

**BERGEN COMMUNITY COLLEGE
THE SCHOOL OF HEALTH PROFESSIONS
DEPARTMENT OF NURSING**

NUR 281

LEVEL II

ADULT HEALTH NURSING - A

COURSE OUTLINE

4 CREDITS

LECTURE: 4 HOURS PER WEEK

CLINICAL: 10 HOURS PER WEEK

CLINICAL CONFERENCE: 2 HOURS PER WEEK

Fall 2019/Spring 2020

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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.

COURSE DESCRIPTION

NUR-281, Adult Health Nursing A is a second level course in the nursing sequence which focuses on the health care of individuals and families who have needs related to fluid and electrolytes, oxygenation and circulation. Students will use the nursing process in a variety of health care settings to assist individuals, families and groups achieve optimum health. This course runs for half the semester concurrently with NUR-282.

PREREQUISITES: NUR-181, NUR-182, NUR-183, WRT 101, BIO-109

CO-REQUISITES: BIO-209, PSY-106, WRT 201, NUR 282

Lecture (4.00) Laboratory (Clinical Conference) (2.00), Clinical (10.00), 4 credits

NUR 281 STUDENT LEARNING OUTCOMES

1. Demonstrates critical thinking via the nursing process for individuals with deficits in Orem's identified USCRs of Air and Water.
2. Applies nursing care that reflects the developmental, socioeconomic, cultural and spiritual capabilities of individuals.
3. Engages in therapeutic and professional communication techniques when interacting with individuals, families, and other health team members.
4. Selects nursing activities that support personal, professional, and educational development.
5. Behaves in a professional, ethical, and legal manner effecting nursing practice in the current health care environment.
6. Applies skills in nursing care through the use of a variety of technological resources.
7. Utilizes pharmacological concepts in the clinical and classroom setting to correctly calculate drug and solution problems. Passes the Semester II, Pharmacological Math Computation Exam (PMCE) with a score of 90% or higher.
8. Creates and implements a teaching plan which meets the educational needs of a client.

Means of Assessment

Students learning outcomes are assessed via unit exams, nursing care plans, a pharmacologic math computation exam (PMCE), a process recording, skills validation, and clinical performance.

Required texts:

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

Brunner & Suddarth. Textbook of Medical-Surgical Nursing. Lippincott, 14th Edition.
2 (volume).

Recommended text:

Lutz & Przytalski. Nutrition and Diet Therapy. F.A. Davis, 4th Edition, 2006. ISBN: 13-978-0-8036-1336-2

**SEMESTER
REQUIREMENT**

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 90% is a semester requirement. The PMCE 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 and 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.

Office of Special Services (OSS)

The Office of Specialized Services (OSS) seeks to provide students the opportunity to participate fully in the College's educational programs and benefit from all aspects of campus life through the use of reasonable and appropriate accommodations and auxiliary services. Annual documentation of certification need must be provided on the first day of class to lead faculty.

COURSE REQUIREMENTS

1. Nursing Care Plan(s) Completion of two Nursing Care Plans. One plan must address the USCR for water (cardiovascular). Another addresses the USCR for air (respiratory). Detailed teaching interventions should be included. Please see NCP rubric.
2. Unit Tests Cardiovascular, 50 questions
Arrhythmias, shock, Fluid/Electrolytes, resp assess/diagnosis.
50 questions
Respiratory, 50 questions
All test answers must be placed on the exam card.
3. Pharmacological Math Review pharmacology/computation text purchased in NUR 182
Sample questions on Moodle.
Computation Exam (PMCE) A basic calculator is permitted.
4. Patient teaching To be addressed in Nursing Care Plan.
5. One Satisfactory Process Recording Follow Process Recording Guide distributed in Level I.
See Process Recording Rubric.
6. CAI Viewing of CAI listings found in Teaching/Learning Activities and text supplements.
7. Skills Validation Satisfactory track skills validation performance. Absence from Validation results in a clinical absence. At the discretion of the faculty, students may be instructed to submit skill validation via videos. All students are to wear their clinical uniforms for skill validation.
8. Required classroom learning activities Classroom learning activities are designed to enhance student understanding and comprehension. Completion and comprehension of these activities are reflected in unit exams.
9. Passing Clinical Performance grade & Adherence to Attendance Policy
Policy Clinical Evaluation tool located in syllabus

COURSE EVALUATION

Course grade will be determined by:

There will be 3-unit tests totaling 95% of the letter grade.

The average of the first NCP and the second NCP will equal 5% of the total letter grade

The student must achieve C+ (77.45) or greater to pass NUR 281.

Students are required to earn a 'P' or Pass on all sections of the clinical evaluation tool at the final evaluation.

Clinical Grade: A failing Clinical grade will result in an "F" for the course.

Pass the Trach Skill Validation

Pass with 90% or greater the Pharmacology Math Computation Exam (PMCE)

Completion of all required classroom learning activities

A = 89.45 – 100

B+ = 85.45 – 89.44

B = 81.45 – 85.44

C+ = 77.45 – 81.44

C = 73.45 – 77.44

D = 69.45 – 73.44 F = 69.44 & below D.

Target for Success: At Risk students receiving 78% or less on unit exams are to complete a target for success form found on Moodle and email back to course professors.

E. Exam reviews are announced and take place on the date and time as indicated by course faculty. Students are expected to comply with the stated day and time of the exam review.

Additional learning resources available to supplement classroom lecture, reading, discussion and self-study.

- I. The Point (Supplement to Brunner)
Activities: NCLEX practice, Watch and Learn Videos,
Journal Articles, Tutorials, Concepts in
Action/Animation, Practice and Learn
Cardiovascular: Chapters 25-31
Shock: Chapter 14
Fluid and Electrolytes: Chapter 13
Respiratory: Chapters 20-24

- II. ATI (electronic text)
Video Case Studies
Acid Base Imbalance
Blood Administration
Fluid Volume
Meter Dose Inhaler
Oxygenation

Priority Setting

Skills Module

Airway management
Central Venous Access
Closed Chest Drainage
Blood Administration
Oxygen Therapy

Practice Exams

Fluid and Electrolyte Acid Base
Cardiovascular
Respiratory

Supplemental learning activities

Lecture
Audio Visuals
Clinical Practice:
Acute Care
Sub-Acute Care Facilities
Judy Miller Tapes

Clinical Conference Discussion
Case Studies (Classroom, CAI, On-line)
Assigned and Self-Directed Readings
Power Point Presentations
NCLEX Review Questions
The Point Tutorials
Computer Tutorials
Moodle
Simulation
ATI resources

Related Web Sources

1. www.bergen.edu
2. www.mayohealth.org for cardiac & respiratory resources
3. New Jersey State Nurse's Association: www.njsna.org (scholarship information)
4. American Heart Association: www.americanheart.org
5. American Lung Association: www.lungusa.org
6. American thoracic Society: www.thoracic.org
7. www.nursingcenter.com/library
8. <http://thepoint.lww.com/student> _
9. ATI programs and supplemental learning materials
10. NUR 281 Moodle Site

Theoretical Content

CARDIAC DIAGNOSTICS

- I. Lab tests
 - A. Cardiac enzymes
 - 1. CK
 - 2. MB fraction
 - 3. Troponin levels
 - 4. BNP
 - B. Cholesterol
 - 1. HDL
 - 2. LDL
 - C. Coagulation studies
 - 1. PT
 - 2. PTT
 - 3. INR
 - D. Electrolytes
 - 1. Potassium
 - 2. Magnesium
 - E. CBC
 - 1. Hgb
 - 2. Hct
- II. Cardiac function
 - A. EKG
 - B. Stress test
 - C. Holter monitor
 - D. Thallium/persantine/cardiolyte stress test
 - E. Calcium scoring
- III. Cardiac ultrasound
 - A. Echocardiogram
 - B. Transesophageal echocardiogram
- IV. MUGA scan
- V. Cardiac catheterization (femoral and radial)
 - A. Indications
 - B. Implementation of pre and post procedure nursing agency

HYPERTENSION(USCR: Water)

- I. Regulation of Blood pressure
 - A. Cardiac output
 - B. Systemic vascular resistance
- II. Systemic influences on Blood Pressure
 - A. Sympathetic nervous system
 - B. Renal system
 - C. Endocrine system
- III. Classification of Blood Pressure

Teaching/Learning Activities

Read: Brunner and ATI (Cardiac diagnostics)
Read: A&P text chapter on cardiovascular system
Read: Chapter in Physical Assessment Text on Cardiac Assessment

Required coursework, handwritten, submitted upon entry to class, located on Moodle: *Cardiovascular terminology.*

Review: Basic Concepts and Skills
Nursing "Blood Pressure Measurement"
Read: Brunner and ATI (Hypertension)
Read: Nutrition text, chapters on low fat & sodium controlled diet
Read: Pharmacology text chapters on diuretics, antihypertensives, beta blockers & calcium channel blockers
Classroom: Powerpoint at faculty discretion

- IV. Definition of hypertension
 - A. Primary hypertension
 - B. Secondary hypertension

- V. Risk Factor and Preventative Measures for Hypertension

- VI. Clinical Manifestations of Hypertension

- VII. Systemic Effect of Hypertension
 - A. Cardiac
 - B. Cerebral
 - C. Peripheral vascular
 - D. Renal
 - E. Retinal

- VIII. Conservative Treatment of Hypertension
 - A. Diet
 - B. Exercise
 - C. Smoking cessation
 - D. Stress management

- IX. Pharmacologic Management of Hypertension
 - A. Diuretics
 - B. Beta blockers
 - C. Vasodilators
 - D. Ace inhibitors
 - E. Calcium channel blockers
 - F. Nursing responsibilities

The Point

Lutz (Nutrition Text)
Chapter 18

PERIPHERAL ARTERIAL DISEASE (USCR: Air or Water)

- I. Pathophysiology
- II. Risk Factors
- III. Clinical Manifestations/Complications
- IV. Diagnosis
- V. Clinical Management
 - A. Medication
 - B. Surgery
- VI. Implementation of Nursing Agency for a Patient with PAD
- VII. Burger's Disease/Raynaud's Phenomenon

Read: Brunner and ATI (Peripheral arterial disease)

Classroom: Power Point at faculty discretion

The Point

VENOUS DISORDERS

- I. Thrombophlebitis
 - A. Pathophysiology
 - B. Risk factors
 - C. Clinical manifestations/complications
 - D. Diagnosis
 - E. Clinical management
 - 1. Anticoagulation
 - 2. Surgical
 - F. Implementation of nursing agency for a patient with a DVT

- II. Pulmonary Embolism
 - A. Pathophysiology
 - B. Clinical manifestations/complications
 - C. Diagnosis
 - D. Clinical management
 - 1. medical
 - 2. surgical
 - E. Implementation of nursing agency for a patient with a pulmonary embolism

ANEURYSMS (USCR: Water)

- I. Thoracic Aortic Aneurysm
 - A. Pathophysiology
 - B. Clinical manifestations

- II. Abdominal Aortic Aneurysm
 - A. Pathophysiology
 - B. Clinical manifestations

- III. Diagnosis of an Aneurysm

- IV. Clinical Management of an Aneurysm
 - A. Medications
 - B. Surgery

- V. Aortic Dissection
 - A. Pathophysiology
 - B. Clinical manifestations
 - C. Complications
 - D. Diagnosis
 - E. Clinical management

Read: Brunner and ATI (Venous disorders)
Classroom: Power Point at faculty discretion

Read: Brunner and ATI (Pulmonary emboli)

Read: Brunner and ATI (Aneurysms)
Read: Chapter in Physical Assessment Text relating to Aneurysms
Classroom: Power Point at faculty discretion

ACUTE CORONARY SYNDROME (USCR: Air or Water)

- I. Pathophysiology of CAD

- IV. Angina Pectoris
 - A. Precipitating factor
 - B. Types of angina
 - 1. stable
 - 2. unstable
 - 3. Prinzmetal's angina
 - C. Clinical manifestations of angina
 - D. Clinical management of angina
 - 1. percutaneous coronary trans-luminal angioplasty (PCTA)
 - 2. stents
 - 3. nitrates
 - 4. anticoagulants
 - 5. beta blockers
 - 6. calcium channel blockers
 - A. Implementation of nursing agency for a patient with angina

- V. Myocardial Infarction
 - A. Diagnosis of an MI
 - 1. clinical presentation
 - 2. EKG changes
 - 3. cardiac enzymes
 - B. Clinical management of an MI
 - 1. nitrates
 - 2. pain management
 - 3. thrombolytics
 - 4. coronary artery bypass

Read: Brunner and ATI (Acute coronary syndrome)
Read: Pharmacology text, chapter on vasodilators, anticoagulants, & thrombolytics
Read: Nutrition text, chapter on cardiac prevention
The Point
Classroom: Power Point at faculty discretion

Critical thinking exercise: "What do We do Next"

- C. Implementation of nursing agency for a patient with an MI
 - D. Cardiac rehabilitation
- VI. Sudden Cardiac Death
- A. Causes
 - B. Treatment
 - 1. coronary artery bypass
 - 2. percutaneous transluminal coronary angioplasty
 - 3. electrophysiology studies (EPS)
 - 4. implanted ventricular defibrillators

CONGESTIVE HEART FAILURE (USCR: Air or Water)

- I. Pathophysiology of heart failure
 - A. Right sided CHF
 - B. Left sided CHF
- II. Causes of heart failure
 - A. Right sided CHF
 - B. Left sided CHF
- III. Clinical manifestations
 - A. Right sided CHF
 - B. Left sided CHF
- IV. Clinical Management of Heart Failure
 - A. Positive inotropes
 - B. Diuretics
 - C. Nitrates
 - D. Diet
 - E. Oxygen
- V. Implementation of nursing agency for a patient with CHF

CARDIOMYOPATHY (USCR Air or Water)

- I. Dilated
- II. Restrictive
- III. Hypertrophic
- IV. Related factor clinical manifestations

INFECTIVE HEART DISEASE (USCR: Air or Water)

- I. Endocarditis
 - A. Risk factors & preventative measures
 - B. Clinical manifestations/complications
 - C. Diagnostics
 - D. Clinical management
 - 1. prevention
 - 2. antibiotics
 - E. Implementation of nursing agency
 - 1. rest
 - 2. ROM

Read: Brunner and ATI (Heart failure)
 Read: Pharmacology text, chapter on cardiac glycosides
 Classroom: Case study

The Point
 Classroom: Power Point at faculty discretion

Read Brunner and ATI (cardiomyopathy)
 Classroom: Power Point at faculty discretion

Read: Brunner and ATI (Infectious heart disease)
 Classroom: Power Point at faculty discretion
 The Point

- II. Pericarditis
 - A. Risk factors & preventative measures
 - B. Clinical manifestations/complications
 - C. Diagnostics
 - D. Clinical management
 - 1. NSAID
 - 2. Pericardial window
 - E. Implementation of nursing agency
 - 1. pain relief

Theoretical Content

VALVULAR HEART DISEASE (USCR: Air or Water)

- I. Mitral stenosis
 - A. Related factors
 - B. Clinical manifestations
- II. Mitral Insufficiency or Mitral Regurgitation
 - A. Related factors
 - B. Clinical manifestations
- III. Mitral Valve Prolapse
 - A. Related factors
 - B. Clinical manifestations
- IV. Aortic Stenosis
 - A. Related factors
 - B. Clinical manifestations
- V. Aortic Insufficiency/Regurgitation
 - A. Related factors
 - B. clinical manifestations
- VI. Diagnosis of Valvular Disease
- VII. Clinical Management of Valvular Disease
 - A. Medications
 - B. Surgery/Vascular approaches
- VIII. Implementation of nursing agency for a Patient with Valvular Heart Disease

SHOCK (USCR: Water)

- I. Clinical manifestations/stages of Shock
 - A. Initial
 - B. Compensatory
 - C. Progressive
 - D. Irreversible
- II. Clinical Management of Shock
 - A. Distributive
 - 1. neurogenic
 - 2. septic
 - 3. anaphylactic
 - B. Hypovolemic
 - C. Cardiogenic

Teaching/Learning Activities

Read: Brunner and ATI (Valvular heart disease)
 Classroom: Power Point at faculty discretion
 The Point

Read: Brunner and ATI (Shock)
 Classroom: Power Point at faculty discretion
 The Point

- III. Implementation of Nursing Agency for Shock
 - A. Fluids
 - B. Oxygen
 - C. Medications
 - D. Positioning
 - E. Intraaortic balloon pump
 - F. Transfusions

ARRHYTHMIAS (USCR: Water)

- I. Sinus rhythm
 - A. Sinus bradycardia
 - B. Sinus tachycardia
 - C. Precipitating factors
 - D. Treatment modalities

- II. Atrial dysrhythmias
 - A. Atrial fibrillation
 - B. Atrial flutter
 - C. Precipitation factors
 - D. Treatment modalities

- III. Ventricular dysrhythmias
 - A. Premature ventricular contractions
 - B. Ventricular tachycardia/ fibrillation
 - C. Treatment modalities

- IV. Heart Blocks
 - A. Precipitating factors
 - B. Treatment modalities
 - C. Caring for a patient with a pacemaker

THE USCR FOR WATER FLUID, ELECTROLYTE AND ACID-BASE DISTURBANCES

- I. Definition of the need for water

Read: Brunner and ATI (arrhythmia)
 Read: Pharmacology text, chapter on antiarrhythmics
 The Point
 Classroom: Power Point at faculty discretion

Prior to the beginning of this unit review the physiologic processes that regulate fluid, electrolyte and acid-base.

Read: Brunner and ATI
 (Fluid and Electrolytes)

Theoretical Content

Teaching/Learning Activities

- II. Extracellular fluid imbalances: excesses and deficits
 - A. Health history
 - B. Clinical manifestations
 - C. Nursing assessments and interventions
 - 1. I-O
 - 2. vital signs
 - 3. neurologic changes
 - 4. daily weights
 - 5. skin
 - D. Identification of SCDs
 - 1. preventative measures
 - 2. related nursing diagnoses

Read: Pharmacology text, chapter on Fluid & Electrolytes

- III. Electrolyte Imbalances: excesses (hyper) and deficits (hypo)
 - A. Sodium
 - B. Potassium
 - C. Calcium
 - D. Phosphate
 - E. Magnesium

- IV. Causes and clinical manifestations and interventions of electrolyte imbalances
 - A. Appearance
 - B. Behavior
 - C. Musculoskeletal
 - D. Cardiovascular
 - E. Gastrointestinal
 - F. Neuromuscular
 - G. Respiratory
 - H. GU

- V. Acid-base imbalances
 - A. Respiratory acidosis and alkalosis
 - B. Metabolic acidosis and alkalosis
 - C. Partially compensated/fully compensated
 - D. Clinical manifestations & interventions

Read: Brunner and ATI (Arterial blood gas)

- VI. Correction of fluid, electrolyte and acid-base imbalances
 - A. IV fluids
 - 1. isotonic
 - 2. hypotonic
 - 3. hypertonic
 - B. IV additives
 - C. Food sources
 - D. Potential hazards
 - E. WC/PC/SENS to control and prevent imbalances

Theoretical Content

USCR FOR AIR

THE RESPIRATORY SYSTEM

- I. Definition of the USCR for Air
- II. Assessment of the respiratory system
 - A. Health history
 - B. Physical exam
 - C. Diagnostic studies and related nursing responsibilities (i.e. consents, SENS (Supportive Educative Nursing System) for test preparations, etc.)
 1. blood studies
 2. oximetry
 3. sputum studies
 4. radiologic studies
 5. endoscopic exams
 6. lung biopsies
 - D. Effects of aging on the respiratory system

UPPER RESPIRATORY PROBLEMS

- I. Structural, traumatic, infectious disorders of the nose
- II. Problems related to the trachea and larynx
 - A. Airway obstruction
 - B. Endotracheal intubation
 - C. Tracheostomy
 - D. Laryngectomy
 - E. Influenza

LOWER RESPIRATORY PROBLEMS

- I. Pulmonary infections
 - A. Bronchitis, Pneumonia
 1. pathophysiology (**P**)
 2. clinical manifestations (**CM**)
 3. diagnostic studies (**DS**)
 4. complications
 5. therapeutic management
 - a. vaccines
 - b. antibiotics
 6. nursing assessment
 7. identification of self-care deficits
 - a. preventative measures
 - b. related nursing diagnoses
 8. nursing interventions

Teaching/Learning Activities

- Read: Anatomy & Physiology, Chapter on Respiratory System
- Read: Chapter in Physical Assessment text on respiratory assessment
- The Point
- Read: Brunner and ATI (Respiratory System)

- Read: Brunner and ATI (upper respiratory)
- Read: Pharmacology text, Chapters on antihistamine, decongestants, antitussives & expectorants

- The Point
- Read: Brunner and ATI, (Lower respiratory)
- Read: Pharmacology text chapters on antibiotics

Theoretical Content

LOWER RESPIRATORY PROBLEMS

(continued)

- B. Tuberculosis (TB)
 - 1. review P, CM, DS
 - 2. classification
 - 3. complications
 - 4. drug therapy
 - a. prophylaxis
 - b. treatment
 - 5. nursing assessment
 - 6. identification of SCDs and related NDs
 - 7. nursing interventions
 - a. prevent recurrence
 - b. prevent spread
 - c. maintain normal pulmonary function
- C. Lung cancer
 - 1. review pathophysiology, clinical manifestations and diagnostic studies
 - 2. complications
 - 3. surgical interventions
- II. Chest trauma and thoracic injuries
 - A. Pneumothorax: closed, open, tension, hemothorax
 - B. Fractured ribs
 - C. Flail chest
 - D. Chest tubes-nursing management
 - E. Chest surgery-postoperative care
- III. Restrictive respiratory disorders
 - A. Pleural effusion
 - B. Pleurisy
 - C. Therapeutic management

OBSTRUCTIVE PULMONARY DISEASES

- I. Asthma
 - A. Review, P, CM, DS
 - B. Triggers of asthma attacks
 - C. Classification
 - D. Status asthmaticus

Teaching/Learning Activities

Read: Brunner and ATI, (Tuberculosis)
Read: Pharmacology text, chapter on antitubercular agents
The Point

Read: Brunner and ATI (lung cancer)

Read: Brunner and ATI (chest trauma and surgery)

The Point

Read: Brunner and ATI (Pleural Disorders)

Read: Brunner and ATI (obstructive disorders)
Read: Pharmacology text, chapter on bronchodilators and other respiratory agents

Theoretical Content

Teaching/Learning Activities

OBSTRUCTIVE PULMONARY DISEASES (continued)

The Point

- E. Therapeutic management
 - 1. oxygen therapy
 - 2. pharmacological management
 - a. bronchodilators
 - b. antiinflammatory
 - c. cromolyn
 - d. nonprescription

- II. Emphysema and Chronic Bronchitis (COPD)
 - A. Irritants
 - 1. cigarette smoke
 - 2. infection
 - 3. inhaled irritants
 - 4. aging
 - B. Review P, CM, DS
 - C. Complications
 - 1. respiratory failure
 - 2. pneumonia
 - 3. ulcers, GI reflux
 - 4. corpulmonale
 - D. Therapeutic management
 - 1. respiratory therapy
 - a. chest PT
 - b. peak flow meters
 - 2. nutritional management
 - 3. activity
 - E. Nursing assessment
 - F. Identification of SCDs
 - 1. preventative measures
 - 2. related nursing diagnoses
 - G. Nursing interventions

RESPIRATORY FAILURE AND ARDS

- I. Risk factors
- II. Prevention
- III. Assessment
- IV. Nursing interventions
 - A. Ventilator management

Read: Brunner and ATI
(respiratory failure and ARDS)
Lutz (Nutrition Text) Chapter 22
The Point

Sample Course Calendar

Monday Class HP 302 9:30-12:30	Tuesday Clinical	Wednesday Clinical	Thursday Class HP 302 9:30-10:20/10:35- 12:50
1/13 Course Orientation Math review	1/14 Cardiac diagnostics Hypertension	1/15 PAD/DVT Aneurysms	1/16 PMCE Acute coronary syndrome
1/20 MLK day No Class	1/21 Clinical	1/22 Clinical	1/23 ACS Valves/infectious
1/27 Exam #1 Heart failure	1/28 Clinical	1/29 Clinical NCP #1 due	1/30 Arrhythmias
2/3 Shock	2/4 Clinical	2/5 Clinical Process record due	2/6 F and E
2/10 Assess resp function	2/11 Clinical	2/12 Clinical	2/13 ABG's and O2 therapy
2/17 Exam #2 Upper resp disorders	2/18 Clinical	2/19 Clinical NCP #2 due	2/20 Chest tubes Lower resp disorders
2/24 Ventilators	2/25 Clinical	2/26 Clinical	2/27 COPD asthma
3/2 Lungs cancer ARDS	3/3 Resp critical thinking activities	³ / ₄ Exam #3	3/5 Clinical evals

SKILLS FOR NURSING PRACTICE

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.
- 14. Document accordingly.

* Must be stated prior to starting validation procedure

VIDEO CAN BE SEEN ON MOODLE
(Real Player is required for viewing)

PROCEDURE	SATIS- FACTORY	UNSATIS- FACTORY	COMMENTS
<i>TRACHEOSTOMY CARE WITH SUCTIONING</i>			
1. Check physician's order.			
2. Assemble equipment: suction machine, suction kit, normal saline, hydrogen peroxide, disposable inner cannulas, clean gloves, sterile 4x4's/sterile Q-tips, trach dressing gauze.			
3. Wash hands.			
4. Identify patient and explain procedure.			
5. Position patient in Semi-Fowler's position.			
6. Auscultate lungs.			
7. Turn on suction machine and check for suction pressure.			
8. Open suction kit and set up sterile field.			
9. Pour saline into sterile cup.			
10. Don sterile gloves (one hand will be sterile, the other clean).			
11. Attach catheter to suction tubing.			
12. Test patency of suction catheter with saline in cup.			
13. Suction inner cannula, assess patient and provide supplemental O ₂ as necessary.			
14. Remove trach dressing.			
15. Discard catheter, gloves and cup.			
16. Apply clean gloves.			
17. Open box containing sterile inner cannula.			
18. Remove patient's inner cannula by squeezing wings of inner cannula.			
19. Pick up new inner cannula by wings and insert into trach tube and lock.			
20. Pour 1/2 parts N/S and H ₂ O ₂ into sterile container.			
21. Open sterile 4x4's and Q-tips.			
22. Open trach dressing gauze.			
23. Cleanse around stoma with Q-tips touching handle of Q-tips only. Dry with 4x4.			
24. Slide new dressing under trach.			
25. Auscultate lungs.			
26. Document procedure & pt. response.			

In addition to the above procedure, patients on ventilators also have inline suctioning performed.

PROCESS RECORDING GUIDE

The Process Recording does NOT include patient teaching, collecting a health history or doing a nursing assessment.

Nurse's Communications	Patient's Communications	Evaluation of Communication Technique	Interpretation/Evaluation of Communication
<p>What you said, did and felt:</p> <p>Verbal statements:</p> <ul style="list-style-type: none"> • Exact words and pauses, silences • Use guide for pt's verbal communication. • Verbal communication • Were your choice of words easy? • Did you find yourself laughing, crying, sighing, yawning? <p>Non-verbal communications</p> <ul style="list-style-type: none"> • Place observations of <u>your own</u> behavior here. • Use guide for pt.'s non-verbal communication <p>Expressed & Implied Feelings and Thoughts, e.g.:</p> <ul style="list-style-type: none"> • Record those feelings and thoughts you experienced during the interaction. • Use the guide for pt.'s feelings and thoughts (See list in Column II-C) 	<p>What Pt. says, and does, include:</p> <p>A. Verbal statements</p> <ol style="list-style-type: none"> 1. words 2. silences 3. tone of voice 4. sighs, laughs, cries 5. stammers, stutters 6. pace of speech, etc. <p>B. Non-verbal communications</p> <ol style="list-style-type: none"> 1. facial expressions 2. silences 3. postures assumed 4. gestures 5. eye contact 6. restlessness, yawns 7. attention span, etc. <p>C. Feelings & thoughts, e.g.:</p> <ol style="list-style-type: none"> 1. anxiety * 2. anger 3. fearfulness 4. frustration 5. hopelessness 6. loneliness 7. sadness 8. humor 9. love 10. happiness 11. empathy 12. accomplishment, etc. 	<p>Therapeutic vs. non-therapeutic</p> <ul style="list-style-type: none"> • Name the technique • Alternative technique 	<p>What do you conclude about the communication? <i>Use these questions to evaluate each of your responses to the patient.</i></p> <ol style="list-style-type: none"> 1. Were your statements clear and appropriate? 2. How did you feel during interaction, were your muscles tense, did you smile too much, did your voice sound funny, did you find it hard to sit still, look into pt.'s eyes? 3. Did you move away from pt., run out of room, etc.? 4. What body language do you need to improve on? How? 5. What feelings did the pt.'s communication trigger? 6. Can you relate your feelings to an event in your past? 7. Can you provide a one word summary for your feelings about this interaction? 8. What are the covert and overt themes?

SIGNS OF ANXIETY:

sweating, tightening of muscles, elevated pulse, dilation of pupils, sighing, yawning, increased or decreased flow of speech, inability to make eye contact, change in pacing of speech, changing of topics, trying to focus on the nurse or on details, and when words are in conflict with non-verbal expressions.

BERGEN COMMUNITY COLLEGE

Process Recording

Student's Name _____

Date, Time, and Duration of Interaction _____

Barriers to communication
(i.e. physical, environmental, drugs, etc.)

Goal for the interaction
(Purpose of the interaction based upon the needs of the patient)

Instructors Comments: _____

Patient's Initials _____

Patient's Age _____

Patient's Sex _____

Major Medical Diagnosis _____

Description of patient's appearance at time of interaction

NCP RUBRIC

Note: Nursing Care Plans are to be submitted on the assigned due dates. Late submission will result in a 5 point deduction per day after due date.

	IDENTIFIES SCA/SCD'S	FORMULATES NURSING DIAGNOSIS	IDENTIFIES PATIENT OUTCOMES	SELECTS APPROPRIATE INTERVENTIONS	STATES REFERENCED RATIONALES	EVALUATIONS
8-10	Includes ALL relevant assessment data with attention to: <ul style="list-style-type: none"> • Subjective data (BCFs) • Objective data (checklist) • Vital signs • Lab values • Behavioral and verbal cues Related to the specifically identified USCR and nursing diagnosis	<ul style="list-style-type: none"> • Selects priority nursing diagnosis (es) from NANDA list accurately reflecting patient assessment in the PES format. • All 3 elements from PES are correctly stated. • Medical diagnosis is not used in the nursing diagnosis. • Nursing diagnosis identifies a problem that nursing can correct. 	Clearly states one or two measurable, realistic and appropriate outcomes that reflects resolution of the stated problem.	Includes all (5 minimum) interventions required to treat problem. Interventions are: <ul style="list-style-type: none"> • Timed when appropriate • Realistic • Include assessment actions • Reflects independent and collaborative treatment/care actions • Documents teaching actions • Identifies interventions that may be delegated and to appropriate caregiver (NA, LPN) 	<ul style="list-style-type: none"> • Documents scientific principles, theories or concepts underlying nursing interventions. • Documents the source with author, page number. Full citation on NCP cover. • Rationales explain how the action resolves the problem. 	Documents findings related to the intervention including: <ul style="list-style-type: none"> • Assessment data • Vital signs • Teaching • Labs • Comfort and care • Patient response to each intervention • Proposes alternate actions for unmet goals or ineffective interventions
5-7	Includes some relevant, but not complete assessment data as related to the identified USCR and nursing diagnosis	3 of 4 criteria present as stated for 4 above	Goal non-measurable, or not realistic	Priority actions omitted, actions are not timed when appropriate. Either assessment, care or teaching actions omitted. I.D. actions that may be delegated doesn't designate appropriate caregiver	Scientific rationales are broad, limited scientific theory, limited reflection of underlying patho-physiology.	The majority of the interventions are implemented with findings documented. Patient response to interventions inconsistently documented.
2-4	Assessment data sparse, irrelevant, and incomplete	2 of 4 criteria present as stated for 4 above	Goal does not reflect stated problem.	Interventions are sparse, priority interventions omitted, not timed, and reflect only assessment or care or teaching. Incorrectly delegates action.	Rationales are general, generic, without a scientific basis, no documentation of sources evident.	More than half of stated interventions not implemented. Either ability to implement and or patient response omitted. General evaluation given for all actions.
0-1	No or minimal assessment data present for the identified USCR/nursing diagnosis	1 of 4 criteria present as stated for 4 above	Goal not stated and/or without any relevance. Goal not measurable.	No interventions stated or interventions omitted, interventions do not treat stated problem, or not timed, attend to only one category of assessment, care, or teaching. No mention of delegation.	Rationales omitted, non scientific, no documentation of sources evident.	Interventions not evaluated or limited evaluation documented. No reflection of assessment, care or teaching evident.

**Bergen Community College
Nursing Department
Clinical Evaluation Tool for NUR 281/282**

Student: _____
 Faculty: _____
 Semester/Year: _____
 Dates of Experience: _____
 Mid-Course Grade: _____

Course Number: _____
 Course Name: _____
 Agency: _____
 Absences: _____
 Final Grade: _____

Essential Clinical Behaviors

THE FOLLOWING IS A LIST OF NECESSARY NURSING BEHAVIORS APPLICABLE TO CLINICAL SETTINGS. THIS IS NOT A COMPLETE LIST! THESE ESSENTIAL CLINICAL BEHAVIORS ARE IN ADDITION TO ADEQUATE THEORY AND SKILLS PREPARATION FOR CLINICAL, TO APPROPRIATE NURSING CARE PLAN FORMULATION AND TO ACCEPTABLE IMPLEMENTATION AND EVALUATION OF NURSING CARE.

- o Correct patient identification maintained
- o Bed in lowest position when leaving patient, locked, and appropriate side rails
- o Call bell and bedside table (with phone) within reach
- o Restrain protocol followed
- o Appropriate precautions maintained (standard/isolation)
- o Skin integrity protected and proper alignment maintained
- o Changes in a patient’s clinical status will be monitored and reported promptly to the clinical instructor and the clinical staff
- o Any change of status reported immediately
- o Assesses all prescribed therapeutic devices
- o Identifies the appropriate assessment parameters prior to medication administration
- o More than 2 clinical absences will result in a clinical failure. Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team, and Program Director at the request of the student.
- o A “U” (unsatisfactory) on any section of the Final clinical evaluation too will result in a clinical failure.

Clinical Practice	Midterm		Final		Faculty Comments					
	S	U	S	U						
1. Provides care based on Orem’s self-care model to adult individuals with deficits in USCR’s. <ul style="list-style-type: none"> a. Completes an accurate and thorough patient assessment of the Basic Conditioning Factors (BCF) identifying self-care agency (SCA) and self-care deficits (SCD) in a timely manner. b. Distinguish normal from abnormal assessment findings c. Identifies and reports changes from patient’s baseline in a timely manner d. Verbalizes the scientific rationale for nursing interventions e. Develops goals in collaboration with patient/significant other f. Protects patient from physical jeopardy (any action or inaction on the part of the student which threatens patient physical well-being). 	<table border="1" style="width: 100%;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> </table>			<table border="1" style="width: 100%;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> </table>			<table border="1" style="width: 100%;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> </table>			

<ul style="list-style-type: none"> g. Protects patient from emotional jeopardy (any action or inaction on the part of the student which threatens the emotional well-being of the patient) h. Administer medications according to nursing standards, agency protocol and patient safety goals, including accurate and timely documentation. i. Identifies relevant diagnostic tests and lab data reflecting underlying pathophysiology j. Prioritizes nursing interventions to assist patients in meeting self-care needs or deficits. 											
<p>Human Development</p> <p>2. Provides nursing care according to each individuals developmental capabilities</p> <ul style="list-style-type: none"> a. Provides care based on the uniqueness of the patients cultural and spiritual needs. b. Identifies personal biases that may impact nursing care. c. Implements care based on patients age, developmental level, or disability 	<p>Midterm</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			<p>Final</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			
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<p>Communication</p> <p>3. Employs therapeutic and professional communication techniques when interacting with adults and health team members.</p> <ul style="list-style-type: none"> a. Focuses on patient centered communication, goals, and concerns. b. Uses language consistent with patient’s level of understanding. c. Demonstrates respect for the values, dignity, and culture of others in patient interactions. d. Reports pertinent data to staff and instructor in a timely manner. e. Demonstrates documentation that is accurate, complete, current, concise and organized. f. Demonstrates verbal shift report that is complete, appropriate and accurate. g. Asks pertinent questions related to patient condition and care. h. Actively contributes relevant information in clinical conference. 	<p>Midterm</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			<p>Final</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			
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<p>Knowledge</p> <p>4. Provides nursing care based upon biological, psychological, sociological, cultural, spiritual and economic factors that influence the health of adults.</p> <ul style="list-style-type: none"> a. Correlates scientific theory with clinical practice. b. Integrates prior and current learning with clinical practice c. Maintains proficiency in previously learned skills. d. Implements skills according to evidence based standards, policies, and current National Patient Safety Goals. e. Differentiates appropriate unlicensed assistive personnel responsibilities. 	<p>Midterm</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			<p>Final</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			
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<p>Professional Development</p> <p>5. Selects activities which support personal, professional and educational development.</p> <ul style="list-style-type: none"> a. Seeks assistance appropriately from instructor, peers, and other professionals. b. Acts on constructive feedback to improve clinical performance. c. Plans clinical time to ensure safe, efficient patient care d. Manages time effectively to complete clinical assignments e. Arrives on time and prepared to practice for all clinical activities. f. Complies with dress code and grooming standards for clinical practice. g. Demonstrates professional demeanor in interactions with patients. h. Utilizes appropriate materials as sources of information. i. Demonstrates awareness of need for areas for self-improvement. j. Demonstrates initiative by seeking opportunities for new learning. 	<p>Midterm</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			<p>Final</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	S	U			
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<p>Professionalism</p>	<p>Midterm</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> </table>	S	U	<p>Final</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>S</td> <td>U</td> </tr> </table>	S	U					
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