

## ST. MARY'S/MARSHALL UNIVERSITY COOPERATIVE ASN PROGRAM

COURSE TITLE/NUMBER	Health Alterations III NUR 241
COURSE DESCRIPTION	Focus on nursing care of adult clients with health alterations of specific physiological systems. Clinical included. Lab experiences are required to facilitate development of the student nurse's role as a provider of patient-centered care.
CREDIT HOURS	Nine (9) Credit Hours/Undergraduate Theory Hours: 4 (60 contact hrs.) Lab Hours: 5 (225 contact hrs.)
PRE/CO-REQUISITES	Pre-requisites: NUR 120, NUR 220, NUR 225, NUR 230, NUR 235, BSC 227, BSC 228, PSY 311, CHM 203/205, DTS 314/210, BSC 250, PSY 201, ENG 101 Co-requisite: ENG 201
TERM/YEAR	Spring 2024
CLASS MEETING DAYS/TIMES	Theory: Tuesday 9am-3:30pm, Wednesday 9am-1pm, Thursday 8am-2:30pm <b>Exams:</b> Tuesday 9am and as per syllabus. Lab: Clinical/lab times vary.
LOCATION	St. Mary's Center For Education, Room 217
ACADEMIC CALENDAR	For beginning, ending, and add/drop dates, see the <a href="http://www.marshall.edu/academic-calendar/">Marshall University Academic Calendar</a> (URL: <a href="http://www.marshall.edu/academic-calendar/">http://www.marshall.edu/academic-calendar/</a> ).
INSTRUCTOR(S)/OFFICE(S)/PHONE/ E-MAIL/OFFICE HOURS	<p>Dr. Misty Cooper, DNP, RN, CNE #155, Phone 304-526-1422 (Please leave message) E-mail: <a href="mailto:misty.cooper@st-marys.org">misty.cooper@st-marys.org</a> Office Hours: Open office hours, by phone, by appointment, or via Microsoft Teams</p> <p>Dr. Allison Jonas, DNP, RN, CNE Office #165 Phone 304-526-1808 (Please leave message) E-mail: <a href="mailto:allison.morrison@st-marys.org">allison.morrison@st-marys.org</a> Office Hours: Open office hours, by phone, by appointment, or via Microsoft Teams</p> <p>Mrs. Tonya Taylor, MSN, APRN, FNP-BC, RN Office #149 Phone 304/526-1420 (Please leave message) E-mail: <a href="mailto:tonya.taylor@st-marys.org">tonya.taylor@st-marys.org</a> Office Hours: Open office hours, by phone, by appointment, or via Microsoft Teams</p>

<p>COORDINATORS AND DIRECTOR/OFFICE/PHONE/ E-MAIL/OFFICE HOURS</p>	<p>Mrs. Debbie Bridgewater, MSN, CNE, RN Academic Support Coordinator Office #130, Phone 304-526-1432 E-mail: <a href="mailto:dbridgewater@st-marys.org">dbridgewater@st-marys.org</a> Office Hours: Open office hours, by phone, by appointment, or via Microsoft Teams</p> <p>Dr. Rebecca Scites, Ed.D., MSN, APRN, CNE Curriculum Coordinator Office #140 Phone 304-526-1480 (Please leave message) E-mail: <a href="mailto:rebecca.scites@st-marys.org">rebecca.scites@st-marys.org</a></p> <p>Dr. Joey Trader, Ed.D., MSN, CNE Vice-President, Schools of Nursing and Health Professions Director, School of Nursing Office # 138, Phone 304-526-1416 Email: <a href="mailto:joey.trader@st-marys.org">joey.trader@st-marys.org</a></p>				
<p>SIMULATION LAB COORDINATOR/OFFICE/PHONE/ E-MAIL/OFFICE HOURS</p>	<p>Dr. Rejeanne DuVall , RN, DNP Simulation Coordinator Office #203, Phone 304-399-7152 (please leave message if unavailable) E-mail: <a href="mailto:Rejeanne.Duvall@st-marys.org">Rejeanne.Duvall@st-marys.org</a> Office Hours: Open office hours or by appointment</p>				
<p>PLACE OF CLINICAL EXPERIENCE (we use multiple units at each facility so please call the main number and have them transfer you to the appropriate unit)</p>	<table border="0"> <tr> <td>Cabell Huntington Hospital</td> <td>304-526-2000</td> </tr> <tr> <td>St. Mary's Medical Center</td> <td>304-526-1234</td> </tr> </table>	Cabell Huntington Hospital	304-526-2000	St. Mary's Medical Center	304-526-1234
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<p>CFE/UNIVERSITY POLICIES</p>	<p>By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to CFE/UNIVERSITY POLICIES By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to <a href="#">MU Academic Affairs: University Policies</a>.</p> <ul style="list-style-type: none"> <li>• Academic Dishonesty Policy</li> <li>• Academic Dismissal Policy</li> <li>• Academic Forgiveness Policy</li> <li>• Academic Probation and Suspension Policy</li> <li>• Affirmative Action Policy</li> <li>• Pre-finals Week Policy</li> </ul>				

	<ul style="list-style-type: none"> <li>• D/F Repeat Rule</li> <li>• Excused Absence Policy</li> <li>• Inclement Weather Policy</li> <li>• Sexual Harassment Policy</li> <li>• Students with Disabilities</li> <li>• University Computing Services Acceptable Use Policy</li> </ul> <p>By enrolling in this course, you agree to the St. Mary's CFE and Marshall University policies listed below. Please read the full text of each policy by referring to the St. Mary's CFE Student Handbook, found on-line at <a href="http://www.marshall.edu/academic-affairs/policies/">Important Student Information - St. Mary's Medical Center (st-marys.org)</a> and Marshall University Policies by going to MU Academic Affairs: University Policies @ <a href="http://www.marshall.edu/academic-affairs/policies/">http://www.marshall.edu/academic-affairs/policies/</a></p>
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### **END OF PROGRAM STUDENT LEARNING OUTCOMES:**

Upon completion of the program, students will:

1. Professional Behaviors  
Exemplify moral, ethical and legal standards in the role of the professional nurse.
2. Patient Centered Care
  - a. Provide compassionate, coordinated care based on the patient's preferences, values and needs.
  - b. Advocate for patients, recognizing the patient or designee as the source of control.
3. Teamwork and Collaboration  
Participate cooperatively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.
4. Evidence-based Practice  
Integrate best current evidence with clinical practice to meet individualized patient needs and Organizational goals for delivery of optimal health care.
5. Quality Improvement
  - a. Formulate a plan based on analysis of data in order to improve the quality and safety of health care.
  - b. Improve the quality and safety of health care based on analysis of patient and process data.
6. Safety  
Reduce the risk of harm within the environment of care through organizational processes and individual performance
7. Informatics  
Integrate patient care technologies, information systems, and communication devices to support safe nursing practice.

The table below shows the following relationships: How each student learning outcome will be practiced and assessed in both theory and clinical.

Leveling - Competent Learner- able to synthesize learning experiences plans own actions with critical thinking and nursing judgment; achieve efficiency and organization; “mastery” level as a beginning nurse. More focus on professional nursing issues and concepts; management of care a focus, role transition from student learner to novice nurse.		
COURSE STUDENT LEARNING OUTCOMES	HOW STUDENTS WILL PRACTICE EACH OUTCOME IN THIS COURSE	HOW STUDENT ACHIEVEMENT OF EACH OUTCOME WILL BE ASSESSED IN THIS COURSE
Upon completion of this course, the competent learner will be able to:		
1. Professional Behaviors - Exemplify moral, ethical and legal standards in the role of the professional nurse -Model moral, ethical, and legal standards and regulatory frameworks of the professional nurse -Interacts with health care colleagues, patients, and family members in a manner that demonstrates civility and respect	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Skills practice</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>
2. Patient Centered Care a. Provide compassionate, coordinated care based on the patient’s preferences, values and needs. -Prioritize care for the patient/group of patients - Adapt nursing care with consideration of the patient - Collaborate as necessary to achieve positive patient outcomes	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>

<p>b. Advocate for patients, recognizing the patient or designee as the source of control.</p> <ul style="list-style-type: none"> <li>- Function as a patient advocate</li> <li>- Utilize effective communication skills</li> <li>- Assess patient/significant other for learning needs</li> <li>- Implement a teaching need for patient/family</li> <li>- Share education information with team members to support the achievement of patient outcomes</li> </ul>		
<p>3. Teamwork and Collaboration Participates cooperatively within nursing and interprofessional teams, fostering open communication, mutual respect and shared decision making to achieve quality patient care.</p> <ul style="list-style-type: none"> <li>- Appropriately coordinate/delegate the care of a group of patients in cooperation with the health care team</li> </ul>	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>
<p>4. Evidence Based Practice -Integrate best current evidence with clinical practice to meet individualized patient needs and Organizational goals for delivery of optimal health care.</p>	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Skills practice</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>

<ul style="list-style-type: none"> <li>- Implement patient care based on care plan and scientific rationale, in a safe, organized and caring manner</li> <li>- Perform clinical skills using theoretical concepts and most current evidence-based/best practice</li> <li>- Teaching/learning will be based on theoretical concepts and most current evidence based/best practice</li> </ul>		
<p>5. Quality Improvement</p> <p>a. Formulate a plan based on analysis of data in order to improve the quality and safety of health care.</p> <ul style="list-style-type: none"> <li>- Properly state and Appropriately prioritized nursing diagnoses</li> <li>- Develop realistic and measurable outcomes (goals)</li> <li>- Plan nursing interventions to achieve goals</li> </ul> <p>b. Improve the quality and safety of health care based on analysis of patient and process data.</p> <ul style="list-style-type: none"> <li>- Collect objective and subjective data using appropriate resources</li> <li>- Correlate theory and patient data</li> <li>- Correctly interpret the significance of the lab studies</li> <li>-Appropriately modify the plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>

<p>6. Safety</p> <p>Reduce the risk of harm within the environment of care through organizational processes and individual performance</p> <ul style="list-style-type: none"> <li>- Evaluation was done for each goal, indicated as met or not met, included defining criteria and whether modification was necessary</li> <li>- Demonstrate critical thinking skills to ensure accurate and safe care</li> <li>- Utilize the management process (plan, organize, direct, and control) to assist patients to interact effectively with the health care system</li> </ul>	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Skills practice</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>
<p>7. Informatics</p> <p>Integrate patient care technologies, information systems, and communication devices to support safe nursing practice</p> <ul style="list-style-type: none"> <li>- Report pertinent information to the appropriate persons</li> <li>- Utilize appropriate information technology in the planning, implementation, and documentation of care</li> </ul>	<ul style="list-style-type: none"> <li>• Lecture/discussion/demonstration</li> <li>• Audiovisual Presentation</li> <li>• Self-study</li> <li>• Correlated laboratory activities</li> <li>• Critical thinking activities</li> <li>• Simulation</li> <li>• Guest speakers</li> <li>• Skills practice</li> <li>• Clinical experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Unit Exams</li> <li>• ATI Exams</li> <li>• In-class and pre-class quizzes</li> <li>• Skills check-offs</li> <li>• Clinical performance rubric</li> </ul>

## REQUIRED TEXTS, ADDITIONAL READING, AND OTHER MATERIALS

- Doenges, M.E., Moorhouse, M. F., Murr, A.C. (2019) *Nursing Care Plans* (10<sup>th</sup> ed). Philadelphia: F.A. Davis
- Hoffman, J. & Sullivan, N. (2020). *Medical-surgical nursing: Making connections to practice*, (2<sup>nd</sup> ed.) F. A. Davis. ISBN: 9780803677074
- Luz Martinez de Castillo, S. & Werner-McCullough, M. (2021). *Calculating drug dosages: A patient-safe approach to nursing and math* (2nd ed.). FA Davis
- McCuiston, L.E., Dimaggio, K., Winton, M.B., and Yeager, J.J. (2023). *Pharmacology: A nursing process approach* (11<sup>th</sup> ed.). St. Louis: Elsevier-Saunders.
- Silvestri, L.A. (2023). *Saunders's Comprehensive Review for the NCLEX-RN Examination*. (9th ed.) St. Louis: Elsevier
- ATI Books: Leadership and Management and all the ones given out in previous semesters

Computer, printer, internet access and software that allows for Power Point and Word access as well as the capability of running Lockdown Browser, *Chromebooks* and *iPads will NOT work for these programs*. You will also need a webcam or equivalent and microphone for your computer. Finally, you will need to have the ability to scan documents to faculty members as needed and/or to upload to Blackboard.

Bibliographical information is included in each textbook. An online catalog may be used for obtaining book and audio-visual references available in the school library. The CINAHL program may be used to obtain journal references. Internet access is available in the school library. It is recommended that resources used be within the last five years.

## TECHNOLOGY AND TECHNICAL SKILL REQUIREMENTS

- Students must be proficient in the use of computers, the Internet, browsers, Microsoft Office Word, and other common applications.
- For computer and browser requirements see [IT: Recommended Hardware](http://www.marshall.edu/muonline/student-resources/) (URLs: <http://www.marshall.edu/muonline/student-resources/> and <http://www.marshall.edu/it/recommendations/> ). Also see the Student IT guide at <https://www.marshall.edu/it/student-guide/>
- To check your browsers, use the [Browser Checker \(blackboard.com\)](https://help.blackboard.com/Learn/Instructor/Ultra/Getting_Started/Browser_Support/Browser_Checker) and ensure that you set permissions properly and have all the necessary plug-ins. (URL: [https://help.blackboard.com/Learn/Instructor/Ultra/Getting\\_Started/Browser\\_Support/Browser\\_Checker](https://help.blackboard.com/Learn/Instructor/Ultra/Getting_Started/Browser_Support/Browser_Checker))
- Students must be able to use Marshall email, as well as the following tools in Blackboard: course messages, assignments, discussion board forums, tests, blogs, journals, wikis, and groups. Links to Blackboard Help and tutorials are available on the Start Here page and on the Tech Support tab in Blackboard
- A full student information technology handbook can be found at: <https://www.marshall.edu/it/student-guide/>
- Virtual (VC) courses may require a webcam and microphone to use Blackboard Collaborate Ultra for synchronous meetings. For the best experience, Blackboard recommends Google Chrome browser or Mozilla Firefox browser. Links to Blackboard Collaborate Help and Tutorials are on the Start Here page and on the Tech Support tab in Blackboard.
- [Adobe Acrobat Reader](https://get.adobe.com/reader/) may be needed to read some files. This plug-in is available free. (URL: <https://get.adobe.com/reader/> ) See the Tech Support tab in Blackboard for additional information and links.
- Students may be required to submit assignments as Microsoft Word documents (.docx), using the most recent Microsoft Office suite. Office 365 is available at no extra charge to students enrolled at MU. For information visit [Marshall IT: Office 365](http://www.marshall.edu/it/office365/) (URL: <http://www.marshall.edu/it/office365/> ).
- See the Tech Support tab in Blackboard for additional information on browsers, technology, and apps.
- If you have technical problems, please contact one or more of the following:
  - Marshall [Information Technology \(IT\) Service Desk](http://www.marshall.edu/it/departments/it-service-desk/) (Help Desk) (URL: <http://www.marshall.edu/it/departments/it-service-desk/> )
    - Huntington: (304) 696-3200
    - South Charleston: (304) 746-1969
    - [Email the IT Service Desk](mailto:itservicedesk@marshall.edu) (itservicedesk@marshall.edu)



## COURSE REQUIREMENTS/DUE DATES

\*Those with extended testing time will begin **30 minutes\*** before the scheduled exam time for exams with an asterisk below. If no asterisk is in front of the exam time you will begin at the same time as others. Please report to the computer lab hallway at the designated time for each exam if this applies to you.

\* unless otherwise arranged

Exams will be administered in an online format. Please refer to the Student Handbook (SHB) 1.12 for the full policy and procedure, with emphasis on the *Testing Code of Conduct*.

GRADE BREAKDOWN FOR THE COURSE			
TEST/ASSIGNMENT	DATE	TIME	COURSE VALUE
Drug Calculation	1/9/2024	*9am	5%
Cardiac I	1/16/2024	*9am	12.5%
Cardiac II	1/23/2024	*9am	12.5%
Critical Care I	1/30/2024	*9am	12.5%
Pharmacology ATI	2/1/2024	*9am	5%
Critical Care II	2/6/2024	*9am	12.5%
Med-Surg ATI	2/8/2024	*9am	5%
Leadership ATI	2/13/2024	*9am	5%
Skills Check Off	2/15/2024	Sign up for 20 min slot	4% *If 75% course weighted average achieved
Comprehensive Predictor Proctored Practice	2/16/2024	9am	Requirement
Virtual ATI (VATI)	Begins 3/17/2024 You will get credit for the first 5 modules	See VATI calendar	5%
Comprehensive Predictor	4/18/2024	9am	15%
Quizzes	See unit content	Class days	6% *If 75% course weighted average achieved
			<b>100% total</b>
ATI PRACTICE AND SCORED EXAMS			
1/5/2024	ATI Fundamentals Proctored Exam (during Mandatory Assembly)		
1/11/2024	ATI Pharmacology Proctored Practice Exam (9AM)		
1/18/2024	ATI Med/Surg Proctored Practice Exam (8:30AM)		
1/25/2024	ATI Leadership/Management Proctored Practice Exam (9AM)		
2/1/2024	ATI Pharmacology Exam (*9AM)		
2/8/2024	ATI Medical-Surgical Exam (*9AM)		
2/13/2024	ATI Leadership & Management Exam (*9AM)		
2/16/2024	ATI Comprehensive Predictor Proctored Practice Exam (9AM)		

2/25/2024	ATI Comprehensive Predictor Practice A (to be completed at home with 80% by 11:59pm)
3/3/2024	ATI Comprehensive Predictor Practice B (to be completed at home with 80% by 11:59pm)
4/18/2024	ATI Comprehensive Predictor (9AM)
4/22,4/23,4/24/2024	ATI Live Review ( <b>Mandatory</b> ) – 8:00am - 4:00pm daily FINAL CLINICAL EVALUATIONS THESE 3 DAYS. SEE YOUR CEP FACULTY MEMBER FOR HOW THIS WILL BE HANDLED. SKILLS SHEETS TO BE TURNED IN DURING FINAL CLINICAL EVALUATION
<b>PRE-CLASS/IN-CLASS ASSIGNMENTS/QUIZZES</b>	
2/15/2024	Pulse score assignment (journal) due by 5:00pm This is a course requirement. Failure to complete this assignment by the deadline will result in suspension from clinical activities until it is satisfactorily completed. Any missed clinical time as a result of failure to complete this assignment will be considered unsatisfactory and must be made up.
See syllabus	Quizzes related to reading assignments and in-class discussions are required for specific content, which will constitute 6% of the overall course grade if the student achieves a weighted average of 75% or higher on exams excluding final skills check off.
During CEP rotations	You will have weekly VATI assignments and self-evaluations beginning during your CEP rotations. A more precise schedule of assignments during this time will be posted to Blackboard and discussed during Clinical Orientation.
Remediation for ATI exams	See remediation requirements and deadlines under the ATI section of the syllabus
<b>UNIT EXAM REMEDIATION IF REQUIRED</b>	
1/24/2023 8 - 9am	Cardiac 1 remediation required if test score less than 75%
1/31/2023 8 - 9am	Cardiac 2 remediation required if test score less than 75%
2/7/2023 8 - 9am	Critical care 1 remediation required if test score less than 75%
2/15/2023 8 - 9am	Critical care 2 remediation required if test score less than 75%
<b>ATI PROCTORED EXAM REMEDIATION IF REQUIRED</b>	
1/19/2023 10 am-12	Fundamentals remediation required if score less than Level 2
2/9/2023 10 am-12	Pharmacology remediation required if score less than Level 2
2/12/2023 9-11am	Med Surg remediation required if score less than Level 2
2/15/2023 9-11 am	Leadership remediation required if score less than Level 2
4/15 and 4/16/ 2023 9 am – 12 noon	Comprehensive Predictor remediation required if score less than 95% probability

*You will be enrolled this semester in the RN Virtual-ATI (VATI) program. You will be given assignments, due dates, and feedback on progress from an ATI faculty member. The VATI calendar is available now in the VATI folder on MUOnline.*

*“Attendance at ALL sessions of the ATI Live Review is a **NUR 241 and program requirement**. It is not optional. It is a valuable offering from ATI that has received large amounts of positive feedback from our graduates who attended all sessions of the Live Review in the past. These sessions provide you with tools related to nursing concepts and test-taking strategies. This will better prepare students for the NCLEX-RN upon graduation. Therefore, make arrangements to attend ALL sessions of the ATI Live Review on **\*April 22,23,24**. If you do not attend all sessions, it will be left to the discretion of Nursing 241 faculty to determine what additional requirements are needed for successful completion of the course. Please note, additional requirements may result in delay of course completion and graduation*

## GRADING POLICY

**POLICY:** Grades earned in each nursing course will be based on a uniform system.

**PROCEDURE:**

1. The Grading System will be as follows:

Theory %	Letter Grade	Quality Points
90 – 100	A	4
80 – 89	B	3
75 – 79	C	2
67 – 74	D	1
66 & below	F	0
	I	Incomplete
	S	Satisfactory
	U	Unsatisfactory=F in the course

2. When an answer sheet is provided by the instructor, which may be a computer style card or a typewritten sheet, it will serve as the only acceptable record of the student's answers on any examination.
3. Grades will be given to the student in person or MUOnline Blackboard grade book only (no telephone calls/emails) in order to follow Federal Education Rights and Privacy Act (FERPA) guidelines.

**NOTE:** The student must achieve a weighted average of 75% or greater on all exams on all exams (faculty developed course exams and ATI exams) and VATI before any additional course assignments or requirements (such as quizzes and skills) are averaged into the course grade.

**NOTE:** All health-related requirements (i.e., PPD, immunization, physical exam, etc.) must be completed by the designated time.

**LAB:** To evaluate lab performance a rubric measuring course student learning outcomes is utilized. If any "unsatisfactory" grade is earned, the student should meet with the instructor who provided the evaluation within one week. Remediation may be required. Each student will have an evaluative conference at the end of the semester. A written summary evaluation of the student's performance will be shared with the student at this time. Other conferences concerning the student's progress will be scheduled as needed. The student must be satisfactory in each area of practice (professional behaviors, patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) on the final evaluation to be satisfactory in the lab component of the course.

**FOR THE LAB COMPONENT, ATTAINMENT OF THE COURSE STUDENT LEARNING OUTCOMES WILL BE BASED ON:**

- Instructor observation of student activities in the clinical and campus labs
- Collection of data
- Completion of required forms

- Ability to verbalize required data in the lab setting
- Demonstration of competency in lab skills
- Completion of assignments (evolve, ATI, etc.)
- Feedback from agency, staff, and patients
- 100% on Drug Calculation Exam

NOTE: The way satisfactory performance in clinical will be determined is:

- A lab/clinical rubric score less than 1.5 will constitute an unsatisfactory for the lab/clinical experience unless otherwise specified in the course syllabus.
- A score of zero “0” in any of the lab/clinical rubric student learning outcome criteria will result in an unsatisfactory for the lab/clinical experience.
- An overall end-of semester lab/clinical rubric score less than 1.5 will result in an **overall** course unsatisfactory “U” and **failure of the nursing course**.
- Three “3” or more unsatisfactory lab/clinical grades during the semester will result in an **overall unsatisfactory** “U” clinical score for the course and **failure of the nursing course**.
- As noted above, an unsatisfactory “U” in the lab/clinical component of a course results in a failing grade (F) for the course with zero quality points.

**NOTE:** The nursing course must be completed with at least a “C” grade in theory and a “S” (Satisfactory) in lab/ clinical in order to complete the program. A final evaluation of a “U” (Unsatisfactory) in lab/clinical will result in a “F” grade for the course.

### **Proctored on campus exams:**

POLICY: Any act of a dishonorable nature which gives the student engaged in it an unfair advantage over others while taking exams will be prohibited.

#### **PROCEDURE:**

1. The student will be monitored during the entire exam.
2. The following are required for students taking on campus computerized proctored exams:
  - Laptop Computer (muted) with Respondus Lockdown Browser installed. Directions are available on Blackboard. Note: Chromebooks and iPads are not compatible with this Browser. All other programs and/or windows on the testing computer must be closed before logging into the test environment and must remain closed until the exam is finished.
  - Agree to the Testing Code of Conduct that follows. (Students will be asked to sign an agreement statement prior to the first exam).

### **Testing Code of Conduct**

Academic integrity, honesty, and exam security are a priority. Students are prohibited from cheating on tests, discussing exam/quiz questions before the exam is graded, posting test content online, or taking screenshots or photos of exams.

A list of prohibited items/ behaviors is listed in the testing policy. Failure to adhere to this requirement is considered a violation of the academic integrity policy.

Failure to immediately report any kind of observed, discovered, or suspected cheating by any student in the program for any reason is also considered a violation of the academic integrity policy.

I understand that academic dishonesty of any kind is not tolerated and will result in immediate disciplinary action as stipulated in SHB Policy 1.0 "Academic integrity".

The following are NOT allowed during exams:

Hats

Bulky coats/ jackets

Purses, backpacks, briefcase, satchels

Watches of any type

Screenshots or pictures of any test information

Ear buds (including Bluetooth), headphones

Electronic devices of any kind except for laptop computer being used for testing.

Cell phones

Other materials such as books, papers, notebooks

Talking to or communicating with others through any means

Exiting lockdown browser during the exam

## ATTENDANCE POLICY

### OVERALL:

1. Punctual attendance in all classes and clinical experiences is important if the student is to meet all course student learning outcomes.
2. Notify the School of Nursing by calling 304-526-1415 as soon as possible regarding the absence.
3. Class absences will be recorded and totaled at the end of each course and at the end of the program by the Curriculum Coordinator. Copies will be provided to the Vice President for Schools of Nursing and Health Professions.
4. The course grade will be lowered one letter grade if theory absences exceed 20% of the total theory contact hours (12 hours), based upon assigned credit hours for the course. For each additional 10% of theory absences in relation to total theory contact hours, the course grade will be decreased an additional letter grade. (For ex: absent 30% of total contact time = decrease of 2 letter grades.)
5. Student attendance at professional meetings (ex. NSNA, WVSNA) is encouraged. Attendance at these meetings would not constitute an absence, but will be marked with a “P” (Professional) on the roster by the faculty. The student is expected to notify the instructor(s) prior to the professional meeting and they will assist the student with class matters missed. The student may be asked to present a brief report on their return to school.
6. Official University approved absences will not be counted when calculating percent of contact time missed for grade lowering but must be submitted within 7 days of the absence. For the full policy and procedure for Marshall University excused absences please refer to the following link:  
<http://www.marshall.edu/student-affairs/excused-absence-form/>
7. References provided to potential employers by the faculty and/or Director will include information on attendance while the student was enrolled in the program.
8. If the lab or theory absence is due to illness/injury that would compromise the student’s health, safety, or ability to attain the course student learning outcomes and/or patient safety, the Curriculum Coordinator will require a physician release form (Form 3.1D), signed by a healthcare provider be provided to document student restrictions. Following completion of the assessment by a healthcare provider, the Curriculum Coordinator and faculty will determine the feasibility of remaining in the course(s).
9. It is the responsibility of the student to obtain a release before returning to school. (See Student Handbook, Form 3.1D.)
10. Theory and lab absences that result in an Incomplete for the course may adversely affect financial aid and/or scholarship eligibility.
11. Absences/Tardiness on the Day of an Exam/Quizzes:
  - a. Students may not miss more than two (2) exams per course. Each subsequent test missed will be scored as zero (0). Absence for a scheduled make up exam will be considered a missed exam.
  - b. University approved absences will not be counted as missed exam.
  - c. Students missing an exam/quiz must contact the faculty member before the exam/quiz or as soon as possible after the exam/quiz is missed.
  - d. The Curriculum Coordinator and faculty from the course will determine eligibility for a makeup exam/quiz.
  - e. Makeup exams/quizzes may be different than original exams/quizzes
  - f. Any make-up exam/quiz will be scheduled at a time convenient to the faculty.
  - g. If tardy for an exam/quiz, the student must decide if it can be completed within the remaining administration time. The exam/quiz will be turned in at the same time as all other students taking it. If the student does not believe the exam/quiz can be completed within the planned administration time, a request for make-up may be submitted for consideration.

h. This attendance policy applies to Final Skills / Physical assessment demonstration exam.

**CLINICAL/LAB ABSENCES:**

1. Students must notify the School of Nursing and the assigned unit (see course syllabi for numbers) PRIOR to the scheduled time of the clinical/lab experience in the event they will be absent. **You must email your assigned faculty member if you are going to be absent for any reason (illness, car trouble, prior scheduled event, etc.)**
2. If a student fails to notify the School of Nursing and the assigned unit of an impending absence PRIOR to the scheduled time of the clinical/lab experience, the student will receive an Unsatisfactory for that clinical experience and will still be required to make up the clinical/lab experience at the discretion of the faculty member.
3. If a student fails to turn in self-evaluation by 9am Monday morning, the student will be suspended for the next scheduled shift (actual hours scheduled to work with CEP).
4. The faculty may waive the mandatory Unsatisfactory grade for that clinical in situations deemed extenuating by the Curriculum Coordinator or program director. The coordinator and/or program director retain the final decision in the determination of an extenuating circumstance. However, the missed time will still count toward the maximum number of missed clinical/lab hours allowed and the clinical/lab experience must still be made up at the discretion of the faculty.
5. All clinical/lab absences/tardiness must be made up before the completion of the course.
6. Make-up times and requirements are determined by the course faculty member(s) involved in the course.
7. Make-up clinical/lab days can only be scheduled as time and other constraints allow.
8. If clinical/lab absences cannot be made up by the end of the course, the student will receive an Incomplete as the grade for the course.
9. In the event that a student makes arrangements to make up a clinical/lab day in advance, the missed date will not be counted as a missed clinical/lab experience.
10. All faculty will report clinical absences/tardiness to the Curriculum Coordinator.
11. The course grade will be lowered one letter grade if lab absences exceed 20% of the total lab contact hours, based upon assigned credit hours for the course. This applies to all courses except NUR 241. For 241, the course grade will be lowered one letter grade if patient care clinical absences with Clinical Education Partner (CEP) exceeds 24 hours.
12. For each additional 10% of lab absences in relation to total lab content hours, the course grade will be decreased an additional letter grade. This rule will not apply to NUR 241 students.
13. Absence for a scheduled make-up lab will be considered as missed lab hours.
14. In NUR 241, the one letter grade drop for greater than 24 hours of missed patient care clinical time may be waived for circumstances deemed extenuating by the NUR 241 faculty, curriculum coordinator, and/or program director. The missed clinical time must be made up. If the missed clinical time cannot be made up prior to deadline for grade entry, an Incomplete grade will be given.

## ADDITIONAL POLICIES

**ACADEMIC INTEGRITY:** Academic dishonesty of any kind will not be tolerated. Academic dishonesty includes cheating on exams, fabrication/falsification, plagiarism, bribes/favors/threats, and complicity. The student will be subject to penalties which may include a lower or failing grade on a project/paper/or exam, or a lower or failing course grade, or expulsion. The full policy is described in the St. Mary's Student Handbook.

### EMAIL/PHONES/ELECTRONIC DEVICES:

1. Electronic devices are not to be used in any clinical facility by students unless the student is given permission to do so by the program director.
  2. Students have required reference texts on electronic devices. These students may access the specific software in faculty approved areas (such as the conference rooms or report rooms).
  3. Any CFE student found to be using an electronic device in the clinical area, with the exception of utilizing required reference software, will receive an unsatisfactory evaluation for the clinical experience and may be subject to further disciplinary action up to and including being dismissed from the program.
  4. Social media sites are not to be accessed while the student is engaged in course activities.
  5. If a student does access a social media site outside of course activities, the student is not allowed to mention the name of any clinical facility nor any information related to patients.
  6. When a student does access social media sites, it is highly recommended that the student be very cautious of making any negative comment about other persons.
- NOTE: Failure to comply with this policy may result in dismissal from the CFE.

NOTE: Students are expected to access their MU email address and MU Online regularly for information related to the course

### MARSHALL UNIVERSITY E-MAIL ACCOUNTS

- You must have and use your MU email account. Your personal email accounts will not be used for official communication with Marshall University programs and personnel. You may redirect your MU email to your own personal email account, but you must sign in to your MU account to do that. Marshall University uses Office 365 email. For more information, visit <https://www.marshall.edu/cohp-student-services/how-do-i/access-my-marshall-email/>

### INCLEMENT WEATHER:

1. St. Mary's Center for Education's inclement weather policy will follow Marshall University's inclement weather policy.
2. If classes are cancelled, a message related to the cancellation with further instructions will be conveyed via MUOnline/Blackboard. Therefore, on class/clinical days on which this may be an issue, students are expected to check the course page(s) on MUOnline/BlackBoard. An email message will be sent from Blackboard to students conveying this message as well.



3. If safety necessitates that a student must arrive late for class/clinical due to road conditions, notify the main desk at the school (304-526-1415) and the clinical unit if it is a clinical day.
4. If school is not cancelled, but there are some surrounding communities wherein travel may be hazardous, the Vice President for Schools of Nursing and Health Professions may implement what is called “Code Weather”. Notification of “Code Weather” will be conducted in the same manner as a cancellation as described in #2 above.
5. If a student under “Code Weather” determines that inclement weather poses a potential hazard to safety, he or she must notify the main desk at the school (304-526-1415) and the clinical unit if it is a clinical day.
6. If this occurs for a campus lab or clinical experience under “Code Weather” the campus lab or clinical experience must be made up at a time deemed appropriate by faculty.
7. If this occurs for the theory portion of the course under “Code Weather”, the material presented in class on that day will be provided to the student via some electronically recorded media (e.g. Blackboard Collaborate®, DoodleCast®, etc.) and/or detailed notes or equivalent.

JUDGEMENT REGARDING SAFETY AND RESPONSIBILITIES IS ALWAYS THAT OF THE INDIVIDUAL. INSTITUTIONAL POLICY SERVES ONLY TO ESTABLISH GUIDELINES.

**DISABILITY STATEMENT:**

St. Mary’s Center for Education, along with Marshall University, is committed to equal opportunity in education for all students. To receive an academic accommodation, students should provide documentation to any or all of the following programs: the Office of Disability Services, College Program for Students with Autism Spectrum Disorders, Higher Education for Learning Problems (HELP) Center and/or Buck Harless Student-Athlete Program Office. Following this, Disability Services will notify the Vice President of Schools of Nursing and Health Professions (VPSONHP) at St. Mary’s Center for Education outlining the recommended academic accommodation(s) the student will need. The VPSONHP or designee and faculty at SMMC Center for Education will meet with the student to discuss how the accommodation(s) requested will be provided. For more information, please visit <http://www.marshall.edu/disabled> or contact Marshall University Office of Disability Services.

***\*\*\*Veterans and active duty military personnel with special circumstances are welcome and encouraged to communicate these to the faculty and/or the Academic Support Coordinator\*\*\****

**COMMUNITY SERVICE:**

All students must successfully complete a volunteer community service component in order to develop attitudes and skills that foster responsiveness to the community's needs. Refer to student handbook for the full policy.

**NONDISCRIMINATION STATEMENT:**

No person in the United States of America on the basis of sex, age, race, religion, color, national origin, sexual orientation, or any otherwise qualified handicapped individual solely by reason of the handicap shall be excluded from participation in, be denied benefits, or be subjected to discrimination under any program or activity receiving federal assistance operated or in conjunction with the Center for Education at St. Mary's Medical Center.

**ACADEMIC PROGRESSION:**

Academic progression is dependent upon the following:

Earning a grade of 'C' or above in this course.

Earning a 'Satisfactory' evaluation in the lab component of this course.

Earning a 'C' or above in all required pre-requisite and co-requisite courses.

A Second 'D' or 'F' in any nursing course will result in dismissal from the program without opportunity for readmission for two years from the time of the last failed course.

- Students must pass a drug calculation exam with a minimum score of 100%. If a student does not obtain 100% remediation will be required until the score is achieved. Remediation will not change the grade achieved on the first administration of the exam.

The full policy for academic progression along with withdrawal and readmission is in the St. Mary's CFE Student Handbook.

**PREVENTION OF COPYRIGHT / HIPAA VIOLATIONS:**

Some materials used in this class may be copyrighted and should not be shared with individuals not enrolled in this course. Printed materials (i.e., handouts, worksheets, etc) and taped lectures may not be transferred to any form of technology that allows exposure of content to anyone other than a currently enrolled Center for Education student. All recorded material must be destroyed after the student completes or withdraws from the course. This is to help prevent HIPAA and copyright violations.

Materials in this course are the intellectual property of the faculty presenting it. Materials may include, but are not limited to, PowerPoint® presentations, notes, handouts, audio and/or video recordings, and in-class activities. Additionally, some material discussed in lecture may involve discussion of anonymized previous patient-care situations. While these properties may be copied and/or audio recorded for individual student use, the distribution of these properties en masse, on social media, or any other method of delivery is strictly prohibited in an attempt to maintain intellectual property rights and/or confidentiality.

### UNIT TEST REVIEW/REMEDIATION

1. Once a test is administered, a review will be scheduled within one week.
2. Every student is encouraged to attend the review conducted by the faculty member(s) that taught the content tested. The reviewing faculty will provide the rationale for the correct and incorrect responses.
3. Students scoring <75% are required to attend the test review.
4. Procedures for students scoring < 75%:
  - a. The student is encouraged to make an appointment with the advisor or course Academic Support Team member to discuss the results of the exam.
  - b. The student is encouraged to seek assistance from the faculty member(s) who taught the content and review the unit exam to further identify test taking inconsistencies and knowledge deficit.
  - c. Remediation activities will be described in course syllabi.

Any student who has a course average of less than 75% is required to attend the faculty led study sessions or equivalent until course average is equal to or greater than 75%. Failure to attend required sessions may result in disciplinary action.

Since the above guidelines provide ample opportunity to review each test with the student, faculty will not be reviewing prior tests as the semester progresses.

## ASSESSMENT TECHNOLOGIES INSTITUTE (ATI) TESTING AND REMEDIATION

- Thirty-five percent (35%) of the NUR 241 course grade will be the ATI (Pharmacology exam - 5%, Medical Surgical exam - 5%, Leadership - Management exam - 5%, Comprehensive Predictor exam - 15%, Virtual ATI coursework - 5%). The Fundamentals ATI assessment will be given on Assembly Day and will not count as a course grade but remediation will be required depending on the student's score (**see remediation details below**).
  - ATI exam grades, with the **exception** of Fundamentals and the Comprehensive Predictor, will be assigned according to the following:
    - Level 3 = A = 90% (or actual score, if higher)
    - Level 2 = B = 80% (or actual score, if higher)
    - Level 1 = C = 75% (or actual score, if higher)
    - Less than Level 1 = actual percentage score the student achieved
  - ATI Comprehensive Predictor grades will be scored according to the student's probability of passing the NCLEX-RN (this score will be available on the student's ATI report after taking the exam).
- A practice proctored assessment will be given before each proctored ATI exam (except Fundamentals).
  - Students ***must take the specified version of required practice exams*** (Pharmacology, Leadership-Management, Medical-Surgical) ***before permission will be granted to take the ATI proctored exam.*** These practice exams will be given in class in a proctored environment.
  - Practice versions A and B of the Comprehensive Predictor will be taken at home (see **Course Requirements/Due Dates** table). Both practice assessments (A and B) will require an 80% minimum score with rationales off. ***If the practice exam deadline(s) is/are not met, the proctored exam score will be lowered by four (4) percentage points (2 for practice A and 2 for practice B)***
- The benchmark for all Content Mastery ATI tests will be Level 2. The benchmark for the first proctored practice Comprehensive Predictor Exam (not for a grade) is 95% probability of passing NCLEX. Students who do not meet the benchmark on the Fundamentals, Med-surg, Pharmacology, Leadership/Management or first proctored practice Comprehensive Predictor Exams will be ***required to complete remediation.*** **Satisfactory** completion of remediation is required but will not change any grade received (Note: No grade is given for the Fundamentals ATI exam). Satisfactory completion of ATI remediation is a course requirement. Failure to satisfactorily complete remediation may result in delay of course completion and graduation. ***If remediation is not completed SATISFACTORILY on the first attempt, additional requirements will be needed for successful completion of remediation. Additional requirements may result in delay of course completion and graduation.*** ATI remediation requirements are described below.
- The proctored Comprehensive Predictor exam will be given and will count for 15% of the course grade. The grade entered into the gradebook for the student for this exam will be the student's "Probability of passing NCLEX" percentage. On this attempt, if 90% or higher probability of passing the NCLEX-RN is not obtained, the student will be required to achieve the green light on VATI prior to the School of Nursing Director signing the affidavit of graduation for the student. This will not delay graduation for the student, but it could delay the student's ability to sit for the NCLEX-RN.

### **Other ATI requirements:**

- Students will be enrolled in Virtual ATI (VATI) this semester. Virtual ATI pre-graduation review work will begin 7 weeks prior to graduation and to receive full course points for VATI students must meet all designated deadlines. Specific assignments and due dates will be given to the students prior to beginning CEP rotations and will be **posted on MUOnline**.
- All students ***must attend all of the 3-day ATI Live Review*** course (see course schedule)

### **PROCTORED ATI EXAM REMEDIATION**

Students who do not meet the Level 2 benchmark on the Fundamentals, Medical-surgical, Pharmacology and/or Leadership-Management proctored ATI exams or the 95% probability benchmark on the proctored practice Comprehensive Predictor (not for a grade) will be required to satisfactorily complete remediation as outlined below. **If you score BELOW LEVEL 1 on any ATI exam you are required to meet with Mrs. Taylor or Mrs. Bridgewater in addition to the requirements below.**

#### **Remediation for FUNDAMENTALS ATI -**

**If you did not score a LEVEL 2 or higher, the following remediation is required.**

- Print the “Topics to Review” section.
- Look up the information regarding these topics and **hand write** a paragraph or bulleted list regarding each topic **prior to meeting with Mrs. Bridgewater. Bring the printed topics to review and the hand-written information with you to the meeting.**
- Meet with Mrs. Bridgewater to discuss topics and test questions in a small group session on

**Friday January 19 10 am – 12 noon**

#### **Remediation for PHARMACOLOGY ATI-**

**If you did not score Level 2 or higher, the following remediation is required.**

- Research designated medication groups identifying 5 things that EVERY NURSE must KNOW about each group. You will receive an email indicating which groups to research.
- Bring the above information to the remediation session.
- Meet with Mrs. Bridgewater to discuss medications and test questions in small group session on

**Friday February 9 10 am – 12 noon**

#### **Remediation for MED SURG ATI-**

**If you did not score Level 2 or higher, the following remediation is required.**

- Print the “TOPICS to REVIEW” section.
- Look up the information regarding these topics and **hand write** a paragraph or bulleted list regarding each topic **prior to meeting with Mrs. Bridgewater. Bring the printed topics to review and the hand-written information with you to the meeting.** *NOTE: You do NOT have to write information for any of the questions related to Pharmacological and parenteral therapies.*
- Meet with Mrs. Bridgewater to discuss topics and test questions in small group session on

**Monday February 12 9-11am**

#### **Remediation for LEADERSHIP AND MANAGEMENT ATI-**

**If you did not score Level 2 or higher, the following remediation is required.**

- Print the “TOPICS to REVIEW” section.
- Look up the information regarding these topics and **hand write** a paragraph or bulleted list regarding each topic **prior to meeting with Mrs. Bridgewater. Bring the printed topics to review and the hand-written information with you to the meeting.**
- Meet with Mrs. Bridgewater to discuss topics and test questions in small group session on

**Thursday Feb 15 9-11am**

### **Remediation for First ATI COMPREHENSIVE PREDICTOR -**

A version of the Comprehensive Predictor will be given to students in a proctored environment on February 16<sup>th</sup>. This exam will not be for a course grade, but remediation will be required for students who do not achieve 95% or higher probability of passing the NCLEX-RN on the exam.

**If you did not score a 95% probability on the Required Practice Comprehensive predictor the following remediation is required:**

#### **PART 1 ADVISOR MEETING**

- Meet with advisor prior to Monday April 19, 2024 to discuss NCLEX preparation strategies.

#### **PART 2 TOPICS TO REVIEW:**

- Print the “TOPICS to REVIEW” section.
- Look up the information regarding these topics and **hand write** a paragraph regarding each topic prior to meeting with Mrs. Bridgewater. Bring the printed topics to review and the hand-written information with you to the meetings.
- Meet with Mrs. Bridgewater to discuss topics and test questions in small group sessions.  
Monday April 15 and Tuesday April 16 9 am – 12 noon (must attend both days)

### **STUDENT ORIENTATION FOR ACADEMIC READINESS (SOAR)**

SOAR is an academic support initiative. It includes a 3-hour seminar and a 1-hour meeting with a SOAR team member.

All students are invited to attend SOAR sessions.

Contact the academic support coordinator (Mrs. Bridgewater) for more information.

#### TOPICAL OUTLINE FOR LECTURE

1. Patient-centered Nursing Care of Clients with Cardiac Alterations- Part I
2. Patient-centered Nursing Care of Clients with Cardiac Alterations- Part II
3. Patient-centered Nursing Care of Clients with Critical Illness-Part I
4. Patient-centered Nursing Care of Clients with Critical Illness-Part II
5. Nursing Leadership & Transition to Practice
6. NCLEX-RN Preparation

Unit I: Patient-Centered Nursing Care of Clients with Cardiac Alterations-Part I

Dates/Times: 1/9/24 (10:00am - 12:00pm) and (1:00pm - 3:00pm); 1/10/24 (9:00am - 1:00pm)

Class Hours: Nine (9)

Instructor: Mrs. Tonya Taylor

**Unit Description:**

This unit provides the theoretical basis for managing quality and patient-centered care of the patient with alterations of fluid gas transport systems. The focus will be on assessing, clinical decision making, evidence-based patient-centered medical and nursing interventions, and teaching/learning for patients with alterations in the cardiac system.

**Unit Objectives Part I:**

1. Distinguish normal and abnormal findings regarding a physical assessment of the cardiovascular system (cardiovascular history/physical involving subjective & objective data) and their indications for a patient with cardiac alterations.
2. Describe the structure and function of the pericardial layers, atria, ventricles, semilunar valves and atrioventricular valves.
3. Describe the coronary circulation and the area(s) of the heart muscle is supplied by major coronary arteries and the impact on the cardiovascular/systemic circulation.
4. Describe both the conduction and mechanical system of the heart and factors that affect each.
5. Describe which factors regulate cardiovascular system.
6. Describe major characteristics of cardiovascular disease.
7. Describe the general cardiovascular risk factors, parameters and treatment.
8. Describe gender related and age related physiologic changes that occur in the cardiovascular system with aging.
9. Describe the purpose, nursing implications, significance, complications and how to provide safety when the following cardiac tests are ordered:

**Laboratory Studies**

Activated Partial Thromboplastin Time (APTT)  
 Prothrombin Time (PT)  
 International Ratio (INR)  
 Cardiac Markers (Troponin, CKMB, Myoglobin)  
 Complete Blood Count (CBC)  
 Complete Chemistry Profile (CCP)  
 Serum Lipids  
 Brain Natriuretic Peptid (BNP)  
 Homocysteine  
 C-Reactive Protein (CRP)

**Diagnostic Studies**

Chest X-Ray (CXR)  
 Electrocardiogram (ECG)  
 Ambulatory ECG Monitoring  
   - Holter  
   - Event monitor, loop recorder  
 Echocardiogram  
   - Doppler  
   - Stress  
     - Pharmacologic  
     - Transesophageal  
 Stress Test (exercise treadmill)  
 Nuclear Cardiology  
   - Exercise nuclear stress imaging  
   - Pharmacologic nuclear imaging  
 Multigated acquisition (MUGA scan)  
   - Single-photon emission computed tomography (SPECT)  
   - Positron emission tomography (PET)  
 Magnetic Resonance Imaging (MRI)  
 Cardiac Computed Tomography (CT)  
   - Coronary CT Angiography (CTA)  
   - Electron Beam Computed Tomograph (EBCT)  
 Cardiac Catheterization  
 Electrophysiological Studies (EPS)



10. Describe the purpose and evidence-based patient-centered nursing interventions of patients undergoing percutaneous coronary intervention (PCI).
11. Describe the purpose of nursing assessments and interventions to provide safe and quality care for patients undergoing thrombolytic therapy.
12. Describe the action, indications, dosages, route of administration, side effects, and nursing considerations of the following medications:
  - a. Nitrates
  - b. Morphine
  - c. Anti-platelets
  - d. Anticoagulants
  - e. Beta-Adrenergic Blockers
  - f. Calcium Channel Blockers
  - g. Angiotensin-converting enzyme inhibitors (ACE Inhibitors)
  - h. Angiotensin II Receptor Blockers
  - i. Sodium Current Inhibitor
  - i. Thrombolytics
  - j. Lipid lowering medications
13. Explain the nursing role in health promotion and maintenance in relation to risk factors for coronary artery disease.
14. Describe the precipitating factors, types, clinical manifestations, and evidence-based patient-centered nursing interventions of patients with angina pectoris.
15. Describe the precipitating factors, type, clinical manifestations, evidence-based patient-centered nursing interventions and complications of patients with Acute Coronary Syndrome (ACS).
16. Describe the indications, evidence-based patient-centered nursing interventions, and complications of patients undergoing open heart surgery.

TOPICAL OUTLINE IN ORDER OF PRESENTATION	CLASSROOM ASSIGNMENTS, ACTIVITIES, AV'S	RELATED LABORATORY/CLINICAL ACTIVITIES
<p>Part I: Patient-centered nursing care of clients with cardiac alterations Cardiac Alterations-Part I</p> <p>A. Assessment of Cardiovascular Function</p> <ol style="list-style-type: none"> <li>1. Physiologic overview <ol style="list-style-type: none"> <li>a. cardiac anatomy</li> <li>b. cardiac physiology</li> <li>c. conduction system of the heart</li> </ol> </li> <li>2. Nursing Assessment</li> <li>3. Diagnostic studies</li> </ol> <p>B. Health Promotion/Risk Factor Management</p> <ol style="list-style-type: none"> <li>1. Coronary Artery Disease</li> <li>2. Risk factors</li> <li>3. Health teaching</li> </ol> <p>C. Management of Common Cardiac Alterations</p> <ol style="list-style-type: none"> <li>1. Chronic Stable Angina</li> <li>2. Acute Coronary Syndrome</li> </ol> <p>D. Management of Cardiac Surgery</p> <ol style="list-style-type: none"> <li>1. Cardiac Surgery procedures</li> <li>2. Nursing care of cardiac surgery patients</li> </ol>	<p><b>Required Reading:</b></p> <ul style="list-style-type: none"> <li>Hoffman, J. &amp; Sullivan, N. (2020). <i>Medical-surgical nursing: Making connections to Practice, 2<sup>nd</sup> Edition</i>. F.A. Davis. – Chapter 28, 29 (p. 560-566), 30 (p. 592-600), 31 (p.619-629), 32 (664-671)</li> <li>ATI Adult Med-Surg: Chapters 27, 30, 31</li> <li>Jones, S. ECG mastery: Improving your ECG interpretation skills: Chapters 1, 2, and 3</li> <li>ATI Pharm: Chapters 20, 22, 24, 25</li> <li><i>Pharmacology: a patient-centered nursing approach: Chapters 40 (p. 486-497), 42 (518-532), 43 (p. 533-543), 44 (p. 544-552)</i></li> <li>ATI Nutrition: Chapter 12</li> </ul> <p><b><u>Cardiovascular-I ATI Quiz Due- 1/9/2024 @ 12 midnight</u></b> (Opens on 1/5/2024 to complete by due date. Go to atitesting.com , MY ATI tab at top and click on Assessments to find this quiz to complete. You may use your textbooks to take quiz and take it multiple times to obtain desired grade. You must wait 1 HOUR in-between attempts.)</p>	<p>Utilize caring patient-centered, evidence-based interventions to achieve outcomes for patients with cardiac alterations and surgeries.</p> <p>During clinical hours when applicable:</p> <p>Assess heart sounds on assigned patients.</p> <p>Recognize risk factors of patients with cardiac alterations.</p> <p>Teach patients with cardiac alterations healthy lifestyle changes and importance of medication regimen.</p> <p>Simulation related to acute coronary syndrome. Objectives:</p> <ol style="list-style-type: none"> <li>1. Appropriately apply the nursing process for a pt. having an acute coronary syndrome.(SLO: Quality Improvement)</li> <li>2. Incorporate safe and effective nursing skills with appropriate prioritization.(SLO: Safety)</li> <li>3. Incorporate application of QSEN competencies, appropriate critical thinking &amp; clinical decision regarding assessment and patients progression.(SLO: Evidence-based Practice)</li> <li>4. Utilize effective therapeutic communication with the patient and family and SBAR with health care disciplines with assigned roles.(SLO: Patient Centered Care &amp; Teamwork Collaboration)</li> <li>5. Utilize debriefing to discuss use of clinical decision making during progression of simulation.(SLO: Quality Improvement)</li> </ol>

Unit II: Patient-Centered Nursing Care of Clients with Cardiac Alterations-Part II

Dates/Times: 1/16/24 (10:30am – 12:00pm & 1:00pm - 3:30pm); 1/17/24 (9:00am -1:00pm)

Class Hours: Nine (9)

Instructor: Mrs. Tonya Taylor

**Unit Description:**

This unit provides the theoretical basis for managing quality and patient-centered care of the patient with alterations of fluid gas transport systems. The focus will be on assessing, clinical decision making, evidence-based patient-centered medical and nursing interventions, and teaching/learning for patients with alterations in the cardiac system.

**Unit Objectives- Part II:**

1. Describe the precipitating events, clinical manifestations, compensatory mechanisms, and evidence-based patient- centered nursing interventions of heart failure patients.
2. Describe the indications for cardiac transplantation and the evidence-based patient-centered nursing interventions of the cardiac transplant recipients.
3. Describe the characteristics, causes, effects on cardiac output, medical and nursing evidence-based patient-centered nursing interventions of patients with dysrhythmias.
4. Identify the following basic dysrhythmias:
  - normal sinus rhythm
  - sinus tachycardia
  - sinus bradycardia
  - sinus arrhythmias
  - premature atrial contractions (PAC)
  - atrial fibrillation
  - atrial flutter
  - premature ventricular contraction (PVC's)
  - ventricular tachycardia (VT)
  - ventricular fibrillation (VF)
  - asystole
  - first degree block
  - supraventricular tachycardia (SVT)
5. Describe the action, indications, route of administration, and side effects of the following dysrhythmia medications.

**Class I – Sodium Channel Blockers**

Class 1A

- Quinidine (Quinidex, Cardioquin)
- Procainamide (Procan, Pronestyl)

Class 1B

- Lidocaine (Xylocaine)
- Tocainide (Tonacard)

Class 1C

- Flecainide (Tambocor)
- Propafenone (Rythmol)

**Class II – Beta Blockers**

- Propranolol (Inderal)
- Esmolol (Brevibloc)

**Class III – Potassium Channel Blockers**

- Amiodarone (Cordarone)
- Sotalol (Betapace)

**Class IV – Calcium Channel Blockers**

- Verapamil (Calan, Isoptin)
- Diltiazem (Cardizem)

6. Explain the indications, types, medical and nursing evidence-based patient-centered nursing interventions of patients requiring pacemakers, AED's, ICD's, and defibrillation.
7. Identify the steps to maintain safety when AED's and defibrillation are necessary.
8. Describe the pathophysiology, clinical manifestations, and evidence-based patient-centered nursing interventions of patients with inflammatory disorders.
9. Describe the pathophysiology, clinical manifestations, and evidence-based patient-centered nursing interventions of patients with valve disorders/defects.
10. Describe the pathophysiology, clinical manifestations, and evidence-based patient-centered nursing interventions of patients with cardiomyopathies.
11. Describe the purpose, nursing implications, significance, complications and how to provide safety when the following cardiac tests are ordered:

Laboratory Studies

Activated Partial Thromboplastin Time (APTT)  
Electrocardiogram (ECG)  
Prothrombin Time (PT)  
International Ratio (INR)  
Cardiac Markers (Troponin, CKMB, Myoglobin)  
Complete Blood Count (CBC)  
Complete Chemistry Profile (CCP)  
Serum Lipids  
Brain Natriuretic Peptid (BNP)  
Erythrocyte Sedimentation Rate (ESR)  
C-Reactive Protein (CRP)  
Homocysteine  
Antistreptolysin O Titer (ASO Titer)  
Blood Culture

Outline of Content in Order of Presentation	Classroom Assignments, Activities, AV's	Related Laboratory/Clinical Activities
<p>Part II: Patient-centered nursing care of clients with cardiac alterations</p> <p><b><u>Cardiac II</u></b></p> <p>A. Heart failure</p> <ol style="list-style-type: none"> <li>Types of heart failure</li> <li>Treatment</li> <li>Teaching</li> </ol> <p>B. Heart Transplant</p> <p>C. Dysrhythmias</p> <ol style="list-style-type: none"> <li>Drug therapies</li> <li>Defibrillation/ Cardioversion</li> <li>Pacemakers</li> <li>Ablation</li> </ol> <p>D. Infections/inflammatory disease</p> <ol style="list-style-type: none"> <li>Rheumatic heart disease</li> <li>Infective endocarditis</li> <li>Myocarditis</li> <li>Pericarditis</li> </ol> <p>E. Valvular Heart Disease</p> <ol style="list-style-type: none"> <li>Valve/s effected</li> <li>Functional alteration</li> </ol> <p>F. Cardiomyopathies</p> <ol style="list-style-type: none"> <li>Dilated</li> <li>Hypertrophic</li> <li>Restrictive</li> </ol>	<p>Required Reading:</p> <ul style="list-style-type: none"> <li>Hoffman, J. &amp; Sullivan, N. (2020). <i>Medical-surgical nursing: Making connections to Practice, 2<sup>nd</sup> Edition</i>. F.A. Davis. – Chapter 29 (p. 567-591), 30 (p. 600-618), 32 (672-681)</li> <li>ATI Adult Med-Surg: Chapters 28, 29, 32, 33, 34</li> <li>Jones, S. <i>ECG mastery: Improving your ECG interpretation skills: Chapters 4, 6, 8, 9, 10</i></li> <li>ATI Pharm: Chapters 19, 21, 23</li> <li><i>Pharmacology: a patient-centered nursing approach: Chapters 40 (p.497-506), 41 (p.507-517) and again 42, 43, and 44.</i></li> </ul> <p><b><u>Cardiovascular II ATI Quiz - Due on 1/16/2024 @ 12 midnight</u></b> (Opens on 1/12/2024 to complete by due date. Go to atitesting.com , MY ATI tab at top and click on Assessments to find this quiz to complete.) You may use your textbooks to take quiz and take it multiple times to obtain desired grade. You must wait 1 HOUR in-between attempts.)</p> <p><b><u>RN Targeted Medical Surgical Cardiovascular Online Practice 2019 - Cardiovascular Quiz which has Hematology content. Due on 1/16/2024 @ 12 midnight</u></b> (Opens on 1/12/2024 to complete by due date. Go to atitesting.com, MY ATI tab at top and click on Assessments to find this quiz to complete.) You may use your textbooks to take quiz and take it multiple times to obtain desired grade. You must wait 1 HOUR in-between attempts.)</p>	<p>Collaborate with the health care team to achieve positive patient outcomes.</p> <p>During clinical hours when applicable:</p> <p>Assess heart sounds on assigned patients.</p> <p>Identify teaching needs for patients with heart failure.</p> <p>Complete EKG interpretation on each assigned patient.</p> <p>Simulation on related to specific dysrhythmias.</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>Appropriately apply the nursing process for a pt. having an acute coronary syndrome progressing from a STEMI to Ventricular Tachycardia to Ventricular Fibrillation to Code-Blue. (SLO: Quality Improvement)</li> <li>Incorporate safe and effective nursing skills with appropriate prioritization.(SLO: Safety)</li> <li>Incorporate application of QSEN competencies, appropriate critical thinking &amp; clinical decision regarding assessment and patients progression in performing resuscitation protocol.(SLO: Evidence-based Practice)</li> <li>Utilize effective therapeutic communication with the patient and family and SBAR with health care disciplines with assigned roles.(SLO: Patient Centered Care &amp; Teamwork Collaboration)</li> <li>Utilize debriefing to discuss use of clinical decision-making during progression of simulation. (SLO: Quality Improvement)</li> </ol>

Unit III: Patient-centered Nursing Care of Clients with Critical Illness-Part I

Dates/Times: 1/23/24 -10:30-12PM & 1-3:30PM; 1/24/24 -9:00-1:00PM

Class Hours: Nine (9)

Instructor: Dr. Allison Jonas

Unit Description:

This unit introduces critical care concepts. The focus will be on the care of clients with cardiac and fluid-gas transport problems utilizing a safe, collaborative, evidenced-based, patient-centered approach, while addressing quality improvement issues and utilizing informatics in a professional manner.

Unit Objectives- Part I:

1. Describe the principles and evidence-based patient-centered nursing interventions related to hemodynamic monitoring.
2. Describe the safe use of equipment.
3. Describe the etiology, pathophysiology, pertinent lab values, clinical manifestations, and evidence-based nursing interventions with the following disorders:
  - Cardiogenic, anaphylactic, neurogenic and hypovolemic shock.
  - Septic shock with multiple organ dysfunction syndrome (MODS)
  - Disseminated intravascular coagulation (DIC)
  - Acute Respiratory Distress Syndrome
  - Respiratory Failure
  - Aortic aneurysm
4. Plan evidence-based, patient-centered nursing interventions and evaluate their effectiveness for patients with artificial airways.
5. Develop a plan for quality improvement with the collaboration of the health care team in providing care for patients on mechanical ventilators

TOPICAL OUTLINE IN ORDER OF PRESENTATION	CLASSROOM ASSIGNMENTS, ACTIVITIES, AV'S	RELATED LABORATORY/CLINICAL ACTIVITIES
<p>UNIT III: Patient-centered Nursing Care of Clients with Critical Illness – Part I</p> <p>1. Hemodynamic Monitoring</p> <p>2. Artificial Airways</p> <p>3. Mechanical Ventilation</p> <p>4. DIC (Disseminated Intra-vascular Coagulation)</p> <p>5. Acute Respiratory Failure</p> <p>6. Adult Respiratory Distress Syndrome</p> <p>7 Shock – MODS</p> <p>8. Aortic Aneurysms</p>	<p>Read: Hoffman pgs: 654-664</p> <p><b>Pharm ATI pp. 23,24-28 and chapter 4 &amp; 36</b>  <b>ATI med-surg: pg. 162-165</b>  <b>McCuiston: pg. 213-217, CH. 58</b></p> <p><b>Hoffman pp. 90-100</b></p> <p><b>Hoffman, pp 102-109</b>  <b>ATI Med-Surg: Ch. 19</b></p> <p><b>Hoffman pp 278-281</b>  <b>ATI Med-Surg: Chapter 37</b>  <b>McCuiston: Ch. 43</b></p> <p><b>Hoffman: pp, 521-525</b>  <b>ATI Med-Surg: Ch. 26</b>  <b>Hoffman: ARDS, pp 526-532</b>  <b>Hoffman, Chapter 14: Shock;</b>  <b>ATI Med-surg: Ch. 37</b>  <b>McCuiston: Ch. 58</b>  <u><b>Shock Quiz (FA Davis) Due on 1/23/2024 @11:59pm</b></u>  (Open on 1/16/2024 to complete by due date).  You may use your textbook. If it is completed after the due date, you will receive a zero.</p> <p><b>Hoffman, pp 640-645</b>  <b>ATI Adult MS –Ch. 38 Aneurysms</b></p>	<p><b>As opportunities arise –</b></p> <p>Utilize clinical decision making in managing the care for clients who are critically ill.</p> <p>Utilize caring behaviors in providing care to the critical client and family.</p>

Unit IV: Patient-centered Nursing Care of Clients with Critical Illness-Part II

Dates/Times: 1/30/24 10:30-12pm & 1-3:30PM; 1/31/24 9:00-1:00PM

Class Hours: Nine (9)

Instructor: Dr. Allison Jonas

Unit Description:

This unit continues critical care concepts and evidence-based collaborative interventions employed in emergency, terrorism, and disaster nursing. The focus will be on clinical decision making and critical thinking in managing and evaluating the patient-centered care of patients with fluid-gas transport problems and thermal injuries.

Unit Objectives- Part II:

1. Describe the etiology, pathophysiology, clinical manifestations, and evidence-based nursing interventions for patients with the following chest trauma
  - a. Pneumo/hemothorax
  - b. Rib fractures
  - c. Flail chest
  - d. Penetrating/sucking chest wound
  - e. Pulmonary contusions
2. Describe the principles and evidence-based patient-centered nursing interventions related to chest tube drainage systems.
3. Describe the principles and evidence-based patient-centered nursing interventions related to blood transfusions.
4. Describe the etiology, pathophysiology, pertinent lab values, clinical manifestations, and evidence-based nursing interventions for patients with burn injuries
5. Develop a plan for quality improvement with the collaboration of the health care team in providing care to patients with burn injuries
6. Describe the use of Rule of Nine in estimating the body surface area.
7. Describe the use of the Parkland formula to estimate the patient's fluid resuscitation requirements.
8. Differentiate between superficial, partial thickness and full thickness burns.
9. Describe the etiology, pathophysiology, clinical manifestations, and evidence-based nursing interventions for patients with cold injuries (ie. Frost bite) and heat injuries (ie. Heat stroke).
10. Describe the etiology, pathophysiology, clinical manifestations, and evidence-based nursing interventions for patients with bites (spider, snake, bee, ticks).
11. Identify responsibilities of various health care providers in emergency and mass casualty incident preparedness.
12. Recognize the various agents used in bioterrorism and evidence-based patient-centered nursing interventions for individuals who have been affected by these agents





D. Environmental Injuries 1. Cold Injuries 2. Heat InjuriesStroke E. Bites/Sting F. Drowning  G. Bioterrorism  H. Emergency Preparedness	<b>Chapter 71:</b> Bioterrorism & Emergency Preparedness  <b>ATI Leadership &amp; Management</b> Chapter 5 Emergency Preparedness pg. 1671 (Ch. 71)	7. Evaluate simulation and debrief (SLO: Safety)
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Unit V: Nursing Leadership and Transition to Practice

Dates/Times: 2/6/24 10:30am-12PM & 1-3:30pm  
2/7/24 9:00am-1:00pm

Class Hours: Eight (8)

Instructor: Dr. Misty Cooper

Unit Description: This unit examines leadership and management concepts as they relate to the provision of patient-centered care within appropriate legal, ethical, and professional frameworks. It focuses on the registered nurse's professional role in the provision of quality care and the improvement thereof.

Unit Objectives:

1. Managing Client Care
  - a. Leadership and Management
    - i. Exemplify professional, ethical, and legal aspects of various leadership style
    - ii. Differentiate between leadership and management
    - iii. Analyze the effectiveness, weaknesses, and strengths of various management styles and traits within the interprofessional team
  - b. Critical Thinking
    - i. Plan safe patient-centered health care for a group of patients utilizing critical thinking, clinical reasoning, and clinical judgment,
  - c. Assigning, Delegating, and Supervising
    - i. Prioritize patient care for a group of patients based upon acuities derived from various principles of prioritization: systemic before local, acute before chronic, actual before potential, trends versus transient findings, emergencies and complications versus expected findings, Maslow's Hierarchy of Needs, and ABC Framework
    - ii. Formulate a collaborative patient care-team assignment in a way reducing the risk of harm by utilizing organizational processes, individual abilities and professional scopes of practice
  - d. Staff Education
    - i. Analyze the quality of care as it relates to caregiver education and competency
    - ii. Develop a plan for staff education given a theoretical group of various caregivers
    - iii. Discuss nursing leadership's role in orientation, socialization, and education/training for new staff: Identify and Respond, Analyze, Research, Implement, and Evaluate

- iv. Integrate informatics including patient care technologies, information systems, and communication devices into the education of caregiver staff
  - v. Utilizing the Novice to Expert model, develop patient-centered teaching plans for caregivers at various model points who are orienting to a new nursing unit
- e. Quality Improvement
  - i. Develop a plan for quality improvement of various aspects of patient care utilizing various assessment models: PDCA, FOCUS, FMEA, Root Cause Analysis
- f. Performance Appraisal, Peer Review, and Disciplinary Action
  - i. Provide an overview of performance appraisal
  - ii. Develop a progressive disciplinary action plan for a theoretical poorly performing nurse as it pertains to safety
- g. Conflict Resolution
  - i. Discuss the professional aspects of various types of communication between caregivers, patients, and management
  - ii. Identify categories of conflict and discuss how each one potentially affect collaboration and patient care: interpersonal and intrapersonal
  - iii. Utilize conflict resolution strategies in simulated situations and analyze the effectiveness of their utilization
- h. Resource Management
  - i. Discuss the role of the nurse in resource management
- 2. Coordinating Client Care
  - a. Collaboration with the Interprofessional Team
    - i. Identify principles of effective professional communication
    - ii. Discuss variables that affect teamwork and collaboration
    - iii. Utilize informatics efficiently, effectively and securely
  - b. Case management
    - i. Principles of case management and the nurse's role
  - c. Continuity of Care
    - i. Identify the nurse's role in consultations, referrals, transfers and discharge planning and how informatics plays into this
    - ii. Appropriately document continuity of care
    - iii. Provide change of shift report on a patient group in a professional manner to ensure patient safety, as well as any other appropriate patient reports
    - iv. Develop SBAR reports for various situations
    - v. Participate in the planning and implementation of discharge planning for a various patients

3. Professional Responsibilities
  - a. Client Rights
  - b. Advocacy
  - c. Informed Consent
  - d. Advance Directives
  - e. Confidentiality and Information Security
  - f. Legal Practice
  - g. Standards of Practice
  - h. Mandatory Reporting
  - i. Transcription of Medical Prescriptions
  - j. Disruptive Behavior and/or Impaired Coworkers
  - k. Ethical Practice and Decision Making
4. Maintaining a Safe Environment
  - a. Culture of safety
  - b. QSEN Competencies in Nursing Programs
  - c. Handling Infectious and Hazardous Materials
  - d. Safe Use of Equipment
  - e. Falls
  - f. Seizures
  - g. Restraints
  - h. Fire Safety
  - i. Home Safety – including developmental considerations
  - j. Ergonomic Principles
5. Facility Protocols
  - a. Reporting Incidents as a Quality Improvement Mechanism
  - b. Disaster Planning and Emergency Response
    - i. Correctly prioritize patients in a simulated scenario of mass casualty
    - ii. Discuss the nurse's professional role in the ongoing planning and implementation of an emergency response
    - iii. Security Plans

Outline of Content in Order of Presentation	Classroom Assignments, Activities, AV's	Related Laboratory/Clinical Activities
<p>UNIT V: Leadership and Management in Nursing</p> <ol style="list-style-type: none"> <li>1. Managing Client Care <ol style="list-style-type: none"> <li>a. Leadership and Management</li> <li>b. Critical Thinking</li> <li>c. Assigning, delegating, and supervising</li> <li>d. Staff Education</li> <li>e. Quality Improvement</li> <li>f. Performance Appraisal, Peer Review, and Disciplinary Action</li> <li>g. Conflict Resolution</li> <li>h. Resource management</li> </ol> </li> <li>2. Coordinating Client Care <ol style="list-style-type: none"> <li>a. Collaboration with the interprofessional team <ol style="list-style-type: none"> <li>i. Communication</li> <li>ii. Informatics</li> </ol> </li> <li>b. Case management</li> <li>c. Continuity of care</li> </ol> </li> <li>3. Professional Responsibilities <ol style="list-style-type: none"> <li>a. Client rights</li> <li>b. Advocacy <ol style="list-style-type: none"> <li>i. Informed consent</li> <li>ii. Advanced directives</li> </ol> </li> <li>c. Confidentiality and information security</li> <li>d. Legal practice</li> <li>e. Safety <ol style="list-style-type: none"> <li>i. Incident/variance reports</li> <li>ii. Impaired coworkers</li> <li>iii. Disruptive practice</li> </ol> </li> <li>f. Ethical practice</li> </ol> </li> <li>4. Maintaining a safe environment and facility protocols <ol style="list-style-type: none"> <li>a. QSEN Competencies in Nursing</li> <li>b. Joint commission</li> <li>c. Hazardous materials</li> <li>d. Medical equipment management</li> <li>e. Accident and injury prevention</li> <li>f. Home Safety</li> <li>g. Ergonomic Principles</li> <li>h. Management of emergencies and disasters</li> <li>i. Fire safety</li> <li>j. Security Plans</li> </ol> </li> </ol>	<p>Read: <i>ATI Nursing Leadership and Management Ch 1 (pp 3 –20)</i></p> <p>Read: <i>ATI Nursing Leadership and Management Ch 2 (pp 23 - 32)</i></p> <p>Read: <i>ATI Nursing Leadership and Management Ch 3 (pp 35 – 48)</i></p> <p>Read: <i>ATI Nursing Leadership and Management Ch 4 &amp; 5 (pp 51 – 61; 65 – 74)</i></p> <p>Guest speaker: Lillie Bower, SMMC Ethics Committee</p> <p>Guest Speaker: Trish Dockus, KODA</p> <p><b>Leadership Quiz due by Monday, 2/12/24 at midnight</b></p>	<p><b>As opportunities arise –</b></p> <p>Practice principles of leadership and management during clinical practicum such as:</p> <ul style="list-style-type: none"> <li>• Advocate for patients</li> <li>• Delegate appropriately</li> <li>• Collaborate with members of the healthcare team</li> <li>• Participate in a performance improvement project</li> <li>• Observe the process of informed consent</li> <li>• Observe advance directive instruction</li> <li>• Complete an incident report</li> </ul> <p>Simulation related to end-of-life. Objectives:</p> <ul style="list-style-type: none"> <li>• Recognize the stages of death (SLO 4 – Evidence-based practice)</li> <li>• Provide effective and appropriate nursing</li> </ul>

		<p>education to the patient and family (SLO 4 – Evidence-based practice)</p> <ul style="list-style-type: none"> <li>• Discuss different therapeutic options for the dying patient with the family (SLO 2b – Patient centered care)</li> <li>• Demonstrate ability to position patient properly (SLO 4 – Evidence-based practice)</li> <li>• Perform assessments with changes in patient condition (SLO 5a – Quality improvement)</li> <li>• Educate family to signs and symptoms of imminent death (SLO 4 – Evidence-based practice)</li> <li>• Communicate therapeutically with family (SLO 2b – Patient centered care)</li> </ul>
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Unit VI: NCLEX-RN Preparation

Dates/Times: 1/11/24 10:00am-12:00pm  
1/18/24 10:30am-12:30pm  
1/25/24 10:00am-12:00pm  
2/1/24 10:30am-12:30pm

Class Hours: Eight (8)

Instructor: Dr. Misty Cooper

Unit Description: This unit focuses on preparation for the NCLEX-RN exam including assisting students in identifying individual areas needing improvement, remediation for areas needing improvement, strategies to prepare for the NCLEX-RN, and examining the Next Generation NCLEX-RN question types while incorporating common concepts likely to be on the NCLEX-RN.

Unit Objectives:

1. Understand the purpose, format, and what to expect when taking the NCLEX-RN.
2. Identify individual content areas needing improvement and how to use resources to remediate and prepare for the NCLEX-RN exam.
3. Review the Next Generation NCLEX question types and how to best approach these types of questions for success.
4. Review common concepts likely to be encountered on the NCLEX-RN.



NURSING 241  
Spring 2024

**CLINICAL RUBRIC**

This rubric will be used to evaluate clinical experience

**NUR 241 CLINICAL LAB WEEKLY FEEDBACK**

Review the rubric: O = Unsatisfactory

1 = Needs improvement

2 = Satisfactory

3 = Exceeds expectations

A rubric score <1.5 will result in an overall unsatisfactory for that clinical day. A zero in any learning outcome will result in an overall unsatisfactory for that clinical day even if the rubric score is 1.5 or greater.

Name:											
901#											
	Clinical Experience Outcome	1. Professional Behaviors	2a. Patient Centered Care	2b. Patient Centered Care	3. Teamwork & Collaboration	4. Evidence Based Practice	5a. Quality Improvement	5b. Quality Improvement	6. Safety	7. Informatics	Overall
	Week 1										0.00
	Week 2										0.00
	Week 3										0.00
	Week 4										0.00
	Week 5										0.00
	Week 6										0.00
	Week 7										0.00
	Week 8										0.00
	Week 9										0.00
	Week 10										0.00
	AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!

In prerequisite nursing courses, a weekly lab/clinical rubric score of less than 1.5 constitutes an unsatisfactory for the lab/clinical experience. In NUR 241, student evaluation is multifactorial and a score of less than 1.5 may or may not constitute an unsatisfactory for the lab/clinical experience. The student should refer to the instructor's feedback.

ST. MARY'S/MU COOPERATIVE ASN PROGRAM

**COURSE HOURS**

NURSING 241

SPRING 2024

ACTIVITY	HOURS	DATE AND TIME
Drug Calc	1	Tuesday January 9, 2024 9am – 10pm (extended testers please come at 8:30*) *unless otherwise arranged
Skills Practice	2	February 9th, 10am-5pm (Sign-Up for 2 hour mandatory practice time slot in the library on Assembly Day*)
Clinical Orientation	1.5	February 13, 2024 10:30pm – 12:00 pm 12:00pm-12:30pm (if needing Cerner Training)
Skills Testing	0.5	February 15, 2024 *Sign up for one 20-minute time slot in the library on Assembly Day*
Clinical time	220	February 18 – April 21, 2024 Individual CEP schedule
TOTAL	225	

## Skills Check Off

Prior to going to the clinical setting, you must be able to show that you can competently perform clinical skills taught in previous semesters.

**Test Date: Thursday, February 15, 2024**

### **Rules:**

- Each student will have to complete 2 skills
- Each student will be required to complete 2 hours of practice prior to test date with Dr. Rejeanne DuVall. You will sign up for a time slot on Assembly Day.
- Failing to obtain a satisfactory score (80%) or omission/incorrectly performed critical step will result in remediation. Critical steps will be denoted on the rubric by a “\*”.
- The combined score obtained for the two skills performed for the check off will be 4% of the final grade for Nursing 241. This is only calculated into the final grade if the overall course grade is 75% or above.

**ANY and ALL remediation** must be completed before the student is allowed to go to clinical. Any clinical time missed due to remediation not being completed will be included in total missed clinical hours. Plan for remediation with Dr. DuVall.

**ST. MARY'S/MU COOPERATIVE ASN PROGRAM**  
**CLINICAL PRACTICUM GUIDELINES**  
**NURSING 241 – Spring 2024**

**INSTRUCTORS:**

Dr. Cooper, Dr. Jonas, Mrs. Taylor

**OBJECTIVES FOR CLINICAL PRACTICUM RELATED TO COURSE/END OF PROGRAM STUDENT LEARNING OUTCOMES:**

- Manage the care of a group of patients in collaboration with the health care team in a professional manner
- Appropriately collaborate/delegate as necessary to achieve quality patient outcomes
- Utilize the nursing process to provide evidence-based and quality patient-centered care for a group of patients in a safe manner
- Professionally communicate pertinent information by oral, written, and electronic methods to appropriate health care team members

**DESCRIPTION:**

Each student will be assigned to a Clinical Education Partner (CEP) that is a registered nurse. The student will work on the unit the CEP is assigned to and perform responsibilities of the CEP. The CEP will always be with the student while the student performs the nursing responsibilities.

**UNITS:**

Units will vary depending on availability.

**CLINICAL TIMES:**

Dates will be February 18 through April 21, 2024. This varies on how many hours the CEP works per week. Schedule and unit assignments will be posted at a later date. The student will work the same hours their assigned CEP works.

**ABSENTEEISM:**

Clinical/Lab Absences:

Students must notify the School of Nursing, faculty member, CEP, AND the assigned unit (see front page of clinical syllabus for unit numbers) PRIOR to the scheduled time of the clinical/lab experience in the event they will be absent.

**You must email your assigned faculty member if you are going to be absent for any reason (illness, car trouble, prior scheduled event, etc.)**

**If a student fails to turn in self-evaluation by 9am Monday morning, the student will be suspended for the next scheduled shift (actual hours scheduled to work with CEP).**

Permission for make-up will be at the discretion of the faculty and CEP.

All clinical/lab absences/tardiness must be made up before the completion of the course.

Make-up clinical/lab days can only be scheduled with the assigned CEP.

If clinical/lab absences cannot be made up by the end of the course, the student will receive an Incomplete as the grade for the course.

All faculty will report clinical absences/tardiness to their coordinator at the end of the semester. Classroom/campus labs are considered as clinical/lab. The course grade will be lowered one letter grade if lab absences exceed 24 hours of the total lab contact hours, based upon assigned credit hours for the course. For each additional 10% of lab absences in relation to total lab contact hours, the grade will be decreased an additional letter grade.

In this course, however, the one letter grade drop for greater than 24 hours of clinical absences may be waived for circumstances deemed extenuating by the NUR 241 faculty, curriculum coordinator, and program director. The missed clinical time must be made up. If the missed clinical time can't be made up prior to deadline for grade entry, an Incomplete grade will be given.

#### **UNSATISFACTORY CLINICAL PERFORMANCE:**

Negligence, unprofessionalism, incivility, and insubordination would be considered unsatisfactory behaviors. Consequences resulting from these behaviors may result in an overall unsatisfactory for the clinical component of the course. An unsatisfactory (U) in the clinical component of the course will result in a failing grade (F) with zero quality points.

#### **REQUIRED DOCUMENTATION:**

Self-evaluations are to be completed each week and saved, then uploaded to MU Online no later than 9am on Monday. If a student fails to turn in self-evaluation by 9am Monday morning, the student will be **suspended** for the next scheduled shift (actual hours scheduled to work with CEP). This time will be counted as missed clinical hours.

Virtual ATI (VATI) assignments begin during your CEP rotations. There is a calendar with due dates for these modules to keep you on track with completion. Please note: You are NOT to complete these assignments during your clinical time. Please do not share answers, Google answers, etc., as this completely defeats the purpose of these assignments. Working diligently and independently on these is essential to success and your preparation for NCLEX. 5% of your course grade is related to you completing these modules on time (or diligently working on them on a regular basis) and independently.

A skills check list is in the CEP manual each student received (posted on Blackboard). **This checklist is the responsibility of the student to complete along with the CEP as skills are completed.** It is understood that not all skills will be experienced during this rotation. If there are skills that have not been experienced, please discuss those situations with the assigned CEP and document. **The skills checklist must be completed and turned in to the appropriate faculty member by the end of the practicum experience.**

#### **Phone numbers:**

Dr. Jonas-304-526-1808 (Office)  
Dr. Cooper-304-526-1422 (Office)  
Mrs. Taylor-304-526-1420 (Office)

## St. Mary's/Marshall University Cooperative ASN Program Nursing 241 Clinical Practicum Guidelines

### Clinical Education Partner Responsibilities Guide

Role = Role Model, Leader,

- Introduce yourselves to the students and maintain a working rapport with your student. Each student is required to complete 220 hours with you.
- The student will be assigned to work in the same role as CEP. The student should work as independently as possible but also work closely with the RN from beginning report to end of shift charting to complete all responsibilities for patient care. They will be administering medications & managing IV therapy in addition to assisting to coordinate all of the care of assigned patients in cooperation with other team members.
- Orient the student to the usual schedule of events on your unit, such as time for meals (patients & staff), time for breaks, who does finger stick blood glucose, who does pre-ops, etc.
- Serve as a resource person throughout the day to assist with procedures, policies, etc. All students have had rotation in IV therapy and med administration. They have given IVPB & IV push meds and have been instructed on how to perform venipuncture. However, students will still need to be directly observed with any procedures. Students will require direct observation regarding the process of insulin administration, verification of orders, calculation of dosages, documentation according to computer charting guidelines, etc.
- Assist the student to make appropriate decisions and judgments. Students MAY NOT take verbal or phone orders independently, MAY NOT administer chemotherapy, MAY NOT start or adjust Insulin or Heparin drips. Students MAY NOT administer blood or blood products.
- Validate the student's safe knowledge of meds, procedures, etc. (Spot check as needed.)
- Assist the student to communicate effectively with the staff and other departments in the hospital.
- Assist the student to make effective decisions.
- Assist the student to follow hospital policy and procedure.
- Encourage thorough assessments and the reporting of pertinent data.
- Remind students, if necessary that universal precautions are to be utilized according to hospital policy
- Provide feedback regularly to the faculty regarding the student's skills, needs, communication, and level of functioning.
- Assist the faculty to identify the student's strengths and weaknesses.
- Assist the student with charting as indicated by the situation.
- Assist the student to appropriately complete any forms necessary to complete the care of the patients (such as transfer or discharge forms).
- Assist the student to learn effective organizational skills, to set priorities, and to provide safe care.
- Assist the student to complete end of shift report and other documentation of care provided.
- Assist the student in ability to think critically regarding patient conditions to help ensure safe patient outcomes.
- PLEASE **IMMEDIATELY** NOTIFY ANY OF THE NUR 241 FACULTY IF YOU HAVE ANY QUESTIONS OR PROBLEMS.

**St. Mary's/Marshall University Cooperative ASN Program  
Nursing 241 Clinical Practicum Guidelines**

**Faculty Responsibilities**

“Trouble-Shooter”

Role = Resource Person;

- Support the CEP in assisting the student to learn effective organizational skills, to set priorities, and provide safe care.
- Meet regularly with the CEP and students to evaluate effectiveness of program, evaluate student progress & achievement of student learning outcomes.
- Collaborate with the CEP to ensure clinical objectives are being met.
- Evaluate student progress taking input from CEP and document progress on student's feedback sheet.
- Faculty will monitor student attendance and professional behaviors.
- If there are any questions regarding expectations, please contact any of the NUR 241 faculty.

## CAN and CANNOTS for the student during clinical practicum with the Clinical Education Partner (CEP)

<b>Students CAN: WITH CEP SUPERVISION</b>	<b>Students CANNOT:</b>
<ul style="list-style-type: none"> <li>Work alongside CEP</li> </ul>	<ul style="list-style-type: none"> <li>Assume full responsibility for patient (s)</li> <li>Be used solely as "Lifters"</li> <li>Be assigned to 1:1 unless the CEP has full responsibility for the care of that patient</li> </ul>
<ul style="list-style-type: none"> <li>Give oral, topical, parental medications including IV push*, IVPB*, IV fluids*</li> <li>*Insulin and Heparin drips*</li> </ul>	<ul style="list-style-type: none"> <li>Give injectable chemotherapy</li> <li>Access Pyxis</li> </ul>
<ul style="list-style-type: none"> <li>Hang saline in preparation for blood administration</li> <li>Closely observe administration of blood</li> <li>Monitor patient receiving blood</li> </ul>	<ul style="list-style-type: none"> <li>Administer blood or blood products (examples: PRBC, platelets)</li> <li>Sign forms associated with blood administration indicating verification of blood and patient</li> <li>Give IgG, albumin, FFP, RhoGam, and other blood related products</li> </ul>
<ul style="list-style-type: none"> <li>Call physician with guidance and CEP on another line or speaker phone to take orders</li> </ul>	<ul style="list-style-type: none"> <li>Take verbal or telephone orders</li> </ul>
<ul style="list-style-type: none"> <li>Indicate orders completed in Soarian or Cerner</li> <li>Chart on flow sheets, narrative notes, assessments</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledge orders in Soarian or Cerner/Note orders</li> </ul>
<ul style="list-style-type: none"> <li>Start peripheral IV's*</li> </ul>	
<ul style="list-style-type: none"> <li>Discontinue IV's</li> <li>Discontinue PICC*</li> <li>Discontinue Central lines*</li> </ul>	<ul style="list-style-type: none"> <li>Cannot extubate a patient</li> </ul>
<ul style="list-style-type: none"> <li>Perform sterile procedures (Examples: Insert Foley catheter, change a dressing)</li> </ul>	
<ul style="list-style-type: none"> <li>Remove JP drains, hemovac, penrose drains*</li> </ul>	
<ul style="list-style-type: none"> <li>Prepare patient for surgery</li> <li>Complete and sign surgical checklists</li> </ul>	<ul style="list-style-type: none"> <li>Witness consent forms</li> </ul>
<ul style="list-style-type: none"> <li>Provide direct patient care including those in isolation</li> </ul>	
<ul style="list-style-type: none"> <li>Insert nasogastric tube</li> <li>Care for nasogastric, jejunal, duodenal, and PEG tubes</li> <li>Care for patients with tracheostomy</li> <li>Care for patients with urinary and bowel ostomies</li> </ul>	<ul style="list-style-type: none"> <li>Insert Nasoduodenal tubes</li> </ul>
<ul style="list-style-type: none"> <li>Draw blood from PICC or central lines*</li> </ul>	

\*Indicates the CEP must ALWAYS be physically present for the activity.

DURING THE COVID-19 Pandemic, students can care for any patient with a known or r/o Covid-19 diagnosis. In addition, students have been fit tested with N-95 respirators and must wear them at all times for any aerosol generating procedure (AGP). Though not inclusive, some examples are: open suctioning, sputum induction, CPR, intubation and extubation, BiPAP and CPAP, bronchoscopy, manual ventilation, neb treatments, and high flow oxygen delivery.



## COMMON DRUGS GIVEN IV PUSH

1. **Lorazepam** (Ativan) a dose of 1-2 mg should be diluted immediately before administration with equal amount of NaCl. Administer over at least 1 minute. (Lorazepam appears oily and is quite thick)
2. **Dexamethasone** (Decadron) Doses <10mg may be given IV push. No dilution needed. Administer over 1 minute. Doses > 10mg, administer over 1-4 minutes.
3. **Hydromorphone** (Dilaudid) a 1-4 mg dose should be diluted in 5 ml NaCl. Administer slowly, rate not to exceed 2mg over 3-5 minutes.
4. **Heparin Sodium** 3,000 - 10,000 units every 4-6 hours may be given as a bolus, (as a loading dose when starting a continuous infusion) undiluted or diluted as desired with saline, dextrose or ringers lactate. Administer 1st 1,000 units over 1 minute (test for allergy) and then can give 5,000 units/min. **Requires a second practitioner to verify.**
5. **Furosemide** (Lasix) no dilution needed. Administer at a rate not to exceed 20mg/min. Too rapid administration can lead to ototoxicity. Larger doses may be mixed to administer as an IVPB: follow pharmacy directions.
6. **Digoxin** (Lanoxin) dilution needed for doses over 0.5 mg (Usual doses of 0.125 mg or 0.25 mg-- no dilution needed) Check heart rate first and then administer over a minimum of 5 minutes.
7. **Metoprolol** (Lopressor) administer undiluted. 1mg/mL. Administer over 1 minute.
8. **Morphine Sulfate** No dilution needed. Administer all dosage strengths over 5 minutes. Rapid administration rate can cause apnea, circulatory collapse or cardiac arrest.
9. **Pantoprazole** (Protonix) 40 mg dose – reconstitute with 10 ml normal saline. Do not mix with other IV solutions. Administer over 2 minutes through dedicated line with saline flush before and after.
10. **Metoclopramide hydrochloride** (Reglan) 10 mg dose can be given undiluted (greater than 10 mg dose should be given IVPB) Administer 10 mg over 2 minutes.
11. **Methylprednisolone sodium** (Solumedrol) dilute powder in vial with the manufactured diluent supplied in the "Act-O- Vial". Direct IV push over 3-15 min. for a 125mg dose.
12. **Levothyroxine** (Synthroid) = typically ½ usual p.o. dose. Reconstitute with 5 ml Normal Saline. Do not mix with IV solution – give at the IV lock site. Rate = 0.1 mg/min.
13. **Labetalol HCL** (Trandate) Administer undiluted 5mg/ml – 20 mg (initial) or 40-300 max. Direct – give 20 mg over 2 min. May use IVPB for larger dose.
14. **Ketorolac** (Toradol) – usual dose: 15-30 mg. May be given undiluted over at least 15 seconds
15. **Ondansetron HCL** (Zofran) – 4 - 8 mg dose = may give undiluted over 30sec.-2.5 min. Or can be mixed as an IVPB as a single dose in 50 ml of D5W or NS-Admin over 15 min.

**Source:** Deglin, J. & Vallerand, A. H. (2010). Davis's Drug Guide (Drug Guide™ Powered by Skyscape). Twelfth Edition. F. A. Davis Company.

6/91, 11/92, 1/96, 5/99, 5/05; 6/5/08 Reviewed: 7/07; 7/13; 6/16; Revised: 7/08; 7/10; 7/12; 3/17; 7/17; 9/18; 12/18; 1/22; 8/22

## CRITICAL CARE

### BLOOD TRANSFUSION TIPS

1. Follow the facility's policies and procedures on transfusion therapy.
2. Hang the blood within 30 minutes after receiving it from the blood bank. It cannot be reissued if kept out of the blood bank control, where it is refrigerated at 33.8 degrees to 42.8 degrees F. (1 to 6 degrees C.).
3. If blood is obtained from the blood bank, but not hung immediately, return it to the blood bank for proper temperature control.
4. Use blood warmer machines to administer blood to patients with cold agglutinins and to those receiving massive transfusions. Cold blood may produce effects of cardiac and general hypothermia.
5. Blood should not be infused with hypotonic or hypertonic solutions. Use normal saline solution only. Hypotonic solutions cause water to invade the red blood cells until they burst, resulting in hemolysis. Hypertonic solutions dilute the blood cells, causing them to shrink.
6. Never administer medication with blood transfusions:
  - a. Bacterial contamination is a hazard because blood hanging in a warm room offers a good culture medium. Therefore, to maintain a sterile infusion, do not penetrate ports with needles from piggyback infusions.
  - b. Pharmacologic incompatibilities may exist.
  - c. The drugs may be administered too slowly to achieve therapeutic levels.
7. Blood must be filtered during infusion. A sterile pyrogen-free filter of 170 $\mu$  is required. (Follow package directions for best results.) Tubing used for blood transfusions is usually Y tubing which allows normal saline solution and blood to be readily infused.
8. The larger the vein, the better the transfusion will infuse.
9. The rate of transfusion depends on the patient's condition. Most patients can tolerate one unit of blood transfused over 1 1/2 to 2 hours. A patient with congestive heart failure or pulmonary edema may require a much longer period for transfusion.
10. Blood should be infused completely within 4 hours to avoid the danger of bacterial growth and red blood cell hemolysis.
11. After the transfusion, be sure to document the volume of the blood component infusion. Check the bag, and note the volume for accuracy.
12. Standard procedure calls for blood to be infused through an 18G or 20G cannula. For practical purposes, however, a 22G cannula already inserted in a patient should not be removed to infuse blood, especially if the patient has limited venous access. The infusion will require close monitoring. It may need to be run slightly faster and elevated higher to maintain movement through the cannula because of the viscosity of the blood, but it will be sufficient. Also, remember that a 20G or 22G cannula is sufficient to infuse blood to a child, so a 22G thin-walled cannula may be sufficient for transfusing most blood components to adults.

## MECHANICAL VENTILATION

### Indications:

- Supporting cardiopulmonary gas exchange
- Increasing lung volume
- Decreasing the work of breathing

### Types:

- Negative pressure
- Positive pressure
- Pressure cycled
- Time cycled
- Volume cycled

### Modes:

- Control ventilation (CV)
- Assist-control ventilation (A/C)
- Synchronous intermittent mandatory ventilation (SIMV)
- Airway Pressure Release Ventilation (APRV)
- Positive end-expiratory pressure (PEEP)
- Constant positive airway pressure (CPAP)

### Ventilator settings-ordered by the physician

- Respiratory rate
- Tidal volume (5 - 10 ml/kg)
- Oxygen concentration
- I:E ratio
- Sensitivity/trigger
- Pressure limit
- Sighs

### Nursing Care

- \*if alarms go off-always check your patient first
- \*keep ambu bag with oxygen source readily available

- Endotracheal tube care
- Suctioning/Mouth care
- Monitor ABG's, LOC, VS, pulse oximetry
- Auscultate breath sounds
- Monitor nutritional status
- Hydration -weight daily- I & O
- Skin care
- Rest - sleep
- All basic needs must be met

Complications:

Decreased cardiac output – thoracic vessels compressed during ventilation

Unintentional respiratory alkalosis

Increased intracranial pressure

GI disturbances

Barotraumas

Pneumothorax

Pulmonary edema

Patient – ventilator asynchrony

Nosocomial pneumonia

Place patient on pressure support mode

Weaning criteria:

Patent effective AND adequate ventilatory muscle strength

Effective cough

Adequate tidal volume

Stable ABG's

Lungs clear to auscultation

Chest X-ray improvement

Nutritional support

Off respiratory depressants

Weaning methods:

Weaning patients on SIMV and gradually reduce ventilatory breaths

\*Spontaneous Breathing Trials (SBT)--patient on humidified oxygen via a T-tube adaptor or ventilator circuit (preferred method)