterization Practice



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
Week 10 Oct 23 - Oct 29 Nelson	Module 10 1. Identify the basic principles of mobility and body alignment Identify complications of adult/geriatric clients with impaired alignment and mobility 3. Describe selected disorders of the musculoskeletal system 4. Apply the nursing process in the care of adult/geriatric clients with impaired alignment and mobility 5. Describe common medications and analgesics utilized in treating musculoskeletal disorders and thyroid disorders	Module 10 Movement: Mobility/Immobility & Activity/Exercise Traction/Pin Care/Cast Care/ORIF/Assistive Devices Selected disorders: DJD/OA Hip Fx/Fractures Joint Replacements Amputations Soft Tissue Injuries Medications Lanoxin, Antihypertensives Thyroid Agents	Monday October 24 Campus Wellness Day Native American Heritage Month Reading Assignment Potter and Perry: Chapter 47 Lewis 8 th ed.: Chapter 33, pages 738-743, 747-753. Chapter 63, pages 1592-1602; Lilley: Chapter 31, Chapter 22 (pp. 334 - 337, 339-346); Chapter 25	Lab Preparation Oct 24/25 See Catheterization Practicum Rubric in Course Content/Lab Folder/Practicum rubrics Lab Topics Oct 24/25 Catheterization Practicum Note: Campus Wellness Day on Monday October 24. Students participating in Monday's Native American Heritage Month will need to take a break to complete the Catheterization Practicum
Week 11 Oct 30 - Nov 5 Nelson	Module 11 1. Identify types of pain and the etiology of pain 2. Apply the nursing process in the care of adult/geriatric clients experiencing pain 3. Describe common medications and non-pharmacological methods utilized in the care of adult/geriatric	Module 11 Pain Types: Chronic, Acute, Cancer Pathophysiology: Theories & Beliefs, physical links, autonomic responses, endorphins Factors effecting pain Assessment of pain History, tools, tolerance, JCAHO	Quiz Nov 2 0900 Lower Level of Library Reading Assignment Potter and Perry: Chapter 43 Lewis: Chapter 10 Lilley: Chapter 9, pages 97-99, 105-110; Chapters 11, 13 (pp. 203 - 204),	Lab Preparation Oct 31/Nov 1 <ul style="list-style-type: none"> • P & P: pp 956, skill 40-4 (O2) • P & P: pp 958, skill 40-8 (O2) • P & P: pp 1139 - 1144, urine testing • P & P: pp 1187-1189, fecal specimen • P & P: pp. 1248 -1249 (TED & SCDs)



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
	<p>clients 4. Describe common medications and analgesics utilized in treating musculoskeletal disorders.</p>	<p>standards Medications: Controlled Substances: Narcotics, opiates, Narcan & med reconciliation NSAIDS, ibuprophen, acetaminophen, muscle relaxants, analgesics</p>	<p>Chapter 44, pages 678-685</p>	<ul style="list-style-type: none"> • P & P: p. 480 (post-mortem care • Lewis pp. 161 - 163)post-mortem care) • <u>Intermediate Video Skills</u> Specimen Collection (sputum, urine, feces) Respiratory Care: O2 safety, O2 flow rates, applying O2, Maintaining an airway <p>Lab Topics Oct 31/Nov 1 Miscellaneous Skills Oxygen and airway management</p> <ul style="list-style-type: none"> ○ Pulmonary hygiene ○ Pulse oximetry ○ CXR ○ TCDB, Incentive Spirometer ○ O2 application & safety <p>Monitoring equipment Specimen collection</p> <ul style="list-style-type: none"> ○ sputum ○ urine ○ feces <p>Antiembolism devices</p> <ul style="list-style-type: none"> ○ TED hose ○ Pneumatic Hose <p>Ostomy emptying Post mortem care</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
Week 12 Nov 6 - Nov 12 Nelson	Module 12 1. Identify the normal structure and function of the Integumentary system. 2. Describe selected alterations of the Integumentary system. 3. Apply the nursing process in the care of adult/geriatric clients with alterations of the Integumentary system. 4. Identify the nutritional needs of a client with a wound. 5. Describe common medications utilized in the treatment of infectious processes and coagulation therapy and diuretic therapy as related to the treatment of hypertension.	Module 12 Integumentary/Wound Wounds Types & Phases Factors effecting/Risks Treatments Complications Selected disorders: Lesions/Infestations Ulcers: Venous/Arterial/Pressure Medications: Antibiotics Anticoagulants Diuretics Potassium	Reading Assignment Potter and Perry: Chapter 48 Lilley: Chapter 26, (pp. 403-404: 406-407; 409-415); Chapter 27, pages 423-425; Chapter 28 (pp. 436 - 440; 446-454); Chapters 38 & 39	Lab Preparation Nov 7/8 <ul style="list-style-type: none"> • P & P: pp 1101-1113 (Feeding assistance, enteral feeding & aspiration precautions) • P & P: pp 1118-1122, skill 44-3 (enteral feeding) • P & P: pp 1124, table 44-7 (Enteral tube feeding complications) • P & P: pp 981-986 (Fluid intake & output) • P & P: pp 1197 - 1199 (Enema administration, digital removal of stool) • P & P: p 1098 (BMI) • P & P pp. 1334 - 1339 (Hot & cold application) Luz Martinez de Castillo & Werner-McCullough Interactive CD: Intake & Output Student Workbook: Intake & Output <ul style="list-style-type: none"> • <u>Basic Video Skills</u> <ul style="list-style-type: none"> ○ Nutrition and Fluids ○ Elimination: Enema administration Safe Patient Handling: Applying Elastic Stockings; Using SCDS Lab Topics Nov 7/8 Miscellaneous Skills continued



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
				Hot & Cold application Feeding techniques (oral, enteral) Aspiration precautions Enteral feeding safety precautions Intake and output Glucometer Nutritional status Nutritional needs <ul style="list-style-type: none"> • Food pyramid BMI Enemas Digital removal of stool
Week 13 Nov 13 - Nov 19 Gray Modules 13 & 14 will be covered this week	Module 13 1. Identify the signs and symptoms of different types of adult abuse (physical, emotional, sexual, financial, active and passive neglect, domestic violence, elder abuse) 2. Apply the nursing process in the care of abused, assaulted, and/or neglected adult/geriatric clients. 3. Describe the responsibilities of the nurse regarding suspected abuse/neglect. Module 14 1. Identify concepts of the wellness to illness continuum 2. Describe the	Module 13 Abuse/Assault/Neglect of Adult & Geriatric Clients Legal issues in Nursing Practice Module 14 Providing psychosocial, spiritual, and culturally competent nursing care Wellness/Illness Continuum Lifespan development Theories of Aging Family Dynamics Grief/Loss/Death/Dying End of Life/Palliative Care Levels of Prevention:	Module 13 Reading assignment: Potter & Perry: Chapters 14 & 23 Varcarolis Chapter 26 Module 14 Reading assignment: Potter & Perry: Ch 6, 8, 9, 10, 11 pp 137, 139-140: Ch 27, 30, & 36 Lewis: Ch 2, 5, 7, & 11 Lilley: Chapter 8	Lab Preparation Nov 14/15 Preparation TBA: This week we will review topics and Practice assessment. Lab Topics Nov 14/15 Monday C-Lab: PC Dental Hygiene Program Presentation and Activity Both C-Lab and N-Lab Practice for Assessment Practicum Drug calculation assessment activity Drug calculation practice Miscellaneous Skills Practice



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
	<p>psychological, sociological and growth development models for human development</p> <p>3. Identify culturally sensitive teaching and learning processes in health promotion, health maintenance, and disease prevention of adult/geriatric clients</p> <p>4. Apply the nursing process in the care of adult and geriatric clients related to end-of-life care, and experiencing grief and loss</p> <p>5. Describe alternative/complementary therapies.</p>	<p>Health Promotion, prevention, maintenance, and rehabilitation</p> <p>Client & Family Education</p> <p>Response to Illness</p> <p>Quality of Life</p> <p>Culturally Sensitive Care</p> <p>Medications</p> <p>Herbal Supplements</p>		
<p>Week 14 Nov 20 - Nov26</p> <p>Fawcett</p> <p>Module 15 will be covered in Weeks 14 & 15</p>	<p>Module 15</p> <p>1. Identify age-related changes in adult/geriatric clients</p> <p>2. Describe selected psychological/mental health disorders</p> <p>3. Apply principles of therapeutic communication in the nurse-client relationship.</p> <p>4. Apply the nursing process in the care of adult/geriatric clients with physiological, psychological and sociological alterations</p> <p>5. Identify common medications administered for Psychological/Mental Health Disorders.</p>	<p>Module 15</p> <p>Aging and Mental Health</p> <p>Issue of Adult & Geriatric Clients</p> <p>Theories and Concepts of Aging</p> <p>Mini-Mental Assessment</p> <p>Maslow/Erikson's Models</p> <p>Family Continuum</p> <p>Therapeutic Communication</p> <p>Pre-orientation</p> <p>Orientation</p> <p>Working</p> <p>Termination</p> <p>Psychosocial and spiritual well being</p> <p>Coping skills & defense</p>	<p>Monday November 21: Campus Wellness Day</p> <p>Disabilities and Multicultural Wellness</p> <p>Case study: evolve case study: Psychiatric-Mental Health: Alzheimer's Disease</p> <p>Due November 23 at 0900</p> <p>Reading Assignment:</p> <p>11/23/11</p> <p><u>Potter & Perry:</u> Chapter 11 (pp. 139 - 140)</p>	<p>Lab Preparation Nov 21/22</p> <p>See Assessment Practicum Rubric in Course Content/Lab Folder/Practicum rubrics</p> <p>Lab Topics Nov 21/22</p> <p>Assessment Practicum</p> <p>Note: Campus Wellness Day on Monday November 21. Students participating in Monday's Disabilities/Multicultural Wellness Day will need to take a break to complete the Assessment Practicum</p>



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
		mechanisms Dementia, delirium & depression Medications dementia drugs, Anti-depressants	Chapter 24 Chapter 33 (pp. 631 - 634) <u>Varcarolis & Halter:</u> Chapter 2 (pp 28 - 29 Table 2-2) Chapter 2 (pp. 38 - 40 Fig 2 - 5) Chapter 9 Chapter 10 Chapter 12 (p. 214-217; Table 12-2) <u>Lilley:</u> Chapter 17	
Week 15 Nov 27 - Dec 3 Fawcett	Module 15 1. Identify age-related changes in adult/geriatric clients 2. Describe selected psychological/mental health disorders 3. Apply principles of therapeutic communication in the nurse-client relationship. 4. Apply the nursing process in the care of adult/geriatric clients with physiological, psychological and sociological alterations 5. Identify common medications administered for Psychological/Mental Health Disorders	Module15 Aging and Mental Health Issue of Adult & Geriatric Clients Theories and Concepts of Aging Mini-Mental Assessment Maslow/Erikson's Models Family Continuum Therapeutic Communication Pre-orientation Orientation Working Termination Psychosocial and spiritual well being Coping skills & defense mechanisms Dementia, delirium &	Quiz 4 Nov 30, 0900 Lower level of Library Professional Portfolio Due Nov 30 at 0900 Professional Organization or scholarship letter Due Nov 30 at 0900 Reading Assignment 11/30/11 <u>Potter & Perry:</u> 14 (p. 201 - 204; Table 14 -2) <u>Varcarolis & Halter:</u> Chapter 13 Chapter 17	Lab Preparation Nov 28/29 Preparation TBA Lab Topics Nov 28/29 Introduction to Simulation Both Monday and Tuesday Labs will meet in the C-Lab: C-117 & C-120 Simulation activity TBA: 5 Points



Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics
		depression Medications dementia drugs, Anti-depressants	<u>Lilley:</u> Chapter 20	
Week 16 Dec 4 - Dec10 No Lecture this week			Evolve Hesi Exam December 7 0900 in lower level of library	Lab Preparation Dec 5/6 Preparation TBA Note: All students will attend lab on Monday & Tuesday December 5 & 6 Lab Topics Dec 5/6 December 5 Professor Gray/Nelson's Lab will meet in the C-Lab for Simulation Professor Cook's Lab will meet in the N-Lab for Phoenix College Dental Hygiene Presentation and activity. Review for Final Exam. December 6 Professor Cook's Lab will meet in the C-Lab for Simulation Professor Gray/Nelson's Lab will meet in the N-Lab for Final Exam Review
Week 17 Dec 11 - Dec 18 No Lecture this week			Final Exam December 14 0900 in Lower Level of Library	No Lab this week



NUR151
NURSING PROGRAM
SYLLABUS

Date	Learning Objectives	Lecture Topics All lectures take place in C-102	Lecture Assignments Reading and Exams	Lab Preparation and Topics