

Spring, 2007

COURSE SYLLABUS

NURSING II: FUNDAMENTALS

57102

Mrs. P. Slesinski (BT 237 - 341-4181)  
[pslesins@sunyorange.edu](mailto:pslesins@sunyorange.edu)  
Mrs. H. M. Boyle (BT 239 - 341-4188)  
[hboyle@sunyorange.edu](mailto:hboyle@sunyorange.edu)  
Ms. Marcia Clark (BT 210 - 341-4159)  
[mclark@sunyorange.edu](mailto:mclark@sunyorange.edu)  
Mrs. P. Crawford (BT 237 - 341-4119)  
[pcrawfor@sunyorange.edu](mailto:pcrawfor@sunyorange.edu)  
Ms. J. Gorgone (BT 210 - 341-4104)  
[jgorgone@sunyorange.edu](mailto:jgorgone@sunyorange.edu)  
Ms. J. Halpern (BT 239 - 341-4189)  
[jhalpern@sunyorange.edu](mailto:jhalpern@sunyorange.edu)  
Ms. J. Jaffe (BT 210 - 341-4152)  
[jajaffe@sunyorange.edu](mailto:jajaffe@sunyorange.edu)  
Ms. P. Marton (BT 210 - 341-4732)  
[pmarton@sunyorange.edu](mailto:pmarton@sunyorange.edu)  
Mrs. R. Spitzer (BT 210 - 341-4103)  
[rspitzersun@sunyorange.edu](mailto:rspitzersun@sunyorange.edu)  
Mrs. C. Ward-Simons (BT 216 - 341-4186)  
[cwardsim@sunyorange.edu](mailto:cwardsim@sunyorange.edu)  
Ms. M. Wetzel (BT 239 - 341-4182)  
[mwetzel@sunyorange.edu](mailto:mwetzel@sunyorange.edu)

(office hours are posted on instructor=s door)

**NURSING II: FUNDAMENTALS (57102)**  
**(6 hrs. lecture, 12 hrs. laboratory - 10 credits)**

**COURSE DESCRIPTION**

This course builds on previous knowledge, giving the student further insight into the various roles of the associate degree nurse. The growth and development of the middle adult is the focus of study. The basic needs of the middle adult with a common health problem are introduced. The student uses the nursing process in planning and implementing the client=s care.

Corequisite: Anatomy and Physiology II  
Prerequisites: Nursing I  
Microbiology  
Anatomy and Physiology I (grade of C- or higher)

**COURSE OBJECTIVES**

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

1. assess responses of the client to a common health problem using human needs as a framework.
  - a. assess the client for the presence or absence of problems associated with the individual=s medical and nursing diagnoses.
  - b. collect data relative to the client from the health records and other health care team members.
  - c. identify changes in the client=s health status.
  - d. select nursing diagnoses based on identified actual or potential health care problems.
2. demonstrate use of the nursing process in developing a care plan for the client with a common health problem.
  - a. set a measurable outcome that will alleviate each problem identified taking into consideration the strengths and weaknesses of the client with a common health problem.
  - b. plan for nursing care by setting priorities for care in collaboration with the client.
  - c. implement the nursing care plan according to priority; modifying the plan and making alterations indicated by changes in the client=s needs.
  - d. foster an environment that is conducive to maintenance of the client=s ability to carry out activities of daily living.
  - e. estimate the degree to which the established outcomes have been met.
  - f. appraise the effectiveness of the nursing measures performed.
3. include Erikson's theory when discussing the psychosocial factors that individualize the client.
  - a. analyze the psychosocial tasks faced by middle adults.
  - b. adapt nursing measures to be congruent with the client=s spiritual and cultural heritage.
  - c. state belief in own ability to be non-judgmental when providing care to a client whose value system or life style is at variance with ones own.
4. demonstrate communication skills used to provide a climate for the development of a nurse-client relationship.
  - a. identify factors that promote and inhibit effective communication.
  - b. engage the client in discussion of problems that can be solved or alleviated.

5. use verbal and non-verbal communication skills in a manner that promotes psychological safety in the client.
  - a. accept guidance in evaluating impact of own reactions and feelings upon the delivery of nursing care.
  - b. identify the factors that have a negative impact on self-esteem and lead to problematic behavior.
6. demonstrate practices that promote physical safety in the client.
  - a. moving from bed to chair
  - b. ambulating
  - c. positioning
  - d. securing call bell in reach
  - e. side rails up when appropriate
  - f. bed in low position
7. safely perform selected basic nursing skills according to accepted standards of care.\*
  - a. auscultation of breath sounds
  - b. oxygen administration
  - c. monitoring of chest tube drainage
  - d. oral pharyngeal suctioning
  - e. tracheostomy suctioning
  - f. tracheostomy care
  - g. administration of and maintaining IV therapy, excluding IV venapuncture
  - h. administration of IV meds, with the exception of medications IV push
  - i. flushing of heparin lock
  - j. management of central venous lines and venous access devices
  - k. auscultation of bowel sounds
  - l. administration of tube feedings
  - m. blood glucose monitoring by glucometer
  - n. preparation of parenteral medication using two vials
  - o. monitoring of immobilization devices
  - p. bandage and binder application
  - q. changing of sterile dressings
  - r. application of wet-to-dry dressings
  - s. management of wound suction devices
  - t. administration and monitoring of the prescribed medical regimen for the client undergoing therapeutic procedures
  - u. use of Doptone to assess peripheral pulses
  - v. performance of clinical calculations in administration of medications

\*The accepted standards of skill performance are set forth in the text, college laboratory media, demonstrations and printed materials, and the skill evaluation checklists.

8. incorporate principles of standard precautions and transmission - based precautions into the practice of medical and surgical asepsis when caring for the client with a common health problem.

9. report and record the responses to nursing interventions and medical regimen of the client with a common health problem.
  - a. give a clear and concise report of the assessments made, interventions performed and evaluation of client progress to the designated member of the health care team.
  - b. identify key writing skills when composing a narrative nurses= note.
    - (1) concise thought unit
    - (2) correct abbreviations
    - (3) appropriate medical terminology
    - (4) relevant detail
  - c. apply key writing skills to other documentation forms.
    - (1) checklists
    - (2) routine care records
    - (3) flow sheets
10. begin to provide continuity of care to clients with a common health care problem.
  - a. implement components of a pre-designed teaching plan that are specific to the client=s knowledge and learning needs.
  - b. describe the nurse=s role in planning for discharge.
  - c. identify services available in the community to which clients and families may be referred.
11. demonstrate the basic roles and responsibilities of the associate degree nurse.
  - a. compare the various roles of the associate degree nurse: provider of care, manager of care, and member within the profession of nursing.
  - b. accept responsibility for own practice within the profession=s ethical and legal framework.
  - c. communicate truthfully, verbally and in writing the client=s responses to interventions.
  - d. identify appropriate resources available for colleagues whose behaviors indicate potential impairment of safe 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.

**NOTE:** Please see the Level Based Clinical Evaluation Tool on page 10. The criteria for the clinical evaluation are the overall objectives for the course.

## COURSE GRADE REQUIREMENTS

I. A minimum grade of C must be obtained in 57102 to progress to 57201.

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%

II. 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**, which is equal to C.
- 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. Quizzes and 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.

III. 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. Quizzes (averaged = one unit test)
2. Unit tests - six multiple choice exams
3. Comprehensive final exam (two hours)

Total of seven 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. See page 10 for 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 9, AReport 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 14<sup>th</sup> week, and pass the clinical calculations examination with an 85%.

**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 A satisfactory, A incomplete, or A 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 end of the second clinical rotation.
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, there are four skills that 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 in BT 229.

1. Students must pass skills in sequence. Students cannot attempt 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, it becomes a clinical failure.
3. Students must complete skills by the end of the 14th week.
4. **FAILURE TO HAVE SKILL PROFICIENCY VALIDATED WILL RESULT IN A CLINICAL FAILURE (F) FOR THE COURSE.**

#### E. Clinical Calculation Skill Examination

All students MUST use DIMENSIONAL ANALYSIS equation formula that is taught in the classroom and clinical. The formula must also be shown on all quizzes and exams. This formula is demonstrated in your clinical calculation textbook.

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 II	85%	2

Two retakes will be permitted. **IF THE STUDENT DOES NOT ACHIEVE A 85% 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.

Nursing II CCS Exam	-	March 26, 2007
Remediation	-	April 2, 2007
Retake #1	-	April 9, 2007
Retake #2	-	April 16, 2007

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.

#### F. Mandatory Media Viewing

Students are responsible for viewing all assigned mandatory media in LRC. 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. 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 three years.

#### IV. 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)

1. 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.

2. A classroom, laboratory or clinical tardiness of fifteen (15) minutes constitutes an absence.

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 current lab) within one week. The absence will be recorded.

4. Clinical objectives must be met in order to receive a satisfactory clinical evaluation. Attendance is mandatory. **ARRANGEMENT FOR CLINICAL MAKE-UP IS NOT POSSIBLE.**

5. A doctor=s note/letter may be requested by the nursing department for health related absence.

6. 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.

## V. Course Withdrawal

### 1. 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. Last day for student to withdraw from course is 4/2/07.

### 2. 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 AW@. AIW@ WILL NOT BE GIVEN FOR CLINICAL FAILURE. Last day for instructor withdrawal is 4/20/07.

## VI. 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.

## VII. Cell Phone Policy

The active use of any device classified as a Atelecommunications device,@ including but not limited to pagers, cellular phones, PDA=s 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.

## VIII. 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*.

## IX. 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.

## X. Course Support

The lab technician's hours of availability are posted in BT 229. The Nursing II Support Course, Basic Clinical Calculations II Course, and Nursing and Writing II Course enhance the content presented in Nursing II. Additional support services and tutoring are available through the Learning Resource Center.

## XI. 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,  
YOU WILL BE INFORMED BY THE INDIVIDUAL INSTRUCTOR.

- 12 -

**REQUIRED TEXTBOOK**

Monaha, Sands,  
Neighbors, Marek  
& Green                      Phipp's Medical-Surgical Nursing, 8<sup>th</sup> Edition, Mosby

**BOOKS USED IN NURSING I (57101)**

Ackley, Betty &  
Gail Ladwig                      Nursing Diagnosis Handbook - A Guide to Planning Care,  
2006, 7<sup>th</sup> Edition, Mosby

Cherry, Barbara &  
Susan Jacobs                      Contemporary Nursing - Issues, Trends and Management,  
2005, 3<sup>rd</sup> Edition, Mosby

Daniels, Joanne &  
Loretta Smith                      Clinical Calculations: A Unified Approach, 2005,  
5<sup>th</sup> Edition, Delmar

Deglin & Vallerand                      Davis's Drug Guide for Nurses 2006, 10<sup>th</sup> Edition, F A Davis

Evans - Smith                      Taylor's Clinical Nursing Skills, 2005, Lippincott

Lutz & Przytulski                      Nutrition and Diet Therapy, 2006, 4<sup>th</sup> Edition, Davis

Pagana/Pagana                      Mosby's Manual of Diagnostic & Laboratory Test, 2006, 3<sup>rd</sup>  
Edition, Mosby

Taber's                      Taber's Cyclopedic Medical Dictionary, 20<sup>th</sup> Edition, F.A. Davis

Taylor, Lillis, LeMone                      Fundamentals of Nursing, 2005, 5<sup>th</sup> Edition, Lippincott

Speakman, Elizabeth &  
Norma Weldy                      Body Fluids & Electrolytes - A Programmed Presentation,  
2002, 8<sup>th</sup> Edition, Mosby

Varcarolis                      Foundations of Psychiatric Mental Health Nursing, 2006, 5<sup>th</sup>  
Edition, Saunders

**OPTIONAL BOOKS**

Brooks & Brooks                      Basic Medical Language, 2004, 2<sup>nd</sup> Edition, Mosby

Lehne,Hamilton, Moore &  
Crosby                      Pharmacology for Nursing Care, 2004, 4<sup>th</sup> Edition, Saunders

Nugent, & Vitale                      Test Success: Test - Taking Techniques for Beginning Nursing  
Students, 2004, 4<sup>th</sup> Edition, Davis

**ARTICLES**

Refer to periodicals for pertinent supplementary articles.

I. PERSPECTIVES OF MEDICAL-SURGICAL NURSING (1/16)

GROWTH AND DEVELOPMENT OF THE MIDDLE ADULT

A. Objectives

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

1. describe the scope of medical-surgical nursing practice.
2. differentiate between health promotion and prevention of illness.
3. discuss major concepts underlying Eriksonian and Maslow theories of personality development (review from Nursing I).
4. differentiate between stress and stressor as it relates to the hospitalized client (Nursing I).
5. define anxiety (Nursing I).
6. identify developmental stages of adulthood.
7. identify the health needs and concerns of each adult age group.
8. identify defense/coping mechanisms used by hospitalized clients (Nursing I).
9. explain multiple aspects of chronic diseases.
10. demonstrate the nursing process with rationale to plan client care.
11. demonstrate the administration of a primary intravenous to a client.
12. demonstrate previously learned clinical skills.
13. calculate the flow rate of an intravenous for a client.

B. Readings

Phipps                                      Chapters 1; 3; 7; 11

**NOTE:    REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Daniels & Smith                      Chapters 8, p. 116-127 (reconstitution); 10, p. 146-210.

Taylor                                      For detailed review of the nursing process - Chapters 11; 12;  
13; 14; 15; 16 & 17.

Speakman & Weldy                      Part I    (review Nursing I).

Lutz & Przytulski                      Chapters 24

Varcarolis                                      Chapters 2, 12, 13, 34, p. 694.

Ackley & Ladwig                      Refer to appropriate nursing diagnosis related to content area.

Davis's Drug Guide                      Refer to appropriate drugs related to content area.

Pagana/Pagana                              Refer to appropriate diagnostic tests related to content area.

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

- 14 -

OUTLINE

I. Baseline data

A. Medical/surgical nursing practice

1. Role of nursing profession
2. Levels of care
  - a. Chronic illness
  - b. Acute care
  - c. Ambulatory care
  - d. Home health care
3. Health promotion - promoting healthy life style
4. Stress, stressors and stress management
5. Cultural diversity

B. Developmental factors related to health promotion

1. Theories of young and middle adulthood
2. Developmental stages of young and middle adulthood

II. Nursing process

A. Assessment:    data collection

1. Impact of illness on client
2. Reaction to illness
  - a. Selye's general adaptation syndrome
  - b. Stress response
  - c. Levels of anxiety
3. Needs assessment of a client with anxiety

B. Data analysis:    common nursing diagnosis

1. Anxiety R/T threat to self-concept

C. Expected outcomes R/T nursing diagnosis

D. Nursing interventions/rationale R/T care of client with anxiety based on assessments

E. Evaluation

II. ALTERATION IN FLUID AND ELECTROLYTES (1/22)

NEEDS OF THE CLIENT WITH FLUID AND ELECTROLYTE IMBALANCE AND ACID-BASE DISORDERS

A. Objectives

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

1. describe the mechanisms for maintaining fluid and electrolyte balance.
2. describe the primary role of major electrolytes in maintaining homeostasis.
3. differentiate the types of electrolyte solutions.
4. describe the etiologic factors and pathophysiology that underlie acid-base imbalance.
5. use the nursing process to plan the care of a client with a fluid and electrolyte imbalance.
6. apply the nursing process to plan the care of a client with an acid-base imbalance.
7. assess clients for manifestations of fluid and electrolyte imbalance.
8. perform selected nursing interventions to promote fluid and electrolyte balance R/T intravenous therapy.
9. document essential information related to intravenous therapy.
10. recognize and report observations relative to the hospitalized client receiving intravenous therapy.
11. calculate flow rate of intravenous medications
12. demonstrate the administration of intravenous medications

B. Readings

Phipps Chapter 17, 18.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTER.**

Daniels & Smith Chapter 10, p. 146-176, 187-190; 192-194; 197-202.

Taylor Chapter 46.

Speakman & Weldy Parts II, III and IV.

Lutz & Przytulski Chapter 9

Varcarolis Chapter 2 p 19-21; Chapter 13

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide Refer to appropriate drugs related to content area.

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

- 16 -

OUTLINE

I. Baseline data

- A. Water, electrolytes
- B. Body fluid compartments
- C. Organs of Homeostasis
- D. Regulation of fluid/electrolyte balance
  - 1. Movement of electrolytes and water
  - 2. Electrolytes
  - 3. Fluids:   tonicity
- E. Fluid/electrolyte imbalances
- F. Acid-base balance
  - 1. Metabolic acidosis/alkalosis
  - 2. Respiratory acidosis/alkalosis

II. Nursing process

- A. Assessment:   data collection
  - 1. Diagnostic tests
  - 2. Needs assessment of a client with fluid and electrolyte imbalance
  - 3. Needs assessment of a client with acid-base imbalance
- B. Data analysis:   common nursing diagnoses
  - 1. Deficient fluid volume R/T diuretic therapy; inadequate fluid intake
  - 2. Excess fluid volume R/T increased sodium intake
- C. Expected outcomes R/T nursing diagnosis
- D. Nursing interventions/rationale R/T care of client with fluid and electrolyte and acid-base imbalances based on assessments
  - 1. Pharmacological management
  - 2. Diet management
- E. Evaluation

III. ALTERATION IN FLUID AND ELECTROLYTES (1/29)

NEEDS OF THE CLIENT WITH PERFUSION DISORDER

A. Objectives

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

1. describe the human blood groups.
2. identify the risks associated with blood transfusions.
3. describe blood transfusion reactions.
4. identify similarities and differences among various types of shock.
5. assess physiologic changes of client in hypovolemic shock.
6. list potential nursing diagnoses for the client in shock.
7. use the nursing process to plan the care of a client in shock.
8. document essential information R/T intravenous therapy.
9. evaluate the discharge needs of the client with a disorder in fluid and electrolyte balance.

B. Readings

Phipps Chapter 17; 19; 21, p 467 - 474

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Daniels & Smith Chapter 10.

Taylor Chapter 46, pp 1476-1480.

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide Refer to appropriate drugs related to content area.

Pagana/Pagana Refer to appropriate diagnostic tests related to content area.

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

OUTLINE

I. Baseline data

A. Shock

1. Types
2. Stages
3. Pathophysiology

B. Blood transfusions

1. Blood groups/types
2. Pretransfusion procedure
3. Transfusions
4. Reactions

II. Nursing process

A. Assessment: data collection

1. Diagnostic/laboratory tests
2. Needs assessment of a client with perfusion needs

B. Data analysis: common nursing diagnoses

1. Ineffective breathing patterns R/T laryngeal edema.
2. Decreased tissue perfusion R/T hypovolemia

C. Expected outcomes R/T nursing diagnosis

D. Nursing interventions/rationale R/T care of client with hemorrhagic shock based on assessments

1. Pharmacological management
2. Fluid replacement therapy

E. Evaluation

IV. ALTERATION IN SAFETY (2/5)

NEEDS OF THE PERIOPERATIVE CLIENT

A. Objectives

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

1. describe basic rules of surgical asepsis.
2. discuss functions and responsibilities of the surgical team.
3. identify legal and ethical considerations related to the operative permit and informed consent.
4. identify alternative settings for the practice of perioperative nursing.
5. use the nursing process to plan the care of clients with perioperative needs.
6. assess clients for factors which contribute to surgical risk.
7. assess the needs of the client and family on the operative day.
8. differentiate between acute and chronic pain.
9. describe pain rating scales and their use in assessing pain.
10. indicate nursing interventions appropriate for managing pain.
11. identify nursing responsibilities in preparing clients for surgery.
12. perform selected interventions R/T needs of the surgical client.
13. identify different types of anesthesia.
14. identify the stages of general anesthesia.
15. assess the levels of consciousness of clients following surgery.
16. identify nursing responsibilities in caring for post-operative clients.
17. describe the processes involved in the phases of normal wound healing.
18. describe the potential needs of the post-operative client preparing for discharge.

B. Readings

Phipps                                      Chapters 13; 14; 15.

**NOTE:    REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Cherry & Jacobs                      Chapters 8, p. 181-183; 9, p. 206-207.

Lutz & Przytulski                      Chapter 24, p 536 and Table 24-3 p 539

Ackley & Ladwig                      Refer to appropriate nursing diagnosis related to content area.



Davis=s Drug Guide            Refer to appropriate drugs related to content area.

Pagana/Pagana                Refer to appropriate diagnostic tests related to content area.

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

- 20 -

#### OUTLINE

### I. Baseline data

- A. Preoperative needs
  - 1. Categories of surgical procedures
  - 2. Informed legal consent
- B. Intraoperative needs
  - 1. Admittance to operating room/surgical team
  - 2. Roles of surgical team members
  - 3. Positioning for surgery
  - 4. Types of anesthesia
- C. Postoperative needs
  - 1. Post-anesthesia care unit/purpose
  - 2. Pain control measures

### II. Nursing process

- A. Assessment: data collection
  - 1. Diagnostic tests - preoperative
  - 2. Needs assessment of the perioperative client
    - a. Preoperative R/T risk factors
    - b. Intraoperative R/T anesthesia and sterile asepsis
    - c. Postoperative R/T complications, surgical site, pain
- B. Data analysis: common nursing diagnoses
  - 1. Knowledge deficit R/T preoperative, postoperative care expectations/life style changes.
  - 2. Ineffective airway clearance R/T retained secretions/airway spasm.
  - 3. Risk for impaired skin integrity R/T exposure to wound drainage.
  - 4. Acute pain R/T inflammation or injury in surgical area.
- C. Expected outcomes R/T nursing diagnosis
- D. Nursing interventions/rationale
  - 1. Preoperative
    - a. Teaching
    - b. Preoperative preps
    - c. Medications
  - 2. Intraoperative
    - a. Positioning
    - b. Asepsis
    - c. Anesthesia

### 3. Postoperative

- a. Monitoring
- b. Prevention of complications
- c. Pain management

### E. Evaluation

- 21 -

## V. & VI. ALTERATION IN OXYGENATION (2/12 & 2/19)

### NEEDS OF THE CLIENT WITH A RESPIRATORY DISORDER

#### A. Objectives

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

1. describe pathophysiology of upper respiratory disorders and therapeutic modalities.
2. describe pathophysiology of lower respiratory disorders and therapeutic modalities.
3. assess and differentiate between restrictive and obstructive pulmonary dysfunction.
4. use the nursing process as a framework for care of clients with respiratory dysfunction.
5. identify the purpose, action and precautions for cough suppressants, expectorants, nasal decongestants, and bronchodilators.
6. perform a comprehensive respiratory assessment using appropriate physical assessment skills.
7. perform selected nursing interventions to facilitate breathing and promote oxygenation, i.e., oxygen administration, suctioning, care of chest tubes.
8. plan the care for client with respiratory problems.
9. describe the CDC airborne precautions for client with active tuberculosis.
10. describe the treatment plan for client with active tuberculosis.
11. plan the care at discharge for the client with tuberculosis.
12. plan for the discharge of client with chronic respiratory problems.
13. use the nursing process in documenting the client=s care.

#### B. Readings

Phipps Chapters 24, 25, 26, 27.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Taylor Chapter 45

Lutz & Przytulski Chapter 24 p 538 - 540

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide Refer to appropriate drugs related to content area.

C. College Laboratory

Laboratory readings are on weekly lab guide.

- 22 -

OUTLINE

I. Baseline data

A. Overview of respiratory system

1. Structure and function

B. Terminology

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests

2. Needs assessment of a client with:

a. Upper airway problems

- (1) Inflammation
- (2) Infection
- (3) Hemorrhage
- (4) Cancer of larynx
- (5) Obstruction

b. Lower airway problems

- (1) Asthma
- (2) Chronic obstructive pulmonary disease
  - (a) Chronic bronchitis
  - (b) Emphysema
- (3) Lung cancer
- (4) Atelectasis
- (5) Infections
  - (a) pneumonia
  - (b) tuberculosis
- (6) ARDS
- (7) Pneumothorax

B. Data analysis: common nursing diagnoses

- 1. Risk for impaired gas exchange R/T restricted lung expansion from immobility.
- 2. Ineffective airway clearance R/T retained secretions
- 3. Activity intolerance R/T dyspnea

C. Expected outcomes R/T nursing diagnoses

D. Nursing interventions/rationale R/T care of client with oxygenation needs.

E. Evaluation

- 23 -

VII. ALTERATION IN NUTRITION (2/26)

NEEDS OF THE CLIENT RECEIVING A THERAPEUTIC DIET

A. Objectives

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

1. discuss nutrition as a basic human need.
2. identify major nutrients required for body needs (review Nursing I).
3. describe effects of nutritional deficits and excesses.
4. use the nursing process to plan the care of clients with nutritional disorders.
5. recognize nutritional problems as they relate to specific client diagnoses.
6. discuss alternate nutritional routes.
7. perform nursing interventions to promote nutrition through alternate routes.
8. discuss the potential needs of clients with nutritional alterations that should be considered when planning for discharge.

B. Readings

Phipps Chapters 3, pp. 30-36.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTER.**

Daniels & Smith Chapters 6, p. 52-54.

Taylor Chapter 42 (review Nursing I).

Lutz & Przytulski Chapters 3 - 8 & 10 - 13 (Review Nursing I)  
Chapter 15, p 311 - 319  
Appendix L, p 678

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide Refer to appropriate drugs related to content area.

Pagana/Pagana Refer to appropriate diagnostic tests related to content area.

- 24 -

OUTLINE

I. Baseline data

A. Overview

1. Nutrition principles (review Nursing I)
2. Therapeutic diets (review Nursing I)
3. Alternative routes of nutrient delivery
4. Food, nutrient and drug interaction

B. Gastro-intubation

1. tube feeding with nasogastric device
2. gastrostomy
3. parenteral nutrition

II. Nursing process

A. Assessment: data collection

1. Diagnostic tests/laboratory data
2. Needs assessment of a client with dysfunction in ability to process nutrients effectively.

B. Data analysis: common nursing diagnoses

1. Imbalanced nutrition: less than body requirements R/T inability to ingest food/inability to digest food/anorexia/changes in diet.
2. Risk for aspiration R/T tube feedings
3. Risk for excess fluid volume R/T altered infusion rates.

C. Expected outcomes R/T nursing diagnoses

D. Nursing interventions/rationale

1. Monitoring
2. Therapeutic diet

- a. Modifications of nutritional components
- b. Special purpose diets
- c. Alternate routes

#### E. Evaluation

- 25 -

### VIII. ALTERATION IN NUTRITION (3/5)

#### NEEDS OF THE CLIENT WITH GASTROINTESTINAL DISORDERS

##### A. Objectives

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

1. describe common clinical problems that can occur to clients experiencing gastrointestinal disorders.
2. assess clients for signs and symptoms of gastrointestinal complications.
3. state the rationale and preparation of the client for various diagnostic tests utilized to assess gastrointestinal disorders.
4. describe the medical and pharmacological management of clients with gastrointestinal disorders.
5. explain the anatomic and physiologic changes and common complications which result from gastrointestinal surgery.
6. discuss the physical, psychological, social, and sexual adjustments of clients with gastrointestinal bypass surgery.
7. explain the dietary management for clients with gastrointestinal disorders.
8. plan nursing interventions for clients experiencing gastrointestinal disorders.
9. adapt previously learned nursing skills as they apply to the client with gastrointestinal disorders.
10. discuss professional issues in nursing.

##### B. Readings

Phipps Chapters 43, ; 35; 37; 38.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Cherry & Jacobs Chapters 8; 9.

Daniels & Smith Chapter 10, p. 197-200.

Taylor Chapters 44, p. 1337-1372.

Lutz & Przytulski Chapter 22

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide	Refer to appropriate drugs related to content area.
Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
C. College Laboratory	Laboratory readings are on weekly lab guide.

- 26 -

### OUTLINE

#### I. Baseline data

##### A. Overview of gastrointestinal system

###### Anatomy of GI Tract

1. Functions
2. Diagnostic tests and procedures

##### B. Terminology

#### II. Nursing process

##### A. Assessment: data collection

1. Diagnostic tests/laboratory data
2. Needs assessment of a client with:
  - a. gastric and decodenal disorders - upper
    - (1) gastritis
    - (2) gstroesophageal reflux disease
    - (3) hatal hernia
    - (4) gastric and duodenal ulcers
    - (5) gastric cancer
  - b. Inflammatory Bowel Disease (Regional Enteritis)
    - (1) Crohn=s disease
    - (2) Ulcerative colitis
    - (3) Diverticulosis
    - (4) small bowel obstruction/large bowel obstruction
    - (5) Cancer of the colon, rectum and sigmoid
    - (6) Rectal and anal disorders

##### B. Data analysis: common nursing diagnoses

1. Disturbed body image R/T presence of stoma.
2. Diarrhea R/T inflammation in colon.

3. Constipation R/T decreased mobility.

C. Expected outcomes R/T nursing diagnoses

D. Nursing interventions/rationale R/T care of client with gastrointestinal needs.

E. Evaluation

- 27 -

IX. ALTERATION IN NUTRITION (3/12)

NEEDS OF THE CLIENT WITH A DISORDER OF GLUCOSE METABOLISM

A. Objectives

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

1. describe the epidemiology and etiology of Type 1 and Type 2 diabetes mellitus.
2. explain pathophysiologic basis for Type 1 and Type 2 diabetes mellitus.
3. explain risk factors for developing diabetes mellitus.
4. differentiate between Type 1 and Type 2 diabetes mellitus.
5. identify the diagnostic and clinical significance of the tests employed in diagnosing Type 1 and Type 2 diabetes mellitus.
6. identify the acute and chronic complications of diabetes mellitus as they relate to the metabolic control of the disease therapeutic management.
7. assess the therapeutic effect of insulin on the diabetic client.
8. relate the role of hypoglycemic agents in diabetic therapy to the individual client's needs and responses.
9. use the nursing process to plan the care of clients with Type 1 and Type 2 diabetes mellitus.
10. explain dietary modifications used for management of patients with Diabetes.
11. perform selected nursing interventions related to the needs of the client with a disorder in glucose metabolism.
12. demonstrate preparation and administration of an insulin injection.
13. explain the use of an insulin pump in the management of diabetes mellitus.
14. discuss potential needs of clients with diabetes mellitus that should be considered when planning for discharge.

B. Readings

Phipps Chapter 39.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Daniels & Smith Chapter 9, p. 128-145.

Lutz & Przytulski Chapter 19

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content



	area.
Davis=s Drug Guide	Refer to appropriate drugs related to content area.
Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
C. College laboratory	Laboratory readings are on weekly lab guide.

- 28 -

### OUTLINE

#### I. Baseline data

- A. Overview
- B. Terminology
- C. Pathophysiology
- D. Hormonal regulation

#### II. Nursing process

##### A. Assessment: data collection

- 1. Diagnostic tests
- 2. Needs assessment of a client with:
  - a. Type 1 (incidence, etiology, metabolic and hormonal dysfunction)
  - b. Type 2 (incidence, etiology, metabolic and hormonal dysfunction)
  - c. Complications
    - (1) Acute
    - (2) Long term

##### B. Data analysis: common nursing diagnoses

- 1. Risk for fluid volume deficit R/T vomiting
- 2. Imbalanced nutrition: more than body requirement R/T sedentary activity
- 3. Knowledge deficit R/T foot care

##### C. Expected outcomes

##### D. Nursing interventions/rationale

- 1. Management of diet, activity and exercise
- 2. Pharmacological management

##### E. Evaluation

## X. ALTERATION IN OXYGENATION

### NEEDS OF THE CLIENT WITH A PERIPHERAL VASCULAR DISORDER (3/26)

#### A. Objectives

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

1. identify anatomic and physiologic factors that affect peripheral blood flow and tissue oxygenation.
2. assess peripheral circulation - perform peripheral vascular assessments.
3. differentiate between arterial and venous insufficiencies.
4. use the Nursing Process as a framework of care for patients with circulatory insufficiency of the extremities.
5. compare the various diseases of the arteries, their causes, pathologic and physiologic changes, clinical manifestations, management and prevention.
6. describe the prevention and management of venous thrombus, venous insufficiency, leg ulcers and varicose veins.
7. utilize the Nursing Process with the patient undergoing an amputation.
8. utilize previously learned Nursing skills and interventions in client care.

#### B. Readings

Phipps                                      Chapters 31, p. 868 - 894.

**NOTE:    REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Daniels & Smith                      Chapter 9, p. 138.

Lutz & Przytulski                      Chapter 20, p 426-427

Ackley & Ladwig                      Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide                      Refer to appropriate drugs related to content area.

Pagana/Pagana                      Refer to appropriate diagnostic tests related to content area.

Taylor                                      Ch. 25, p. 592-593.

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

- 30 -

### OUTLINE

#### I. Baseline Data

- A. Overview of peripheral vascular system
- B. Pathophysiology/etiology

#### II. Nursing Process

##### A. Assessment: data collection

1. Physical examination/diagnostic tests
2. Diagnostic tests
3. Assessment of a client with
  - a. Management of Arterial Disorders
    1. Arteriosclerosis
    2. Atherosclerosis
  - b. Peripheral Arterial Occlusive Disease
  - c. Buerger=s disease
  - d. Arterial Embolism and Thrombosis
  - e. Raynaud=s disease
  - f. Management of Venous Disorders
    1. Venous Thrombosis
    2. DVT
    3. Thrombophlebitis
    4. Phelbothrombosis
  - g. Chronic Venous Insufficieny
    1. Arterial Ulcers
    2. Venous Ulcers
  - h. Cellulitis
  - i. Amputation

##### B. Data analysis: common nursing diagnosis

1. Ineffective peripheral tissue related to compromised circulation.
2. Chronic pain related to impaired ability of peripheral vessels to supply tissue with oxygen.
3. Deficient knowledgement related to self care activities.
4. Risk for anticipatory and/or dysfunctional grieving related to loss of body part.
5. Risk for impaired physical mobility related to compromised circulation.

6. Acute pain related to phantom limb sensation.
7. Risk for disturbed sensory perception related to surgical amputation.
8. Impaired skin integrity related to surgical procedure.
9. Disturbed body image related to loss of body part.
10. Ineffective coping R/T failure to accept loss of body part.

C. Expected outcomes R/T nursing diagnosis

D. Nursing interventions/rationale R/T care of client with peripheral vascular disorder

E. Evaluation

- 31 -

## XI. ALTERATION IN BIOLOGICAL SAFETY (4/2)

### NEEDS OF THE CLIENT WITH IMMUNOLOGICAL RESPONSE DISORDER

#### A. Objectives

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

1. describe the functions and components of the immune system.
2. compare and contrast humoral and cellular immunity.
3. differentiate between passive and active immunity.
4. describe self-care for the client with allergies.
5. explain the physiology underlying hypersensitivity reactions.
6. use the nursing process to plan the care of a client with acquired immunodeficiency syndrome.
7. perform selected nursing interventions R/T the needs of the client with an immunological response disorder/infection/inflammation.
8. evaluate components of a predesigned teaching plan that are specific to the client=s knowledge and learning needs.
9. describe the potential needs of the client with a biological safety problem who is preparing for discharge.
10. demonstrate CDC standard and transmission based precautions.

#### B. Readings

Phipps Chapters 20, p 421-448; 21, p 449-455; 22, p 479-509.

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Taylor Chapter 19, p 398; 20, p 424; 27, p 655

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide	Refer to appropriate drugs related to content area.
Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
Lutz & Przytulski	Chapter 25
Varcarolis	Chapter 34, p 707-8

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

- 32 -

### OUTLINE

#### I. Baseline Data

- A. Immune system review.
  - 1. Organs of the immune system
  - 2. Cells of the immune system
- B. The body=s defense mechanisms
- C. Immune response
- D. Immunologic problems

#### II. Nursing Process

- A. Assessment: data collection
  - 1. Diagnostic tests
  - 2. Needs assessment of a client with an immune system disorder
    - a. HIV infection, AIDS and AIDS-related opportunistic infections
    - b. Hypersensitivity disorders
      - (1) Type I (anaphylactic)
      - (2) Type II (cytotoxic) (review from week 3)
      - (3) Type III (immune complex)
      - (4) Type IV (cell-mediated or delayed)
- B. Data analysis: common nursing diagnosis
  - 1. Ineffective family coping R/T uncertainty of future.
  - 2. Fatigue R/T side effects of drug therapy.
  - 3. Risk for infection R/T compromised host defenses.

C. Expected outcomes R/T nursing diagnosis.

D. Nursing interventions/rationale R/T care of client with immune system disorder.

1. Self-care management.
2. Pharmacological management.
3. Prevention of infection.
4. Controlling fatigue.

E. Evaluation

- 33 -

XII. ALTERATION IN SAFETY (4/9)

NEEDS OF THE CLIENT WITH A NEOPLASTIC DISORDER

A. Objectives

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

1. describe the pathophysiology of cancer, including differentiation between benign and malignant tumors, and the nature of metastasis.
2. describe the epidemiologic variables related to cancer.
3. describe general etiologic factors relating to cancer.
4. identify methods of classifying neoplasms (TNM Staging).
5. describe screening tests that are used for early detection of cancer.
6. use the nursing process to plan the care of clients with a neoplastic disorder.
7. identify the nursing responsibilities R/T the diagnostic tests used to assess neoplastic disorder.
8. differentiate nursing interventions for external vs. internal radiotherapy.
9. identify the nursing responsibilities for the client in chemotherapy relative to the specific agents, methods of administration, and specific nursing interventions.
10. describe the roles of surgery, radiation therapy, chemotherapy and other therapies in treating cancer.
11. perform selected interventions R/T the needs of the client with a neoplastic disorder.
12. describe the potential needs of the client with a neoplastic disorder who is preparing for discharge.
13. describe nursing strategies used in assessing the needs of the dying client and family through palliative care.
14. discuss factors that affect quality of life for the client and family during the dying process.
15. Provide culturally and spiritually sensitive care to terminally ill patients and their families.

B. Readings

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Ackley & Ladwig	Refer to appropriate nursing diagnosis related to content area.
Davis=s Drug Guide	Refer to appropriate drugs related to content area.
Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
Lutz & Przytulski	Chapter 23;26
Taylor	Chapter 46, p. 1458-1464.
C. College Laboratory	Laboratory readings are on weekly lab guide.

- 34 -

#### OUTLINE

#### I. Baseline data

- A. Etiology
- B. Epidemiology
- C. Pathophysiology
- D. Prevention and assessment
- E. Impact of cancer
- F. Classification of tumors

#### II. Nursing process

##### A. Assessment: data collection

1. Diagnosis
2. Procedures/diagnostic examination
  - a. Radiographic
  - b. Blood studies
  - c. Cytologic examination
  - d. Biopsy
  - e. Direct visualization
  - f. Imaging tests
3. Staging and grading (TNM Classification)
4. Assessment of the client=s physical needs
5. Psychosocial aspects of cancer
  - a. Survivorship
  - b. Recurrent disease
  - c. Terminal illness
6. Management and nursing care of the client with cancer
  - a. Surgery
  - b. Radiation therapy
  - c. Chemotherapy
  - d. Bone marrow transplantation
  - e. Biologic response modifiers
  - f. Gene therapy
7. Second malignancies

##### B. Data analysis: common nursing diagnoses

1. Imbalanced nutrition: less than body requirements R/T stomatitis, nausea, vomiting, anorexia.

2. Ineffective family/individual coping: compromised R/T caring for dependent family members.
  3. Impaired oral mucous membranes: stomatitis R/T chemotherapy.
  4. Fear R/T serious threat of well being
  5. Fatigue R/T chemotherapy, radiation.
  6. Impaired skin integrity R/T dry or wet desquamation reactions to radiation therapy.
- C. Expected outcomes R/T nursing diagnosis.
- D. Nursing interventions/rational R/T specific neoplastic disorders and treatment modalities.
- E. Evaluation

-35-

XIII. ALTERATION IN SAFETY (4/16)

NEEDS OF THE CLIENT WITH HEMATOLOGIC DISORDERS

A. Objectives

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

1. utilize the nursing process to formulate a plan of care for clients with hematologic disorders.
2. assess common symptoms associated with hematologic disorders.
3. describe the clinical problems most frequently associated with clients who have hematologic disorders.
4. identify the clinical significance and related nursing implication of the selected tests and procedures used for diagnostic assessment of hematologic disorders.
5. identify medications, their action, and side effects which are commonly used in the treatment of hematologic disorders.
6. perform nursing interventions indicated for clients experiencing disturbances of the blood and blood forming organs and pathways.
7. assist clients in overcoming the anxiety and depression that accompany many of the common hematologic disorders.
8. implement a teaching plan that will assist clients with hematologic disorders to maintain optimum health.
9. utilize previously learned nursing skills and interventions in client care.

B. Readings

Phipps Chapter 32; 33

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS .**

Ackley & Ladwig Refer to appropriate nursing diagnosis related to content area.

Davis=s Drug Guide Refer to appropriate drugs related to content area.



Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
B. College Laboratory	Laboratory readings are on weekly lab guide.

-36-  
OUTLINE

- I. Baseline data
  - A. Structure and function review of hematologic system
  - B. Hematopoiesis
  - C. Hemostasis
  - D. Immunodeficiencies
- II. Nursing process
  - A. Assessment: data collection
    - 1. Data collection
      - a. History
      - b. Diagnostic tests/laboratory data
    - 2. Disorders affecting red blood cells
      - a. Anemia
      - b. Acquired anemia
      - c. Iron deficiency anemia
      - d. Pernicious anemia
      - e. Folic acid deficiency anemia
      - f. Bone marrow failure anemia
      - g. Hemolytic anemia
      - h. Secondary anemia
      - i. Hemorrhagic anemia
      - j. Polycythemia vera
    - 3. Disorders affecting white blood cells
      - a. Leukemia - adult
      - b. Agranulocytosis
      - c. Multiple myeloma
    - 4. Disorders of the lymphoidal system
      - a. Hodgkin=s disease
      - b. Non-Hodgkin=s lymphoma
    - 5. Disorders of platelets and clotting factors
      - a. Hemorrhagic disorders
      - b. Purpura
    - 6. Coagulation disorders
      - a. Hypoprothrombinemia
  - B. Data analysis: common nursing diagnoses

1. Body image disturbance R/T alopecia, weight loss, fatigue.
  2. Altered tissue perfusion R/T hypovolemia.
  3. Imbalanced nutrition: less than body requirements R/T anorexia.
  4. Risk for injury R/T decreased platelet count.
  5. Fatigue R/T acute blood loss.
- C. Expected outcomes R/T nursing diagnosis.
- D. Nursing interventions/rationale R/T the client with a hematologic disorder.
- E. Evaluation

-37-

XIV. ALTERATION IN ACTIVITY AND EXERCISE (4/23)

NEEDS OF THE CLIENT WITH A MUSCULOSKELETAL DISORDER

A. Objectives

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

1. identify different types of fractures.
2. describe complications of fractures.
3. differentiate among open and closed reduction, traction and cast immobilization as to purpose and complications.
4. plan the nursing care of a client following closed and open reductions.
5. describe the pathophysiologic changes for rheumatoid arthritis, systemic lupus erythematosus (SLE), gout, osteoarthritis and osteoporosis.
6. use the nursing process to plan the care of clients with disorders related to mobility and exercise.
7. identify specific diagnostic tests used for the assessment of clients with disorders related to mobility and exercise.
8. assess clients for manifestations for disorders related to mobility and exercise.
9. explain the therapeutic modalities for disorders related to mobility and exercise.
10. describe the rehabilitation and education needs of the client with a total hip and total knee replacement.
11. identify action and side effects for medications prescribed for problems in mobility and exercise.
12. describe the potential needs of the client with a musculoskeletal disorder who is preparing for discharge.

B. Readings

Phipps

Chapters 51; 52; 53, pp 1559-1562, 1565-1569, 1575-1589;  
Chapter 54

**NOTE: REVIEW CRITICAL THINKING EXERCISES AT THE END OF ASSIGNED CHAPTERS.**

Taylor	Chapter 39 (review Nursing I).
Ackley & Ladwig	Refer to appropriate nursing diagnosis related to content area.
Davis=s Drug Guide	Refer to appropriate drugs related to content area.
Pagana/Pagana	Refer to appropriate diagnostic tests related to content area.
C. College Laboratory	Laboratory readings are on weekly lab guide.

-38-

OUTLINE

- I. Baseline data
  - A. Overview of structure and function
  - B. Terminology
- II. Nursing process
  - A. Assessment: data collection
    - 1. History
    - 2. Diagnostic tests/laboratory data
  - B. Nursing care of a client with musculoskeletal disorder:
    - 1. Trauma
      - a. Bone
      - b. Soft tissue structures
      - c. Joints and joint structures
    - 2. Degenerative disorders
      - a. Rheumatoid arthritis
      - b. Systemic lupus erythematosus
      - c. Osteoarthritis
      - d. Gout/gouty arthritis
      - e. Osteoporosis
      - f. Osteomyelitis
  - C. Data analysis: common nursing diagnoses
    - 1. Acute pain R/T local tissue trauma from surgical incision
    - 2. High risk for infection R/T skeletal traction, joint replacement.
    - 3. High risk for impaired skin integrity R/T immobility secondary to post-operative positioning requirements
    - 4. High risk for injury R/T cast
    - 5. Impaired physical mobility R/T pain and restricted joint movement

6. Self care deficit R/T inability to move in environment
- D. Expected outcomes
- E. Nursing interventions/rationale R/T client with specific musculoskeletal disorders
1. Fracture management
  2. Pain and inflammation management
  3. Self care management
  4. Operative procedures
- F. Evaluation

-39-

XV. ALTERATION IN SELF-ESTEEM (4/30)

NEEDS OF THE CLIENT WITH SUBSTANCE ABUSE DISORDER

A. Objectives

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

1. differentiate between tolerance and dependence.
2. define alcoholism.
3. discuss the etiological factors in the development of alcoholism.
4. identify patterns of behavior associated with alcoholism.
5. identify the factors that have a negative impact on self-esteem and lead to patterns of chemical dependency.
6. use the nursing process to plan care during the acute stages of treatment for the client with alcohol dependency.
7. assess the needs of the client with alcohol withdrawal.
8. identify nursing interventions for the client with alcohol dependency needs.
9. discuss the behavior characteristic of co-dependency as seen in adult children of alcoholics.
10. use the nursing process to plan and care for the client with alcohol dependency needs.
11. identify nursing responsibilities toward the client involved in an alcohol treatment program.
12. describe the potential discharge needs of the client with alcohol dependency.
13. evaluate one's view of chemical use and dependency.

B. Readings

Phipps

Chapters 2, p 20-22; 13, p 242-243; 46, p 1326.

- Varcarolis                      Chapters 27, p 546-573; 34, p 710-713
- Lutz & Przytulski Chapter 22, p 489-491
- Ackley & Ladwig      Refer to appropriate nursing diagnosis related to content area.
- Davis=s Drug Guide              Refer to appropriate drugs related to content area.
- Pagana/Pagana              Refer to appropriate diagnostic tests related to content area.
- C. College Laboratory      Laboratory readings are on weekly lab guide.

-40-

OUTLINE

- I. Baseline data
  - A. Statistics
  - B. Terminology
  - C. Theories of etiology
  - D. Substance abuse and the family
  - E. Organizations and support groups for alcohol abuse
- II. Nursing Process
  - A. Assessment: data collection
    - 1. Diagnostic tests/laboratory data
    - 2. Assessment of the client with needs R/T substance abuse
  - B. Data analysis: common nursing diagnoses
    - 1. Disturbance of sleep pattern R/T irritability, tremors
    - 2. Altered nutrition: less than body requirements R/T inadequate intake
    - 3. Risk for injury R/T impaired sensory/perceptual function
    - 4. Impaired parenting R/T inflexibility in meeting needs of child or situation
  - C. Expected outcomes R/T nursing diagnosis
  - D. Nursing interventions/rationale
    - 1. Diet management
    - 2. withdrawal management
    - 3. Treatment programs
    - 4. Support groups
  - E. Evaluation

