

**BERGEN COMMUNITY COLLEGE
DIVISION 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 2010 and
SPRING 2011 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.

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.

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-282.

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 Level II, Pharmacological Math Computation Exam (PMCE) with a score of 80% or higher.
10. Creates and implements a teaching plan which meets the educational needs of an individual.

TEACHING AND LEARNING ACTIVITIES

Lecture	Clinical Conference Discussion
Audio Visuals	Case Studies (Classroom, CAI, On-line)
Clinical Practice:	Assigned and Self-Directed Readings
Acute Care, and	Power Point Presentations
Community Facilities	NCLEX Review Questions
Judy Miller Tapes	The Point Tutorials
	Evolve-HESI Tutorials

LEVEL REQUIREMENT

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 80% is a level requirement. The PMCE will be given in the first course of each level. If the student does not attain the required 80% passing grade, he/she will be provided two retake opportunities within the confines of that course. Failure to achieve an 80% 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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ADDITIONAL LEARNING RESOURCES AVAILABLE TO SUPPLEMENT CLASSROOM LECTURE, READING, DISCUSSION, AND SELF STUDY

All resources can be accessed through your text book Cd Rom and WEB: Brunner and Suddarth Textbook of Medical Surgical Nursing.

1. **Clinical Simulated Case Studies**

Nursing Management of the Adult Asthmatic
Clinical Management of a Patient with Heart Failure
Clinical Management of a Patient with Hypertension

2. **Visual Animations**

Gas Exchange In Alveoli
Oxygen Transport
Asthma

3. **Tutorials**

Fluid and Electrolytes

4. **Physical Examination**

Anterior, Posterior, and Lateral Thorax

5. **Audios**

Normal and Abnormal Heart and Breath Sounds

COURSE REQUIREMENTS

1. Nursing Care Plan(s) Completion of **Two Satisfactory** Nursing Care Plans. The First plan must address the USCR for AIR. The second plan must address the USCR for Water. A Teaching Plan must accompany each Nursing Plan. The focus of the Teaching Plan must address learning needs associated with the Air or Water USCR addressed in the care plans.
Please see NCP Rubric attached.
2. Unit Tests Unit I Respiratory, 50 questions
Unit II Fluid/Electrolytes, ABG, Shock, HTN, 50 questions
Unit III Cardiac, 50 questions
3. Pharmacological Math Review pharmacology/computation text purchased in NUR 182.
Computation Exam Calculators permitted.
4. Teaching Plan To be addressed in Nursing Care Plan.
5. One Satisfactory Process Recording Follow Process Recording Guide distributed in Level I.
Process Recording Rubric attached.
6. CAI Viewing of CAI listings found in Teaching/Learning
Activities. All CAIs are located in B-307, S-354, Library, B-305,
B-306
7. Skills Validation Satisfactory skills validation performance. Absence from Skills
Validation results in a clinical absence.
8. Passing Clinical Performance grade & Adherence to Attendance Policy
Policy See Nursing Student Handbook "Attendance" and
"Clinical Evaluation" tool.
9. 150 NCLEX Questions Submission of 50 Respiratory NCLEX
Submission of 50 Fluid/Electrolyte, ABG, Shock & CHF NCLEX
Questions
Submission of 50 Cardiac NCLEX
10. HESI Standardized Exam Students are required to take an end of semester standardized
exam.

REQUIRED TEXTS

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

Brunner & Sudarth. Textbook of Medical-Surgical Nursing. Lippincott, 11th Edition.
2 (volume). ISBN: 978160 831 247

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

NUR-281 VIDEO LIST

Located in Library Media

Suctioning

RC735.S8582 1987 Airway Management: Suctioning Nasotracheal, Oropharangeal & Endotracheal Techniques
RT41.M862 1994 pt.4: Nursing Skills: Artificial Airways

Oxygen

RT41.M862 1994 pt.6 Nursing Skills: Promoting Adequate Oxygenation
RT41.H54 1990 pt.1 Pulse Oximetry
RT41.M862 1994 pt.3 Nursing Skills: Equipment & Oxygen Therapy

Chest Tubes

RD536.C44 2007 Chest Tubes and Closed Drainage Systems
RT41.M862 1994 pt.5 Nursing Skills: Care of the Client with Chest Tubes

Respiratory Misc.

RT120.I5C75 1988 Suctioning, Ventilators, Chest Tubes
RC776.R38P54 1985 Practical Management of ARDS
RC776.03P5 1985 Management of the Patient with COPD

Cardiac

RC685I6H424 2002 Heart Attack
RC684.E9C37 1990 Cardiac Comeback
RC683.5A9R287 2001 Reading ECG Rhythm Strips
RT48.F62 1992 pt.2 The Patient with Congestive Heart Failure

NCLEX-RN Review 3500 Questions – B-307 & S-354

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.bergen.edu/our people](http://www.bergen.edu/our%20people) (scroll down to Prof. Polnyj's website)
8. NUR 281 web enhanced
9. www.nursingcenter.com/library
10. WEB CT NUR 281
11. the.point/www.com (all small letters) (see attached)
12. Evolve Case Studies (see attached)

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ADDITIONAL LEARNING RESOURCES AVAILABLE TO SUPPLEMENT CLASSROOM LECTURE, READING, DISCUSSION, AND SELF STUDY

All resources can be accessed through your text book CD ROM and WEB: Brunner and Suddarth Textbook of Medical Surgical Nursing.

1. **The Point Clinical Simulated Case Studies**

Nursing Management of the Adult Asthmatic
Clinical Management of a Patient with Heart Failure
Clinical Management of a Patient with Hypertension

2. **Visual Animations**

Gas Exchange In Alveoli
Oxygen Transport
Asthma

3. **Tutorials**

Fluid and Electrolytes

4. **Physical Examination**

Anterior, Posterior, and Lateral Thorax

5. **Audios**

Normal and Abnormal Heart and Breath Sounds

1. PATIENT REVIEWS

A. Adult Health

Cardiovascular

1. Mr. Swan (Chest Pain)
2. Mr. Erickson (Cardiac cath, Angioplasty)
3. Mr. Lean (CABG)

Peripheral Vascular

1. Mrs. Basile (Venous Ulcer)
2. Mr. Cole (AAA)
3. Thomas Smith (Fem/Pop Bypass)

Respiratory

1. Mrs. Frank (Lobectomy)
2. Mr. Fenske (Emphysema)
3. Mr. Hannigan (Pneumococcal Pneumonia)

B. Critical Care

Cardio Vascular

1. Mr. Peterson (CABG/ICU)
2. Mr. Whiting (1) (Thrombolytic Therapy/CCU)
3. Mr. Whiting (2) (MI, Heart Failure, IABP)
4. Ms. Jane Doe (Cardiac Arrest)

Respiratory

1. Mary Marotta (PE/ICU)
2. Tim Smythe (Chest Tubes/Pneumothorax)
3. William Bennett (ARDS/Shock)

C. Clinical Nursing Concepts

Fluid and Electrolytes

1. Mary Richards
2. Rusty Jackson
3. Acid Base Balance
 1. Jackie Bright (Metabolic Acidosis)
 2. Karen Brown (Resp Alkalosis)
 3. Marjorie Mitchell (Metabolic Alkalosis)
 4. Sam Williams (Resp Acidosis)

D. Case Studies

1. COPD/Pneumonia
2. HIV/TB
3. Lung Cancer
4. Laryngeal Cancer
5. DVT
6. HTN
7. PVD
8. CAD
9. Heart Failure/Atrial Fib

E. Fundamentals

1. Breathing Patterns
2. Fluid Balance

Theoretical Content

PART I: THE USCR FOR AIR

UNIT I: 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

UNIT II: 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

UNIT III: 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

*** NOTE: ALL CAI'S ARE LOCATED IN B-307, B-306, L-222, and L-309**

Teaching/Learning Activities

- Read: Anatomy & Physiology, Chapter on Respiratory System
- Read: Chapter in Physical Assessment text on Respiratory assessment
- Read: Brunner et al Chapter 21
- View: CAI, Respiratory System (B-307 & S-354)
- CAI: R.A.L.E. Lung Sounds
- Evolve Case Study under Fundamentals Breathing Patterns
- Read: Brunner, Chapter 22, 25
- Read: Pharmacology text, Chapters on antihistamine, decongestants, antitussives & expectorants
- Evolve Case Study: Laryngeal Cancer
- Read: Brunner, Chapter 23
- Read: Pharmacology text chapters on antibiotics
- CAI: Mr. Hannigan Pneumococcal Pneumonia
- Evolve Case Study: COPD/Pneumonia

Theoretical Content

UNIT III: 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

UNIT IV: 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, Chapter 23
Case study on Tuberculosis
Read: Pharmacology text, chapter on antitubercular agents
CAI: Identification, Prevention and Control of Tuberculosis
CAI: TB: Need to Know
- Evolve Case Study: HIV/TB
- Read: Brunner, Chapter 23
CAI: Mrs. Frank: Lung Cancer Lobectomy
- Evolve Case Study: Lung Cancer
- Read: Brunner, Chapter 23 & 25
- Read: Brunner: Chapter 23
CAI: Timothy Smythe: Pneumothorax & Chest Tubes
- Read: Brunner, Chapter 24
Read: Pharmacology text, chapter on bronchodilators and other respiratory agents

Theoretical Content

UNIT IV: 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. 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

UNIT V: RESPIRATORY FAILURE AND ARDS

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

PART II: THE USCR FOR WATER **FLUID, ELECTROLYTE AND ACID-BASE** **DISTURBANCES**

- I. Definition of the need for water

Teaching/Learning Activities

Read: Brunner, Chapter 24
CAI: Mr. Fenske: Emphysema

Evolve Case Study: COPD/Pneumonia

Read: Brunner, Chapter 23
CAI: William Benett: ARDS
Lutz (Nutrition Text)
Chapter 22

Read: Brunner, Chapter 25

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

Read: Brunner, Chapter 14

Theoretical Content

- 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. isotonic
 - 2. hypotonic
 - 3. hypertonic
 - B. IV additives
 - C. Food sources
 - D. Potential hazards
 - E. WC/PC/SENS to control and prevent imbalances

Teaching/Learning Activities

CAI: Listed under Clinical Nursing Concepts and Skills the PDS nursing scenarios.

Evolve Case Study under Fundamentals
Fluid Balance

Read: Pharmacology text, chapter on Fluid & Electrolytes

Read: Brunner, Chapter 14

CAI: Potassium

CAI: Rusty Jackson: Fluid Volume Deficit and Electrolyte Imbalance

CAI: Mary Richards: Hyponatremia and Water Intoxication

Read: Brunner, Chapter 14

Read: Brunner, Chapter 14

CAI: Jackie Bright: Metabolic Acidosis

CAI: Sam Williams: Respiratory Acidosis

CAI: Marjorie Mitchell: Metabolic Alkalosis

CAI: Karen Brown: Respiratory Alkalosis

Theoretical Content

UNIT II: 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

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

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

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

- V. Risk Factor and Preventative Measures for Hypertension

- VI. Clinical Manifestations of Hypertension

Teaching/Learning Activities

Read: Brunner, Chapter 15
Classroom: Power Point at faculty discretion

Review: Basic Concepts and Skills
Nursing "Blood Pressure Measurement"
Read: Brunner, Chapter 32
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

Evolve Case Study: HTN

Theoretical Content

- 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

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. Cardiograms
 - A. EKG
 - B. Stress test
 - C. Holter monitor
 - D. Thallium/persantine/cardiolyte stress test

Teaching/Learning Activities

Lutz (Nutrition Text)
Chapter 18

Read: Brunner, Chapter 26
Read: A&P text chapter on cardiovascular system
Read: Chapter in Physical Assessment Text on
Cardiac Assessment

Theoretical Content

- III. Cardiology
 - A. Echocardiogram
 - B. Transesophageal echocardiogram
- IV. MUGA scan
- V. Cardiac catheterization
 - A. Indications
 - B. Implementation of pre and post procedure nursing agency

CORONARY ARTERY DISEASE (USCR: Air or Water)

- I. Pathophysiology of CAD
- II. Modifiable Risk Factors and Preventative Measures
- III. Non-modifiable Risk Factors and Preventative Measures
- 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
 - E. 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

Teaching/Learning Activities

- Read: Brunner, Chapter 28
Read: Pharmacology text, chapter on vasodilators, anticoagulants, & thrombolytics
Read: Nutrition text, chapter on cardiac prevention diet
CAI: Mr. Swan: Chest Pain
CAI: Mr. Erikson: Cardiac Catheterization & Angioplasty

Evolve Case Study: CAD

- Critical thinking exercise: "What do We do Next?"
CAI: Mr. Whiting: Chest Pain & Thrombolytic Therapy
CAI: Mr. Whiting: MI - Heart Failure – IABP
CAI: Mr. Peterson – CABG in ICU
CAI: Mr. Lean: CABG (Coronary Artery Bypass Graft)

Theoretical Content

- 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

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

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

Teaching/Learning Activities

CAI: Jane Doe: Cardiac Arrest

Read: Brunner, Chapter 27

Read: Pharmacology text, chapter on antiarrhythmics

View: CAI, Essentials of Cardiac Rhythm Recognition

CAI: The Cardiac System

Read: Brunner, Chapter 30

Read: Pharmacology text, chapter on cardiac glycosides

CAI: Mrs. Chin: Myocardial Infarction & Heart Failure

Classroom: Case study

Evolve Case Study: Heart Failure/Atrial Fib

Theoretical Content

- 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
- 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

Teaching/Learning Activities

Read: Brunner, Chapter 29

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
- VIII. Implementation of nursing agency for a Patient with Valvular Heart Disease

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

Teaching/Learning Activities

Read: Brunner, Chapter 29

Read: Brunner, Chapter 31

CAI: Mr. Cole: AAA

Read: Chapter in Physical Assessment Text relating to Aneurysms

Theoretical Content

- VI. Implementation of Nursing Agency for a Patient with an Aneurysm

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

EMBOLIC PHENOMENA

- 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

Teaching/Learning Activities

Read: Brunner, Chapter 31

CAI: Thomas Smith: Femoral-Tibial Bypass

Evolve Case Study: PVD

Read: Brunner, Chapter 31

CAI: Mrs. Basile: Venous Ulcer

Evolve Case Study: DVT

Read: Brunner, Chapter 23

CAI: Mary Manotta: PE After Enolecystectomy

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

PROCEDURE	SATIS-FACTORY	UNSATIS-FACTORY	COMMENTS
TRACHEOSTOMY CARE WITH SUCTIONING			
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.			

	Documents Nurses Communication	Documents Patients Communication	Evaluates Communication Techniques	Evaluates Interaction
4	<ul style="list-style-type: none"> Includes exact words and silences Details non-verbal behaviors Demonstrates correct use of therapeutic communication techniques 	<ul style="list-style-type: none"> Includes exact words and silences in detail Details all non-verbal behaviors 	<ul style="list-style-type: none"> Names each communication technique Identifies technique as therapeutic or non therapeutic Selects correct (alternative) therapeutic technique 	<ul style="list-style-type: none"> Evidences insight into the themes (overt/covert) of the interaction Discusses thoughts and feelings in response to patient Notes areas needed to improve therapeutic communication skills
3	<ul style="list-style-type: none"> Paraphrases words Includes some evidence of nonverbal communication and use of therapeutic communication techniques 	<ul style="list-style-type: none"> Paraphrases words Includes some evidence of non verbal behaviors 	<ul style="list-style-type: none"> Incorrectly names more than 2-3 technique(s), Incorrectly cites more than 2-3 technique as therapeutic /non therapeutic alternative technique(s) are limited 	<ul style="list-style-type: none"> Discusses overt themes but demonstrates limited insight into covert themes Limited references to own thoughts and feelings in response to patient Limited discussion of areas needed to improve communication skills
2	Documentation is sparse, vague or incomplete	Documentation is sparse vague or incomplete	Multiple incorrect naming of techniques and citing as therapeutic or non therapeutic and no alternatives techniques provided or those provided are incorrect	Limits evaluation to superficial analysis of content; minimal references to thoughts and feelings about 1:1 and/or no discussion of areas needed for improvement
1	Documentation is sparse, vague or incomplete and no evidence of any non verbal behaviors	Documentation is sparse, vague incomplete and no evidence of any non verbal behaviors	No correct techniques named , no citing of therapeutic or non therapeutic and no alternative techniques provided	Superficial analysis of content, no references to thoughts and feelings about 1:1 and/or no discussion of areas needed for improvement, not expected minimum of 5 minute transcription

PROCESS RECORDING RUBRIC-11/07

NCP RUBRIC

	IDENTIFIES SCA/SCD'S	FORMULATES NURSING DIAGNOSIS	IDENTIFIES PATIENT OUTCOMES	SELECTS APPROPRIATE INTERVENTIONS	STATES REFERENCED RATIONALES	EVALUATIONS
4	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
3	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	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.
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.