

COURSE SYLLABUS

RNSG 2307 (3:2:2)

ADAPTATION TO ROLE OF PROFESSIONAL NURSE

ASSOCIATE DEGREE NURSING PROGRAM

DEPARTMENT OF NURSING

HEALTH OCCUPATION DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE

Fall 2016

SCANS COMPETENCIES

RESOURCES: Identifies, organizes, plans and allocates resources.

- C-1 **TIME**--Selects goal--relevant activities, ranks them, allocates time, and prepares and follows schedules.
- C-2 **MONEY**--Uses or prepares budgets, makes forecasts, keeps records, and makes adjustments to meet objectives
- C-3 **MATERIALS & FACILITIES**--Acquires, stores, allocates, and uses materials or space efficiently.
- C-4 **HUMAN RESOURCES**--Assesses skills and distributes work accordingly, evaluates performances and provides feedback.

INFORMATION--Acquires and Uses Information

- C-5 Acquires and evaluates information.
- C-6 Organizes and maintains information.
- C-7 Interprets and communicates information.
- C-8 Uses computers to Process information.

INTERPERSONAL--Works With Others

- C-9 Participates as members of a team and contributes to group effort.
- C-10 Teaches others new skills.
- C-11 Serves clients/customers--works to satisfy customer's expectations.
- C-12 Exercises leadership--communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.
- C-13 Negotiates--Works toward agreements involving exchanges of resources resolves divergent interests.
- C-14 Works with Diversity--Works well with men and women from diverse backgrounds.

SYSTEMS--Understands Complex Interrelationships

- C-15 Understands Systems--Knows how social, organizational, and technological systems work and operates effectively with them
- C-16 Monitors and Correct Performance--Distinguishes trends, predicts impacts on system operations, diagnoses systems' performance and corrects malfunctions.
- C-17 Improves or Designs Systems--Suggests modifications to existing systems and develops new or alternative systems to improve performance.

TECHNOLOGY--Works with a variety of technologies

- C-18 Selects Technology--Chooses procedures, tools, or equipment including computers and related technologies.
- C-19 Applies Technology to Task--Understands overall intent and proper procedures for setup and operation of equipment.
- C-20 Maintains and Troubleshoots Equipment--Prevents, identifies, or solves problems with equipment, including computers and other technologies.

FOUNDATION SKILLS

BASIC SKILLS--Reads, writes, performs arithmetic and mathematical operations, listens and speaks

- F-1 Reading--locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.
- F-2 Writing--Communicates thoughts, ideas, information and messages in writing, and creates documents such as letters, directions, manuals, reports, graphs, and flow charts.
- F-3 Arithmetic--Performs basic computations; uses basic numerical concepts such as whole numbers, etc.
- F-4 Mathematics--Approaches practical problems by choosing appropriately from a variety of mathematical techniques.
- F-5 Listening--Receives, attends to, interprets, and responds to verbal messages and other cues.
- F-6 Speaking--Organizes ideas and communicates orally.

THINKING SKILLS--Thinks creatively, makes decisions, solves problems, visualizes, and knows how to learn and reason

- F-7 Creative Thinking--Generates new ideas.
- F-8 Decision-Making--Specifies goals and constraints, generates alternatives, considers risks, and evaluates and chooses best alternative.
- F-9 Problem Solving--Recognizes problems and devises and implements plan of action.
- F-10 Seeing Things in the Mind's Eye--Organizes and processes symbols, pictures, graphs, objects, and other information.
- F-11 Knowing How to Learn--Uses efficient learning techniques to acquire and apply new knowledge and skills.
- F-12 Reasoning--Discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

PERSONAL QUALITIES--Displays responsibility, self-esteem, sociability, self-management, integrity and honesty

- F-13 Responsibility--Exerts a high level of effort and preservers towards goal attainment.
- F-14 Self-Esteem--Believes in own self-worth and maintains a positive view of self.
- F-15 Sociability--Demonstrates understanding, friendliness, adaptability, empathy, and politeness in group settings.
- F-16 Self-Management--Assesses self accurately, sets personal goals, monitors progress, and exhibits self-control.
- F-17 Integrity/Honesty--Chooses ethical courses of action.

SOUTH PLAINS COLLEGE ASSOCIATE
DEGREE NURSING PROGRAM COURSE
SYLLABUS

RNSG 2307
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COURSE SYLLABUS

COURSE TITLE: RNSG 2307 Adaptation to Role of Professional Nurse

INSTRUCTOR: Delia Gonzales, RN, MSN, Course Leader
Jan Buxkemper, RN, MSN, Instructor
Lynn Baldwin, RN,MSN, Instructor Associate Professor

OFFICE LOCATION, PHONE/ E-MAIL:

Delia Gonzales 716-2394 dgonzales46@southplainscollege.edu
Jan Buxkemper 716-2387 jbuxkemper@southplainscollege.edu

OFFICE HOURS: Posted on instructor's door.

SOUTH PLAINS COLLEGE IMPROVES EACH STUDENT'S LIFE

I. GENERAL COURSE INFORMATION**A. COURSE DESCRIPTION**

Adaptation to Role of Professional Nurse. (2:0:6) Prerequisites: PSYC 2301, BIOL 2401, and ENGL 1301, with grades of C or better in each. RNSG 2307 is a leveling course designed to meet the needs of advanced standing students. Selected concepts related to the role of the professional nurse as a provider of patient-centered care, patient safety advocate, member of health care team, and member of the profession. Review of trends and issues impacting nursing and health care today and in the future. Content includes knowledge, judgment, skills, and professional values within a legal/ethical framework. This course lends itself to a blocked approach. Content also includes a review of nursing theory, nursing skills, problem solving, critical thinking, nursing process, fluid and electrolytes, acid-base and hyperalimantation, intravenous therapy.

RNSG 2307 includes mathematics for medication administration. The course is designed to prepare the student to apply critical thinking and the nursing process to hospitalized clients/families and/or groups experiencing recurring common health problems and stress of illness. Curriculum concepts reflected throughout are: growth & development, nutrition, pharmacology, safety, delegation and assignment. Communication skills as well as ethical/legal implications are integrated throughout.

The nurse as a professional is emphasized in the professional roles of nursing: provider of patient-centered care, patient safety advocate, member of health care team, and member of the profession. Maslow's Hierarchy of Human Needs provides the model for nursing assessment of the adult client. Emphasis is also placed in critical thinking and the nursing process is applied to the adult experiencing the bio-psycho-socio-spiritual stressors of illness. Through simulated and actual experiences, the student learns to apply the nursing process to the adult client & to function in the three interrelated roles of nursing practice.

B. COURSE LEARNING OUTCOMES (LEVEL II)

Upon satisfactory completion of RNSG 2307, RNSG 2260, and RNSG 1115, the student will meet the following:

1. The SCANS (Secretary's Commission on Attaining Necessary Skills) Competencies Foundations Skills found within this course are: C1, C2, C3, C5, C6, C7, C9, C11, C12, C13, C16, C17, C18, C19, C20, F1, F2, F3, F4, F5, F6, F7, F8, F9, F12, F13, F16, F17.
2. SPC ADN Graduate Outcomes: 1, 2, 3, 4, 5.
3. DEC's (Differentiated Essential Competencies) are listed in each unit.

C. COURSE COMPETENCIES

Successful completion of this course requires a grade of "C" or better; satisfactory total grade point average on examination; satisfactory achievement of unit and clinical outcomes; satisfactory completion of math competence. Completion of standardized tests as applicable to the curriculum; validation of selected nursing skills and regular classroom/clinical attendance. Upon successful completion of this course each student will have demonstrated accomplishment of the level outcomes for the course through a variety of modes (prelims, role-play, case studies, individual presentations, & group presentations).

D. ACADEMIC INTEGRITY.

Refer to the SPC college catalog, and to the SPC ADN Nursing Student Handbook "Honesty Policy."

Plagiarism Declaration

**Plagiarism Declaration
Department of Nursing
South Plains College**

By signing this plagiarism declaration I acknowledge that I have received a copy of the honesty policy and been made aware that the penalty for plagiarism is dismissal from the program.

Examples of student plagiarism¹

- Copying material without quotes, in-text citations, and/or referencing
- Paraphrasing content without in-text citation and/or referencing
- Copying ideas, words, answers, exams, or shared work from others when individual work is required
- Using another's paper in whole or in part
- Allowing another student to use one's work
- Claiming someone else's work is one's own
- Resubmitting one's own coursework, when original work is required (self-plagiarism)
- Falsifying references or bibliographies
- Getting help from another person without faculty knowledge or approval
- Purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

Printed Name

Signature

Date

1. Smith, L. Conquering plagiarism in nursing education. *Nursing 2016*. 2016; 46(7):17-19.

E. VERIFICATION OF WORKPLACE COMPETENCIES

Successful completion of the Differentiated Entry Competencies (DEC's) of Graduates of Texas Nursing Programs statements at the level specified by the course (Level Outcomes) will allow the student to continue to advance within the program. Upon successful completion of the program students will be eligible to apply to take the state board exam (NCLEX) for registered nurse licensure.

F. GRIEVANCE POLICY

The student is responsible for scheduling an appointment with the course leader to discuss the final grade or discipline action. If the student is not satisfied, he/she should schedule an appointment with the next chain of command, the Dean of Health Occupations. The procedure will follow the same as found in the student handbook.

II. SPECIFIC COURSE/INSTRUCTOR REQUIREMENT:

A. TEXTBOOK AND OTHER MATERIALS:

See Required Textbook List

B. ATTENDANCE POLICY

The SPC ADNP policy must be followed. Refer to the SPC ADNP Student Nurse Handbook to review this policy. In addition, refer to the attendance policy found in the South Plains College Catalog.

Punctual and regular class attendance, as stated in the SPC Handbook, is required of all students attending South Plains College. There are no excused absences.

1. Lecture

Lecture attendance is mandatory. The instructor will initiate a student's withdrawal if a student misses 4 hours or more of class. Reinstatement is handled on an individual basis by the classroom instructor. **Do not be tardy for lecture.** If lecture has begun before you enter the classroom, you must wait until the break period to enter the classroom. Pagers and cellular phones must be turned off during the lecture period. Cell phones may be confiscated and turned into the Dean of Health Occupations.

C. ASSIGNMENT POLICY:

1. All required work must be in on time in order that the student may benefit from the corrections and study for future examinations. Assigned outside work is due on the dates specified by the instructor. Assignments turned in later than the due date will not be accepted unless the student clears the circumstance with the instructor. The late work will be penalized points by the instructor. The assignment will be docked five (5) points per day for each late day.
2. Students should retain a copy of all assignments turned in. If an assignment turns up missing, the student is responsible for turning in the copy or redoing the entire assignment if a copy was not retained.

3. Each student must pass the math competency exam prior to the specified date or the student will fail RNSG 2307.

D. GRADING POLICY:

1. Exams will not be retained by the student.
2. A student must communicate to the course instructor if unable to take an exam on a scheduled day. If there is no communication by 2 days from the date of the exam, a "0" will be given.
3. Alternate exams will be given as make-up exams. These may be in essay form or a multiple choice test.
4. There will be 3 preliminary tests and a comprehensive final examination.
5. The student must be concurrently enrolled in RNSG 2260 and RNSG 1115 (if RNSG 1115 has not previously been passed).
6. A math competency exam must be accomplished by the specified date. The student can miss no more than 2 problems on the exam. See Appendix B.
7. Grading Scale: Didactic Portion

| | |
|------------------|---------------------------------|
| A = 90% - 100% | Final Exam = 25% of grade |
| B = 80% - 89.99% | Preliminary Test = 75% of grade |
| C = 77% - 79.99% | |
| D = 60% - 76.99% | |
| F = Below 60% | |
8. Failure of either RNSG 2307 or RNSG 2260 will necessitate repeating RNSG 2307 and RNSG 2260. When repeating any course, the student is required to retake all aspects of the course including the required written work.

SOUTH PLAINS COLLEGE
ALLIED HEALTH DEPARTMENT

COURSE GRADE WORKSHEET FOR
TRANSITION IN NURSING PRACTICE

Student's Name _____

1. PRELIMS:

1. _____

2. _____

3. _____

AVERAGE OF 3 PRELIMS = _____

2. PRELIM AVERAGE _____ X .75 = _____

3. FINAL EXAM GRADE _____ X .25 = _____

4. FINAL GRADE _____ 2 + 3 = _____

E. SPECIAL REQUIREMENTS:

1. Course Requirements

- a. Meet all requirements for admission into the Associate Degree Nursing Program.
- b. Prerequisites: Biol 2401 & 2420, Psyc 2314, and Eng 1301.
- c. Satisfactory grade average on written examinations (77 or above).
- d. Satisfactory achievement of behavioral course outcomes (see unit outcomes).
- e. Regular classroom attendance.
- f. Completion of all assigned student presentations, self-study modules, and assigned computer programs.
- g. Concurrent enrollment in RNSG 2260 and RNSG 1115 (if not previously passed).

2. Modules:

Modules are the responsibility of the student and all information contained therein will be included in the appropriate exam for that particular unit.

II. COURSE OUTLINE

UNIT I – INTRODUCTION TO PROFESSIONAL NURSING

UNIT II – INTRODUCTION TO NURSING PROCESS

UNIT III – PRINCIPLES OF IV THERAPY

UNIT IV – INTRODUCTION TO THE CONCEPT OF FLUID-ELECTROLYTE BALANCES

III. ACCOMMODATIONS

SPC Standard Disability Statement

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland (Student Health & Wellness Office) 806-716-2577, Reese Center (Building 8) 806-716-4675, or Plainview Center (Main Office) 806-716-4302 or 806-296-9611.

SOUTH PLAINS COLLEGE
COMMUNICABLE DISEASES POLICY

OBJECTIVES OF THE POLICY

1. Minimize the risk of student or employees acquiring or transmitting communicable diseases through an organized education program which shall emphasize primary prevention.
2. Protect the confidentiality of students or employees with communicable disease.
3. Provide for an annual review of the Communicable Disease Policy in light of current information.
4. Establish a Communicable Disease Review Committee, the purpose of which shall be to review any cases of communicable diseases that may be of public health concern as they arise.

GENERAL POLICY STATEMENT

South Plains College recognizes that students or employees with communicable diseases may wish to engage in as many of their normal pursuits as their condition and ability to perform their duties allows, including attending classes or working. As long as these students or employees are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others, the Administration of the College should be sensitive to their condition and ensure that they are treated consistently and equally with other students and employees. At the same time, South Plains College has an obligation to provide a safe environment for all students and employees. A student or employee with a communicable disease is required to report the condition to his or her immediate supervisor or to the Student Services Office as appropriate. Failure to inform the College may result in dismissal of the student or employee from the College. Every precaution should be taken to ensure that a student's or employee's condition does not present a health and/or safety threat to others. The fact that a student or employee has a communicable disease does not relieve that individual of the requirement to comply with performance standards as long as her or she is enrolled in classes or remains employed with the College. All reasonable efforts will be made to protect the student's or employee's right to confidentiality.

GENERAL GUIDELINES

The following general guidelines are adopted:

1. South Plains College will make information on the prevention of communicable diseases available to students and employees.
2. A student's or employee's health condition is personal and confidential, and reasonable precautions should be taken to protect information regarding an individual's health condition. The Student Services Office should be contacted if it is believed that students need information about communicable diseases, or if further guidance is needed in managing a situation that involves a communicable disease. The appropriate Dean should be contacted for any situation involving a communicable disease.

3. The Dean and the Student Services Office should be contacted if there is concern about the possible contagious nature of any student's or employee's illness.
4. A student or employee with a communicable disease should be encouraged to provide current reports from his or her treating physician concerning the individual's condition, whether the student or employee should be in contact with other students or employees, and if current health status permits him or her to attend classes or to perform the essential functions of his or her job. South Plains College reserves the right, with the consent of the student or employee, to require a medical examination by a physician appointed by the College.
5. A student or employee with a communicable disease may attend classes or perform duties at South Plains College if his or her presence does not pose a threat or danger to that individual or to others in the College, or to the academic process.
6. Temporary removal of a student or employee with a communicable disease may be made by the Administration of the College. The removal may be made summarily pending receipt of documentation by a physician that the individual does not pose a substantial threat or danger to himself or herself or other persons at South Plains College.
7. The Administration of South Plains College will determine whether a student or employee with a communicable disease may continue to attend classes or perform his or her duties at the College on a case-by-case basis, after hearing the recommendations of the Communicable Disease Review Committee.
8. Due process, including the issuance of recommendation by the Communicable Disease Review Committee, shall be afforded the individual.
9. Students or employees with communicable disease should be encouraged to seek assistance from established community support groups for medical treatment and counseling services. Information can be requested from the Student Services Office.

ADDITIONAL GUIDELINES FOR ALLIED HEALTH PROGRAM STUDENTS AND EMPLOYEES

Realizing that students and employees who are placed in clinical or laboratory setting are subject to added risk or communicable diseases through practice of invasive procedures and patient contact, these additional guidelines are adopted:

1. All Allied Health programs will be required to integrate an instructional unit on communicable diseases into their curricula, and students will be required to complete the unit before they may be assigned to clinical training facilities. The unit should emphasize primary prevention and precautionary measures for the protection of staff, students, and their patients as outlined in current Center for Disease Control guidelines. The instructor and each student in the program will sign a certification statement that such training has been successfully completed and the student understands the risk involved in caring for patients with communicable diseases before the student begins clinical training.

2. Students and employees of the College should routinely follow precautionary measures for the protection of themselves and patients as outlined in current Center for Disease Control guidelines.
3. A student or employee with a communicable disease should provide current reports from his or her treating physician concerning whether the student or employee should be in contact with patients, and whether he or she can perform the functions of his or her job or training site without exposing patients or other students or employees to an unreasonable risk in light of current medical knowledge.
4. Students placed in a clinical affiliate are expected to follow the affiliate's guidelines governing caring for patients with communicable disease provided that the care is within the student's level of training and consistent with the Center for Disease Control guidelines. The supervising staff in clinical affiliates should see that students assigned to the affiliate are familiar with the health status of all patients under the students' care.

COMMUNICABLE DISEASE REVIEW COMMITTEE

A Communicable Disease Review Committee is to be established, and will be composed of a physician appointed by the College, a public health official, administrative representatives of South Plains College, and one or more representatives from South Plains College health care programs. The individual who has a communicable disease and his or her representatives, who may include a physician appointed by the individual, are encouraged to consult with the committee.

The purpose of the Communicable Disease Review Committee shall be to review any case of communicable disease that may be of public health concern on a continuing basis. The committee will issue recommendations to the administration on the individual's potential threat or danger to himself or herself and others in South Plains College or its clinical affiliates. Final disposition and action rests solely with the Board of Regents of South Plains College or its designated representatives.

When considering recommending the dismissal of a student or the discharge of an employee with a communicable disease, the Committee will consider the interests of the affected individual, other students and employees, patients in clinical affiliates, and the College.

2-8-2006

SOUTH PLAINS COLLEGE ALLIED
HEALTH DEPARTMENT
COMMUNICABLE DISEASE STATEMENT

I, _____, hereby acknowledge that as an Allied Health student I am subject to added risk or communicable diseases through practice of invasive procedures and patient contact in clinical and laboratory settings.

While in the clinical and laboratory setting, I will follow the Center for Disease Control precautionary measures to protect myself and patients to the best of my ability.

If asked, I will provide current reports to the Communicable Disease Review Committee from a physician regarding any communicable disease or unreasonable health risk that I might expose patients, other students and instructors to.

I, _____, have satisfactorily completed the Asepsis Unit as required by South Plains College Allied Health Department.

Date

Signature

Unit I: Introduction to Professional Nursing

| CONTENT | OBJECTIVES | LEARNING ACTIVITIES/ EVALUATION | DECS (Knowledge) | | | |
|---|--|------------------------------------|------------------|-----|---|----|
| | | | 1 | 2 | 3 | 4 |
| 1. Introduction to Professional Nursing A. Orientation to ADNP 1. Philosophy/Purpose 2. Outcomes/Conceptual 3. Framework B. Nursing Learning Resource Lab Orientation 2. Human Values/Culture 3. Ethical/Legal Aspects 4. Professional Prospective 5. Role of Associate Degree Nurse/Change A. Adjustments/Health Team 6. Critical thinking | Mastery of the unit will enable the student to: Recognize the philosophy and policies of the ADNP at South Plains College. Relate course outcomes and requirements to plan of study. Utilize assignments, course syllabus and learning experiences to meet the outcomes of the course. Utilize self-evaluation in meeting course outcomes. Identify resources available for student use within the library and learning lab. Recognize how values influence behavior and attitude. Differentiate ethical issues from moral and legal issues. List five characteristics of a profession and how nursing demonstrates these characteristics. Discuss the 4 roles of the professional nurse. | Group | A3 | A1 | | A2 |
| | | | A4 | A2 | | A3 |
| | | 1. Lecture | B3 | A3 | | B1 |
| | | 2. Discussion | B7 | A4 | | B3 |
| | | | C3 | B1 | | C3 |
| | | Assignment | C4 | B3 | | C5 |
| | | | C5 | B11 | | C8 |
| | | 1. ADNP | D2 | C2 | | E1 |
| | | Philosophy, | D3 | C4 | | E2 |
| | | Conceptual | D4 | C6 | | F2 |
| | | Framework, | | D3 | | G2 |
| | | and Program | | D5 | | G3 |
| | | Outcomes | | E13 | | |
| | | (see Student | | F1 | | |
| | | Handbook) | | G3 | | |
| | | 2. RNSG 2307 | | | | |
| | | Course | | | | |
| | | Syllabus | | | | |
| | | 3. Taylor, Lillis, | | | | |
| | | Lynn | | | | |
| Chapter 1, 2 | | | | | | |
| | | | | | | |
| Evaluation | | | | | | |
| | | | | | | |
| 1. Pen & Paper or | | | | | | |
| Computer Test | | | | | | |
| 2. The Course Point | | | | | | |
| | | | | | | |
| | | | | | | |

Unit II: Introduction to the Nursing Process

| CONTENT | OBJECTIVES | LEARNING ACTIVITIES/ EVALUATION | DECS (Knowledge) | | | |
|--|--|--|------------------|-----|----|----|
| | | | 1 | 2 | 3 | 4 |
| <p>1. Person-Centered Care and The Nursing Process</p> <p>A. Theoretical Approaches</p> <ol style="list-style-type: none"> 1. Theory 2. Research 3. Evidenced-Based Practice <p>B. Overview and Organization of the Nursing Process</p> <ol style="list-style-type: none"> 1. Assessment 2. Nursing Diagnosis 3. Planning 4. Implementation 5. Evaluation <p>C. Steps in the Application of the Nursing Process</p> <ol style="list-style-type: none"> 1. Nursing History 2. Data Collection <ol style="list-style-type: none"> a) Observation b) Interviewing c) Physical Examination d) Consultation e) Records and Reports 3. Problem Statement/ Nursing Diagnosis | <p>Select a client in a clinical setting and take a nursing history.</p> <p>Describe the benefits of evidenced-based practice.</p> <p>Describe the 5 steps of evidenced-based practice.</p> <p>Describe ways to apply evidenced-based practice.</p> <p>Obtain additional data about the patient from other appropriate sources</p> <p>Organize all data according to a predetermined format. Formulate subjective data as perceived by interviewing a student partner and an assigned patient.</p> <p>Utilize formal and informal methods of collecting data from the patient in a clinical setting.</p> <p>Formulate a nursing diagnosis, nursing goals, priorities, and projected outcomes from a nursing assessment.</p> <p>Describe systems theory, the problem-solving method, and the scientific method.</p> <p>Compare systems theory, the problem-solving method, and the scientific method with the nursing process.</p> <p>Differentiate between subjective and objective data.</p> <p>State the source of data for nursing assessment.</p> <p>Define the term nursing diagnosis.</p> <p>Name the three major components of the nursing diagnosis.</p> <p>Describe the PES format used to develop a nursing diagnosis.</p> <p>Identify five methods of data collection.</p> <p>Discuss advantages of a nursing diagnosis.</p> <p>Discuss the limitations of nursing diagnosis.</p> <p>Develop a nursing process applying the five steps of assessment, diagnosis, planning, implementation and evaluation.</p> <p>Identify needs and problems of an assigned patient.</p> <p>Distinguish between a need and a problem.</p> <p>Distinguish between actual and potential problem.</p> <p>List five common errors in formulating a nursing diagnosis.</p> | <p>Group</p> <ol style="list-style-type: none"> 1. Lecture 2. Discussion <p>Assignment</p> <ol style="list-style-type: none"> 1. Taylor, Lillis, Lynn 10,11,12,13,14 &15 3. Define key terms 4. Nursing Process <p>Evaluation</p> <ol style="list-style-type: none"> 1. Pen & Paper or Computer Test 2. Nursing Process with a minimal grade of 77 3. The Course Point | A1 | A1 | A1 | B1 |
| | | | A2 | A2 | A2 | B2 |
| | | | B1 | A3 | B1 | C1 |
| | | | B8 | A4 | B2 | C3 |
| | | | | B1 | B3 | C4 |
| | | | | B2 | D1 | C5 |
| | | | | B3 | E1 | D1 |
| | | | | B4 | F1 | E1 |
| | | | | B4 | | F1 |
| | | | | B5 | | F2 |
| | | | | B6 | | F3 |
| | | | | B7 | | |
| | | | | B8 | | |
| | | | | B9 | | |
| | | | | B10 | | |
| | | | | B11 | | |
| | | | | C1 | | |
| | | | | C2 | | |
| | | | | C3 | | |
| | | | | C4 | | |
| | C5 | | | | | |
| | C6 | | | | | |
| | C7 | | | | | |
| | C8 | | | | | |
| | D1 | | | | | |
| | D2 | | | | | |
| | D3 | | | | | |
| | D4 | | | | | |
| | D5 | | | | | |
| | E1 | | | | | |

TYOLOGY OF ELEVEN FUNCTIONAL HEALTH PATTERNS*

Health-perception-health-management pattern. Describes client's perceived pattern of health and well-being and how health is managed

Nutritional-metabolic pattern. Describes pattern of food and fluid consumption relative to metabolic need and pattern and pattern indicators of local nutrient supply

Elimination pattern. Describes pattern of excretory function (bowl, bladder, and skin)

Activity-exercise pattern. Describes patterns of exercise, activity, leisure, and recreation

Cognitive-perceptual pattern. Describes sensory perceptual and cognitive pattern

Sleep-rest pattern. Describes patterns of sleep, rest, and relaxation

Self-perception self-concept pattern. Describes self-concept pattern and perceptions of self (e.g., body comfort, body image, feeling state)

Role-relationship pattern. Describes pattern of role-engagements and relationships

Sexuality-reproductive pattern. Describes client's pattern of satisfaction and dissatisfaction with sexuality pattern; describes reproductive pattern

Coping-stress tolerance pattern. Describes general coping pattern and effectiveness of the pattern in terms of stress tolerance

Value-belief pattern. Describes patterns of values, beliefs (including spiritual), or goals that guide choices or decisions

*Gordon Marjory (1982). Nursing Diagnosis: Process and Application. N.Y.: McGraw-Hill

**SOUTH PLAINS COLLEGE
NURSING PROCESS**

Client's Initials: RCStudent: N, Nurse SN SPCDiagnosis: Anterior Lumbar Sinal Fusion L3 - L4, 317Date: 3-97

Age: _____ Room: _____

Instructor: E. Browne, RN

| <u>ANALYSIS</u> Problem/Nursing Diagnosis | <u>PLAN</u> Goal Statements With Outcome Criteria | <u>IMPLEMENTATION</u> Nursing Interventions Actions | Scientific Rationale | <u>EVALUATION</u> Evaluative Outcome Criteria |
|--|--|---|---|---|
| <p>3/8 1) Ineffective airway clearance as related to recent surgery, narcotic analgesics used for pain, acute pain upon coughing et deep breathing, et imposed restrictions on mobility as manifested by minimal coughing attempted, little sputum produced, et congestion in lungs heard upon auscultation.</p> <p><i>High Priority</i></p> | <p>3/8 Goal #1 Pt. Will demonstrate better ability to cough effectively by 3-9 as evidenced by</p> <ol style="list-style-type: none"> 1) Demonstration of effective coughing by inhaling deeply et coughing during expiration. <i>Psychomotor-rehabilitation</i> 2) Demonstration of effective splinting of surgical wound while coughing to reduce incisional pressure et pain. <i>Psychomotor-rehabilitation</i> | <p>3/8 NSG Orders Goal #1</p> <p>TPC nurse will demonstrate technique of breathing deeply et coughing with return demonstration from patient at 0800. <i>Teaching</i></p> <p>TPC nurse will demonstrate splinting of the incision site while coughing with fingers interlocked across abdomen to provide support to incisional site with return demonstration from patient at 0800. <i>Teaching</i></p> <p>At 0800, TPC nurse will encourage use of pain medication as needed for pain for control of pain to enable coughing et deep breathing exercises. <i>Therapeutic</i> N. Nurse SN SPC</p> | <p>For Goal #1</p> <p>"Explain these possible complications and encourage the client to practice deep breathing and controlled coughing" (Ames et Kneisl p. 239).</p> <p>"Splinting the incision providing external support reduces movement of involved tissues, reduces pain, and this facilitates coughing and deep breathing. Either the nurse or client can splint the incision by supporting it with a pillow or interlocked hands." (Ames et Kneisl p. 239).</p> <p>"Pain relief is the first consideration for the surgical client, because pain and fear can induce additional stress interfering with recovery." (Ames et Kneisl p. 259).</p> | <p>3/10 Goal #1 met as evidenced by:</p> <ol style="list-style-type: none"> 1) Pt. effectively demonstration deep inhalation er continuous coughing throughout exhalation. 2) Pt. effectively demonstrating splinting of the surgical wound while coughing et pt statement while coughing et patient statement "It doesn't hurt as bad when I hold my hands like that." Reassessment indicates objectives completed. NSG intervention at this time should <u>include encouragement of these procedures</u> but teaching goals no longer necessary for these techniques. <p>See revision to plan dated 3/10 and re-evaluate on 3/12</p> <p style="text-align: right;">N. Nurse S SPC</p> |

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|---|--|--|--|---|
| | <p>Goal #2 Patient will demonstrate better airway clearance by 3-10</p> <p><u>EOC's</u></p> <p>No cyanosis noted.</p> <p>Effective coughing with more sputum produced.</p> <p>Decreased congestion heard upon auscultation of lungs. <i>Psychomotor-rehabilitation</i></p> | <p>Revision to Plan</p> <p>3/10 NSG orders 1& 2 discontinued.</p> <p>TPC nurse will encourage patient demonstration of above techniques every 2 hours. <i>Therapeutic</i></p> <p>3/8 Nsg. Orders for Goals #2</p> <p>1. TPC nurse will encourage cough et deep breathing exercises at least every 4 hours while awake. <i>Therapeutic</i></p> <p>2. TPC nurse will auscultate pt's lungs every 2 hours to monitor for worsening lung congestion et report any significant changes to physician. <i>Therapeutic</i></p> <p>3) TPC nurse will encourage use of spirometer, brought in by RT, every 2 hours during lung assessment. <i>Therapeutic</i></p> <p>N. Nurse SN SPC</p> | <p>2) "Encourage client to practice deep breathing and controlled coughing prevents possible complications." (Ames et Kneisl p. 239).</p> <p>3/8 for Goal #2</p> <p>1) "Coughing and deep breathing should be encouraged at least every hour in the early post- operative period and periodically thereafter." (Ames et Kneisl p. 258).</p> <p>2) "Auscultate the lungs periodically to sure secretions are not building up." (Ames et Kneisl p. 256).</p> <p>3) "Incentive spirometry, if ordered, should be encouraged as often as prescribed and the nurse should assist the client as necessary." (Ames et Kneisl p. 239).</p> | <p>Goal #2 was partially met by target date as evidenced by:</p> <p>1) No cyanosis noted.</p> <p>2) Pt. coughing more effectively with more sputum being produced.</p> <p>3) Congestion is still heard in lungs, however it seems to be higher up in the lobes of the lungs and sounds as though it is breaking up. Reassessment indicates current plan still effective. Continue interventions as listed et re-evaluate on 3/15</p> <p>N. Nurse SN SPC</p> |

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|---|---|---|---|---|
| | <p>3/8 Goal #3 Patient will demonstrate complete airway clearance by 3-22 as evidenced by:</p> <p>No cyanosis noted. No congestion heard in lungs in either lobe on auscultation. Minimal coughing with sputum coughed up easily when it builds up. <i>Psychomotor-rehabilitation</i></p> | <p>3/8 Nsg. Orders of Goal #3 1), 2), 3) same as for Goal #1</p> <p>At 1600, TPC nurse will encourage coughing after ambulation to allow better clearance of secretions. <i>Therapeutic</i></p> <p>At 0900, TPC nurse will encourage fluids immediately upon doctors' orders to allow secretions to become more liquid for easier clearance from the body. <i>Therapeutic</i></p> <p>TPC will encourage patient to drink 8 oz of fluid every 2 hours when fluids are allowed.</p> <p>N. Nurse SPC ADN</p> | <p>For Goal #3 1, 2, 3 same as for LTG goal #1</p> <p>"Recommend the sitting position or Fowler's position because they allow for maximum lung expansion and aeration."</p> <p>5 & 6) "Keep the client hydrated to loosen secretions so they can be more easily expectorated and to prevent dehydration." (Ames et Kneisl p. 385).</p> | <p>3/10 Goal #3 was partially met as evidenced by: No cyanosis noted/ Congestion higher up in the respiratory tract er sounds as if it's breaking up. Continued coughing but with better sputum production. Pt. is moving toward the goal as evidenced by the criteria above. Continue interventions as listed er re-evaluate on 3-15. N. Nurse SN SPC</p> |

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|---|---|--|---|--|
| <p>2)</p> <p>Acute pain as related to post-operative status and compression of spinal nerves upon movement or coughing as manifested by verbal expression of pain, grimacing of face when turning or moving, et, use of morphine frequently via PCA pump.</p> <p><i>High Priority</i></p> | <p>3/8 Goal # 1: Patient will demonstrate improved control of pain by 3-10 as evidenced by:</p> <p>Decreased in morphine dosage from 18 mg every 8 hours to 12 mg every 8 hours.</p> <p>Verbalizes pain severely decreased from 9 to 5 on a scale of 1-10 (with 10 being most severe pain)</p> <p><i>Affective-Rehabilitation</i></p> | <p>3/8 Nsg. Orders for Goal #1 At 1000, TPC nurse will demonstrate relaxation et imagery techniques to patient with return demonstration (explanation) from the patient. <i>Teaching</i></p> <p>At 0800, TPC nurse will demonstrate splinting of the surgical area with hands across abdomen et fingers interlocked while coughing et deep breathing to reduce pain et pressure with return demonstration from pt. <i>Teaching</i></p> <p>TPC nurse will check clients position and assists with repositioning every 2 hours. <i>Therapeutic</i></p> <p>At 0800, TPC nurse will assess for and correct all factors that may increase client's perception of pain e.g. straighten lines prn, keep all tubing properly positioned. <i>Diagnostic</i></p> | <p>For Goal #1 Orders "Acute pain is usually successfully treated with an analgesic medications and/or relaxation techniques." (Ames et Kneisl p. 52).</p> <p>"Clients having surgery of the chest, anorectum, joints, back and upper abdomen generally experience the greatest postoperative pain as movement causes incisional pain. These areas should be supported for coughing and movement." (Ames et Kneisl p. 257).</p> <p>Dx #2 3/8 Additional Rationalizing</p> <p>Positioning client in anatomical alignment is a measure used to control painful stimuli I the clients environment. (Potter & Perry p. 956)</p> <p>These factors also assist in controlling painful stimuli within one's environment. (Potter & Perry p. 941)</p> | <p>3/10 Goal #1 was partially met as evidenced by:</p> <p>Patient using only 12-15 doses of morphine every 8 hours.</p> <p>Pt's statement, "It doesn't hurt quite as bad today.</p> <p>Pt's use of relaxation et imagery techniques seemingly correct. Pt. states: "I thought you were crazy when you first started telling me about this imagery stuff but it really works. I feel more relaxes after I do it." Reassessment indicates current plan still effective. Continue with interventions as listed et re-evaluate on 3-22. N. Nurse SPC ADN</p> |

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|---|---|---|---|---|
| | <p>3-8 Goal #2 Patient will demonstrate complete alleviation of pain by 3-22 as evidenced by:</p> <p>No use of pain medication. Ability to move, cough et deep breathe without verbal or non-verbal expression of pain.</p> | <p>TPC nurse will assess pts. Level of pain every 4 hours and prn by having patient rate pain on a descriptive scale with 10 being the most severe and 1 being little or no pain. <i>Diagnostic</i></p> <p>TPC nurse will also assess pt. for objective signs of pain (crying, guarding, facial expression, changes in vital signs) every 4 hours and prn. <i>Diagnostic</i></p> <p>N. Nurse SN SPC</p> <p>1 et 2) same as for Goal #1</p> <p>3) At 0800, TPC nurse will explain importance of reducing dosage of pain medication as pain gets more tolerable to the patient to allow the body to get used to pain management and to avoid withdrawal symptoms. <i>Teaching</i> N. Nurse SN SPC</p> | <p>Descriptive scales are an <u>objective</u> means of measuring pain intensity and they help to evaluate changes in the client's condition. (Potter & Perry p. 958)</p> <p>For Goal #2</p> <p>1) et 2) same as above 3) "Narcotic analgesics should be decreased over a few days before being discontinued to avoid drug withdrawal. (Ames et Kneisl p. 56).</p> | <p>3/22 Goal #2 was not met at this time, due to the long term nature of this goal. Pt. continues use of pain medication et some verbal et non-verbal expressions of pan upon movement. After reassessment of plan, the plan determined still effective. Continue interventions as listed and re-evaluate on 3-22 N. Nurse SN SPC</p> |

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|---|--|--|---|---|
| <p>2) Impaired physical mobility as related to recent post-op status, acute pain, et medical restrictions on mobility as manifested by inability to walk without assistance et verbal et nonverbal expressions of pain upon movement.</p> <p><i>Medium priority</i></p> | <p>Goal #1</p> <p>Pt. will demonstrate improved physical mobility by 3-10 as evidenced by:</p> <p>Decreased amount of support necessary when standing and ambulating from 1 person and assistance of walker to use of walker on own.</p> <p>Decreased nonverbal expression of pain upon movement.</p> <p>No verbal expression of pain upon movement.</p> <p>No c/o fatigue and pain after ambulation.</p> <p><i>Psychomotor-Rehabilitation</i></p> | <p>3/8 Nsg Orders for Goal #1</p> <p>TPC nurse will assist pt. to turn every 2 hours as tolerated.</p> <p><i>Therapeutic</i></p> <p>TPC nurse will provide supportive assistance when pt. sits up, stands up, ambulates, et returns to bed with the aid of physical therapy staff when available.</p> <p><i>Therapeutic</i></p> <p>TPC nurse will assess pt's blood pressure and pulse upon lying down, sitting up, et then standing to monitor changes due to position change, monitoring closely for orthostatic hypotension related to narcotics et bed rest before patient gets up.</p> <p><i>Diagnostic</i></p> | <p>for Goal #1</p> <p>"Pressure relief can be achieved by frequent changing of position (at least every two hours). (Ames et Kneisl p. 1274)</p> <p>"Clients who are able to move without help should be prepared to move their extremities and to turn from side to side within the limits that may be imposed by their surgeon. Tell the client that will be unable to move or turn that the nurse activities." (Ames et Kneisl p. 239)</p> <p>"Postural hypotension (a drop in blood pressure when moving from a lying or sitting to a standing position) is often associated with the dizziness or weakness." (Ames et Kneisl p. 259)</p> | <p>3/10 Goal #1 partially met as evidenced by:</p> <ol style="list-style-type: none"> 1) Support needed decreased from maximum support of three people to only minimal support of two people for balanced et assistance. 2) Minimal amt. Of wincing et. pt. no longer moans or groans upon movement. 3) Pt. statement, "It doesn't hurt to move like it did a couple of days ago." 4) Pt. only sleeps about 30 minutes in between times of ambulation now three times a day. Reassessment indicates plan still effective with revision of nsg. Order #4 as follows: <p style="text-align: right;">N. Nurse SN SPC</p> |

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|---|---|--|--|---|
| | | <p>At 0800, TPC nurse will teach pt. to splint incision site with arms across abdomen when moving to relieve pain et pressure related to stress on the incision.</p> <p><i>Teaching</i></p> <p>N. Nurse SN SPC</p> | <p>"Splinting the incision - providing external support - reduces movement of the involved tissues, reduces pain and thus facilitates coughing et deep breathing. Either the nurse or client can splint the incision by supporting it with a pillow or interlocked hands." (Ames et Kneisl p. 259)</p> | |

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|---|--|--|---|--|
| | <p>3/8 Goal #2</p> <p>Pt. will demonstrate complete mobility independence by 3-29</p> <p>EOC's</p> <p>No support necessary for pt to sit, stand, et ambulate.</p> <p>No pain experienced upon movement assessed by pt's verbalization of pain relief et no visible signs of pain observed.</p> <p>No fatigue experienced after mild exertion.</p> <p><i>Psychomotor-Rehabilitation</i></p> | <p>3-8 Nsg. Orders for Goal #2</p> <p>1), 2), 3), et 4) TPC nurse will encourage pt. splinting of abdominal incision site when moving. Other orders still effective. Continue as written et. Re-evaluate on 3-15.</p> <p><i>Therapeutic</i></p> <p>N. Nurse SN SPC</p> <p>5) TPC nurse will encourage and assist as needed with ambulation increasing distance and length of time ambulating from 5 feet to 25 feet and 5 minutes to 10 minutes and decreasing intervals between ambulation from every 6 hours to every 3 hours as tolerated by the patient.</p> <p><i>Therapeutic</i></p> | <p>3/8 for Goal #2</p> <p>1), 2), 3), et 4) same as for Goal #1</p> <p>Activity will gradually increase as tolerated. As recovery progresses, the client should gradually become capable of a wider range of activity."</p> <p>(Ames et Kneisl p. 259</p> | <p>3/10</p> <p>Goal #2 partially met as evidenced by patient progressing toward complete mobility independence. Progression toward long term goal is evidenced by:</p> <p>Minimal support needed for ambulation.</p> <p>Decreased pain upon ambulation as manifested by decreased verbal expression of pain et minimal visual expression of pain.</p> <p>Decreased fatigue after ambulation. Reassessment indicates current plan still effective with revision stated in STG #1 evaluation. Continue with plan as written et re-evaluate on 3-15.</p> <p>N. Nurse SN SPC</p> |

Unit III: Principles of IV Therapy

| CONTENT | OBJECTIVES | LEARNING ACTIVITIES/ EVALUATION | DECS (Knowledge) | | | |
|---|--|--|------------------|-----|----|----|
| | | | 1 | 2 | 3 | 4 |
| <p>1. Principles of IV Therapy</p> <p>A. Seven Uses of IV Therapy</p> <p>B. Six Nursing Responsibilities in IV Therapy</p> <p>C. Prepare/Add Mixtures</p> <p>1. Incompatibility</p> <p>2. Equipment</p> <p>3. Piggy back medication</p> <p>D. Performing venipuncture</p> <p>1. Step-by-Step procedure</p> <p>a) wingtip needle b) over-the-needle catheter</p> <p>c) through-the-needle catheter</p> <p>d) heparin lock</p> <p>2. Selecting the cannula</p> <p>3. Selecting the infusion site</p> <p>4. Problems and precautions</p> <p>E. Protecting the Infusion site</p> <p>1. Ointment</p> <p>2. Taping</p> <p>3. Labeling</p> <p>4. Precautions</p> | State seven uses for intravenous therapy. | <p>Group</p> <p>1. Lecture</p> <p>2. Discussion</p> <p>3. IV's</p> <p>Assignment</p> <p>1. Taylor, Lillis, Lynn</p> <p>2. Chapter 28.</p> <p>3. Complete TPN Self Study Module</p> <p>4. Start IV and Calculate IV Rate</p> <p>Evaluation</p> <p>1. Return Demonstration</p> <p>2. Pen & Paper or Computer Test</p> <p>3. The Course Point</p> | A1 | A1 | A4 | B1 |
| | List visible and invisible changes that may occur with an incompatibility. | | A4 | B1 | B1 | B2 |
| | Identify the function of each of the components of the standard administration set. | | B2 | B2 | B2 | |
| | Identify six nursing responsibilities in intravenous therapy. | | | B7 | B3 | |
| | Describe how to administer piggyback medications. | | | C6 | B4 | |
| | Describe the indirect and direct method of venipuncture with a wingtip needle. | | | D2 | D1 | |
| | Describe and demonstrate how to perform venipuncture with an over-the-needle catheter. | | | D3 | E2 | |
| | Describe how to perform venipuncture with a through-the-needle catheter. | | | D4 | F2 | |
| | Describe how to perform heparin lock. | | | E8 | | |
| | Identify two considerations in the selection of the intravascular cannula. | | | E12 | | |
| | Name three considerations in choosing an infusion site. | | | | | |
| | Describe assessment findings that indicate rejection of a site for IV therapy. | | | | | |
| | Discuss problems encountered when initiating IV therapy. | | | | | |
| | Obtain essential data in the nursing history regarding medication. | | | | | |
| | Obtain data required to assess the patient receiving medication. | | | | | |
| | State the essential steps of medication administration. | | | | | |
| | Make proper preparation for administering medication. | | | | | |
| | Review and demonstrate equipment required for parenteral medications. | | | | | |
| | Review sites used for subcutaneous, intra-muscular, and intra-dermal injections. | | | | | |
| | State the five rights and three checks of medication administration. | | | | | |
| State the purpose of an antimicrobial ointment applied directly to the venipuncture site. | | | | | | |
| Identify three methods of taping the intravascular cannula. | | | | | | |

CRITERIA FOR SELECTING A SUITABLE VEIN FOR VENIPUNCTURE

1. Use distal branches of a large vein rather than the best sites. These are then available for emergencies.

NURSING ALERT: Select lowest good vein on hand or arm initially for venipuncture or infusion. If the first site is ruined you must move up the arm for another stick.

2. Convenient veins include the following:

A. Back of hand – basilic or cephalic

- 1) This site permits arm movement.
- 2) If this site is no longer good, veins higher up the arm may be used.

B. Forearm – basilic or cephalic

C. Inner aspect of elbow, antecubital fossa-median

- 1) These veins are large and easily accessible.
- 2) Note, this site precludes arm movement.
- 3) Choose site below crease for patient's comfort.

3. Otherwise, select other available veins.

A. Thigh – great saphenous and femoral
veins.

B. Ankle – great saphenous.

C. Foot – venous plexus of dorsum, venous arch, medial marginal vein.

NURSING ALERT: Avoid leg veins if there are marked degrees of varicosity at or above proposed site of injection. Otherwise, injected solutions may stagnate along varicose vessels.

CHOOSING IV SITES

Start distal to proximal. Avoid antecubital fossa.

Think “small gauge, large vein.”

The vein elasticity is important.

Avoid joint area.

Check both arms – limitations. (Prior surgeries such as mastectomies make the involved limb unsuitable for an IV)

Look for a “Y” in the vein and puncture between the branching. The vein branches help stabilize the vein.

Choose “large vein” for 18G and 20G catheters used for surgery or blood administration.

METHODS OF DISTENDING A VEIN

1. Apply manual compression above the site where needle is to be inserted.
2. Have the client periodically clench his fist (if arm is used).
3. Massage area in direction of venous flow.
4. Apply sphygmomanometer cuff (keep pressure just below systolic pressure).
5. Apply tourniquet in a slip knot.
6. Lightly tap vein site; this is to be done gently so that the vein is not injured.
7. Allow extremity to be dependent for a few minutes.
8. Apply moist heat by wringing out a towel and wrapping the part. Apply water-resistant wrapper externally and place a warm water bottle along extremity. Leave in place 10-20 minutes.
9. Apply external heat to extremity using a thermostatically controlled heating pad.

| Type of Fluid | Nonelectrolyte | | Comments |
|---------------------------------------|----------------|------------------------------|---|
| | Constituents | Tonicity | |
| Dextrose in water solutions | | | |
| 5% dextrose in water | Dextrose | isotonic (252 mOsm/L) | Does not replace electrolytes or correct fluid deficits. Hypertonic solutions irritate the veins and act as osmotic diuretics, thus increasing body fluid loss. Dextrose solutions mixed with blood infusion cause hemolysis of red cells. |
| 10% dextrose in water | Dextrose | hypertonic (505 mOsm/L) | |
| 20% dextrose in water | Dextrose | hypertonic (1,010 mOsm/L) | |
| 50% dextrose in water | Dextrose | hypertonic (2,525 mOsm/L) | |
| Dextrose in saline solutions | | | |
| 5% dextrose and 0.2% sodium chloride | Dextrose | isotonic (320 mOsm/L) | Provides calories, water, and Na ⁺ and Cl ⁻ . Used to treat temporary hypovolemia and to promote diuresis in dehydrated patients. |
| 5% dextrose and 0.45% sodium chloride | Dextrose | hypertonic (406 mOsm/L) | |
| 5% dextrose and 0.9% sodium chloride | Dextrose | hypertonic (559 mOsm/L) | |
| 10% dextrose and 0.9% sodium chloride | Dextrose | hypertonic (812 mOsm/L) | |
| Saline solutions | | | |
| 0.45% sodium chloride | | hypotonic (154 mOsm/L) | Supplies daily salt and water requirements. Widely used as a routine electrolyte replacement solution even though it supplies only Na ⁺ and Cl ⁻ , Na ⁺ , and Cl ⁻ are supplied in excess of normal plasma levels. Used for correction of severe salt depletion only. |
| 0.9% sodium chloride | | isotonic (208 mOsm/L) | |
| 3% sodium chloride | | hypertonic (1,026 mOsm/L) | |

| Type of Fluid | Nonelectrolyte | | Comments |
|---|--|------------------------------|---|
| | Constituents | Tonicity | |
| Multiple electrolyte solutions Ringer's solution | | isotonic (309 mOsm/L) | Replaces K ⁺ and Ca ⁺⁺ besides Na ⁺ and Cl ⁻ ; Cl ⁻ is in excess of normal plasma Cl ⁻ level. Electrolyte concentration closely resembles ECF. Used to replace ECF deficits and losses from vomiting or gastric suction. Dextrose provides calories. |
| Lactated Ringer's solution | | isotonic (273 mOsm/L) | |
| 5% dextrose in lactated Ringer's | Dextrose | hypertonic (524 mOsm/L) | |
| 10% dextrose in lactated Ringer's | Dextrose | hypertonic (776 mOsm/L) | |
| Plasma substitutes 10% dextran 40 in 5% dextrose | Dextrose | isotonic (252 mOsm/L) | Raises osmotic pressure of blood drawing interstitial fluid into vessels. Give dextran carefully to patients with heart or renal disease. |
| 10% dextran 40 in 0.9% sodium chloride | | isotonic (308 mOsm/L) | |
| Alcohol solutions 5% alcohol in 5% dextrose | Dextrose alcohol | hypertonic (1,114 mOsm/L) | Provides calories. Has depressant and diuretic effects. |
| Amino acid solutions | Essential and nonessential amino acids | hypertonic (950 mOsm/L) | Amino acid preparations are available in varying percentages and electrolyte content. Supplies proteins for tissue repair and helps to correct negative nitrogen balance states. |
| Fat emulsions Intralipid or Liposyn 10% | Fat emulsion | isotonic (280-300 mOsm/L) | Excellent source of calories and essential fatty acids. Contraindicated in patients with disorders of fat metabolism or liver damage. |
| Intralipid or Liposyn 20% | Fat emulsion | isotonic (330-340 mOsm/L) | |

| CONTENT | OBJECTIVES | LEARNING ACTIVITIES/ EVALUATION | DECS (Knowledge) | | | |
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| B. Normal Process Related to Fluids | | | | | | |
| 1. Definitions | | | | | | |
| 2. Components of body fluid | | | | | | |
| 3. Fluid compartments of the body | | | | | | |
| a) Intracellular fluid | | | | | | |
| b) Extracellular fluid | | | | | | |
| C. Transport Systems within the Body | | | | | | |
| 1. Passive Transport Systems | | | | | | |
| a) Diffusion | | | | | | |
| b) Filtration | | | | | | |
| c) Osmosis | | | | | | |
| 2. Active Transport System | | | | | | |
| 3. Other Transport Mechanisms | | | | | | |
| D. Electrolytes | | | | | | |
| 1. Ions | | | | | | |
| 2. Anions | | | | | | |
| 3. Cations | | | | | | |
| 4. Milliequivalents | | | | | | |
| E. Regulation of Body Fluids | | | | | | |
| 1. Fluid Intake | | | | | | |
| 2. Fluid Output | | | | | | |
| 3. Hormones | | | | | | |
| F. Nursing Challenges | | | | | | |
| 3. ECF Disturbances | | | | | | |
| A. Terminology | | | | | | |

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|------------------------|------------|------------------------------------|------------------|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 1. Excesses & Deficits | | | | | | |
| a) ICF Composition | | | | | | |
| b) ICF Excess | | | | | | |
| 1) Hypotonic | | | | | | |
| Expansion | | | | | | |
| a. Definitions | | | | | | |
| b. Causes | | | | | | |
| c. Recognition | | | | | | |
| d. Lab Tests | | | | | | |
| e. Treatment | | | | | | |
| f. Nursing | | | | | | |
| Responsibilities | | | | | | |
| 2) Hypotonic | | | | | | |
| Contraction | | | | | | |
| a. Definitions | | | | | | |
| b. Causes | | | | | | |
| c. Recognition | | | | | | |
| d. Lab Tests | | | | | | |
| e. Treatment | | | | | | |
| f. Nursing | | | | | | |
| Responsibilities | | | | | | |
| 2. ICF Deficit | | | | | | |
| a) Hypertonic | | | | | | |
| Expansion | | | | | | |
| 1. Definition | | | | | | |
| 2. Causes | | | | | | |
| 3. Recognition | | | | | | |
| 4. Lab Tests | | | | | | |
| 5. Treatment | | | | | | |
| 6. Nursing | | | | | | |
| Responsibilities | | | | | | |

MEETING THE NEED FOR FLUID AND ELECTROLYTE BALANCE
COMMONLY USED INTRAVENOUS SOLUTIONS

| IV Solution | Tonicity | Uses | Comments |
|-------------------------------|--|--|---------------------------------|
| 0.9% (normal) saline | isotonic | adds saline expands ECF volume | overuse causes saline excess |
| 0.45% (half-normal) saline | hypotonic | adds H ₂ O and some Na | overuse causes hyponatremia |
| 5% dextrose/water (D5W) | isotonic upon infusion; hypotonic after dextrose enters cells | adds water and calories | overuse causes hyponatremia |
| 5% dextrose/0.9% saline | hypertonic upon infusion; isotonic after dextrose enters cells | adds saline and calories; expands ECF volume | overuse causes saline excess |
| 5% dextrose/0.45% saline | hypertonic upon infusion; hypotonic after dextrose enters cells | adds H ₂ O, some Na, and calories | overuse causes hyponatremia |
| Lactated Ringer's solution | isotonic | fluid and electrolyte replacement | contains Na, K, Ca, lactate |
| Saline | hypertonic | treatment of severe symptomatic hyponatremia | overuse causes hyponatremia |

TABLE 5-5 SOME POTASSIUM SUPPLEMENTS

| Product | Amount of Potassium Supplied (potassium chloride unless specified) | Nursing Tips |
|---|---|---|
| <u>Liquids</u> Kay Ciel KCI-Rougiert K-10 Kaochlor 10% Kaochlor S-F Kay Ciel KLOR-10% Kloride Klorvess 10% Pan-kloride Pfiklor Rum-K Kaon-Cl 20% KLOR-CON Koan Potassium-Rougiert Twin-K Duo-K Kolyum Potassium triplex | 6.6 mEq/5 ml 10 mEq/15ml 10% (20mEq/15 ml) 10% (20mEq/15 ml) 15% (30mEq/15 ml) 20% (40 mEq/ml) 20% (40 mEq/ml) 20 mEq/15ml as gluconate 20 mEq/15ml as gluconate 20 mEq gluconate and citrate 20 mEq potassium and 3.3 mEq chloride per 15 ml 20 mEq potassium and 3.3 mEq chloride per 15 ml 45 mEq/15ml as acetate bicarbonate, and citrate | <ul style="list-style-type: none"> • Due to many forms and varying amounts of potassium, give these supplements with extreme caution. Never switch potassium products without a doctor's order. If your patient tolerates one product better than another, tell the doctor so he can change the brand and dosage. • Give potassium in 2 to 4 doses per day over several days to avoid severe hyperkalemia. Give it with or after meals with a full glass of water or fruit juice to minimize GI irritation. Follow the manufacturer's recommendations for dilution. • Tell patients to sip liquid potassium products slowly to minimize GI irritation. Give to patients on fluid restriction at mealtime. Don't give to patients receiving potassium-sparing diuretics (spironolactone and triamterene). |

TABLE 5-5 SOME POTASSIUM SUPPLEMENTS

| Product | Amount of Potassium Supplied (potassium chloride unless specified) | Nursing Tips |
|---|---|---|
| <u>Powders</u> K-Lor Kato Kay Ciel K-Lor K-Lyte K-Lvte Cl Kolyum | 15 mEq/packet 20 mEq/packet 20 mEq/packet 20 mEq/packet 20 mEq/packet 25 mEq/packet 20 mEq/potassium and 3.34 mEq chloride per 5 g packet (gluconate and chloride) | <ul style="list-style-type: none"> • Make sure powders are <i>completely</i> dissolved • A helpful tip: If patient's diet allows, mix total daily dose of potassium powder in boiling water and then add one packet of gelatin dessert, adding usual amount of cold water to the gelatin. Once the mixture sets, it can be divided into four servings or doses. |