**Textbook’s for Nursing IV REQUIRED:**

Nursing III Kit Equipment kit of nursing supplies required for Nursing III students.

This kit is only available in the college bookstore.

Kaplan Nursing Kaplan Access Card. Available only in the college bookstore, Card along with paid receipt

must be shown to instructor on first day of classes. This will allow for online secure

access to Kaplan homepage which provides study skills workshops, practice tests, secured

tests, test results, remediation resources and NCLEX-RN® prep materials

Ackley & Ladwig Nursing Diagnosis Handbook, 2011, 9th Ed., Mosby (ISBN 978-0-323-07150-5)

Cherry, Barbara & Contemporary Nursing - Issues, Trends and Management,

Susan Jacob 2010, 5th Ed., Mosby (ISBN 978-0-3230-52177)

Daniels, Joanne & Clinical Calculations, 2006, 5th Ed.,Delmar (ISBN 0-323-01274-4)

Loretta Smith

Ignatavicius Medical-Surgical Nursing Patient Centered Collaborative Care, 6th Ed., 2010,

Workman **(Iggy)** Saunders/Elsevier

Lefever-Kee, Paulanka & Fluids & Electrolytes w/Clinical Application, 8 Ed., 2010, Delmar (ISBN 978-1435-453678)

Polek

Taylor, Lillis, LeMone Fundamentals of Nursing, 2008, 6th Ed., Lippincott (ISBN 978-0-781-78157-2)

Dudek Nurtrition Essentials for Nursing Practice, 6th Ed.,2010 Lippincot

Varcarolis Halter Foundation of Psychiatric Mental Health Nursing, 2010, 6th Ed., Saunders (ISBN: 978-1-4160-6667-5)

Deglin & Vallerand Med Deck, 12th Ed., F.A. Davis (**ISBN-13:** 978-0-8036-2329-3)

Smith, Duell, Martin Clinical Nursing Skills – Basic to Advanced, 2008, 7th Ed. Pearson/Prentice Hall

(ISBN 978-0-13-224355-1)

**This is a 3 book collection-(ISBN for all 3: 978-0-8036-2272-2)**

1. Leeuwen & Davis’s Comprehensive Handbook of Lab. & Diagnostic Tests w/nursing Implications,

Poelhuis-Leth 4th Ed., F.A. Davis

2. Deglin & Vallerand Davis’s Drug Guide for Nurses w/CD ROM, 11th Ed., F.A. Davis

3.Davis Taber’s Cyclopedic Medical Dictionary, 21st Ed., F.A. Davis

**OPTIONAL BOOKS:**

Lehne,Hamilton, Moore & Pharmacology for Nursing Care W/CD, 2009, 7th Ed., Saunders (ISBN 9781416062493)

Crosby

Nugent, & Vitale Test Success: Test - Taking Techniques for Beginning Nursing Students, latest Ed., F.A. Davis

(ISBN 978-0-8036-1894-7)

Dunham How to Survive & Even Love Nursing School, 2008,3rd Ed., F.A. Davis (ISBN 978-0-8036-1829-9)

Articles:

Refer to periodicals for pertinent supplementary articles.

Fall 7/09/12

I. ALTERATION IN NUTRITION AND METABOLISM

NEEDS OF THE CLIENT WITH AN ENDOCRINE DYSFUNCTION /PROFESSIONAL ISSUES

A. Objectives

At the completion of the unit of study, the student will be able to:

1. utilize the nursing process in caring for clients with endocrine dysfunctions.

2. assess the nursing care needs of the client associated with selected endocrine dysfunctions.

3. identify the clinical significance and related nursing implications of the selected tests and procedures used for diagnostic

assessment of endocrine dysfunctions.

4. identify medications that are commonly used in the treatment of clients with endocrine dysfunctions, with an emphasis on

action and side effects.

5. demonstrate selected nursing skills and techniques R/T the client with endocrine dysfunction.

6. identify the discharge planning needs of the client with selected endocrine dysfunctions.

7. relate nursing implications and expected outcomes of treatment regimens for selected endocrine dysfunctions.

B. Readings

Ignatavicius Chapters 64, 65, and 66

Davis Refer to appropriate drug classifications relative to this area

C. College Laboratory Laboratory readings are on weekly lab guide.

OUTLINE

I. Baseline data

A. Overview of endocrine system

1. Structure (review)

2. Physiology (review)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

1. Pituitary disorders
2. Thyroid disorders

(1) Hypothyroid

(2) Hyperthyroid

(3) Thyrotoxicosis

(4) Calcitonin disorders

c. Parathyroid disorders

(1) Hypoparathyroidism

(2) Hyperparathyroidism

1. Adrenal disorders
2. Addison’s disease
3. Cushing syndrome and disease
4. Pheochromocytoma

B. Data analysis: common nursing diagnoses

1. Fluid volume deficit R/T failure of regulatory mechanism

2. Impaired adjustment R/T necessity for major life style behavior changes

3. Disturbance in self-concept R/T chronic illness

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

II. ALTERATION IN OXYGENATION / PROFESSIONAL ISSUES

NEEDS OF THE CLIENT HAVING DEFICIENCY IN PROVIDING OXYGEN AND NUTRIENTS TO THE CELLS

NEEDS OF THE CLIENT WITH CARDIOVASCULAR DYSFUNCTION

A. Objectives

At the completion of this unit of study, the student will be able to:

1. utilize the nursing process to develop an individualized nursing care plan for a client with alterations in cardiac

function.

2. assess the client for early signs and symptoms of common cardiovascular dysfunction.

3. identify the risk factors associated with potential or actual cardiovascular dysfunction.

4. identify diagnostic tests used to assess cardiovascular function.

5. assess clients for manifestations of selected cardiovascular dysfunction.

6. discuss the etiology, signs, symptoms, treatment, and nursing care related to selected cardiac dysfunction.

7. identify medications, including actions and side effects, which are useful in treating patients with cardiovascular

dysfunction.

8. utilize previously learned nursing skills and interventions in client care.

9. assist clients in coping with emotional responses that may accompany cardiovascular dysfunction.

10. develop teaching strategies that will assist the client in understanding and complying with a prescribed

treatment regimen.

B. Readings

Ignatavicius Week 2: Chapters 35, 36

Week 3: Chapter 40

Week 4: Chapters 37, 38, 39

London Chapter 49, Chapter 15, pp. 321-324

Varcarolis Chapter 31

Davis Refer to appropriate drug classifications relative to this area.

Grodner (Nutrition) Review readings on low sodium diet, low cholesterol diet

C. College Laboratory Laboratory readings are on weekly lab guide.

\*\* Review anatomy and physiology of the heart in anatomy textbook.

OUTLINE

I. Baseline data

A. Overview of the heart

1. Structure (review)

2. Function (review)

3. Fundamentals of electrocardiogram (MS Lab)

B. Predisposing factors related to heart disease

C. Common dysrhythmias

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Pharmacotherapy

3. Medical and surgical interventions

3. Needs assessment of a client with:

a. Coronary Artery Disease

(1) Angina pectoris

(2) Myocardial infarction (ischemic heart disease)

b. Cardiac dysfunctions (etiology, assessment, interventions)

1. Congestive heart failure
2. Congenital cardiac defects
3. Valvular heart disease
4. Carditis
5. Cardiomyopathy
6. Cardiogenic shock
7. Pulmonary Edema
8. Pulmonary Embolism

c. Vascular Dysfunction

(1) Hypertension

(2) Aneurysms

(3) Arterial obstruction- arterial bypass

d. The maternity client and cardiac disorder (worksheet)

e. Clients undergoing cardiac surgery

(1) Pacemaker insertion

(2) Repair and by-pass surgery

(3) Angioplasty

B. Data analysis: common nursing diagnoses

1. Altered cardiac output R/T dysfunctional electrical conduction

2. Fluid volume excess R/T decreased urinary output secondary to heart failure

3. Activity intolerance R/T imbalance between oxygen supply and demand

4. Anxiety R/T unknown outcome of diagnostic tests

5. Noncompliance R/T denial of illness

6. Altered tissue perfusion R/T impaired circulation

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

III. ALTERATION IN ELIMINATION

NEEDS OF A CLIENT WITH A GENITOURINARY TRACT DYSFUNCTION

NEEDS OF A CLIENT WITH A RENAL DYSFUNCTION

A. Objectives

At the completion of this unit of study, the student will be able to:

1. describe common clinical problems that can occur to clients experiencing renal and genitourinary tract dysfunction.

2. state the rationale for various diagnostic tests utilized to assess a renal and genitourinary tract dysfunction.

3. describe the medical, pharmacological, and dietary management of a client with renal and genitourinary tract

dysfunction.

4. explain the anatomic and physiologic changes and common complications which result from renal and genitourinary

tract surgery.

5. discuss the physical, psychological, social, and sexual adjustments of clients with altered genitourinary function.

6. differentiate between types of dialysis, including the indications for use, complications, and nursing management.

7. plan nursing interventions for clients experiencing renal and genitourinary tract dysfunction.

8. adapt previously learned nursing skills as they apply to the client with dysfunction of the genitourinary tract.

9. discuss the discharge planning of a client with a renal dysfunction.

B. Readings

Ignatavicius Chapters 68, 69, 70, 71, 75

London Chapter 54, pp. 1569-1572

Davis Refer to appropriate drug classifications relative to this area.

Dudek (Nutrition) Refer to readings on Renal Diet

Davis (Laboratory Value Reference Text) See appropriate readings.

C. College Laboratory Laboratory readings are on weekly lab guide.

\*\* Review anatomy and physiology of the genitourinary system in anatomy textbook.

OUTLINE

I. Baseline data

A. Overview

1. Structure (review)

2. Physiology (review)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

a. Common renal and urinary tract dysfunction

(1) Calculi

(2) Strictures

(3) Infections

(4) Tumors

(5) Hydronephrosis

(6) Renal failure

(7) Polycystic

b. Common dysfunctions of the male reproductive system

(1) Congenital anomalies (review)

(2) Inflammation

(3) Benign prostatic hypertrophy

(4) Prostate cancer

B. Data analysis: common nursing diagnoses

1. Urinary retention R/T urethral obstruction

2. Sexuality: altered patterns R/T altered body function or structure

3. Anxiety R/T unknown outcome of diagnostic workup

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

IV. ALTERATION IN LOVE AND BELONGING/SELF-ESTEEM

NEEDS OF THE CLIENT WITH DYSFUNCTIONAL LEVELS OF ANXIETY

NEEDS OF THE CLIENT WITH PSYCHOPHYSIOLOGICAL STRESSES

A. Objectives

At the completion of this area, the student should be able to:

1. identify the nature, extent and social significance of mental illness.

2. assess the contributions of various team members in a psychiatric unit.

3. define the role of the nurse as a member of the psychiatric health team.

4. assess the behavior of individuals and groups.

5. describe the symptomatology of the major psychiatric disorders.

6. identify the major therapies used in treating the mentally ill.

7. identify the effect of hospitalization on the mentally ill person, the family and the community.

8. describe application of basic nursing skills in the psychiatric situation.

9. assess nursing interventions which are used in dealing with behavior patterns of clients with a psychiatric disorder.

10. identify community resources concerned with prevention, care and treatment of the mentally and emotionally ill

individual.

11. describe observed similarities and differences in nursing care between individuals in the general hospital and the   
 psychiatric hospital.

12. integrate mental health concepts in the care of the client.

13. adapt skills learned during the psychiatric nursing experiences to the care of all clients.

B. Readings

Davis Refer to appropriate drug classifications relative to this area.

Readings within brackets [ ] are general information and can be read periodically.

**Varcarolis**  **Week 6: Anxiety, Introduction**

Chapters 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 34, and 35

**Week 7: Thought Disorders**

Chapters 15, 17, 22

**Week 8: Mood Disorders**

Chapters 13, 14, and 24

**Week 9: Personality Disorders, Anger, Crisis**

Chapter 19, 23 and 25

C. College Laboratory Laboratory readings are on weekly lab guide.

OUTLINE

I. Baseline data

A. Overview of principles of psychiatric nursing

1. Therapeutic communication

2. Historical development

3. Laws having implications of psychiatric nursing

4. Personality: its structure and development

a. Major theorists (review from Psychology of Personal Development)

b. Mental mechanisms (review Nursing I and II)

5. The nurse as a therapeutic tool

B. Terminology

C. Behavioral patterns

1. that reflect maladaptive efforts to control anxiety

2. that reflect psychological maladaptation

3. that reflect maladaptive thought process including cognitive dementia, and delirium based thought disturbances.

4. that reflect maladaptive mood states

5. that reflect social maladaptation

6. that reflect maladaptation associated with aging including cognitive dementia, delirium, Alzheimers, and

depression based behaviors.

7. associated with toxic and organic mental disorders

II. Nursing process

A. Assessment: data collection

1. D.S.M. IV

2. Diagnostic tests

3. Treatment modalities

a. Somatic therapies

b. Therapeutic environment

4. Needs assessment of a client with:

a. Anxiety: cause and effect

b. Responses to anxiety

(11) Psychologic

(22) Physiologic

c. Maladaptive thought disorder

(11) Schizophrenia

d. Mood disorders

(1) Depression

(2) Bi-polar

(3) Violence against self

e. Personality disorder clusters

(1) Paranoid

(2) Schizoid

(3) Borderline

(4) Antisocial

f. The client experiencing emotional distress in a general health care setting

B. Data analysis: common nursing diagnoses

1. Altered bowel elimination: constipation R/T medication

2. Poor personal hygiene R/T feeling of worthlessness

3. Diversional activity, deficit R/T impaired perception of reality

4. Social withdrawal R/T mistrust of others

5. High risk for injury to others R/T feeling of being threatened

6. Altered nutrition: more than body requirements R/T decreased metabolic requirements secondary to medication

7. Impaired communication R/T psychological impairment

8. Ineffective family coping: disability R/T chronically unresolved feelings-anxiety

9. Fear R/T real or imagined threat to own well being

10. Non-compliance R/T denial of illness

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

V. ALTERATION IN NUTRITION

NEEDS OF THE CLIENT WITH A BILIARY TRACT DYSFUNCTION

A. Objectives

At the completion of this unit of study, the student will be able to:

1. adapt previously learned nursing skills as they apply to the client with biliary dysfunction.

2. plan the staffing for a medical-surgical unit for a shift assuming a manager of care role.

3. discuss qualities and behaviors of the nurse that contribute to effective management.

4. collaborate with the client, family and health care team to plan for the management of the client’s care.

5. describe common clinical problems that can occur to clients experiencing biliary dysfunction.

6. assess clients for signs and symptoms of biliary complications.

7. state the rationale and preparation of the client for various diagnostic tests utilized to assess biliary dysfunction.

8. describe the medical and pharmacological management of clients with biliary dysfunction.

9. explain the anatomic and physiologic changes and common complications which result from biliary surgery.

10. explain the dietary management, including total parenteral nutrition, the indications for use, complications, and

nursing management for clients with biliary dysfunction.

11. plan nursing interventions for clients experiencing biliary dysfunction.

B. Readings

Ignatavicius Chapters 55 (sections on liver, gallbladder, and pancreas); and chapters 61 and 62

London See appropriate readings. Chapter 53 p. 1555-1560

Davis Refer to appropriate drug classifications relative to this area.

Davis (Laboratory Value Reference Text) See appropriate readings.

C. College Laboratory Laboratory readings are on weekly lab guide.

\*\* Review anatomy and physiology of liver and adjacent structures in anatomy textbook.

OUTLINE

I. Baseline data

A. Overview

1. Structure (review)

2. Physiology (review)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

a. Common biliary tract dysfunction

(1) Hepatitis

(2) Cirrhosis

(3) Cholecystitis

(4) Pancreatitis

(5) Carcinoma

B. Data analysis: common nursing diagnoses

1. Injury: high risk for hemorrhage R/T altered clotting factors

2. Fluid volume deficit; vomiting/gastric suctioning R/T inflammatory response

3. Impaired fluid balance: ascites R/T liver dysfunction

4. Alteration in thought process: increase in serum ammonia R/T liver dysfunction

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

VI. ALTERATION IN ACTIVITY AND MOBILITY/SAFETY

NEEDS OF THE CLIENT WITH A MUSCULOSKELETAL DYSFUNCTION

NEEDS OF THE CLIENT WITH A NEUROLOGICAL DYSFUNCTION

A. Objectives

At the completion of this unit of study, the student will be able to:

1. describe common clinical problems that can occur to clients experiencing neurological dysfunction.

2. assess clients for signs and symptoms of neurological dysfunction.

3. state the rationale for various diagnostic tests utilized to assess a neurological dysfunction.

4. describe the medical, pharmacological and dietary management of a client with neurological dysfunction.

5. identify common physical complications in a client who is immobilized by chronic neurological disease.

6. identify the common causes, clinical manifestations and medical treatment of increased intracranial pressure.

7. plan nursing interventions for clients experiencing neurological dysfunction.

8. describe nursing implications for the client with increased intracranial pressure.

9. discuss the physical, psychological, social, and sexual adjustments of clients with permanent or progressive

neurological problems.

10. utilize previously learned nursing skills in the care of a client with neurological dysfunction.

B. Readings

**Week 11: Assessment, Degenerative, Autoimmune, Infections, Peripheral**

Chapters 43, 44 (pgs. 955-969), 46, 53 (pgs 1174-1175)

**Week 12: Stroke, Injury, Brain Tumors**

Chapters 47

**Week 13: Spinal Cord**

Chapter 45

Davis Refer to appropriate drug classifications relative to this area.

C. College Laboratory Laboratory readings are on weekly lab guide.

OUTLINE

I. Baseline data

A. Overview of nervous system

1. Structure (review from anatomy and physiology text)

2. Physiology (review from anatomy and physiology text)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

a. Common neuromuscular dysfunctions

(1) Myasthenia gravis

(2) Multiple sclerosis

(3) Parkinson's disease

(4) Muscular dystrophy

(5) Guillain-Barre syndrome

b. Brain and spinal cord impairment

(1) Neoplasms

(2) Traumatic lesions

(3) Cranial nerve disorders

(4) Spinal injuries

(5) Infections

(6) Traumatic Brain Injury

(7) Cerebral vascular accident

(8) Cerebral aneurysm

(9) TIA

B. Data analysis: common nursing diagnoses

1. Ineffective airway clearance R/T tracheobronchial secretions

2. Ineffective breathing pattern R/T depression of respiratory center secondary to spinal cord injury

3. Altered bowel elimination: constipation R/T decreased activity

4. Impaired physical mobility R/T musculoskeletal impairment

5. Impaired social interaction R/T communication barriers

6. Self care deficit: bathing/hygiene, feeding R/T neurological impairment

7. High risk for injury R/T motor deficit

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

VI. ALTERATION IN ACTIVITY AND MOBILITY/SAFETY

NEEDS OF THE CLIENT WITH A SENSORY DYSFUNCTION

A. Objectives

At the completion of this unit of study, the student will be able to:

1. discuss the pathophysiology involved in common disorders of the eye and ear.

2. describe the action and uses of common pharmacologic agents used in treating problems of the eyes or ears.

3. perform nursing and delegated medical interventions for persons experiencing dysfunctions of the eyes and/or

ears.

4. provide physical and emotional support to clients having treatment of the eye or ear.

5. implement rehabilitative teaching for clients and significant others with dysfunctions of the senses.

6. utilize previously learned nursing skills in the care of a client with sensory dysfunction.

B. Readings

Ignatavicius **Week 13:** Chapters 48, 49, 50, 51, and 67(pg. 1469)

Davis Refer to appropriate drug classifications relative to this area.

C. College Laboratory Laboratory readings are on weekly lab guide.

**OUTLINE**

I. Baseline data

A. Overview of the eye

1. Structure (refer to anatomy and physiology text)

2. Physiology (refer to anatomy and physiology text)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

a. Common disorders of the eye

(1) Trauma

(2) Inflammation and infections

(3) Diabetic retinopathy

(4) Cataract

(5) Glaucoma

(6) Detached retina

(7) Tumors

(8) Enucleation

b. Data analysis: common nursing diagnoses

1. High risk for injury R/T sensory deficit, unsafe ambulation secondary to limited vision

2. Disturbance in self concept: body image R/T change in vision

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation

I. Baseline data

A. Overview of the ear

1. Structure (refer to anatomy and physiology text)

2. Physiology (refer to anatomy and physiology text)

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data

2. Needs assessment of a client with:

a. Common disorders of the ear

(1) Infections

(2) Otosclerosis

(3) Menière's disease

B. Data analysis: common nursing diagnoses

1. Self care deficit R/T intolerance to activity secondary to dizziness

2. Sensory deficit R/T auditory loss

C. Expected outcomes

D. Nursing interventions/rationale

E. Evaluation