



**Department:** Nursing  
**Course Title:** Common Concepts/ Adult Health  
**Section Name:** RNSG 1341  
**Semester:** Spring 2013  
**Time:** 09:00AM- 11:50 AM  
**Classroom:** Composite Technology 217

**Instructor:** Sandra Shaw MSN, RN  
**Email:** sshaw@odessa.edu  
**Office:** CT 213  
**Phone:** 432-335-6770  
**Office Hours:** Monday 1:00pm-4:00 pm  
Tuesday (Hospital)  
Wednesday 1:00-3:00 pm

**Course Description:**

Study of common concepts of caring for selected adult clients and families in structured settings with common medical-surgical health needs related to each body system and emphasis on knowledge, judgment, skills, and professional values within a legal/ethical framework, and by integration of the role of the professional nurse as a member of the profession, a provider of patient-centered care, patient safety advocate, and member of the health care team.

**Required Texts:**

Deglin, J. & Vallerand, A. (2011). *Davis' drug guide for nurses* (13th ed.). Philadelphia:

F.A. Davis.

Doenges, M. & Moorhouse, M. (2010). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales* (12th ed.). Philadelphia: F.A. Davis.

Ignatavicius, D.D., Workman, M.L. (2012). *Medical-Surgical Nursing: Patient-Centered Collaborative Care*. (7<sup>th</sup> Ed). Elsevier: Philadelphia.

*Mosby's Medical, Nursing, & Allied Health Dictionary* (8th ed). (2009). St. Louis: C.V.

Mosby. (Another current, comparable nursing and medical dictionary may be substituted.)

Pagana, K.D. & Pagana, T.J. (2010). *Mosby's manual of diagnostic & laboratory tests* (4th ed.). St. Louis: C.V. Mosby.

Silvestri: *Sauders Comprehensive Review* (4<sup>th</sup> Ed) Elsevier: Philadelphia.

Taylor, C., Lillis, C., & LeMone, P. (2011). *Fundamentals of nursing: The art and science of nursing care*. (7th ed.). Philadelphia: Lippincott, Williams & Wilkins.

Williams, S.R. (2009). *Basic nutrition & diet therapy* (13th ed.). St. Louis: C.V. Mosby.

### **RECOMMENDED TEXTBOOKS:**

Doenges, M. & Moorhouse, M. (2009). *Nursing diagnosis manual: Planning, individualizing and documenting client care* (3rd ed.). Philadelphia: F.A. Davis.

### **Description of Institutional Core Objectives (ICO's)**

Given the rapid evolution of necessary knowledge and skills and the need to take into account global, national, state, and local cultures, the core curriculum must ensure that students will develop the essential knowledge and skills they need to be successful in college, in a career, in their communities, and in life. Therefore, with the assistance of the Undergraduate Education Advisory Committee, the Coordinating Board has approved guidelines for a core curriculum for all undergraduate students in Texas.

Through the application and assessment of objectives within the institution's core curriculum, students will gain a foundation of knowledge of human cultures and the physical and natural world; develop principles of personal and social responsibility for living in a diverse world; and advance intellectual and practical skills that are essential for all learning. Appropriate Odessa College faculty periodically evaluates all of the courses listed in the descriptions on the following pages of this catalog and keys them to Odessa College's Institutional Core Objectives (ICOs), as defined by the Texas Higher Education Coordinating Board (THECB). (Source: *Odessa College Catalog of Courses 2012-2013*, page 73)

### **Odessa College's Institutional Core Objectives (ICOs):**

- 1) *Critical Thinking Skills* - to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information
- 2) *Communication Skills* - to include effective development, interpretation and expression of ideas through written, oral and visual communication
- 3) *Empirical and Quantitative Skills* - to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions
- 4) *Teamwork* - to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal
- 5) *Personal Responsibility* - to include the ability to connect choices, actions and consequences to ethical decision-making
- 6) *Social Responsibility* - to include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

**COURSE OBJECTIVES:** Course objectives utilize the framework of Differential Entry Level Competencies of Graduates of Texas Nursing Programs. At the completion of the course, according to the corresponding program outcome (PO), the student should be able to:

**Learning Outcomes:** Students will utilize critical thinking skills and a systematic problem-solving process as a framework for providing care for adults and families with common health needs related to each body system in health and illness; and explain the roles of the professional nurse in caring for adult clients.  
(Source: *Odessa College Catalog of Courses*)

**Outcome**

**ICO**

**As a Provider of Patient-Centered Care:**

1) *Critical Thinking Skills* - to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information

Use clinical reasoning and knowledge based on the associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice (PO 5).

Identify the physical and mental status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the associate degree nursing program of study (PO 6).

Evaluate data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health

care team (PO 7).

**As a Patient Safety Advocate:**

Comply with mandatory reporting requirements of the Texas Nursing Practice Act (PO 13).

1.

**As a Provider of Patient-Centered Care:**

Use clinical reasoning and knowledge based on the associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice (PO 5).

Identify the physical and mental status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the associate degree nursing program of study (PO 6).

2.

3. Evaluate data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their

2) *Communication Skills* - to include effective development, interpretation and expression of ideas through written, oral and visual communication

3) *Empirical and Quantitative Skills* - to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions

families, and the interdisciplinary health care team (PO 7).

**As a Member of the Health Care Team:**

Describe resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality (PO 19).

4.

**As Member of the Profession:**

Participate in activities that promote the development and practice of professional nursing (PO 3).

Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning (PO 4)

5.

4) *Teamwork* - to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal

5) *Personal Responsibility* - to include the ability to connect choices, actions and consequences to ethical decision-making

6) *Social Responsibility* - to include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

## **Odessa College Policies**

### **Academic Policies**

Note that the OC Student Handbook states (page 32) that “[i]n cases of academic dishonesty, the instructor has the authority to impose appropriate scholastic penalties. Complaints or appeals of disciplinary sanctions may be filed in accordance with the college due process procedure. Copies of the college due process procedure are available in the office of The Director of Student Life (CC104).”

For more information on your rights and responsibilities as a student at Odessa College, please refer to the following: *The 411 of OC: Student Handbook 2012-2013; Student Rights & Responsibilities*

<http://www.odessa.edu/dept/studenthandbook/handbook.pdf>

## **Scholastic Dishonesty**

Scholastic dishonesty shall constitute a violation of these rules and regulations and is punishable as prescribed by board policies. Scholastic dishonesty shall include, but not be limited to, cheating on a test, plagiarism and collusion.

### **"Cheating on a test" shall include:**

- Copying from another student's test paper
- Using test materials not authorized by the person administering the test.
- Collaborating with or seeking aid from another student during a test without permission from the test administrator.
- Knowingly using, buying, selling, stealing or soliciting, in whole or in part, the contents of an unadministered test.
- The unauthorized transporting or removal, in whole or in part, of the contents of the unadministered test.
- Substituting for another student, or permitting another student to substitute for one's self, to take a test.
- Bribing another person to obtain an unadministered test or information about an unadministered test.
- "Plagiarism" shall be defined as the appropriating, buying, receiving as a gift, or obtaining by any means another's work and the unacknowledged submission or incorporation of it in one's own written work.
- "Collusion" shall be defined as the unauthorized collaboration with another person in preparing written work for fulfillment of course requirements. (Source: *Odessa College Student Handbook 2012-2013, page 29-30*)

## **Special Populations/Disability Services/Learning Assistance**

Odessa College complies with Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have any special needs or issues pertaining to your access to and participation in this or any other class at Odessa College, please feel free to contact me to discuss your concerns. You may also call the Office of Disability services at 432-335-6861 to request assistance and accommodations.

Odessa College affirms that it will provide access to programs, services and activities to qualified individuals with known disabilities as required by **Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA)**, unless doing so poses an undue hardship or fundamentally alters the nature of the program or activity. Disabilities may include hearing, mobility or visual impairments as well as hidden disabilities such as chronic medical conditions (arthritis, cancer, diabetes, heart disease, kidney disorders, lupus, seizure disorders, etc.), learning disabilities or psychiatric or emotional disabilities. A student who comes to Odessa College with diagnosed disabilities which may interfere with learning may receive accommodations when the student requests them and submits proper documentation of the diagnosis. A Request for Accommodations form and guidelines for beginning the request process are available in the OC Help Center or on the Odessa College web site at [www.odessa.edu/dept/counseling/disabilities.htm](http://www.odessa.edu/dept/counseling/disabilities.htm). The college strives to provide a complete and appropriate range of services for students with disabilities such as assistance with testing, registration, information on adaptive and assistive equipment, tutoring, assistance with access and accommodations for the classroom where appropriate. For information regarding services, students with disabilities should contact the Office of Disability Services in the OC Help Center located in Room 204 of the Student Union Building or call 432-335-6433. (Source: *Odessa College Catalog of Courses 2012-2013, page 52*)

### **Dropping a Course or Withdrawing from College**

Students wishing to drop a non-developmental course may do so online using WebAdvisor, at the Wrangler Express, or Registrar's Office. A student wishing to drop a developmental course or withdraw from college should obtain a drop or withdrawal form from the Wrangler Express or the Registrar's Office. Students are encouraged to consult with instructors prior to dropping a class. Students may not completely withdraw from the college by use of the Web. Students must drop a class or withdraw from college before the official withdrawal date stated in the class schedule. Students who are part of the Armed Forces Reserves may withdraw with a full refund if the withdrawal is due to their being ordered into active duty. A copy of the student's orders must be presented to the Registrar's Office at the time of the withdrawal. For details, please contact the Office of the Registrar. **No longer attending class does not automatically constitute withdrawal from that class, nor does a student's notification to an instructor that the student wishes to be dropped. Failure of a student to complete the drop/withdrawal process will result in a grade of "F."** (Source: *Odessa College Catalog of Courses 2012-2013, page 36*)

### **Learning Resource Center (LRC; Library)**

The Library, known as the Learning Resources Center, provides research assistance via the LRC's catalog (print books, videos, e-books) and databases (journal and magazine articles). Research guides covering specific subject areas, tutorials, and the "Ask a Librarian " service provide additional help.

### **Student Success Center (SCC)**

Located in the LRC, the Student Success Center (SSC) provides assistance to students in meeting their academic and career goals. We strive to provide new and updated resources and services at no charge to OC students. Academic support services include tutoring, study skills training, workshops, and the mentoring program. Tutoring is available for a variety of subjects including college mathematics, English, government, history, speech, chemistry, biology, and all developmental coursework. Appointments are preferred, but walk-ins will be served as soon as possible. Smarthinking online tutoring is also available. All computers in the center have Internet access, Microsoft Office, and software resources to assist OC students in improving their reading, writing and mathematical skills. The center also offers special assistance to students preparing for the THEA/COMPASS test. Computer lab assistants are available to assist students with student email, Blackboard, OC portal, Course Compass and more. For more information or to make an appointment, please call 432-335-6673 or visit [www.odessa.edu/dept/ssc/](http://www.odessa.edu/dept/ssc/) (Source: *Odessa College Catalog of Courses 2012-2013, page 54*)

### **Student E-mail**

Please access your Odessa College Student E-mail, by following the link to either set up or update your account: <http://www.odessa.edu/gmail/>. **Correspondence will be submitted using your Odessa College email as an alternative method to contact you with information regarding this course.**

### **Technical Support**

For Blackboard username and password help and for help accessing your online course availability and student email account contact the Student Success Center at 432-335-6878 or online at [https://www.odessa.edu/dept/ssc/helpdesk\\_form.htm](https://www.odessa.edu/dept/ssc/helpdesk_form.htm).

## **Expectations for Engagement – Face to Face Learning**

To help make the learning experience fulfilling and rewarding, the following Expectations for Engagement provide the parameters for reasonable engagement between students and instructors for the learning environment. Students and instructors are welcome to exceed these requirements.

### *Reasonable Expectations of Engagement for Instructors*

1. As an instructor, I understand the importance of clear, timely communication with my students. In order to maintain sufficient communication, I will
  - provided my contact information at the beginning of the syllabus;
  - respond to all messages in a timely manner through telephone, email, or next classroom contact; and,
  - notify students of any extended times that I will be unavailable and provide them with alternative contact information (for me or for my supervisor) in case of emergencies during the time I'm unavailable.
2. As an instructor, I understand that my students will work to the best of their abilities to fulfill the course requirements. In order to help them in this area, I will
  - provide clear information about grading policies and assignment requirements in the course syllabus, and
  - communicate any changes to assignments and/or to the course calendar to students as quickly as possible.
3. As an instructor, I understand that I need to provide regular, timely feedback to students about their performance in the course. To keep students informed about their progress, I will
  - return classroom activities and homework within one week of the due date and
  - provide grades for major assignments within 2 weeks of the due date or at least 3 days before the next major assignment is due, whichever comes first.

### *Reasonable Expectations of Engagement for Students*

1. As a student, I understand that I am responsible for keeping up with the course. To help with this, I will
  - attend the course regularly and line up alternative transportation in case my primary means of transportation is unavailable;
  - recognize that the college provides free wi-fi, computer labs, and library resources during regular campus hours to help me with completing my assignments; and,
  - understand that my instructor does not have to accept my technical issues as a legitimate reason for late or missing work if my personal computer equipment or internet service is unreliable.
2. As a student, I understand that it is my responsibility to communicate quickly with the instructor any issue or emergency that will impact my involvement with or performance in the class. This includes, but is not limited to,
  - missing class when a major test is planned or a major assignment is due;
  - having trouble submitting assignments;
  - dealing with a traumatic personal event; and,
  - having my work or childcare schedule changed so that my classroom attendance is affected.



3. As a student, I understand that it is my responsibility to understand course material and requirements and to keep up with the course calendar. While my instructor is available for help and clarification, I will
  - seek out help from my instructor and/or from tutors;
  - ask questions if I don't understand; and,
  - attend class regularly to keep up with assignments and announcements.

## **Institutional Calendar Spring 2013**

<http://www.odessa.edu/college-calendar12-13.pdf>

College business offices are closed from Dec 21 (Fri. at 1pm) - Jan 6 (Sun.)

### **FALL & SPRING BUSINESS HOURS:**

Wrangler Express Center: M-Th: 7:30 am-7 pm; Fri: 7:30 am-5 pm; Sat: 9 am-noon

Other offices: M-Th: 8 am-5:30 pm; Fri: 8 am-1 pm

### **SUMMER BUSINESS HOURS**

Wrangler Express Center: (beginning May 14) M-Th: 7:30 am-7 pm; Fri: 8 am-5 pm: Closed Saturdays

(beginning Aug 3, Wrangler Express will also be open 9 am-noon on Saturdays)

Other offices: May 20-Aug 17 (M-Th: 7:30 am-5:30 pm; closed Fridays)

### **Registration:**

On the Web (5 am to Midnight, 7 days a week).....Nov 12-Jan 21

In Person (See Business Hours Above).....Nov 12-Jan 18

### **\*\*\*REGISTRATION PAYMENT DEADLINE**

\* For students registered who register prior to Jan 7.....Payment is DUE Jan 7 (Mon)

\* For students who register on or after Jan 7.....Due on Day of Registration

Holiday (Martin Luther King Day - Offices closed except for Wrangler Express).....Jan 21 (Mon)

Classes Begin.....Jan 22(Tue)

### **Late Registration & Schedule Changes (Add/Drop):**

On the Web (5 am to Midnight, 7 days a week).....Jan 22-23 (Tue-Wed)

In Person (See Business Hours Above).....Jan 22-23 (Tues-Wed)

\*\* Late Registration & Add/Drop Payment Deadline.....Due on Day of Registration

Census Day.....Feb 6

Deadline for Spring Degree Application.....Mar 20

First Eight Weeks End.....Mar 22

(Fri)

Spring Break (Offices Closed - No Classes).....Mar 11-16 (Mon-Sat)

Second Eight Weeks Begin.....Mar 25

(Mon)

Holiday (Good Friday).....Mar 29

(Fri)

Last Day to Drop or Withdraw with a "W" (full semester length courses).....Apr 16

(Tues)

Student Evaluation of Instruction Survey Available Online.....April 28-May 4

Last Day to Drop or Withdraw with a "W" (2nd eight week courses).....Apr 30

(Tues)

Last Class Day.....May 11

(Sat)

Final Exams.....May 13-16 (Mon-

Thurs)

Spring Graduation.....May 17

(Fri)

End of Semester.....May 17 (Fri)

## **Course Policies**

### **ALL STUDENTS ARE EXPECTED TO:**

1. Adhere to requirements delineated in the Nursing Student Handbook.
2. Achieve a grade of 75 in RNSG 1105, RNSG 1309, RNSG 1201, RNSG 1215, and RNSG 1341 and pass the clinical course (RNSG 1260) to advance to second semester.
3. Apply skills and theory taught in the classroom to practice in the clinical lab.
4. Refer to the course calendar for class schedule and units to be studied. Utilize unit objectives

for study. These objectives are *statements of the minimum competencies* to be achieved. Read and study references and learn unfamiliar terms *prior* to class.

5. The student is responsible for any material covered through audio-visual media, class presentation, independent study, required readings, and guest speakers. In the case of contradictory information, and *unless otherwise directed*, the course textbooks are the authority to be used.
6. Reviews to prepare for examinations are offered according to preferences of the course instructor responsible for the block of content. Attendance at exam reviews is highly encouraged, but not required.
7. It is expected that students are present on exam day. Prior arrangements must be made with the instructor to make up any missed exam. Students are allowed one make up exam. **A second missed exam will be given a zero.** Make up exams will be scheduled at the instructor's convenience and must be within one week of the scheduled exam. They may utilize a different format, such as essay exams and cover the same material as the corresponding unit exam. Exam format is at the discretion of the instructor.
8. Reviews of a previously taken exam will be allowed for one week after the exam is returned. After one week, the instructor will destroy all copies of the exams.
9. Cellular phones and beepers are distracting to students and the instructors when they ring during class. These should be avoided while in class or placed in the silent mode during class time. If a student's cell phone becomes disruptive to the class, that student will be asked to leave the class and return only after completion of the calls. This includes text messaging and beepers.

### **Attendance Policy:**

Students are expected to regularly attend classes. Each session is one class. The student is responsible for the course material presented during any absence from class. Instructors will keep records of absences. Excessive absences will contribute to a failing grade. According to Odessa College student handbook policy, any student who misses 20% or more of the scheduled class time should review his or her standing in the class with the instructor and determine whether to continue in class or withdraw. Since this course meets 16 days, for three hours each day, three class days (9 hours) are considered 20% of the class.

Students are encouraged to be on time for each class. Entering a class late is disruptive to the instructor and fellow students. Habitual tardiness may impact the student's standing in the class.

### **Disclaimer**

This syllabus is tentative and subject to change in any part at the discretion of the instructor. Any changes will be in accordance with Odessa College policies. Students will be notified of changes, if any, in timely manner.

### **Original Effort**

The work submitted for this course must be original work prepared by the student enrolled in this course. Efforts will be recognized and graded in terms of individual participation and in terms of ability to collaborate with other students in this course.

### **Description of students**

Students enrolled in this course as part of the Odessa College Nursing Program. This is a required course for progression through the program.

**Course prerequisites\_ RNSG 1160; RNSG 1309 OR CONSENT OF DEPARTMENT**

(Source: *Odessa College Catalog of Courses 2012-2013, page 178*)

### **Co requisite Course Grades**

**The co requisite theory course and clinical course will initially be taken in the same semester.** If a student is unsuccessful in either the theory or clinical course, the (theory or clinical) course in which the student was unsuccessful must be taken the following semester in which the course (theory or clinical) is offered. Both courses do not have to be retaken but **BOTH courses must be successfully completed before the student can progress to the next course in the sequence of courses.** Selected nursing skills will be reviewed for all students each semester of the program. All students are required to review the required skills in each semester in order to progress in the course enrolled.

**LICENSING/CERTIFYING AGENCY: TEXAS BOARD OF NURSING (BON)**

### **Digital Protocol**

Cell phones must be placed on either *vibrate* or *silent* mode and are to be accessed in emergency cases only. The use of laptops or any other digital device is permitted in order to facilitate note-taking relative to instruction. Any written assignments will be submitted electronically on Blackboard. **The electronic recording of the time on Blackboard will be considered the time of assignment submission. Take necessary steps to ensure that your assignments are submitted on “Blackboard” time.** Back-up and/or additional copies of all assignments submitted is encouraged. **Computers/printers are available to OC students in the LRC (301-303); therefore, not having access to a computer due to technical issues (crash; corrupted files) will not be considered as an acceptable reason for not completing assignments.** If there is a loss of server connection with Odessa College due to maintenance, then an email will be sent to student with pertinent information and status reports. Assignments submitted electronically need to be **WORD documents (doc or docx).**

### **Attendance Policy**

Students are expected to regularly attend classes. Each session is one class. The student is responsible for the course material presented during any absence from class. Instructors will keep records of absences. Excessive absences will contribute to a failing grade. According to Odessa College student handbook policy, any student who misses 20% or more of the scheduled class time should review his or her standing in the class with the instructor and determine whether to continue in class or withdraw. Since this course meets 16 days, for three hours each day, three class days (9 hours) are considered 20% of the class.

Students are encouraged to be on time for each class. Entering a class late is disruptive to the instructor and fellow students. Habitual tardiness may impact the student's standing in the class.

### **AVID**

This course has been identified as a course by Career, Technical, and Workforce Education as one in which teaching and learning strategies adopted by AVID will be implemented. As a student in the legal program, you will be expected to develop an understanding of the strategies, to model the strategies, to maintain fidelity of implementation, and to examine how these strategies may impact your effectiveness as a professional in your

chosen area of occupation, either through coursework or practicum experience as outlined by the course instructor.

### **Grading Policy**

Please understand that this is a required course for the Nursing Program in order to prepare you for progression through the Nursing Program. Quality work and active participation is expected and not to be negotiated. As a general policy, grades will be taken in class. Any written assignments or tests will be graded outside of class. You can expect feedback on assignments within a week's time.

**EVALUATION AND GRADING:** The grading policy for the Associate Degree Nursing Program will be followed. There will be four unit exams consisting of no more than 60 questions. The final exam will consist of approximately 100 questions. Questions may be multiple choice, matching or fill in the blank. No assignments/exams are optional. All work must be submitted in order to earn a grade in this course unless the student has made arrangements with the instructor to receive a grade of incomplete (I) or withdrawal (W). Students will earn grades in RNSG 1341 according to the following grade distribution:

#### **Grading Scale**

**A 90-100**

**B<sup>++</sup> 80-89**

**C<sup>++</sup> 75-79**

**D<sup>++</sup> 60-74.99**

**F<sup>++</sup> 59 or below**

A final grade of C or higher must be attained in order to pass RNSG 1341. Grades are carried to two decimal places until the final grade that is rounded to the appropriate whole number. No grades will be rounded up to 75 to pass. (Example: 74.99 = grade of D.)

#### **A.T.I. Policy**

Students in Semesters one (1), two (2), and three (3) will take Practice Exams 1 and 2 relevant to each course. Students may take each practice exam twice (and only twice for a grade). The highest grade on each of the Practice Exams will be counted as a daily grade.

Proctored exams will be given near the end of each semester in semesters one (1), two (2), and three (3) and Management. All students are required to remediate. If a student scores an 80 or higher the student will receive a 100%. If a student receives a 75-79 on the exam the student will receive a 80% and with successful remediation will receive the extra 20%. If a student receives a 70-74 on the exam the student will receive 60% and with successful remediation will receive 20%. A student who falls below 60 will receive 20% for successful remediation.

### **Grade Inquiry Policy**

It is the responsibility of the individual taking this course to maintain accurate track of assignment submissions and grades. There will be opportunities during the semester to meet with the instructor to discuss your academic progress. Contact the instructor to schedule an appointment. Class time will not be used for grade inquiries. All grades are final.

### **Communication Plan**

The best way to communicate with the course instructor is via email through Blackboard. Also, check in Blackboard regularly for announcements, including any changes in the course schedule due to instructor illness or conference attendance. Appointments with the instructor may also be scheduled.

## General Course Requirements

1. Attend class and participate.
2. Contribute and cooperate with civility.
3. **Submit assignments on time. Late work will not be accepted. Medical and/or family circumstances that warrant an extension on assignments need to be presented to the instructor. Extensions will be allowed at the instructor's discretion.**

## Incomplete Policy

An 'Incomplete' grade may be given only if:

1. The student has passed all completed work
2. If he/she has completed a minimum of 75% of the required coursework. A grade of an "I" will only be assigned when the conditions for completions have been discussed and agreed upon by the instructor and the student.

## Overview of assignments

<u>Type of Assignment</u>	<u>Percentage</u>
<b>Weighting of Grades:</b>	
1. <b>Unit Exams (4)</b>	<b>60%</b>
2. <b>Daily Grade</b>	<b>5%</b>
3. <b>ATI proctored</b>	<b>10%</b>
4. <b>Final Exam</b>	<b>25%</b>
<b>TOTAL</b>	<b>100%</b>

## UNIT OBJECTIVES:

### Unit I Common Problems of the Immunologic and Musculoskeletal Systems

Learning Objectives: At the end of this unit, the student will be able to:

#### Inflammation & the Immune Response (Ch. 19)

1. Describe self-tolerance, inflammation, immunity, and the five cardinal manifestations of inflammation. Review the protection provided by active, passive, and cell-mediated immunity.
2. Discuss influences of the aging process on inflammation and immunity and how these changes increase health risks for older adults.
3. Interpret white blood cell count with differential.
4. Describe expected immune system responses to the presence of transplanted organs and the need for drug therapy to prevent transplant rejection.

#### Care of Patients with Immune Function Excess: Hypersensitivity & Autoimmunity (Ch. 22)

1. Verify that known hypersensitivities of each patient are documented in the medical record

- and communicated to all members of the health care team.
- 2. Coordinate with other members of the health care team to ensure a safe environment for the patient with a latex allergy. Implement measures to prevent anaphylaxis.
- 3. Encourage patients with a severe allergy or history of anaphylaxis to wear a medical alert bracelet or other identification.
- 4. Teach patients with allergies how to avoid known allergens and, how to self-inject epinephrine if needed.
- 5. Describe allergy testing techniques.
- 6. Compare the characteristics and manifestations of type I, type II, type III, type IV and type V hypersensitivity reactions.
- 7. Explain the rationale for types of drug therapy for autoimmune disorders.
- 8. Prioritize care for the patient experiencing anaphylaxis.

### Care of Patients with Arthritis and Other Connective Tissue Diseases (Ch. 20)

- 1. Collaborate with members of the health care team and prioritize interventions for patients with arthritis or other connective tissue disease (CTD), including osteoarthritis (OA) and rheumatoid arthritis (RA).
- 2. Teach patients how to protect and exercise their joints and conserve energy; and identify community resources to help patients achieve or maintain independence.
- 3. Teach patients how to prevent Lyme disease and detect it early.
- 4. Assess the patient's and family's response to arthritis or other CTDs, their support systems and available resources, their sources of stress and coping mechanisms.
- 5. Compare and contrast the pathophysiology and clinical manifestations of OA and RA and interpret laboratory findings for these patients and those with other autoimmune CTDs.
- 6. Monitor for and prevent complications of total hip and knee arthroplasty. Teach patients and families about post-operative care after a total joint arthroplasty.
- 7. Provide information for patients and their families about the use and side effects of drug therapy for arthritis or other CTDs. Identify nursing implications associated with drug therapy for patients with RA and other CTDs. Evaluate and document patient response to drug therapy.
- 8. Discuss discoid lupus erythematosus and systemic lupus erythematosus, polymyositis, systemic necrotizing vasculitis, polymyalgia rheumatic, ankylosing spondylitis, Reiter's syndrome, and Sjogren's syndrome.
- 9. Prioritize nursing interventions for patients who have systemic sclerosis.
- 10. Describe patient-centered collaborative care for patients with gout and current treatment strategies for patients with fibromyalgia syndrome and psoriatic arthritis.

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### Assessment of the Musculoskeletal System (Ch. 52)

- 1. Collaborate with physical and occupational therapists to perform a complete musculoskeletal assessment. Assess patients for mobility, gait, skills, pain and use of assistive devices. Assess patients regarding iodine allergy before imaging assessments.
- 2. Explain how physiologic aging changes of the musculoskeletal (MS) system affect care of older adults.
- 3. Assess the patient's and family's reaction to change in body image related musculoskeletal problems. Recognize the importance of support systems and effective strategies for patients with unexpected altered body image caused by musculoskeletal health problems.
- 4. Review A & P of the MS system & conduct a MS system history using Gordon's Functional

Health Patterns. Interpret history and assessment findings for the patient with MS health problems.

5. Explain use of laboratory testing for a patient with MS health problems.
6. Develop a teaching plan to educate the patient and family about diagnostic procedures.

#### Care of Patients with Musculoskeletal Problems (Ch. 53, pp. 1119-1133, 1138-1142, Skip Benign

##### Bone Tumors & Bone Cancer)

1. Coordinate with the health care team when planning and providing care for patients with MS health problems.
2. Teach the patient and family about home safety for a patient with MS health problems and identify community resources for the patient and family.
3. Apply infection control principles for patients with osteomyelitis, including Contact Precautions as needed. Differentiate acute and chronic osteomyelitis and prioritize care for patients with osteomyelitis.
4. Develop a teaching plan for all age-groups about ways to decrease risk for osteoporosis.
5. Perform health risk assessments for people at risk for osteoporosis and osteomalacia; assess the patient's genetic risk for muscular dystrophy. Refer patients with genetic-associated diseases for genetic counseling and testing. Explain the role of the nurse when caring for an adult patient with muscular dystrophy.
6. Educate the patient and family about common drugs used for bone diseases, such as calcium supplements & biophosphonates.
7. Compare and contrast osteoporosis and osteomalacia. Identify key features of Paget's disease.
8. Describe common disorders of the foot, including hallux valgus and plantar fasciitis, that can affect mobility.

#### Care of Patients with Musculoskeletal Trauma (Ch. 54)

1. Explain collaboration with the health care team when providing care for patients with fractures and amputations. Apply principles of infection control when caring for a patient with a compound fracture.
2. Identify community resources about amputations for patients and their families.
3. Recognize the importance of teaching the public about ways to prevent fractures and other MS injuries. Plan discharge teaching for patients with fractures or amputations.
4. Plan care for older adults with hip fractures, including interventions to increase mobility.
5. Describe assessment of patient's and family's reaction to changes in body image from amputation. Explain how to assist patients in coping with loss of a body part.
6. Compare and contrast common types of fractures. Describe the usual healing process for bone. Assess patient with MS trauma to prioritize interventions for their care and explain typical clinical manifestations seen in patients with fractures.
7. Describe nursing care of patients with casts for fractures and patients with traction and external fixation for patients with fractures. Plan pain management for patients with musculoskeletal trauma.
8. Identify risks for complications from fractures, and take measures to help prevent them.
9. Describe a focused musculoskeletal and neurovascular assessment for patients with musculoskeletal trauma.
10. Develop a postoperative plan of care for a patient after fracture repair.
11. Describe emergency care for people who have traumatic amputation. Identify common

- causes of amputation; and plan postoperative care, including health teaching, after an elective amputation.
12. Identify complementary and alternative therapies for patients with phantom limb pain. Describe patient-centered collaborative care needed to manage complex regional pain syndrome.
  13. Plan care for patients with common sports related injuries.

## **Unit II Assessment of the Endocrine System, and Common Problems of the Cardiovascular and Hematologic Systems**

Learning Objectives: At the end of this unit, the student will be able to:

### Assessment of the Endocrine System (Ch. 64)

1. Ensure that agency procedures for collecting and handling specimens for endocrine function studies are followed.
2. Identify factors that place patients at risk for endocrine health problems. Teach everyone about the dangers of misusing or abusing hormones or steroids.
3. Encourage the patient to express concerns about changes in appearance, sexuality, or fertility. Assess the patient for recent changes in behavior or responses to stress.
4. Teach patients and family members about what to expect during tests and procedures to assess for endocrine problems.
5. Describe the relationship between hormones and receptor sites. Explain negative feedback as a control mechanism for hormone secretion. Apply principles of A & P to understand the role of the endocrine system in homeostasis.
6. Identify adaptations in nursing assessment or interventions needed because of age-related changes in endocrine function.
7. Interpret laboratory test findings and clinical manifestations for patients with possible endocrine problems.

### Assessment of the Cardiovascular System (Ch.35; Ch. 37, p. 745 – “Types of Heart Failure”)

1. Prioritize care for patients having invasive cardiac diagnostic tests.
2. Identify patients at risk for cardiovascular (CV) problems.
3. Differentiate modifiable and non-modifiable risk factors for CV disease.
4. Teach patients about ways to decrease their risk for CV problems.
5. Explain nursing implications related to CV changes associated with aging.
6. Explain psychological responses to CV disease.
7. Review the A & P of the CV system.
8. Describe the unique characteristics of heart disease in women.
9. Perform focused physical assessment and reassessment for patients with CV problems.
10. Interpret laboratory test findings for patients with suspected or actual CV disease.
11. Differentiate invasive hemodynamic pressures and their significance.
12. Ch. 37: Identify and describe three major types of heart failure.

### Assessment of the Hematologic System (Ch.41)



1. Verify that the patient has given informed consent for a bone marrow aspiration or biopsy.
2. Assess the patient's endurance in performing ADLs.
3. Perform a clinical health history and risk assessment for hematologic function.
4. Teach patients and family members about what to expect during procedures to assess hematologic function.
5. Explain the relationship between hematologic problems and the need for oxygen.
6. Describe the hematologic changes associated with aging.
7. Describe the role of platelets in hemostasis.
8. Interpret blood cell counts and clotting tests to assess hematologic status.
9. Explain the effects of anticoagulants, fibrinolytics, and inhibitors of platelet activity on hematologic function.
10. Prioritize nursing care for the patient after bone marrow aspiration.

#### Care of Patients with Hematologic Problems (Ch. 42, pp. 869-878, Stop Before Aplastic Anemia)

1. Examine individual patient factors for threats to safety, especially among older adults.
2. Modify the environment to protect patients who have thrombocytopenia.
3. Identify appropriate community resources for the patient with a serious hematologic problem or recovering from a stem cell transplant. Plan continuity of care between the hospital and community-based agencies for the patient having a stem cell transplant.
4. Identify patients at increased risk for infection and hemorrhage.
5. Assess the patient's endurance in performing ADLs.
6. Coordinate with a dietitian to teach patients with dietary deficiency-related anemia about the appropriate food sources for anemia prevention.
7. Teach patients and family members how to avoid injury and infection when blood counts are low.
8. Use effective communication when teaching patients and family members about what to expect during tests and therapeutic procedures.
9. Use complementary and alternative therapies along with drug therapy to improve patient comfort.
10. Identify three clinical manifestations common to patients who have any type of anemia.
11. Identify people at increased genetic risk for a hematologic disorder. Prioritize nursing care for the patient who has sickle cell disease.
12. Prioritize nursing interventions for the patient with thrombocytopenia.

### **Unit III Common Problems of the Integumentary and Respiratory Systems**

#### **Assessment of the Skin, Hair, and Nails (Ch. 26)**

1. Use knowledge of integumentary changes associated with aging to protect older adult patients from skin injury.
2. Modify techniques to assess skin changes in patients with darker skin.
3. Teach all people how to protect the skin from sun exposure. Teach all people to use the ABCDE method of checking lesions for manifestations of melanoma.
4. Perform health history and risk assessment for skin, hair and nail problems.
5. Teach patients and family members what to expect during tests to assess skin function and skin disease.
6. Reassure patients who have skin changes that are variations of normal.
7. Review A & P of the epidermis, dermis, and subcutaneous tissue. Use proper terminology to communicate skin assessment findings.
8. Distinguish between normal variations and abnormal skin manifestations with regard to

skin color, texture, warmth and moisture.

9. Use the ABCDE method of assessing skin lesions for cancer.

### Care of Patients with Skin Problems (Ch. 27)

1. Use principles of infection control to prevent transmission when caring for a patient with a skin infection.
2. Supervise skin care delegated to licensed and unlicensed nursing personnel.
3. Teach the patient with mobility problems and the patient's caregivers how to reduce and relieve skin pressure in the home environment.
4. Ensure that the skin of the incontinent patient is kept clean and dry.
5. Use appropriate risk assessment tools to perform a focused skin assessment to determine risk for pressure ulcer development and adequacy of the skin's protective functions.
6. Teach all people ways to reduce risk for skin cancer including performing thorough skin self-examination (TSSE) to monitor for skin cancer.
7. Instruct the patient with a skin infection and the patient's caregivers how to avoid spreading the infection.
8. Assess the patient's ability to see and reach the affected area on the skin and care for the problem.
9. Assess the patient's and family's feelings about a chronic skin condition or visible scar. Support them in coping with changes in skin integrity and in body image.
10. Encourage the patient with a visible wound or other skin problem to participate in care of the wound.
11. Compare wound healing by first, second, and third intention. Evaluate wounds for size, depth, presence of infection, and indications of healing.
12. Differentiate manifestations for pressure ulcer categories: stage 1 through 4, unstageable ulcers, and suspected deep tissue injury. Coordinate with the health care team an individualized strategy for pressure ulcer prevention for a patient at increased risk.
13. Identify key features of psoriasis. Coordinate nursing interventions for care of the patient with psoriasis in the community.
14. Identify key features of melanoma and other skin cancers.

### Assessment of the Respiratory System (Ch. 29)

1. Encourage all people to use masks and adequate ventilation when exposed to inhalation irritants.
2. Teach patients and family members about what to expect during tests and procedures to assess respiratory function and respiratory disease.
3. Assess the patient's endurance in performing ADLs. Apply respiratory assessment techniques correctly to perform clinical respiratory assessment, including health history, genetic risk, physical assessment, and psychosocial assessment.
4. Distinguish between normal and abnormal (adventitious) breath sounds.
5. Explain respiratory changes associated with aging.
6. Calculate the pack-year smoking history for the patient who smokes or has ever smoked cigarettes.
7. Interpret arterial blood gas (ABG) values to assess the patient's respiratory status.
8. Explain nursing care needs for the patient after a bronchoscopy or open lung biopsy.

## Care of Patients with Noninfectious Upper Respiratory Problems (Ch. 31, pp. 580-586 Skip

### Cancer, Laryngeal Trauma, and Vocal Cord Paralysis)

1. Supervise care delegated to licensed and unlicensed nursing personnel to patients who have risk factors for airway obstruction.
2. Perform a focused upper respiratory assessment and reassessment to determine adequacy of oxygenation and tissue perfusion.
3. Prioritize nursing care needs of a patient after a nasoseptoplasty.
4. Recognize manifestations and care needs of a patient with an anterior nosebleed and of a patient with a posterior nosebleed.
5. Prioritize nursing care needs of a patient with facial trauma.
6. Describe the pathophysiology and the potential complications of sleep apnea.

## Care of Patients with Common Infectious Respiratory Problems (Ch. 33, pp. 640-652, Stop Before SARS)

1. Explain the pathophysiology of communicable respiratory diseases and the airborne and droplet modes of organism transmission.
2. Apply principles of infection control (e.g., hand hygiene, Isolation Precautions, Airborne Precautions) when providing care to patients with respiratory infections.
3. Prepare to participate in disease-containing activities in the event of an outbreak of pandemic influenza.
4. Identify adults at highest risk for contracting influenza, pneumonia, tuberculosis, and other respiratory infections.
5. Provide information to everyone about immunization against influenza and pneumonia.
6. Teach everyone the use of specific infection control techniques, especially hand hygiene and Centers for Disease Control and prevention (CDC) cough/sneeze etiquette, to avoid acquiring and spreading respiratory infections.
7. Adjust teaching activities to avoid contributing to patient fatigue.
8. Perform focused respiratory assessment and re-assessment. Recognize manifestations of infectious respiratory diseases.
9. Compare manifestations of pneumonia in the younger adult with those exhibited by the older adult with pneumonia.
10. Administer oxygen therapy to the patient with hypoxemia, and evaluate the response.

## **Unit IV Common Problems of Digestion, Nutrition, and Elimination**

### Assessment of the Gastrointestinal System (Ch. 55)

1. Assess patients for complications of diagnostic tests.
2. Prioritize post-test care of patients having endoscopic procedures.
3. Identify factors that place patients at risk for diagnostic GI testing to patients and families.
4. Teach pre-test and post-test care for GI diagnostic testing to patients and families.
5. Identify general psychological responses to GI health problems.
6. Briefly review A & P of the GI system.
7. Describe GI system changes associated with aging.
8. Perform a GI history using Gordon's Functional Health Patterns.

9. Perform focused physical assessment for patients with suspected or actual GI health problems.
10. Explain and interpret common laboratory tests for a patient with a GI health problem.

Care of Patients with Oral Cavity Problems (Ch. 56, pp. 1192-1195; 1200-1202, Skip Oral Cancer)

1. Plan continuity of care between the hospital and community-based agencies for patients having oral surgery.
2. Identify appropriate community resources for patients with oral cavity health problems.
3. Teach patients ways to prevent oral cancer and maintain good oral health.
4. Develop a teaching plan for patients who have stomatitis to promote digestion and nutrition.
5. Develop a teaching plan for patients who have stomatitis to promote digestion and nutrition.
6. Describe collaborative interventions to promote nutrition for postoperative patients having extensive oral surgery.
7. Identify methods to help patients communicate effectively after oral surgery.
8. Plan care for patients who have disorders of the salivary glands.
9. State best practices for teaching or providing oral care for patients.

Management of Patients with Gastric and Duodenal Disorders (Ch. 58, pp. 1220-1234, 1238-1239. Skip Gastric Cancer)

1. Describe the importance of collaborating with members of the health care team when caring for patients with stomach disorders.
2. Identify community resources for patients with gastric disorders.
3. Develop a teaching plan for patients about complementary and alternative therapies that have been used to help manage gastritis and peptic ulcer disease (PUD).
4. Plan interventions to promote GI health and prevent gastritis.
5. Compare etiologies and assessment findings of acute and chronic gastritis. Identify risk factors for gastritis.
6. Compare and contrast assessment findings associated with gastric and duodenal ulcers.
7. Identify the most common medical complications that can result from PUD.
8. Describe the purpose and adverse effects of drug therapy for gastritis and PUD.
9. Monitor patients with PUD for signs of upper GI bleeding. Prioritize interventions for patients with upper GI bleeding.
10. Plan individualized care for the patient having gastric surgery.
11. Explain the purpose and procedure for gastric lavage.
12. Evaluate the impact of gastric disorders on the nutrition status of the patient.
13. Develop a preoperative and postoperative plan of care for the patient undergoing gastric surgery.

Care of Patients with Noninflammatory Intestinal Disorders (Ch. 59, pp. 1240-1244; 1260-1265, Skip Colorectal Cancer & Abdominal Trauma)

1. Prioritize nursing care for the patient with abdominal trauma.

2. Develop a teaching-learning plan for patients with irritable bowel syndrome (IBS).
3. Differentiate the most common types of hernias.
4. Develop a plan of care for a patient undergoing a minimally invasive hernia repair.
5. Explain the differences between small-bowel and large-bowel obstructions.
6. Develop a plan of care for a patient with an intestinal obstruction to promote elimination.
7. Describe the postoperative care for a patient having a hemorrhoid surgical procedure.
8. Explain the pathophysiology of malabsorption syndrome.

#### Care of Patients with Common Problems of the Biliary System (Ch. 62, pp. 1315-1320, 1333-1334

(summary), Stop Before Cancer of the Gallbladder)

1. Teach people about health promotion practices to prevent gallbladder disease.
2. Identify risk factors for gallbladder disease.
3. Interpret diagnostic test results associated with gallbladder disease.
4. Compare postoperative care of patients undergoing a traditional cholecystectomy with that of patients having laparoscopic cholecystectomy.

#### Care of Patients with Common Esophageal Problems (Ch. 57, pp. 1203-1211, 1218-1219

(summary) Stop at Esophageal Tumors)

1. Explain the importance of collaborating with the health care team when providing care to patients with esophageal health problems that impair swallowing or limit nutrition.
2. Teach the patient and family about lifestyle changes to decrease gastroesophageal reflux disease (GERD) and the discomfort of hiatal hernias.
3. Describe special considerations for the older adult with GERD.
4. Perform focused assessments for patients with esophageal health problems.
5. Apply knowledge of pathophysiology to anticipate complications of GERD.
6. Plan how to teach patients with GERD about drug therapy.

#### **Unit V Common Problems of the Eyes and Ears; Common Diseases of the Renal System and Assessment of the Male Reproductive System**

##### Assessment of the Eye and Vision (Ch. 48)

1. Use aseptic technique when touching the eyelids of external eye structures.
2. Use appropriate technique when instilling eye drops or eye ointments.
3. Verify that informed consent has been obtained before invasive tests before the eye or vision tests are performed.
4. Teach all people about the use of eye protection equipment and strategies.
5. Perform health history and risk assessment for eye and vision problems.
6. Teach patients who have systemic health problems that may affect eye health and vision to adhere to prescribed therapies and to have yearly eye examinations by an ophthalmologist.
7. Teach patients and family members about what to expect during tests and procedures to assess vision and eye problems.
8. Provide the opportunity for the patient and family to express their concerns about a possible change in vision.
9. Review refraction in relation to how the cornea, lens, aqueous humor, and vitreous humor contribute to vision.

- 10.Explain the relationship between intraocular pressure and eye health.
- 11.Use knowledge of anatomy and psychomotor skills when assessing the eye and vision.
- 12.Explain the eye changes associated with aging and their impact on vision.
- 13.Interpret the findings of visual acuity by the Snellen chart.

Care of Patients with Common Eye and Vision Problems (Ch. 49, pp. 1052-1071; 1073-1076, Skip Trauma & Ocular Melanoma)

1. Use aseptic technique when performing an eye examination or instilling drugs into the eye. Apply the principles of infection control when caring for a patient with reduced vision to his or her immediate environment.
2. Ensure that all members of the health care team are aware of a patient's visual limitations and need for assistance.
3. Teach all people, especially those older than 40 years, to have an annual eye examination including measurement of intraocular eye pressure.
4. Teach patients and family members how to correctly instill ophthalmic drops and ointment into the eye.
5. Teach the patient and family how to alter the home environment for patient safety.
6. Teach patients and family members about what to expect during procedures to correct vision and eye problems.
7. Provide opportunities for the patient and family to express concerns about a change in vision.
8. Refer the patient with reduced vision to local services for the blind.
9. Teach the patient with reduced vision about techniques for performing ADLs and self-care independently.
- 10.Explain the consequences of increased intraocular pressure (IOP).
- 11.Identify common actions, conditions, and positions that increase IOP.
- 12.Prioritize education needs for patients after cataract surgery with lens replacement.
- 13.Prioritize educational needs for patients with primary open-angle glaucoma.
- 14.Describe the mechanisms of action and nursing implications of drug therapy for glaucoma.

Assessment of the Ear and Hearing (Ch. 50)

1. Apply principles of infection control when examining an ear with drainage.
2. Teach all people how to perform ear hygiene safely. Teach all people to use ear protection equipment and strategies.
3. Teach patients and family members about what to expect during tests and procedures to assess ear and hearing problems.
4. Provide opportunities for the patient and family to express feelings and concerns about a possible change in hearing.
5. Identify people at risk for hearing problems as a result of drug therapy, genetic predisposition, or exposure to environmental hazards.
6. Discuss a clinical ear and hearing assessment, including health history and psychosocial assessment; discuss correct use of an otoscope.
7. Describe adaptations needed when caring for patients who have age-related changes in the structure of the ear and hearing.
8. Identify 10 common drugs that affect hearing.

## Care of Patients with Common Ear and Hearing Problems (Ch. 51, Skip Neoplasms, and Acoustic Neuroma)

1. Apply principles of infection control when examining an ear with drainage.
2. Implement precautions to prevent falls in patients experiencing vertigo or dizziness.
3. Discuss correctly instilling ear drops.
4. Teach patients using hearing aids how to use and care for them properly.
5. Teach patients and family members about what to expect during tests, procedures, and follow-up to manage ear and hearing problems.
6. Provide opportunities for the patient and family to express feelings and concerns about a change in hearing.
7. Refer hearing-impaired patients and families to local and Internet-based support services.
8. Compare the clinical manifestations and interventions for external otitis with those of otitis media.
9. Discuss safe removal of impacted cerumen from the ear canal of an older patient.
10. Coordinate the care of the patient with Meniere's disease.
11. Prioritize nursing care needs for the patient after tympanoplasty.
12. Prioritize educational needs for the patient after stapedectomy.
13. Identify an appropriate method for communicating with a patient who has recently become hearing impaired.

## Assessment of the Renal/Urinary System (Ch. 68)

1. Use Standard Precautions when handling urine specimens or examining the patient's genitalia.
2. Determine whether the patient has risks for an allergic reaction to contrast dyes or a drug-contrast dye adverse interaction before testing procedures.
3. Verify that informed consent has been obtained and that the patient has a clear understanding of the potential risks before undergoing invasive procedures to assess the kidneys and urinary function.
4. Examine individual patient factors contribute to safety risks.
5. Teach all people about the importance of maintaining an adequate oral fluid intake.
6. Teach about or assist with cleansing of the perineum of urinary meatus after using the toilet and during daily bathing or showering.
7. Use language comfortable for the patient and respect the patient's dignity when performing assessment of the kidneys and urinary system.
8. Encourage the patient to express feelings or concerns about a change in kidney or bladder function.
9. Explain all diagnostic procedures, restrictions, and follow-up care to the patient scheduled for tests.
10. Briefly review the relevant A & P of the kidney and urinary system.
11. Describe age-related changes in the kidney and urinary system.
12. Describe the correct techniques to use in physically assessing the kidney and urinary system.
13. Use lab data to distinguish between dehydration and kidney impairment.
14. Coordinate nursing care for the patient during the first 24 hours after IV urography or kidney biopsy.

Stop Before Urothelial Cancer)

1. Assess the appropriateness for continuing therapy with indwelling urinary catheters.
2. Encourage everyone to have a daily fluid intake of 1.5 to 2.5 L unless another health problem requires fluid restriction or to have sufficient fluid intake to result in urine output of 2 to 2.5 L daily.
3. Teach women risk-reduction interventions for urinary tract infections.
4. Teach proper application of pelvic floor exercises to reduce or prevent urinary incontinence.
5. Use language the patient is comfortable with when discussing urinary and sexual issues.
6. Encourage patients and families to express their feelings and concerns about a change in urinary elimination.
7. Explain to the patient and family what to expect during tests and procedures for urinary problems.
8. Refer patients with long-term urinary problems to appropriate community resources and support groups.
9. Coordinate care to prevent urinary tract infections among hospitalized patients.
10. Compare the physiology and manifestations of stress incontinence, urge incontinence, overflow incontinence, mixed incontinence, and functional incontinence.

Assessment of the Male Reproductive System (Ch. 72, pp. 1575, Intro paragraphs on p. 1576, &

pp. 1577-1578, include Chart 72-1)

1. Briefly review the A & P of the male reproductive system.
2. Identify reproductive changes of the male associated with aging and their implications for nursing care. (Review Chart 72-1)
3. Discuss a focused physical assessment of the patient with male reproductive system problems.

Students are encouraged to be on time for each class. Entering a class late is disruptive to the instructor and fellow students. Habitual tardiness may impact the student's standing in the class.

**The Odessa College Student Success Coaches will help you stay focused and on track to complete your educational goals. If an instructor sees that you might need additional help or success coaching, he or she may submit a Retention Alert or a Starfish Alert. A Student Success Coach will contact you to work toward a solution.**

*This course Clinical Introduction/RNSG1341/Spring 2013 has been identified as a course by Career, Technical, and Workforce Education as one in which teaching and learning strategies adopted by AVID will be implemented. As a student in the Nursing program, you will be expected to develop an understanding of the strategies, to model the strategies, to maintain fidelity of implementation, and to examine how these strategies may impact your effectiveness as a professional in your chosen area of occupation, either through coursework or practicum experience as outlined by the course instructor.*



\*\*\*Odessa College complies with Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have any special needs or issues pertaining to your access to and participation in this or any other class at Odessa College, please contact Becky Rivera-Weiss in the Office of Disability Services at 432-335-6861 to request assistance and accommodations.

**The SEI process for face-to-face and online courses is to be announced.**

## Course Schedule: Days

<b>March 25,</b> Orient 9-10 am; Computer Instruction - ATI Unit I Immunological	Ignatavicius Chapters 19 & 22
<b>March 27</b> Immunological, Cont.	Ignatavicius Chapter 20
<b>April 1</b> Musculoskeletal	Ignatavicius Chapters 52 & 53, pp.1119- 1133, 1138-1142
<b>April 3</b> Musculoskeletal, Cont.	Ignatavicius Chapter 54
<b>April 8 - Unit I Exam</b> Unit II Endocrine	Ignatavicius Chapter 64
<b>April 10</b> Cardiovascular/ Hematological	Ignatavicius Chapters 35, 37, p. 745, 41, 42, pp. 869-878
<b>April 15</b> Respiratory	Ignatavicius Chapters 29 & 31, pp. 580- 586, 33, pp. 640-652
<b>April 17 Unit III exam</b> Unit IV GI	Ignatavicius Chapters 55, 56, pp. 1192- 1195, 1200-1202, 58, pp. 1220-1234, 1238-1239, 59, pp. 1240-1244, 1260- 1265
<b>April 22</b> Biliary Esophageal	Ignatavicius Chapter 62, pp. 1315-1320, 1333-1334; 57, pp. 1203-1211, 1218- 1219
<b>April 24</b> <b>Unit EXAM IV</b>	
<b>April 29</b> Eye, Ear	Ignatavicius Chapters 48, 49, pp. 1052- 1071, 1073-1076, 50, & 51
<b>May 1</b> Renal; & Reproductive Assessment	Ignatavicius Chapters 68, 69, pp. 1489- 1512, 1516-1517, 72, pp. 1575-1578, Chart 72-1
<b>MAY 8</b> <b>Comprehensive Final exam 9:00am</b>	



## STUDENT CONTRACT

I have read the course syllabus for RNSG 1341, the Odessa College Handbook, and the Nursing Department Student Handbook. I understand the requirements, grading policies, and attendance policies for this course.

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Student Signature

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Date

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Instructor Signature

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Date