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

FOR USE DURING THE FALL 2019 and SPRING 2020 SEMESTERS ONLY
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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-281, Adult Health Nursing A

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.

CO-REQUISITES: BIO-209, PSY-106, and NUR-282. WRT 201
Lecture (4.00) Laboratory (Clinical Conference) (2.00),Clinical (10.00)

NUR 281 COURSE LEARNING OUTCOMES

1. Provides care based on Orem’s Self Care Model to one or two individuals with deficits in USCRs Air and Water.
2. Applies nursing care that reflects the developmental capabilities of individuals.
3. Engages in therapeutic and professional techniques when interacting with individuals, families, and other health team members.
4. Implements nursing care based on biological, psychological, sociological, cultural, spiritual, and economic factors that influence the health of individuals.
5. Selects nursing activities that support personal, professional, and educational development.
6. Behaves in a professional, ethical, and legal manner effecting nursing practice in the current health care environment.
7. Applies skills in nursing care through the use of a variety of technological resources.
8. Demonstrates critical thinking by reasoning, analyzing, synthesizing, and evaluating information in clinical situations in relation to care of individuals with deficits in Air and Water.
9. 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.
10. Creates and implements a teaching plan which meets the educational needs of a client.
Required text:

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

2 (volume).

Recommended text:

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**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.

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**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.


4. Patient teaching To be addressed in Nursing Care Plan.


6. CAI Viewing of CAI listings found in Teaching/Learning Activities and text supplements.

7. Skills Validation Satisfactory trach 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 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

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)
   - 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

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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
7. www.nursingcenter.com/library
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

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
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 transluminal 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

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

The Point
Classroom: Power Point at faculty discretion

The Point
Classroom: Power Point at faculty discretion

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

The Point
Classroom: Power Point at faculty discretion

The Point
Classroom: Power Point at faculty discretion
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

**Teaching/Learning Activities**

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

**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

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. Precipitating 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

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Read: Brunner and ATI (arrhythmia)
Read: Pharmacology text, chapter on antiarrythmics
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

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

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

Read: Pharmacology text, chapter on Fluid & Electrolytes
Read: Brunner and ATI (Arterial blood gas)
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

OBSTRUCTIVE PULMONARY DISEASES
(continued)

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. cor pulmonale
   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

The Point

Read: Brunner and ATI (respiratory failure and ARDS)
Lutz (Nutrition Text) Chapter 22
The Point
SKILLS FOR NURSING PRACTICE
### General Guidelines Prior to Starting Any Procedure

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<td>1. Check physician/health care provider orders/</td>
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<td>2. Wash your hands.</td>
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<td>3. Organize your equipment.</td>
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<td>4. Identify patient.</td>
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<td>5. Introduce yourself</td>
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<td>6. Explain procedure to patient.</td>
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<td>7. Provide for privacy.</td>
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<td>8. Raise the bed to a working level.</td>
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<td>9. Position patient as needed.</td>
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<td>10. Maintain safety.</td>
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<td>11. Perform procedure.</td>
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<td>12. Observe patient's response.</td>
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<td>13. Wash your hands.</td>
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* Must be stated prior to starting validation procedure
VIDEO CAN BE SEEN ON MOODLE
(Real Player is required for viewing)

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<tr>
<td>1. Check physician's order.</td>
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<td>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.</td>
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<tr>
<td>3. Wash hands.</td>
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<td>4. Identify patient and explain procedure.</td>
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<td>6. Auscultate lungs.</td>
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<td>7. Turn on suction machine and check for suction pressure.</td>
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<td>8. Open suction kit and set up sterile field.</td>
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<td>9. Pour saline into sterile cup.</td>
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<td>10. Don sterile gloves (one hand will be sterile, the other clean).</td>
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<td>11. Attach catheter to suction tubing.</td>
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<tr>
<td>12. Test patency of suction catheter with saline in cup.</td>
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<tr>
<td>13. Suction inner cannula, assess patient and provide supplemental O2 as necessary.</td>
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<tr>
<td>14. Remove trach dressing.</td>
<td></td>
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<tr>
<td>15. Discard catheter, gloves and cup.</td>
<td></td>
<td></td>
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<tr>
<td>16. Apply clean gloves.</td>
<td></td>
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<tr>
<td>17. Open box containing sterile inner cannula.</td>
<td></td>
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<tr>
<td>18. Remove patient's inner cannula by squeezing wings of inner cannula.</td>
<td></td>
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</tr>
<tr>
<td>19. Pick up new inner cannula by wings and insert into trach tube and lock.</td>
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<tr>
<td>20. Pour 1/2 parts N/S and H2O2 into sterile container.</td>
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<tr>
<td>21. Open sterile 4x4’s and Q-tips.</td>
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<tr>
<td>22. Open trach dressing gauze.</td>
<td></td>
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<tr>
<td>23. Cleanse around stoma with Q-tips touching handle of Q-tips only. Dry with 4x4.</td>
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<tr>
<td>24. Slide new dressing under trach.</td>
<td></td>
<td></td>
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<tr>
<td>25. Auscultate lungs.</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Nurse’s Communications</th>
<th>Patient’s Communications</th>
<th>Evaluation of Communication Technique</th>
<th>Interpretation/Evaluation of Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What you said, did and felt:</strong></td>
<td><strong>What Pt. says, and does, include:</strong></td>
<td><strong>Therapeutic vs. non-therapeutic</strong></td>
<td><strong>What do you conclude about the communication?</strong></td>
</tr>
<tr>
<td><strong>Verbal statements:</strong></td>
<td>A. Verbal statements</td>
<td>• Name the technique</td>
<td>1. Were your statements clear and appropriate?</td>
</tr>
<tr>
<td>• Exact words and pauses, silences</td>
<td>1. words</td>
<td>• Alternative technique</td>
<td>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?</td>
</tr>
<tr>
<td>• Use guide for pt.’s verbal communication.</td>
<td>2. silences</td>
<td></td>
<td>3. Did you move away from pt., run out of room, etc.?</td>
</tr>
<tr>
<td>• Verbal communication</td>
<td>3. tone of voice</td>
<td></td>
<td>4. What body language do you need to improve on? How?</td>
</tr>
<tr>
<td>• Were your choice of words easy?</td>
<td>4. sighs, laughs, cries</td>
<td></td>
<td>5. What feelings did the pt.’s communication trigger?</td>
</tr>
<tr>
<td>• Did you find yourself laughing, crying, sighing, yawning?</td>
<td>5. stammers, stutters</td>
<td></td>
<td>6. Can you relate your feelings to an event in your past?</td>
</tr>
<tr>
<td><strong>Non-verbal communications</strong></td>
<td>6. pace of speech, etc.</td>
<td></td>
<td>7. Can you provide a one word summary for your feelings about this interaction?</td>
</tr>
<tr>
<td>• Place observations of your own behavior here.</td>
<td><strong>B. Non-verbal communications</strong></td>
<td></td>
<td>8. What are the covert and overt themes?</td>
</tr>
<tr>
<td>• Use guide for pt.’s non-verbal communication</td>
<td>1. facial expressions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. silences</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. postures assumed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. gestures</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>5. eye contact</td>
<td></td>
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<td></td>
<td>6. restlessness, yawns</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>7. attention span, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expressed &amp; Implied Feelings and Thoughts, e.g.:</strong></td>
<td>C. Feelings &amp; thoughts, e.g.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Record those feelings and thoughts you experienced during the interaction.</td>
<td>1. anxiety *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use the guide for pt.’s feelings and thoughts (See list in Column II-C)</td>
<td>2. anger</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. fearfulness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. frustration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. hopelessness</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6. loneliness</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>7. sadness</td>
<td></td>
<td></td>
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<td></td>
<td>8. humor</td>
<td></td>
<td></td>
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<td></td>
<td>9. love</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. happiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. empathy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>12. accomplishment, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

Patient’s Initials

Patient’s Age

Patient’s Sex

Major Medical Diagnosis

Description of patient’s appearance at time of interaction

Instructors Comments:

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

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

<table>
<thead>
<tr>
<th>IDENTIFIES SCA/SCD’S</th>
<th>FORMULATES NURSING DIAGNOSIS</th>
<th>IDENTIFIES PATIENT OUTCOMES</th>
<th>SELECTS APPROPRIATE INTERVENTIONS</th>
<th>STATES REFERENCED RATIONALES</th>
<th>EVALUATIONS</th>
</tr>
</thead>
</table>
| 8-10     | Includes ALL relevant assessment data with attention to:  
  - Subjective data (BCFs)  
  - Objective data (checklist)  
  - Vital signs  
  - Lab values  
  - Behavioral and verbal cues Related to the specifically identified USCR and nursing diagnosis | 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:  
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) | 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:  
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. |
**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.

- Correct patient identification maintained
- Bed in lowest position when leaving patient, locked, and appropriate side rails
- Call bell and bedside table (with phone) within reach
- Restraint protocol followed
- Appropriate precautions maintained (standard/isolation)
- Skin integrity protected and proper alignment maintained
- Changes in a patient’s clinical status will be monitored and reported promptly to the clinical instructor and the clinical staff
- Any change of status reported immediately
- Assesses all prescribed therapeutic devices
- Identifies the appropriate assessment parameters prior to medication administration
- 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.
- A “U” (unsatisfactory) on any section of the Final clinical evaluation tool will result in a clinical failure.

---

### Clinical Practice

1. Provides care based on Orem’s self-care model to adult individuals with deficits in USCR’s.
   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. Distinguishes 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>
<thead>
<tr>
<th></th>
<th>Midterm</th>
<th>Final</th>
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</table>

Faculty Comments
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.

<table>
<thead>
<tr>
<th>Human Development</th>
<th>2. Provides nursing care according to each individual's developmental capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Provides care based on the uniqueness of the patient's cultural and spiritual needs.</td>
</tr>
<tr>
<td></td>
<td>b. Identifies personal biases that may impact nursing care.</td>
</tr>
<tr>
<td></td>
<td>c. Implements care based on patients' age, developmental level, or disability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>3. Employs therapeutic and professional communication techniques when interacting with adults and health team members.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Focuses on patient centered communication, goals, and concerns.</td>
</tr>
<tr>
<td></td>
<td>b. Uses language consistent with patient's level of understanding.</td>
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<tr>
<td></td>
<td>c. Demonstrates respect for the values, dignity, and culture of others in patient interactions.</td>
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<tr>
<td></td>
<td>d. Reports pertinent data to staff and instructor in a timely manner.</td>
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<tr>
<td></td>
<td>e. Demonstrates documentation that is accurate, complete, current, concise and organized.</td>
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<tr>
<td></td>
<td>f. Demonstrates verbal shift report that is complete, appropriate and accurate.</td>
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<tr>
<td></td>
<td>g. Asks pertinent questions related to patient condition and care.</td>
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<tr>
<td></td>
<td>h. Actively contributes relevant information in clinical conference.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>4. Provides nursing care based upon biological, psychological, sociological, cultural, spiritual and economic factors that influence the health of adults.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Correlates scientific theory with clinical practice.</td>
</tr>
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<td></td>
<td>b. Integrates prior and current learning with clinical practice</td>
</tr>
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<td></td>
<td>c. Maintains proficiency in previously learned skills.</td>
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<tr>
<td></td>
<td>d. Implements skills according to evidence-based standards, policies, and current National Patient Safety Goals.</td>
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<tr>
<td></td>
<td>e. Differentiates appropriate unlicensed assistive personnel responsibilities.</td>
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</table>

<table>
<thead>
<tr>
<th>Professional Development</th>
<th>5. Selects activities which support personal, professional and educational development.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Seeks assistance appropriately from instructor, peers, and other professionals.</td>
</tr>
<tr>
<td></td>
<td>c. Plans clinical time to ensure safe, efficient patient care</td>
</tr>
<tr>
<td></td>
<td>d. Manages time effectively to complete clinical assignments</td>
</tr>
<tr>
<td></td>
<td>e. Arrives on time and prepared to practice for all clinical activities.</td>
</tr>
<tr>
<td></td>
<td>f. Complies with dress code and grooming standards for clinical practice.</td>
</tr>
<tr>
<td></td>
<td>g. Demonstrates professional demeanor in interactions with patients.</td>
</tr>
<tr>
<td></td>
<td>h. Utilizes appropriate materials as sources of information.</td>
</tr>
<tr>
<td></td>
<td>i. Demonstrates awareness of need for areas for self-improvement.</td>
</tr>
<tr>
<td></td>
<td>j. Demonstrates initiative by seeking opportunities for new learning.</td>
</tr>
</tbody>
</table>

| Professionalism |  |  |
   b. Maintains confidentiality and adheres to Health Insurance Portability and Accountability Act (HIPAA).

7. Applies skills in nursing care through the use of a variety of technological resources.
   a. Locates technological resources for the improvement of patient care.
   b. Obtains data from technological resources for the improvement of patient care.

8. Utilizes critical thinking when providing nursing care to adults.
   a. Demonstrates self-direction and critical thinking skills in clinical practice.
   b. Employs evidence based practice to modify interactions based on assessment of patient SCA’s and SCD’s.

9. Correctly calculates drug and solution medication problems according to the level 2 Pharmacological Math Computation Exam (PMCE) blueprint.
   a. Calculates prescribed drug dosage correctly.
   b. Calculates IV flow rate accurately and monitors infusion rate correctly.

10. Implements a teaching plan based on knowledge of teaching and learning principles.
    a. Employs the supportive educative role while addressing an identified learning need with the patient or significant other.

The student signature on the evaluation form acknowledges review of the evaluation with the instructor.

<table>
<thead>
<tr>
<th>Midterm</th>
<th>Final</th>
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<td>U</td>
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</table>

<table>
<thead>
<tr>
<th>Student Signature and comments</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Faculty Signature and comments</th>
<th>Date</th>
</tr>
</thead>
</table>