BERGEN COMMUNITY COLLEGE

THE SCHOOL OF HEALTH PROFESSIONS

DEPARTMENT OF NURSING

NUR 281

LEVEL II

ADULT HEALTH NURSING - A

COURSE OUTLINE

4 CREDITS

LECTURE: 4 HOURS PER WEEK

CLINICAL: 10 HOURS PER WEEK

CLINICAL CONFERENCE: 2 HOURS PER WEEK

FOR USE DURING THE FALL 2015 and
SPRING 2016 SEMESTERS ONLY
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ALL POLICIES AND COURSE REQUIREMENTS ARE SUBJECT TO REVISION ON A SEMESTER BY SEMESTER BASIS. STUDENTS WILL BE NOTIFIED OF ANY REVISION(S) AT THE BEGINNING OF THE SEMESTER IN WHICH THE POLICY OF REQUIREMENTS IS/ARE TO BE IMPLEMENTED DURING THE FIRST MEETING OF THE APPROPRIATE NURSING CLASS.
NUR-281, Adult Health Nursing A

**COURSE DESCRIPTION**

NUR-281, Adult Health Nursing A is a second level course in the nursing sequence which focuses on the health care of individuals and families who have needs related to fluid and electrolytes, oxygenation and circulation. Students will use the nursing process in a variety of health care settings to assist individuals, families and groups achieve optimum health. This course runs for half the semester concurrently with NUR-282.

4 lec., 12 lab., 7.5 weeks, 4 credits.


**NUR 281 COURSE LEARNING OUTCOMES**

1. Provides care based on Orem’s Self Care Model to one or two individuals with deficits in USCRs Air and Water.
2. Applies nursing care that reflects the developmental capabilities of individuals.
3. Engages in therapeutic and professional techniques when interacting with individuals, families, and other health team members.
4. Implements nursing care based on biological, psychological, sociological, cultural, spiritual, and economic factors that influence the health of individuals.
5. Selects nursing activities that support personal, professional, and educational development.
6. Behaves in a professional, ethical, and legal manner effecting nursing practice in the current health care environment.
7. Applies skills in nursing care through the use of a variety of technological resources.
8. Demonstrates critical thinking by reasoning, analyzing, synthesizing, and evaluating information in clinical situations in relation to care of individuals with deficits in Air and Water.
9. Utilizes pharmacological concepts in the clinical and classroom setting to correctly calculate drug and solution problems. Passes the Level II, Pharmacological Math Computation Exam (PMCE) with a score of 90% or higher.
10. Creates and implements a teaching plan which meets the educational needs of a client.

**TEACHING AND LEARNING ACTIVITIES**

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**LEVEL REQUIREMENT**

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 90% is a level requirement. The PMCE will be given in the first course of each level. If the student does not attain the required 90% passing grade, he/she will be provided two retake opportunities within the confines of that course. Failure to achieve an 90% in the PMCE will result in an “F” for the course in which the test was administered. Calculators may be used at Level II.
Additional learning resources available to supplement classroom lecture, reading, discussion and self-study.

I. The Point Practice and Learn Activities
   Chapter 13: Fluid and Electrolytes
   Chapter 21: Pneumonia
   Chapter 23: Pulmonary Edema
   Acute Respiratory Distress Syndrome
   Chapter 24: COPD
   COPD & PUD
   Chapter 26: Dysrhythmias
   Chapter 27: Coronary Artery Disease
   Angina
   Myocardial Infarction
   Diabetes, HTN, Coronary Artery Disease
   Chapter 29: Heart Failure
   Chapter 30: COPD & PUD
   Chapter 31: HTN

II. Journal Articles: Available on The Point

III. Visual Animation
   a. Gas Exchange in Alveoli
   b. Oxygen Transport
   c. Asthma

IV. Tutorials
   Chapter 13: Fluid & Electrolytes

V. Audio: Normal & Abnormal

VI. Audio: Heart & Breath Sounds
COURSE REQUIREMENTS

1. Nursing Care Plan(s)  Completion of Two Satisfactory Nursing Care Plans. The first plan must address the USCR for Air. The second plan must address the USCR for Water. A Teaching Plan must accompany each Nursing Plan. Detailed teaching interventions should be included. The focus of the Teaching plan must address learning needs associated with the Air or Water USCR addressed in the care plans. Please see NCP Rubric attached.

2. Unit Tests  Unit I Respiratory, 50 questions
Unit II Fluid/Electrolytes, ABG, HTN, vascular disease, aneurysms, 50 questions
Unit III Cardiac, 50 questions
All test answers must be placed on the scantron card.


4. Teaching Plan  To be addressed in Nursing Care Plan.


6. CAI  Viewing of CAI listings found in Teaching/Learning Activities. All CAIs are located in B-307, S-354, Library, B-305, and B-306.

7. Skills Validation  Satisfactory skills validation performance. Absence from Skills Validation results in a clinical absence. At the discretion of the faculty, students may be instructed to submit skill validation via videos. All students are to wear their clinical uniforms for skill validation.

8. Required classroom learning activities  Classroom learning activities are designed to enhance student understanding and comprehension. Completion and comprehension of these activities are reflected in unit exams.


10. HESI Standardized Exam  Students are required to take an end of semester standardized exam.
COURSE EVALUATION

Course grade will be determined by:

SECTIONS 001 AND 601:
A. Theory Grade

There will be 3 unit tests totaling 100% of the letter grade. The student must achieve C+ or greater to pass NUR 281.

SECTIONS 002 and 602:
3 unit tests equals 80% of Final Grade. HESI will be 20% of Final Grade. The student must achieve C+ or greater to pass NUR 281. (a C+ is 77.5 or greater)

Students are permitted to use calculators to solve math questions on unit exams. Faculty will notify students if calculators may be used prior to the start of the exam.

Students are required to earn a ‘P’ or Pass on all sections of the clinical evaluation tool at the final evaluation.

B. Clinical Grade

A failing Clinical grade will result in an "F" for the course.

C. In order to pass the course, the student must receive:
   - Theory grade of C+ (77.5 or greater in theory grade)
   - Pass the Evaluation of Clinical Performance
   - Pass the Trach Skill Validation
   - Pass with 90% or greater the Pharmacology Math Computation Exam (PMCE)
   - Completion of all required classroom learning activities
   - Must take Level HESI Requirement in section 002 and 602.

   A  =  92.5 – 100
   B+ =  87.5 – 92.4
   B  =  82.5 – 87.4
   C+ =  77.5 – 82.4
   C- =  72.5 – 77.4
   D  =  67.5 – 72.4
   F  =  67.4 & below

D. Target for Success (At Risk Students with grades below 78)

Faculty will notify at risk students via Bergen email or Moodle email regarding remedial options within one (1) week after the exam (with the exception of the last test).
REQUIRED TEXTS

All textbooks from previous courses: NUR 181, NUR 182, and NUR 183.


NUR-281 VIDEO LIST
Located in Library Media

Suctioning
RC735.S8582 1987 Airway Management: Suctioning Nasotracheal, Oropharangeal & Endotracheal Techniques
RT41.M862 1994 pt.4: Nursing Skills: Artificial Airways

Oxygen
RT41.M862 1994 pt.6 Nursing Skills: Promoting Adequate Oxygenation
RT41.H54 1990 pt.1 Pulse Oximetry
RT41.M862 1994 pt.3 Nursing Skills: Equipment & Oxygen Therapy

Chest Tubes
RD536.C44 2007 Chest Tubes and Closed Drainage Systems
RT41.M862 1994 pt.5 Nursing Skills: Care of the Client with Chest Tubes

Respiratory Misc.
RT120.I5C75 1988 Suctioning, Ventilators, Chest Tubes
RC776.R38P54 1985 Practical Management of ARDS
RC776.03P5 1985 Management of the Patient with COPD

Cardiac
RC685i6H424 2002 Heart Attack
RC683.5A9R287 2001 Reading ECG Rhythm Strips
RT48.F62 1992 pt.2 The Patient with Congestive Heart Failure

NCLEX-RN Review 3500 Questions – B-307 & S-354

Related Web Sources

1. www.bergen.edu
2. www.mayohealth.org for cardiac & respiratory resources
3. New Jersey State Nurse's Association: www.njsna.org (scholarship information)
4. American Heart Association: www.americanheart.org
5. American Lung Association: www.lungusa.org
7. www.nursingcenter.com/library
9. Evolve Case Studies (see attached)
10. NUR 281 Moodle Site
1. **PATIENT REVIEWS**

**A. Adult Health**

**Cardiovascular**
1. Mr. Swan (Chest Pain)
2. Mr. Erickson (Cardiac cath, Angioplasty)
3. Mr. Lean (CABG)

**Peripheral Vascular**
1. Mrs. Basile (Venous Ulcer)
2. Mr. Cole (AAA)
3. Thomas Smith (Fem/Pop Bypass)

**Respiratory**
1. Mrs. Frank (Lobectomy)
2. Mr. Fenske (Emphysema)
3. Mr. Hannigan (Pneumococcal Pneumonia)

**B. Critical Care**

**Cardiovascular**
1. Mr. Peterson (CABG/ICU)
2. Mr. Whiting (1) (Thrombolytic Therapy/CCU)
3. Mr. Whiting (2) (MI, Heart Failure, IABP)
4. Ms. Jane Doe (Cardiac Arrest)

**Respiratory**
1. Mary Marotta (PE/ICU)
2. Tim Smythe (Chest Tubes/Pneumothorax)
3. William Bennett (ARDS/Shock)

**C. Clinical Nursing Concepts**

**Fluid and Electrolytes**
1. Mary Richards
2. Rusty Jackson
3. Acid Base Balance
   1. Jackie Bright (Metabolic Acidosis)
   2. Karen Brown (Resp Alkalosis)
   3. Marjorie Mitchell (Metabolic Alkalosis)
   4. Sam Williams (Resp Acidosis)

**D. Evolve Case Studies**
1. COPD/Pneumonia
2. HIV/TB
3. Lung Cancer
4. Laryngeal Cancer
5. DVT
6. HTN
7. PVD
8. CAD
9. Heart Failure/Atrial Fib

**E. Fundamentals**
1. Breathing Patterns
2. Fluid Balance
Theoretical Content

**PART I: THE USCR FOR AIR**

**UNIT I: THE RESPIRATORY SYSTEM**

I. Definition of the USCR for Air

II. Assessment of the respiratory system
   A. Health history
   B. Physical exam
   C. Diagnostic studies and related nursing responsibilities (i.e. consents, SENS (Supportive Educatve Nursing System) for test preparations, etc.)
      1. Blood studies
      2. Oximetry
      3. Sputum studies
      4. Radiologic studies
      5. Endoscopic exams
      6. Lung biopsies
   D. Effects of aging on the respiratory system

**UNIT II: UPPER RESPIRATORY PROBLEMS**

I. Structural, traumatic, infectious disorders of the nose

II. Problems related to the trachea and larynx
   A. Airway obstruction
   B. Endotracheal intubation
   C. Tracheostomy
   D. Laryngectomy
   E. Influenza

**UNIT III: LOWER RESPIRATORY PROBLEMS**

I. Pulmonary infections
   A. Bronchitis, Pneumonia
      1. Pathophysiology (P)
      2. Clinical manifestations (CM)
      3. Diagnostic studies (DS)
      4. Complications
      5. Therapeutic management
         a. Vaccines
         b. Antibiotics
      6. Nursing assessment
      7. Identification of self-care deficits
         a. Preventative measures
         b. Related nursing diagnoses
      8. Nursing interventions

* NOTE: ALL CAI'S ARE LOCATED IN B-307, B-306, L-222, and L-309

Teaching/Learning Activities

Read: Anatomy & Physiology, Chapter on Respiratory System
Read: Chapter in Physical Assessment text on Respiratory assessment
Read: Brunner et al Chapter 20
View: CAI, Respiratory System (B-307 & S-354)
CAI: R.A.L.E. Lung Sounds
The Point: Ch. 21 "Modalities"

Evolve Case Study under Fundamentals
Breathing Patterns

Read: Brunner, Chapter 22
Read: Pharmacology text, Chapters on antihistamine, decongestants, antitussives & expectorants

Evolve Case Study: Laryngeal Cancer

Evolve Case Study: COPD/Pneumonia
The Point: Practice and Learn Activities -- Chapter 23
Mr. Darlin Pneumonia
Read: Brunner, Chapter 23
Read: Pharmacology text chapters on antibiotics
Evolve: Mr. Hannigan Pneumococcal Pneumonia
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| **UNIT III: LOWER RESPIRATORY PROBLEMS**  
(continued) | **UNIT IV: OBSTRUCTIVE PULMONARY DISEASES**  
I.  
**Asthma**  
A. Review, P, CM, DS  
B. Triggers of asthma attacks  
C. Classification  
D. Status asthmaticus |  
Read: Brunner, Chapter 23  
Case study on Tuberculosis  
Read: Pharmacology text, chapter on antitubercular agents  
CAI: Identification, Prevention and Control of Tuberculosis  
CAI: TB: Need to Know  
Evolve Case Study: HIV/TB |  
Read: Brunner, Chapter 23  
Evolve: Mrs. Frank: Lung Cancer Lobectomy  
Evolve Case Study: Lung Cancer |  
The Point Chapter 23 Kathleen Watson Acute Respiratory Distress  
Read: Brunner: Chapter 23  
CAI: Timothy Smythe: Pneumothorax & Chest Tubes  
Read: Brunner, Chapter 24  
Read: Pharmacology text, chapter on bronchodilators and other respiratory agents |
### UNIT IV: OBSTRUCTIVE PULMONARY DISEASES

(continued)

#### E. Therapeutic management
- 1. oxygen therapy
- 2. pharmacological management
  - a. bronchodilators
  - b. antiinflammatory
  - c. cromolyn
  - d. nonprescription

#### II. Emphysema and Chronic Bronchitis (COPD)

- **A. Irritants**
  - 1. cigarette smoke
  - 2. infection
  - 3. inhaled irritants
  - 4. aging

- **B. Review P, CM, DS**

- **C. Complications**
  - 1. respiratory failure
  - 2. pneumonia
  - 3. ulcers, GI reflux
  - 4. cor pulmonale

- **D. Therapeutic management**
  - 1. respiratory therapy
    - a. chest PT
    - b. peak flow meters
  - 2. nutritional management
  - 3. activity

- **E. Nursing assessment**

- **F. Identification of SCDs**
  - 1. preventative measures
  - 2. related nursing diagnoses

- **G. Nursing interventions**

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### UNIT V: RESPIRATORY FAILURE AND ARDS

- **I. Risk factors**

- **II. Prevention**

- **III. Assessment**

- **IV. Nursing interventions**
  - **A. Ventilator management**

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### PART II: THE USCR FOR WATER FLUID, ELECTROLYTE AND ACID-BASE DISTURBANCES

- **I. Definition of the need for water**

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### Theoretical Content

- **UNIT IV:** OBSTRUCTIVE PULMONARY DISEASES (continued)
- **UNIT V:** RESPIRATORY FAILURE AND ARDS
- **PART II:** THE USCR FOR WATER FLUID, ELECTROLYTE AND ACID-BASE DISTURBANCES

### Teaching/Learning Activities

- **Read:** Brunner, Chapter 24
- **Evolve:** Mr. Fenske: Emphysema
- **The Point:** Chapter 24 “COPD”
- **Evolve Case Study:** COPD/Pneumonia

- **Read:** Brunner, Chapter 23
- **Evolve:** William Benett: ARDS
- **Lutz (Nutrition Text) Chapter 22**
- **The Point:** Chapter 23: ARDS

- **Read:** Brunner, Chapter 23

- **Prior to the beginning of this unit review the physiologic processes that regulate fluid, electrolyte and acid-base.**
- **Read:** Brunner, Chapter 13
- **The Point:** Chapter 13 F & E
## Theoretical Content

### II. Extracellular fluid imbalances: excesses and deficits
- **A. Health history**
- **B. Clinical manifestations**
- **C. Nursing assessments and interventions**
  1. I-O
  2. vital signs
  3. neurologic changes
  4. daily weights
  5. skin
- **D. Identification of SCDs**
  1. preventative measures
  2. related nursing diagnoses

### III. Electrolyte Imbalances: excesses (hyper) and deficits (hypo)
- **A. Sodium**
- **B. Potassium**
- **C. Calcium**
- **D. Phosphate**
- **E. Magnesium**

### IV. Causes and clinical manifestations and interventions of electrolyte imbalances
- **A. Appearance**
- **B. Behavior**
- **C. Musculoskeletal**
- **D. Cardiovascular**
- **E. Gastrointestinal**
- **F. Neuromuscular**
- **G. Respiratory**
- **H. GU**

### V. Acid-base imbalances
- **A. Respiratory acidosis and alkalosis**
- **B. Metabolic acidosis and alkalosis**
- **C. Partially compensated/fully compensated**
- **D. Clinical manifestations & interventions**

### VI. Correction of fluid, electrolyte and acid-base imbalances
- **A. IV fluids**
  1. isotonic
  2. hypotonic
  3. hypertonic
- **B. IV additives**
- **C. Food sources**
- **D. Potential hazards**

## Teaching/Learning Activities
- Evolve: Listed under Clinical Nursing Concepts and Skills the PDS nursing scenarios.
- Evolve Case Study under Fundamentals Fluid Balance

**Required coursework, handwritten, submitted upon entry to class, located on Moodle:**
- F & E terminology.
- Read: Pharmacology text, chapter on Fluid & Electrolytes
- Read: Brunner, Chapter 13
- CAI: Potassium
- Evolve: Rusty Jackson: Fluid Volume Deficit and Electrolyte Imbalance
- Evolve: Mary Richards: Hyponatremia and Water Intoxication
- Read: Brunner, Chapter 13
- Evolve: Jackie Bright: Metabolic Acidosis
- Evolve: Sam Williams: Respiratory Acidosis
- Evolve: Marjorie Mitchell: Metabolic Alkalosis
- Evolve: Karen Brown: Respiratory Alkalosis
E. WC/PC/SENS to control and prevent imbalances
Theoretical Content

CARDIAC DIAGNOSTICS

I. Lab tests
   A. Cardiac enzymes
      1. CK
      2. MB fraction
      3. Troponin levels
      4. BNP
   B. Cholesterol
      1. HDL
      2. LDL
   C. Coagulation studies
      1. PT
      2. PTT
      3. INR
   D. Electrolytes
      1. Potassium
      2. Magnesium
   E. CBC
      1. Hgb
      2. Hct

II. Cardiograms
   A. EKG
   B. Stress test
   C. Holter monitor
   D. Thallium/persantine/cardiolyte stress test

III. Cardiography
   A. Echocardiogram
   B. Transesophogeal echocardiogram

IV. MUGA scan

V. Cardiac catheterization
   A. Indications
   B. Implementation of pre and post procedure nursing agency

HYPERTENSION (USCR: Water)

I. Regulation of Blood pressure
   A. Cardiac output
   B. Systemic vascular resistance

II. Systemic influences on Blood Pressure
   A. Sympathetic nervous system
   B. Renal system
   C. Endocrine system

III. Classification of Blood Pressure

Teaching/Learning Activities

Read: Brunner, Chapter 25
Read: A&P text chapter on cardiovascular system
Read: Chapter in Physical Assessment Text on Cardiac Assessment

Required coursework, handwritten, submitted upon entry to class, located on Moodle: Cardiovascular terminology.

Review: Basic Concepts and Skills
Nursing "Blood Pressure Measurement"
Read: Brunner, Chapter 31
Read: Nutrition text, chapters on low fat & sodium controlled diet
Read: Pharmacology text chapters on diuretics, antihypertensives, beta blockers & calcium channel blockers
Classroom: Powerpoint at faculty discretion
IV. Definition of hypertension
   A. Primary hypertension
   B. Secondary hypertension

V. Risk Factor and Preventative Measures for Hypertension

VI. Clinical Manifestations of Hypertension

VII. Systemic Effect of Hypertension
   A. Cardiac
   B. Cerebral
   C. Peripheral vascular
   D. Renal
   E. Retinal

VIII. Conservative Treatment of Hypertension
   A. Diet
   B. Exercise
   C. Smoking cessation
   D. Stress management

IX. Pharmacologic Management of Hypertension
   A. Diuretics
   B. Beta blockers
   C. Vasodilators
   D. Ace inhibitors
   E. Calcium channel blockers
   F. Nursing responsibilities

PERIPHERAL ARTERIAL DISEASE (USCR: Air or Water)

I. Pathophysiology

II. Risk Factors

III. Clinical Manifestations/Complications

IV. Diagnosis

V. Clinical Management
   A. Medication
   B. Surgery

VI. Implementation of Nursing Agency for a Patient with PAD

VII. Burger's Disease/Raynaud's Phenomenon

Evolve Case Study: HTN
The Point:  Chapter 30 “HTN”
Chapter 31 “HTN”

Evolve: Thomas Smith: Femoral-Tibial Bypass
The Point:  Chapter 24 “COPD & PUD”

Evolve Case Study: PVD
VENOUS DISORDERS

I. Thrombophlebitis
   A. Pathophysiology
   B. Risk factors
   C. Clinical manifestations/complications
   D. Diagnosis
   E. Clinical management
      1. Anticoagulation
      2. Surgical
   F. Implementation of nursing agency for a patient with a DVT

II. Pulmonary Embolism
   A. Pathophysiology
   B. Clinical manifestations/complications
   C. Diagnosis
   D. Clinical management
      1. medical
      2. surgical
   E. Implementation of nursing agency for a patient with a pulmonary embolism

ANEURYSMS (USCR: Water)

I. Thoracic Aortic Aneurysm
   A. Pathophysiology
   B. Clinical manifestations

II. Abdominal Aortic Aneurysm
   A. Pathophysiology
   B. Clinical manifestations

III. Diagnosis of an Aneurysm

IV. Clinical Management of an Aneurysm
   A. Medications
   B. Surgery

V. Aortic Dissection
   A. Pathophysiology
   B. Clinical manifestations
   C. Complications
   D. Diagnosis
   E. Clinical management

ACUTE CORONARY SYNDROME (USCR: Air or Water)

I. Pathophysiology of CAD

IV. Angina Pectoris
   A. Precipitating factor
   B. Types of angina
      1. stable
      2. unstable
      3. Prinzmetal’s angina

Read: Brunner, Chapter 30
Evolve: Mrs. Basile: Venous Ulcer
Evolve Case Study: DVT

Read: Brunner, Chapter 23
Evolve: Mary Manotta: PE After surgery

Read: Brunner, Chapter 31
Evolve: Mr. Cole: AAA
Read: Chapter in Physical Assessment Text relating to Aneurysms

Read: Brunner, Chapter 27
Read: Pharmacology text, chapter on vasodilators, anticoagulants, & thrombolytics
Read: Nutrition text, chapter on cardiac prevention
Evolve Case Study: CAD
The Point, Chapter 27
- CAD
- Angina
- MI
- Diabetes, HTN & CAD
C. Clinical manifestations of angina
D. Clinical management of angina
1. percutaneous coronary transluminal angioplasty (PCTA)
2. stents
3. nitrates
4. anticoagulants
5. beta blockers
6. calcium channel blockers
E. Implementation of nursing agency for a patient with angina

V. Myocardial Infarction
A. Diagnosis of an MI
   1. clinical presentation
   2. EKG changes
   3. cardiac enzymes
B. Clinical management of an MI
   1. nitrates
   2. pain management
   3. thrombolytics
   4. coronary artery bypass

C. Implementation of nursing agency for a patient with an MI
D. Cardiac rehabilitation

VI. Sudden Cardiac Death
A. Causes
B. Treatment
   1. coronary artery bypass
   2. percutaneous transluminal coronary angioplasty
   3. electrophysiology studies (EPS)
   4. implanted ventricular defibrillators

ARRHYTHMIAS (USCR: Water)

I. Sinus rhythm
A. Sinus bradycardia
B. Sinus tachycardia
C. Precipitating factors
D. Treatment modalities

II. Atrial dysrhythmias
A. Atrial fibrillation
B. Atrial flutter
C. Precipitation factors
D. Treatment modalities

III. Ventricular dysrhythmias
A. Premature ventricular contractions
B. Ventricular tachycardia/ fibrillation
C. Treatment modalities

Critical thinking exercise: "What do We do Next?"
Evolve: Mr. Whiting: Chest Pain & ThrombolyticTherapy
Mr. Whiting: MI - Heart Failure – IABP
Evolve: Mr. Peterson: CABG in ICU
Mr. Lean: CABG (Coronary Artery Bypass Graft)

Evolve: Jane Doe: Cardiac Arrest
Read: Brunner, Chapter 26
Read: Pharmacology text, chapter on antiarrythmists
View: CAI, Essentials of Cardiac Rhythm Recognition
CAI: The Cardiac System
The Point: Chapter 26 “Dysrhythmias”
IV. Heart Blocks
   A. Precipitating factors
   B. Treatment modalities
   C. Caring for a patient with a pacemaker

**CONGESTIVE HEART FAILURE** (USCR: Air or Water)
I. Pathophysiology of heart failure
   A. Right sided CHF
   B. Left sided CHF

II. Causes of heart failure
   A. Right sided CHF
   B. Left sided CHF

III. Clinical manifestations
   A. Right sided CHF
   B. Left sided CHF

IV. Clinical Management of Heart Failure
   A. Positive inotropes
   B. Diuretics
   C. Nitrates
   D. Diet
   E. Oxygen

V. Implementation of nursing agency for a patient with CHF

**CARDIOMYOPATHY** (USCR Air or Water)
I. Dilated
II. Restrictive
III. Hypertrophic
IV. Related factor clinical manifestations

**INFECTIVE HEART DISEASE** (USCR: Air or Water)
I. Endocarditis
   A. Risk factors & preventative measures
   B. Clinical manifestations/complications
   C. Diagnostics
   D. Clinical management
      1. prevention
      2. antibiotics
   E. Implementation of nursing agency
      1. rest
      2. ROM

II. Pericarditis
   A. Risk factors & preventative measures
   B. Clinical manifestations/complications
C. Diagnostics
D. Clinical management
   1. NSAID
   2. Pericardial window
E. Implementation of nursing agency
   1. pain relief

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<tbody>
<tr>
<td><strong>VALVULAR HEART DISEASE</strong> (USCR: Air or Water)</td>
<td>Read: Brunner, Chapter 28</td>
</tr>
<tr>
<td>I. Mitral stenosis</td>
<td></td>
</tr>
<tr>
<td>A. Related factors</td>
<td></td>
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<tr>
<td>B. Clinical manifestations</td>
<td></td>
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<tr>
<td>II. Mitral Insufficiency or Mitral Regurgitation</td>
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<tr>
<td>A. Related factors</td>
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<tr>
<td>B. Clinical manifestations</td>
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<tr>
<td>III. Mitral Valve Prolapse</td>
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<tr>
<td>A. Related factors</td>
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<tr>
<td>B. Clinical manifestations</td>
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<tr>
<td>IV. Aortic Stenosis</td>
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</tr>
<tr>
<td>A. Related factors</td>
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<tr>
<td>B. Clinical manifestations</td>
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<tr>
<td>V. Aortic Insufficiency/Regurgitation</td>
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<tr>
<td>A. Related factors</td>
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<tr>
<td>B. Clinical manifestations</td>
<td></td>
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<tr>
<td>VI. Diagnosis of Valvular Disease</td>
<td></td>
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<tr>
<td>VII. Clinical Management of Valvular Disease</td>
<td></td>
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<tr>
<td>A. Medications</td>
<td></td>
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<tr>
<td>B. Surgery</td>
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<tr>
<td>VIII. Implementation of nursing agency for a Patient with Valvular Heart Disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNIT II: SHOCK</th>
<th>(USCR: Water)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Clinical manifestations/stages of Shock</td>
<td>Read: Brunner, Chapter 14</td>
</tr>
<tr>
<td>A. Initial</td>
<td>Classroom: Power Point at faculty discretion</td>
</tr>
<tr>
<td>B. Compensatory</td>
<td></td>
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<tr>
<td>C. Progressive</td>
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<tr>
<td>D. Irreversible</td>
<td></td>
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<tr>
<td>II. Clinical Management of Shock</td>
<td></td>
</tr>
<tr>
<td>A. Distributive</td>
<td></td>
</tr>
<tr>
<td>1. neurogenic</td>
<td></td>
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<tr>
<td>2. septic</td>
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<tr>
<td>3. anaphylactic</td>
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<tr>
<td>B. Hypovolemic</td>
<td></td>
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<tr>
<td>C. Cardiogenic</td>
<td></td>
</tr>
</tbody>
</table>
III. Implementation of Nursing Agency for Shock
   A. Fluids
   B. Oxygen
   C. Medications
   D. Positioning
   E. Intraaortic balloon pump
   F. Transfusions
SKILLS FOR NURSING PRACTICE
GENERAL GUIDELINES PRIOR TO STARTING ANY PROCEDURE

* 1. Check physician/health care provider orders/
* 2. Wash your hands.
3. Organize your equipment.
* 4. Identify patient.
* 5. Introduce yourself
* 6. Explain procedure to patient.
* 7. Provide for privacy.
8. Raise the bed to a working level.
9. Position patient as needed.
10. Maintain safety.
11. Perform procedure.
12. Observe patient's response.
13. Wash your hands.

* Must be stated prior to starting validation procedure
TRACHEOSTOMY CARE WITH SUCTIONING

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>SATISFACTORY</th>
<th>UNSATISFACTORY</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check physician's order.</td>
<td></td>
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</tr>
<tr>
<td>2. Assemble equipment: suction machine, suction kit, normal saline, hydrogen peroxide, disposable inner cannulas, clean gloves, sterile 4x4's/sterile Q-tips, trach dressing gauze.</td>
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<tr>
<td>3. Wash hands.</td>
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<tr>
<td>4. Identify patient and explain procedure.</td>
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<tr>
<td>6. Auscultate lungs.</td>
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<tr>
<td>7. Turn on suction machine and check for suction pressure.</td>
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<tr>
<td>8. Open suction kit and set up sterile field.</td>
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<tr>
<td>9. Pour saline into sterile cup.</td>
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<tr>
<td>10. Don sterile gloves (one hand will be sterile, the other clean).</td>
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<tr>
<td>11. Attach catheter to suction tubing.</td>
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<tr>
<td>12. Test patency of suction catheter with saline in cup.</td>
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<tr>
<td>13. Suction inner cannula, assess patient and provide supplemental O₂ as necessary.</td>
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<tr>
<td>14. Remove trach dressing.</td>
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<tr>
<td>15. Discard catheter, gloves and cup.</td>
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<td></td>
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<tr>
<td>16. Apply clean gloves.</td>
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<tr>
<td>17. Open box containing sterile inner cannula.</td>
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<tr>
<td>18. Remove patient's inner cannula by squeezing wings of inner cannula.</td>
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<tr>
<td>19. Pick up new inner cannula by wings and insert into trach tube and lock.</td>
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<tr>
<td>20. Pour 1/2 parts N/S and H₂O₂ into sterile container.</td>
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<tr>
<td>21. Open sterile 4x4's and Q-tips.</td>
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<tr>
<td>22. Open trach dressing gauze.</td>
<td></td>
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<tr>
<td>23. Cleanse around stoma with Q-tips touching handle of Q-tips only. Dry with 4x4.</td>
<td></td>
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<tr>
<td>24. Slide new dressing under trach.</td>
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<td></td>
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<tr>
<td>25. Auscultate lungs.</td>
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</table>

In addition to the above procedure, patients on ventilators also have inline suctioning performed.
<table>
<thead>
<tr>
<th>Process Recording Rubric 11/07</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Documents</th>
<th>Nurses Communication</th>
<th>Documents</th>
<th>Patients Communication</th>
<th>Evaluates Communication Techniques</th>
<th>Evaluates Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Includes exact words and silences</td>
<td>Includes exact words and silences in detail</td>
<td>Names each communication technique</td>
<td>Evidences insight into the themes (overt/covert) of the interaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Details non-verbal behaviors</td>
<td>Details all non-verbal behaviors</td>
<td>Identifies technique as therapeutic or non therapeutic</td>
<td>Discusses thoughts and feelings in response to patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrates correct use of therapeutic communication techniques</td>
<td></td>
<td>Selects correct (alternative) therapeutic technique</td>
<td>Notes areas needed to improve therapeutic communication skills</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Paraphrases words</td>
<td>Paraphrases words</td>
<td>Incorrectly names more than 2-3 technique(s),</td>
<td>Discusses overt themes but demonstrates limited insight into covert themes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes some evidence of nonverbal communication and use of therapeutic communication techniques</td>
<td>Includes some evidence of non verbal behaviors</td>
<td>Incorrectly cites more than 2-3 technique as therapeutic /non therapeutic</td>
<td>Limited references to own thoughts and feelings in response to patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation is sparse, vague or incomplete</td>
<td>Documentation is sparse vague or incomplete</td>
<td>alternative technique(s) are limited</td>
<td>Limited discussion of areas needed to improve communication skills</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Documentation is sparse, vague or incomplete and no evidence of any non verbal behaviors</td>
<td>Documentation is sparse, vague incomplete and no evidence of any non verbal behaviors</td>
<td>Multiple incorrect naming of techniques and citing as therapeutic or non therapeutic and no alternatives techniques provided or those provided are incorrect</td>
<td>Limits evaluation to superficial analysis of content; minimal references to thoughts and feelings about 1:1 and/or no discussion of areas needed for improvement</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Documentation is sparse, vague or incomplete and no evidence of any non verbal behaviors</td>
<td>Documentation is sparse, vague incomplete and no evidence of any non verbal behaviors</td>
<td>No correct techniques named, no citing of therapeutic or non therapeutic and no alternative techniques provided</td>
<td>Superficial analysis of content, no references to thoughts and feelings about 1:1 and/or no discussion of areas needed for improvement, not expected minimum of 5 minute transcription</td>
<td></td>
</tr>
<tr>
<td>IDENTIFIES SCA/SCD’S</td>
<td>FORMULATES NURSING DIAGNOSIS</td>
<td>IDENTIFIES PATIENT OUTCOMES</td>
<td>SELECTS APPROPRIATE INTERVENTIONS</td>
<td>STATES REFERENCED RATIONALES</td>
<td>EVALUATIONS</td>
</tr>
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<tr>
<td>4</td>
<td>Includes ALL relevant assessment data with attention to: Subjective data (BCFs) Objective data (checklist) Vital signs Lab values Behavioral and verbal cues Related to the specifically identified USCR and nursing diagnosis</td>
<td>• Selects priority nursing diagnosis (es) from NANDA list accurately reflecting patient assessment in the PES format. • All 3 elements from PES are correctly stated. • Medical diagnosis is not used in the nursing diagnosis. • Nursing diagnosis identifies a problem that nursing can correct.</td>
<td>Clearly states one or two measurable, realistic and appropriate outcomes that reflects resolution of the stated problem. Includes all (5 minimum) interventions required to treat problem. Interventions are: • Timed when appropriate • Realistic • Include assessment actions • Reflects independent and collaborative treatment/care actions • Documents teaching actions • Identifies interventions that may be delegated and to appropriate caregiver (NA, LPN)</td>
<td>• Documents scientific principles, theories or concepts underlying nursing interventions. • Documents the source with author, page number. Full citation on NCP cover. • Rationales explain how the action resolves the problem.</td>
<td>Documents findings related to the intervention including: • Assessment data • Vital signs • Teaching • Labs • Comfort and care • Patient response to each intervention • Proposes alternate actions for unmet goals or ineffective interventions</td>
</tr>
<tr>
<td>3</td>
<td>Includes some relevant, but not complete assessment data as related to the identified USCR and nursing diagnosis</td>
<td>3 of 4 criteria present as stated for 4 above</td>
<td>Goal non-measurable, or not realistic</td>
<td>Priority actions omitted, actions are not timed when appropriate. Either assessment, care or teaching actions omitted. I.D. actions that may be delegated doesn’t designate appropriate caregiver</td>
<td>Scientific rationales are broad, limited scientific theory, limited reflection of underlying pathophysiology. The majority of the interventions are implemented with findings documented. Patient response to interventions inconsistently documented.</td>
</tr>
<tr>
<td>2</td>
<td>Assessment data sparse, irrelevant, and incomplete</td>
<td>2 of 4 criteria present as stated for 4 above</td>
<td>Goal does not reflect stated problem.</td>
<td>Interventions are sparse, priority interventions omitted, not timed, and reflect only assessment or care or teaching. Incorrectly delegates action.</td>
<td>Rationales are general, generic, without a scientific basis, no documentation of sources evident. More than half of stated interventions not implemented. Either ability to implement and or patient response omitted. General evaluation given for all actions.</td>
</tr>
<tr>
<td>1</td>
<td>No or minimal assessment data present for the identified USCR/nursing diagnosis</td>
<td>1 of 4 criteria present as stated for 4 above</td>
<td>Goal not stated and/or without any relevance. Goal not measurable.</td>
<td>No interventions stated or interventions omitted, interventions do not treat stated problem, or not timed, attend to only one category of assessment, care, or teaching. No mention of delegation.</td>
<td>Rationales omitted, non scientific, no documentation of sources evident. Interventions not evaluated or limited evaluation documented. No reflection of assessment, care or teaching evident.</td>
</tr>
</tbody>
</table>

6/06