

SUNY Orange  
Middletown, New York  
DEPARTMENT of NURSING

Spring, 2007

COURSE SYLLABUS

NURSING IV: PHYSICAL AND MENTAL ILLNESS

57202

Mrs. P. Slesinski (BT 214 - 341-4108)  
pslesins@sunyorange.edu  
Mrs. L. Connolly (BT 216 - 341-4183)  
lconnoll@sunyorange.edu  
Mrs. E. Drabik (BT 210 - 341-4176)  
edrabik@sunyorange.edu  
Mrs. B. Marchesani (BT 210 - 341-4104)  
[bmarche@sunyorange.edu](mailto:bmarche@sunyorange.edu)  
Ms. A. McGlynn (BT 235 - 341-4123)  
amcglynn@sunyorange.edu  
Mr. D. Rabinowitsch (BT 235 - 341-4158)  
[drabinow@sunyorange.edu](mailto:drabinow@sunyorange.edu)  
Ms. T. Turi (BT 210 - 341-4098)  
tturi@sunyorange.edu  
Ms. S. Wardell (BT 233 - 341-4172)  
[swardell@sunyorange.edu](mailto:swardell@sunyorange.edu)

(office hours are posted on instructor=s door)

**NURSING IV: PHYSICAL AND MENTAL ILLNESS (57202)**  
**(6 hrs. lecture, 12 hrs. laboratory - 9 credits)**

**COURSE DESCRIPTION**

This course prepares the student for entry into practice as an associate degree nurse. The course is structured to promote a secure knowledge base in chronic and complex physical and mental illness that affect individuals of all ages. The student demonstrates skills in using the nursing process to make and evaluate nursing care decisions.

**CLASSROOM OBJECTIVES**

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

1. assess the nursing care needs with acute illnesses including:
  - a. endocrine dysfunction
  - b. cardiac dysfunction
  - c. genitourinary dysfunction
  - d. psychiatric dysfunction
  - e. biliary dysfunction
  - f. musculoskeletal dysfunction
  - g. neurological dysfunction
2. demonstrate selected nursing skills and techniques related to clients with the acute illnesses mentioned above.
3. describe the action, usual dosage and common adverse reactions that may occur from medications used in acute illnesses.
4. develop teaching strategies that will assist the client in understanding and complying with a prescribed treatment regime.
5. identify selected nursing diagnoses for a client with the acute illness stated in objective #1.
6. plan expected outcomes related to a client=s need with acute illnesses.
7. evaluate the effectiveness of stated out comes.
8. assess the nursing care needs of a client in an inpatient or outpatient psychiatric facility.
9. identify the major therapies used in treating the mentally ill client.
10. assess the nursing care needs of the client in the community.
11. identify differences in home care versus acute care.
12. relate the nursing process and the standards of community health nursing practice to the home care setting.
13. discuss the management role in nursing practice.

## **COURSE OBJECTIVES**

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

1. validate interpretation of assessment of individuals with chronic and complex health problems using human needs as a framework.
  - a. gather data concerning the physiological and psychosocial impact of a severe physical or mental health disorder upon the client, family members, and significant others.
  - b. collect additional data relative to the client from family, significant others, health records, other health care team members and other resources.
  - c. predict health status changes that may affect the client=s ability to meet needs.
  - d. select nursing diagnoses based on analysis and interpretation of data.
2. integrate the principles of the nursing process in developing an individualized care plan for the client with a chronic or complex health problem.
  - a. formulate measurable goals that will alleviate the problems identified in the client with a chronic or complex health problem.
  - b. plan a course of nursing action in collaboration with the client, family, significant others, and members of the health care team directed toward promoting and restoring the clients optimum state of health, preventing illness, and providing rehabilitation.
  - c. establish priorities for care with recognition of the client=s diagnoses and needs.
  - d. implement the nursing care plan and modify it in response to actual or potential changes in the client=s health status.
  - e. promote an environment that is conducive to maintenance or restoration of the client=s ability to carry out activities of daily living.
  - f. determine the degree to which the established goals have been met and recommend changes in those goals.
  - g. participate with the client, family, significant others, and members of the health care team in evaluation of the client=s progress toward goals.
3. include Erikson=s theory when comparing the psychosocial factors that individualize clients throughout the life span.
  - a. integrate nursing actions into the plan of care that will facilitate successful completion of the psychosocial tasks faced by clients of all ages.
  - b. determine the impact of the individual=s spiritual and cultural beliefs on the client=s response to a critical illness.
  - c. encourage the client to verbalize feelings regarding his/her value system or life style that may have been challenged by a critical illness.
4. communicate effectively with clients of all ages and their family members.
  - a. apply principles of therapeutic communication, validate understanding by all parties, and modify approach as appropriate.
  - b. participate with clients, family members, and other members of the health care team in exploring means of coping with or resolving actual or potential problems.

5. incorporate use of self to promote, maintain, and/or restore psychological safety in the client and his/her family members.
  - a. use assets inherent in own personality to demonstrate caring behavior in delivery of safe, effective nursing care.
  - b. identify disturbances in self esteem that lead to disorganization of the personality.
6. demonstrate practices that promote physical safety in clients with chronic and complex health problems.
7. safely perform previously learned nursing skills for clients according to accepted standards of care.
  - a. interpretation of cardiovascular diagnostic tests, e.g., EKG strips
  - b. assessment of ventilator dependent client
  - c. use of hemodynamic monitoring devices
  - d. performance of expanded neurological assessment
  - e. management of a client on dialysis therapy
  - f. management of a client receiving continuous bladder irrigation
  - g. plan care for a group of clients.
    - (1) establish priorities for nursing care for a group of clients.
    - (2) participate in discussion of levels of educational preparation as these apply when delegating aspects of nursing care.
    - (3) affirm understanding that direction must be given to licensed and unlicensed personnel to whom nursing care has been delegated.
    - (4) affirm understanding of own accountability when nursing care is delegated to others.
    - (5) support peers and other workers in the delivery of client care.
  - h. performance of clinical calculations

\*The accepted standards of skill performance are set forth in the text, college laboratory media, demonstrations and printed materials, and the skill performance evaluation checklists.
8. incorporate the principles of standard precautions into the practice of medical and surgical asepsis when caring for clients with chronic or complex health problems.
9. communicate verbally and in writing the client behaviors, responses to nursing intervention, and responses to the medical regimen of the client with a chronic or complex health problem.
  - a. summarize the assessments made, interventions performed, and evaluation of client progress objectively, eliminating subjective judgments in a report to the designated member of the health care team.
  - b. interact with other members of the health care team in a collegial manner.
  - c. utilize appropriate channels of communication to accomplish goals related to client care.
  - d. discuss the legal, ethical, economic and professional aspects involved in documentation of care.
  - e. analyze an existing written nursing care plan in relation to other documentation.
  - f. analyze writing demands in situations requiring a more complex nurses= note.

10. provide continuity of care in the management of chronic and complex health care needs.
  - a. modify pre-designed teaching plans to be specific to the client=s level of development, knowledge and learning needs.
  - b. analyze ways in which discharge planning can promote continuity of care.
  - c. collaborate with other members of the health care team in making referrals based on identified client needs and knowledge of available resources.
11. incorporate current scientific knowledge into the roles and responsibilities of the associate degree nurse.
  - a. affirm belief in need for own continued development on the roles and responsibilities of the associate degree nurse: provider of care, manager of care, and member within the profession of nursing.
    - (1) use information from current literature.
    - (2) verbalize recognition of the importance of nursing research in advancing nursing practice.
12. demonstrate professional behavior.
  - a. recognize own limitations and need for assistance.
  - b. accept and profit from constructive criticism.
  - c. prepare for clinical assignment.
  - d. utilize time in the clinical setting in an effective manner.
  - e. practice in a cost effective manner.
  - f. maintain professional appearance.
  - g. verbally contribute to clinical conference by sharing appropriate experiences and ideas.

#### **COURSE GRADE REQUIREMENTS**

1. A minimum grade of C must be obtained in 57202 to progress to 57203.

Grading:	A	=	94-100%
	A-	=	90-93%
	B+	=	87-89%
	B	=	83-86%
	B-	=	80-82%
	C+	=	77-79%
	C	=	75-76%
	D	=	60-74%
	F	=	below 60%

2. A grade in any nursing course will be based on knowledge and skills acquired in the classroom, clinical setting, and college laboratory.
  - a. Each student's classroom performance is evaluated by the classroom instructor in collaboration with the college laboratory instructor. The total theory average must be at least **75**.
  - b. A final clinical evaluation of satisfactory must be obtained. The final clinical evaluation is determined by the classroom instructor in collaboration with the clinical instructors.
  - c. Tests must be taken as scheduled. Tests missed must be made up within one week. The highest grade that can be received on a make-up test is **75**.
  - d. Participation in college nursing laboratory is mandatory. Completion of homework assignments for the lab is a requirement of the course.

3. The student's final grade will be based on the following guidelines in accordance with the individual instructor's academic prerogative.

a. Theory Performance Grade

The grade for theory performance is calculated as follows:

- (1) Short quizzes (averaged = one unit test)
- (2) Unit tests (50 minutes each)
- (3) Any specific course graded assignment  
Fulfillment of library assignment - two article reports are due for the semester.  
One point will be deducted off final average for each article card not submitted.  
(See *Article Reports* handout.)
- (4) Comprehensive final multiple choice exam (two hours)

**Total of six grades = 75% of final grade**  
**Comprehensive final exam = 25% of final grade**

**A FINAL THEORY GRADE OF 75 MUST BE OBTAINED.**

b. Clinical Performance Grade

- (1) Student's evaluation will be based on performance as described on the course clinical evaluation tool.
- (2) A satisfactory evaluation means that the student has met the critical elements of the stated course objectives.
- (3) If the student receives an instructor referral form for the skill lab, it must be remediated before the next week=s clinical class. Clinical deficiencies will be documented. See examples, page 22, *Report of Student Clinical Deficiency*.
- (4) Two over-riding considerations will be evaluated. These include the prevention of physical jeopardy to the patient and the prevention of emotional jeopardy to the patient. If, in consult with the clinical instructor, the chairperson determines the student is unsafe for clinical classes, the student will not be permitted in clinical classes. If deficiencies cannot be corrected in a timely manner, the student may be requested to withdraw from the course.
- (5) To achieve a satisfactory clinical evaluation, the student must also complete all assigned clinical papers satisfactorily, pass all college laboratory skill evaluations for the semester by the end of the 13<sup>th</sup> week, and pass the clinical calculations examination.

**A CLINICAL FAILURE CONSTITUTES A COURSE FAILURE (F) REGARDLESS OF THE THEORY GRADE.**

c. Clinical Nursing Process Paper

- (1) Nursing process papers will be graded as *satisfactory*, *incomplete*, or *unsatisfactory*. Each student must achieve a satisfactory on a clinical nursing process paper. The maximum number of nursing process papers the student may submit for the semester is three. A satisfactory paper must be submitted no later than one week before the last clinical.

- (2) **FAILURE TO ACHIEVE A SATISFACTORY GRADE ON A NURSING PROCESS PAPER BY THE THIRD ATTEMPT WILL RESULT IN AN UNSATISFACTORY CLINICAL EVALUATION AND CLINICAL FAILURE (F) FOR THE COURSE.**

d. Skill Performance Evaluation

In this semester, tracheostomy suctioning and one random skill (see Week 1 lab guide for performance sheets for the random skills) have been identified by faculty to be evaluated. Students are to pass skills, with two retakes permitted, within the identified time frame. Students will have the opportunity to practice the skill with faculty or the technical assistants.

- (1) Students must pass skills in sequence. Students cannot attempt the next skill until previous skill is satisfactory. Students can only cancel skill appointments with the approval of faculty or technical assistants. If a student misses a scheduled appointment, he/she will forfeit one of their skill evaluations.
- (2) If student does not pass skill the first time, he/she must demonstrate remediation before retake, such as validated practice with an instructor or technical assistants. If a student fails the skill three times, he/she must make an appointment with the chairperson. The chairperson may bar the student from clinical classes for unsuccessful skill performance.
- (3) If the student receives an unsatisfactory on a **random** skill, he/she must remediate and successfully pass that skill. The student must then randomly select one of the remaining skills for an additional skill evaluation.
- (4) Students must complete skills by the end of the 13th week or the student is at risk for a clinical failure.
- (5) **FAILURE TO HAVE SKILL PROFICIENCY VALIDATED WILL RESULT IN A CLINICAL FAILURE (F) FOR THE COURSE.**

e. Clinical Calculation Skill Examination

All students must demonstrate preparation for safe practice of medication administration by passing a clinical calculation skill examination each semester in nursing.

	Passing	Retakes
Nursing IV (Calculators are permitted.)	95%	2

Two retakes will be permitted. **IF THE STUDENT DOES NOT ACHIEVE A 95% BY THE THIRD ATTEMPT, THE STUDENT WILL RECEIVE A CLINICAL FAILURE (F) FOR THE COURSE AND WILL NOT BE ALLOWED TO CONTINUE THE NURSING COURSE.** When a student misses the exam or a retake, they forfeit one of the exams.

**ALL STUDENTS MUST USE DIMENSIONAL ANALYSIS**

Nursing IV CCS Exam	-	March 12, 2007	Days 9 a.m.	Eve. 5 p.m.
Remediation	-	March 26, 2007	Days 8 a.m.	Eve. 4 p.m.
Retake #1	-	April 2, 2007	Days 8 a.m.	Eve. 4 p.m.
Retake #2	-	April 9, 2007	Days 8 a.m.	Eve. 4 p.m.

Remediation will be available only for students who took the Clinical Calculation Skill exam and did not meet minimum passing grade. If the student misses the scheduled Clinical Calculation Skill exam, he/she should see the lead instructor for remediation.

**FAILURE TO ATTAIN A 95% BY THE THIRD RETAKE WILL RESULT IN A CLINICAL FAILURE (F) FOR THE COURSE.**

f. Mandatory Media Viewing

Students are responsible for viewing all assigned mandatory media in BT 155 or LRC. (See *Media*® handout.) Failure to view these films will result in an incomplete grade in the course. Material from these media assignments is included on exams.

Media and library holdings designated by the nursing faculty as classical or historical are retained and appropriately dated in the catalog system. Since evolving technology continues to impact on the delivery of nursing care, **current references** needed for course work should only be drawn from materials published within the last five years. The publication date of each of our holdings is noted in the catalog listing.

g. CPR

All students must be CPR certified. A copy of a current CPR card, valid through the end of the semester, must be submitted by Week 1 to the lead instructor. Any student who does not provide documentation of CPR training will be barred from clinical by the chairperson, and it will be counted as a clinical absence.

4. Attendance Policy

1. Students are expected to attend **all** nursing classes B lecture, college laboratory and clinical. (Refer to p. 17, Document of Student Policy)
  - A. your attendance at all nursing classes is imperative. Different content is presented each day. Any absence from class will make it harder for you to be successful in the nursing program. Although there are times you may need to be absent, there are consequences. **FOR EVERY THREE HOURS YOU ARE ABSENT, YOUR FINAL GRADE WILL BE LOWERED BY 1 POINT.** Excessive hours (18) the student will be withdrawn.
  - B. A classroom, laboratory or clinical tardiness of fifteen (15) minutes constitutes an absence.
  - C. Students who miss a college laboratory are required to make it up. The missed material and skills are made up in BT 229 with faculty or staff. The absence is recorded.
  - D. **THERE IS NO CLINICAL MAKE UP AVAILABLE.**
  - E. A doctor=s note/letter may be requested by the nursing department for health related problems.
  - F. Students may be absent from class due to Religious observance without penalty. Instructor should be informed before the religious observance so arrangements can be made for make-up assignment.
2. Clinical objectives must be met in order to receive a satisfactory clinical evaluation. Attendance is mandatory. **ARRANGEMENT FOR CLINICAL MAKE-UP IS NOT POSSIBLE.** Therefore, all clinical absences will be referred to the Attendance Committee.
3. Students who miss a college laboratory are required to make up the missed material and skills in the skills lab (BT 229) with faculty or staff if they do not attend another lab within one week. The absence will be recorded.
4. When any absence occurs, students will be referred to the nursing department Attendance Committee and may be asked to appear before that committee. Grades may be lowered or the student may be withdrawn from the program. This decision will be made based upon students= inability to meet course and clinical objectives.



5. Course Withdrawal

a. Student withdrawal from nursing course

Nursing faculty follow the college policy for withdrawal. Students are to discuss this with their lead instructor and to follow deadlines for withdrawals as presented in the college catalog. See academic policy, *Official Withdrawal from Course*, listed in college catalog.

b. Instructor withdrawal

Instructors may withdraw a student from a class from the first through the thirteenth week of instruction by issuing an AIW, an Instructor Withdrawal, which results in a final grade of W. **AIW WILL NOT BE GIVEN FOR CLINICAL FAILURE.**

6. Taping of Classes and Audio-Visual Materials and the Copyright Law. No nursing student is permitted to tape any lecture or audio-visual presentation from any class in nursing unless specific individual permission is given by the instructor of the lecture, general assembly session, college lab class, or clinical situation.

Copyright law prohibits the reproduction of audio-visual materials without permission of the company. The Department of Nursing does not have permission from any of the companies for reproduction of any kind. A student will be held in violation of the copyright law and departmental rules.

7. Cell Phone Usage

The active use of any device classified as a telecommunications device, including but not limited to pagers, cellular phones, PDAs, and messaging devices, is prohibited in classrooms, as well as in other areas where a classroom atmosphere is assumed (e.g. libraries, labs, theaters, administrative offices), except by special permission of the instructor. Passive use, including silent and vibrate mode, may be used, provided it does not compromise the educational process or promote an unethical situation. Instructors reserve the right to regulate the monitoring of such devices as necessary.

**DURING EXAMS**, all electronic devices must be turned off and placed in designated area.

8. Academic Honesty

It is considered plagiarism when you take exactly what is written from your reference material and do not cite it. Failure to properly document sources, including web based and electronic information, as well as **COPYING HOMEWORK OR CHEATING ON TESTS, QUIZZES OR ANY ASSIGNMENTS**, represents academic dishonesty, which will result in appropriate disciplinary action as outlined by the *Code of Student Conduct*, page 16, #1.

9. Documented Disabilities

If you have a documented disability and anticipate needing special accommodations in this course, please make arrangements to meet with your instructor. Please contact the Office of Disability Services located on the 3<sup>rd</sup> floor of the College Commons, (845) 341-4077, follow their guidelines regarding submitting documentation and bring your official Accommodation Notice to your instructor as soon as possible.

10. Course Support

The lab technicians hours of availability are posted in BT 229. The Nursing IV Support Course and Advanced Clinical Calculations Course enhance the content presented in Physical and Mental Illness. Additional support services and tutoring are available through the Learning Resource Center.

11. Physical Examination

A physical examination is required each year for nursing students. Students will be prohibited from attending clinical if this requirement is not met. (See current college bulletin.)

**IF CHANGES IN THESE PROCEDURES AND REQUIREMENTS ARE NECESSARY, THEY WILL BE ANNOUNCED BY THE INDIVIDUAL INSTRUCTOR.**

REQUIRED TEXTBOOK=S for Nursing

Smeltzer, Bare	Brunner & Suddarth s Textbook of Medical Nursing. 2004, 10th Edition, Lippincott
London, Ladewig, Ball, Bindler	Maternal & Child Nursing Care, 2007, 2nd Edition, Prentice Hall
Ackley, Betty & Gail Ladwig	Nursing Diagnosis Handbook - A Guide to Planning Care, 2006, 7th Edition, Mosby
Cherry, Barbara & Susan Jacobs	Contemporary Nursing - Issues, Trends and Management, 2005, 3rd Edition, Mosby
Daniels, Joanne & Loretta Smith	Clinical Calculations: A Unified Approach, 2005, 5th Edition, Delmar
Deglin & Vallerand	Davis s Drug Guide for Nurses, 2004, 9th Edition, F.A. Davis
Evans - Smith	Taylor s Clinical Nursing Skills, 2005, Lippicott
Malarkey/McMarrow	Nursing Guide to laboratory & Diagnostic Test, 2005 Elsevier/Saunders
Taylor, Lillis, LeMone	Fundamentals of Nursing, 2005, 5th Edition, Lippincott
Frisch, Noreen & Frisch, Lawrence	Psychiatric Mental Health Nursing, 2006, 3rd Edition, Delmar
Speakman, Elizabeth & Norma Weldy	Body Fluids & Electrolytes - A programmed Presentation, 2002, 8th Edition, Mosby

OPTIONAL BOOKS

Brooks & Brooks	Basic Medical Language, 2004, 2nd Edition, Mosby
Grodner, Long & DeYong	Foundations & Clinical Applications of Nutrition, 3rd Edition, Mosby
Lehne, Hamilton, Moore & Crosby	Pharmacology for Nursing Care, 2004, 4th Edition, Saunders
Nugent & Vitale	Test Success: Test - Taking Techniques for Beginning Nursing Students, 2004, 4th Edition, Davis

ARTICLES

Refer to periodicals for pertinent supplementary articles.

**ARTICLES**

Refer to periodicals for pertinent supplementary articles.

## I. ALTERATION IN NUTRITION AND METABOLISM

### NEEDS OF THE CLIENT WITH AN ENDOCRINE DYSFUNCTION

#### 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

Brunner	Chapter 42
London	Chapter 56
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
Malarkey/McMarrow	See appropriate readings.

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)

### II. Nursing process

#### A. Assessment: data collection

1. Diagnostic tests/laboratory data
2. Needs assessment of a client with:
  - a. Pituitary disorders
  - b. Thyroid disorders
    - (11) Simple goiter
    - (22) Hyperthyroidism
    - (33) Hypothyroidism
  - c. Parathyroid disorders
    - (11) Hypoparathyroidism
    - (22) Hyperparathyroidism
  - d. Adrenal disorders
    - (11) Addison's disease
    - (22) Cushing syndrome
    - (33) 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

### 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

Brunner	Chapters 22; 23; 24; 25; 26; 27; 28; 29; 30; 31; 32 p. 760-770.
London	Chapter 48, pp. 327 - 330
Frisch & Frisch	Chapter 21 and 32.
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
Lutz	See appropriate readings.

#### 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 arrhythmias

### II. Nursing process

#### A. Assessment: data collection

1. Diagnostic tests/laboratory data
2. Pharmacotherapy
3. Needs assessment of a client with:

##### a. Coronary heart disease

- (11) Angina pectoris
- (22) Myocardial infarction (ischemic heart disease)
- (33) Congestive heart failure
- (44) Pulmonary edema
- (55) Cardiogenic shock
- (66) Pulmonary embolism

##### b. Cardiac dysfunctions (etiology, assessment, interventions - including medical/surgical management)

- (11) Hypertensive heart disease
- (22) Inflammatory heart disease
- (33) Congenital cardiac defects
- (44) Valvular heart disease

##### c. The maternity client and cardiac disorder (worksheet)

##### d. Clients undergoing cardiac surgery

- (11) Pacemaker insertion
- (22) Repair and by-pass surgery
- (33) Angioplasty

##### e. Cardiovascular dysfunctions

- (11) Arterial obstruction - arterial bypass
- (22) Aneurysms

#### 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

### 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

Brunner	Chapters 43; 44; 45; 49.
London	See appropriate readings (Chapter 52).
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
Malarkey/McMarrow	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

(11) Calculi  
(22) Strictures  
(33) Infections  
(44) Tumors  
(55) Hydronephrosis  
(66) Renal failure  
(77) Polycystic

#### b. Common dysfunctions of the male reproductive system

(11) Congenital anomalies (review)  
(22) Inflammation  
(33) Benign prostatic hypertrophy  
(44) 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

Taylor	Chapter 21
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
<b>Frisch &amp; Frisch</b>	<b>Week 6 - 2/19:</b> Chapters 1, 2,(in Ch. 3) pp. 39 - 51, Chapters 5, 6, 7, 9, 12; chapters 27 and 28
	<b>Week 7 - 2/26:</b> Chapters 10, 11, 13, 19, 31 and 32
	<b>Week 8 - 3/5:</b> Chapters 14, 15, 16 and 30
	<b>Week 9 - 3/12:</b> Chapter 18

## 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
4. that reflect maladaptive mood states
5. that reflect social maladaptation
6. that reflect maladaptation associated with aging
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

- (11) Depression
- (22) Bi-polar
- (33) Violence against self

e. Personality disorder clusters

- (11) Paranoid \*\*
- (22) Schizoid
- (33) Borderline \*\*
- (44) 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

Brunner	Chapters 34; 35; 36; 39 & 40.
London	See appropriate readings.
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
Malarkey/McMarrow	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
    - (11) Hepatitis
    - (22) Cirrhosis
    - (33) Cholecystitis
    - (44) Pancreatitis
    - (55) 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

Brunner	Chapters 41; 42; 43; 44; 56; 60; 61; 62; 63; 64; 65; 66; 68,p. 2068 - 2073.
Deglin & Vallerand	Refer to appropriate drug classifications relative to this area.
London	<u>Review</u> - Chapter 53

#### 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
    - : (11) Myasthenia gravis
    - (22) Multiple sclerosis
    - (33) Parkinson's disease
    - (44) Muscular dystrophy
    - (55) Guillain-Barre syndrome
    - (66) Cerebral vascular accident
    - (77) Cerebral aneurysm
    - (88) TIA
  - b. Brain and spinal cord impairment
    - : (11) Neoplasms
    - (22) Traumatic lesions
    - (33) Cranial nerve disorders
    - (44) Spinal injuries
    - (55) Infections

#### 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

Brunner	Chapter 58 and chapter 59.
London	Review - Chapter 46
Deglin & Vallerand	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

- (11) Trauma
- (22) Inflammation and infections
- (33) Diabetic retinopathy
- (44) Cataract
- (55) Glaucoma
- (66) Detached retina
- (77) Tumors
- (88) 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

### **OUTLINE**

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

- (11) Infections
- (22) Otosclerosis
- (33) 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

