Students with Documented Learning Disabilities
Reasonable Accommodations: Students with disabilities who require accommodations (academic adjustments and / or auxiliary aids or services) for this course MUST provide documentation for accommodations from the RVCC office of disability Services, C143.
No accommodations will be made without this documentation.
For additional information, go to the Disabilities Services website at http://www.raritanval.edu/studentserv/disa/disabilityhome.html
<table>
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<tr>
<td>Site Coordinator</td>
<td>Barbara McShane</td>
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## MERCER COUNTY COMMUNITY COLLEGE

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<th>Role</th>
<th>Name</th>
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https://www.middlesexcc.edu/continuing-education/free-allied-health-training/

EdReady Link  
https://middlesexcc.edready.org/login
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CAREER MAP

Insert an image of front and back of the Career Map – this can be found on Skills Commons

Link for Career Map

https://www.skillscommons.org/handle/taaccct/10349
If doing online Add screenshots and information for accessing online learning platform that you will use to deploy course.
I AM A FUTURE HEALTH CARE PROFESSIONAL

SMART START AT RVCC - INTRODUCTION TO HEALTH CARE CAREER OPPORTUNITIES
SMART START CLASSES

- INTRODUCTION TO HEALTH CARE CAREERS
- WHO IS THIS CLASS FOR:
  
  HIGH SCHOOL STUDENT OVER 18 YEARS OF AGE
  UNEMPLOYED INDIVIDUALS
  UNDEREMPLOYED INDIVIDUALS
  INDIVIDUALS INTERESTED IN FIRST AND SECOND CAREERS
PURPOSE OF COURSE

• To provide information on the Health Care arena in the 21st century
• Introduce students to different Health Care careers
• Help student determine if they are interested in a Health Care career path
• Identify required preparation and education for several Health Care professions
• Identify where information on job locations, salary range can be found.
SMART START AT RVCC (DAY ONE)

DAY ONE – WHY SHOULD YOU BECOME A HEALTH CARE PROFESSIONAL?
DAY ONE OBJECTIVES

• Define health care in the 21\textsuperscript{st} century
• Discuss ethical and legal issues in health care
• Define HIPPA
• Discuss specific health care professions
• Discuss how to get started in a health care career
• Discuss search of career opportunities, salaries and probable locations
• Preparation for required education
• Assessment of individual learning style
HEALTH CARE IN THE 21ST CENTURY

• 4.2 MILLION INCREASE IN HEALTH CARE JOBS IS EXPECTED BETWEEN 2010 AND 2020

• 63% OF THOSE INCREASED JOBS WILL BE IN AMBULATORY SETTINGS

LEGAL AND ETHICAL ISSUES

ETHICAL ISSUES
• ACCESS TO CARE
• END OF LIFE ISSUES
• DECISION-MAKING FOR PEDIATRIC AND GERIATRIC PATIENTS
• PATIENT WELFARE

LEGAL ISSUES
• MALPRACTICE
• INFORMED CONSENT
• PATIENT CONFIDENTIALITY
• HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT - HIPAA
WHAT IS HIPAA?

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

• PROTECTS PATIENT CONFIDENTIALITY
• HELPS PATIENTS MAINTAIN HEALTH INSURANCE
• PROTECTS THE CONFIDENTIALITY OF PATIENT HEALTH INFORMATION
HEALTH CARE PROFESSIONS

• ATHLETIC TRAINER*
• CARDIOVASCULAR TECHNOLOGIST
• CERTIFIED NURSING ASSISTANT*
• CLINICAL CODER/MEDICAL CODER*
• DENTAL ASSISTANT*/HYGIENIST
• EKG TECHNICIAN*
• EMT/PARAMEDIC
• HEALTH INFORMATION TECHNOLOGIST*
• LANGUAGE INTERPRETOR
• MEDICAL ASSISTANT*

• NURSE – RN*/LPN
• NUTRITIONIST
• OCCUPATIONAL/PHYSICAL THERAPIST
• OPHTHALMIC TECHNICIAN*
• PHARMACY TECHNICIAN*
• PHLEBOTOMIST*
• RADIOGRAPHER
• RESPIRATORY THERAPIST
• SONOGRAPHER
• SURGICAL TECHNICIAN
• THERAPIST

*COURSES/PROGRAMS CURRENTLY OFFERED AT RVCC
PROFESSIONAL ASSOCIATIONS AND WEBSITES

- Dental Hygienist – http://www.adha.org
- EKG Technician – http://www.CAAHEP.org
- EMT - http://www.nremit.org
- EMT/Paramedic - http://www.paramedicemttraining.com
- Language Interpretation - http://ccie-accreditation.org
- New Jersey Board of Nursing - www.state.nj.us/oag/ca/medical/nursing.htm
- National League for Nursing - www.nln.org
- Occupational Therapy – www.acote.org
- American Association of Respiratory Care – www.aarc.org
- Association of Surgical Technologists – http://www.ast.org
GETTING STARTED

WHAT INFORMATION DO I NEED?

• Career Opportunities
• Job locations
• Salary Ranges
• Required education

WHERE TO LOOK FOR INFORMATION? – LOCATED ON RVCC LION’S DEN
ADD RESOURCES

- Add resources that your college uses for career services and career planning that students may want to visit.
WHO WILL BE MY CLIENTS?

What Do You See When You Look At Me Nurse

www.youtube.com/watch?v=LOtNdn_GsMc

"IF WE COULD SEE INSIDE OTHERS' HEARTS": LIFE, in 4 min

https://www.youtube.com/watch?v=Wl2_knlv_xw
WHAT IS MY LEARNING STYLE?

• Auditory Learner
• Visual Learner
• Kinesthetic Learner
• Take a free learning style inventory at Pennsylvania State University http://www.personal.psu.edu/bxb11/LSI/LSI.htm
SMART START AT RVCC (DAY TWO)

DAY TWO – PROFESSIONALISM AND INTRODUCTION TO THE LANGUAGE OF MEDICINE
DAY TWO OBJECTIVES

• Define professionalism
• Discuss transition from student to employee
  Resume writing, Job interview
• Discuss components of EXCELLENT customer service
  Accountability, Attitude, Reliability, Verbal and Written Communication
• Introduce medical terminology
  Medical Terms, Acceptable Abbreviations, Body Systems
• Demonstrate use of the military clock
PROFESSIONALISM – WHAT IS IT?

- Definitions
- Components of Professions
- Professional Requirements
WHAT IS A PROFESSIONAL TO YOU?

• List characteristics that you have observed in the past
TRANSITIONAL ROLE FROM STUDENT TO PROFESSIONAL
TRANSITION FROM STUDENT TO EMPLOYEE

Students & Teachers

New Grad, New Experience/Specialty & Preceptor/Mentor

Experienced Nurse & New/Grad, New Staff
KEYS TO SUCCESS FOR NEW HEALTHCARE PROFESSIONALS

• CRITICAL THINKING SKILLS
• PROBLEM-SOLVING SKILLS
• PRIORITIZATION
• MOTIVATION
• TEAM WORK, SENSE OF COMMUNITY
SUCCESS ON LICENSING AND CERTIFICATION EXAMS

• STUDY, STUDY, STUDY
• EVALUATE YOUR LEARNING AND STUDY STYLES
• ENROLL IN A REVIEW COURSE IF AVAILABLE
• PRACTICE QUESTIONS
• PREPARE PHYSICALLY AND MENTALLY FOR EXAM (Rest, Sleep, Food)
GETTING THE JOB

• THE RESUME
• PRE-INTERVIEW, DO YOUR HOMEWORK
• THE INTERVIEW
• DRESS CODE AND BEHAVIOR
• POST-INTERVIEW
IS THIS THE JOB FOR ME?

- URBAN vs. RURAL, INNER CITY vs. COMMUNITY HOSPITAL
- CLINICS, PHYSICIAN’S OFFICES, LABORATORIES, SCHOOLS
- AVAILABLE POSITIONS, VARIED PRACTICE SETTINGS
- ORIENTATION
- COMPENSATION, BENEFITS
- TRAVEL DISTANCE AND TIME
KEEP GROWING!

- CONTINUING EDUCATION, JOURNALS, CONVENTIONS, SEMINARS, WORKSHOPS
- SPECIALTY CERTIFICATIONS
- HIGHER EDUCATION INSTITUTIONS AND PROGRAMS
- PROFESSIONAL ASSOCIATIONS
- SHARING WITH COLLEAGUES
- NEW AND ONGOING RESEARCH
GOALS

• WHERE DO I SEE MYSELF IN ….  
  1 YEAR?  
  5 YEARS?  
  10 YEARS?
Transition from Student to Health Care Professional is challenging and often has many steps along the way…

… Face change head on with a clear, focused plan …. 

Go forth and mold your careers and your life!
ADD RESOURCE

• Insert Networking session PowerPoint ‘Writing the Effective Resume.’ This can be found on Skills Commons

• Link: https://www.skillscommons.org/handle/taaccct/8715
QUESTIONS & ANSWERS
• Insert the Slides and presentation materials on “6 Secrets to Writing a Great Cover Letter which can be found on Skills Commons

• Link: https://www.skillscommons.org/handle/taacccot/8601
SMART START AT RVCC
(CUSTOMER SERVICE)
COMPONENTS OF CUSTOMER SERVICE

• Accountability
• Reliability
• Verbal and Written Communication
• https://www.youtube.com/watch?v=y2Z4OEhufTQ
• https://www.youtube.com/watch?v=W1RY_72O_LQ
• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
• https://www.youtube.com/watch?v=0jPk6CtK360
• Exercise: Can you give an example of good customer service?
• Reflection Exercise: Think about a time you misinterpreted communication. Think about how easy and common it is to misinterpret messages. Think also of times when you have said – “Well, had I known that, I would have …?” This is a classic example of gaps in communication.
CONFLICT RESOLUTION

• Assertive vs. Aggressive behavior
• Cool down before discussing conflict with those involved
• Use assertive communication to discuss the issue, problem-solve and strive for a win-win solution
CULTURE IS ...

• Culture
• Culture and Health Care
MEDICAL TERMINOLOGY

- WORD PARTS
- MEANINGS
- MEDICAL DICTIONARY
- PRONUNCIATION
- SPELLING
- ABBREVIATIONS
WORD ANALYSIS

- PREFIXES
- WORD ROOTS/COMBINING FORM
- SUFFIXES
WHEN ANALYZING WORDS...

• BEGIN AT THE END
• LOOK AT THE WORD PARTS IN THIS ORDER:
  1. SUFFIX
  2. PREFIX
  3. ROOT(S)
SUFFIXES

UNIT(S) OF MEANING ATTACHED TO THE END OF WORD THAT CHANGE THE MEANING OF A WORD OR CREATE A NEW WORD
SUFFIXES THAT CHANGES A ROOT WORD TO A NOUN

- **-CIDE**  killer
- **-GEN**  production of
- **-I CIAN** one charged with
- **-IST**  skilled in
- **-METER**  measure
- **-PHYLAXIS**  protection
SUFFIXES THAT CHANGES A ROOT WORD TO AN ADJECTIVE

- **-AC, -IC, -ARY, -AL, -ACY** pertaining to
- **-AD** toward, in direction of
- **-AN** pertaining to, belonging to
- **-AR** of, related to, pertaining to
- **-ILE** capable of, having qualities of
- **-IOUS** capable of, causing
- **-OID** like
SUFFIXES THAT DENOTES A DISEASE PROCESS

- **-AGRA** severe pain
- **-ALGIA** pain
- **-ATRESIS** abnormal closure
- **-CELE** swelling, bulging, tumor
- **-CHEZIA, -CHESIA** discharge of foreign substance
- **-DYNIA** pain
- **-EMA** swelling, distention
MORE SUFFIXES THAT DENOTES A DISEASE PROCESS

- -IA, -IASIS disease, condition
- -ITIS inflammation
- -PATHY suffering, disease
- -PENIA deficiency
- -RRHAGE, -RRHAGIA bursting forth
- -RRHEA flow, discharge
SUFFIXES THAT INDICATES A SURGICAL OR DIAGNOSTIC PROCEDURE

- **CENTESIS** puncture of cavity
- **CIS** cut
- **CLASTIC** breaking
- **CLEISIS** closure
- **DESIS** binding, fusion
- **ECTOMY** excision, cutting out
- **OSTOMY** creation of a mouth or opening
- **OTOMY** cutting into
- **TRIPSY** rubbing, crushing
SUFFIXES THAT INDICATES SMALLEST

- **-CULUS, -CULUM, -CULE, -OLE, -OLUS** indicates the smallest
NOT TRUE SUFFIXES... BUT CHANGE THE MEANING OF THE WORD

• CHEMICAL COMPOUNDS:
  -ASE enzyme
  -ATE salt made from an acid

• DENOTING A CONDITION
  -FUL full of
  -ID condition
  -NESS state of being
  -OSIS condition
PLURALS/PLURALS OF NOUNS

- SINGULAR
  -A
  -EN
  -EX
  -OS or -US
  -ON or -UM

- PLURAL
  -AE
  -INA
  -ICES
  -I
  -ES or -A
PREFIXES

UNIT(S) OF MEANING ATTACHED TO THE FRONT OF A WORD THAT CAN CHANGE THE MEANING OF THE WORD OR CREATE A NEW WORD
PREFIXES - RELATED TO POSITION REGARDING TIME AND PLACE

• **ANA**- up, back again
• **ANTE**- before
• **NOCT(I)**- night
• **PRIM**- first
• **TER(T)**- third
PREFIXES - DESCRIBING POSITION OR LOCATION

- **ACRO-** extremity, tip
- **CIRCUM-** around
- **CONTRA-** opposite, against
- **JUXTA-** near
- **MEDI-, MESO-** middle
PREFIXES - RELATED TO TYPE

- BRADY- slow
- TACHY- fast
- MAL- bad
- PATH(O)- disease, suffering
PREFIXES - DESCRIPTING DIRECTION

- **AB**- away
- **AD**- to, toward
- **DEXTRO**- right
- **LEVO**- left
- **PRO**- forward, anterior
- **RETRO**- behind, backward
PREFIXES - DESCRIBING NUMBER AND QUANTITY

• **BI**- two
• **AMBI-, AMPHI**- both
• **DEMI-, HEMI**- one-half
• **MONO**- one
• **PAN**- all
• **POLY**- many
PREFIXES - RELATED TO SIZE AND AMOUNT

• **AN-, A-** none
• **ANIS(E)-** unequal
• **MACRO-, MEGA-** large
• **MICRO-** small
• **OLIGO-** scant
PREFIXES - DENOTING COLOR

- ALBA-, LEUKO- white
- CHLORO- green
- CHROMO- color
- CYANO- blue
- ERYTHRO-, RUBE- red
- LUTE-, XANTHO- yellow
- MELANO-, NIGRO- black
DENOTING SHAPE

• ORTHO- straight
• PLATY-, EURY- broad, flat
• PACHY- thick
PREFIXES - DENOTING #’S IN ASCENDING ORDER

- **MONO**- one
- **BI**- two
- **TRI**- three
WORD ROOTS/COMBINING FORMS

- **WORD ROOT(S)** - Foundation of word’s meaning, can sometimes stand by itself as a separate word
- **COMBINING VOWELS** - A vowel added to the end of the root
- **COMBINING FORMS** – The root(s) and combining vowel together
IDENTIFICATION AND SPELLING OF MEDICAL WORDS

- If the suffix begins with a vowel, drop the combining vowel and add the suffix.
- If the suffix begins with a consonant, keep the combining vowel and add the suffix.
- Keep the combining vowel between two or more word roots.
MEDICAL TERMINOLOGY
HINTS

• PREFIXES AND SUFFIXES – Many have multiple meanings.
• SPELLING – Words of Greek origin can be difficult to spell because of silent letters
• IMPORTANCE OF CORRECT SPELLING – An addition or omission of letter(s) can change the meaning of the word
SMART START AT RVCC (A&P)

ANATOMY AND PHYSIOLOGY
ANATOMY AND PHYSIOLOGY

• ANATOMY:
  Study of body structures and their organization

• PHYSIOLOGY:
  Study of the processes and functions of the body
ORGANIZATION OF STRUCTURES

• ORGANISM
• CELLS
• TISSUES
• ORGANS
• SYSTEMS
LOCATIONAL TERMS

• POSITIONAL AND DIRECTIONAL TERMS
• PLANES OF THE BODY
• QUADRANTS AND REGIONS
POSITIONAL AND DIRECTIONAL TERMS

- SUPINE/PRONE
- LATERALLY
- SUPERIOR/INFERIOR
- ANTERIOR/POSTERIOR
- MEDIAL
- PROXIMAL/DISTAL
- SUPERFICIAL/DEEP
BODY PLANES

- FRONTAL
- SAGITTAL
- TRANSVERSE
QUADRANTS AND REGIONS

- RIGHT UPPER QUADRANT
- LEFT UPPER QUADRANT
- RIGHT LOWER QUADRANT
- LEFT LOWER QUADRANT
- NINE REGIONS – RIGHT AND LEFT HYPOCHONDRIAC, EPIGASTRIC, RIGHT AND LEFT LUMBAR, UMBILICAL, RIGHT AND LEFT INGUINAL, HYPOGASTRIC
BODY CAVITIES

- DORSAL CAVITY – cranial and spinal cavity
- VENTRAL CAVITY – body organs, peritoneum
CYTOLOGY

- CELL STRUCTURE
- GENETICS
- GENETIC DISORDERS
- GENETIC COUNSELING
- CONGENITAL DISORDERS
HISTOLOGY

- STEM CELLS
- TISSUES – epithelial, connective, muscle and nerve
- TISSUE FORMATION – aplasia, hypoplasia, hyperplasia, dysplasia, anaplasia
PATHOLOGY

- TYPES OF DISEASES
- DISEASE TRANSMISSION
- OUTBREAK OF DISEASES
MAJOR BODY SYSTEMS

- SKELETAL
- MUSCULAR
- CARDIOVASCULAR
- RESPIRATORY
- LYMPHATIC AND IMMUNE
- DIGESTIVE

- URINARY
- NERVOUS
- INTEGUMENTARY
- ENDOCRINE
- REPRODUCTIVE
SMART START AT RVCC (DAY 3)

DAY THREE – TECHNOLOGY IN HEALTHCARE AND MEDICAL MATHEMATICS
DAY THREE OBJECTIVES

• Discuss the role of technology in health care
  Electronic Health Records, portals, medical equipment, research
• Discuss safety principles of medication administration
• Discuss the concept of polypharmacy
• Identify pertinent information on medication labels
• Utilize medical math calculations to determine correct medication doses
• Discuss common medication interactions and potential side effects
ROLE OF TECHNOLOGY

• ELECTRONIC HEALTH RECORDS
• HEALTH INFORMATION PORTALS
• MEDICAL EQUIPMENT – ELECTRONIC THERMOMETERS, BLOOD PRESSURE MACHINES, TELEPHONIC MEDICINE, MONITORS, DAVINCI ROBOTIC SURGERY
MEDICATION ADMINISTRATION
PRINCIPLES

• Right patient
• Right medication
• Right dose
• Right route
• Right time
• Right documentation
ORAL ROUTE OF MEDICATION ADMINISTRATION

ADVANTAGES OF ORAL ROUTE

• Easy
• Most common method
• Many choices
• Retrievable
• Less Anxiety
• No Pain
• No Break in the Skin

DISADVANTAGES OF ORAL ROUTE

• Requires the patient participate
• Slower onset
• Prolonged effect
• Potential drug to drug or drug to food reactions
• Aspiration Risk
• GI Irritation
ORAL MEDICATIONS

• ASSESS patient’s ability to swallow safely
• Plan: expected outcomes, crush or not, needs of patient, equipment, position, education
• Implement: gather equipment, position, educate,
• Evaluate: knowledge, side effects, effects,
CASE STUDY

• An 83 year old patient given Cardizem CD. The capsule was too large to swallow so the patient chewed it. She became weak, bradycardic and died!!!!!! WHY?

• What is polypharmacy? How would this impact on the 83 year old patient above?
MEDICATION LABELS

Look at this Over-the-Counter medication label

Find the specific uses of this medication.

What are the potential side effects?

How frequently should this medication be taken?

What is the correct dose for children 6-12 years old?

What does the Warnings mean?

<table>
<thead>
<tr>
<th></th>
<th>Medical Math Calculation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patient's dose is 40 mg. On hand are 20 mg tablets. How many tablets should the patient receive?</td>
</tr>
<tr>
<td>2.</td>
<td>2 grams = ? mg</td>
</tr>
<tr>
<td>3.</td>
<td>Patient's dose is 20 mg. On hand is medication 40 mg in 5 mL. How many mL should the patient receive?</td>
</tr>
<tr>
<td>4.</td>
<td>Patient's dose is 30 mg. On hand are 10 mg tablets. How many tablets should the patient receive?</td>
</tr>
<tr>
<td>5.</td>
<td>Patient's dose is 5 mg. On hand are 10 mg tablets. How many tablets should the patient receive?</td>
</tr>
<tr>
<td>6.</td>
<td>Patient's dose is 750 mg. On hand are 250 mg tablets. How many tablets should the patient receive?</td>
</tr>
</tbody>
</table>

Show all your work and circle your answers.
<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Patient's dose is 50 mg. On hand are 20 mg tablets. How many tablet(s) should the patient receive?</td>
</tr>
<tr>
<td>8.</td>
<td>Patient's dose is 7.5 mg. On hand are 2.5 mg tablets. How many tablet(s) should the patient receive?</td>
</tr>
<tr>
<td>9.</td>
<td>300 mg = ? grams</td>
</tr>
<tr>
<td>10.</td>
<td>500 mg = ? grams</td>
</tr>
</tbody>
</table>
MEDICAL MATH CALCULATIONS

SEE HANDOUTS FOR MATH QUESTIONS TO SOLVE
MEDICAL MATH CALCULATIONS – CONVERSIONS AND FORMULA

• CONVERSIONS

<table>
<thead>
<tr>
<th>Conversion</th>
<th>Unit</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 gram (g)</td>
<td>1000 milligrams (mg)</td>
<td></td>
</tr>
<tr>
<td>1 kilogram (kg)</td>
<td>1000 grams (g)</td>
<td></td>
</tr>
<tr>
<td>1 kilogram (kg)</td>
<td>2.2 pounds (lbs)</td>
<td></td>
</tr>
<tr>
<td>1 teaspoon (tsp)</td>
<td>5 milliliters (mL)</td>
<td></td>
</tr>
<tr>
<td>1 tablespoon (tbsp)</td>
<td>15 milliliters (mL)</td>
<td></td>
</tr>
<tr>
<td>1 tbsp</td>
<td>3 tsp</td>
<td></td>
</tr>
<tr>
<td>1 ounce (oz)</td>
<td>30 mL</td>
<td></td>
</tr>
<tr>
<td>12 oz</td>
<td>360 mL</td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>8 oz</td>
<td>240 mL</td>
</tr>
</tbody>
</table>

• FORMULA

\[ D \text{ (dose desired)} \times \text{ Quantity} = \text{amount to give} \]

\[ H \text{ (what on hand)} \]
Use this link to access the Measure Conversion Chart for Weight (UK)


<table>
<thead>
<tr>
<th>Metric Conversions</th>
<th></th>
<th>Imperial Conversions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 gram</td>
<td>1000 mg</td>
<td>1 oz</td>
<td>16 dr</td>
</tr>
<tr>
<td>1 kilogram</td>
<td>1000 g</td>
<td>1 lb</td>
<td>16 oz</td>
</tr>
<tr>
<td>1 tonne (1 megagram)</td>
<td>1000 kg</td>
<td>1 st</td>
<td>14 lb</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 qr</td>
<td>2 st</td>
</tr>
<tr>
<td>1 hundredweight</td>
<td>4 quarters (or 8 stone)</td>
<td>1 cwt</td>
<td>4 qr (or 8 st)</td>
</tr>
<tr>
<td>1 ton, long</td>
<td>20 hundredweight (160 stone)</td>
<td>1 ton</td>
<td>20 cwt (or 160 st)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric -&gt; Imperial Conversions</th>
<th></th>
<th>Imperial -&gt; Metric Conversions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 gram</td>
<td>0.035274 oz</td>
<td>1 g</td>
<td>0.035274 oz</td>
</tr>
<tr>
<td>1 kilogram</td>
<td>2.20462 lb</td>
<td>1 kg</td>
<td>2.20462 lb</td>
</tr>
<tr>
<td>1 kilogram</td>
<td>35.27396 oz</td>
<td>1 kg</td>
<td>35.27396 oz</td>
</tr>
<tr>
<td>1 tonne</td>
<td>0.9842 ton, long</td>
<td>1 tonne</td>
<td>0.9842 ton, long</td>
</tr>
<tr>
<td>1 tonne</td>
<td>157.47304 st</td>
<td>1 tonne</td>
<td>157.47304 st</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric -&gt; Imperial Conversions</th>
<th></th>
<th>Imperial -&gt; Metric Conversions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ounce</td>
<td>28.34952 g</td>
<td>1 oz</td>
<td>28.34952 g</td>
</tr>
<tr>
<td>1 pound</td>
<td>453.59237 g</td>
<td>1 lb</td>
<td>453.59237 g</td>
</tr>
<tr>
<td>1 pound</td>
<td>0.45359 kg</td>
<td>1 lb</td>
<td>0.45359 kg</td>
</tr>
<tr>
<td>1 stone</td>
<td>6.35029 kg</td>
<td>1 st</td>
<td>6.35029 kg</td>
</tr>
<tr>
<td>1 hundredweight</td>
<td>50.8023 kg</td>
<td>1 cwt</td>
<td>50.8023 kg</td>
</tr>
<tr>
<td>1 ton, long</td>
<td>1.01605 tonnes</td>
<td>1 ton, long</td>
<td>1.01605 tonnes</td>
</tr>
<tr>
<td>1 ton, short</td>
<td>0.90718 tonnes</td>
<td>1 ton, short</td>
<td>0.90718 tonnes</td>
</tr>
</tbody>
</table>
COMMON MEDICATION INTERACTIONS AND SIDE EFFECTS

COMMON INTERACTIONS

• DRUG – DRUG INTERACTIONS
• DRUG-FOOD/BEVERAGE INTERACTIONS
• DRUG-CONDITIONS

http://www.fda.gov/Drugs/ResourcesForYou/ucm163354.htm

COMMON SIDE EFFECTS

• ALLERGIC REACTION – ITCHING, RASH, ANAPHYLACTIC SHOCK
• BLEEDING
• NAUSEA AND VOMITING
• DIARRHEA, CONSTIPATION

http://www.webmd.com/a-to-z-guides/drug-side-effects-explained
SMART START AT RVCC (DAY 4)

DAY FOUR – PATIENT SAFETY, INFECTION CONTROL AND CLINICAL COMPETENCIES
DAY FOUR OBJECTIVES

• Define Infection Control and Infection Control procedures
• Discuss Patient Safety and the Joint Commission’s National Patient Safety Goals
• Demonstration and correct Return Demonstration of specific clinical competencies
  Handwashing, Application, Removal and Disposal of PPE, Measure accurate Vital Signs (Blood pressure, Pulse, Respiration and Temperature)
• Identify common conditions and medications for which vital sign monitoring is indicated
INFECTION CONTROL

HANDWASHING, MASK, GOWN AND GLOVES!
CHAIN OF INFECTION

- INFECTIOUS AGENT
- SOURCE (RESERVOIR)
- PORTAL OF EXIT
- TRANSMISSION
- PORTAL OF ENTRY
- SUSCEPTABLE HOST
• Add image of your choice of chain of infection
STANDARD PRECAUTIONS

- BLOOD AND BODY FLUIDS
- APPROPRIATE PROTECTIVE WEAR
- HANDWASHING
- STORAGE OF CONTAMINATED WASTE
- PROPER DISPOSAL OF SHARPS
- SPECIFIC ISOLATION PROCEDURES
ISOLATION – TRANSMISSION-BASED PRECAUTIONS

• CONTACT ISOLATION
• DROPLET
• AIRBORNE
• STRICT
• PROTECTIVE (NEUTROPENIC)
“IF IT IS WET—WEAR GLOVES”
MEDICAL ASEPSIS

- DEFINITION
- WAYS TO PROMOTE MEDICAL ASEPSIS
- DISINFECTANTS
- ANTISEPTICS
PATIENT SAFETY AND INFECTION CONTROL

The Joint Commission’s National Patient Safety Goals are reviewed and updated frequently. There are updates 2016 goals:

Goal 1 – accuracy of patient ID continues.
Goal 2 – Caregiver communication issues continues.
Goal 3 – Safety of medication administration continues.
Goal 6 – Reduce harm related to clinical alarms returns.
Goal 7 – Reduce risk of Healthcare-associated infections returns.
Goal 9 – Reduce risk of patient harm from falls continues.
Goal 14 – Reduce hospital-acquired pressure ulcers returns.
Goal 15 – Identify safety risks inherent in patient population continues.

A snapshot of the Safety Goals
Not all of JCAHO’s National Patient Safety Goals (NPSGs) apply to hospitals. For 2007, accredited hospitals must comply with the requirements for the following eight goals:

| Goal 1 | Improve the accuracy of patient identification. |
| Goal 2 | Improve the effectiveness of caregiver communications. |
| Goal 3 | Improve the safety of using medications. |
| Goal 7 | Reduce the risk of healthcare-associated infections. |
| Goal 8 | Accurately and completely reconcile medications across the continuum of care. |
| Goal 9 | Reduce the risk of patient harm resulting from falls. |
| Goal 13 | Encourage patients’ active involvement in their own care. |
| Goal 15 | Identify safety risks inherent in your patient population. |

SKILLS/TECHNIQUES

- HANDWASHING
- PERSONAL PROTECTIVE EQUIPMENT (PPE)
  - Mask
  - Gown
  - Gloves
VITAL SIGNS
THE VITAL SIGNS

• Temperature
• Pulse
• Respiration
• Blood Pressure
• Most Hospitals Also Require Assessment of:
  – Pain Level
  – Pulse Oximetry
TEMPERATURE - WAYS TO TAKE TEMPERATURE

• Oral
• Rectal
• Axillary
• Ear/Tympanic
• Forehead (Temporal Artery)
TEMPERATURE - BODY TEMP VARIATIONS

• Afebrile: without elevation in body temp
• Pyrexia: a body temp above normal
• Hypothermia: decreased body temp, death may occur below 34 degrees C.
• Febrile: elevated body temp
• Core temp: temp of deepest tissues of body. i.e.: cranium, thorax, abdomen & pelvic cavity. 98.6F. Is constant
TEMPERATURE - SIGNS & SYMPTOMS OF FEVER

• Increase temperature
• Increase heart rate
• Increase respiratory & depth
• Shivering
• Cold skin
• Cyanotic nail beds
• Goosebumps
PULSE - METHODS OF PULSE ASSESSMENT

• Palpation
• Auscultation
• Add image of your choice showing areas on the human body for pulse.
PULSE - VARIATIONS

• Bradycardia: heart rate less than 60/min
• Tachycardia: heart rate greater than 100/min
• Dysrhythmia: irregular heart rate
• Pulse Deficit: deficit in pulse to the peripheral pulse site (assess 2 sites at same time)
PULSES

PULSE QUALITY
- Absent pulse
- Thready
- Weak
- Normal
- Bounding

PULSE CHARACTERISTICS
- Rate
- Rhythm
- Pulse Deficit
PULSE - FACTORS THAT INFLUENCE PULSE RATE

• INCREASES: short term exercise, fever, heat, acute pain, drugs, hemorrhage, postural changes, COPD, asthma, hypoxia.

• DECREASES: conditioned athlete, hypothermia, unrelieved severe pain, relaxation, medications, lying down.
RESPIRATIONS - CHARACTERISTICS OF RESPIRATIONS

- Depth: degree of movement of the chest wall
- Rhythm: observe chest or abdomen
- Rate: Adult, 12-20/min; Child 20-30/min; Newborn 30-60/min
FACTORS INFLUENCE CHARACTER OF RESPIRATIONS

- Exercise, increases rate and depth
- Pain, shallow
- Anxiety, increase rate and depth
- Smoking, increases rate
- Body position, straight promotes full chest expansion: slumped – impairs: flat-prevents full chest expansion
- Medications: decrease or increase rate and depth
- Brain injury: decrease rate and depth
TYPES OF ABNORMAL BREATHING

• Bradypnea
• Tachypnea
• Apnea
• Dyspnea
• Cheyne Stokes
• Wheeze
• Stridor
BLOOD PRESSURE

- Systolic: reflects contraction of ventricles
- Diastolic: reflects relaxation of ventricles
WHAT FACTORS INFLUENCE BLOOD PRESSURE

- Age: older adults have rise in systolic pressure related to decrease in vessel elasticity
- Circulating Volume
- Stress: sympathetic stimulation, increases
- Ethnicity: HTN highest in African-Americans and develop at younger age
- Medications: multiple increase and/or decrease
ASSESSING BLOOD PRESSURE

• SITES
  – Upper Extremity
  – Lower Extremity

• EQUIPMENT
  – Stethoscope
  – Doppler/Ultrasound
  – Automated Devices
BLOOD PRESSURE SKILL

• Proper Cuff Size
• Proper Patient Positioning
• Palpation
HYPERTENSION

• Hypertension: usually asymptomatic, takes years, thickening and loss of elasticity in the arterial walls which decreases blood flow to vital organs causing damage. Risk factors: family hx(history), cigarette, heavy alcohol, high sodium intake, sedentary lifestyle, diabetic, old, African-Americans.
HYPOTENSION

- When systolic BP below 90mm, Dilation of the arteries in the vascular bed, loss of a substantial amount of blood volume (hemorrhage), or failure of the heart muscle to pump adequately (MI).
SIGNS & SYMPTOMS OF HYPOTENSION

- Pallor
- Skin mottling
- Clamminess
- Confusion
- Increased heart rate
- Decreased urine output
OTHER ASSESSMENTS

• PAIN LEVEL
  – The 5th Vital Sign
  – Use of Appropriate Pain Scale

• PULSE OXIMETRY
  – Measures Oxygen Concentration in Hgb
SKILL: HANDWASHING

1. Prepare and assess hands.
   - Check hands for breaks in skin; file nails short and remove all jewelry.

2. Turn on water and adjust flow and temperature.
   - Wet hands thoroughly and apply soap.

3. Wet hands thoroughly and move hands back and forth for 15-30 seconds.
   - Use firm, rubbing, circular movements. Wash from arms to fingertips.

4. Thoroughly wash and rinse hands.
   - Turn off water using dry, clean paper towel. Thoroughly dry hands and arms with paper towel, from finger tips towards arm. Discard paper towel in appropriate receptacle.

5. Prepare and assess hands.
   - Competent: No break in skin.
   - Not Competent: Break in skin.

6. #
**APPLYING AND REMOVING PERSONAL PROTECTIVE EQUIPMENT**

---

**APPLYING PPE**

**Procedure**

<table>
<thead>
<tr>
<th>Competent</th>
<th>Not Competent</th>
</tr>
</thead>
</table>

**1. Don clean Gown.**

When picking up clean gown, do not allow it to touch contaminated area(s). Unfold the gown in front of you, avoiding touching the floor.

Place arms and hands through sleeves. Tie the strings at the neck first to keep gown in place. Overlap the gown at the back and tie the strings at the waist.

---

**2. Don clean Gown.**

---

**3. Don the Face Mask.**

Look for top edge of mask, hold by top two strings. Place top edge of mask over the bridge of the nose and tie upper two strings at back of head. Place lower two strings. Place top edge of mask around the lower chin and tie the lower strings at nape of neck.

---

**4. Don clean disposable Gloves. Pull gloves over cuffs of neck.**

---

**5. REMOVING PPE:** Remove Gloves First.

First glove is removed by using opposite hand to grasp soiled glove at palmar surface and rolling the glove inside out. Hold removed soiled glove with fingers of remaining gloved hand. To remove second glove, place first two fingers of bare hand inside the cuff of glove. Pull second glove off to the fingers by turning inside out. The results will be that the first soiled glove is now inside the second glove. Untie upper strings, then upper strings. Untie lower strings, then lower strings. Discard in appropriate container without contaminating self. Perform hand hygiene.

---

**6. Remove Gown:** Untie waist strings in the back. Touching gown along the inside of the neck, pull it down the shoulders. Roll up gown with soiled part on the inside and gown along the inside of the neck, pull it down the back. Touching gown in the back, tie waist strings in the front. Discard in appropriate container.

---

**7. Remove Mask:** Untie upper strings, then upper strings. Untie lower strings, then lower strings. Discard in appropriate container without contaminating self. Perform hand hygiene.
### Assessing a Peripheral Pulse

1. **Assessing a Peripheral Pulse**
   - Perform Hand Hygiene and Identify Patient and Provide Privacy.
   - Select pulse point.
   - Position patient comfortably.
   - Palpate and count pulse using two or three middle fingers lightly over pulse point.
   - Determine method of taking temperature.

#### For Oral Temperature
- Determine if patient has taken oral fluids or smoked recently.
- Remove thermometer from charger if necessary.
- Remove temperature probe if necessary.
- Place disposable cover securely on probe.
- Take temperature by placing probe at below of tongue into the posterior sublingual pocket.
- Listen for sound indicating completion of reading.
- Remove thermometer and record temperature reading.
- Return thermometer to battery charger if necessary.

#### For Rectal Temperature
- Place disposable cover on probe.
- Place disposable cover on probe and then place in patient’s axilla.
- Have patient place his/her arm lightly across chest.
- Place disposable cover on probe and then place in patient’s axilla.
- Wearing clean gloves, raise patient’s upper buttock to expose anus. Ask patient to take a deep breath and insert probe into anus.
- Place disposable cover on probe and then place in patient’s axilla.
- Wearing clean gloves, raise patient’s upper buttock to expose anus. Ask patient to take a deep breath and insert probe into anus.
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- Wearing clean gloves, raise patient’s upper buttock to expose anus. Ask patient to take a deep breath and insert probe into anus.

#### Procedure
- Determine method of taking temperature.
- Perform Hand Hygiene and Identify Patient and Provide Privacy.

### Thermometer

<table>
<thead>
<tr>
<th>Asseswing Body Temperature using an electronic/digital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td><strong>Not Competent</strong></td>
</tr>
</tbody>
</table>

---

**ASSESSING VITAL SIGNS 1 OF 3**

---
Perform Hand Hygiene and Identify Patient and Provide Privacy.

Clean stethoscope. Choose proper size cuff for the patient. Position patient properly and expose upper arm. Wrap deflated cuff evenly around upper arm, have center of bladder directly above brachial artery and for an adult have lower border of cuff 1 inch above the antecubital space. Palpate brachial or radial artery. Inflate cuff until pulse disappears then slowly release the valve and note the reading. Wrap deflated cuff evenly around upper arm, have center of bladder directly above brachial artery and for an adult have lower border of cuff 1 inch above the antecubital space. Position stethoscope properly – earpieces should tilt slightly forward. Place diaphragm of stethoscope over brachial artery. Position stethoscope properly – earpieces should

Palpate brachial or radial artery. Inflate cuff until pulse disappears then slowly release the valve and note the reading. Wrap deflated cuff evenly around upper arm, have center of bladder directly above brachial artery and for an adult have lower border of cuff 1 inch above the antecubital space. Position stethoscope properly – earpieces should tilt slightly forward. Place diaphragm of stethoscope over brachial artery. Position stethoscope properly – earpieces should

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5. (cont’d from prev.) Release valve on cuff so that pressure decreases at a rate of 2 to 3 mm Hg per second. As pressure falls, identify manometer reading at each phase – systolic and diastolic. Decrease remaining pressure quickly and completely. Repeat measurements once or twice if necessary with 1-2 minutes in between each reading. Increase pressure by 2 to 3 mm Hg per second, so that pressure decreases on cuff.

Document findings.

Remove cuff from patient’s arm.

Procedure

<table>
<thead>
<tr>
<th>Competent</th>
<th>Not Competent</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DAY 5
CARDIOPULMONARY RESUSCITATION
DAY FIVE OBJECTIVES

• Identify 3 types of CPR certification courses available from American Heart Association
• Correctly perform Cardiopulmonary Resuscitation (CPR)
• Correctly apply and use Automatic External Defibrillator (AED)
• Assess scene for safety
• Identify requirements to become a certified CPR instructor
TYPES OF CPR CERTIFICATION

- BASIC LIFE SUPPORT (BLS) FOR HEALTH CARE PROVIDERS
- HEARTSAVER CPR
- FIRST AID AND CPR
- ALL ABOVE CAN INCLUDE USE OF AED, INFANT, PEDIATRIC AND ADULT PROCEDURES
CPR AND AED TRAINING

- PLEASE REFER TO THE AMERICAN HEART ASSOCIATION – HEARTSAVER BOOK
- DEMONSTRATION, PRACTICE AND RETURN DEMONSTRATION OF CPR AND AED TRAINING
- RECEIVE AHA HEARTSAVER CERTIFICATION CARD
THE SCENE IS SAFE!

- USE ALL SENSES – LOOK, LISTEN, SMELL
- LOOK FOR BROKEN WINDOWS, BROKEN DOORS
- LISTEN FOR ARGUMENTS, HISSING SOUNDS, WATER RUNNING
- SMELL FOR SMOKE, CHEMICALS
- CALL FOR PROPER PROFESSIONALS

BECOME A CPR INSTRUCTOR

• REQUIRES A HIGH SCHOOL DIPLOMA
• AHA OR RED CROSS INSTRUCTOR TRAINING AND INSTRUCTOR CERTIFICATION
• GOOD PUBLIC SPEAKING AND CUSTOMER SERVICE SKILLS
• PHYSICAL ABILITY TO PERFORM CPR AND LIFE NECESSARY TEACHING EQUIPMENT

http://study.com/articles/How_to_Become_a_Certified_CPR_Instructor.html
BASIC LIFE SUPPORT
BASIC LIFE SUPPORT

• Add resources (PowerPoint) for student on CPR and instructions on how to prepare for the on campus portion of the course for skills and CPR certification. Students will have purchased the book and received it in the welcome package from their home school.

• If this is a joint college course- provide the necessary college information on where and when to show up for this portion of the program at the home college site.

• This on campus day will include skill based education (handwashing, vital signs and CPR Certifications- some home college will do it in one day some do two days depends on college) and CPR certification to complete the course. If students do not go on to a health professions program at the college, they are still completing the course with a CPR Certification, a valuable certification for anyone and an attractive certification that future employers will see.

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