

Course Syllabus

COURSE: RNSG 2307.001 Adaptation to Role of Professional Nurse (3:2:2)
 SEMESTER: Fall 2020
 CLASS DAYS: Monday & Wednesday
 CLASS TIMES: 1:00 to 4:00 P. M.
 FACEBOOK: <https://www.facebook.com/SPCNursing17/>

Name (place in alphabetical order)	Phone Numbers	Email	Office	Office Hours
Lynn Baldwin Course Leader	806.716.2515 (o) 806.638.1145 (c)	lbaldwin@southplainscollege.edu	AH112F	M & W 09 - 12

“South Plains College improves each student’s life.”

GENERAL COURSE INFORMATION

It is the responsibility of each student to be familiar with the content and requirements listed in the course syllabus.

FACE COVERING COURSE SYLLABUS STATEMENT

It is the policy of South Plains College for the Fall 2020 semester that as a condition of on-campus enrollment, all students are required to engage in safe behaviors to avoid the spread of COVID-19 in the SPC community.

Such behaviors specifically include the requirement that all students properly wear CDC-compliant face coverings while in SPC buildings including in classrooms, labs, hallways, and restrooms. Failure to comply with this policy may result in dismissal from the current class session. If the student refuses to leave the classroom or lab after being dismissed, the student may be referred to the Dean of Students on the Levelland campus or the Dean/Director of external centers for Student Code of Conduct Violation.

COURSE DESCRIPTION

Adaptation to Role of Professional Nurse. (2:0:6) Prerequisites: PSYC 2301, BIOL 2401, and ENGL 1301, with grades of C or better in each. RNSG 2307 is a leveling course designed to meet the needs of advanced standing students. Selected concepts related to the role of the professional nurse as a provider of patient- centered care, patient safety advocate, member of health care team, and member of the profession. Review of trends and issues impacting nursing and health care today and in the future. Content includes knowledge, judgment, skills, and professional values within a legal/ethical framework. This course lends itself to a blocked approach. Content also includes a review of nursing theory, nursing skills, problem solving, critical thinking, nursing process, fluid and electrolytes, acid-base and hyperalimentation, intravenous therapy.

RNSG 2307 includes mathematics for medication administration. The course is designed to prepare the student to apply critical thinking and the nursing process to hospitalized clients/families and/or groups experiencing recurring common health problems and stress of illness. Curriculum concepts reflected throughout include: growth & development, nutrition, pharmacology, safety, delegation and assignment.

Communication skills as well as ethical/legal implications are integrated throughout. The nurse as a professional is emphasized in the professional roles of nursing: provider of patient-centered care, patient safety advocate, member of health care team, and member of the profession. Maslow's Hierarchy of Human Needs provides the model for nursing assessment of the adult client. Emphasis is also placed in critical thinking and the nursing process is applied to the adult experiencing the bio-psycho-socio-spiritual stressors of illness. Through simulated and actual experiences, the student learns to apply the nursing process to the adult client & to function in the three interrelated roles of nursing practice.

COURSE LEARNING OUTCOMES (LEVEL II)

Upon satisfactory completion of RNSG 2307, RNSG 2260, and RNSG 1115, the student will meet the following:
<ul style="list-style-type: none">• The SCANS (Secretary’s Commission on Attaining Necessary Skills) Competencies Foundations Skills found within this course are: C1, C2, C3, C5, C6, C7, C9, C11, C12, C13, C16, C17, C18, C19, C20, F1, F2, F3, F4, F5, F6, F7, F8, F9, F12, F13, F16, F17.
2. SPC ADNP Graduate Outcomes: 1, 2, 3, 4, 5.
3. DEC’s (Differentiated Essential Competencies) are listed in each unit.

COURSE COMPETENCIES - Outline form (C1, C2, C3, C5, C6, C7, C9, C11, C12, C13, C16, C17, C18, C19, C20, F1, F2, F3, F4, F5, F6, F7, F8, F9, F12, F13, F16, F17)

At the completion of this course the student will have:
1. Course grade of “77” or better;
2. Satisfactory total grade point average on examination;
3. Satisfactory achievement of unit and clinical outcomes;
4. Satisfactory completion of math competence;
5. Completion of standardized tests as applicable to the curriculum; validation of selected nursing skills and regular classroom/clinical attendance;
6. Completion of ATI assignments;
7. Upon successful completion of this course each student will have demonstrated accomplishment of the level outcomes for the course through a variety of modes (prelims, role-play, case studies, individual presentations, & group presentations).

EVALUATION METHODS

Computer-based exams, written exams, written assignments, quizzes, and other projects as assigned.

ACADEMIC INTEGRITY

It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own any work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense and renders the offender liable to serious consequences, possibly suspension. Refer to the SPC College Catalog and to the SPC AND Nursing Student “Honesty Policy.”

Cheating - Dishonesty of any kind on examinations or on written assignments, illegal possession of examinations, the use of unauthorized notes during an examination, obtaining information during an examination from the textbook or from the examination paper of another student, assisting others to cheat, alteration of grade records, illegal entry or unauthorized presence in the office are examples of cheating. Complete honesty is required of the student in the presentation of any and all phases of coursework. This applies to quizzes of whatever length, as well as final examinations, to daily reports and to term papers.

Plagiarism - Offering the work of another as one's own, without proper acknowledgment, is plagiarism; therefore, any student who fails to give credit for quotations or essentially identical expression of material taken from books, encyclopedias, magazines and other reference works, or from themes, reports or other writings of a fellow student, is guilty of plagiarism.

VERIFICATION OF WORKPLACE COMPETENCIES

Successful completion of the Differentiated Entry Competencies (DEC's) of Graduates of Texas Nursing Programs statements at the level specified by the course (Level Outcomes) will allow the student to continue to advance within the program. Upon successful completion of the program students will be eligible to apply to take the state board exam (NCLEX) for registered nurse licensure.

BLACKBOARD

Blackboard is an e-Education platform designed to enable educational innovations everywhere by connecting people and technology. This educational tool will be used in this course throughout the semester.

FACEBOOK

The nursing program has a Facebook page at <https://www.facebook.com/SPCNursing17/> In addition to the South Plains College website; this Facebook page will be used to keep students up-to-date on program activities, weather delays, South Plains College announcements and will help with program recruitment. "Liking" the South Plains College Nursing Facebook page is not mandatory, nor are personal Facebook accounts, in order to access this page.

SCANS and FOUNDATION SKILLS

Refer also to Course Objectives. Scans and Foundation Skills attached

SPECIFIC COURSE INFORMATION

TEXT AND MATERIALS (If a newer edition is available, the newer is the book of choice)

TEXTBOOK

Publisher

Carpenito, L.J., *Nursing Diagnosis: Application to Clinical Practice*, (15TH ed) . Philadelphia, Pa, Wolters Kluwer

Frandsen, G NS Pennington,S. (11th edition). *Abram's Clinical Drug Therapy*. Lippincott-Raven Publishers: Lippincott, Willaims & Wilkins.

Gahart, B (34th edition). *Intravenous Medications. A Handbook for Nurses and Health Professionals*. St. Louis, MO: Elsevier.

Hinkle, J and Cheever, K. (14th edition). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing*. Lippincott-Raven Publishers: Lippincott, Willaims & Wilkins

Kee, Joyce LeFever (10th edition). *Laboratory and Diagnostic Tests with Nursing Implications*. Upper Saddle River, New Jersey: Pearson Prentice Hall.

Taylor, C., Lillis, C. & Lynn, P (8th edition) *Fundamentals of Nursing: The art and science of person-centered nursing care*. Wolters Kluwer.

Any Nursing Drug Handbook (except not Davis)

RECOMMENDED TEXTS

Macklin Denise, Chernecky, C, Infortuna Mother Helena (newest addition). *Math for Clinical Practice*. St. Louis, Missouri: Mosby, Inc.

Medical Dictionary of Choice

ATTENDANCE POLICY (*READ CAREFULLY)

Class Attendance

Students are expected to attend all classes in order to be successful in a course. The student may be administratively withdrawn from the course when absences become excessive as defined in the course syllabus.

When an unavoidable reason for class absence arises, such as illness, an official trip authorized by the college or an official activity, the instructor may permit the student to make up work missed. It is the student's responsibility to complete work missed within a reasonable period as determined by the instructor. Students are officially enrolled in all courses for which they pay tuition and fees at the time of registration. Should a student, for any reason, delay in reporting to a class after official enrollment, absences will be attributed to the student from the first-class meeting.

Students who enroll in a course but have "Never Attended" by the official census date, as reported by the faculty member, will be administratively dropped by the Office of Admissions and Records. A student who does not meet the attendance requirements of a class as stated in the course syllabus and does not officially withdraw from that course by the official census date of the semester, may be administratively withdrawn from that course and receive a grade of "X" or "F" as determined by the instructor. Instructors are responsible for clearly stating their administrative drop policy in the course syllabus, and it is the student's responsibility to be aware of that policy.

It is the student's responsibility to verify administrative drops for excessive absences through MySPC using his or her student online account. If it is determined that a student is awarded financial aid for a class or classes in which the student never attended or participated, the financial aid award will be adjusted in accordance with the classes in which the student did attend/participate and the student will owe any balance resulting from the adjustment.

(http://catalog.southplainscollege.edu/content.php?catoid=47&navoid=1229#Class_Attendance)

The SPC ADNP policy must be followed. Refer to the SPC ADNP Nursing Student Handbook to review this policy. In addition, refer to the attendance policy found in the South Plains College Catalog.

Punctual and regular class attendance, as stated in the SPC handbook, is required of all students attending South Plains College. According to SPC Student Handbook, there are no excused absences. The Instructor/course leader has the prerogative of dropping the student from the course for any absences. Students are expected to

attend all lecture days. In the event of illness, it is the student's responsibility to notify his/her instructor. The student can miss no more than four (4) hours of classroom lecture. A student missing more than four (4) classroom lecture hours will be dropped from RNSG 2307. The course leader may initiate the withdrawal of the student for any absences. Reinstatement is handled on an individual basis.

Do not be tardy for lecture, if you are not in the classroom at the designated time, wait until the class has been dismissed for a break. Extenuating circumstances are considered by the individual faculty if appropriately notified prior to the event. Cellular phones must be turned off during the lecture period or while in the NLRL (nursing learning resource lab).

EMERGENCY MESSAGES

The student should notify his/her family that in case of an emergency during normal class schedule, they should call the Nursing Office at (806)716-2391 or (806)716-2193. Class will not be interrupted unless it is an emergency, so they must identify themselves and say it is an emergency to get immediate action.

The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule..

ASSIGNMENT POLICY

All assignments must be completed by the assigned due date. Late and/or incomplete work will not be accepted and a grade of zero will be recorded. Assignments, quizzes, exams, and skills missed due to an unexcused absence may not be made up. Assignments are due by the assigned dates and times in Central Standard Time (CST) on the class schedule. Students should contact faculty prior to the due date and time if they anticipate material will be late. Please note contacting faculty will not guarantee the receipt of an extension for the assignment. Please allow enough time for preparation and submission of each assignment prior to the scheduled due date. Failure to complete any assignment by due date will result in failure of that assignment.

COMPUTER USAGE

As computer technology in the field of health occupations continues to become more popular, computers will be used in this course for several assignments. All students have access to computers and printers on the South Plains College campus. Students will be expected to utilize computers to access assignments and classroom resources. All registered students are supplied with a working email account from South Plains College. In order to take exams, students must have their username and password.

ALL STUDENTS ARE EXPECTED TO KNOW THEIR SPC STUDENT USERNAME, PASSWORD, AND STUDENT IDENTIFICATION NUMBER.

COMPUTER LAB USAGE

The computer lab(s) on any campus may be used by students during scheduled open hours or as assigned by an instructor. Printer paper will not be provided for students to print materials, but students may seek assistance from faculty or staff to request lab paper from the college if needed. Lack of computer lab paper is not an excuse for not having homework assignments, skills lab sheets, or any other required documents. Students should come prepared for class.

EXAMS

The majority of student 'written' exams will be administered via computer to prepare them for the National Registry exam and some exams will be handwritten which will encourage memory and mastery of the material. Additionally, many exam questions will be constructed in the same manner as national registry questions, allowing students to prepare for that testing format.

Each unit exam includes an undetermined amount of questions. Students will receive 1.5 minutes per question. Students must receive a cumulative grade of 77% or better on all exams to pass RNSG 2307. Exams scores will not be rounded. Assignments will not be included and are graded on a pass/fail criterion. Students receiving less than a 77% on any exam must meet with the retention counselor. Unit exams will consist of **25%** of the final course grade. The exam policy includes the following:

- Personal belongings are not allowed in the lab during testing.
- Pencils, calculators and scratch paper will be issued to students prior to exam. These items must be returned prior to exiting testing area.
- Cell phones and/or smart watches are not allowed in the lab during testing.
- Students must adhere to lab rules.
- Hats or hoodies may not be worn.
- Talking will not be permitted; questions will be answered by an instructor.
- Any action interpreted as cheating by facilitating instructor may result in immediate removal from testing lab, a zero recorded for the test grade and possible removal from SPC nursing program.

The student must achieve a weighted average of 77% or greater on the unit exams to pass the course.

GRADING POLICY

The grade for this course will be determined upon completion of the following components:

Unit Exams (3)	75%
Final Exam	25%
Math Test	Pass/Fail

Course grades are based on the following scale:

- A = 90-100%
- B = 80-89.99%
- C = 77-79.99%
- D = 60-76.99%
- F = below 60%

COMMUNICATION POLICY

Electronic communication between instructor and students in this course will utilize the South Plains College “My SPC” and email systems. I will utilize text messaging and you may communicate with me this way also. The instructor will not initiate communication using private email accounts. Students are encouraged to check SPC email and Blackboard on a regular basis each week of class. Students will also have access to assignments, web-links, handouts, and other vital material which will be delivered via the classroom Blackboard. The instructor will work with any student to ensure the student has access to a computer on campus and

CAMPUS CARRY

Campus Concealed Carry - Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC policy at:

(http://www.southplainscollege.edu/human_resources/policy_procedure/hhc.php)

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses.

Report violations to the College Police Department at 806-716-2396 or 9-1-1.

PREGNANCY ACCOMMODATIONS STATEMENT

If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education. To activate accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Director of Health and Wellness. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact Crystal Gilster, Director of Health and Wellness at 806-716-2362 or email cgilster@southplainscollege.edu for assistance.

STUDENT CONDUCT

Rules and regulations relating to the students at South Plains College are made with the view of protecting the best interests of the individual, the general welfare of the entire student body and the educational objectives of the college. As in any segment of society, a college community must be guided by standards that are stringent enough to prevent disorder, yet moderate enough to provide an atmosphere conducive to intellectual and personal development.

A high standard of conduct is expected of all students. When a student enrolls at South Plains College, it is assumed that the student accepts the obligations of performance and behavior imposed by the college relevant to its lawful missions, processes and functions. Obedience to the law, respect for properly constituted authority, personal honor, integrity and common sense guide the actions of each member of the college community both in and out of the classroom.

Students are subject to federal, state and local laws, as well as South Plains College rules and regulations. A student is not entitled to greater immunities or privileges before the law than those enjoyed by other citizens. Students are subject to such reasonable disciplinary action as the administration of the college may consider appropriate, including suspension and expulsion in appropriate cases for breach of federal, state or local laws, or college rules and regulations. This principle extends to conduct off-campus which is likely to have adverse effects on the college or on the educational process which identifies the offender as an unfit associate for fellow students.

Any student who fails to perform according to expected standards may be asked to withdraw.

Rules and regulations regarding student conduct appear in the current Student Guide.

SPECIAL REQUIREMENTS (*Read Carefully)

- **Cell Phones** – Cell phones are to be turned **OFF** during scheduled class periods. **Text messaging is not allowed during scheduled class/lab times.** Cell phones are to be used **outside** the classroom or lab only on designated breaks. **Students are not allowed to have cell phones on their person during exams.**

DROPPING A CLASS

Students should submit a **Student Initiated Drop Form** online.

Students will not be required to obtain an instructor signature to drop, however, we do encourage students to communicate with instructors or advisors prior to dropping a course when they are able. **There will be no charge for drops for the fall or spring semesters.**

WITHDRAWING FROM ALL CLASSES

If a student wishes to withdraw from all courses, they should initiate that process with the Advising Office. They can schedule an appointment with an advisor by visiting <http://www.southplainscollege.edu/admission-aid/advising/spcadvisors.php> or by calling 806-716-2366.

SCHEDULE CHANGE (after late registration and before census date)

To make a schedule change after late registration (August 28) and before the census date (September 9), students should submit a **Schedule Change Form.**

After late registration, adding a class requires instructor approval. If a student is requesting to be added to one of your courses and you approve, please email registrar@southplainscollege.edu with your approval. This can take the place of signature on the Schedule Change Form that we have required in the past.

ACCOMMODATIONS

DIVERSITY STATEMENT

In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

DISABILITIES STATEMENT

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland Student Health & Wellness Center 806-716-2577, Reese Center (also covers ATC) Building 8: 806-716-4675, Plainview Center Main Office: 806-716-4302 or 806-296-9611, or the Health and Wellness main number at 806-716-2529.

FOUNDATION SKILLS

BASIC SKILLS—Reads, Writes, Performs Arithmetic and Mathematical Operations, Listens and Speaks

F-1 Reading—locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.

F-2 Writing—communicates thoughts, ideas, information and messages in writing and creates documents such as letters, directions, manuals, reports, graphs, and flow charts.

F-3 Arithmetic—performs basic computations; uses basic numerical concepts such as whole numbers, etc.

F-4 Mathematics—approaches practical problems by choosing appropriately from a variety of mathematical techniques.

F-5 Listening—receives, attends to, interprets, and responds to verbal messages and other cues.

F-6 Speaking—organizes ideas and communicates orally.

THINKING SKILLS—Thinks Creatively, Makes Decisions, Solves Problems, Visualizes and Knows How to Learn and Reason

F-7 Creative Thinking—generates new ideas.

F-8 Decision-Making—specifies goals and constraints, generates alternatives, considers risks, evaluates and chooses best alternative.

F-9 Problem Solving—recognizes problems, devises and implements plan of action.

F-10 Seeing Things in the Mind's Eye—organizes and processes symbols, pictures, graphs, objects, and other information.

F-11 Knowing How to Learn—uses efficient learning techniques to acquire and apply new knowledge and skills.

F-12 Reasoning—discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

PERSONAL QUALITIES—Displays Responsibility, Self-Esteem, Sociability, Self-Management, Integrity and Honesty

F-13 Responsibility—exerts a high level of effort and perseveres towards goal attainment.

F-14 Self-Esteem—believes in own self-worth and maintains a positive view of self.

F-15 Sociability—demonstrates understanding, friendliness, adaptability, empathy and politeness in group settings.

F-16 Self-Management—assesses self accurately, sets personal goals, monitors progress and exhibits self-control.

F-17 Integrity/Honesty—chooses ethical courses of action.

SCANS COMPETENCIES

C-1 **TIME** - Selects goal - relevant activities, ranks them, allocates time, prepares and follows schedules.

C-2 **MONEY** - Uses or prepares budgets, makes forecasts, keeps records and makes adjustments to meet objectives.

C-3 **MATERIALS AND FACILITIES** - Acquires, stores, allocates, and uses materials or space efficiently.

C-4 **HUMAN RESOURCES** - Assesses skills and distributes work accordingly, evaluates performances and provides feedback.

INFORMATION - Acquires and Uses Information

C-5 Acquires and evaluates information.

C-6 Organizes and maintains information.

C-7 Interprets and communicates information.

C-8 Uses computers to process information.

INTERPERSONAL–Works With Others

C-9 Participates as a member of a team and contributes to group effort.

C-10 Teaches others new skills.

C-11 Serves Clients/Customers–works to satisfy customer’s expectations.

C-12 Exercises Leadership–communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.

C-13 Negotiates-works toward agreements involving exchanges of resources; resolves divergent interests.

C-14 Works With Diversity–works well with men and women from diverse backgrounds.

SYSTEMS–Understands Complex Interrelationships

C-15 Understands Systems–knows how social, organizational, and technological systems work and operates effectively with them.

C-16 Monitors and Corrects Performance–distinguishes trends, predicts impacts on system operations, diagnoses systems performance and corrects malfunctions.

C-17 Improves or Designs Systems–suggests modifications to existing systems and develops new or alternative systems to improve performance.

TECHNOLOGY–Works with a Variety of Technologies

C-18 Selects Technology–chooses procedures, tools, or equipment, including computers and related technologies.

C-19 Applies Technology to Task–understands overall intent and proper procedures for setup and operation of equipment.

C-20 Maintains and Troubleshoots Equipment–prevents, identifies, or solves problems with equipment, including computers and other technologies.

Plagiarism Declaration
Department of Nursing
South Plains College

By signing this plagiarism declaration, I acknowledge that I have received a copy of the honesty policy and been made aware that the penalty for plagiarism is dismissal from the program.

Examples of student plagiarism¹

- Copying material without quotes, in-text citations, and/or referencing
- Paraphrasing content without in-text citation and/or referencing
- Copying ideas, words, answers, exams, or shared work from others when individual work is required
- Using another's paper in whole or in part
- Allowing another student to use one's work
- Claiming someone else's work is one's own
- Resubmitting one's own coursework, when original work is required (self-plagiarism)
- Falsifying references or bibliographies
- Getting help from another person without faculty knowledge or approval
- Purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

_____ Printed Name

_____ Signature

_____ Date

1. Smith, L. Conquering plagiarism in nursing education.
Nursing 2016. 2016; 46(7):17-19.

SOUTH PLAINS COLLEGE ALLIED
HEALTH DEPARTMENT
COMMUNICABLE DISEASE STATEMENT

I, _____, hereby acknowledge that as an Allied Health student I am subject to added risk or communicable diseases through practice of invasive procedures and patient contact in clinical and laboratory settings.

While in the clinical and laboratory setting, I will follow the Center for Disease Control precautionary measures to protect myself and patients to the best of my ability.

If asked, I will provide current reports to the Communicable Disease Review Committee from a physician regarding any communicable disease or unreasonable health risk that I might expose patients, other students and instructors to.

I, _____, have satisfactorily completed the Asepsis Unit as required by South Plains College Allied Health Department.

Date

Signature

RNSG 2307

Unit I: Introduction to Professional Nursing

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
1. Introduction to Professional Nursing A. Orientation to ADNPN 1. Philosophy/Purpose 2. Outcomes/Conceptual 3. Framework B. Nursing Learning Resource Lab Orientation 2. Human Values/Culture 3. Ethical/Legal Aspects 4. Professional Prospective 5. Role of Associate Degree Nurse/Change A. Adjustments/Health Team 6. Critical thinking	Mastery of the unit will enable the student to: Recognize the philosophy and policies of the ADNPN at South Plains College. Relate course outcomes and requirements to plan of study. Utilize assignments, course syllabus and learning experiences to meet the outcomes of the course. Utilize self-evaluation in meeting course outcomes. Identify resources available for student use within the library and learning lab. Recognize how values influence behavior and attitude. Differentiate ethical issues from moral and legal issues. List five characteristics of a profession and how nursing demonstrates these characteristics. Discuss the 4 roles of the professional nurse.	Group 1. Lecture 2. Discussion Assignment 1. ADNPN Philosophy, Conceptual Framework, and Program Outcomes (see Student Handbook) 2. RNSG 2307 Course Syllabus 3. Taylor, Lillis, Lynn Chapter 1, 2	A3	A1		A2
			A4	A2		A3
			B3	A3		B1
			B7	A4		B3
			C3	B1		C3
			C4	B3		C5
			C5	B11		C8
			D2	C2		E1
			D3	C4		E2
			D4	C6		F2
				D3		G2
				D5		G3
				E13		
				F1		

			Evaluation				
			1. Pen & Paper or Computer Test	G3			
			2. The Course Point				

Unit II: Introduction to the Nursing Process

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
<p>1. Person-Centered Care and The Nursing Process</p> <p style="padding-left: 20px;">A. Theoretical Approaches</p> <p style="padding-left: 40px;">1. Theory</p> <p style="padding-left: 40px;">2. Research</p> <p style="padding-left: 40px;">3. Evidenced-Based Practice</p> <p style="padding-left: 20px;">B. Overview and Organization of the Nursing Process</p> <p style="padding-left: 40px;">1. Assessment</p> <p style="padding-left: 40px;">2. Nursing Diagnosis</p> <p style="padding-left: 40px;">3. Planning</p> <p style="padding-left: 40px;">4. Implementation</p> <p style="padding-left: 40px;">5. Evaluation</p> <p style="padding-left: 20px;">C. Steps in the Application of the Nursing Process</p> <p style="padding-left: 40px;">1. Nursing History</p> <p style="padding-left: 40px;">2. Data Collection</p> <p style="padding-left: 80px;">a) Observation</p> <p style="padding-left: 80px;">b) Interviewing</p> <p style="padding-left: 40px;">c) Physical Examination</p> <p style="padding-left: 40px;">d) Consultation</p> <p style="padding-left: 40px;">e) Records and Reports</p> <p style="padding-left: 40px;">3. Problem Statement/Nursing Diagnosis</p>	<p>Select a client in a clinical setting and take a nursing history.</p> <p>Describe the benefits of evidenced-based practice.</p> <p>Describe the 5 steps of evidenced-based practice.</p> <p>Describe ways to apply evidenced-based practice. Obtain additional data about the patient from other appropriate sources Organize all data according to a predetermined format.</p> <p>Formulate subjective data as perceived by interviewing a student partner and an assigned patient. Utilize formal and informal methods of collecting data from the patient in a clinical setting.</p> <p>Formulate a nursing diagnosis, nursing goals, priorities, and projected outcomes from a nursing assessment.</p> <p>Describe systems theory, the problem-solving method, and the scientific method.</p> <p>Compare systems theory, the problem-solving method, and the scientific method with the nursing process.</p> <p>Differentiate between subjective and objective data.</p> <p>State the source of data for nursing assessment.</p> <p>Define the term nursing diagnosis.</p> <p>Name the three major components of the nursing diagnosis.</p> <p>Describe the PES format used to develop a nursing diagnosis.</p> <p>Identify five methods of data collection.</p> <p>Discuss advantages of a nursing diagnosis.</p> <p>Discuss the limitations of nursing diagnosis.</p> <p>Develop a nursing process applying the five steps of assessment, diagnosis, planning, implementation and evaluation.</p>	<p style="text-align: center;">Group</p> <p>1. Lecture</p> <p>2. Discussion</p> <p style="text-align: center;">Assignment</p> <p>1. Taylor, Lillis, Lynn 2. Chapter 10,11,12,13,14 &15 3. Define key terms 4. Nursing Process</p> <p style="text-align: center;">Evaluation</p> <p>1. Pen & Paper or Computer Test</p>	A1	A1	A1	B1
			A2	A2	A2	B2
			B1	A3	B1	C1
			B8	A4	B2	C3
				B1	B3	C4
				B2	D1	C5
				B3	E1	D1
				B4	F1	E1
				B4		F1
				B5		F2
				B6		F3
				B7		
				B8		
				B9		
				B10		
				B11		
				C1		
				C2		
				C3		
				C4		
	C5					
	C6					
	C7					
	C8					
	D1					

		Identify needs and problems of an assigned patient.					
CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)				
			1	2	3	4	
a) Analysis of Data b) Writing the Nursing Diagnosis 1) Problem (P) 2) Etiology (E) 3) Signs and Symptoms (S) 4. Planning a) Setting Priorities b) Resources c) Establishing goals d) Writing a Plan of Action/Nursing Orders 5. Implementation 6. Evaluation	Distinguish between a need and a problem. Distinguish between actual and potential problem. List five common errors in formulating a nursing diagnosis.	2. Nursing Process with a minimal grade of 77		D2			
				D3			
				D4			
				D5			
			Define the components of a nursing diagnosis.		E1		
			Distinguish between independent, interdependent, and dependent nursing functions.				
			Discuss techniques the nurse utilizes to observe clients.		E3		
			Include the following common areas of assessment: 1. Identifying information; etc. 2. Patient's perception of the illness and/or situation, including any reasons for seeking assistance.		E4		
			Utilize assigned sections of data collection guidelines to assess the patient.		E5		
			Address safety needs, developmental phase, pharmacology, nutrition, and stress adaptation in the process.		E6		
			Discuss application of the nursing process in today's patient care assignment.		E8		
			Identify five methods of data collection.		E9		
			Explain four aspects of the planning component.		E11		
			Describe the five different implementation methods. Explain the steps of the evaluation process.		E12		
			Recognize evaluation as ongoing and continuous.		E13		
					F1		
					F2		
			F3				

RNSG 2307
TYOLOGY OF ELEVEN FUNCTIONAL HEALTH PATTERNS*

Health-perception-health-management pattern. Describes client's perceived pattern of health and well-being and how health is managed

Nutritional-metabolic pattern. Describes pattern of food and fluid consumption relative to metabolic need and pattern and pattern indicators of local nutrient supply

Elimination pattern. Describes pattern of excretory function (bowl, bladder, and skin)

Activity-exercise pattern. Describes patterns of exercise, activity, leisure, and recreation

Cognitive-perceptual pattern. Describes sensory perceptual and cognitive pattern

Sleep-rest pattern. Describes patterns of sleep, rest, and relaxation

Self-perception self-concept pattern. Describes self-concept pattern and perceptions of self (e.g., body comfort, body image, feeling state)

Role-relationship pattern. Describes pattern of role-engagements and relationships

Sexuality-reproductive pattern. Describes client's pattern of satisfaction and dissatisfaction with sexuality pattern; describes reproductive pattern

Coping-stress tolerance pattern. Describes general coping pattern and effectiveness of the pattern in terms of stress tolerance

Value-belief pattern. Describes patterns of values, beliefs (including spiritual), or goals that guide choices or decisions

*Gordon Marjory (1982). Nursing Diagnosis: Process and Application. N.Y.: McGraw-Hill

SOUTH PLAINS COLLEGE
NURSING PROCESS

Client's Initials: RC

Student: N, Nurse SN SPC

Diagnosis: Anterior Lumbar Sinal Fusion L3 - L4, 317

Date: 3-97

Age: _____ Room: _____

Instructor: E. Browne, RN _____

<u>ANALYSIS</u> Problem/Nursing Diagnosis	<u>PLAN</u> Goal Statements With Outcome Criteria	<u>IMPLEMENTATION</u> Nursing Interventions Actions	Scientific Rationale	<u>EVALUATION</u> Evaluative Outcome Criteria
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<p>3/8 1) Ineffective airway clearance as related to recent surgery, narcotic analgesics used for pain, acute pain upon coughing et deep breathing, et imposed restrictions on mobility as manifested by minimal coughing attempted, little sputum produced, et congestion in lungs heard upon auscultation.</p> <p><i>High Priority</i></p>	<p>3/8 Goal #1 Pt. Will demonstrate better ability to cough effectively by 3-9 as evidenced by</p> <ol style="list-style-type: none"> 1) Demonstration of effective coughing by inhaling deeply et coughing during expiration. <i>Psychomotor-rehabilitation</i> 2) Demonstration of effective splinting of surgical wound while coughing to reduce incisional pressure et pain. <i>Psychomotor-rehabilitation</i> 	<p>3/8 NSG Orders Goal #1</p> <p>TPC nurse will demonstrate technique of breathing deeply et coughing with return demonstration from patient at 0800. <i>Teaching</i></p> <p>TPC nurse will demonstrate splinting of the incision site while coughing with fingers interlocked across abdomen to provide support to incisional site with return demonstration from patient at 0800. <i>Teaching</i></p> <p>At 0800, TPC nurse will encourage use of pain medication as needed for pain for control of pain to enable coughing et deep breathing exercises. <i>Therapeutic</i> N. Nurse SN SPC</p>	<p>For Goal #1</p> <p>"Explain these possible complications and encourage the client to practice deep breathing and controlled coughing" (Ames et Kneisl p. 239).</p> <p>"Splinting the incision providing external support reduces movement of involved tissues, reduces pain, and this facilitates coughing and deep breathing. Either the nurse or client can splint the incision by supporting it with a pillow or interlocked hands." (Ames et Kneisl p. 239).</p> <p>"Pain relief is the first consideration for the surgical client, because pain and fear can induce additional stress interfering with recovery." (Ames et Kneisl p. 259).</p>	<p>3/10 Goal #1 met as evidenced by:</p> <ol style="list-style-type: none"> 1) Pt. effectively demonstration deep inhalation er continuous coughing throughout exhalation. 2) Pt. effectively demonstrating splinting of the surgical wound while coughing et pt statement while coughing et patient statement "It doesn't hurt as bad when I hold my hands like that." Reassessment indicates objectives completed. NSG intervention at this time should <u>include encouragement of these procedures</u> but teaching goals no longer necessary for these techniques. <p>See revision to plan dated 3/10 and re-evaluate on 3/12</p> <p>N. Nurse S SPC</p>
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<u>ANALYSIS</u> Problem/Nursing Diagnosis	<u>PLAN</u> Goal Statements with Outcome Criteria	<u>IMPLEMENTATION</u> Nursing Interventions Actions	Scientific Rationale	<u>EVALUATION</u> Evaluative Outcome Criteria
	<p>Goal #2 Patient will demonstrate better airway clearance by 3-10</p> <p><u>EOC's</u></p> <p>No cyanosis noted.</p> <p>Effective coughing with more sputum produced.</p> <p>Decreased congestion heard upon auscultation of lungs. <i>Psychomotor-rehabilitation</i></p>	<p>Revision to Plan</p> <p>3/10 NSG orders 1& 2 discontinued.</p> <p>TPC nurse will encourage patient demonstration of above techniques every 2 hours. <i>Therapeutic</i></p> <p>3/8 Nsg. Orders for Goals #2</p> <ol style="list-style-type: none"> 1. TPC nurse will encourage cough et deep breathing exercises at least every 4 hours while awake. <i>Therapeutic</i> 2. TPC nurse will auscultate pt's lungs every 2 hours to monitor for worsening lung congestion et report any significant changes to physician. <i>Therapeutic</i> 3) TPC nurse will encourage use of spirometer, brought in by RT, every 2 hours during lung assessment. <i>Therapeutic</i> <p>N. Nurse SN SPC</p>	<p>2) "Encourage client to practice deep breathing and controlled coughing prevents possible complications." (Ames et Kneisl p. 239).</p> <p>3/8 for Goal #2</p> <ol style="list-style-type: none"> 1) "Coughing and deep breathing should be encouraged at least every hour in the early post- operative period and periodically thereafter." (Ames et Kneisl p. 258). 2) "Auscultate the lungs periodically to sure secretions are not building up." (Ames et Kneisl p. 256). 3) "Incentive spirometry, if ordered, should be encouraged as often as prescribed and the nurse should assist the client as necessary." (Ames et Kneisl p. 239). 	<p>Goal #2 was partially met by target date as evidenced by:</p> <ol style="list-style-type: none"> 1) No cyanosis noted. 2) Pt. coughing more effectively with more sputum being produced. 3) Congestion is still heard in lungs; however it seems to be higher up in the lobes of the lungs and sounds as though it is breaking up. Reassessment indicates current plan still effective. Continue interventions as listed et re-evaluate on 3/15 <p>N. Nurse SN SPC</p>

<p><u>ANALYSIS</u> Problem/Nursing Diagnosis</p>	<p><u>PLAN</u> Goal Statements with Outcome Criteria</p>	<p><u>IMPLEMENTATION</u> Nursing Interventions Actions</p>	<p>Scientific Rationale</p>	<p><u>EVALUATION</u> Evaluative Outcome Criteria</p>
	<p>3/8 Goal #3 Patient will demonstrate complete airway clearance by 3-22 as evidenced by:</p> <p>No cyanosis noted. No congestion heard in lungs in either lobe on auscultation. Minimal coughing with sputum coughed up easily when it builds up. <i>Psychomotor rehabilitation</i></p>	<p>3/8 Nsg. Orders of Goal #3 1), 2), 3) same as for Goal #1</p> <p>At 1600, TPC nurse will encourage coughing after ambulation to allow better clearance of secretions. <i>Therapeutic</i></p> <p>At 0900, TPC nurse will encourage fluids immediately upon doctors' orders to allow secretions to become more liquid for easier clearance from the body. <i>Therapeutic</i></p> <p>TPC will encourage patient to drink 8 oz of fluid every 2 hours when fluids are allowed.</p> <p>N. Nurse SPC ADN</p>	<p>For Goal #3 1, 2, 3 same as for LTG goal #1</p> <p>"Recommend the sitting position or Fowler's position because they allow for maximum lung expansion and aeration."</p> <p>5 & 6) "Keep the client hydrated to loosen secretions so they can be more easily expectorated and to prevent dehydration." (Ames et Kneisl p. 385).</p>	<p>3/10 Goal #3 was partially met as evidenced by: No cyanosis noted/ Congestion higher up in the respiratory tract er sounds as if it's breaking up. Continued coughing but with better sputum production. Pt. is moving toward the goal as evidenced by the criteria above. Continue interventions as listed er re-evaluate on 3-15. N. Nurse SN SPC</p>

<u>ANALYSIS</u> Problem/Nursing Diagnosis	<u>PLAN</u> Goal Statements with Outcome Criteria	<u>IMPLEMENTATION</u> Nursing Interventions Actions	Scientific Rationale	<u>EVALUATION</u> Evaluative Outcome Criteria
<p>2) Acute pain as related to post-operative status and compression of spinal nerves upon movement or coughing as manifested by verbal expression of pain, grimacing of face when turning or moving, et, use of morphine frequently via PCA pump.</p> <p><i>High Priority</i></p>	<p>3/8 Goal # 1: Patient will demonstrate improved control of pain by 3-10 as evidenced by:</p> <p>Decreased in morphine dosage from 18 mg every 8 hours to 12 mg every 8 hours.</p> <p>Verbalizes pain severely decreased from 9 to 5 on a scale of 1-10 (with 10 being most severe pain)</p> <p><i>Affective-Rehabilitation</i></p>	<p>3/8 Nsg. Orders for Goal #1 At 1000, TPC nurse will demonstrate relaxation et imagery techniques to patient with return demonstration (explanation) from the patient. <i>Teaching</i></p> <p>At 0800, TPC nurse will demonstrate splinting of the surgical area with hands across abdomen et fingers interlocked while coughing et deep breathing to reduce pain et pressure with return demonstration from pt. <i>Teaching</i></p> <p>TPC nurse will check clients position and assists with repositioning every 2 hours. <i>Therapeutic</i></p> <p>At 0800, TPC nurse will assess for and correct all factors that may increase client's perception of pain e.g. straighten lines prn, keep all tubing properly positioned. <i>Diagnostic</i></p>	<p>For Goal #1 Orders "Acute pain is usually successfully treated with an analgesic medications and/or relaxation technique." (Ames et Kneisl p. 52).</p> <p>"Clients having surgery of the chest, anorectum, joints, back and upper abdomen generally experience the greatest postoperative pain as movement causes incisional pain. These areas should be supported for coughing and movement." (Ames et Kneisl p. 257).</p> <p>Dx #2 3/8 Additional Rationalizing</p> <p>Positioning client in anatomical alignment is a measure used to control painful stimuli I the client's environment. (Potter & Perry p. 956)</p> <p>These factors also assist in controlling painful stimuli within one's environment. (Potter & Perry p. 941)</p>	<p>3/10 Goal #1 was partially met as evidenced by:</p> <p>Patient using only 12-15 doses of morphine every 8 hours.</p> <p>Pt's statement, "It doesn't hurt quite as bad today.</p> <p>Pt's use of relaxation et imagery techniques seemingly correct. Pt. states: "I thought you were crazy when you first started telling me about this imagery stuff but it really works. I feel more relaxes after I do it." Reassessment indicates current plan still effective. Continue with interventions as listed et re-evaluate on 3-22. N. Nurse SPC ADN</p>

<p><u>ANALYSIS</u> Problem/Nursing Diagnosis</p>	<p><u>PLAN</u> Goal Statements with Outcome Criteria</p>	<p><u>IMPLEMENTATION</u> Nursing Interventions Actions</p>	<p>Scientific Rationale</p>	<p><u>EVALUATION</u> Evaluative Outcome Criteria</p>
	<p>3-8 Goal #2 Patient will demonstrate complete alleviation of pain by 3-22 as evidenced by:</p> <p>No use of pain medication. Ability to move, cough et deep breathe without verbal or non-verbal expression of pain.</p>	<p>TPC nurse will assess pts. Level of pain every 4 hours and prn by having patient rate pain on a descriptive scale with 10 being the most severe and 1 being little or no pain. <i>Diagnostic</i></p> <p>TPC nurse will also assess pt. for objective signs of pain (crying, guarding, facial expression, changes in vital signs) every 4 hours and prn. <i>Diagnostic</i></p> <p>N. Nurse SN SPC</p> <p>1 et 2) same as for Goal #1</p> <p>3) At 0800, TPC nurse will explain importance of reducing dosage of pain medication as pain gets more tolerable to the patient to allow the body to get used to pain management and to avoid withdrawal symptoms. <i>Teaching</i> N. Nurse SN SPC</p>	<p>Descriptive scales are an <u>objective</u> means of measuring pain intensity and they help to evaluate changes in the client's condition. (Potter & Perry p. 958)</p> <p>For Goal #2</p> <p>1) et 2) same as above 3) "Narcotic analgesics should be decreased over a few days before being discontinued to avoid drug withdrawal. (Ames et Kneisl p. 56).</p>	<p>3/22 Goal #2 was not met at this time, due to the long-term nature of this goal. Pt. continues use of pain medication et some verbal et non-verbal expressions of pan upon movement. After reassessment of plan, the plan determined still effective. Continue interventions as listed and re-evaluate on 3-22 N. Nurse SN SPC</p>

<u>ANALYSIS</u> Problem/Nursing Diagnosis	<u>PLAN</u> Goal Statements with Outcome Criteria	<u>IMPLEMENTATION</u> Nursing Interventions Actions	Scientific Rationale	<u>EVALUATION</u> Evaluative Outcome Criteria
<p>2) Impaired physical mobility as related to recent post-op status, acute pain, et medical restrictions on mobility as manifested by inability to walk without assistance et verbal et nonverbal expressions of pain upon movement.</p> <p><i>Medium priority</i></p>	<p>Goal #1</p> <p>Pt. will demonstrate improved physical mobility by 3-10 as evidenced by:</p> <p>Decreased amount of support necessary when standing and ambulating from 1 person and assistance of walker to use of walker on own.</p> <p>Decreased nonverbal expression of pain upon movement.</p> <p>No verbal expression of pain upon movement.</p> <p>No c/o fatigue and pain after ambulation.</p> <p><i>Psychomotor-Rehabilitation</i></p>	<p>3/8 Nsg Orders for Goal #1</p> <p>TPC nurse will assist pt. to turn every 2 hours as tolerated.</p> <p><i>Therapeutic</i></p> <p>TPC nurse will provide supportive assistance when pt. sits up, stands up, ambulates, et returns to bed with the aid of physical therapy staff when available.</p> <p><i>Therapeutic</i></p> <p>TPC nurse will assess pt's blood pressure and pulse upon lying down, sitting up, et then standing to monitor changes due to position change, monitoring closely for orthostatic hypotension related to narcotics et bed rest before patient gets up.</p> <p><i>Diagnostic</i></p>	<p>for Goal #1</p> <p>"Pressure relief can be achieved by frequent changing of position (at least every two hours). (Ames et Kneisl p. 1274)</p> <p>"Clients who are able to move without help should be prepared to move their extremities and to turn from side to side within the limits that may be imposed by their surgeon. Tell the client that will be unable to move or turn that the nurse activities." (Ames et Kneisl p. 239)</p> <p>"Postural hypotension (a drop-in blood pressure when moving from a lying or sitting to a standing position) is often associated with the dizziness or weakness." (Ames et Kneisl p. 259)</p>	<p>3/10 Goal #1 partially met as evidenced by:</p> <ol style="list-style-type: none"> 1) Support needed decreased from maximum support of three people to only minimal support of two people for balanced et assistance. 2) Minimal amt. Of wincing et. pt. no longer moans or groans upon movement. 3) Pt. statement, "It doesn't hurt to move like it did a couple of days ago." 4) Pt. only sleeps about 30 minutes in between times of ambulation now three times a day. Reassessment indicates plan still effective with revision of nsg. Order #4 as follows: <p style="text-align: right;">N. Nurse SN SPC</p>

<u>ANALYSIS</u> Problem/Nursing Diagnosis	<u>PLAN</u> Goal Statements with Outcome Criteria	<u>IMPLEMENTATION</u> Nursing Interventions Actions	Scientific Rationale	<u>EVALUATION</u> Evaluative Outcome Criteria
		<p>At 0800, TPC nurse will teach pt. to splint incision site with arms across abdomen when moving to relieve pain et pressure related to stress on the incision.</p> <p><i>Teaching</i></p> <p>N. Nurse SN SPC</p>	<p>"Splinting the incision - providing external support - reduces movement of the involved tissues, reduces pain and thus facilitates coughing et deep breathing. Either the nurse or client can splint the incision by supporting it with a pillow or interlocked hands." (Ames et Kneisl p. 259</p>	

Unit III: Principles of IV Therapy

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
1. Principles of IV Therapy A. Seven Uses of IV Therapy B. Six Nursing Responsibilities in IV Therapy C. Prepare/Add Mixtures 1. Incompatibility 2. Equipment 3. Piggy back medication D. Performing venipuncture 1. Step-by-Step procedure a) wingtip needle b) over-the-needle catheter c) through-the-needle catheter d) heparin lock 2. Selecting the cannula 3. Selecting the infusion site 4. Problems and precautions E. Protecting the Infusion site 1. Ointment 2. Taping 3. Labeling 4. Precautions	State seven uses for intravenous therapy.	Group 1. Lecture 2. Discussion 3. IV's Assignment 1. Taylor, Lillis, Lynn 2. Chapter 28. 3. Complete TPN Self Study Module 4. Start IV and Calculate IV Rate Evaluation 1. Return Demonstration 2. Pen & Paper or Computer Test 3. The Course Point	A1	A1	A4	B1
	List visible and invisible changes that may occur with an incompatibility.		A4	B1	B1	B2
	Identify the function of each of the components of the standard administration set.		B2	B2	B2	
	Identify six nursing responsibilities in intravenous therapy.			B7	B3	
	Describe how to administer piggyback medications.			C6	B4	
	Describe the indirect and direct method of venipuncture with a wingtip needle.			D2	D1	
	Describe and demonstrate how to perform venipuncture with an over-the-needle catheter.			D3	E2	
	Describe how to perform venipuncture with a through-the-needle catheter.			D4	F2	
	Describe how to perform heparin lock.			E8		
	Identify two considerations in the selection of the intravascular cannula.			E12		
	Name three considerations in choosing an infusion site.					
	Describe assessment findings that indicate rejection of a site for IV therapy.					
	Discuss problems encountered when initiating IV therapy.					
	Obtain essential data in the nursing history regarding medication.					
	Obtain data required to assess the patient receiving medication.					
	State the essential steps of medication administration.					
	Make proper preparation for administering medication.					
	Review and demonstrate equipment required for parenteral medications.					
	Review sites used for subcutaneous, intra-muscular, and intra-dermal injections.					
	State the five rights and three checks of medication administration.					
State the purpose of an antimicrobial ointment applied directly to the venipuncture site.						
Identify three methods of taping the intravascular cannula.						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
F. Monitoring the Patient 1. Documenting nursing care 2. Calculating the drip rate 3. Complications at the infusion site 4. Discontinuing an IV infusion 5. Heparin lock 6. Selecting the infusion site 7. Problems and Precautions	State the purpose of documenting IV therapy in the patient record. Identify the information that is included in documentation. Name four complications that occur at the infusion site. Describe nursing actions to be taken if complications occur. Describe how to discontinue an IV infusion. Identify the information that is included when documenting the discontinuation of an IV infusion. State the information that is recorded on the dressing site. List precautions for the patient with an IV when ambulating or in bed.					

CRITERIA FOR SELECTING A SUITABLE VEIN FOR VENIPUNCTURE

1. Use distal branches of a large vein rather than the best sites. These are then available for emergencies.

NURSING ALERT: Select lowest good vein on hand or arm initially for venipuncture or infusion. If the first site is ruined, you must move up the arm for another stick.

2. Convenient veins include the following:

A. Back of hand – basilic or cephalic

- 1) This site permits arm movement.
- 2) If this site is no longer good, veins higher up the arm may be used.

B. Forearm – basilic or cephalic

C. Inner aspect of elbow, antecubital fossa-median

- 1) These veins are large and easily accessible.
- 2) Note, this site precludes arm movement.
- 3) Choose site below crease for patient's comfort.

3. Otherwise, select other available veins.

A. Thigh – great saphenous and

femoral veins.

B. Ankle – great saphenous.

C. Foot – venous plexus of dorsum, venous arch, medial marginal vein.

NURSING ALERT: Avoid leg veins if there are marked degrees of varicosity at or above proposed site of injection. Otherwise, injected solutions may stagnate along varicose vessels.

CHOOSING IV SITES

Start distal to proximal. Avoid antecubital fossa.

Think “small gauge, large vein.”

The vein elasticity is important.

Avoid joint area.

Check both arms – limitations. (Prior surgeries such as mastectomies make the involved limb unsuitable for an IV)

Look for a “Y” in the vein and puncture between the branching. The vein branches help stabilize the vein.

Choose “large vein” for 18G and 20G catheters used for surgery or blood administration.

METHODS OF DISTENDING A VEIN

1. Apply manual compression above the site where needle is to be inserted.
2. Have the client periodically clench his fist (if arm is used).
3. Massage area in direction of venous flow.
4. Apply sphygmomanometer cuff (keep pressure just below systolic pressure).
5. Apply tourniquet in a slip knot.
6. Lightly tap vein site; this is to be done gently so that the vein is not injured.
7. Allow extremity to be dependent for a few minutes.
8. Apply moist heat by wringing out a towel and wrapping the part. Apply water-resistant wrapper externally and place a warm water bottle along extremity. Leave in place 10-20 minutes.
9. Apply external heat to extremity using a thermostatically controlled heating pad.

Type of Fluid	Nonelectrolyte		Comments
	Constituents	Tonicity	
Dextrose in water solutions			
5% dextrose in water	Dextrose	isotonic (252 mOsm/L)	Does not replace electrolytes or correct fluid deficits. Hypertonic solutions irritate the veins and act as osmotic diuretics, thus increasing body fluid loss. Dextrose solutions mixed with blood infusion cause hemolysis of red cells.
10% dextrose in water	Dextrose	hypertonic (505 mOsm/L)	
20% dextrose in water	Dextrose	hypertonic (1,010 mOsm/L)	
50% dextrose in water	Dextrose	hypertonic (2,525 mOsm/L)	
Dextrose in saline solutions			
5% dextrose and 0.2% sodium chloride	Dextrose	isotonic (320 mOsm/L)	Provides calories, water, and Na ⁺ and Cl ⁻ . Used to treat temporary hypovolemia and to promote diuresis in dehydrated patients.
5% dextrose and 0.45% sodium chloride	Dextrose	hypertonic (406 mOsm/L)	
5% dextrose and 0.9% sodium chloride	Dextrose	hypertonic (559 mOsm/L)	
10% dextrose and 0.9% sodium chloride	Dextrose	hypertonic (812 mOsm/L)	
Saline solutions			
0.45% sodium chloride		hypotonic (154 mOsm/L)	Supplies daily salt and water requirements. Widely used as a routine electrolyte replacement solution even though it supplies only Na ⁺ and Cl ⁻ , Na ⁺ , and Cl ⁻ are supplied in excess of normal plasma levels. Used for correction of severe salt depletion only.
0.9% sodium chloride		isotonic (208 mOsm/L)	
3% sodium chloride		hypertonic (1,026 mOsm/L)	

Type of Fluid	Nonelectrolyte		Comments
	Constituents	Tonicity	
Multiple electrolyte solutions Ringer's solution		isotonic (309 mOsm/L)	Replaces K ⁺ and Ca ⁺⁺ besides Na ⁺ and Cl ⁻ ; Cl ⁻ is in excess of normal plasma Cl ⁻ level. Electrolyte concentration closely resembles ECF. Used to replace ECF deficits and losses from vomiting or gastric suction. Dextrose provides calories.
Lactated Ringer's solution		isotonic (273 mOsm/L)	
5% dextrose in lactated Ringer's	Dextrose	hypertonic (524 mOsm/L)	
10% dextrose in lactated Ringer's	Dextrose	hypertonic (776 mOsm/L)	
Plasma substitutes 10% dextran 40 in 5% dextrose	Dextrose	isotonic (252 mOsm/L)	Raises osmotic pressure of blood drawing interstitial fluid into vessels. Give dextran carefully to patients with heart or renal disease.
10% dextran 40 in 0.9% sodium chloride		isotonic (308 mOsm/L)	
Alcohol solutions 5% alcohol in 5% dextrose	Dextrose alcohol	hypertonic (1,114 mOsm/L)	Provides calories. Has depressant and diuretic effects.
Amino acid solutions	Essential and nonessential amino acids	hypertonic (950 mOsm/L)	Amino acid preparations are available in varying percentages and electrolyte content. Supplies proteins for tissue repair and helps to correct negative nitrogen balance states.
Fat emulsions Intralipid or Liposyn 10%	Fat emulsion	isotonic (280-300 mOsm/L)	Excellent source of calories and essential fatty acids. Contraindicated in patients with disorders of fat metabolism or liver damage.
Intralipid or Liposyn 20%	Fat emulsion	isotonic (330-340 mOsm/L)	

IV: Introduction to the Concept of Fluid-Electrolyte & Acid-Base Balance

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
1. Acid Base Balance A. Acid Base Regulation 1. Chemical regulation 2. Biological regulation 3. Physiological regulation B. Types of Acid Base Imbalance 1. Respiratory acidosis 2. Respiratory alkalosis 3. Metabolic acidosis 4. Metabolic alkalosis C. Application of the Nursing Process to assist the patient 1. Assessment 2. Nursing Diagnosis 3. Planning 4. Implementation 5. Evaluation 2. Fluid and Electrolytes A. General Information 1. Body composition of fluid 2. Factors affecting total body water 3. Use of nursing process to maintain or regain balance	Identify the processes involved in acid base regulation.	Group 1. Lecture 2. Discussion 3. CIA-ABEE's 4. Group Exercise Assignment 1. Taylor, Lillis, Lynn 2. Chapter 39. 3. Define key terms 4. Kee: Units 1, 2, 3, 4 & 5 5. CIA Fluids & Electrolytes Evaluation 1. Pen & Paper or Computer Test 2. The Course Point	A1	A1	A4	B1
	Discuss the four types of acid base imbalances.		A4	B1	B1	B2
	List at least four causes for each of the four types of acid base imbalance.		B2	B2	B2	
	Describe the characteristics of the four types of acid base imbalance.			B7	B3	
	State the main goal of therapy for acid base imbalances.			C6	B4	
	Discuss the nursing process applications for treatment of acid base imbalances.			D2	D1	
	Describe the distribution and composition of body fluids.			D3	E2	
	Describe the mechanism by which body fluids move and are regulated.			D4	F2	
	Discuss the volume disturbances of dehydration and over hydration.			E8		
	Discuss the four areas to include in the assessment of fluids and electrolytes.			E12		
	Discuss the three categories of nursing diagnoses associated with fluid and electrolyte disturbances.					
	Identify the major disturbances that occur when electrolytes are out of balance.					
	List signs and symptoms that accompany each disturbance.					
	Recognize major nursing responsibilities of care for patients with fluid and electrolyte disturbances.					
	Identify appropriate nursing diagnoses for patients with fluid and electrolyte disturbances.					

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
B. Normal Process Related to Fluids						
1. Definitions						
2. Components of body fluid						
3. Fluid compartments of the body						
a) Intracellular fluid						
b) Extracellular fluid						
C. Transport Systems within the Body						
1. Passive Transport Systems						
a) Diffusion						
b) Filtration						
c) Osmosis						
2. Active Transport System						
3. Other Transport Mechanisms						
D. Electrolytes						
1. Ions						
2. Anions						
3. Cations						
4. Milliequivalents						
E. Regulation of Body Fluids						
1. Fluid Intake						
2. Fluid Output						
3. Hormones						
F. Nursing Challenges						
3. ECF Disturbances						
A. Terminology						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
B. Extracellular Disturbances						
1. Excesses & Deficits						
a) ECF Composition						
b) ECF Excess						
1. Definition						
2. Body Tissue Changes						
3. Causes						
4. Pathophysiology						
5. Recognition						
6. Lab Tests						
7. Nursing Diagnosis						
8. Treatment						
9. Nursing Responsibilities						
c) ECF Deficit						
1. Definition						
2. Causes						
3. Recognition						
4. Lab tests						
5. Nursing Diagnosis						
6. Treatment						
7. Nursing Responsibilities						
4. ICF Disturbances						
A. Intracellular Disturbances						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
1. Excesses & Deficits a) ICF Composition b) ICF Excess 1) Hypotonic Expansion a. Definitions b. Causes c. Recognition d. Lab Tests e. Treatment f. Nursing Responsibilities 2) Hypotonic Contraction a. Definitions b. Causes c. Recognition d. Lab Tests e. Treatment f. Nursing Responsibilities 2. ICF Deficit a) Hypertonic Expansion 1. Definition 2. Causes 3. Recognition 4. Lab Tests 5. Treatment 6. Nursing Responsibilities						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
<ul style="list-style-type: none"> b) Hypertonic Contraction <ul style="list-style-type: none"> 1. Definition 2. Causes 3. Recognition 4. Lab Tests 5. Treatment 6. Nursing Responsibilities 5. Electrolytes <ul style="list-style-type: none"> A. Overview B. Electrolyte-Potassium <ul style="list-style-type: none"> 1. Normal functions 2. Imbalance and Causes 3. Basis for Imbalance 4. Hyperkalemia <ul style="list-style-type: none"> a) Causes b) Signs & Symptoms c) Nursing Implications 5. Hypovolemia <ul style="list-style-type: none"> a) Causes b) Signs & Symptoms c) Nursing Implications C. Electrolyte-Magnesium <ul style="list-style-type: none"> 1. Normal functions 2. Imbalance and Causes 3. Basis for Imbalance 						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
4. Hypermagnesia a) Causes b) Signs & Symptoms c) Nursing Implications 5. Hypomagnesia a) Causes b) Signs & Symptoms c) Nursing Implications D. Electrolyte-Calcium 1. Normal Functions 2. Imbalance and Causes 3. Basis for Imbalances 4. Hypercalcemia a) Causes b) Signs & Symptoms c) Nursing Implications E. Electrolyte-Sodium 1. Normal Functions 2. Imbalance and Causes 3. Basis for Imbalance 4. Hypernatremia a) Causes b) Signs & Symptoms c) Nursing Implications						

CONTENT	OBJECTIVES	LEARNING ACTIVITIES/ EVALUATION	DECS (Knowledge)			
			1	2	3	4
5. Hyponatremia a) Causes b) Signs & Symptoms c) Nursing Implications						

MEETING THE NEED FOR FLUID AND ELECTROLYTE BALANCE
COMMONLY USED INTRAVENOUS SOLUTIONS

IV Solution	Tonicity	Uses	Comments
0.9% (normal) saline	isotonic	adds saline expands ECF volume	overuse causes saline excess
0.45% (half-normal) saline	hypotonic	adds H ₂ O and some Na	overuse causes hyponatremia
5% dextrose/water (D5W)	isotonic upon infusion; hypotonic after dextrose enters cells	adds water and calories	overuse causes hyponatremia
5% dextrose/0.9% saline	hypertonic upon infusion; isotonic after dextrose enters cells	adds saline and calories; expands ECF volume	overuse causes saline excess
5% dextrose/0.45% saline	hypertonic upon infusion; hypotonic after dextrose enters cells	adds H ₂ O, some Na, and calories	overuse causes hyponatremia
Lactated Ringer's solution	isotonic	fluid and electrolyte replacement	contains Na, K, Ca, lactate
Saline	hypertonic	treatment of severe symptomatic hyponatremia	overuse causes hyponatremia

TABLE 5-5 SOME POTASSIUM SUPPLEMENTS

Product	Amount of Potassium Supplied (potassium chloride unless specified)	Nursing Tips
<u>Liquids</u> Kay Ciel KCl-Rougiert K-10 Kaochlor 10% Kaochlor S-F Kay Ciel KLOR-10% Kloride Klorvess 10% Pan-kloride Pfiklor Rum-K Kaon-Cl 20% KLOR-CON Koan Potassium-Rougiert Twin-K Duo-K Kolyum Potassium triplex	6.6 mEq/5 ml 10 mEq/15ml 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 10% (20mEq/15 ml) 15% (30mEq/15 ml) 20% (40 mEq/ml) 20% (40 mEq/ml) 20 mEq/15ml as gluconate 20 mEq/15ml as gluconate 20 mEq gluconate and citrate 20 mEq potassium and 3.3 mEq chloride per 15 ml 20 mEq potassium and 3.3 mEq chloride per 15 ml 45 mEq/15ml as acetate bicarbonate, and citrate	<ul style="list-style-type: none"> • Due to many forms and varying amounts of potassium, give these supplements with extreme caution. Never switch potassium products without a doctor's order. If your patient tolerates one product better than another, tell the doctor so he can change the brand and dosage. • Give potassium in 2 to 4 doses per day over several days to avoid severe hyperkalemia. Give it with or after meals with a full glass of water or fruit juice to minimize GI irritation. Follow the manufacturer's recommendations for dilution. • Tell patients to sip liquid potassium products slowly to minimize GI irritation. Give to patients on fluid restriction at mealtime. Don't give to patients receiving potassium-sparing diuretics (spironolactone and triamterene).

TABLE 5-5 SOME POTASSIUM SUPPLEMENTS

Product	Amount of Potassium Supplied (potassium chloride unless specified)	Nursing Tips
<u>Powders</u> K-Lor Kato Kay Ciel K-Lor K-Lyte K-Lvte Cl Kolyum	15 mEq/packet 20 mEq/packet 20 mEq/packet 20 mEq/packet 20 mEq/packet 25 mEq/packet 20 mEq/potassium and 3.34 mEq chloride per 5 g packet (gluconate and chloride)	<ul style="list-style-type: none"> • Make sure powders are <i>completely</i> dissolved • A helpful tip: If patient's diet allows, mix total daily dose of potassium powder in boiling water and then add one packet of gelatin dessert, adding usual amount of cold water to the gelatin. Once the mixture sets, it can be divided into four servings or doses.