BERGEN COMMUNITY COLLEGE
DIVISION OF HEALTH PROFESSIONS
DEPARTMENT OF NURSING

NUR 282
LEVEL II
ADULT HEALTH NURSING - B
COURSE OUTLINE
4 CREDITS

LECTURE:  4 HOURS PER WEEK

CLINICAL: 10 HOURS PER WEEK
CLINICAL CONFERENCE:  2 HOURS PER WEEK

FOR USE DURING THE FALL 2015 and SPRING 2016 SEMESTERS ONLY
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**ADULT HEALTH NURSING**

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ALL POLICIES AND COURSE REQUIREMENTS ARE SUBJECT TO REVISION ON A SEMESTER BY SEMESTER BASIS. STUDENTS WILL BE NOTIFIED OF ANY REVISION(S) AT THE BEGINNING OF THE SEMESTER IN WHICH THE POLICY OF REQUIREMENTS IS/ARE TO BE IMPLEMENTED DURING THE FIRST MEETING OF THE APPROPRIATE NURSING CLASS.
NUR 282, Adult Health Nursing - B

COURSE DESCRIPTION

This course is a second level course in the nursing sequence which focuses on the health care of individuals and families who have needs related to nutrition and elimination. Students will use the nursing process in a variety of health care settings to assist individuals and families achieve optimum health. This course runs for half the semester concurrently with NUR 281. Students may elect to take either course before the other.

4 lec., 12 lab., 7.5 weeks, 4 credits

PREREQUISITES: NUR 181, NUR 182, NUR 183, BIO 109, AND PSY 101

CO-REQUISITES: BIO 209, PSY 106, AND NUR 281

Course Learning Outcomes

1. Provides nursing care based on Orem’s self-care model to one or two clients with deficits in USCRs – Food/Fluid and Elimination.
2. Applies nursing care that reflects the developmental capabilities of adults and aged clients.
3. Employs therapeutic communication techniques when interacting with individuals, families and other health care professionals.
4. Provides nursing care based on biological, psychological, sociological, cultural, spiritual and economic factors that influence the health of adults.
5. Selects nursing activities that support personal, professional and educational development.
6. Behaves in an ethical manner and adheres to legal and ethical standards when providing patient care.
7. Applies additional skills in nursing care through the use of a variety of technological resources.
8. Demonstrates critical thinking by analyzing and evaluating information in clinical situations in relation to care of adults with deficits in Food/Fluid and Elimination.
9. Utilizes pharmacological concepts in the clinical and classroom setting to correctly calculate drug and solution problems. Passes the Level II Pharmacological Math Computation Exam (PMCE) with a score of 80% or higher.
10. Creates and implements a teaching plan based which meets the educational needs of an individual.

LEVEL REQUIREMENT

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 90% is a level requirement. The PMCE is comprise of 10 questions and will be given in the first course of each level. If the student does not attain the required 90% passing grade, he/she will be provided two retake opportunities within the confines of that course. Failure to achieve an 90% in the PMCE will result in an “F” for the course in which the test was administered. Calculators may be used at Level II.

TEACHING AND LEARNING ACTIVITIES

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COURSE REQUIREMENTS

A. 14 Case Studies on Evolve Learning System (see page 6)

B. The following course requirements are submitted to your clinical instructor:
   - 2 Nursing Care Plans each with 1 Assessment of Basic Conditioning Factors and 1 Nursing Diagnosis.
   - OR
   - 1 Nursing Care Plan with 1 Assessment of Basic Conditioning Factors and 2 Nursing Diagnoses.
   - The nursing diagnosis in each nursing care plan will address Orem's Universal Self Care Requisite of FOOD or ELIMINATION (due dates to be determined by clinical instructor).
   - 1 Process Recording (due date to be determined by clinical instructor).
   - 1 Teaching Plan (topic, methodology and due date to be determined by clinical instructor).

COURSE EVALUATION

A. Theory grade:  
   - Three unit tests worth 80%
   - One Final (cumulative NUR 282 – 001 or 601) or HESI cumulative exam (NUR – 002 or 602) worth 20%
   - Total 100%

   A grade of C+ is required for passing theory portion of course (see grading scale on page 3). Only answers on scantron card will be accepted.

B. Clinical and Clinical Conference Attendance and Absence Policy
   - All students will be reminded at the beginning of each clinical experience that they are required to attend ALL clinical laboratory AND clinical conference meetings or be in jeopardy of receiving a failing clinical grade.
   - In order to pass clinical, the final grade must reflect a Satisfactory in all areas of the clinical evaluation. A student who receives an Unsatisfactory in any area will not pass the clinical component and will receive a final grade of “F” in the clinical nursing course regardless of the theory grade. Attendance is a part of the scoring of the clinical grade. In the category regarding professional behaviors, the following rules apply:
     - Two absences = a make-up assignment which will be developed by the clinical instructor and be equivalent to the clinical hours missed
     - Three absences = failure of course

   Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team and Program Director at the request of the student.

   A student should not call the College to report an absence. Faculty will inform students of the procedure to follow to report an absence for clinical laboratory or conference.

C. Satisfactory demonstration on Foley catheterization skill validation. This includes insertion, removal, and obtaining a closed specimen.

D. Adherence to Nursing Program attendance policy (see Nursing Student Handbook).
E. In order to pass the course, the student must receive:
   - Theory grade of C+
   - Pass the Evaluation of Clinical Performance
   - Pass the Foley Skill Validation
   - Pass with 90% or greater the Pharmacology Math Computation Exam (PMCE)

A  92.5-100
B+ 87.5-92.4
B  82.5-87.4
C+ 77.5-82.4
C  72.5-77.4
D  67.5-72.4
F  67.4 AND BELOW

(Refer to Student Handbook)

REQUIRED TEXTS

All textbooks from previous courses: NUR 181, NUR 182, and NUR 183.

NUR 281/282
Lutz and Przytalski. Nutrition and Diet Therapy. F.A. Davis, 6th edition,

Brunner & Sudarth, Textbook of Medical-Surgical Nursing. Lippincott, 13th edition (2 volume)

Several e books can be found at the following BCC library link:
http://0-online.statref.com.sslopa.bergen.edu/Splash.aspx?SessionId=1CF9324RiTWFJMWM
NUR 282
Computer Assisted Instruction
(Room B-307 & Library)

1. Click on Start (bottom left of screen)
2. Click on All Programs
3. Click on Level 2
4. Click on NUR 282

**Adult Health Nursing Concepts and Skills**

- **Hematologic**
  - Mrs. Byrd – Iron Deficiency Anemia

- **Gastrointestinal**
  - Mr. Lewis – Peptic ulcer and gastrectomy
  - Mrs. Banks – Pancreatitis
  - Mr. Gold – Intestinal obstruction

- **Endocrine**
  - Susan Smith – Diabetic ketoacidosis

- **Hepatic Biliary**
  - Mrs. Bella – Cirrhosis of the liver
  - Mr. Reyes – Hepatitis
  - Mrs. Winter – Gallbladder and cholecystectomy

- **Genitourinary**
  - Mr. Sumo – Prostatic hyperplasia
  - Sara – Urinary tract infection
  - Mr. Young – Renal colic and nephrolithiasis

**Critical Care Concepts and Skills**

- **PDS Nursing Scenarios**
- **Adult Health Nursing Concepts and Skills**
- **Gastrointestinal**
  - Marge Thompson – Liver transplant
  - Mr. Stone – Cirrhosis and esophageal varices

- **Endocrine**
  - Mrs. Wilson – HHNK - cardiac
  - Joseph Selim – Hypoglycemia
  - Louise Wilkins – Diabetic ketoacidosis

- **Clinical Nursing Concepts (review these sections)**
  - Pharmacodynamics – non parenteral routes
  - Pharmacodynamics – parenteral routes
  - Peri operative care
  - Inflammation, infection and wound healing

**MSM—MED-SURG**

- **Gastrointestinal**
- **Genitourinary**
- **Hepatic Biliary**

**Gastrointestinal disorders**

- The Accessory Organs of the GI System
- The Gastrointestinal System
- Ulcers
Computer Assisted Instruction – continued

Genitourinary disorders
The Renal System

NCLEX Review 3500
Gastrointestinal
Genitourinary

Nursing Tutorial (NT) are available in the Library. These NCLEX-RN (Judy Miller tapes) Review DVD discs are available on the following topics:

NCLEX RN Review on the following tapes:
Test Taking Skills
Gastrointestinal System
Genitourinary System
Endocrine/Diabetes

Nursing Tutorial Apps on IPad in the nursing office B 302.

Reading and Understanding the New Food Label (DVD – 18 minutes)
TP 374.5 .R433 2005

Diabetes
7 DVDs located in Library Reserve = RC660.D5 D532 2004
1. Physiology of glucose regulation
2. Pathology of diabetes
3. Nutrition therapy, exercise, and sick day management
4. Insulin and oral antidiabetic agents
5. Hypoglycemia and monitoring
6. Neuropathy, nephropathy and retinography
7. Cardiovascular disease and the diabetic foot

NUR 282 Moodle
QuickTime movies on:
1. Foley catheter insertion
2. Foley catheter removal
3. Specimen collection closed technique from a Foley catheter
Evolve Learning System for NUR 282

Course Documents

Evolve Patient Reviews

Adult Health
- Endocrine Health Problems - Susan Smith
- Gastrointestinal Health Problems - Mr. Gold
  - Mr. Lewin
  - Mrs. Barker
- Genitourinary Health Problems - Mr. Sumo
  - Mr. Young
  - Sara
- Hepatic Biliary Health Problems - Mr. Estefan
  - Mrs. Bella
  - Mrs. Winter

Evolve Case Studies

Fundamentals
- Altered Nutrition
- Constipation
- Urinary Patterns

Medical Surgical
- Benign Prostatic Hyperplasia
- Chronic Pancreatitis
- Chronic Renal Failure
- Cirrhosis
- Colonoscopy with Bowel Perforation
- Diabetes Type I
- Hepatitis
- Inflammatory Bowel Disease
- Peptic Ulcer Disease

Physical Assessment
- Abdominal Assessment

Management
- Management of a Medical Unit
# COURSE OUTLINE

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## PART I: THE USCR FOR FOOD

### UNIT I: THE GASTROINTESTINAL SYSTEM

#### I. Definition of USCR for food

Prior to the start of this unit, review the anatomy and physiology of the gastrointestinal system.

Read: Assessment course text - Chapter on Nutritional Assessment

#### II. Assessment of the Gastrointestinal system

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<td>B. Physical exam</td>
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<td>C. Diagnostic studies and related nursing responsibilities (i.e. consents, Supportive Educative Nursing Systems for test preparations, etc.) <em>(SENS)</em></td>
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<tr>
<td>1. radiological</td>
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<td>2. endoscopy</td>
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<td>3. liver biopsy/function</td>
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<td>4. blood chemistry</td>
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Read: Fundamental Text – Chapter on Nutrition

Read: Brunner – Unit 10: Digestive & Gastrointestinal Function Chapters 44-47

Read: Lutz – Chapters 1 – 9, 12, 13, 14 and 15

Read: Pharmacology course text – Chapter on Drugs Affecting the Gastrointestinal System

CAI: Gastrointestinal System (Room B-307 & Library)

NCLEX Review: Gastrointestinal System

NCLEX RN Review: Nutrition

CAI: Mrs. Boyd – Iron Deficiency Anemia

#### III. Normal Nutrition

| A. Components of the basic food groups |
| 1. proteins                     |
| 2. CHO                         |
| 3. fats                        |
| 4. minerals                    |
| 5. vitamins                    |

B. Nutritional Needs of Adults

C. Nutrient imbalances

#### IV. Malnutrition

| A. Review assessment |
| B. Identification of self-care deficits and related nursing diagnoses |
| C. Nursing interventions |
| D. Gerent logical considerations |
| E. Iron Deficiency Anemia |
| F. Pernicious Anemia |
| G. Supplemental nutrition |
| 1. oral feeding |
| 2. enteral feeding |
| 3. TPN |
| 4. surgery |

Read: Lutz, Chapter 15
Theoretical Content

UNIT I: THE GASTROINTESTINAL SYSTEM

V. Bariatric (Obesity)
   A. Review Pathophysiology, Clinical Manifestations, Diagnostic Studies
   B. Therapeutic/nursing management
      1. calorie-restricted diets
      2. exercise
      3. behavior modification
      4. surgery

UNIT II: PROBLEMS OF INGESTION

I. Dental problems
II. Mandibular fractures
III. Gastroesophageal reflux disease (GERD)
    A. Clinical manifestations
    B. Therapeutic management
       1. diet
       2. drugs
    C. Nursing Management
IV. Hiatal hernia
    A. Review Pathophysiology, Clinical Manifestation, Diagnostic Studies
    B. Types
    C. Therapeutic and nursing management
V. Esophageal disorders
VI. Gastrostomy
    A. Types of tubes
    B. Feeding
    C. Skin care
VII. Food poisoning

UNIT III: PROBLEMS OF DIGESTION

I. Nausea and vomiting
   A. Therapeutic management
   B. Nutritional management
   C. Nursing management
II. Acute gastritis
   A. Review Pathophysiology, Clinical Manifestation, Diagnostic Studies
   B. Therapeutic management
   C. Nursing management

Teaching/Learning Activities

Read: Lutz, Chapter 16 and 20

Read: Assessment course text – Assessment of Abdomen

Read: Lutz, Chapter 14
### Theoretical Content

#### UNIT II: PROBLEMS OF INGESTION (Continued)

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<td>3. systemic diseases</td>
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<td></td>
<td>B. Therapeutic management</td>
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<td>1. drugs</td>
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<td>2. surgery</td>
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<td>C. Nursing assessment</td>
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<td>D. Identification of self-care deficits and related nursing diagnoses</td>
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<td></td>
<td>E. Nursing interventions</td>
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| IV. | Peptic ulcers – gastric and duodenal |
|     | A. Review Pathophysiology, Clinical Manifestation, Diagnostic Studies |
|     | B. Complications |
|     | 1. perforation |
|     | 2. gastric outlet obstruction |
|     | C. Therapeutic management |
|     | 1. drugs |
|     | a) antacids |
|     | b) H2 receptor antagonists |
|     | c) anticholinergics |
|     | 2. surgical management |
|     | D. Nursing assessment |
|     | E. Nursing interventions |
|     | 1. relieve discomfort |
|     | 2. recognize complications |
|     | a) dumping syndrome |
|     | b) postprandial hypoglycemia |
|     | 3. diet |

### Teaching/Learning Activities

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#### UNIT IV: PROBLEMS OF THE LIVER, BILIARY TRACT AND PANCREAS

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<td>C. Therapeutic management</td>
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<td></td>
<td>1. drugs</td>
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<td>2. diet</td>
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<td></td>
<td>D. Nursing assessment</td>
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<td>E. Identification of SCD and related NDs</td>
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Read: Brunner – Unit 11: Metabolic and Endocrine Function Chapter 49-51
### Theoretical Content

**UNIT IV: PROBLEMS OF THE LIVER, BILIARY TRACT AND PANCREAS**

**II. Hepatitis (continued)**
- **F. Nursing interventions**
  1. relieve discomfort
  2. skin care
  3. rest

**III. Cirrhosis of the liver**
- **A. Review of Pathophysiology, Clinical Manifestation, Diagnostic Studies**
- **B. Complications**
  1. ascites
  2. esophageal varices
  3. hepatic encephalopathy
- **C. Therapeutic management**
  1. peritoneovenous shunts
  2. endoscopic sclerotherapy
  3. shunts
  4. drugs
  5. diet
  6. noncompliance
- **D. Nursing assessment**
- **E. Identification of SCD and related NDs**
- **F. Nursing interventions**
  1. relieve discomfort
  2. promote rest
  3. observe for complications

**IV. Pancreatitis**
- **A. Review Etiology, Pathophysiology, Clinical Manifestation, Diagnostic Studies**
- **B. Complications**
  1. pseudocyst
  2. abscess
- **C. Therapeutic management**
- **D. Nursing assessment**
- **E. Identification of SCD and related NDs**
- **F. Nursing interventions**
  1. relieve pain
  2. promote fluid and electrolyte balance
  3. observe for complications
  4. SENS to prevent recurrence

### Teaching/Learning Activities

CAI: Gastrointestinal (B-307 & Library)
- NCLEX Review – Gastrointestinal
- Mrs. Banks – Pancreatitis
- Mrs. Bella – Cirrhosis of the Liver
- Mr. Reyes – Hepatitis
- Margie Thompson – Liver Transplant
- Mr. Stone – Cirrhosis and Esophageal Varices

Classroom Case Study Assignments
- Cirrhosis and Hepatic Encephalopathy
- Pancreatitis
Theoretical Content

UNIT IV: PROBLEMS OF THE LIVER, BILIARY TRACT AND PANCREAS

V. Disorders of the Biliary Tract
   A. Gallbladder disease
      1. review Pathophysiology, Clinical Manifestation, Diagnostic Studies
      2. complications
   B. Therapeutic management
   C. Nursing assessment
   D. Identification of SCD and related NDs
   E. Nursing intervention

UNIT V: DIABETES
   A. Review Pathophysiology, Clinical Manifestation, Diagnostic Studies
   B. Classification
      1. type I
      2. type II
   C. Complications
      1. acute
      2. chronic
   D. Therapeutic management
      1. diet
      2. drugs
      3. exercise
      4. glucose monitoring
      5. foot care
   E. Nursing interventions
   F. Identification of SCD and related NDs
   G. Nursing interventions
      1. prevent acute/chronic complications
      2. SENS to manage disease

Teaching/Learning Activities

CAI: Gastrointestinal (B-307 & Library)
     NCLEX Review – Gastrointestinal
     Mrs. Winter – Gallbladder and Cholecystectomy

Classroom Case Study Assignments
     Cholecystectomy

Read: Brunner – Unit 11: Assessment & Management of the Patient with Diabetes Chapter 51

Read: Lutz – Chapter 17

Read: Pharmacology course text – Drugs affecting the Endocrine System: Diabetic Medications

CAI: Susan Smith – Diabetic Ketoacidosis
     Mrs. Wilson – HHNK
     Joseph Selim – Hypoglycemia
     Louise Wilkins – Diabetic Ketoacidosis

7 DVDs located in Library Reserve
   RC660.D5 D532 2004
   1. Physiology of Glucose Regulation
   2. Pathology of Diabetes
   3. Nutrition Therapy, Exercise and Sick Day Management
   4. Insulin and Oral Antidiabetic Agents
   5. Hypoglycemia and Monitoring
   6. Neuropathy, Nephropathy and Retinopathy
   7. CVD and the Diabetic Foot

PART II: THE USCR FOR ELIMINATION

UNIT I: PROBLEMS OF BOWEL ELIMINATION
   I. Definition of the USCR for bowel elimination
   II. Diarrhea and constipation
      A. Constipation
      B. Diagnostic studies and related nursing responsibilities (i.e. consents, SENS for test preparations, etc.)
         1. x-rays

Read Brunner – Unit 10: Management of Patients with Intestinal and Rectal Disorders – Chapter 49

Read: Lutz – Chapter 20

Read: Pharmacology course text – Drugs Affecting the Gastrointestinal System
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Theoretical Content

II. Diarrhea and constipation (continued)
   C. Therapeutic management
      1. drug therapy
      2. diet
   D. Nursing assessment
   E. Identification of SCD and related NDs
   F. Interventions

III. Noninflammatory intestinal disorders
   A. Hernias
   B. Intestinal obstruction
      1. mechanical
      2. nonmechanical
   C. Abdominal trauma
   D. Polyps
   E. Hemorrhoids

IV. Inflammatory intestinal disorders
   A. Appendicitis
   B. Peritonitis
   C. Ulcerative colitis
   D. Crohn’s disease
   E. Diverticular disease

V. Anal disorders

VI. Therapeutic management
   A. Diet
   B. Drug therapy
   C. Surgery
      1. colostomy, ileostomy
      2. colon resection
   D. Nursing assessment
   E. Identification of SCD and related NDs
   F. Nursing interventions

UNIT II: PROBLEMS OF URINARY ELIMINATION

I. Definition of the USCR for urinary elimination

II. Assessment
   A. Health history
   B. Physical exam
   C. Diagnostic studies and related nursing responsibilities (i.e. consents, SENS for test preparations, etc.)
      1. urine studies
      2. blood chemistries
      3. radiologic studies
      4. renal scans
      5. endoscopies
      6. renal biopsy

Teaching/Learning Activities

Classroom Case Study Assignments
   Appendicitis
   GI Bleed
   Ileostomy
   Small bowel obstruction

CAI: Gastrointestinal (Room B307 & Library)
   NCLEX Review – Gastrointestinal
   Mr. Gold – Internal Obstruction

Case Study: Care of the Client with Ileostomy
Case Study: Care of the Client with Small Bowel Obstruction

Read: Brunner Unit 12: Kidney and Urinary Function
   Chapters 53 & 55

Read: Lutz – Chapter 19

Read: Pharmacology course text – Drugs Affecting the Renal System; Drugs Used to Treat Infections - Urinary Antiseptic Agents

CAI: Genitourinary (B-307 & Library)
   NCLEX Review – Genitourinary
   Sara – UTI
   Mr. Young – Renal Colic & Nephrolithiasis
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<td>VI. Urinary incontinence</td>
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<td>VII. Problems of the prostate gland</td>
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<td>A. Benign prostatic hypertrophy</td>
<td>CAI: Genitourinary (Room B-307 &amp; Library)</td>
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<td>B. Prostatitis</td>
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<td>Mr. Sumo – Prostatic hyperplasia</td>
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<td>2. drug therapy</td>
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<td>VIII. Surgery of the urinary tract</td>
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<td>A. Ileal-conduit</td>
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<td>C. Pre and postoperative care</td>
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<td>IX. Nursing assessment</td>
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<td>X. Identification SCD and related NDs</td>
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<td>UNIT III: RENAL INJURY/FAILURE</td>
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<td>A. Acute</td>
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<td>b) diuretic phase</td>
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<td>c) recovery phase</td>
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<td>3. diagnostic studies</td>
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<td>B. Chronic</td>
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<td>C. Dialysis</td>
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<td>2. hemodialysis</td>
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<td>D. Nursing assessment</td>
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<td>E. Identification of SCD and related NDs</td>
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<td>F. Nursing interventions and effect of deficit on other USCR's</td>
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<td>G. Therapeutic/nursing management</td>
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<td>2. diet</td>
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<td>H. Transplantation</td>
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</table>
GENERAL GUIDELINES PRIOR TO STARTING ANY PROCEDURE

* 1. Check physician/health care provider orders
* 2. Wash your hands.
  
  3. Organize your equipment.
* 4. Identify patient.
* 5. Introduce yourself
* 6. Explain procedure to patient.
* 7. Provide for privacy.
  
  8. Raise the bed to a working level.
  
  9. Position patient as needed.
  
  10. Maintain safety.
  
  11. Perform procedure.
  
  12. Observe patient's response.
  
  13. Wash your hands.
  

* Must be stated prior to starting validation procedure

See Foley Skill Demonstrations on Moodle NUR 282
  
  1. Foley catheter insertion
  2. Foley catheter removal
  3. Specimen collection closed technique from a Foley catheter

Your nursing uniform must be worn on the day of Foley validation.
Skills Performance - Foley Catheterization - Female

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<tr>
<th>PROCEDURE</th>
<th>SATISFACTORY</th>
<th>UNSATISFACTORY</th>
<th>COMMENTS</th>
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<tr>
<td><strong>INSERTION OF FOLEY CATHETER CONNECTED TO STRAIGHT DRAINAGE - FEMALE OR MALE URINARY CATHETERIZATION</strong></td>
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<tr>
<td>1. Check physician’s order.</td>
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<td>2. Collect Foley catheter set (usually #16 French for adult) and light source.</td>
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<td>3. Wash hands.</td>
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<td>4. Identify patient and provide privacy.</td>
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<tr>
<td>5. Prepare patient: Explain procedure; position patient for maximal exposure of urinary meatus; drape patient so that feet, legs, abdomen and chest are covered for warmth and modesty; adjust lighting for good visualization of the urinary meatus.</td>
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<td>6. Remove outer wrapper from set. Fold the bag to form a cuff at the opening. Place the bag alongside the patient, above the waist level, on the opposite side of the bed. Use this bag as a discard receptacle.</td>
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<td>7. Open the catheterization set, maintaining asepsis. Remove the waterproof absorbent underpad from the set without contaminating the other contents in the set.</td>
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<td>8. Place this absorbent underpad beneath the patient's buttocks.</td>
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<td>9. Position the catheterization set by touching only the 1” outside edge of the sterile barrier (wrapper) field so as to insure the establishment of a complete sterile working field between the patient and the equipment.</td>
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<td>10. Don sterile gloves.</td>
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<td>11. Position the two trays.</td>
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<tr>
<td>12. <strong>FEMALE:</strong> Protecting your sterile gloves hands, place the fenestrated drape over the perineum in such a manner as to complete the sterile working field. Place this drape so as to insure the establishment of a complete sterile working field between the patient and the equipment. <strong>MALE:</strong> Protecting your sterile gloved hands, place the fenestrated drape over the penis and pubic area, exposing only the penis. Place this drape so as to insure the establishment of a complete sterile working field between</td>
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<td>13. Attach water filled syringe to balloon outlet of catheter.</td>
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<td>14. Spread lubricant (from syringe) onto the tray and lubricate the catheter. (Position the tray so that lubricant and catheter are now in the side of the tray farthest from the perineum or penis.)</td>
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<td>15. Pour antiseptic solution over cotton balls.</td>
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<td>16. <strong>FEMALE:</strong> Hold labia minora apart with non-dominant hand, and leave hand there until the catheter is in place.</td>
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<tr>
<td><strong>MALE:</strong> Grasp the penis firmly behind the glans (with non-dominant hand), and spread the meatus between the thumb and forefinger. Leave hand there until the catheter is in place.</td>
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<tr>
<td>17. <strong>FEMALE:</strong> With the dominant hand, use sterile forceps to pick up a cotton ball. Cleanse the labia (farthest from you first) and then the meatus. Visualize the meatal opening while cleansing. Discard each cotton ball after only one wipe. Use all cotton balls.</td>
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<tr>
<td><strong>MALE:</strong> Retract the foreskin of an uncircumcised male. With the dominant hand, use sterile forceps to pick up a cotton ball. Clean the meatus first and then wipe the tissue surrounding the meatus in a circular fashion. Discard each cotton ball after only one wipe. Use all cotton balls.</td>
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<td>18. To obtain patient relaxation, suggest they breathe slowly and deeply during catheter insertion.</td>
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<td>19. Pick up the insertion end of the catheter with the uncontaminated, sterile, gloved hand, holding it close to the insertion tip.</td>
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**INSERTION OF FOLEY CATHETER CONNECTED TO STRAIGHT DRAINAGE - FEMALE OR MALE URINARY CATHETERIZATION**

20. **FEMALE:**
Insert catheter steadily into the urethra about 3 inches with dominant sterile hand; when urine begins to flow through catheter, insert another inch or two into bladder. (Allow no more than 800 cc of urine to drain at this time.) Hold catheter in place with non-dominant hand until balloon is inflated.

**MALE:**
Lift penis to a position perpendicular to the body and exert slight traction. Insert catheter steadily about 8 inches into the urethra with dominant sterile hand; when urine begins to flow through catheter, insert another inch or two into bladder. To bypass slight resistance at sphincters, twist the catheter or wait until the sphincter relaxes. Have client take deep breaths or try to void. (If resistance is still met, discontinue procedure and report to nurse in charge.) (Allow no more than 800 cc to drain at this time.) Gently lower penis while holding catheter in place about 1-1/2 inches from meatus.

21. Inflate balloon with sterile water. Do not release syringe plunger until syringe has been disconnected from balloon lumen.

22. If catheter is secure, disconnect the syringe from the balloon lumen.

23. **MALE:**
In an uncircumcised male, replace the foreskin to its normal position.

24. Remove fenestrated drape and underpad.

25. Remove gloves.


27. Position drainage bag to bed frame.

28. Remove receptacle bag and catheterization set (except urine specimen container and label if needed).

29. Cover patient with bed coverings, remove bath blanket and return patient to a comfortable position.

30. If ordered, obtain urine specimen from drainage bag, wearing clean gloves.
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<td>31. Discard equipment in appropriate receptacle. (According to hospital policy.)</td>
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<td>32. Record procedure and observations accurately on patient's chart. Include:</td>
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<td>• date and time</td>
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<td>• size of Foley</td>
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<td>• amount, color, consistency of urine</td>
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<td>• patient's response to procedure</td>
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