

Nursing III (ADN-603)



Course Information Basics

Semester Hours:	12 semester hours (105 lecture hours/225 clinical hours)	
Semester and Year:	Fall 2017	
Location:	NIACC main campus Clinical agencies	
Meeting days and times:	08/28/2017-12/14/2017	
	Lecture:	Monday, 8:00AM-11:50AM, MH107 Thursday, 8:30AM-2:30 PM, MH107
	Clinical:	Office hours are listed with clinical orientation information

Time Commitment Expectations:

A minimum of three hours of preparation is often recommended for each one hour of time in a college course. These are approximate hours and are subject to individual needs. Students complete clinical assignments requiring additional time beyond the scheduled clinical hours. Students are required to complete additional activities beyond scheduled clinical hours to meet agency requirements. Students are required to complete two hours of community service this semester outside of their current employment.

Instructor Contact Information:

Instructor:	A. Otto, RN, DNP	C.Dohrmann, RN, MSN
Email:	Amie.Otto@niacc.edu	Chrysten.Dohrmann@niacc.edu
Phone:	641-422-4338	641-422-4349
Office location:	MH109M	MH109J
Office hours:	Posted outside office door	Posted outside office door

Preferred Method of Communication:

NIACC Email

Expected Response Time:

Faculty office hours are posted outside their office door. Faculty will respond to NIACC email or phone calls to the office within 36 hours on weekdays.

Course Information Specifics

Course Description:

Pre-requisites:

- ENG-105 Composition I 3 s.h.
- BIO-186 Microbiology 4 s.h.
- BIO-206 Anatomy and Physiology I 4 s.h.
- PSY-111 Introduction to Psychology 3 s.h.
- ADN-100 Nursing I 8 s.h.
- PSY-121 Developmental Psychology 3 s.h.
- BIO-151 Nutrition 3 s.h.
- BIO-207 Anatomy and Physiology II 4 s.h.
- ADN-103 Nursing II 10 s.h.

Co-requisites:

- SOC-110 Sociology 3 s.h.

The student must maintain enrollment in co-requisite course(s) to be enrolled in the nursing course. At least a C is required for support courses to progress in the ADN program.

Nursing III (ADN-603) utilizes the nursing process with an emphasis on implementation in meeting client needs resulting from impairments in interpersonal interaction, oxygenation, and nutrition throughout the life span. Pharmacological concepts, diet modification, psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients to meet interpersonal, oxygen, and nutrition needs. Clinical experiences will include opportunities to apply nursing roles and the nursing process in a variety of care settings.

Learning Materials:

Halter (Halter): Vancouver's Foundations of Psychiatric Mental Health Nursing, 7th edition, 2014


Lewis, Heitkemper, and Dirksen (Lewis): Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 10th edition, 2017

Ackley and Ladwig (Ackley): Nursing Diagnosis Handbook, 11th edition, 2017

Potter and Perry (P/P): Fundamentals of Nursing, 9th edition, 2017

Perry/Potter (Perry): Nursing Interventions and Clinical Skills, 6th edition, 2016

*  Assessment Technologies Institute J, LLC (ATI) – will be distributed in class

*  SimChart, Elsevier, 2012, web access purchased first day of class

Skidmore-Roth (Mosby): Mosby's Nursing Drug Reference, 28th edition (2015)

Pagana/Pagana (Pagana): Mosby's Manual of Diagnostic and Laboratory Tests, 5th edition (2014)

Lowdermilk/Perry; et al: Maternity & Women's Health Care, 11th edition, 2016 (Lowdermilk) 2015


Hockenberry/Wilson (Wong): Wong's Essentials of Pediatric Nursing, 10th edition, 2017

RECOMMENDED

Springhouse: Nursing Made Incredibly Easy, Fluids and Electrolytes, 6th edition, 2015

*New since the last time Nursing III was offered (Fall 2015).

 E-textbooks edition strongly recommended. Print version is also available.

 = E-textbook edition or print version available.

 = online

 = print copy only

Academic Resources:

The Student Learning Center services are highly recommended. Students can make an appointment for individual/group tutoring for a variety of subjects including nursing.

A faculty advisor is designated for each student and provided on a handout at orientation time.

Measurable Course Objectives:

Course outcomes give a broad overview of the course and clinical outcomes state expectations relating to nursing roles at the end of the semester.

NURSING III COURSE OUTCOMES:

Nursing III (ADN-603) stresses utilization of best practice standards while applying the nursing process to develop basic skills in nursing assessment, planning, intervention, and evaluation.

The student will be able to:

1. Apply the nursing process to assist the client to meet interpersonal interaction, oxygenation, and nutritional needs across the life span with an emphasis on implementation.
2. Implement clinical decisions utilizing evidence based nursing practice to ensure appropriate and safe care.
3. Correlate pharmacological concepts, dietary modifications, and psychosocial/communication concepts utilized in therapeutic nursing interventions to meet interpersonal interaction, oxygenation, and nutritional needs.
4. Incorporate communication techniques to implement care for clients experiencing impairment of interpersonal interaction, oxygenation, and nutritional needs across the life span.
5. Participate with the client, significant others, and the interdisciplinary health care team to

manage care for clients with interpersonal interaction, oxygenation, and nutritional needs in acute, long-term care and community settings.

6. Implement appropriate health teaching to promote health, prevent illness, restore health and assist the client to cope with impaired functioning.
7. Implement a plan of care incorporating legal and ethical standards of practice.
8. Analyze caring behavior related to supporting client self-care.
9. Demonstrate behaviors consistent with caring.

NURSING III CLINICAL OUTCOMES:

At the completion of Nursing III, the student will be able to assist two clients in an acute care setting to meet needs related to comfort, safety, mobility, self-esteem, interpersonal interaction, oxygenation, and nutrition. The student will be able to utilize the nursing process incorporating best practice standards with an emphasis on implementation of nursing care. To achieve clinical outcomes, the student will:

Provider of Care

1. Utilize the nursing process with an emphasis on implementation in meeting client needs resulting from impairments in interpersonal interaction, oxygenation, and nutrition throughout the life span.
2. Demonstrate a commitment to caring in all professional relationships respecting the dignity, worth, and cultural identity of individuals.
3. Perform therapeutic nursing interventions according to best practice standards incorporating pharmacological concepts, dietary modifications, psychosocial concepts, and health maintenance to enhance client care while maintaining safe practices.
4. Demonstrate communication skills to exchange information within the proper lines of authority, complete accurate documentation, and interact effectively with others with an emphasis on communicating feeling, listening, exploring, self-disclosure, summarizing, reflecting content, and reflecting feeling.

Manager of Care

5. Function within contemporary health care environments with interdisciplinary collaboration utilizing client, family, community and acute care resources.
6. Manage the direct care for one to two clients utilizing clinical decision-making and delegating care appropriately.

Member within the Discipline

7. Implement the various roles of the nurse in relation to the legal and ethical framework of nursing.
8. Demonstrate professional behaviors, language, dress, and attitude with clients, staff, peers, and faculty in all student-related activities.

An “Unsatisfactory” rating in any of the listed clinical outcomes will result in an “Unsatisfactory” clinical evaluation for the given term.

Course Units:

A. **Client Needs Emphasized:**

NUTRITION

The Nutrition unit utilizes the nursing process with an emphasis on implementation in meeting needs resulting from alterations in ability to ingest, digest, and assimilate nutrients essential for health throughout the life span. Pharmacological agents, diet modifications, psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients in meeting nutritional needs.

INTERPERSONAL INTERACTION

The Interpersonal Interaction unit utilizes the nursing process with emphasis on meeting the psychosocial needs of clients by employing a variety of communication techniques, behavior management approaches, and pharmacological therapies. The student learns to deal with the client on an individual basis as well as in the group or family setting.

OXYGENATION

The Oxygenation unit utilizes the nursing process with an emphasis on implementation in meeting needs resulting from impairments relating to pump, transportation, gas exchange or obstructions throughout the life span. Pharmacological agents, diet modification, psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients to meet oxygen needs.

B. **Units of Instruction Include:**

1. Blood Cell Disturbance
2. IV Therapy
3. Blood Transfusion
4. Alterations in Personal Coping
5. Grief and Loss
6. Suicidal Client
7. Fluid and Electrolyte Imbalances
8. Acid Base Imbalances
9. Alterations in Mood: Depression
10. Personality Disorders
11. Bipolar Disorder
12. Children with Mental Health Disorders
13. Schizophrenia
14. Eating Disorders
15. Coronary Artery Obstruction

16. Structural Defects of the Heart
17. Pump Failure
18. Substance Abuse
19. Dissociative and Somatic Symptoms Disorders
20. Angry and Aggressive Client
21. Anxiety Disorder
22. Recurrent Airway Obstruction
23. Chronic Airway Obstruction
24. Airway Obstruction
25. Respiratory Distress Syndrome
26. Burns
27. Blood Volume Disturbances
28. Dysrhythmias
29. Closed Chest Drainage
30. Inflammatory and Valvular Heart Disease

Overview of Major Assignments:

- A. **Theory** - Activities will include lecture, audiovisuals, discussion, critical thinking exercises, reports, online assignments and other student participatory activities. Weekly schedules and classroom assignments aligned with the unit course objectives are identified in the topical outline. Reading material and assigned articles should be completed prior to class. Unit and final examinations are identified on the topical outline.
- B. **Clinical Laboratory Experience:** Students will have 225 hours of clinical experience. Rotations will be two days per week at a medical surgical acute care/mental health setting. The student will complete clinical assignments related to this experience including an online simulated electronic medical record and the clinical progress worksheet.

Observational Experiences: Students may be able to observe and/or assist in meeting client care needs in 1) Critical Care Units, 2) Emergency Department, 3) Cardiac Rehab, and 4) various mental health agencies. These observations are arranged by the clinical instructors. Clinical hours for observational experiences may vary according to the agency.

Students may be able to attend observational experiences arranged by their clinical instructor to observe and/or assist in meeting client care needs in a variety of nursing settings. These experiences will vary depending upon agency policies and availability. Not every student may be able to attend an observational experience. The opportunity to participate in an observational experience is at the discretion of the clinical instructor.

Care Plans/Therapeutic Communication Analysis: Because nursing is an applied science, your ability to apply nursing theory in the care of your clients is carefully evaluated.

SimChart/Care plans/Therapeutic Communication Analysis provide documentation of your understanding of the nursing process and your application of knowledge in the clinical setting. Refer to the written clinical guidelines handout. Clinical points will be awarded during assigned clinical weeks.

Clinical Progress Worksheets: Due every week. You are to reflect on your activities/involvement in the three designated nursing roles on the Clinical Progress Worksheet. See written clinical guidelines for due date and time.

Include specific examples of how you fulfilled the roles. During the last week of each clinical rotation, the student and instructor will write a brief summative evaluation of that rotation.

To maximize students learning opportunities and maintain client safety, clinical expectations and assignments will vary from clinical rotation to clinical rotation. Clinical expectations will build throughout the semester with greater emphasis being placed on the final clinical rotation's evaluation.

- C. **Additional web enhanced activities:** Assessment Technologies Institute (ATI) Activities, SimChart, Canvas course activities, and textbook online resources. Students will be responsible to utilize the appropriate ATI chapters and DVD's to enhance their learning experience as each content area is presented in class.

Course Calendar:

Clinical schedules, college lab schedules and a topical outline with classroom schedules are provided with the course orientation information.

Grading:

Nursing courses are composed of theory and clinical laboratory experience. Clinical laboratory experience is the application of theoretical knowledge in the direct care of clients.

The theory grade is based on a percentage of the total accumulated points of unit and final examinations and other scored assignments. The grading scale to the nearest percent is as follows:

90 -100 percent = A

82 - 89 percent = B

77 - 81 percent = C

69 - 76 percent = D

68 and below = F

Methods of Evaluation:

Unit and Final Exams

Quizzes, Presentations

Written and Online Assignments (Classroom and clinical)

Lab/Clinical Performance

Test scores and assignment points will be posted on Canvas and accessed with an individual password. Any questions regarding a grade earned must be discussed with the appropriate instructor within one week after receiving the grade.

NO EXTRA CREDIT POINTS WILL BE OFFERED.

Once a test is handed in, a student will not be allowed to make additions or corrections to the test. A test review time for unit tests will be designated on the Topical Outline. Attendance is expected during these sessions for the opportunity to review the test. If the student attends the class period prior to test review and does not also attend the test review, the student may forfeit the opportunity to review the test. If the student is absent from class on the day of test review, the student must contact the instructor to schedule a test review time within one week of the scheduled test date. No test review will be held for final comprehensive tests at the end of each semester. Refer to the test review policy provided in the orientation information at the start of the semester.

Refer to the Guidelines for Clinical Assignments for specific grading criteria. Points for clinical assignments will not be awarded if the student is absent during clinical or submits a late assignment.

Each student on a weekly basis will complete a Progress Worksheet. The student will evaluate and reflect on the three roles of the nurse. The clinical instructor will review the progress worksheet and add to the evaluation. Contributing to clinical evaluation are faculty anecdotal notes on student performance, faculty ratings on the Progress Worksheet, college lab performance, feedback from staff of agencies where students perform and observe, and clinical assignments. Clinical instructors will complete End-of-Rotation and End-of-Semester Evaluations based on clinical outcomes. An "Unsatisfactory" rating in any of the clinical outcomes on the End-of-Semester Evaluation will result in an "Unsatisfactory" clinical evaluation for the semester. An unsatisfactory clinical experience for a given term will result in an "F" for the nursing course currently enrolled in, regardless of the grade earned in theory. Students will be placed on probation for inconsistent/unsafe clinical performance and/or attendance. Refer to the ADN Student Handbook and End-of-Semester Clinical Outcomes for additional clinical policies and requirements.

Due to concerns for client safety and the importance of application of theoretical knowledge to clinical practice, students must achieve a 73 percent theory grade by NIACC's designated drop date. Students failing to achieve and maintain this percentage will not be allowed to practice clinically. Following this designated drop date, students must maintain a 73 percent theory grade at all times or will not be allowed in the clinical area.

Students must submit agency identification badges and a self-assessment prior to their end of the semester conference. Failure to comply with these requirements will result in an

“Incomplete” with final grades being withheld until such requirements are fully met. An “Incomplete” will be given to the student if required assignments are not completed by the end of the semester. An “Incomplete” will also be given to students who have not returned materials loaned to them during the nursing course. An “Incomplete” will be changed to an “F” according to faculty decision. This is consistent with overall college policy.

In order to satisfactorily complete a nursing course, the student must obtain a “C” or better grade. Students must attain a “C” grade in **all** nursing courses and **all** co-requisites courses to continue sequential progression in the ADN program. Students unable to progress will have individual conferences with faculty to discuss options for possible future re-entry. Please see the current ADN Student Handbook for policies regarding probation, withdrawal, and readmission.

Community Project: Students are required to complete two hours of community service this semester. Community service is any non-compensated service to others in one’s community. Examples include immunization clinics, visiting elderly in care facilities, teaching Sunday school, taking blood pressures voluntarily, or any kind of community service performed. Service hours and a written synopsis of the experience should be completed by the end of the second week of the last clinical rotation. Completion of this activity must occur during the semester, not before or after. Failure to do community service will result in an “Incomplete”.

Attendance and Tardiness Policy:

Classroom and clinical attendance and tardiness will be recorded on the student’s End of Semester Clinical Evaluation and End of Program Final Evaluation which is made available to future employers.

- A. **Class Attendance:** Attendance is highly recommended and is monitored. Students who are absent from any session must notify the instructor prior to the start of the session by email or calling the instructor’s office. Do not leave a message at the NIACC switchboard.

Students are responsible for all classroom content, announcements, and assignments. Choose a peer to pick up handouts and relay classroom announcements if absent. Instructors will not make extra copies of any handouts. Students should make their own copies from a peer. Students are responsible for all content presented and/or announcements given in class.

- B. **Clinical Attendance:** Clinical attendance and timeliness are mandatory. Clinical attendance and timeliness are recorded on students' End of Semester Clinical Evaluation and End of Program Final Evaluations which are made available to future employers. Clinical attendance includes any college lab and all scheduled clinical activities and observations.

Rationale: A part of career preparation is learning skills and acquiring the knowledge

necessary to competently perform on the job. Attendance and punctuality are essential in this preparation.

HealthStream: Online HealthStream courses from Mercy Medical Center-North Iowa will be assigned throughout the semester. Students must have all courses completed by the assigned date or they will not be allowed in the clinical area.

Due to the fact that students must be present in the college lab/clinical area to be evaluated, attendance is crucial. A student who is ill or unable to attend clinical practice shall personally notify the clinical area at least one-half hour prior to the scheduled laboratory time. Students who are absent from the clinical week will forfeit clinical points for that week. Students who are absent more than two times a semester will be placed on a performance plan to reinforce the attendance policy. Students who are absent more than three times a semester may receive an unsatisfactory clinical rating and, thus, will not be able to proceed in the program. Three clinical tardies equals one clinical absence and will place a student on a performance plan. If a student is over 59 minutes late for clinical or leaves more than 59 minutes early he/she will be counted ½ day absent. A preclinical absence counts as 1/3 day of absence.

Individual students' conferences with assigned clinical instructors are required at the completion of each semester. Students should not bring children to conferences with faculty.

Late Work Policy:

The student will be required to complete any missed test or hand in any required assignments prior to the start of the first scheduled class day after an absence, unless the instructor gives permission. If a test is missed, an alternative test may be given upon the discretion of the instructor. Make up testing will be scheduled in the Student Learning Center (SLC) or in the Health Division office area as determined by the instructor. Students will be required to complete a make-up test when the instructor or SLC testing time is available. A picture ID is required prior to testing in the SLC. If unable to be present for a test, students must call the instructor prior to the start of class to arrange to take a make-up test.

If a test is missed, a test with alternative test items may be given upon the discretion of the instructor. A student is allowed to complete two tests per semester after the scheduled testing time without penalty. A third late test and any subsequent late tests will result in a test with a higher percentage of alternative items.

Announced and unannounced quizzes may be given and only those students in attendance may take them. There will be a "missed quiz make-up assignment" available for absent students. Students are responsible to contact the instructor for this make-up quiz, if so desired. This assignment must be completed and submitted the next scheduled class day after the missed quiz.

Submission Policy:

Requirements for submission of clinical assignments is outlined in the clinical guidelines provided during orientation. Scheduled tests are identified on the topical outline provided during orientation. Classroom assignments will be announced in class.

Classroom Policies:

If you have questions regarding issues like grade appeals, grievance policies, academic probation, nondiscrimination policies, and NIACC's ADA Disability Statement, refer to the NIACC Student Handbook, which can be accessed at <http://www.niacc.edu/student-life/>.

Class Recording and Social Media Policies:

Located in the Current ADN Handbook. In the event of an emergency, students are to leave the classroom to take the phone call. No texting is permitted during class time.

Academic Integrity Policy:

According to the Student Conduct Code, (see the NIACC Student Handbook, found at <http://www.niacc.edu/student-life/>) academic dishonesty, including but not limited to:

- cheating
- plagiarism
- knowingly furnishing false information to the college
- forgery
- alteration or misuse of college documents or records shall be subject to disciplinary procedures.

If cheating on any test or assignment is determined, the score for that test or assignment will be nullified. Refer to the policy for testing and test review provided in this syllabus.

Course Specific Safety Procedures:

Safety information is provided to students at the start of the program and fall semester in these documents and the course website:

- NIACC Student Handbook
- Campus Emergency Procedures
- Blood Borne Pathogens Exposure Control Plan
- MMC-NI Nurse Epidemiologist Presentation at the beginning of Nursing I and fall semester

Safety information is provided in these documents prior to related experiences in the college lab, simulation center, or clinical agencies:

- College Lab Policies
- Simulation Center Orientation and Policies
- Agency specific orientation information

Proctored Testing Procedures:

The following procedures will be followed in all testing sessions in the nursing program.

1. Books, bags, purses, etc, will be placed in an area designated by the instructor before the start of the test.
2. No head coverings (hats, hoods, caps, etc.) or sunglasses may be worn during the testing session. Students are to keep hands “out of pockets” during the testing session.
3. Ear plugs may be used with instructor approval.
4. No student may bring food, drinks, gum, or candy to their seat.
5. No electronic devices or cell phones are allowed at the testing station or desk. This includes any electronic devices that have internet access or recording capabilities. Cell phones should be silenced and placed in the student’s purse or bag before starting the test.
6. Attendance will be recorded. Refer “Late Work Policy” for make-up test information.
7. Students arriving after the designated start time will not be given additional time for testing.
8. Instructors may designate student seating arrangements.
9. Students should bring a #2 pencil for paper exams.
10. Only calculators issued by NIACC can be utilized during the exam.
11. A cover sheet will be given to students before paper testing. Students should not write on this sheet until after the exam starts.
12. Students should not open or start the exam until directed to do so by the instructor. Specific instructions for individual tests are identified on the cover page of a paper test or supplied verbally before computerized testing. Students are responsible to review these instructions before beginning the test.
13. If an unexpected need arises that a student has to leave the room before they are finished with the test, the student may not be allowed to return and finish the exam.
14. A student submitting an incomplete test will not be allowed to return to the testing room and complete the omitted question(s).
15. When the allocated time for testing has expired, the student will be required to turn in their tests to the instructor. No additional time will be allowed beyond the scheduled and documented testing session.
16. Students will be permitted to retrieve their books and bags as they quietly leave the room after completing their exam.
17. Students will not be allowed to return to their seats after submitting their exam until the end of the testing session.
18. Discussing the exam after leaving the room is discouraged. Students are asked to be considerate to the students still testing and not congregate outside the classroom.
19. Review of test questions will be limited to the official designated test review time.
20. On-Line testing will utilize a secured browser

Official Test Review Policy:

1. Only students present at the beginning of the test review will be given their answer sheets. Please be prompt.
2. Instructors may use the first few minutes of this time to discuss rationale for questions, which seemed to pose difficulty for a number of students (as identified by the item analysis).

3. Only written comments with rationale and a reference will be considered for additional points. Each student must write an individual rationale.
4. Only students submitting written rationale with a reference will receive an additional point if their rationale is correct as to why their answer was a better response than the answer identified on the test key.
5. **There will be no verbal discussion of the rationale for a correct answer with the instructor administering the test review or other students in the room.**
6. Test reviews will last no longer than one-half hour.
7. Student must place all personal belongings including electronic devices or cell phones in a designated place. This includes electronic devices that have internet access or recording capabilities. Students may review textbooks and handouts when preparing a written rationale in the view of the instructor supervising the test review.
8. Students present and participating in the test review must stay until all students have completed and logged out of the test.

After Test Review:

1. Faculty will review all written comments and make decisions regarding the validity of the written rationale.
2. If student's rationale is judged to be valid, the student will be notified and the additional point will be added to their test score.
3. If instructors judge a question to be lacking in validity and reliability, it is their prerogative to eliminate that question from the test, thus possibly reducing the total number of questions for that test.
4. If the student misses test review due to illness, the student may review the test within one week of the test review as arranged with instructor.
5. **No test review is offered for Final Semester Test**

Disclaimer Statement:

The ADN faculty reserve the right to alter this course's syllabus, policies, grading scale, texts, and calendar as needed at any time during the semester. Faculty will alert you to any changes.

Interim Division Chair Information:

Division Chair: Laurie DeGroot
Email: Laurie.DeGroot@niacc.edu
Phone: 641-422-4322

Tech Expectations and Support:

Microsoft Word with conversion to PDF is used for submission of clinical progress worksheets and other designated assignments.

Links to the web sites utilized by this course ([ATI](#), [Elsevier/Evolve](#), [HealthStream](#) and [SimChart](#)) including technical support are provided on the NIACC Canvas course in the folder labeled "Website Links and Technology Support". Specific web browsers are recommended for optimal function on these sites.

Technical Support:

NIACC's Helpdesk can help with technical problems related to NIACC passwords, logging in to lab computers, MyNIACC, E-mail, Canvas (online course management system), NIACC wireless, WebAdvisor, lab computers, office computers for staff, software issues, and more. NIACC Technology Services does not repair nor support personal computers. For many problems you may get the fastest results if you call our toll-free number below (24 hours – seven days per week).

On campus: 641-422-4357 Toll free: 866-614-5020 helpdesk@niacc.edu

[Technology Support Access](#)

<http://www.niacc.edu/student-life/technology-services/help-desk/>

College Policies

If you have questions regarding issues like grade appeals, grievance policies, and academic probation, refer to the NIACC Student Handbook, which can be accessed at [Student Life](#)
<http://www.niacc.edu/student-life/>.

NONDISCRIMINATION POLICY

It is the policy of North Iowa Area Community College to not discriminate on the basis of race, color, national origin, sex (including pregnancy) , disability, age, sexual orientation, gender identity, genetic information, creed, religion, actual or potential parental, family or marital status or veteran's status in its programs, activities or employment practices as required by the Iowa Code sections 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

Individuals having questions or complaints related to compliance with this policy should contact Shelly Schmit, EEO/AA Officer, 500 College Drive, Mason City, IA 50401 or via telephone at 641-422-4211. Inquiries may also be directed to the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730-1576.

DISABILITY SERVICES

North Iowa Area Community College strives to provide an accessible environment for students, faculty, and staff. A student needing accommodations should register with NIACC Disability Services and speak to Lisa Vance, the Disability Services Counselor, in the Student Access Office, AB106. For additional information, contact us at 1-888-466-4222, Ext. 4413, and ask for a brochure regarding Disability Services or to request a meeting with the Disability Services Counselor. You may also contact Lisa Vance directly at 641-422-4296 or vancelis@niacc.edu, or the [disabilities website](#).

<http://www.niacc.edu/student-life/disability-services/>.

If you have concerns regarding equal access to NIACC's services, programs, and activities you may contact NIACC Disability Services or learn more about filing a grievance at the [grievance-procedures website](#)

<http://www.niacc.edu/student-life/disability-services/policies-procedures/grievance-procedure/>.

A Disability Services Student Handbook can be found on our website at [disability services student handbook](#) (full link below) or can be provided in hard copy (or an alternate format), upon request, and lists contact information for NIACC's ADA Coordinator and ADA Compliance Officer, along with other helpful information.

<http://www.niacc.edu/student-life/disability-services/disability-services-student-handbook/>

INCLEMENT WEATHER:

Here is the [inclement-weather information on the website](#) (full link below). NIACAlerts is a free service that alerts you immediately when a decision is made to close campus or delay classes due to weather conditions. This is your best and most accurate means of communication. Sign up here for [NIACC Alerts](#).

<http://www.niacc.edu/about/campus-safety/niacalerts/>

<http://www.niacc.edu/about/campus-safety/inclement-weather/>

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
Upon completion of this unit, The student will be able to:				In the clinical area, with emphasis on Implantation, the Student will be able to:
<u>NURSING CARE OF THE CLIENT WITH BLOOD CELL DISTURBANCES</u>				
1. Define blood cell disorders.	1. Laboratory data interpretation a. CBC b. RBC c. Hb d. Hct e. WBC (Pancytopenia) f. Clotting factors g. Platelets	Lewis: pp. 606-631		Assessing and providing care to a client with a low hemoglobin.
2. Differentiate, according to pathophysiology between the classifications of anemias and problems of hemostasis.	2. Classification of anemias a. Morphologic b. Etiologic	Wong: pp. 786-806		
3. Explain the nursing and collaborative management of various types of thrombocytopenia.	3. Management a. Injury Prevention b. Pharmacology c. Surgical		ATI: Pharmacology Made Easy 2.0 The Hematologic System	In data collection of assigned clients, assess for exposure to predisposing factors that could decrease RBC.
4. Describe the types and nursing management of hemophilia and von Willebrand disease.	4. Classification and management a. Hemophilia A b. Hemophilia B c. von Willebrand disease			When assigned a client who has B ₁₂ malabsorption, research and report in post conference appropriate diagnostic tests.
5. Describe potential complications and nursing care of various hemolytic disorders.	5. Nursing Care a. Polycythemia b. Disseminated intravascular coagulation			Do teaching to assigned clients who are on supplementary iron.
6. Identify nursing interventions for the client with anemic disorders.	6. Nursing interventions a. Nutrition therapy b. Tissue perfusion management c. Energy-management			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
7. Differentiate between the genetic anemic disorders and related nursing interventions.	7. Genetic anemic disorders a. Sickle cell trait and disease b. Thalassemia c. Acquired hemolytic anemias			
8. Determine goals of care and related nursing intervention based on pathophysiology of sickle cell disease.	8. Relationship of pathophysiology and the development of the nursing care plan a. Comfort promotion b. Tissue perfusion management			
9. List and give rationale for therapeutic management of hemolytic disorders.	9. Therapeutic management a. Phototherapy b. Exchange transfusion c. Intrauterine transfusion			
10. Describe care of the infant/child with iron deficiency anemia.	10. Hemolytic care of the anemic infant/child.			
11. Identify problems of hemostasis and related nursing care.	11. Problems of hemostasis and nursing interventions a. Prevention of injury b. Monitoring diagnostic tests			
12. Differentiate the various types of thrombocytopenia.	12. Classification of thrombocytopenia a. Immune Thrombocytopenia b. Thrombotic Thrombocytopenia c. Heparin-Induced Thrombocytopenia			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NUTRITION: FLUIDS, ELECTROLYTES, AND ACID-BASE IMBALANCES UNIT</u>				
<u>NURSING CARE OF THE CLIENT RECEIVING IV THERAPY</u>				
1. Apply prior classroom content relating to crystalloid infusions and maintenance of a peripheral intravenous (PIV) catheter	1. Nursing II ADN: 103 Basic IV Skills Lecture (Posted in Canvas)	Nursing II ADN: 103 IV Skills Lab Spring 2016	Examples of PIV access devices	Assess and implement appropriate nursing interventions for a client with a PIV.
2. Identify multiple central venous access devices (CVAD), uses and evidence-based interventions	2. Considerations for use of a CVAD a. Length of Therapy 1. Long Term - Implanted venous ports - External Tunneled 2. Short Term - Nontunneled percutaneous - Peripherally Inserted	Lewis: pp. 292-297 Perry: pp. 735-742 Wong: pp. 608-613	Examples of CVAD	Accurately document PIV assessment and interventions. Educate client regarding signs and symptoms of CVAD complications and importance of reporting.
	b. Purpose and goals of therapy c. Limitations/Restrictions d. Assessment 1. Device specific 2. Complications 3. Discontinuation e. Appropriate site care	Article: Dumont, C/Nesselrodt, D: (2012) "Preventing CLBSI/ Central Line-Associated Blood Stream Infections", <u>Nursing 2012</u> , 42(6) Wong: pp. 613-616	Simulated CVAD assessment and dressing change	Assess and implement appropriate nursing interventions for a client with a CVAD, and complete appropriate documentation.
3. Discuss various methods to deliver intravenous (IV) fluids and medications throughout the life span. Identify risks and benefits of each method.	3. IV administration a. Devices 1. Volumetric Pump 2. Patient Controlled Analgesia 3. Syringe Pump 4. Volume Control Device b. Methods 1. Gravity Drip 2. IV Push 3. Intermittent 4. IV Piggyback 5. Continuous	P&P: pp. 652-654 & 675- 683 Perry: pp. 624-634 & 722- 727	Case Study	Implement appropriate nursing interventions and clinical decision making when choosing a method to deliver IV medications/fluids

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
4. Apply dosage calculations to safely and accurately administer IV medications and crystalloids.	4. Formulas for determining IV flow rate a. Drip rates b. Volumetric pump rates c. IV push rates	ATI Dosage Calculation: Parenteral IV Medications Critical Care Medications	Dosage calculation practice	Calculate and administer IV medications safely, accurately and with correct documentation.
6. Identify safe and evidenced based nursing practices with administration of IV medications.	6. Administering IV medications a. Check for incompatibility of solution(s)/medication(s) b. Removal of air from syringe/tubing c. Appropriate use of equipment to prepare and deliver therapy d. Proper rate of administration e. Medication Knowledge f. Delegation	Complete assigned on- line IV skills module		IV Skills lab and clinical experiences administering IV medications safely. Utilizing agency resources to verify medication/solution compatibilities
7. Discuss the purpose of Parenteral Nutrition (PN) and appropriate nursing interventions to safely administer PN therapy.	7. Assessment and Nursing Care a. Nutritional needs b. Laboratory values c. Potential Complications d. Effectiveness of therapy	Article: "Caring for your Client Receiving TPN" Nursing Made Incredibly Easy Jan/Feb 2013 p 8-11 Perry: pp. 743-746 Wong: pp. 623-625 (Total Parenteral Nutrition. Family Teaching & Home Care) Lewis: pp. 869-871		Provide care for clients who have increased caloric needs, who are receiving PN via IV pump. Review laboratory values of a client receiving PN Monitor daily weights and fluid balance of a client receiving PN.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NUTRITION: FLUIDS, ELECTROLYTES, AND ACID-BASE IMBALANCES UNIT</u>				
<u>NURSING CARE OF THE CLIENT RECEIVING BLOOD TRANSFUSIONS</u>				
1. List components used for blood product administration.	1. Blood products a. Packed RBCs b. Frozen RBCs c. Platelets d. Plasma e. Albumin f. Cryoprecipitate g. Autotransfusion	Lewis: pp. 647-652 Article: "Blood Management: Best Practice Transfusion Strategies", <u>Nursing</u> 2013, January 43(1), pp. 40-47		
2. Discuss safety precautions utilized by the nurse when administering a blood transfusion to clients throughout the life span.	2. Nursing interventions a. Need for therapy b. Proper identification c. Assessment d. Respond to therapy e. Delegation of interventions	Perry: pp. 746-752		Participate in administration of a blood transfusion, including assessment and documentation
3. Assess for complications of a blood transfusion.	3. Signs and symptoms of transfusion reaction a. Pyrogenic b. Allergic c. Hemolytic d. Circulatory overload e. TRALI	Lewis: pp 650-652	Simulation Activity/ Case Study: Transfusion Reaction	
4. Identify appropriate nursing interventions for transfusion reactions	4. Nursing interventions a. Anaphylaxis management b. Shock management c. Hypervolemia management	Article: "Responding to pulmonary related blood transfusion reactions" <u>Nursing</u> 2015, September 45(9), pp. 36-41 Wong: pp. 810		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>INTERPERSONAL INTERACTION UNIT</u> <u>ALTERATIONS IN PERSONAL COPING UNIT</u>				
1. Define and differentiate between "mental health" and "mental illness".	1. Characteristic differences between mental health and mental illness			Evaluate the importance of education on the self-esteem needs of assigned client.
2. Define "therapeutic milieu" (therapeutic community) and its implications for nursing practice.	2. Characteristics and strategies of a therapeutic milieu (therapeutic community) a. Managing behavioral crisis b. Safety c. Communication 1) Self-Disclosure 2) Information	Halter: p. 33, pp. 75-77 (Milieu Therapy) P/P: p. 322	Community Speaker	Utilize the nursing process to provide a therapeutic milieu for client care.
3. Describe various alternative/ complementary therapies and applications in client care.	3. <u>Commonly</u> used alternative/ complementary therapies	Lewis: Ch. 6	Active Listening	Identify alternative/ complementary therapies assigned client is using.
4. Recognize and discuss common causes of client stress produced by illness and hospitalization and health care.	4. Causes of client stress a. Physical b. Psychological c. Separation anxiety d. Cultural and spiritual differences e. Life style differences	P/P: Chapter 37 Nurse's Touch: Wellness and Self-Care Module: Stress: Causes, Effects, and Management		
5. Identify the elements of a crisis.	5. Define crisis			
6. Differentiate among three types of crises.	6. Crises a. Maturational (Developmental) b. Spiritual c. Adventitious			
7. Discuss the phases of the General Adaptation Syndrome.	7. Phases a. Alarm reaction b. Resistance stage c. Exhaustion stage	ATI Mental Health Nursing: Chs. 9 and 29		
8. Discuss the balancing factors that produce and influence the outcome of a crisis.	8. Balancing factors a. Perception of the event b. Situational supports c. Coping mechanisms	ATI Fundamentals: Ch. 33	Video: "Psychiatric Emergencies: Crisis Interventions" (22 min.)	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
9. List interventions to decrease client anxiety and stress.	9. Nursing interventions to cope with anxiety and stress <ul style="list-style-type: none"> a. Relaxation Exercises b. Meditation c. Guided Imagery d. Breathing Exercises e. Physical Exercise f. Cognitive Reframing g. Mindfulness h. Journaling i. Humor 	Halter: Ch. 10		Assess and intervene in the nursing care of the assigned client exhibiting signs of a maturational or situational crisis.
10. Discuss how stress in the workplace affects the nurse.	10. Stress Management <ul style="list-style-type: none"> a. Career burnout b. Workplace stressors c. Management of stressors 			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>GRIEF AND LOSS</u>				
1. Differentiate between hospice care and palliative care.	1. Nurse's involvement a. Hospice care b. Palliative care	P & P: 8 ed. Ch. 37 Wong: pp. 555-567		While working with a dying client and the family, be aware of and describe your feelings with a peer.
2. Outline the essentials for adequate end of life care.	2. End of life care a. Nutrition and fluid needs b. Cleanliness needs c. Elimination needs d. Comfort and safety needs e. Environmental needs f. Communication needs		AV: "Why Me?" AV: "Caring for the Dying Patient"	While caring for a dying client, assess which stage/stages of dying the client has experienced or is experiencing. Read Advanced Directives as documented on client's chart. Apply the nursing process when providing end of life care.
3. Describe ways the nurse can demonstrate understanding, support, and respect for the family of a dying client.	3. Ways to help the family a. Emotional support b. Physical support			Apply the nursing process when providing care to the family of a dying person.
4. Differentiate between grieving, bereavement, and mourning.	4. Stages of grieving a. Kubler-Ross 1. Meaning and importance of stages	ATI Mental Health Nursing Ed. 10 Ch. 27		Assess a client and/or client's family for symptoms of pathological grief, acute grief, or delayed grief.
5. Recognize individual differences in coping responses across the life span.	5. Coping responses a. Supporting the family b. Helping children understand death	Allen: "Providing Compassionate End-of-Life Care", <u>Nursing Made Incredibly Easy</u> , July/August 2008, pp. 46-53		
6. Discuss the factors to be considered in caring for a terminally ill client at home or in hospice.	6. End-of-life care a. Factors concerning care at home b. Factors concerning hospice care	Lewis: 9 ed. Ch. 10 Harris: "Physician-assisted Suicide: A Nurse's Perspective", <u>Nursing 2014</u> , March 2014, pp. 55-58	Speakers: Mercy Hospice and Palliative Medicine Team	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
7. Explain the legal concepts involved in end of life care.	7. Advanced directives a. Responsibility for decision b. Family concerns c. Nurse's role d. Organ donation	Steed, M.: "Palliative Care: Are You Asking the Right Questions?" <u>Nursing 2012</u> , October 2012, pp. 59-61		Assess for symptoms of approaching death in the dying client and apply appropriate nursing interventions.
8. List manifestations of approaching death.	8. Indications of imminent death	Phillips, D.: "Organ and Tissue Donation Basics", <u>Nursing Made Incredibly Easy</u> , January/February 2013, pp. 30-36		
9. Define death.	9. Objective manifestations of death a. Brain death b. Circulatory death			
10. Outline measures included in post-mortem care.	10. Post-mortem care a. Family may want to view body b. Care before transporting to mortuary c. Religious rites d. Documentation	Documenting a patient's death (2008, July) <u>Nursing</u> , 38(7), p 19	Activity: Case Study: End-of-Life Palliative Care	Perform post-mortem care of the body as guided by the institution in which nursing care is given.
11. Discuss issues involved in getting permission for an autopsy after death.	11. Autopsy a. Need for sensitivity of tact b. Legal consent needed from client before death or next of kin c. Reasons for voluntary autopsy d. Reasons for required autopsy e. Religious considerations	Is palliative sedation right for your patient? <u>P.Arnstein Nursing 2011</u> , August 2011, pp 50-54		Simulation: Death and Dying
12. Discuss the factors that lead to compassion fatigue.	12. Compassion fatigue a. Nurses coping		ATI: Wellness and Self Care	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE SUICIDAL CLIENT</u>				
1. Identify the assessment factors for self-destructive behavior.	1. Assessment a. Self-destructive intent b. Risk factors c. Special populations d. Common clues and characteristics	Halter: Ch. 25, "Suicide and Non-Suicidal Self-Injury"	Activity: Suicide Case Study	Assess assigned client for potential of self-destructive behavior.
2. Identify common nursing diagnoses and outcomes for a client who is suicidal.	2. Nursing diagnoses and outcomes	Wong: pp. 531-533	Review tools to assess for suicide risk	
3. Discuss nursing interventions for providing a safe environment for the suicidal client.	3. Nursing interventions a. Tertiary prevention b. Secondary prevention c. Primary prevention			Implement a plan of care appropriate for the self-destructive client, including suicide precautions.
4. Describe nursing management of suicidal behavior in the hospital setting.	4. Nursing management in hospital setting a. Methods of intervention b. Contract usage c. Suicide precautions			
5. Describe the profile of non-suicidal self-injury.	5. Assessment a. Risk factors b. Feelings c. Communication	ATI Mental Health Nursing Ed 10 Chapter 30		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NUTRITION: FLUIDS, ELECTROLYTES, AND ACID-BASE IMBALANCES UNIT</u>				
<u>NURSING CARE OF THE CLIENT WITH FLUID AND ELECTROLYTE IMBALANCES</u>				
1. Describe the composition of the major body fluid compartments.	1. Composition of major fluid compartments a. Homeostasis b. Water content of the body c. Body fluid compartments d. Electrolytes e. Electrolyte composition of fluid components	P & P: pp. 935-942,945-954 Review Lewis: pp. 270-276		Monitor the fluid status of assigned clients.
2. Identify processes involved in the regulation of movement of water and ions between body fluid compartments.	2. The processes involved in the regulation of movement of water and ions between body fluid components a. Diffusion b. Osmosis c. Filtration d. Hydrostatic pressure e. Oncotic pressure f. Active transport g. Fluid shifts	Wong: pp. 690-695		Review how fluid is shifting during times of diuresis as it relates to peripheral and/or pulmonary edema.
3. Discuss variables that affect fluid and electrolyte balance.	3. Homeostatic mechanisms a. Kidneys b. Heart and ANF c. Lungs d. Hypothalamus e. Pituitary gland f. Adrenal glands g. Parathyroid glands h. GI i. Insensible loss			
4. Describe the etiology, laboratory diagnostic findings, clinical manifestations, and nursing and collaborative management of the following disorders: a. Water excess and deficit	4. Etiology, lab diagnostic findings, clinical manifestations and nursing and collaborative management of the following disorders: a. Water excess and deficit: 1) Hypothalamic regulation 2) Pituitary regulation 3) Adrenal cortical regulation 4) Renal regulation 5) Cardiac regulation 6) GI regulation 7) Insensible water loss	Butterfields" Fluid and Electrolytes Tutorial" P &P, on-line resources, Evolve website Ch. 41		Calculate 8 and 24 hour totals of fluid intake and output. Identify type of fluid imbalance and develop appropriate nursing interventions

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
b. Sodium and volume imbalances	b. Sodium and volume imbalances 1. Hyponatremia 2. Hypernatremia 3. Hypovolemia 4. Hypervolemia	Case Study: Hyponatremia Evolve Website Lewis: pp. 278-286	Video: "Fluid and Electrolyte Balance: 1) Basic, 2) Fluid Volume Imbalance, 3) Electrolyte Imbalance"	Review laboratory findings of a client with an electrolyte disorder and examine associated signs and symptoms.
c. Potassium imbalance	c. Potassium imbalance 1. Hypokalemia 2. Hyperkalemia			
d. Magnesium imbalance	d. Magnesium imbalance 1. Hypomagnesemia 2. Hypermagnesemia			
e. Calcium imbalance	e. Calcium imbalance 1. Hypocalcemia 2. Hypercalcemia			
f. Phosphate imbalance	f. Phosphate imbalance 1. Hypophosphatemia 2. Hyperphosphatemia			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH ACID-BASE IMBALANCES: METABOLIC/RESPIRATORY</u>				
1. Review the processes involved in acid-base balance.	1. Regulation of acid-base balance a. pH b. Chemical buffering c. Kidneys d. Lungs	P & P: pp. 943-946	<u>Interactive CD-ROM Series:</u> Interpreting ABG's * Basic Interpretation (125.1) *Clinical Applications (125.3)	Review the ABG's of a client in the clinical area and relate it to the client's condition.
2. Discuss acid-base measurement.	2. Measurement of acid-base balance a. Acid b. Base c. ABG's d. pH and K+ balance e. Anion Gap	Lewis: pp. 286-292		Examine the buffer systems being utilized to correct the client's acid-base disturbance.
3. Compare and contrast the etiology, defining characteristics, and nursing and collaborative management of metabolic acidosis and alkalosis.	3. Metabolic imbalance a. Acidosis 1) DKA 2) HHS b. Alkalosis	Lewis: pp. 1142-1145	Case study DKA, Lewis: p. 1186	Assess client with diabetes for acidosis.
4. Define hypoxemia, respiratory acidosis, and respiratory alkalosis in terms of arterial blood gases.	4. Abnormal arterial blood gases a. Hypoxemia b. Respiratory acidosis c. Respiratory alkalosis	Review Lewis: Ch. 25		
5. Compare ABG values for clients with chronic respiratory insufficiency and CO ₂ retention and clients with no history of respiratory insufficiency and appropriate nursing care.	5. The hypoxic drive a. Chronic CO ₂ retention b. Chemoreceptor sensitivity c. Safe administration of oxygen	Wong: pp. 273; 276 pp. 933-934		Assess a client with chronic lung disease and review ABG results on client chart.
6. Discuss nursing assessment and intervention in the prevention and treatment of PaCO ₂ abnormalities.	6. Nursing intervention supporting adequate ventilation in persons with elevated PaCO ₂		Interpretation of blood gas studies in simulated client situations.	Comparison of blood gas studies on assigned client with normal values.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
Upon completion of this unit, the student will be able to:	<u>INTERPERSONAL INTERACTION UNIT</u>			In the clinical area, with emphasis on implementation, the student will be able to:
<u>NURSING CARE OF THE CLIENT WITH ALTERATIONS IN MOOD: DEPRESSION</u>				
1. Define depression and differentiate between major depressive disorders and dysthymic disorder.	1. Depression a. Diagnosis b. Clinical Symptoms c. Risk Factors d. Range of depressive disorders 1) Major depressive disorder 2) Dysthymic disorder	Halter: Ch. 14, "Depressive Disorders"		Assess symptoms of depression in assigned client.
2. Describe the causation theories of depression and the presenting signs and symptoms.	2. Etiology a. Biological factors b. Psychological factors			Identify communication techniques useful in caring for assigned client with depression.
3. Apply the nursing process to clients who are experiencing depression.	3. Nursing process and depression a. Assessment b. Nursing diagnoses c. Outcomes d. Planning/interventions e. Evaluation			Implement nursing care to increase socialization.
4. Discuss various modalities relevant to the treatment of depression.	4. Common treatment modalities a. Psychotherapy b. Physical therapies c. Pharmacotherapy		DVD: "Shock: Electroconvulsive Therapy, Part 1" (21 min.)	Identify the therapeutic value of recreational therapy for assigned patient.
5. Discuss nursing care of the client receiving electroconvulsive therapy.	5. Nursing management a. Indications for b. Pre-treatment c. Post-treatment d. Client response		DVD: "Shock: Electroconvulsive Therapy, Part 3"	Assess the client's knowledge of current medication regimen.
6. Differentiate between major groups of antidepressants and related nursing responsibilities.	6. Anti-depressant drugs a. MAO inhibitors b. Tricyclics c. SSRIS d. Atypical e. SNRI	Edition 10, RN Mental Health Nursing ATI Ch. 2	DVD: "Antidepressant Agents", (27 minutes)	Safely administer psychotropic meds to assigned clients.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH A PERSONALITY DISORDER</u>				
1. Identify the etiology of personality disorders.	1. Etiology a. Biological factors b. Psychological factors c. Environmental factors d. Diathesis-stress model	Halter: Ch. 24, "Personality Disorders"		
2. Identify the clusters of personality disorders.	2. a. Cluster A b. Cluster B c. Cluster C			
3. Identify nursing and therapy plans of care for clients with a Cluster A Personality Disorder.	3. Cluster A (odd or eccentric) a. Nursing care b. Therapy guidelines			Formulate a plan of care for a client with Cluster A Personality Disorder.
4. Identify nursing and therapy plans of care for clients with a Cluster B Personality Disorder.	4. Cluster B: Dramatic, emotional, or erratic a. Nursing care b. Therapy guidelines			
5. Plan nursing interventions for clients with impulsive, aggressive, or manipulative behaviors.	5. a. Limit setting b. Anger control assistance c. Impulsive control			Implement nursing interventions with an assigned client with impulsive, aggressive, or manipulative behaviors (Cluster B Personality Disorder).
6. Identify nursing outcomes for clients with borderline personality disorders.	6. NOC outcomes a. Social interaction skills b. Personal resiliency c. Aggression self-control d. Impulse self-control			Attend a dialectical behavior therapy group. Plan care for assigned client with self-mutilative behavior.
7. Identify nursing care and therapy, guidelines for clients with Cluster C Personality Disorder.	7. Cluster C: anxious or fearful a. Nursing care b. Therapy guidelines			Formulate a plan of care for a client with Cluster C Personality Disorder.
8. Describe the needs of the nurse in working with clients with personality disorders.	8. Nurse self-assessment and personal stress responses			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH BIPOLAR DISORDER</u>				
1. Define mania and state the behaviors associated with the condition.	1. Mania a. Definition b. Diagnosis c. Manic behaviors d. Hypomania	Halter: Ch. 13, "Bipolar Disorders"	Video: "Mood Stabilizing Agents" (17 minutes)	Assess client needs and plan and implement nursing care for assigned client with mania, including methods of communication.
2. Describe the cyclical relationship of mania and depression.	2. Bipolar disorders a. Bipolar I b. Bipolar II c. Cyclothymic			
3. Explain the genetic and inherited nature of manic disease.	3. Epidemiology etiology			
4. Describe the clinical course of mania.	4. Clinical course and associated disorders			
5. Discuss the safe administration of common drugs in the treatment of mania.	5. Pharmacological treatment a. Acute mania 1) Neuroleptic agents 2) Benzodiazepines 3) Antipsychotics 4) Anti-convulsants b. Maintenance therapy c. Lithium	ATI Ch. 23 Edition 10, RN Mental Health Nursing Halter pp. 57-58		Assess the assigned client on lithium for side effects and hydration. Research the chart for blood lithium levels on assigned clients.
6. Describe the nursing process in relation to bipolar illness.	6. Nursing process with bipolar illness a. Assessment b. Nursing diagnosis c. Planning and intervention d. Evaluation			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CHILDREN WITH MENTAL HEALTH DISORDERS</u>				
1. Identify common behavior of the hyperactive individual.	1. Exaggerated behavior used to control the environment a. Loose associations b. Short attention span c. Irritability	Halter: Ch. 11, "Childhood and Neurodevelopmental Disorders"	Video: "Understanding ADHD" Video on Demand (20 minutes)	
2. Identify the effects of attitudes in decreasing power struggle problems.	2. Effective attitudes			
3. Formulate a nursing care plan to assist in managing the hyperactive client.	3. Reducing hyperactivity a. Rationale b. Intervention	Halter: Ch. 21 Impulse Control Disorders		Assess, plan and implement nursing care for the hyperactive client
4. Discuss causation theories of hyperactivity.	4. Causation theories a. Physiological b. Psychosocial	ATI Mental Health Nursing Ed. 10 Ch. 28		
5. Describe the utilization and nursing implications of drug therapy and nutritional alteration for the hyperactive child.	5. Therapy and nursing implications a. Drug b. Nutrition		Class Activity: Teaching parents about their child's medication	
6. Describe clinical features, behaviors, drug and nursing interventions for other childhood mental health disorders.	6. Clinical features, behaviors, drug and nursing interventions for: a. Autistic Disorder b. Conduct Disorder c. Oppositional Defiant Disorder d. Tourette's Disorder			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH DISTURBED THOUGHT PROCESS</u>				
1. Identify the schizophrenic spectrum disorders.	1. Schizophrenic spectrum disorders a. Psychotic Disorder NOS b. Schizophreniform Disorder c. Schizoaffective Disorder d. Schizophrenia			
2. Describe the causation theories of thought disorders in adults	2. Discussion of current theories a. Biological b. Psychological and environmental	Halter: Ch.12, "Schizophrenia and Schizophrenia Spectrum Disorders"		
3. Describe assessment of the individual with thought disorder across the life span.	3. Nursing Assessment			Discuss common nursing reactions while working with a patient with schizophrenia.
4. Identify the major areas of disruption in the thought process.	4. Disruptions in thought process a. Disorientation b. Inability to follow directions c. Inability to focus on reality d. Illogical and unreasonable sequence of thought perception		Discussion of student experiences with observed behavior in the clinical area.	
5. Differentiate positive, negative, and cognitive symptoms of schizophrenia.	4. Schizophrenia Symptomology a. Positive b. Negative c. Cognitive			Assess client needs and plan and implement appropriate nursing care for an assigned client with disruptions in thought processes.
6. Describe communication techniques to deal with the client who is unable to focus on reality.	6. Reality orientation a. Rationale b. Nursing intervention			Implement a reality orientation with a client.
7. Describe the client experiencing distorted or exaggerated sensory perception.	7. Reasons for distorted sensory perception		Video: "Mindstorm"	
8. Formulate a nursing care plan to deal with illogical and unreasonable thought perception.	8. Alleviating perception distortion a. Rationale b. Nursing intervention			Implement nursing care for an assigned client experiencing perceptual disorientation. Assess nontrusting behaviors in assigned client.
9. Identify behaviors common to the suspicious client.	9. Behaviors common to distrust			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
10. Discuss the concept of community involvement in caring for the thought disordered client.	10. Community resources a. Halfway houses b. Day care – night care c. Support groups d. Psychosocial centers			Report significance of local support group (NAMI, etc.) Attend intensive outpatient group for clients in the community, describing the role of the nurse in this setting.
11. Discuss the use of psychotropic drugs.	11. Impact of pharmacological agents on care of mentally ill	ATI Mental Health Nursing, Edition 10 Ch. 15 & 24		
12. Describe the main actions, uses, and side effects of the anti-psychotic agents.	12. Anti-psychotic agents a. Actions b. Uses c. Side effects		DVD: "Antipsychotic Agents" (29 min.)	
13. Discuss the nursing responsibilities related to the extrapyramidal effects and contraindications of anti-psychotic agents.	13. Nursing responsibilities a. Importance of observation b. Client teaching		Video: "Tardive Dyskinesia Monitoring" (34 minutes)	Appraise assigned client for side effects and extra-pyramidal reactions to the major tranquilizers.
14. Compare and contrast antipsychotic therapy.	14. Antipsychotic therapy a. First Generation b. Second Generation			
15. Discuss teaching plans for clients taking antipsychotic therapy.	15. Antipsychotic therapy a. First Generation b. Second Generation			
16. Discuss the use of anticholinergic agents and related nursing implications.			Video: "Recognizing Extrapyrarnidal Symptoms" (25 minutes)	Develop teaching plans for patients taking psychotropic drugs.
17. Discuss nursing approaches used to alleviate the problem of noncompliance with medication regimes.	17. Nursing approaches a. Major contributing factors b. Nurse/client reactions			Formulate a nursing plan to encourage long term medication compliance.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF CLIENTS WITH EATING DISORDERS</u>				
1. Assess physical and behavioral characteristics of a client with anorexia nervosa/bulimia/binge eating disorder.	1. Characteristics of clients with anorexia nervosa/bulimia/binge eating disorder a. Physical b. Behavioral	Halter: Ch. 18 Lewis: p. 903		Assess, monitor, and document food intake of assigned clients.
2. Apply the Nursing process for a client with anorexia nervosa/bulimia/binge eating disorder.	2. Nursing involvement in eating disorders management a. Physical care b. Psychological care	Wong: pp. 523-526 ATI: Mental Health Edition 10, Chapter 19		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
Upon completion of this unit, the student will be able to:	OXYGENATION IMPAIRMENT UNIT			In the clinical area, with emphasis on implementation, the student will be able to:
<u>NURSING CARE OF THE CLIENT WITH CORONARY ARTERY OBSTRUCTION</u>				
1. Review the normal structures and functions and nursing assessment of the cardiovascular system.	1. Heart structure a. Blood flow through the heart b. Blood supply to the heart c. Conduction system d. Mechanical system	ATI Pharmacology Made Easy 3.0: Module The Cardiovascular System Introduction Review Drug Therapy for Hypertension Perry: pp. 137-146		
2. List the risk factors which may increase the incidents of sclerotic changes within the coronary arteries.	2. Risk factors a. Unmodifiable a. Modifiable b. Contributing factors	Lewis: Ch. 33 "Coronary Artery Disease and Acute Coronary Syndrome"		Identify cardiac risk factors in an assigned client.
3. Identify nursing interventions related to diagnostic tests for coronary disease.	3. Diagnostic work up and related nursing intervention a. ECG b. Coronary angiogram c. Holter monitor d. Cardiac stress testing e. Serum Cardiac Markers f. Echocardiography g. Nuclear cardiography	Article: "AHA Recommendations for preventing heart disease in Women" <u>Nursing 2013</u> May 2013		Prepare and observe a client with ischemic pain who is having a diagnostic test.
4. Differentiate between ischemia and infarction.	4. Difference between tissue hypoxia and necrosis a. Stable angina b. Acute Coronary Syndrome 1) Unstable angina 2) ST elevation myocardial infarction 3) Non-ST elevation myocardial infarction		Video: Myocardial Infarction	Initiate a teaching plan for client taking antilipemic agents.
5. Describe assessments and interventions of the client experiencing ischemic pain	5. Ischemic pain assessment and implementation of nursing responsibilities for ischemic pain a. Assessment b. Intervention		Case Study STEMI AHA Guidelines	Accurately assess a client who is complaining of chest pain.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
6. Discuss pharmacological agents given for prevention and treatment of angina pectoris.	6. Drug therapy for reduction of angina pectoris a. Vasodilators - Nitrates b. Beta Blocking Agents c. Calcium Channel Blockers d. Antilipemics e. Antiplatelet Aggregation Therapy f. Anticoagulation g. ACE Inhibitors	ATI: Pharmacology Made Easy 3.0 Drug Therapy for Coronary Heart Disease Article: "UA/STEMI: Are you Following the Latest Guidelines?" <u>Nursing 2012</u> , September 2012		Evaluate assigned client response to anti-angina pharmacological agents.
7. Develop a teaching plan for the client with angina pectoris.	7. Discharge teaching a. Precipitating stress factors b. Prevention of infarction of the heart muscle c. Proper use of drug therapy d. Antilipemic agents e. Exercise	Wong pp. 740-741		Participate in discharge teaching for a client with anginal pain.
8. Discuss coronary revascularization and related nursing care.	8. Surgical interventions a. Percutaneous Intervention (PCI) or Angioplasty b. Angioplasty with stents c. Coronary artery bypass graft d. Mid-CABG e. Others	Wong pp. 740-741		Observe a cardiac catheterization procedure, and provide post procedure nursing interventions Implement a plan of care for a post-op CABG procedure client.
9. Select the subjective and objective data to be obtained in the nursing assessment of the client who may be having acute myocardial infarction.	9. Assessment of client with infarction a. Location, type, duration of pain b. Other classic assessments c. Indications of cardiac output decrease d. Women and heart disease			
10. Describe collaborative care during acute myocardial infarction.	10. Collaborative care during acute infarction a. Anticoagulants b. Thrombolytic therapy c. Antithrombotics d. Vasodilators e. Pain management f. Antiplatelet	Article: "Improving Outcomes with Therapeutic Hypothermia", <u>Nursing 2013</u> , January 2013, pp. 30-36		Review the diagnostic data on a client with ACS Observe a client in CCU, assessing: 1) the client and his/her medical record, 2) nursing and medical intervention.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
11. Discuss interventions for prevention and treatment of complications of infarction of the heart muscle.	11. Complications and related intervention a. Pump failure b. Arrhythmias c. Rupture of the myocardium d. Psychological problems e. Cardiogenic shock f. Sudden cardiac death			
12. Discuss commonly used coping mechanisms and nursing interventions.	12. Nursing implementation directed to common coping mechanisms used during recovery from infarction a. Denial b. Euphoria c. Anger e. Hypochondriosis f. Regression g. Depression			Assess effects of cardiovascular drugs on an assigned client. In an assigned client, plan nursing approaches based on coping mechanisms being used.
13. Select priority nursing interventions for discharge teaching of the client with coronary artery disease with/without infarction.	13. Discharge teaching needs a. Activity level b. Medications c. Diet d. Signs of complications e. Cardiac rehabilitation			Attend cardiac rehabilitation with client and participate in educational activities .
14. Describe nursing management for the pediatric client with cardiovascular dysfunction.	14. Nursing Interventions related to: a. Hyperlipidemia b. Pulmonary artery hypertension c. Kawasaki Disease	Wong: pp. 768-771, 773 776-778		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH STRUCTURAL DEFECTS OF THE HEART</u>				
1. Compare and contrast classification systems for congenital defects.	1. Acyanotic – Cyanotic 2. Hemodynamic a. Increased pulmonary blood flow b. Obstruction to blood flow c. Decreased pulmonary blood flow d. Mixed blood flow	Wong: pp. 738-765	Video: “Cardiopulmonary Assessment and Cardiac Anomalies”	Assess and care for a client with a structural defect of the heart or past repair of defect.
2. Identify diagnosis specific clinical manifestations expected in children with Acyanotic congenital heart defects.	1. Atrial Septal Defect 2. Ventricular Septal Defect 3. Patent Ductus Arteriosus 4. Coarctation of Aorta 5. Aortic and Pulmonic Stenosis			Implement appropriate nursing interventions for a client with congenital heart defects (pre or post repair)
3. Identify diagnosis specific clinical manifestations expected in children with Cyanotic congenital heart defects.	1. Tetralogy of Fallot 2. Tricuspid Atresia 3. Transposition of Great Arteries 4. Hypoplastic Left Heart Syndrome			
4. Develop a plan of care for a child with congenital heart defects.	1. Nursing Diagnosis 2. Goal 3. Intervention 4. Evaluation			
5. Describe various treatment options for children with congenital heart defects.	1. Pharmacological Interventions 2. Surgical Interventions a. palliative vs. corrective			
6. Identify long term considerations for adults with congenital heart defects.	1. Complications 2. Pregnancy 3. Psychosocial			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH PUMP FAILURE</u>				
1. Define cardiac output including the factors which affect it.	1. Cardiac output a. Rate b. Stroke volume	Lewis: Ch. 34		
2. Describe the interaction of oxygen supply and oxygen demand.	2. Oxygen supply/oxygen demand			Determine factors which increase oxygen demand in assigned clients.
3. Describe the pathophysiology of systolic and diastolic ventricular failure.	3. Pathophysiology of ventricular failure a. Systolic failure b. Diastolic failure c. Mixed failure			
4. Distinguish between right and left sided cardiac failure, noting differences in pathophysiology and the problems presented by the client.	4. Left and right-sided pump failure a. Cause b. Location of congestion c. Circuit	Wong: pp. 744-752,760,773-774		Assess a client for signs of cardiac failure.
5. Assess the presence of compensatory mechanisms which serve to maintain cardiac output.	5. Compensatory mechanisms: a. Tachycardia b. Cardiac dilatation c. Cardiac hypertrophy d. Sympathetic nervous stimulation e. Hormonal response			
6. Describe the three general types of cardiomyopathy.	6. Pathophysiology and clinical manifestations of: a. Dilated cardiomyopathy b. Hypertrophic cardiomyopathy c. Restrictive cardiomyopathy	Lewis: pp. 796-800		
7. Assess the presence of acute pump failure.	7. Acute pump failure a. Pathophysiology b. Assessments c. Laboratory tests			
8. Explain the physiological consequences of decomposition.	8. Decomposition and congestion a. Fatigue b. Dyspnea c. Edema d. Tachycardia			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
9. Plan emergency care, for management of acute pulmonary edema.	9. Intervention and rationale a. Improving gas exchange b. Decreasing intravascular volume c. Decreasing venous return d. Decreasing afterload e. Improving cardiac function f. Reducing anxiety			
10. Evaluate the cardiac failure client's condition and project need for modification of care of plan.	10. Reassessment to note client=s changing condition and related intervention		Simulation Activity Case Study	
11. Evaluate the nursing responsibilities related to invasive monitoring.	11. Nursing responsibilities related to: a. Arterial lines b. Pulmonary artery catheter (Swan-Ganz) c. Central venous lines (CVP)	Lewis: pp. 1558-1566		
12. Evaluate collaborative interventions and identify nursing responsibility for heart failure.	12. Medical regime instituted to decrease cardiac workload a. Intraaortic balloon pump b. Left ventricular assist device c. Hemodynamic monitoring d. Ultrafiltration e. Heart transplantation	Lewis: pp. 1566-1569 Streets, K and Vickers, S (2012) "Is This Patient With Heart Failure a Candidate for Ultra Filtration?", <u>Nursing 2012</u> 42(6)		Care for a client in pump failure and provide nursing intervention to lower oxygen requirements.
13. Compare the action of pharmacologic agents which affect cardiac output.	13. Medications a. Inotropic and chronotropic medications b. Diuretics c. Vasodilators (Nitroprusside, Nitrates, Ace Inhibitors, Beta Blockers) d. Cardiac glycosides	ATI: Pharmacology Made Easy 3.0 The Cardiovascular System Drug Therapy for Heart Failure		
14. Establish the discharge teaching plan for the client with heart failure.	14. Teaching needs a. Pulse taking b. Side effects of drugs c. High potassium foods; digoxin toxicity Dietary Needs d. Low sodium foods e. Monitoring fluid loss/gain f. Rest needs g. Long Term Effects: Cardiomyopathy		ATI: Pharmacology Made Easy 3.0 The Cardiovascular System Case Study	Care for clients on medication therapy for pump failure, assessing effectiveness. Take an apical-radial pulse, noting presence of pulse deficit.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WHO ABUSES SUBSTANCES (ADDICTIVE BEHAVIORS)</u>				
1. Identify theories related to the etiology of addictive behaviors.	1. Theories a. Socio-cultural b. Biological c. Psychological	Halter: Ch. 22, "Substance-Related and Addictive Disorders"		
2. Describe various forms of substance abuse.	2. Substance a. Alcohol b. Caffeine c. Nicotine	Lewis: Ch. 11: "Substance Abuse" p. 49, Table 4-2	Activity: "Warning! Smoking May be Hazardous to Your Career". Small group discussion on the role of the nurse as a role model in smoking cessation.	
3. Recognize your own feelings in dealing with substance abuse.	3. Values a. Chemically impaired nurse b. Maximizing caring behaviors	Murphy: "The Growing Trend of Medical Marijuana", <u>Nursing Made Incredibly Easy</u> , September/October 2014, pp. 31-37		Modify own behavior based on self-awareness.
4. Assess factors indicative of alcohol abuse across the life span.	4. Assessment of acute intoxication a. Common elements to be assessed b. Stages of withdrawal c. Wernicke's encephalopathy d. Korsakoff's Syndrome (psychosis) e. Chemically Impaired Infant	Wong: pp. 289-290	"Substance Use Disorder in Nursing", NCSBN.org (12:39 minutes)	
5. Discuss appropriate interviewing techniques useful with the substance abuse client.	5. Interviewing techniques a. Identify patient's stage of change b. Motivational interviewing	Droppa: "Motivational Interviewing: A Journey to Improve Health", <u>Nursing 2014</u> , March 2014, pp. 41-45		Observe an intake interview of a client with an addiction.
		Elliot: "Managing Alcohol Withdrawal in Hospitalized Patients", <u>Nursing 2011</u> , April 2012, pp. 22-30 (online)		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
6. Devise a plan of care utilizing Maslow's hierarchy to meet priority needs of the client in alcohol withdrawal.	6. Priority nursing diagnoses in the client experiencing delirium tremors <ol style="list-style-type: none"> a. Disturbed sleep pattern - frequent awakening, restless sleep - related to withdrawal b. Impaired nutrition status, related to long term alcohol intake and irregular eating habits c. Potential seizures d. Decreased perceptual ability 	McGraw: "Is Your Patient High on Bath Salts?" <u>Nursing 2012</u> , January 2012, pp. 26-32 (online)		Assess client needs and plan and implement appropriate nursing care for an assigned client in alcoholic withdrawal. Assess, plan and implement nursing management of the client with decreased perceptual ability.
7. Discuss pharmacological treatments for substance use disorders.	7. Pharmacological interventions <ol style="list-style-type: none"> a. Alcoholism b. Opioid addiction c. Nicotine addiction 	ATI Mental Health Nursing, Edition 10: Chs. 18, 26		Teach the precautions related to antabuse therapy.
8. Discuss the continuing care needs of the substance abusive client.	8. Continuing care concerns and therapeutic interventions <ol style="list-style-type: none"> a. Concerns b. Principles of group therapy c. Common Defense Mechanisms 	Halter: pp. 607-611, Box 33-2; Box 33-4, p. 614	Discussion of the principles of group therapy and personal experiences of the student in group.	Observe and participate in group therapy with the client with an addiction.
9. Discuss the therapeutic factors that operate in all groups.	9. Factors <ol style="list-style-type: none"> a. Universality b. Instilling Hope c. Imparting information d. Altruism 	ATI RN Pharmacology for Nursing, Edition 6: Chs. 12, 36		
10. Identify overdose and withdrawal symptoms of commonly abused drugs.	10. Commonly abused drugs <ol style="list-style-type: none"> a. Depressants b. Opiates c. Amphetamines/Stimulants d. Hallucinogens e. Inhalants f. Cannabis 		<u>Group Activity:</u> Presentations: Commonly Abused Substances: Physiological Effects, Psychological Effects, Symptoms of Overdose and Withdrawal	Assess client needs and plan and implement nursing care for the client withdrawing from commonly abused drugs.
11. Identify community resources available to the client and family members with substance abuse.	11. Local resources			Shadow a client at Prairie Ridge Treatment Center.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH AN ANXIETY DISORDER</u>				
1. Identify the etiology of anxiety disorders.	1. Etiology a. Biological factors b. Psychological theories c. Cultural considerations	Halter: Ch. 15, "Anxiety and Obsessive-Compulsive Related Disorders"		
2. Describe the various anxiety and obsessive-compulsive related disorders.	2. DSM-V and clinical symptoms of: a. Separation Anxiety Disorder b. Panic Disorder c. Generalized Anxiety Disorder d. Obsessive-Compulsive Disorder e. Body Dysmorphic Disorder f. Hoarding Disorder	Symonds and Janney: "Shining a Light on Hoarding Disorder", <i>Nursing</i> 2013, October 2013, 43(10):22-28 (Ovid)		
3. Identify the psychodynamic theories of anxiety disorders.	3. Psychodynamic theories a. Psychoanalytic b. Interpersonal			
4. Identify levels of anxiety and effect of anxiety upon behavior at each level.	4. Anxiety a. Mild b. Moderate c. Severe d. Panic		Discussion of students' awareness of personal anxious behaviors	Identify self anxiety in the clinical situation and become aware of coping utilized.
5. Explain the role of ego defenses as a means of coping with anxiety.	5. Defense mechanisms commonly found in patients with anxiety disorders			
6. Identify common feelings and effective coping in nurses who care for the anxious client.	6. Nursing intervention with the anxious client a. Assessment of feelings b. Effective coping	ATI Pharmacology Made Easy: The Neurological System, Part 2		
7. Discuss the use of antidepressants and related nursing implications.	7. Antidepressants a. Action and side effects b. Nursing implications			Assess client needs and plan and implement nursing care for an assigned client with anxiety.
8. Discuss the use of anxiolytic agents and related nursing implications.	8. Anxiolytic agents a. Action and side effects b. Nursing implications	ATI RN Mental Health Nursing Ed 10 Ch. 11 & 21	DVD: "Antianxiety Agents" (24 min)	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
9. Discuss the use of other medications.	9. Other meds a. Beta blockers b. Antihistamines c. Anticonvulsants			
10. Formulate a nursing care plan reflecting the use of the nursing process to deal with the anxious client.	10. Nursing techniques to reduce apprehension a. Rationale b. Intervention			
11. Plan nursing intervention to assist the fearful client in restoration of equilibrium	11. Nursing intervention a. Assessment of client's ways of coping b. Plan c. Intervention			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE ANGRY AND AGGRESSIVE CLIENT</u>				
1. Describe behaviors common to anger.	1. Common behaviors	Halter: Ch. 27, "Anger, Aggression, and Violence"		
2. Describe feelings in the nursing caring for the angry client.	2. Assessment of own feelings			Implement nursing care to promote self-control in the angry client.
3. Formulate a nursing care plan for the angry client.	3. Nursing management a. Rationale b. Intervention	ATI RN Mental Health Nursing Ed. 10 Ch. 31	Review and role play de-escalation techniques that can be used with the angry client.	
4. Identify client populations most prone to aggressive behavior.	4. High incidence populations a. Organic disorders (cognitive deficits) b. Substance withdrawal c. Depressive states d. Psychotic misperception e. Character disorders			
5. Identify behaviors common to the aggressive client.	5. Assessment of prominent defensive behaviors a. Hypersensitivity b. Anger			Familiarize self with restraint policy at Mercy Medical Center-North Iowa.
6. Identify environmental factors that perpetuate violence in our society.	6. Environmental problems a. Divorce b. Crowding c. Television d. Child abuse e. Economic inequities		Video: "DeEscalation" Boston Children's Hospital 10 minutes	
7. Plan goals which utilize client strengths.	7. Modifying behavior a. Identifying strengths b. Utilization of strengths			
8. Discuss self-awareness in the nurse's ability to cope with the aggressive client.	8. Principles of nursing care with aggression a. Verbal and/or physical control b. Nursing environment			Role play of safe physical management of the aggressive client.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
9. Discuss the legal and moral implications of restraint.	9. Issues with restraints a. Counter-transference problems b. Rights of the psychiatric client			Assess, plan and implement nursing care for the aggressive client.
10. Discuss the use of seclusion as a therapeutic technique.	10. Goal Seclusion a. Safety of client and others b. Never punitive			Observe the use of seclusion for the angry client.
11. Formulate a nursing care plan for the aggressive client.	11. Nursing techniques to deal with attacking behaviors a. Rationale b. Intervention			Observe the use of restraint for the assaultive client.
12. Discuss the approach of assertiveness training for the aggressive client.	12. Assertiveness a. Theory b. Applications	Video: "Verbally and Physically Aggressive Client/Delusions" (25 minutes)		Demonstrate ability to set limits, maintain consistent environment and acceptance of the client as an individual. Provide nursing care to a client who is under a 72 hour hold.
13. Identify Iowa's commitment process.	13. Discuss situations in which a 72 hour hold is indicated.			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH A SOMATIC SYMPTOM DISORDERS AND DISSOCIATION</u>				
1. Describe the various somatoform disorders.	1. DSM-V and clinical symptoms of somatoform disorders <ol style="list-style-type: none"> a. Somatic Symptom disorder b. Illness Anxiety Disorder (Hypochondriasis) c. Conversion disorder (Functional Neurological Symptom Disorder) d. Factitious Disorders 	Halter: Ch. 17, "Somatatic Symptom Disorder" Grush: "The Munchausen Mom: How One Woman Fabricated the Pregnancy-and deaths- of imaginary twins. Fox News (online)		
2. Discuss nursing assessments for the somatic client.	2. Nursing assessment of somatic symptom disorders <ol style="list-style-type: none"> a. Meeting needs b. Control of symptoms c. Secondary gains 			
3. Formulate nursing diagnoses for the somatic client.	3. Examples of potential nursing diagnosis			
4. Formulate a nursing plan of care for somatoform disorders.	4. Nursing management <ol style="list-style-type: none"> a. Interventions b. Rationale 			Assess client needs and plan and implement nursing care for an assigned client experiencing a somatoform or dissociative disorder
5. Describe the various dissociative disorders.	5. DSM-V and clinical symptoms of dissociative disorders <ol style="list-style-type: none"> a. Dissociative amnesia b. Dissociative fugue c. DID d. Depersonalization disorder 	Halter: pp. 310-320	Video: "When the Devil Knocks" – Video on Demand (60 minutes)	
6. Discuss nursing assessment for dissociative clients.	6. Nursing assessment of dissociative disorders <ol style="list-style-type: none"> a. Behaviors b. Predisposing factors c. Precipitating stressors d. Coping resources and mechanisms 		Video: "Anxiety Disorders: Acute and Post-Traumatic Stress Disorders" (26 minutes)	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
7. Describe the various trauma and stress related disorders.	7. Clinical symptoms of: a. Post-Traumatic Stress Disorder b. Acute Stress Disorder	Halter: pp. 310-313		
8. Formulate nursing diagnoses for dissociative clients.	8. Examples of potential nursing diagnosis			
9. Formulate a nursing plan of care for dissociative clients.	9. Nursing management a. Interventions b. Rationale			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH RECURRENT AIRWAY OBSTRUCTION</u>				
1. Describe the pathophysiology and etiology of recurrent airway obstruction.	1. Pathophysiology/Etiology a. Inflammation b. Smooth muscle dysfunction c. Airway remodeling d. Pathological features	Wong: pp. 664-673	Examine samples of various peak flow meters, inhalers, nebulizers, etc.	Implement care for the client with allergic reaction affecting the airway.
2. Differentiate between common triggers of acute asthma attacks.	2. Common triggers a. Allergens b. Exercise c. Respiratory infections d. Drugs and food additives e. Gastroesophageal reflux disease f. Emotional stress	Lewis: Review Ch. 25, pp. 453; Ch. 28, p.538		
3. Outline the collaborative care of a client with recurrent airway obstruction.	3. Assessment a. History b. Physical/clinical manifestation c. Laboratory assessment d. Pulmonary function test			Assess early objective and subjective data at the beginning of an attack of recurrent airway obstruction.
4. Discuss the pharmaceutical agents useful in the prevention or treatment of recurrent airway obstruction.	4. Medications a. Drugs used in treatment of recurrent airway obstruction 1) Controller medications 2) Quick relief medications or rescue medications b. Medications to be avoided	ATI Tutorial, Pharmacology Made Easy 3.0, "The Respiratory System", and "Introduction and Drug Therapy for Airflow Disorders."	Demonstrate the optimal positioning of a severely dyspneic client.	Assess data indicating that the degree of respiratory distress has progressed to a significant degree.
5. Review the nursing considerations for the various methods of medication administration for recurrent airway obstruction.	5. Nursing considerations and client teaching for: a. Metered dose inhalers (MDI) b. Diskus or Dry Powder inhalers c. Turbuhalers d. Nebulizer	Review P&P pp. 500-503 p. 511 box 30-13; 521-525		
6. Use the nursing process to assess needs, plan, and implement individualized care.	6. Nursing process a. Focused assessment b. Common nursing diagnoses c. Planning outcomes d. Intervention activities e. Evaluation of outcomes			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
7. Develop a client teaching plan for home care management.	7. Teaching plan a. Health teaching b. Home care management c. Health care resources d. How to use your peak flow meter e. Individual asthma management plan	Lewis: pp. 1609-1620(review)		
8. Discuss signs of a life threatening airway obstruction and complications of acute attacks.	8. Assessment a. Signs and symptoms of acute emergent attack/respiratory failure b. Complications of emergent attacks	Wong: pp. 680-681		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH CHRONIC AIRWAY OBSTRUCTION</u>				
1. Discuss the pathophysiology and etiology related to chronic airway obstruction.	1. Pathophysiology and etiology in chronic airway obstruction a. Chronic bronchitis b. Emphysema	Lewis: pp. 557-585		Review and interpret ABG=s of a client with chronic airway obstruction in the clinical area.
2. List common complications of chronic airway obstruction.	2. Complications a. Hypoxemia and acidosis b. Respiratory tract infection c. Cardiac failure			
3. Plan critical elements in the physical assessment of clients with chronic airway obstruction.	3. Physical assessment a. History b. General appearance c. Respiratory manifestations d. Diagnostic studies			Respiratory assessment on assigned client using assessment guide.
4. Describe the collaborative care of a client with chronic airway obstruction.	4. Collaborative Care a. Pharmacology b. Smoking cessation c. Oxygen administration d. Surgical interventions		Video: "Chronic Respiratory Disorders: Chronic Obstructive Pulmonary Disease" (9 min.)	Accompany assigned client to ordered pulmonary studies.
5. Use the nursing process to assess needs and plan and implement individualized care.	5. Nursing process a. Focused assessment b. Common nursing diagnoses c. Planning/outcomes d. Intervention activities e. Evaluation of outcomes			Attend in-service by a respiratory therapist on correct oxygen administration and proper technique of inhaled medications.
6. Develop a client teaching plan for home care management.	6. Teaching plan a. Health teaching b. Home care management c. Health care resources			Teach pursed lip and abdominal breathing to assigned client.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH AIRWAY OBSTRUCTION, RESPIRATORY FAILURE AND RESPIRATORY DISTRESS</u>				
1. Identify contributing factors I leading to respiratory failure and appropriate nursing interventions to prevent.	1. a. Hypoxemic Respiratory Failure b. Hypercapnic Respiratory Failure	Lewis pp. 1609-1614		Implement a plan of care for a client with a diagnosis of respiratory failure/distress
2. Differentiate the airway anatomy of the pediatric with the adult client with potential for upper and lower airway obstruction.	1. Airway assessment in the infant and child 2. Appropriate Nursing interventions to prevent complications	Lewis: Ch. 25 & 26, pp. 475-493 Wong: pp. 268-276; 661-662; 690-693 Perry: pp. 332-347 Lewis: pp. 1569-1585	Video: "Assessment of Respiratory Distress in the Pediatric Patient" (23 min.) Video: "Tracheostomy Care"	
3. Explain therapeutic interventions and nursing management of the client with respiratory failure/distress throughout the lifespan.	1. Nursing Diagnosis 2. Therapeutic and nursing management a. Oxygen Therapy b. Capnography c. Nasal and Oral Airway d. Mechanical ventilation 1) CPAP 2) BiPaP 3) Endotracheal Intubation 4) Tracheostomy e. Medications f. Nursing care 1) Prevent complications 2) Suctioning airway Oral and nasopharyngeal Nasotracheal Endotracheal Tube Tracheostomy Tube 3) Proper Alarm Management	Guest Speaker: Respiratory Therapist	Article: "Set the Stage for Ventilator Settings", <u>Nursing Made Incredibly Easy</u> , May/June 2013 Article: Using ABG's to optimize mechanical ventilation: <u>Nursing 20</u> June 2013 Video: "Suctioning: Nasotracheal, Oropharyngeal and Endotracheal Techniques" Video: "To Breathe, To Breathe, To Live" (15 min)	Observe care of and assess a mechanically ventilated client during observational experiences in the critical care unit. Perform tracheostomy care. Participate in respiratory skills lab.
4. Identify nursing intervention for upper and lower airway obstruction throughout the life span.	1. Contrast the breathing patterns of children with upper and lower airway obstruction. 2. Obstructive Sleep-Disordered Breathing in Adult and Pediatric Client 3. Upper respiratory infections a. Nasopharyngitis b. Pharyngitis c. Tonsillitis d. Croup Syndromes	Lewis: pp. 96-98 Wong 636-644; 656; 680 ATI Tutorial, Pharmacology Made Easy 3.0, Tutorial "The Respiratory System", "Drug Therapy for Upper Respiratory Disorders."		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
	<ul style="list-style-type: none"> d. Epiglottitis f. Laryngotracheobronchitis g. Acute Spasmodic Laryngitis h. Bacterial Tracheitis i. Lower Airway Infections j. Bronchitis k. Respiratory Syncytial Virus l. Bronchiolitis 			
	<ul style="list-style-type: none"> 4. Other Infections of the Respiratory Tract <ul style="list-style-type: none"> a. Pertussis 			
5. Describe the etiology, pathophysiology and clinical manifestations of acute lung injury and acute respiratory distress syndrome.	<ul style="list-style-type: none"> 1. Alveolar collapse <ul style="list-style-type: none"> a. Direct Insult b. Indirect Insult 		Video: "Respiratory Nursing: Patient Health Programs: ARDS"	
6. Discuss other diseases contributing to respiratory distress syndrome in the adults and children.	<ul style="list-style-type: none"> 1. Other Causes: <ul style="list-style-type: none"> a. SARS b. Viruses 			

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH BURNS</u>				
1. Describe the prevalence, incidence, and etiology of burn injuries.	1. Burns a. Classifications b. Epidemiology c. Etiology 1) Thermal 2) Chemical 3) Electrical 4) Radiation 5) Cold Injury	Lewis: Ch. 25		Accurately assess a client's burn injury
2. Describe the pathophysiology of major and minor burn injuries.	2. Burn pathophysiology a. Impact on major body systems b. Stages of burn injury 1) Emergent/Resuscitative - fluid accumulation 2) Active stage - fluid remobilization 3) Rehabilitative - convalescent c. Minor burns	Wong: pp. 1036-1048	Case Study	
3. Describe emergency care of the client with burns.	3. Emergency management of burns a. Prehospital care b. Emergency department care 1) Assessment 2) Fluid resuscitation 3) Airway management			
4. Identify nursing responsibilities in the physical care of the hospitalized client.	4. Nursing intervention for the hospitalized burn client a. Lab and diagnostic tests b. Fluid and electrolyte balance c. Pharmacology 1) Pain control 2) Antimicrobial agents 3) Tetanus d. Prevention of gastric hyperacidity e. Nutritional support f. Wound Care g. Preventing contractures h. Teaching for home care	"Caring for Patients with Burn Injuries," <u>Nursing</u> 2013, August, pp. 26-34		Participate in pain control interventions of the burn patient and evaluate effectiveness. Provide appropriate wound care.
5. Use the nursing process as a framework for developing a plan of care for the burn-injured client.	5. Nursing process a. Goals b. Common nursing diagnoses 1) Impaired skin integrity 2) Fluid volume deficit 3) Imbalanced nutrition			Assess for physiological and emotional needs and assist with care of the burn client.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH BLOOD VOLUME DISTURBANCES</u>				
1. Identify the pathophysiology for each of the different types of shock: compare and contrast their clinical manifestations.	1. Mechanisms and physiological results of shock classifications: a. Cardiogenic b. Hypovolemic 1. Absolute 2. Relative c. Distributive 1. Neurogenic 2. Anaphylactic 3. Septic d. Obstructive	Lewis: pp. 1587-1604 Wong: pp. 778-783	Video: "Clinical Management of Shock" Video: "Sepsis"	Identify clients at risk for developing shock and state signs and symptoms
2. Discuss the difference in pathophysiology between the various stages of shock.	2. Stages of shock a. Initial b. Compensatory c. Progressive d. Irreversible or refractory			
3. Identify physical assessment findings and appropriate nursing interventions for the specific type of shock and the various stages of shock.	3. Nursing management of shock a. Anticipate and implement 1) Fluid replacement 2) Vasopressors 3) Vasodilators 4) Diuretics b. Maintaining tissue perfusion c. Promoting cellular oxygenation d. Decreasing cellular metabolic need e. Evaluating effectiveness f. Hemodynamic monitoring g. Nursing Assessment	"Surviving Sepsis: A Review of the Latest Guidelines," <u>Nursing</u> 2014, April, pp. 24-30 Lewis: p. 214, Table 14-11		Locate where emergency equipment, drugs and fluids are on the assigned unit. Develop a plan of care and implement nursing interventions to prevent and/or treat clients relating to shock
4. Compare and contrast the effects of shock as it relates to systemic inflammatory response syndrome and multiple organ dysfunction syndrome	4. SIRS and MODS a. Causes and contributing factors b. Clinical management c. Nursing considerations	Lewis: pp.1604-1608	Case Study - Critical Thinking	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH CARDIAC DYSRHYTHMIAS</u>				
1. Describe the normal conduction system of the heart and how that is identified by the electrical impulses on electrocardiogram tracings.	1. Normal electrocardiogram tracings a. P-waves b. QRS waveform c. ST segment	Lewis: Ch. 35		
2. Identify the five basic steps of rhythm recognition.	2. Rhythm interpretation a. Heart rate b. Rhythm c. P-wave configuration d. P - R interval e. QRS complex			Identify clients at risk for cardiac dysrhythmias. Assess a client with a dysrhythmia.
3. Identify and define common dysrhythmias and describe nursing responsibilities and interventions.	3. Common dysrhythmias a. Sinus Bradycardia b. First Degree Heart Block c. Sinus Tachycardia d. Atrial Fibrillation/Flutter e. Ventricular Tachycardia f. Ventricular Fibrillation g. Asystole	Wong: pp. 771-773		Review rhythm strips for clients with in the acute care setting
4. Identify the electrical and chemical treatments for dysrhythmias in emergent and non-emergent client situations with nursing implications and client teaching.	4. Nursing implications related to: a. Electrical treatments 1) Cardioversion 2) Defibrillation 3) Implanted cardioverter/defibrillators b. Chemical treatments 1) Antidysrhythmic medications 2) Other medications	ATI: Pharmacology Made Easy 3.0 Drug Therapy for Cardiac Dysrhythmias Perry: pp. 721-729		Observe non pharmacological treatments for clients with dysrhythmias and provide post procedure care. Administer and assess response to pharmacological treatments for clients with dysrhythmias
5. Describe the basic methods to pace a client's heart rhythm and identify the nursing implications and client teaching related to each of these methods.	5. Basic heart pacing methods a. Permanent pacemakers b. Temporary pacemaker 1) Transcutaneous pacing 2) Transvenous pacing 3) Epicardial pacing methods		CD-ROM: "Electrical Therapy for the Heart: Pacing"	

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH CLOSED CHEST DRAINAGE</u>				
1. Differentiate between various chest conditions affecting the pleural cavity.	1. Types of chest conditions a. Spontaneous pneumothorax b. Tension pneumothorax c. Hydrothorax d. Hemothorax e. Chylothorax f. Pleural effusion			
2. Compare the descriptions of and indications for various lung surgeries.	2. Lung surgeries a. Lobectomy b. Segmentectomy c. Wedge resection d. Pneumonectomy	Lewis: pp. 519-528		
3. Discuss subjective and objective data to be assessed when admitting the preoperative chest surgery client.	3. Assessment data a. Subjective b. Objective	Wong: pp. 631-632 "Nursing Care Guidelines" p. 632		
4. Discuss teaching priorities for the client who is to have lung surgery.	4. Client teaching a. Equipment b. Breathing/coughing c. Arm exercises			Implement a teaching plan for a client having lung surgery/closed chest drainage.
5. Plan nursing care needs of clients having lung surgery.	5. Implications of thoracotomy incision		Chest Tube Module Assignment	Care for post-operative client who had chest surgery.
6. Interpret the relationship between chest drainage and restoration of normal negative pressure in the chest cavity, differentiating between the types of mechanical drainage systems.	6. Water seal drainage a. Relationship with normal negative pressure b. Managing closed chest drainage systems	Perry: pp. 347-353	Demonstration of use of chest drainage equipment.	
7. Plan nursing management for the client with waterseal chest drainage, giving appropriate rationale.	7. Key components of care plan		Role play chest tube care and management of emergency situations	Review blood gas and chest x-ray results on assigned client with chest tubes.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
<u>NURSING CARE OF THE CLIENT WITH INFLAMMATORY AND VALVULAR HEART DISEASE</u>				
1. Differentiate the etiology, pathophysiology, and clinical manifestations of infective endocarditis, pericarditis, and myocarditis.	1. 1. Ineffective Endocarditis <ul style="list-style-type: none"> a. Subacute form b. Acute form c. Causative organisms d. Clinical manifestations 2. Pericarditis <ul style="list-style-type: none"> a. Idiopathic b. Acute pericarditis c. Dresslers Syndrome d. Clinical manifestations 3. Myocarditis <ul style="list-style-type: none"> a. Infective vs. non-infective b. Clinical manifestations 	Lewis: pp. 780-796		Observe an echocardiogram of a client with valve disease.
2. Describe the collaborative care and nursing management of the client with infective endocarditis, pericarditis, and myocarditis.	2. 1. Diagnostic Studies <ul style="list-style-type: none"> a. Laboratory studies b. Electrocardiogram c. Echocardiogram d. Myocardial biopsy e. Pericardiocentesis 2. Nursing management <ul style="list-style-type: none"> a. Assessment/health history b. Health promotion <ul style="list-style-type: none"> 1) Medication education 2) Prevention 3) Energy management 			Observe cardiac catheterization procedure related to diagnostics of valve disease.
3. Differentiate the etiology, pathophysiology, and clinical manifestation of an adult or child experiencing rheumatic fever and rheumatic heart disease.	3. Collaborative care and nursing management <ul style="list-style-type: none"> a. Causes identified b. Cardiac lesions and valve deformities c. Major criteria for diagnosis <ul style="list-style-type: none"> 1) Carditis 2) Arthritis 3) Erythema marginatum d. Health promotion <ul style="list-style-type: none"> 1) Primary prevention 2) Secondary prevention e. Diagnostic studies <ul style="list-style-type: none"> 1) ECG 2) Laboratory testing 3) Echocardiogram 	Wong: pp. 767-768		

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
4. Identify various types of valvular heart disease and relate the pathophysiology to the clinical manifestations.	4. Assessment findings <ul style="list-style-type: none"> a. Mitral valve <ul style="list-style-type: none"> 1) Stenosis 2) Regurgitation 3) Prolapse b. Aortic valve <ul style="list-style-type: none"> 1) Stenosis 2) Regurgitation c. Tricuspid and pulmonic valve disease 			Assess and care for a client with valvular disease.
5. Describe the collaborative care and nursing management of the client with valvular heart disease.	5. Nursing interventions related to: <ul style="list-style-type: none"> a. Drug therapy b. Health promotion c. Diagnostic testing d. Surgical interventions <ul style="list-style-type: none"> 1) Repair 2) Percutaneous transluminal balloon valvuloplasty 3) Replacement <ul style="list-style-type: none"> a) Mechanical valves b) Biologic valves 			Observe cardiac catheterization procedures related to evaluation of valvular function. Monitor clients receiving anticoagulant therapy post valvular replacement.

OBJECTIVES	CONTENT	STUDENT PREPARATION	IN-CLASS ACTIVITIES	CLINICAL EXPERIENCES
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