The purpose of the Henderson Community College Associate Nursing Degree Handbook is to present guidelines and policies for the students. It is given to each student at nursing orientation. However, the policies are subject to change without notice with each semester and therefore may not remain the same throughout a student's entire nursing education career.

<u>HENDERSON COMMUNITY COLLEGE VISION, MISSION, VALUES, AND INSTITUTIONAL GOALS STATEMENT</u>

Vision:

To be the area's educational leader providing opportunities for personal growth, professional training, and cultural enrichment.

Mission:

The mission of Henderson Community College is to partner with the community in assessing and providing educational, economic, workforce development, civic and cultural programs that

- Provide high-quality general education curriculum for the first two years of a baccalaureate program (Associate in Arts and Associate in Science degrees).
- Provide high-quality technical programs to prepare students for immediate employment (certificates, diplomas, or Associate in Applied Science degrees).
- Provide continuing education, adult education, and customized training to prepare a competitive workforce.
- Provide personal enrichment and cultural opportunities.

Values:

- Academic freedom, honesty and integrity
- Accountability
- Community and collaboration
- Diversity and cultural awareness
- Innovation, access and opportunity
- Student success
- Trust, respect, and open communication

Institutional Goals:

- Increase Student Access and Success
- Promote Excellence in Teaching and Learning
- Foster Diversity and Global Awareness
- Enhance the Economic Development of Communities and the Commonwealth
- Promote the Recognition and Value of Henderson Community College

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Dear Nursing Student,

Welcome to Henderson Community College Associate Degree Nursing Program. If you are a new student in Nursing, you are beginning an exciting, challenging and rewarding experience. If you are a returning student, you are aware of the demanding but satisfying course you have chosen. The faculty and staff wish you the best in fulfilling your goal.

This handbook along with the <u>Community College Code of Student Conduct</u> and the <u>Community College Bulletin</u> will provide you with invaluable information for successful completion of the program. Retain this booklet throughout the five semesters as a handy resource.

You are encouraged to seek help from the faculty and staff whenever it is needed. We are here to help you. We want you to feel free to stop in and visit us in our offices. Regular office hours are posted on each door and unless at a clinical site, there is almost always someone here to help you.

HENDERSON COMMUNITY COLLEGE Nursing Program

2660 South Green Street Henderson, Kentucky 42420 270-831-9740

www.hencc.kctcs.edu/academics/programs/nursing NURSING FACULTY & STAFF DIRECTORY

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HENDERSON COMMUNITY COLLEGE HISTORY

Henderson Community College accepted the first class of seventeen Nursing Students in the Fall of 1963. Funded by a Kellogg Grant through the University of Kentucky College of Nursing, Henderson holds the distinction of having the first Associate Degree Nursing Program in the state of Kentucky.

In February of 1987 the Program completed a self-study and was visited by the National League for Nursing Accrediting Commission*. Initial accreditation was granted for eight years. Re-accreditation was granted in the Spring of 1996 and Spring of 2005. The Program has full approval from the Kentucky Board of Nursing and the College is accredited by the Southern Association of Colleges.

Due to the shortage of registered nurses and with financial support of the two local hospitals in Owensboro, an Extension of the Henderson Community College Program was opened at Owensboro Community College in the Spring of 1991. In the Spring of 1999, Owensboro separated and became an independent Nursing Program.

Through the history of the Program, the results of State Board Examination, now called the NCLEX-RN, have varied. In the past ten years, the results have been above the national and state average with several classes achieving 100% on the first attempt.

* National League for Nursing Accrediting Commission National League for Nursing Accrediting Commission, Inc. 3343 Peachtree Road NE, Suite 850 Atlanta, Georgia 30326 www.nlnac.org

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM ASSOCIATE DEGREE NURSING PHILOSOPHY

The philosophy of the Associate Degree Nursing (A.D.N.) program is congruent with the Kentucky Community and Technical College System (KCTCS) mission statement and is supported by the works of Marjory Gordon and the National League for Nursing. The faculty believes that:

Each individual is a unique, holistic being with bio-psychosocial, cultural and spiritual dimensions in constant interaction with the environment. All human beings have in common certain functional patterns that contribute to their health, quality of life, and achievement of human potential;

The dynamic process of mastering core competencies is essential to the practice of contemporary and futuristic nursing. This process illustrates the personal, progressive, and lifelong professional development of the nurse through the accumulation, analysis, and synthesis of knowledge, scientific findings and human experience. The components of this A.D.N. conceptual model include: core values, integrating concepts, program outcomes and nursing practice;

Learning is an individual and lifelong process evidenced by changed behavior resulting from the acquisition of knowledge, practice and ethical comportment. Knowledge encompasses the realms of science and theory. Practice includes the ability to engage in a thoughtful, deliberate, and informed way. Ethical comportment involves the individual's formation within a set of recognized responsibilities; it includes the notions of "good practice" and "boundaries of practice." Learning in an educational setting is enhanced by a teacher/student relationship in which the teacher's responsibility is to structure and facilitate optimal conditions for critical thinking and learning through clearly defined student learning outcomes. The student brings to this relationship the willingness to learn and is accountable for his/her education. Recognizing that both the rate and style of learning differ with individuals, various strategies are utilized to facilitate the achievement of student learning outcomes, attainment of maximum potential, and promotion of continued learning;

The A.D.N. graduate, having achieved the graduate outcomes, is prepared to practice in a variety of settings within the parameters of individual knowledge and experience according to the standards of practice. The role of the A.D.N. graduate includes human flourishing, nursing judgment, professional identity, and spirit of inquiry. Encompassed within these roles are the core components of context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork.

References:

National League for Nursing. (2010). Outcomes and Competencies for Graduates of Practical/Vocations, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing. New York, NY: National League for Nursing.

Gordon, M. (1986). *Nursing diagnosis: Process and application*. 3rd edition, St. Louis: Mosby.

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM ASSOCIATE DEGREE NURSING CONCEPTUAL FRAMEWORK

The conceptual framework of the Associate Degree Nursing (A.D.N.) program as developed and valued by the faculty is based upon constructs of the nursing paradigm and related concepts.

The framework relates the philosophy to the curriculum and provides focus for the program. It organizes and defines nursing practice, explaining the relationships between the concepts of the philosophy and depicting the seven core values with their six integrated concepts and eleven functional health patterns.

The faculty members believe that nursing practice includes human flourishing, nursing judgment, professional identity, and spirit of inquiry that are based on the National League for Nursing educational program outcomes for A.D.N. graduates and Marjory Gordon's functional health pattern framework.

Fundamental to the framework are the seven core values of caring, diversity, ethics, excellence, holism, integrity, and patient centeredness The six integrating concepts of nursing practice are: context and environment, knowledge and science, personal/professional development, quality and safety, relationship-centered care, and teamwork. The core values and integrating concepts are introduced, developed, and built upon throughout the curriculum.

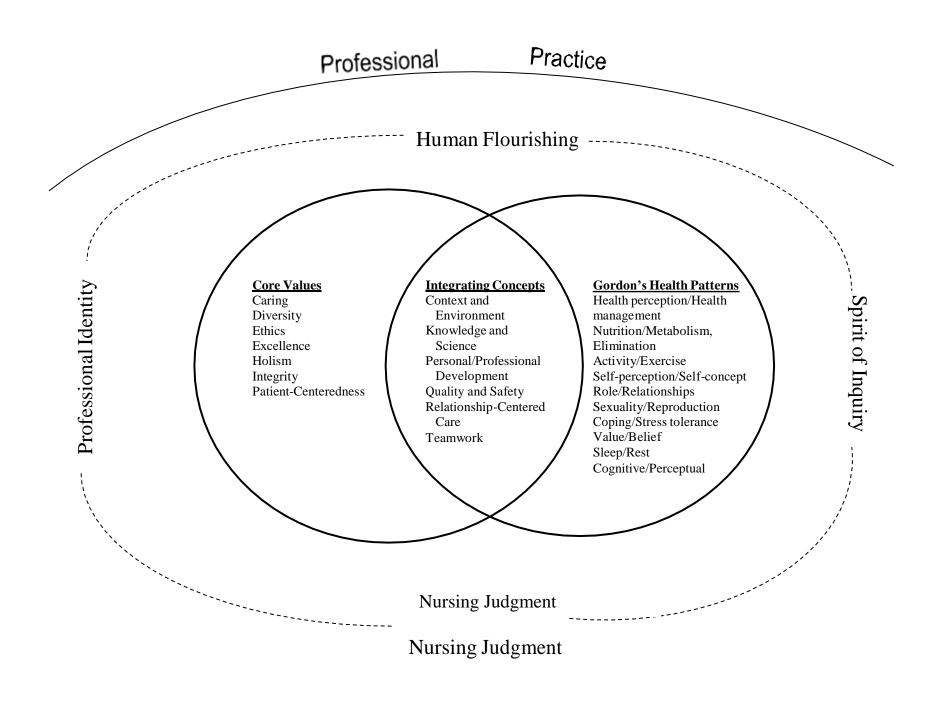
The client's functional health patterns are: health perception/health management, nutrition/metabolism, elimination, activity/exercise, sleep/rest, cognitive/perceptual, self-perception/self-concept, role/relationships, sexuality/reproduction, coping/stress tolerance, and value/belief. These patterns are influenced by the client's culture, age/development, and state of health/illness and serve as a unifying structure for the organization of the curriculum.

The conceptual model is a visual representation of the relationships among the concepts of the philosophy and depicts all components inherent in nursing practice and the eleven functional patterns inherent in the client.

References:

National League for Nursing. (2010). Outcomes and Competencies for Graduates of Practical/Vocations, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing. New York, NY: National League for Nursing.

Gordon, M. (1986). *Nursing diagnosis: Process and application*. 3rd edition, St. Louis: Mosby.



KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM ASSOCIATE DEGREE NURSING OPERATIONAL DEFINITIONS

<u>Core Values</u> are those elements of Associate Degree Nursing that are essential to entry level registered nursing practice and are inherent in the four roles of nursing practice: human flourishing, human judgment, professional identity, and spirit of inquiry. The core values include caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness and are defined as:

- Caring: "promoting health, healing and hope in response to the human condition" (NLN, 2010, p.11) 'A culture of caring, as a fundamental part of the nursing profession, characterizes our concern and consideration for the whole person, our commitment to the common good, and our outreach to those who are vulnerable.' (NLN, 2007).
- Diversity: recognizing differences among "Persons, ideas, values, and ethnicities," while affirming the uniqueness of each (NLN, 2010). "A culture of diversity embraces acceptance and respect. We understand that each individual is unique and recognize individual differences, which can be along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. A culture of diversity is about understanding ourselves and each other and moving beyond simple tolerance to embracing and celebrating the richness of each individual. While diversity can be about individual differences, it also encompasses institutional and system-wide behavior patterns." (NLN 2007).
- Ethics: involves reflective consideration of personal, societal and professional values, principles, and codes that shape nursing practice. Ethical decision-making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and work of all persons. (NLN, 2010, p.13).
- Excellence: "... reflects a commitment to continuous growth, improvement, and understanding. It is a culture where transformation is embraced, and the status quo and mediocrity are not tolerated" (NLN, 2007).
- Holism: the culture of human caring in nursing and health care that affirms the human person as the synergy of unique and complex attributes, values, and behaviors, influenced by that individual's environment, social norms, cultural values, physical characteristics, experiences, religious beliefs and practices, and moral and ethical constructs, within the context of a wellness-illness continuum (NLN, 2010, p.14).
- Integrity: "respecting the dignity and moral wholeness of every person without conditions or limitations." Integrity within nursing practice... [recognizes], with humility, the human dignity of each individual patient, fellow nurse, and others whom we encounter in

the course of our work. It means accepting accountability for our actions while being fully committed to the betterment of patient care while advocating for patients in a consistently professional and ethical manner (NLN, 2010, p.13).

• Patient-Centeredness: an orientation to care that incorporates and reflects the uniqueness of an individual patient's background, personal preferences, culture, values, traditions, and family. A patient-centered approach supports optimal health outcomes by involving patients and those close to them in decisions about their clinical care (NLN, 2010, p.14).

Emerging from core values are six integrating concepts. These concepts are defined as:

- Context and Environment: "...the conditions or social system within which the organization's members act to achieve specific goals. In health care, context and environment encompass organizational structure, leadership styles, patient characteristics, safety climate, ethical climate, teamwork, continuous quality improvement, and effectiveness." (NLN, 2010, p.16)
- Knowledge and Science: "...the foundations that serve as a basis for nursing practice, which, in turn, deepen, extend and help generate new knowledge and new theories that continue to build the science and further the practice. These foundations include (a) understanding and integrating knowledge from a variety of disciplines outside nursing that provide insight into the physical, psychological, social, spiritual, and cultural functioning of human beings; (b) understanding and integrating knowledge from nursing science to design and implement plans of patient-centered care for individuals, families, and communities; (c) understanding how knowledge and science develop; (d) understanding how all members of a discipline have responsibility for contributing to the development of that discipline's evolving science; and (e) understanding the nature of evidence-based practice." (NLN, 2010, p.20)
- Personal/Professional Development: "...a lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability." (NLN, 2010, p.23)
- Quality and Safety: "...the degree to which health care services are 1) are provided in a way consistent with current professional knowledge; 2) minimized the risk of harm to individuals, populations, and providers; 3) increase the likelihood of desired health outcomes; and 4) are operationalized from an individual unit and systems perspective." (NLN, 2010, p.25)
- Relationship-Centered Care: "positions (a) caring; (b) therapeutic relationships with patients, families, and communities; and (c) professional relationships with members of the health care team at the core of nursing practice. It integrates and reflects respect for the dignity and uniqueness of others, valuing diversity, integrity, humility, mutual trust, self-determination, empathy, civility, the capacity for grace, and empowerment." (NLN, 2010, p.27)

• Teamwork: to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care." (NLN, 2010, p.30)

Goals of nursing education for entry into nursing practice are defined as:

- Human Flourishing: "... an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. ... Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population." (NLN, 2010, p.33)
- Nursing Judgment: encompassing "...critical thinking, clinical judgment, and integration
 of best evidence into practice. Nurses must employ these processes as they make
 decisions about clinical care, the development and application of research and the broader
 dissemination of insights and research findings to the community, and management and
 resource allocation." (NLN, 2010, p.34) This process is driven by Maslow's hierarchy
 of needs to assist in the prioritization of patient-centered care.
- Professional Identity: "... the internalization of core values and perspectives recognized as integral to the art and science of nursing. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideal of the nursing profession." (NLN, 2010, p.35)
- Spirit of Inquiry: "...a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problems." (NLN, 2010, p.36)

Functional Health Patterns are *ways of living* that include a configuration of behaviors that occur across time. The patterns are interrelated, interactive and independent. Functional and dysfunctional patterns determine client strengths and/or nursing diagnoses. There are eleven (11) functional health patterns that include: health perception/health management, nutrition/metabolism, elimination, activity/exercise, self-perception/self-concept, role/relationships, sexuality/reproduction, coping/stress/tolerance, and value/belief and are defined as:

- Health Perception-Health Management: the client's perceived pattern of health and well-being and how health is managed. It includes the client's perception of his/her own health status, the general level of health care behaviors, and adherence to health practices.
- Nutritional-Metabolic_: the client's pattern of food and fluid consumption relative to metabolic need and pattern indicators of nutrient supply. It includes skin integrity, nutritional intake, nutrient supply to tissues, and metabolic needs.

- Elimination: patterns of excretory function (bowel, bladder, and skin). It includes the client's perceived excretory functions, changes or disturbances in function, devices used to control excretion, and family/community disposal patterns.
- Activity-Exercise: patterns of exercise, activity, leisure, and recreation. It includes activities of daily living requiring energy expenditure, type and quality of exercise, and factors that interfere with the expected pattern (neuromuscular deficits, musculoskeletal abnormalities, and cardio-pulmonary insufficiencies).
- Sleep-Rest: patterns of sleep, rest, and relaxation. It includes the perception of quality and quantity of sleep, rest-relaxation, and energy levels.
- Cognitive-Perceptual: patterns of sensory-perceptual and cognitive patterns. It includes adequacy of vision, hearing, taste, touch, smell, language, memory, judgment, and decision-making.
- Self-Perception-Self-Concept: the client's self-concept pattern and perception of self (self-conception/worth, body image It includes attitudes of self, perception of abilities (cognitive, affective, or physical) image, identity, worth, and emotional patterns.
- Role-Relationship: the client's pattern of role engagements and relationships. It includes the client's perception of his/her major roles, responsibilities, and relationships in current life situations.
- Sexuality-Reproductive: the client's patterns of satisfaction and dissatisfaction with sexuality pattern. It includes reproductive patterns, satisfaction with sexual relationships and sexuality patterns.
- Coping-Stress-Intolerance: the client's general coping pattern and effectiveness of the
 pattern in terms of stress tolerance. It includes the capacity to resist challenges to selfintegrity, modes of handling stress, support systems, and ability to control or manage
 situations.
- Value-Belief: patterns of values, beliefs (including spiritual) and goals that guide the client's choice of decisions. It includes perceptions of what is important in life, and conflicts in values, beliefs or expectations that are health related.

References:

National League for Nursing. (2010). Outcomes and Competencies for Graduates of Practical/Vocations, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing. New York, NY: National League for Nursing.

Gordon, M. (1986). *Nursing diagnosis: Process and application*. 3rd edition, St. Louis: Mosby.

Adopted: Fall 2012

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM ASSOCIATE DEGREE NURSING GRADUATE OUTCOMES

Upon completion of this program, the Associate Degree Nursing graduate can:

- 1. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings (human flourishing);
 - a. Develop, implement and evaluate individualized plans of care focusing on services and activities that promote independence, maintain or restore health, or support a peaceful death;
 - b. Advocate for the access to and quality of care for patients;
 - c. Use teaching/learning processes to facilitate the patients in informed decision-making to achieve positive outcomes and support the client's functional patterns;
 - d. Provide culturally competent care that demonstrates respect for diverse patients;
- 2. Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality-care and promote the health of patients within a family and community context (nursing judgment);
 - a. Utilize the nursing process while incorporating Gordon's functional health patterns as a basis for clinical judgment to optimize outcomes of care for the patient, family, and community;
 - b. Perform essential nursing skills as identified by the critical criteria;
 - c. Collaborate with the patient, family, significant others and members of the health care team in the management of care;
 - d. Establish and maintain effective/therapeutic communication with patients, families, significant others, and members of the health care team;
 - e. Manage the direct provision of nursing care through effective organizational skills, appropriate delegation, and supervision within the scope of practice;
 - f. Employ principles of quality and safety, healthcare policy, and cost effectiveness to improve healthcare outcomes;
- 3. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practice and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context (professional identity);
 - a. Recognize situations beyond one's knowledge and experience, and seek consultation from appropriate resources in a changing healthcare environment;
 - b. Integrate caring behaviors in managing care;
 - c. Exhibit professional behaviors/practice as defined by the ethical, legal, and regulatory frameworks of nursing;
 - d. Use information and technology to communicate, manage knowledge, mitigate error and support decision making;

- 4. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities (spirit of inquiry);
 - a. Recognize and examine evidence-based literature/research for use in nursing practice;
 - b. Value continuous learning within the nursing profession;

General Education Competency Statements:

- 5. Knowledge of human cultures and the physical and natural worlds
- a. Through study in the sciences and mathematics, social sciences, humanities, histories, languages, and the arts
- b. Intellectual and practical skills, including
 - 1. inquiry and analysis,
 - 2. critical and creative thinking,
 - 3. written and oral communication,
 - 4. quantitative literacy,
 - 5. information literacy,
 - 6. teamwork and problem solving
- c. Personal and social responsibility, including
 - 1. civic knowledge and engagement (local and global),
 - 2. intercultural knowledge and competence,
 - 3. ethical reasoning and action,
 - 4. foundations and skills for lifelong learning
- d. Integrative learning, including
 - 1. synthesis and advanced accomplishment across general and specialized skills

Adopted Fall 2012

HENDERSON COMMUNITY COLLEGE KCTCS

Associate Degree Nursing Program Description

The Associate Degree Nursing program prepares graduates to provide and manage client care and to become members within the discipline of Nursing. Graduates are eligible to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The Associate Degree Nursing curriculum is organized around a clearly defined conceptual framework which combines general education and nursing education. The nursing education courses correlate classroom and clinical instruction in a variety of community agencies. Transportation to the community agencies is the responsibility of each student.

Acceptance into the Associate Degree Nursing program is based on a selective admissions process. In order to be considered for admission, applicants must comply with college and program admission requirements prior to March 1 for the Summer session (July 1 for the Fall semester, if applicable).

Placement of course content/skills in the 200 level nursing courses may vary from college to college. Progression in the Associate Degree Nursing Program is contingent upon achievement of a grade of "C" or better in each biological science, nursing and mathematics course and maintenance of a 2.0 cumulative grade point average or better (on a 4.0 scale).

NOTE: The Kentucky Board of Nursing has the power to deny a nursing graduate the right to take the NCLEX-RN if an individual has been convicted of a misdemeanor or felony which involved acts that bear directly on the qualifications of the graduate to practice nursing. (See handout regarding KBN Nursing Policy regarding conviction record.)

HENDERSON COMMUNITY COLLEGE KCTCS

Associate Degree Nursing Program Technical Standards

Admission to program is open to all qualified students regardless of economic or social status, and without discrimination on the basis of race, color, sex, marital status, belief, age, national origin or handicap. However, nursing at the technical level involves the provision of direct care for individuals and is characterized by the application of verified knowledge in the skillful performance of nursing functions.

Therefore all students should possess:

- a. Sufficient visual acuity, such as needed in the accurate preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.
- b. Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscope, IV infusion pump, Doptone, fire alarms, etc.
- c. Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.
- d. Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interest.
- e. Sufficient intellectual and emotional functions to plan and implement care for individuals.

HENDERSON COMMUNITY COLLEGE KCTCS

Associate Degree Nursing Program Guidelines for Re-Admission to the Associate Degree Nursing Program

- 1. A student who withdraws from or earns lower than a grade of C in a nursing course, the biological science courses, the mathematics course or has a cumulative grade point average below 2.0 will be dropped from the Associate Degree Nursing Program.
- 2. Applicants who wish to apply for re-admission should do so prior to March 1 or July 1 if planning to enroll for the subsequent semester in Nursing I. Otherwise applicants should apply at least two months prior to expected date of enrollment. It is recommended that a student wait one semester before taking a nursing course for the second time.
- 3. Re-admission to the Nursing Program will be dependent upon available resources.
- 4. In order to be considered for re-admission by the Nursing Admissions Committee the applicant must:
 - a) Submit a written request using the Readmission Form to the Nursing Coordinator.
 - b) Request in writing evaluation and recommendation for re-admission from two nursing faculty members. Letters must be from course faculty to be repeated. (See Appendix)
 - c) Meet current guidelines for admission.
- 5. If more than three years have elapsed since initial enrollment in any RN Program, the applicant must successfully complete available special examinations in the Community College System, or repeat the entire program.
- 6. A student may be re-admitted to the Associate Degree Nursing Program one time. The Nursing Admissions Committee may recommend re-admission a second time, if a student furnishes sufficient evidence of remedial study, additional preparation, or resolution of factors contributing to unsuccessful course completion.
- 7. Students seeking readmission to NSG 210, 220 or 230 (and relative practicing corresponding courses) will be required to establish retained competency and the student will be required to take the previous Medical-Surgical course Comprehensive Final Exam and earn at least a 78%.

HENDERSON COMMUNITY COLLEGE KCTCS COMMUNITY COLLEGE SYSTEM

Associate Degree Nursing Program Curriculum for Associate in Applied Science in Nursing

FIRST YEAR:	Credits
First Semester:	
Mathematics (MT 110, MT 150 or higher)	3
BIO 137, Human Anatomy & Physiology I	
PY 110, General Psychology	
Second Semester:	
NSG 101, Nursing Practice I	9
PSY 223, Developmental Psychology	
BIO 139, Human Anatomy & Physiology	4
Third Semester:	
NSG 210, Medical Surgical Nursing I	6
NSG 215, Pharmacology I	1
NSG 212, Behavioral Health Nursing	3
ENG 101, Writing I	
Oral Communication (COM 252 or COM 181)	
SECOND YEAR: First Semester:	
NSG 220, Medical Surgical Nursing II	6
NSG 211, Maternal Newborn Nursing	
BIO 225, Medical Microbiology	
ENG 102, Writing II	
Second Semester:	
NSG 230, Medical Surgical Nursing III	6
Heritage/Humanities(as listed CCS Catalog)	
NSG 213, Pediatric Nursing	
Nursing 225, Pharmacology.	
COURSES LISTED ABOVE MUST BE TAKEN IN ACCORDANCE WITH COMMUNITY COLLEGE CATALOGUE THE LISTED SEMESTER WITH TO SPECIFIC NURSING COURSE, OR PRIOR TO THE NURSING COURSE.	

LECTURE CREDIT HOUR IS FIFTY (50) MINUTES. ONE LAB/CLINICAL HOUR EQUALS THREE (3) LECTURE HOURS. (Revised KCTCS Modular Curriculum 2009)

NSG 101 Nursing Practice I 9 Credits

Description:

Covers nursing practice using functional health patterns within the context of the contemporary health care delivery system. Emphasizes foundation knowledge of nursing practice, skills acquisition, and the care of patients with health perception-health management, value-belief, and rest-sleep dysfunctional health patterns.

Components: Lecture: 5 credit hours (75 contact hours). Laboratory: 4 credit hours (180 contact hours).

Pre-requisite: Admission to the Associate Degree Nursing program. (BIO 137 and MAT 110 or (MAT 150 or higher) with a grade of "C" or better), PSY 110 and Computer Literacy.

Pre- or Co-requisite: BIO 139 with a grade of "C" or better and PSY 223.

Implementation: Fall 2012

Competencies:

Upon completion of this course the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment with emphasis on the adult and gerontologic patient;
- 2. Perform identified foundational nursing skills according to critical criteria;
- 3. Identify and apply at a beginning level, the nursing process to clinical judgment and the management of care for one patient experiencing dysfunctional health patterns;
- 4. Utilize basic communication techniques with patients and members of the health care team;
- 5. Recognize caring behaviors in self and others;
- 6. Demonstrate a beginning knowledge of professional behaviors as identified by the standards of nursing practice;
- 7. Identify and respond to situations that require basic knowledge of teaching and learning strategies; and
- 8. Recognize and report situations that require collaboration with the patient and other members of the health care team.

Outline:

- I. Context of Nursing Practice
 - A. The Nursing Profession as a Context for Practice
 - B. Health Care Delivery System as a Context for Practice
- II. Framework for Nursing Practice
 - A. Developing a Framework for Practice
 - B. Critical Thinking and Clinical Judgment
 - C. Physical Assessment Techniques
 - D. Nursing Process
- III. The Tools of Practice
 - A. Communication
 - B. Patient Teaching and Learning
 - C. Caring Interventions
 - D. Managing Care of a Patient
- IV. The Adult Patient

- A. The Well Adult
- B. The Well Older Adult
- V. Nursing Care for Functional Health
 - A. Health Perception-Health Management Pattern
 - B. Nutritional-Metabolic Pattern
 - C. Elimination Pattern
 - D. Activity/Exercise Pattern
 - E. Sleep & Rest Pattern
 - F. Cognitive/Perceptual Pattern
 - G. Self-Perception-Self Concept Pattern
 - H. Role/Relationship Pattern
 - I. Sexuality/Reproduction Pattern
 - J. Coping/Stress Pattern
 - K. Value/Belief Pattern
- VI. Managing Care for Patient with Risk for/Actual Health Pattern Dysfunctions
 - A. Nursing Management of Value/Belief Dysfunction
 - B. Nursing Management of Rest/Sleep Dysfunction
 - C. Nursing Management of Health/Perception-Health Management Dysfunction

Experiments/Activities:

- *Safety Practices (overriding)
- *Standard Precautions (overriding)
- * Physical Assessment
- *Administration of Medications

oral

topical (eye, ear, cutaneous, inhalation, rectal, vaginal)

subcutaneous

intramuscular injection

intradermal injection

*Teaching – Learning

Breast Self-Examination

Testicular Self-Examination

Peri-operative Concepts

*Surgical Asepsis

Dressing

Catheterization

Heat/Cold

Protective Barriers

*I.V. Maintenance

- 1. Assessment
- 2. Termination

Oxygen Administration

Glucose Monitoring

Neurological Evaluation

Glasgow Coma Scale

Enemas

- *Management of Care of One Patient
- *Requires individual faculty check off

NSG 101 BIBLIOGRAPHY

REQUIRED BOOKs: ***Means the books are in one boxed bundle of books at the bookstore

- ***Carpenito, L., (2013). Handbook of Nursing Diagnosis: Application to Clinical Practice, 14th Ed., Lippincott, William, Wilkins, Philadelphia, PA.
- ***Dudek, S., (2013). Nutrition essentials for nursing practice, 7th Ed., J. B. Lippincott Company, Philadelphia, PA.
- ***Dunning, F., & Fischbach, (2011). Common laboratory & diagnostic tests, 8th Ed., Lippincott, William, Wilkins, Philadelphia, PA.

Generic Drug Calculations Online Course (access codes through the bookstore)

- ***Fluids & electrolytes made incredibly easy, 5th Edition., Springhouse Corporation, Springhouse, PA.
- ***Karch, A., (2014). 2014 Lippincott's nursing drug guide, Lippincott, William, Wilkins, Philadelphia, PA.
- ***Karch, A., (2012). Focus on nursing pharmacology, 6th Ed., Lippincott, William, Wilkins, Philadelphia, PA.
- ***PrepU for Taylor's Fundamentals of Nursing 7th edition, 12 month access
- Porth, C., & Matfin, G., (2009). Pathophysiology concepts of altered health states, 8th Ed., Lippincott, William, Wilkins, Philadelphia, PA.
- ***Steadman's Medical dictionary for the health professions & nursing, 7th Ed., Lippincott, William, Wilkins, Philadelphia, PA.
- ***Taylor, C., Lillis, C., & LeMone, P., (2011). Fundamentals of nursing: The art and science nursing care, 7th ed., Lippincott, William, Wilkins, Philadelphia, PA.
- ***Lynn Skill Checklists for Taylor's Clinical Nursing Skills
- ***Weber, J., (2011). Nurses' handbook of health assessment, 7th Ed. Lippincott, William, Wilkins, Philadelphia, PA

.HIGHLY RECOMMENDED

Nugent, P., & Vitale, B., (2010). Test success test-taking techniques for beginning nursing students, 6th Ed., F. A. Davis Co. Philadelphia, PA

Dates of Actions:

Approved: April 1965

Revised: April 1966, December 1977, November 1985, November 1993, May 1997,

February 2002, May 2008, March 2009, October 2011, Spring 2013

NSG 210 Medical Surgical Nursing I 6 Credits

Description:

Focuses on the application of the core components of nursing to adult patients experiencing dysfunctional health patterns. Emphasizes the care of patients with nutritional-metabolic and elimination dysfunctional health patterns.

Components: Lecture: 3 credit hours (45 contact hours). Lab/Clinical: 3 credits (135 contact hours).

Pre-requisite: (NSG 101 and BIO 139) with a grade of "C" or better and PSY 223.

Pre- or Co-requisite: (NSG 212 and NSG 215) with a grade of "C" or better, ENG 101 and Oral Communications.

Implementation: Fall 2012

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment with emphasis on adult patients with nutritional-metabolic and elimination dysfunctional health patterns.
- 2. Provide safe nursing care while maintaining previously learned skills and acquiring additional essential skills that adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care for a minimum of two patients with multiple dysfunctional health patterns.
- 4. Communicate effectively with patients, families, significant others and members of the health care team.
- 5. Translate caring behaviors into nursing practice.
- 6. Demonstrate professional behaviors according to the standards of nursing practice in the delivery of patient care.
- 7. Implement understanding of the teaching-learning processes.
- 8. Demonstrate collaboration with the patient, family, significant others and members of the health care team.

Outline:

- I. Managing Care for Patients with Risk for/Actual Dysfunctions Related to Nutritional-Metabolic Health Patterns.
 - A. Nursing management of nutritional dysfunctions
 - B. Nursing management of upper and lower gastrointestinal dysfunctions
 - C. Nursing management of liver, biliary tract, and pancreatic dysfunctions
 - D. Nursing management of endocrine dysfunctions
- II. Managing Care for Patients with risk for/Actual Dysfunctions Related to the Elimination Patterns
 - A. Nursing management of urinary dysfunction
 - B. Nursing management of bowel dysfunction
 - C. Nursing management of integumentary dysfunctions

Experiments/Activities:

- *Safety Practices (overriding)
- *Standard Precautions (overriding)
- *Intravenous Therapy (fluids not blood)
 - 1. Venipuncture
 - a. Initiation
 - b. Central Line Dressing
 - 2. IV Medications
 - 3. Infusions Devices
- *Suctioning
 - 1. Nasogastric
- *Nasogastric Intubation
 - 1. Gavage
 - 2. Lavage
- *Teaching Learning
 - 1. Ostomy Care
 - 2. Chronic Disease Self Care
- *Management of Care for two clients

Learning Resources:

REQUIRED

Lewis, Dirksen, Heitkemper, Bucher and Camera, Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 8th ed., 2011, Elsevier, St. Louis

Lewis et al, Study Guide, 8th ed. 2011 Elsevier, St. Louis

Karch, Amy, Focus on Nursing Pharmacology, 5th ed., 2011 Lippincott Williams & Wilkins, Philadelphia

RECOMMENDED

Dudek, Susan, Nutrition Essentials for Nursing Practice, 6th ed., 2010, J.B. Lippincott, Philadelphia, PA.

Innerarity, Sheri, Fluid & Electrolytes made Incredibly Easy, 5th ed., 2010 Springhouse Corporation, Springhouse, PA.

Taylor, Carol, Fundamentals of Nursing: The Art and Science of Nursing Care, 7th Edition, 2011, Lippincott, Williams & Wilkins, Philadelphia, PA.

Fischbach, Frances, Manual of Laboratory and Diagnostic Tests, 5th ed. 2011, Lippincott, Philadelphia, PA.

Weber, Janet, Nurses' Handbook of Health Assessment, 7th ed., 2010, J.B. Lippincott, Philadelphia, PA.

^{*}Requires individual faculty check

Sparks and Taylor, Nursing Diagnosis Reference Manual, 8th ed., 2010, Lippincott, Williams & Wilkins, Philadelphia, PA.Springhouse Corp. Springhouse, PA.

Porth, C., & Matfin, G., (2009). *Pathophysiology concepts of altered health states*, 8th Ed., Lippincott, William, Wilkins, Philadelphia, PA.

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 212 Behavioral Health Nursing 3 Credits

Description:

Focuses on the application of the nursing care to patients experiencing a dysfunctional health pattern. Emphasizes the care of patients with Coping-Stress-Tolerance and Altered Role-Relationship health patterns.

Components: Lecture: 2 credit hours (30 contact hours). Laboratory: 1 credit hour (45 contact hours).

Pre-requisite: (NSG 101 and BIO 139) with a grade of "C" or higher and PSY 223.

Pre- or Co-requisite: (NSG 210 and NSG 215) with a grade of "C" or higher, ENG 101 and Oral Communications

Implementation: Fall 2012

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment with emphasis on adult patients with dysfunctional behavioral health patterns.
- 2. Provide safe nursing care while demonstrating competency with previously learned skills and acquiring additional essential skills that adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care of patients with dysfunctional behavioral health patterns.
- 4. Utilize therapeutic communication techniques with a patients, families, significant others and members of the health care team.
- 5. Translate caring by exhibiting spontaneous caring behaviors in nursing practice.
- 6. Incorporate professional behaviors according to the standards of nursing practice in the delivery of patient care and self-improvement.
- 7. Implement teaching-learning processes in the management of patient care.
- 8. Participate in a collaborative team approach to provide holistic patient-centered care.

Outline:

- I. Introduction to Behavioral Health Nursing
 - A. Legal/ethical issues
 - B. Theorists
 - C. Therapeutic communication
- II. Managing Care for Clients with Risk for/Actual Dysfunctions Related to Coping-Stress-Tolerance Pattern
 - A. Nursing management of stress
 - B. Nursing management of anxiety dysfunctions
 - C. Nursing management of somatoform/dissociative/non-dissociative dysfunction
- III. Managing Care for Clients with Altered Role-Relationship Functional Patterns
 - A. Nursing management of altered role-relationship dysfunctions
 - B. Nursing management of adult clients experiencing personal/family violence
 - C. Nursing management of personality disorders
 - D. Nursing management of affective disorders
 - E. Nursing management of cognitive impairment

- F. Nursing management of schizophrenic dysfunction
- G. Nursing management of clients experiencing self-destructive behaviors
- H. Nursing management of sexual dysfunction

Experiment/Activities:

- *Safety Practices (overriding)
- *Standard Precautions (overriding)
- *Therapeutic Communication
- *Requires individual faculty check off

Learning Resources:

REQUIRED

Videbeck, Sheila *Psychiatric mental Health Nursing*, 5th ed, 2011 J.B. Lippincott, Philadelphia, PA

Study Guide for Nursing 212

Karch, Amy *Focus on Nursing Pharamacology*, 5th ed. 2011, J.B. Lippincott, Philadelphia, PA

Dunning & Fischbach, Frances, *Manual of Laboratory and Diagnostic Tests*, 5th ed. 2011, Lippincott, Philadelphia, PA.

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 215 NSG 215 Pharmacology I 1 Credit

Description:

Focuses on common drugs, their classification and effects on functional and dysfunctional health patterns (value/belief, rest/sleep, health perception/health management, nutritional/metabolic and elimination health patterns). Emphasizes nursing responsibility, accountability, and application of the nursing process regarding drug therapy.

Components: Lecture: 1 credit hour (15 contact hours).

Pre-requisite: (NSG 101 and BIO 139) with a grade of "C" or higher and PSY 223.

Pre- or Co-requisite: (NSG 210 and NSG 212) with a grade of "C" or higher, ENG 101 and Oral Communication.

Implementation: Fall 2012

Course Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Identify the indications, modes of action, and effects of drugs in response to functional and dysfunctional health patterns of value/belief, rest/sleep, health perception/health management, nutritional/metabolic and elimination health patterns.
- 2. Apply the nursing process as related to drug therapy.
- 3. Identify drug classifications and common representative drugs with related nursing implications.
- 4. Describe legal/ethical parameters of drug therapy as related to nursing practices.
- 5. Identify the influence of cultural and psychosocial factors on client compliance with drug therapy.

Outline:

- I. Principles of Pharmacology
 - A. Pharmaceutics
 - B. Pharmacokinetics
 - C. Pharmacodynamics
- II. Nurse's Role in Drug Therapy
 - A. Nursing process
 - B. Legal/ethical responsibilities
 - C. Cultural, psychosocial and life span factors
- III. Relationship of Pharmacological Agents to Functional and Dysfunctional Health Patterns Across the Life Span
 - A. Drugs affecting the value/belief health pattern
 - B. Drugs affecting the rest/sleep health pattern
 - C. Drugs affecting the health perception/health management health pattern
 - D. Drugs affecting the nutritional/metabolic health pattern
 - E. Drugs affecting the elimination health pattern

Learning Resources:

REQUIRED

Karch, Amy, Focus on Nursing Pharmacology, 5th ed., 2011 Lippincott Williams & Wilkins, Philadelphia

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 197 Transition to ADN 3 Credits

Description:

Builds upon the basic nursing skills and concepts learned in the LVN/LPN experience. Assists the Practical Nurse to make the beginning transition to the RN role. Includes the role of the Associate Degree Nurse and application of the course components of nursing practice to patients experiencing the dysfunctional health patterns of nutritional-metabolic and elimination. Upon successful completion of all components of the course, the student will be admitted to NSG 220 and will have earned by advanced standing, 15 credit hours in nursing.

Components: Lecture: 2.5 credit hours (37.5 contact hours). Lab/Clinical: 0.5 credit hours (22.5 contact hours).

Pre-requisite: Admission to the Associate Degree Nursing Program and (BIO 137 and BIO 139 and (MAT 110 or MAT 150 or higher) with a grade of "C" or better), PSY 110, PSY 223, ENG 101, Oral Communications and Computer Literacy.

Pre- or Co-requisite: NSG 215 and NSG 212 with a grade of "C" or better.

Implementation: Fall 2012

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment with emphasis on adult patients with
 - nutritional-metabolic and elimination dysfunctional health patterns.
- 2. Provide safe nursing care while maintaining previously learned skills and acquiring additional essential
 - skills that adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care for a minimum of two patients with multiple dysfunctional health patterns.
- 4. Communicate effectively with patients, families, significant others and members of the health care team.
- 5. Translate caring behaviors into nursing practice.
- 6. Demonstrate professional behaviors according to the standards of nursing practice in the delivery of patient care.
- 7. Implement understanding of the teaching- learning processes.
- 8. Demonstrate collaboration with the patient, family, significant others and members of the health care team.
- 9. Exhibit behaviors that indicate transition from the practical nurse role to the registered nurse role.

Outline:

- I. A Framework for Nursing Practice
 - A. Role development and role transition
 - 1. Program philosophy, conceptual framework
 - 2. Core components of nursing practice
 - 3. Critical thinking and clinical judgment
 - B. Nursing skills competency validation
- II. Managing Care for Patients with Risk for/Actual Dysfunctions Related to Nutritional-Metabolic Health Patterns.
 - A. Nursing management of nutritional dysfunctions
 - B. Nursing management of upper gastrointestinal dysfunctions
 - C. Nursing management of liver, biliary tract, and pancreatic dysfunctions
 - D. Nursing management of endocrine dysfunctions
- III. Managing Care for Patients with risk for/Actual Dysfunction Related to the Elimination Pattern
 - A. Nursing management of urinary dysfunction
 - B. Nursing management of bowel dysfunctions
 - C. Nursing management of integumentary dysfunctions

Experiments/Activities:

Standard Precautions (overriding)

- * Physical Assessment
- *Administration of Medications
- 1. oral
- 2. topical
- 3. subcutaneous
- 4. intra-muscular injection
- 5. intra-dermal injection
- *Teaching Learning
- 1. Breast Self-Examination
- 2. Testicular Self-Examination
- 3. Perioperative Concepts
- 4. Ostomy Care
- 5. Chronic Disease Self Care
- *Surgical Asepsis
- 1. Dressing
- 2. Catheterization

Heat/Cold

Protective Isolation

- *Intravenous Therapy
- 1. Venipuncture
 - a. assessment
 - b. termination
 - c. initiation
 - d. central line dressing

2. IV Medications

a. Infusion Devices

*Nasogastric Intubation

- 1. Gavage
- 2. Lavage (suctioning)

Client Instruction

- 1. Oxygen Administration
- 2. Glucose Monitoring

Enemas

*Management of care for two clients

Learning Resources:

REQUIRED-

Harrington and Terry, LPN to RN Transitions, 3rd ed. Lippincott Lewis, Medical-Surgical Nursing, 8th ed. Elsevier.

RECOMMENDED-

Potter, Mosby's Fundamentals of Nursing, 6th ed. (or comparable Nsg Fundamentals text from your PN Program)

Weber, Nurses Handbook of Health Assessment, 7th ed. Lippincott.

Dates of Actions:

Approved: May 2008

Revised: March 2009, October 2011

^{*}Requires individual faculty check off

NSG 220 Medical Surgical Nursing II 6 Credits

Description:

Focuses on the application of the core components of nursing to adult patients experiencing dysfunctional health patterns. Emphasizes the care of patients with activity-exercise dysfunctional health patterns (cardiac, respiratory and musculoskeletal).

Components: Lecture: 3 credit hours (45 contact hours). Lab/Clinical: 3 credit hours (135 contact hours).

Pre-requisite: (NSG 210, NSG 215 and NSG 212) with a grade of "C" or higher and ENG 101 and Oral Communications.

Pre – or Co-requisite: (NSG 211 and BIO 225) with a grade of "C" or higher and ENG 102.

Implementation: Fall 2012

Upon completion of this course, the student can:

Course Competencies/Student Outcomes:

- 1. Use Gordon's functional health patterns as a basis for assessment with emphasis on adult patients with activity-exercise dysfunctional health patterns.
- 2. Illustrate safe nursing care while maintaining previously learned skills and acquiring additional essential skills that adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care for a minimum of three patients with activity-exercise dysfunctional health patterns.
- 4. Demonstrate effective communication with patients, families, significant others and members of the health care team.
- 5. Integrate caring behaviors into nursing practice.
- 6. Employ professional behaviors according to the standards of nursing practice in the delivery of patient care.
- 7. Model understanding of the teaching-learning processes.
- 8. Participate in collaboration with the patient, family, significant others and members of the health care team.

Outline:

- I. Managing Care for Patients with Risk for/Actual Dysfunctional Related to Activity-Exercise Health Patterns – Cardiovascular
 - A. Nursing management of hematological dysfunctions
 - B. Nursing management of blood pressure dysfunctions
 - C. Nursing management of coronary artery dysfunctions
 - D. Nursing management of cardiac dysfunctions
 - E. Nursing management of vascular dysfunctions
- II. Managing Care for Patients with Risk for/Actual Dysfunctional Related to Activity-Exercise Health Patterns - Respiratory
 - A. Nursing management of upper respiratory dysfunctions
 - B. Nursing management of lower respiratory dysfunctions
 - C. Nursing management of obstructive pulmonary dysfunctions
 - D. Nursing management of total respiratory dysfunction

- III. Managing Care for Patients with Risk for/Actual Dysfunctional Related to Activity-Exercise Health Patterns - Musculoskeletal
 - A. Nursing management of musculoskeletal dysfunctions
 - B. Nursing management of arthritis and connective tissue dysfunctions

Experiments/Activities:

- 1. *Body Substance Isolation (overriding)
- 2. *Standard precautions (overriding)
- 3. *Tracheostomy Care
- 4. *EKG Strips
- 5. *Suctioning
 - a. Oropharyngeal
 - b. Nasotracheal
 - c. Tracheobronchial
- 6. *Central Lines
 - a. Accessing Central Line
 - b. De-accessing Central Line
 - c. Obtaining Blood Sample
 - d. Medications
- 7. *Blood and Blood Products
- 8. *Management of Care for three clients
- 9. Teaching Learning
 - a. Maintenance of Traction
 - b. Cast Care
 - c. Crutch Walking
 - d. Walkers

Learning Resources:

REQUIRED

Lewis, Dirksen, Heitkemper, Bucher and Camera, Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 8th ed., 2011, Elsevier, St. Louis

Lewis et al, Study Guide, 8th ed. 2011 Elsevier, St. Louis

Karch, Amy, Focus on Nursing Pharmacology, 5th ed., 2011 Lippincott Williams & Wilkins, Philadelphia

^{*}Requires individual faculty check off

RECOMMENDED

- Dudek, Susan, Nutrition Essentials for Nursing Practice, 6th ed., 2010, J.B. Lippincott, Philadelphia, PA.
- Innerarity, Sheri, Fluid & Electrolytes made Incredibly Easy, 5th ed., 2010 Springhouse Corporation, Springhouse, PA.
- Taylor, Carol, Fundamentals of Nursing: The Art and Science of Nursing Care, 7th Edition, 2011, Lippincott, Williams & Wilkins, Philadelphia, PA.
- Fischbach, Frances, Manual of Laboratory and Diagnostic Tests, 5th ed. 2011, Lippincott, Philadelphia, PA.
- Weber, Janet, Nurses' Handbook of Health Assessment, 7th ed., 2010, J.B. Lippincott, Philadelphia, PA.
- Sparks and Taylor, Nursing Diagnosis Reference Manual, 8th ed., 2010, Lippincott, Williams & Wilkins, Philadelphia, PA.Springhouse Corp. Springhouse, PA.
- Porth, C., & Matfin, G., (2009). *Pathophysiology concepts of altered health states*, 8th Ed., Lippincott, William, Wilkins, Philadelphia, PA.

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 211 Maternal Newborn Nursing 3 Credits

Description:

Focuses on the application of the core components of nursing to the care of childbearing families experiencing functional and dysfunctional health patterns.

Components: Lecture: 2 credit hours (30 contact hours). Lab/Clinical: 1 credit hour (45 contact hours).

Pre-requisite: (NSG 210, NSG 212 and NSG 215), with a grade of "C" or higher, ENG 101 and Oral Communications.

Pre- or Co-requisite: NSG 220 with a grade of "C" or higher, ENG 102, and BIO 225.

Implementation: Fall 2012

Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment of childbearing families.
- 2. Illustrate safe nursing care while demonstrating competency with previously learned skills and acquiring additional essential skills that are unique to childbearing families and that adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care for childbearing families.
- 4. Demonstrate effective therapeutic communication techniques to the care of childbearing families.
- 5. Exhibit caring behaviors in the care of childbearing families.
- 6. Employ professional behaviors according to the standards of nursing practice in the care of childbearing families.
- 7. Model the teaching- learning process in the care of childbearing families.
- 8. Participate in a collaborative team approach to provide holistic patient-centered care with an emphasis on childbearing families.

Outline:

- I. Managing Care for Patients for Functional Health related to the Sexuality and Reproduction Pattern
 - A. Introduction to family nursing
 - B. Maternal/newborn care
- II. Managing Care for Patients with Risk for/Actual Dysfunctional Sexuality and Reproduction Patterns
 - A. Nursing management of reproductive dysfunctions
 - B. Nursing management of pregestational dysfunctions
 - C. Nursing management of childbearing dysfunctions
 - D. Nursing management of newborn health dysfunctions

Experiments/Activities:

- *Safety Practices (overriding)
- *Standard Precautions (overriding)
- *Timing Contractions (including electronic fetal monitoring)
- *Fetal Heart Rate (including fetal monitoring)
- *Immediate Care of the Newborn
- *Postpartum Assessment
- *Teaching Learning
- 1. Breastfeeding/Bottlefeeding
- 2. Bathing newborn
- 3. Breathing/Relaxation
- 4. Infant Safety

Learning Resources:

REQUIRED

London, Maternal & Child Nursing Care, 3rd. ed. Pearson

All previous textbooks from your Associate Degree Nursing Program courses.

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

^{*}Requires individual faculty check-off.

NSG 225 Pharmacology II 1 Credit

Description:

Focuses on common drugs, their classification and effects on functional and dysfunctional health patterns (activity-exercise, coping/stress/tolerance, role/relationship, altered self-perception/self-concept, and cognitive perceptual). Emphasizes nursing responsibility, accountability and application of the nursing process regarding drug therapy. (Unsuccessful completion of NSG 225 will require mandatory withdrawal from NSG 230; 201 KAR 20:320).

Components: Lecture: 1 credit hour (15 contact hours).

Pre-requisite: (NSG 220 and NSG 211 and BIO 225) with a grade of "C" or higher and ENG

102.

Co-requisite: NSG 230 or Consent of Instructor.

Pre- or Co-requisites: Heritage/Humanities/Foreign Language and NSG 213.

Implementation: Fall 2012

Course Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Interpret the indications, modes of action and effects of drugs in response to functional and dysfunctional health patterns of activity-exercise, coping/stress/tolerance, role/relationship, altered self-perception/self-concept and cognitive perceptual.
- 2. Formulate a plan utilizing the nursing process as related to drug therapy.
- 3. Categorize drug classifications and common representative drugs with related nursing implications.
- 4. Evaluate legal/ethical parameters of drug therapy as related to nursing practices.
- 5. Examine the influence of cultural and psychosocial factors on patient compliance with drug therapy.

Outline:

- I. Nurse's Role in Drug Therapy
 - A. Nursing process
 - B. Legal/ethical responsibilities
 - C. Cultural, psychosocial and life span factors
- II. Relationship of Pharmacological Agents to Functional and Dysfunctional Health Patterns Across the Life Span
 - A. Drugs affecting the activity/exercise health pattern
 - B. Drugs affecting the coping/stress/tolerance health pattern
 - C. Drugs affecting the role/relationship health pattern
 - D. Drugs affecting the self-perception/self-concept health pattern
 - E. Drugs affecting the cognitive/perceptual health pattern

Learning Resources:

REQUIRED

Karch, Amy, Focus on Nursing Pharmacology, 5th ed., 2011 Lippincott Williams & Wilkins, Philadelphia

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 230 Medical Surgical Nursing III 6 Credits

Description:

Focuses on the application of the core components of nursing to adult patients experiencing dysfunctional health patterns. Emphasizes the care of patients with cognitive/perceptual, altered self perception/self concept, management of patients with dysfunctional health patterns: neurological, eyes/ears, immune/cancer, multiple systems organ failure, and disaster planning. Role transition is addressed and emphasizes leadership, management of care, skill development and professionalism. NSG 230 is the capstone course and must be successfully completed in the final semester of the associate degree nursing program enrollment. (201 KAR 20: 320).

Components: Lecture: 3 credit hours (45 contact hours). Lab/Clinical: 3 credit hours (135 contact hours).

Pre-requisite: (NSG 220 and NSG 211 and BIO 225) with a grade of "C" or higher and ENG 102.

Pre- or Co-requisite: NSG 213, NSG 225, Heritage/Humanities/Foreign Language.

Implementation: Fall 2012

Course Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment in the management of care for a group of patients.
- 2. Demonstrate competency in all essential skills and adhere to critical criteria.
- 3. Apply the nursing process to clinical judgment and the management of care for a group of patients.
- 4. Employ and adapt therapeutic communication techniques with a group of patients, significant others and members of the health care team.
- 5. Synthesize caring behaviors into the management of care for a group of patients.
- 6. Incorporate professional behaviors into nursing practice when making decisions and taking actions that are consistent with the standards of nursing practice, self-development and a commitment to professional nursing.
- 7. Evaluate and modify teaching learning processes to assure achievement of positive patient outcomes.
- 8. Facilitate a collaborative team approach to provide holistic patient-centered care while managing a group of patients.

Outline:

- I. Tools for Managing Care for Multiple Patients with Dysfunctional Health Patterns
 - A. Clinical judgment
 - B. Nursing process
- II. Managing Care for Patients with Risk for/Actual Dysfunctions Related to Altered Self-Perception-Self-Concept Patterns
 - A. Nursing management of altered immune response
 - B. Nursing management of the client with cancer
 - C. Nursing management of clients with multiple organ systems dysfunction

- III. Managing Care for Patients with Risk for/Actual Dysfunction of Cognitive-Perceptual Patterns
 - A. Nursing management of visual dysfunction
 - B. Nursing management of auditory dysfunction
 - C. Nursing management of acute neurologic dysfunction
 - D. Nursing management of chronic neurologic dysfunction
 - E. Nursing management of peripheral nerve and spinal cord dysfunction
- IV. Human Flourishing
 - A. Client advocacy
 - B. Nursing process
 - C. Teaching/learning
 - D. Cultural competency
- V. Nursing Judgment
 - A. Clinical reasoning
 - B. Health care delivery and economics
 - C. Communication
 - D. Essentials of managing care
- VI. Professional Identity
 - A. The Kentucky Nursing Laws
 - B. Professional behaviors (legal/ethical)
 - C. Changing roles: student to graduate
 - D. Informatics
- VII. Spirit of Inquiry
 - A. Nursing research
 - B. Continuous learning
- VIII. Trauma/Emergency/Disaster Planning
 - A. Community
 - B. Facility-based

Experiments/Activities:

- *Neurological Evaluation
- *Management of care for a group of clients

Learning Resources:

REQUIRED

Lewis, S.L., Dirksen, S. R., Heigkeper, M.M., Bucher, L., & Camera, I.M. (2011).

Medical Surgical Nursing Assessment and Management of Clinical Problems (Ed. 8th). Elsevier Inc. St. Louis

^{*}Requires individual faculty check off

RECOMMENDED

- Whitehead, D., Weiss, S., & Tappen, R., (2007), <u>Essentials of Nursing Leadership and Management</u>, (Ed.5^{th)}, F. A. Davis, Philadelphia.
- Karch, Amy M. (2011), <u>Focus on Nursing Pharmacology</u>. (Ed. 5th) Lippincott Williams & Wilkens, Philadelphia.
- Dudek, Susan, (2010), <u>Nutrition Essentials for Nursing Practice</u>, (Ed.6th)
 J.B. Lippincott, Philadelphia.
- Taylor, C., Lillis, C., & LeMone, P., (2011). Fundamentals of nursing: The art and science of nursing care, 7th ed., Lippincott, William, Wilkins, Philadelphia, PA.
- Innerarity, Sheri, (2008), <u>Fluid & Electrolytes Made Incredibly Easy</u>, (Ed.4th) Springhouse Corporation, Springhouse.
- Weber, Janet, (2008) <u>Nurses' Handbook of Health Assessment</u>, (Ed. 6th) J.B. Lippincott, Philadelphia, PA.
- Porth, C., & Matfin, G., (2009). *Pathophysiology concepts of altered health states*, 8th Ed., Lippincott, William, Wilkins, Philadelphia, PA.

Dates of Actions:

Approved: May 2008 **Revised:** October 2011

NSG 213 Pediatric Nursing 3 Credits

Description:

Focuses on the application of the core components of nursing to the care of the child and family experiencing functional and dysfunctional health patterns. (Unsuccessful completion of NSG 213 will require mandatory withdrawal from NSG 230; 201 KAR 20:320)

Components: Lecture: 2 credit hours (30 contact hours). Lab/Clinical: 1 credit hour (45 contact hours).

Pre-requisite: (NSG 220 and NSG 211 and BIO 225) with a grade of "C" or better, ENG 102.

Co-requisite: NSG 230 or Consent of Instructor.

Pre- or Co-requisite: NSG 225 with a grade of "C" or better, and Heritage/Humanities.

Implementation: Fall 2012

Course Competencies/Student Outcomes:

Upon completion of this course, the student can:

- 1. Use Gordon's functional health patterns as a basis for assessment of the child and family.
- 2. Demonstrate safe and competent nursing care using previously learned skills and acquiring additional essential skills that are unique to the child and family and that adhere to critical criteria.
- 3. Formulate a plan, utilizing the nursing process, to apply clinical judgment and the management of care for the child and family.
- 4. Employ and adapt therapeutic communication techniques to the care of the child and family.
- 5. Synthesize caring behaviors into the care of the child and family.
- 6. Incorporate professional behaviors, according to the standards of nursing practice, into the care of the child and family.
- 7. Evaluate and adapt the teaching-learning process in the care of the child and family.
- 8. Facilitate a collaborative team approach to provide holistic patient-centered care with an emphasis on the child and family.

Outline:

- I. Managing Family-Centered Care for Children for Functional Health Perception Health Management Patterns
 - A. Philosophy of pediatric care
 - B. Role of the pediatric nurse
 - C. Growth and development
 - D. Communication and health assessment of the child and family
- II. Managing Family-Centered Care for Children with Risk for/Actual Dysfunctional Health Patterns
 - A. Nutritional-metabolic pattern
 - B. Elimination pattern
 - C. Activity-exercise pattern
 - D. Sleep & rest pattern
 - E. Cognitive/perceptual pattern
 - F. Self-perception-self concept pattern

- G. Role-relationship pattern
- H. Sexuality-reproduction pattern
- I. Coping-stress-tolerance pattern
- J. Value/belief pattern

Experiments/Activities:

- *Safety Practices (overriding)
- *Body Substance Isolation (overriding)
- *Administration of Pediatric Medications
- 1. oral
- 2. topical (eye, ear, inhalation, cutaneous, rectal, vaginal)
- 3. subcutaneous
- 4. intramuscular injection
- 5. intradermal injection
- *Physical Assessment
- *Diversional Activities (Pediatric)

REQUIRED

London, Marcia L., Ladewig, Patricia W. Ball, Jane w., Bindler ,M. Ruth C., &Cowen, Kay J. (2011). Maternal Child Nursing Care (Ed. 3rd) Pearson Inc. New York

Approved: May 2008 **Revised:** October 2011

^{*}Requires individual faculty check off

KENTUCKY TECHNICAL AND COMMUNITY COLLEGE SYSTEM ASSOCIATE DEGREE NURSING ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING ASSISTANT

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. Client instruction must be provided.
- 4. The client must not be placed in physical jeopardy.
- 5. The client must not be placed in emotional jeopardy.
- 6. Pertinent information must be reported and/or documented.

Safety Practices

- 1. Verifies care/order for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and notes overall condition.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Retakes any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student, which jeopardizes the emotional or physical well being of the client will result in an unsatisfactory grade for the skill.

Standard Precautions (Body Substance Isolation)

Handwashing

- 1. Removes all jewelry with the exception of a plain band.
- 2. Uses soap and running water to cleanse wrists and hands.
- 3. Keeps hands level with or lower than elbow.
- 4. Washes all areas of wrists, hands, fingers and nails using interlacing and circular motions.
- 5. Cleans fingernails.
- 6. Washes hands for a minimum of 15 seconds.
- 7. Dries hands from fingers to wrist and discards paper towels.
- 8. Uses dry paper towel to turn off manually controlled faucet and discard.

Vital signs - Temperature

Electronic Thermometer

- 1. Selects appropriate thermometer.
- 2. Inserts probe into a plastic disposable cover.

Orally

- a. Waits 20 minutes since documented time client last ingested hot or cold food or fluid, or smoked.
- b. Places covered probe in posterior sublingual pocket.

Axillary

- a. Pats axilla dry.
- b. Places covered probe in axilla.
- c. Positions arm.

Rectally

- a. Positions client.
- b. Inserts lubricated covered probe into rectum 0.5 inch for infants, 1.0 inch for children, 1.5 inches for adult (unless manufacturer specifies otherwise).

Tympanic

- a. Places probe in external ear canal at angle toward tympanic membrane.
- b. Depresses scan button.
- 3. Leaves in place until signal indicates a final reading.
- 4. Discards probe cover in designated receptacle.
- 5. Documents.
- 6. Returns thermometer to appropriate place.

Vital signs - Pulse

1. Places client at rest.

Peripheral

- a. Locates radial artery.
- b. Uses fingers to palpate pulsation.

Apical

- a. Places stethoscope over apex of heart.
- 2. Counts regular pulse for 30 seconds and multiplies by two, counts irregular pulse for 60 seconds within 4 beats of accuracy.
- 3. Documents rate and rhythm.

Vital Signs - Respiration

- 1. Places client at rest.
- 2. Counts regular respirations for 30 seconds and multiplies by two, counts irregular respirations for 60 seconds within 2 breaths of accuracy.
- 3. Documents rate and regularity.

Vital Signs – Blood Pressure

- 1. Places client at rest.
- 2. Selects appropriate cuff size.
- 3. Positions equipment and self properly (i.e. to read at eye level).
- 4. Maintains pulse site at heart level.
- 5. Applies cuff smoothly and securely.
- 6. Locates pulsation of artery and places bell/diaphragm of stethoscope on the pulse.
- 7. Raises the gauge reading of the manometer 20-30 mm Hg above the anticipated systolic pressure
- 8. Decreases cuff pressure gradually and smoothly, noting on the manometer the point at which the first sound is heard.
- 9. Notes on the manometer when the last distinct sound is heard.
- 10. If recheck is necessary, waits 30-60 seconds.
- 11. Reads and documents systolic and diastolic readings within 4 mm Hg of accuracy.
- 12. Repositions and retakes according to client needs.

Weight/Height

Weight

- 1. Chooses appropriate scale.
 - a. Platform scale with balance beam
 - b. Electronic scale
 - c. Bed scale
 - d. Small platform scale
 - 1) Covers scale (protective barrier when appropriate).
 - 2) Balances scale.
 - 3) Positions individual in center of scale.
 - 4) Protects individual.
 - a) Adult/Child assures stable posture.
 - b) Infant holds hand immediately over, but not touching.
- 2. Documents weight within one (1) pound of accuracy.
- 3. Disinfects scale after use when appropriate.

Height

- 1. Standing
 - a. Has client remove shoes and stand straight.
 - b. Has client face away from scale.
 - c. Places measuring device on crown of head.
 - d. Documents height within one (1) inch of accuracy.
- 2. Lying Down
 - a. Places client in dorsal recumbent position with crown of head touching head of bed or flat surface.
 - b. Extends legs parallel to bed.
 - c. Measures distance from crown to heel.
 - d. Documents height within one (1) inch of accuracy

Bedmaking

- 1. Carries linen away from uniform.
- 2. Keeps linen off floor.
- 3. Does not shake linen.
- 4. Confines dirty linen in suitable container.

Unoccupied

Places and secures bottom sheet on mattress, tucking to prevent wrinkles; if using a flat sheet, tucks under head of mattress and miters corners.

Occupied

- a. Utilizes side rails to position client.
- b. Assists client into lateral position.
- c. Rolls dirty linen with contaminated side in underneath client.
- d. Places clean, wrinkle free linen on bed and tucks underneath client.
- e. Rolls client onto clean linen.
- 5. Makes certain any protective or turning linens are free of wrinkles.
- 6. Places top linen on bed, tucks under foot of mattress and miters corners.
- 7. Inserts pillow in case and places on bed.

Hygienic Care

Bath

- 1. Removes top bed linen and gown while keeping client covered.
- 2. Bathes in appropriate sequence.
- 3. Protects client from chilling.
- 4. Conserves energy of client.
- 5. Changes water as necessary.
- 6. Assists with or provides care of nails and hair.

Perineal

1. Female

- a. Cleanses perineal area with soap and water. Rinses and dries.
- b. Separates labia, cleanses.
- c. Cleanses from anterior to posterior, and rinses cloth between each stroke, rinses and dries.
 - d. Turns client on side and cleanses rectal area with soap and water. Rinses and dries.

2. Male

- a. Cleanses penis (gently retracts foreskin of uncircumcised male, replaces after cleansing), scrotum and perineum with soap and water. Rinses and dries.
- b. Turns client on side and cleanses rectal area with soap and water. Rinses and dries.

Oral

- 1. Provides for cleansing of teeth/dentures, gums, and mucous membranes.
- 2. Uses appropriate method (brushing, swabbing, flossing).

Back Massage

- 1. Places client in appropriate position, prone if possible.
- 2. Exposes back.
- 3. Lubricates hands.
- 4. Stimulates circulation, using long, slow, rhythmic strokes, beginning at sacrum.
- 5. Removes excessive lubricant.

Application of Soft Restraints

- 1. Verifies order for restraints.
- 2. Consults facility policies.
- 3. Selects appropriate restraint (jacket/vest and extremity restraints)
- 4. Positions client.
- 5. Applies restraints and pads as needed.
- 6. Secures safely.
- 7. Assesses for impaired circulation/respiration every 30 minutes to an hour.
- 8. Releases restraint(s) every 2-4 hours.
- 9. Documents reasons for restraint, type, location and client response.

Measuring Intake and Output

- 1. Assembles appropriate measuring container(s).
- 2. Measures amount of fluid intake in appropriate unit of measurement.
- 3. Measures amount of fluid output in appropriate unit of measurement.
- 4. Documents data.

Assisting/Feeding Clients

- 1. Prepares client and environment.
- 2. Verifies food on tray with prescribed diet.
- 3. Assists client as necessary.
- 4. Documents intake.

Mobility

Positioning Client

- 1. Demonstrates principles of body mechanics.
- 2. Handles extremities at joints, using palm of hand rather than fingers.
- 3. Places individual in functional anatomical body alignment (Fowler's, Lateral, Sims and Prone positions).
- 4. Uses supportive devices as necessary.

Range of Motion

- 1. Supports dependent joints.
- 2. Moves body parts smoothly, slowly and rhythmically.
- 3. Stops at point of pain, resistance or fatigue.
- 4. Identifies and demonstrates exercises appropriate for specific body joints (flexion, extension, hyperextension, abduction, adduction, circumduction, opposition, internal and external rotation).

Assisting Client In and Out of Bed

- 1. Stabilizes bed in lowest position and obtains foot stool, if necessary.
- 2. Elevates head of bed.
- 3. Assists client to sit on side of bed.
- 4. Checks pulse, respiration, and appearance of client.
- 5. Assists client with robe and slippers/shoes.
- 6. Assists client to standing position.
- 7. Provides support.
- 8. Assists client to sitting position on side of bed, and removes robe and slippers / shoes.
- 9. Assists client to reclining position.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 101 – NURSING PRACTICE I

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

*Safety Practices

- 1. Verifies care/order for client.
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- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall condition.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well-being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

Protective Barriers:

Gloves

- Dons gloves so that wrists or cuffs of gown are covered.
- Removes gloves following client care by touching only outside surface of first glove.
- Gathers contaminated glove in other hand.
- Utilizing skin-to-skin contact, removes second glove and disposes of both gloves in designated receptacle.
- Washes hands.

Gowns

- Covers clothing with clean gown and secures.
- Removes gloves following client care.
- Removes gown without contaminating hands or clothing.
- Turns gown inside out and places in designated receptacle.

Masks

- Dons masks covering nose and mouth.
- Removes mask by undoing fastener(s).
- Disposes of mask without contaminating hands or clothing.

Eye Protective Devices

- Dons protective device to cover eyes and surrounding area.
- Removes without contaminating hands or clothing.
- Places in designated receptacle.

*Physical Assessment

- Collects data in a systematic manner utilizing inspection, auscultation, palpation, percussion.
- Documents data utilizing assessment form.
- 1. General Survey
 - Mental Status
 - Appearance (including hygiene)
 - Communication
 - Developmental Stage
- 2. Skin (Inspection, Palpation)
 - Turgor
 - Color
 - Temperature
 - Moisture
 - Integrity
 - Nails
 - Hair (Body)
 - Edema

- 3. Head (Inspection, Palpation)
 - Hair
 - Scalp
 - Shape
 - Symmetry
 - Control
 - Features (Abnormal)
 - Size
- 4. Ears (Inspection, Palpation)
 - External
 - Hearing (in response to speech)

NOTE: Demonstration of otoscope and tuning fork will be provided in campus laboratory.

- 5. Eye (Inspection)
 - Sclera
 - Conjunctiva
 - Cornea
 - Pupils
 - Vision
- 6. Nose (Inspection)
 - Mucosa
 - Patency of Nares
- 7. Mouth and Pharynx (Inspection)
 - Teeth
 - Oral Mucosa
 - Gums
 - Breath Odor
 - Tongue
 - Palate
 - Tonsils
- 8. Neck (Inspection, Palpation)
 - Appearance
 - Lymph nodes
 - Movement
- 9. Thorax and Lungs Anterior and Posterior (Inspection, Palpation, Percussion, Auscultation).
 - Shape
 - Symmetry
 - Breath Sounds
- 10. Breasts and Axillae (Inspection, Palpation)
 - Symmetry
 - Condition of Nipples
 - Masses
- 11. Heart and Peripheral Vascular (Inspection, Palpation, Auscultation)
 - Cardiac Landmarks (Aortic, Pulmonic, Tricuspid, Apical/Mitral Areas)
 - Rate
 - Rhythm
 - Quality
 - Heart Sounds (S1 and S2)

- Locates peripheral pulses by palpation or doppler as indicated: carotid, temporal, brachial, femoral, popliteal, dorsalis pedis, or posterial tibial
- 12. Abdomen (Inspection, Auscultation, Percussion, Palpation)
 - Contour
 - Bowel sounds
 - Auscultation for bruit
 - Response to Palpation
- 13. Musculoskeletal (Inspection, Palpation)
 - Symmetry
 - Posture
 - Gait
 - Joints
 - Strength
- 14. Neurological Evaluation (Inspection, Palpation)
 - Assesses:
 - Eye opening
 - Motor response
 - Verbal response
 - Evaluates facial symmetry, gag reflex
 - Evaluates pupils for size, equality and reaction to light.
 - Assesses vital signs.
 - Determines sensory response to tactile stimuli.
 - Assesses deep tendon reflexes.
- 15. Genitourinary and Anus (Inspection)
 - External Genitalia
 - Scrotal Size/Symmetry/Masses
 - Urethral Meatus
 - Appearance and Patency of Anus
 - Appearance of stool and urine.

*Administration of Medications

- 1. Verifies healthcare provider's written order for medication.
- 2. Prepares medication based on six rights:
 - Right drug.
 - Right dose.
 - Right time.
 - Right route.
 - Right client.
 - Right documentation.
- 3. Provides adjunctive assessment and interventions as indicated.
- 4. Administers medication according to six rights.
- 5. Documents time, medication, dose and route.
- 6. Evaluates effectiveness of drug.

Oral

- Remains with client until medication is taken.

Topical

- Prepares area for medication.
- Applies with applicator or with gloved finger as indicated.
- Covers with dressing as indicated.

- Maintains anatomical position to allow absorption or distribution.

Injections

- 1. Uses sterile technique.
- 2. Positions or restrains as indicated.
- 3. Using anatomical landmarks, locates and names acceptable sites for injection.

Intramuscular

- Ventrogluteal.
- Vastus lateralis.
- Deltoid.

Subcutaneous

- Outer aspect of upper arm.
- Anterior thigh.
- Lower abdomen.

Intradermal

- Inner forearm.
- 4. Selects and cleanses site for injection.
- 5. Maintains skin contact with selected site with non-dominant hand.
- 6. Inserts needle with bevel up at:
 - 90 degree angle for intramuscular.
 - 45 to 90 degree angle as indicated for subcutaneous.
 - 15 degree angle for intradermal.
- 7. Stabilizes syringe.
- 8. Aspirates if indicated.
- 9. Injects medication slowly and at an even rate of speed.
- 10. Withdraws needle quickly.
- 11. Applies pressure to injection site as indicated.

*Teaching – Learning

- 1. Assesses client's knowledge of subject and readiness to learn.
- 2. Reviews goals of session with client.
- 3. Assembles materials and prepares the environment.
- 4. Implements teaching plan, using appropriate content.
- 5. Obtains evaluative feedback from client.
- 6. Summarizes content taught.
- 7. Evaluates effectiveness of session and documents.

Breast Self-Examination

- 1. Explains best time to perform breast self-exam.
- 2. Demonstrates visual inspection of breast before mirror.
- 3. Demonstrates breast examination
 - a. Standing
 - b. Lying down
 - c. Checking nipples
 - d. Circular or vertical method
- 4. Gives instructions to client with abnormal findings.

Testicular Examination

- 1. States time for examination.
- 2. Demonstrates palpation technique.
- 3. Identifies testes and epididymis.
- 4. Gives instructions for anyone with abnormal findings.

Perioperative Concepts

- 1. Documents client's understanding of surgical procedure and expected outcome.
- 2. Explains legal forms and procedures to be completed prior to surgery.
- 3. States reasons for and demonstrates to client how to move, perform leg exercises, and coughing/deep breathing exercises.
- 4. Clarifies clients' concerns related to postoperative pain and its control.
- 5. Explains and completes preoperative assessment.
- 6. Explains and conducts postoperative assessment.
- 7. Evaluates achievement of identified outcomes.

*Surgical Asepsis

- 1. Prevents anything that is not sterile from coming in contact with that which is sterile.
- 2. Prepares a sterile field maintaining visual contact at all times.
- 3. Avoids reaching across the sterile field with unsterile objects.
- 4. Dons sterile gloves avoiding contamination.

Dressings

- 1. Uses clean gloves to remove and discard soiled dressing.
- 2. Assesses wound and/or dressing for appearance, drains, and drainage.
- 3. Uses sterile technique, cleanses wound from area of least to most contamination, using one swab for each stroke.
- 4. Applies and secures dry sterile dressing.

Catheterization

- 1. Cleanses perineal area.
- 2. Positions and drapes for exposure.
- 3. Opens catheter kit and applies sterile drape if appropriate.
- 4. Organizes supplies using sterile technique.
- 5. Cleanses urinary meatus:
 - a. Female
 - Maintains exposure
 - Uses anterior/posterior strokes
 - Uses each swab once

b. Male

- Exposes meatus and straightens urethra
- Cleanses using circular motion from meatus downward
- Uses each swab once, repeats as needed
- 6. Uses the uncontaminated hand, inserts lubricated catheter into the urethra and obtains urine. Replaces foreskin over glans for the male client.
- 7. Inflates balloon completely if using Foley catheter.

Heat Application

- 1. Gathers specific equipment for type of dry/moist heat application as ordered.
- 2. Selects proper temperature (100-115 F) or uses appropriate distance above area exposed (18-24 inches).
- 3. Provides protective covering when applicable.
- 4. Applies to specific area and checks frequently.

NOTE: If using commercial devices, follows the manufacturer's instructions for use.

Cold Application

- 1. Fills container 1/2 to 2/3 capacity with chipped or cracked ice.
- 2. Expels air and closes securely.
- 3. Dries bag and tests for leakage.
- 4. Provides protective covering.
- 5. Applies to specified area and checks frequently.

NOTE: If using commercial devices, follows the manufacturer's instruction for use.

*I.V. Maintenance

- 1. Assessment
 - 1. Verifies order for I.V. fluids and rate.
 - 2. Assesses site for patency and complications reporting abnormalities.
 - 3. Documents findings.

2. Termination

- 1. Stops flow.
- 2. Removes intravenous device.
- 3. Assesses site. Inspects and assures device is intact.
- 4. Applies pressure and applicable dressing.

Oxygen Administration

- 1. Removes articles which can produce a spark or open flame.
- 2. Places caution signs in view.
- 3. Provides for humidification of oxygen (if indicated).
- 4. Sets, adjusts and maintains oxygen flow at designated rate.
- 5. Secures and maintains integrity of devices used for flow of oxygen.

Glucose Monitoring

- 1. Assembles equipment and supplies.
- 2. Calibrates equipment if appropriate.
- 3. Selects and prepares puncture site.
- 4. Obtains blood specimen on reagent strip.
- 5. Times according to manufacturer's instructions.
- 6. Measures and documents blood glucose.

Enemas

- 1. Verifies order for enema.
- 2. Selects appropriate equipment for client.
- 3. Prepares correct amount of solution assuring correct temperature.
- 4. Drapes and positions client.

- 5. Expels air from tubing.
- 6. Lubricates tip.
- 7. Inserts colon tube appropriate distance into rectum:
 - a. Infant 1-1.5 inches (2.5-3.75 cm)
 - b. Child 2-3 inches (5-5.75 cm)
 - c. Adult 3-4 inches (7-10 cm)
- 8. Holds container no higher than 12-18 inches (30-45 cm) above anus and releases clamp.
- 9. Observes client during procedure.
- 10. Assists client to toilet or places on bedpan.
- 11. Documents type of enema, amount, return, and client response.

NOTE: If using commercially prepared enema, follows manufacturer's instructions for use.

*Management of Care

- 1. Provides care for one client experiencing dysfunctional health patterns.
- 2. Documents assessment of individual needs and establishes nursing care priorities based on individual needs.
- 3. Constructs a plan to implement nursing care to meet individual needs of the assigned client.
- 4. Communicates appropriately with team members in clinical setting.
- 5. Evaluates effectiveness of nursing care of assigned client.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 210 – MEDICAL SURGICAL NURSING I

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

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- 1. Verifies care/order for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall condition.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

*Intravenous Therapy - IV (Fluids and Medications)

Initiation and Maintenance

- 1. Correctly assembles intravenous system.
- 2. Expels air from tubing.
- 3. Applies tourniquet when appropriate.
- 4. Selects appropriate vein.
- 5. Releases tourniquet.
- 6. Prepares site.
- 7. Reapplies tourniquet when appropriate and distends vein.
- 8. Inserts needle/catheter in vein.
- 9. Releases tourniquet.
- 10. Connects tubing to intravenous device, while stabilizing catheter.
- 11. Initiates IV flow to maintain patency of line.
- 12. Secures intravenous device to skin.
- 13. Applies sterile dressing.
- 14. Regulates and maintains intravenous flow at prescribed rate.
- 15. Monitors.

Central Line Dressing

- 1. Wears mask and instructs client on head position (or places a mask on the client).
- 2. Uses clean gloves to remove the soiled dressing toward catheter insertion.
- 3. Discards soiled dressing.
- 4. Assesses site and/or dressing for appearance and drainage.
- 5. Cleans site in circular motion from catheter site to outer areas.
- 6. Applies and secures air occlusive sterile dressing.

Intravenous Medication

- 1. Prepares medication based on six rights.
- 2. Verifies pharmacological compatibility.
- 3. Assesses site; Verifies patency and placement of intravenous device.
- 4. Administers intravenous medication at appropriate rate.
 - a. I.V. Piggyback/Additives
 - b. I.V. Push Medications.
- 5. Provides adjunctive assessment and interventions as indicated.
- 6. Maintains patency of intravenous device.
- 7. Documents medications given.

Infusion Devices

- 1. Set up infusion.
- 2. Inserts IV tubing into infusion device.
- 3. Sets required rate.
- 4. Initiates infusion.
- 5. Monitors infusion hourly as needed.

*Gastrointestinal Intubation

- 1. Positions client appropriately.
- 2. Measures tube for placement in stomach.
- 3. Inserts lubricated tube into oral or nasal orifice.
- 4. Advances tube to pre-determine distance and stabilizes.
- 5. Verifies placement of tube in stomach.
- 6. Secures tube.

Gavage

- 1. Positions client appropriately.
- 2. Verifies placement of tube.
- 3. Assesses gastric residual.
- 4. Instills prescribed feeding and flushes with water.
- 5. Clamps tube appropriately.

Lavage

- 1. Positions client appropriately.
- 2. Verifies placement of tube.
- 3. Instills solution.
- 4. Aspirates fluid.
- 5. Measures and assesses return.

*Suctioning (Nasogastric)

- 1. Connects tubing to appropriate suctioning device.
- 2. Selects correct vacuum setting.
- 3. Measures and assesses return.

*Management of Care

- 1. Applies the nursing process to clinical decision-making and the management of care for a minimum of two clients.
- 2. Documents assessment of individual needs and establishes nursing care priorities based on the individual needs of a minimum of two clients.
- 3. Constructs a plan and implements nursing care to meet individual needs of the assigned clients.
- 4. Communicates appropriately with team members in the clinical setting.
- 5. Evaluates effectiveness of nursing care of assigned clients.

*Teaching - Learning

- 1. Clarifies desired outcome.
- 2. Assesses level of understanding.
- 3. Utilizes accurate, current content.
- 4. Utilizes varied teaching methods.
- 5. Allows for feedback.
- 6. Provides positive reinforcement.
- 7. Evaluates the effectiveness of the session.

Chronic Disease Self Care

- 1. Recognizes strengths and weaknesses.
- 2. Encourages verbalization of anxiety and concerns.
- 3. Identifies support systems.
- 4. Identifies community resources.
- 5. Verbalizes importance of adherence to medical regime.

Ostomy Care

- 1. Demonstrates proper appliance, maintenance, and removal.
- 2. Maintains skin and stoma integrity.
- 3. Demonstrates proper irrigation technique when applicable.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 211 – MATERNAL NEWBORN NURSING

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be
- 2. maintained.
- 3. Correct supplies/equipment must be assembled and organized.
- 4. The nursing process must be used.
- 5. Client instruction must be provided.
- 6. The client must not be placed in physical jeopardy.
- 7. The client must not be placed in emotional jeopardy.
- 8. Pertinent information must be reported and/or documented.

*Safety Practices

- 1. Verifies care/orders for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall condition.
- 5. Explains procedures to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skill. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

*Timing Contractions (Including Electronic Fetal Monitoring)

Palpation Method

- 1. Assesses by Palpation
 - a. Frequency time from beginning of one to the beginning of next.
 - b. Duration beginning of increment to completion of decrement.
 - c. Intensity mild, moderate to strong during acme.
- 2. Documents frequency, duration and intensity.

Electronic Monitoring (if available)

- 1. Places tocodynamometer snugly on fundus (apex) of uterus and attach lead to monitor.
- 2. Assesses frequency and duration on printout.

*Fetal Heart Rate (Including fetal monitoring)

- 1. Positions client.
- 2. Locates fetal heart tone at point of maximum intensity (PMI).

Auscultory assessment using Doppler (if available)

- Places lubricated doppler at PMI.
- Counts for 60 seconds, (within -2 or +2 of accuracy).
- Assesses rhythm for increase or decrease following contractions and documents.

Electronic Monitoring (FHR)

- Attaches transducer leads to monitor.
- Places lubricated transducer at PMI.
- Read rate indicated on printout.
- Identifies accelerations and decelerations in FHR
- Documents position changes and removal of transducer.

*Immediate Care of the Newborn

- 1. Prevents Hypoxia
 - -positions to facilitate drainage
 - -uses bulb syringe
 - -stimulates crying
- 2. Prevents cold stress
 - dries infant
 - -wraps and/or uses warmer
- 3. Assesses Apgar Score
 - heart rate
 - respiratory effort
 - -muscle tone
 - -reflex irritability
 - -color
- 4. Assesses cord
 - -checks bleeding
 - number of vessels
- 5. Identifies mother and baby with bracelet and required prints before maternal separation
- 6. Provides eye prophylaxis
 - -cleanses the eyelid
 - instills medication in lower conjunctival sac of each eye
- 7. Administers appropriate medication, if applicable.

*Post Partum Assessment

- 1. Documents assessment of Bubble-he appropriately.
 - a. Breast
 - Lactating
 - Wearing breast support
 - Condition of nipples
 - Engorgement
 - Non-lactating
 - Avoids stimulation of breasts
 - Discomfort level
 - Wearing breast support

b. Uterus

- Empties bladder
- Supine position
- Immobilizes uterus
- Palpates fundus
- Ascertains height, position and tone of fundus
- Assesses and massages uterus, if boggy
- Assesses for presence of pain

c. Perineum

- Removes perineal pad from anterior to posterior
- Assesses lochia amount, color, odor, consistency, and correlate to status of uterus
- Instructs to cleanse perineal area with peri-bottle.

- Assesses appearance of perineum/anus (episiotomy, edema, discoloration, hemorrhoids)
- Applies clean perineal pad from anterior to posterior
- Assesses for presence of pain.

d. Lower extremities

- Assesses for signs and symptoms of thrombus.
- Edema

*Teaching – Learning

- 1. Clarifies desired outcome.
- 2. Assesses level of understanding.
- 3. Utilizes accurate, current content.
- 4. Utilizes varied teaching methods.
- 5. Allows for feedback.
- 6. Provides positive reinforcement.
- 7. Evaluates the effectiveness of the session.

Breathing/Relaxation

1. Utilizes various breathing/relaxation techniques appropriately for stage of labor

Infant Feeding

- a. Breast
 - 1. Performs hygienic care of breasts and hands.
 - 2. Milk expression.
 - 3. Positions self for comfort and accessibility of nipple/areola.
 - 4. Positions infant to prevent obstruction of nose.
 - 5. Ascertains suckling process.
 - 6. Breaks suction prior to removing infant from breast.
 - 7. Burps infant as indicated.
 - 8. Positions infant after feeding to prevent aspiration.

b. Bottle

- 1. Obtains specified feeding as ordered.
- 2. Holds infant with head higher than stomach.
- 3. Holds bottle so that nipple remains full and on top of tongue.
- 4. Ascertains suckling process.
- 5. Burps infant after 1/2 1 ounce taken, at the end of feeding, and/ or as necessary.
- 6. Positions infant after feeding to prevent aspiration.

Bathing Newborn

- 1. Maintains warmth.
- 2. Cleanses eyes from inner canthus outward with warm water using a clean part of the cloth for each stroke.
- 3. Washes with warm water and dries newborn paying special attention to head and body creases.
- 4. Cleanses genitalia.
- 5. Assesses cord for bleeding, foul smelling drainage and normal atrophy.
- 6. Keeps cord clean and dry.
- 7. Dresses infant to maintain warmth.

Client Infant Safety

- 1. Assesses family functioning in relation to child safety in context of family environment.
- 2. Assesses family knowledge
- 3. Assesses environment which child spends most of its time for safety hazards.
- 4. Provides anticipatory guidance and teaches to promote safety and health.
- 5. Refers report to appropriate agency if necessary.
- 6. Addresses car seat safety.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 212 – BEHAVIORAL HEALTH NURSING

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

*Safety Practices

- 1. Verifies care/orders for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall conditions.
- 5. Explains procedures to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skill. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well-being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

*Therapeutic Communication

- 1. Identifies dynamics of coping behavior/defense mechanisms in clients and self.
- 2. Identifies manifestations of behavioral deviations.
- 3. Identifies therapeutic interventions.
- 4. Utilizes interpersonal communication techniques in individual and/or group settings.
- 5. Evaluates effectiveness of one's own communication with clients, colleagues and others.

ESSENTIAL SKILLS - CRITICAL CRITERIA <u>NURSING 213 – PEDIATRIC NURSING</u>

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

Safety Practices

- 1. Verifies care/orders for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall conditions.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substances isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

*Physical Assessment

- Collects data in a systematic manner utilizing inspection, auscultation, palpation, percussion.
- Documents data utilizing assessment form.

1. General Survey

- General appearance
- State of wellness
- Communication Age appropriate
- Behavior Age appropriate
- Developmental Stage

2. Skin (Inspection, Palpation)

- Color
- Texture & Turgor
- Edema
- Birth Marks
- Pigmentations (Jaundice, Pigmented Nevi, Mongolian spots)
- Infectious lesions
- Infestations
- Trauma
- Temperature
- Moisture
- Integrity
- Nails
- Hair distribution

3. Head (Inspection, Palpation)

- Hair
- Scalp
- Shape
- Symmetry
- Head circumference (<2yrs old)
- Anterior-Posterior Fontanels (age appropriate)
- Control- Age appropriate
- Features (Abnormal)

4. Ears (Inspection, Palpation)

- External
- Position (in relation to outer canthus of the eye)
- Hearing (in response to speech)
- Startle Reflex (age appropriate)
- 5. Eye (Inspection)
 - Placement and symmetry
 - Eyelids
 - Conjunctive
 - Sclera
 - Pupils & Iris
 - Vision (age appropriate)
- 6. Nose (Inspection)

- Patency of nares
- Septum (deviation)
- Structure variations
- 7. Mouth and Pharynx (Inspection)
 - Oral Mucosa
 - Gums
 - Teeth
 - Tongue
 - Palate
 - Tonsils
- 8. Neck (Inspection, Palpation)
 - Appearance
 - Control (age appropriate)
 - Clavicle (age appropriate)
 - Lymph nodes
 - Movement
- 9. Thorax and Lungs Anterior and Posterior (Inspection, Palpation, Percussion, Auscultation).
 - Shape (Pectus carinatum, Pectus excavatum)
 - Symmetry
 - Posture
 - Breath Sounds
- 10. Breasts and Axillae (Inspection, Palpation)
 - Symmetry
 - Nipples Tanner Stages
 - Masses
- 11. Heart and Peripheral Vascular (Inspection, Palpation, Auscultation)
 - Cardiac Landmarks (Aortic, Pulmonic, Tricuspid, Apical/Mitral Areas)
 - Rate
 - Rhythm
 - Murmurs
- 12. Abdomen (Inspection, Auscultation, Percussion, Palpation)
 - Contour
 - Peristalsis
 - Skin: color, veins
 - Umbilicus
 - Tenderness
 - Rigidity
 - Hernias (umbilical)
 - Masses
 - Liver
 - Spleen
 - Kidneys
 - Bladder
 - Response to Palpation
- 13. Musculoskeletal (Inspection, Palpation)
 - Alignment
 - Strength/Weakness
 - Symmetry

- Posture
- Spinal Symmetry
- Hip abduction & symmetry (age appropriate)
- Gait
- Joints ROM
- 14. Neurological Evaluation (Inspection, Palpation)
 - Mental Status
 - Appearance
 - Behavior
 - Cooperation
 - LOC
 - Language
 - Emotional Status
 - Social Response
 - Attention Span
 - Motor response
 - Verbal response
 - Reflexes (age appropriate: blink, root, suck, extrusion, moro, palmer, babinski)
 - Evaluates pupils for size, equality and reaction to light.
 - Determines sensory response to tactile stimuli.
- 15. Genitourinary and Anus (Inspection)
 - External Genitalia
 - Symmetry/Masses
 - Urethral Meatus
 - Appearance & Patency of Anus
 - Appearance of stool & urine

*Administration of Pediatric Medications

- 1. Verifies order for medication.
- 2. Prepares medication based on six rights:
 - a. Right drug.
 - b. Right dose.
 - c. Right time.
 - d. Right route.
 - e. Right client.
 - f. Right documentation.
- 3. Provides adjunctive assessment and interventions as indicated.
- 4. Administers medication according to six rights and the developmental level of the child.
- 5. Documents time, medication, dose and route.
- 6. Evaluates effectiveness of drug.

Oral

- Remains with client until medication is taken.

Topical

- Prepares area for medication.
- Applies with applicator or with gloved finger as indicated.
- Covers with dressing as indicated.
- Maintains anatomical position to allow absorption or distribution.

Injections

1. Uses sterile technique.

- 2. Positions or restrains as indicated.
- 3. Using anatomical landmarks, locates and names acceptable sites for injection.

Intramuscular

- a. Vastus lateralis.
- b. Rectus femoris

Subcutaneous

- a. Outer aspect of upper arm.
- b. Anterior thigh.
- c. Lower abdomen.

Intradermal

- a. Inner forearm.
- 4. Selects and cleanses site for injection.
- 5. Maintains skin contact with selected site with non-dominant hand.
- 6. Insert needle with bevel up at:
 - a. 90 degree angle for intramuscular.
 - b. 45 to 90 degree angle as indicated for subcutaneous.
 - c. 15 degree angle for intradermal.
- 7. Stabilizes syringe.
- 8. Aspirates if indicated.
- 9. Injects medication slowly and at an even rate of speed.
- 10. Withdraws needle quickly.
- 11. Applies pressure to injection site as indicated.

Intravenous Medication

- 1. Prepares medication based on six rights.
- 2. Verifies pharmacological compatibility.
- 3. Verifies patency and placement of intravenous device
- 4. Administers intravenous medication at appropriate rate.
 - a. I.V. Piggyback/Additives.
 - b. I.V. Push Medications.
- 5. Provides adjunctive assessment and interventions as indicated.
- 6. Maintains patency of intravenous device.

Infusion Devices

- 1. Set up infusion.
- 2. Inserts IV tubing into infusion device.
- 3. Sets required rate.
- 4. Initiates infusion.
- 5. Monitors infusion hourly as needed.

*Diversional Activities for Hospitalized Children

- 1. Preparation and/or instruction as appropriate for developmental age.
- 2. Therapeutic play activities for developmental age.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 220 – MEDICAL SURGICAL NURSING II

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

Safety Practices

- 1. Verifies care/orders for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall conditions.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substances isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well-being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

*Management of Care

- 1. Applies the nursing process to clinical decision making and the management of care for a minimum of three clients with multiple, complex, dysfunctional health problems.
- 2. Documents assessment of individual needs and establishes nursing care priorities based on the individual needs of a minimum of three clients.
- 3. Constructs a plan and implements nursing care to meet individual needs of the assigned clients.
- 4. Communicates appropriately with team members in the clinical setting.
- 5. Evaluates quality and effectiveness of nursing care of assigned clients.

Teaching - Learning

All areas of content include:

- 1. Clarifies desired outcome with client/family.
- 2. Assesses client's/family's level of understanding.
- 3. Utilizes correct content.
- 4. Demonstrates and/or explains techniques to client.
- 5. Allows for client/family feedback (returns demonstration).
- 6. Provides positive re-enforcement.
- 7. Evaluates effectiveness of session.

Maintenance of Traction

- 1. Assesses neurovascular status of affected limbs.
- 2. Identifies skin irritation and breakdown.
- 3. Maintains client in appropriate traction position.
- 4. Ensures maintenance of effective traction.

Cast Care

- 1. Assesses neurovascular status of affected extremity daily.
- 2. Evaluates casted extremity for underlying skin problems daily.
- 3. Maintains integrity of cast.
- 4. Identifies self-care, comfort and safety measures.

Crutch/Walker Ambulation

- 1. Utilizes proper equipment for ambulation.
- 2. Demonstrates proper stance for crutch/walker foot sequence.
- 3. Practices safe crutch/walker maneuvering techniques.
- 4. Identifies comfort and safety measures.

*Blood and Blood Products Administration

- 1. Verifies healthcare provider's order.
- 2. Obtains patient consent according to policy.
- 3. Assembles blood administration set and primes with normal saline.
- 4. Starts IV with large gauge access device.
- 5. Obtains baseline vital signs.
- 6. Confirms blood's label, compatibility tag, and client's lab results with RN according to policy.
- 7. Gently agitates unit of blood. Inspect for abnormalities.
- 8. Initiates infusion (slowly per policy).
- 9. Remains with the client for the first 15 minutes and observes for reaction.
- 10. Increases flow rate to deliver blood in less than 4 hours.
- 11. Routinely checks vital signs according to facility policy.

NOTE: Follows the manufacturer's instructions for use.

*Central Lines

Administration of Medication via C.V.C.

- 1.Flushes lumen.
- 2. Administers medication at prescribed rate.
- 3. Flushes lumen.
- 4. Administers correct dose/strength of heparin if C.V.C. is to be heparin locked.
- 5. Resumes the infusion if continuous I.V.F. is ordered.

Obtaining Serum via C.V.C.

- 1. Verifies the amount of the specimen.
- 2. Flushes lumen.
- 3. Withdraws serum waste.
- 4. Withdraws serum specimen.
- 5. Flushes lumen.
- 6. Administers correct dose/strength of heparin if C.V.C. is to be heparin locked.
- 7. Resumes the infusion if continuous I.V.F. is ordered.

Accessing Implanted Port

- 1. Places mask on patient or have patient turn his/her head in the opposite direction.
- 2. Cleanses site.
- 3. Primes extension set and needle.
- 4. Inserts needle.
- 5. Aspirates for blood return.
- 6. Flushes extension.
- 7. Administers correct dose/strength of heparin if C.V.C. is to be heparin locked.
- 8. Initiates I.V.F. if ordered.

De-accessing Implanted Port

- 1. Places mask on patient or have patient turn his/her head in the opposite direction.
- 2. Loosens dressing.
- 3. Flushes extension.
- 4. Removes access while stabilizing port.
- 5. Cleanses site.
- 6. Applies dressing.

*Tracheostomy Care

- 1. Maintains patency of airway.
- 2. Removes, cleans, and replaces inner cannula, when applicable using sterile technique.
- 3. Cleans stomal area.
- 4. Applies sterile dressing.
- 5. Replaces tracheostomy ties.

(Note: Ensures an extra tracheostomy tube is in patient's room.)

*Basic Electrocardiograph (EKG) Strip Interpretation

- 1. Determines heart rate, regularity and rhythm.
- 2. Identifies each wave form of cardiac cycle.
- 3. Checks configuration and placement of P wave, QRS complex, ST segment and T wave.
- 4. Measures PR interval, QRS duration, and QT interval.
- 5. Analyzes the ST segment.
- 6. Identifies normal sinus rhythm.
- 7. Recognizes the following dysrhythmias.
 - a. sinus tachycardia
 - b. sinus bradycardia
 - c. PVC's
 - d. V-tachycardia
 - e. V-fibrillation
 - f. Heart block
 - g. Asystole
 - h. Atrial fibrillation
 - i. Paced rhythm
 - j. SVT

*Suctioning (oropharyngeal, nasotracheal, nasopharyngeal and tracheobronchial)

- 1. Positions patient appropriately.
- 2. Selects correct vacuum setting.
- 3. Uses appropriate aseptic technique.
- 4. Inserts lubricated catheter to correct depth.
- 5. Applies suction and rotates catheter as it is withdrawn.
- 6. Re-oxygenates client when appropriate.
- 7. Rinses catheter and tubing.

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 230- MEDICAL SURGICAL NURSING III

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

*Safety Practices

- 1. Verifies care/order for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.

- 4. Identifies client and assesses overall condition.
- 5. Explains procedure to client.
- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

*Standard Precautions (Body Substance Isolation)

*Management of Care for a Group of Clients

- 1. Applies the nursing process to clinical decision-making and the management of care for a group of clients.
- 2. Establishes nursing care priorities based on the individual needs of clients within a group.
- 3. Constructs a plan and implements nursing care to meet individual needs of the assigned clients.
- 4. Communicates appropriately with team members in the clinical setting.
- 5. Delegates appropriately.
- 6. Evaluates quality and effectiveness of nursing care of assigned clients.

*Neurological Evaluation (Inspection, Palpation)

1. Determines level of consciousness according to the Glasgow Coma Scale

ESSENTIAL SKILLS - CRITICAL CRITERIA NURSING 197 - TRANSITION TO A.D.N. and

NURSING 199 – ACCELRATED TRANISITON: P.N.-A.D.N BRIDGE

In addition to the critical criteria identified for each skill, the following will be used in the evaluation of the student's performance:

*Denotes individual faculty check-off.

General Principles

- 1. Body substance isolation precautions must be utilized and appropriate asepsis must be maintained.
- 2. Correct supplies/equipment must be assembled and organized.
- 3. The nursing process must be used.
- 4. Client instruction must be provided.
- 5. The client must not be placed in physical jeopardy.
- 6. The client must not be placed in emotional jeopardy.
- 7. Pertinent information must be reported and/or documented.

*Safety Practices

- 1. Verifies care/order for client.
- 2. Washes hands before and after performing any client care or gathering supplies.
- 3. Assembles appropriate equipment or supplies.
- 4. Identifies client and assesses overall condition.
- 5. Explains procedure to client.

- 6. Elevates bed to appropriate working level.
- 7. Practices body substance isolation precautions.
- 8. Lowers bed, applies side rails according to plan of care and places call system within reach.
- 9. Reassesses any abnormal reading and if still abnormal, reports and records immediately.

The student is expected to utilize safety practices and provision for privacy when performing all essential skills. Documentation for all skills must include date, time, signature and other appropriate data. Any action or inaction on the part of the student which jeopardizes the emotional or physical well-being of the client will result in an unsatisfactory grade for the skill.

*Standard Precautions (Body Substance Isolation)

Protective Barriers:

Gloves

- Dons gloves so that wrists or cuffs of gown are covered.
- Removes gloves following client care by touching only outside surface of first glove.
- Gathers contaminated glove in other hand.
- Utilizing skin-to-skin contact, removes second glove and disposes of both gloves in designated receptacle.
- Washes hands.

Gowns

- Covers clothing with clean gown and secures.
- Removes gloves following client care.
- Removes gown without contaminating hands or clothing.
- Turns gown inside out and places in designated receptacle.

Masks

- Dons masks covering nose and mouth.
- Removes mask by undoing fastener(s).
- Disposes of mask without contaminating hands or clothing.

Eye Protective Devices

- Dons protective device to cover eyes and surrounding area.
- Removes without contaminating hands or clothing.
- Places in designated receptacle.

*Physical Assessment

- Collects data in a systematic manner utilizing inspection, auscultation, palpation, percussion.
- Documents data utilizing assessment form.
- 1. General Survey
 - Mental Status
 - Appearance (including hygiene)

- Communication
- Developmental Stage
- 2. Skin (Inspection, Palpation)
 - Turgor
 - Color
 - Temperature
 - Moisture
 - Integrity
 - Nails
 - Hair (Body)
 - Edema
- 3. Head (Inspection, Palpation)
 - Hair
 - Scalp
 - Shape
 - Symmetry
 - Control
 - Features (Abnormal)
 - Size
- 4. Ears (Inspection, Palpation)
 - External
 - Hearing (in response to speech)

NOTE: Demonstration of otoscope and tuning fork will be provided in campus laboratory.

- 5. Eye (Inspection)
 - Sclera
 - Conjunctiva
 - Cornea
 - Pupils
 - Vision
- 6. Nose (Inspection)
 - Mucosa
 - Patency of Nares
- 7. Mouth and Pharynx (Inspection)
 - Teeth
 - Oral Mucosa
 - Gums
 - Breath Odor
 - Tongue
 - Palate
 - Tonsils
- 8. Neck (Inspection, Palpation)
 - Appearance
 - Lymph nodes
 - Movement
- 9. Thorax and Lungs Anterior and Posterior (Inspection, Palpation, Percussion, Auscultation).
 - Shape
 - Symmetry
 - Breath Sounds

- 10. Breasts and Axillae (Inspection, Palpation)
 - Symmetry
 - Condition of Nipples
 - Masses
- 11. Heart and Peripheral Vascular (Inspection, Palpation, Auscultation)
 - Cardiac Landmarks (Aortic, Pulmonic, Tricuspid, Apical/Mitral Areas)
 - Rate
 - Rhythm
 - Quality
 - Heart Sounds (S1 and S2)
 - Locate peripheral pulses by palpation or doppler as indicated: carotid, temporal, brachial, femoral, popliteal, dorsalis pedis, or posterial tibial
- 12. Abdomen (Inspection, Auscultation, Percussion, Palpation)
 - Contour
 - Bowel sounds
 - Auscultation for bruit
 - Response to Palpation
- 13. Musculoskeletal (Inspection, Palpation)
 - Symmetry
 - Posture
 - Gait
 - Joints
 - Strength
- 14. Neurological Evaluation (Inspection, Palpation)
 - Assesses:
 - Eye opening
 - Motor response
 - Verbal response
 - Evaluates facial symmetry, gag reflex
 - Evaluates pupils for size, equality and reaction to light.
 - Assesses vital signs.
 - Determines sensory response to tactile stimuli.
 - Assesses deep tendon reflexes.
- 15. Genitourinary and Anus (Inspection)
 - External Genitalia
 - Scrotal Size/Symmetry/Masses
 - Urethral Meatus
 - Appearance and Patency of Anus
 - Appearance of stool and urine.

*Administration of Medications

- 1. Verifies healthcare provider's written order for medication.
- 2. Prepares medication based on six rights:
 - Right drug.
 - Right dose.
 - Right time.
 - Right route.
 - Right client.
 - Right documentation.

- 3. Provides adjunctive assessment and interventions as indicated.
- 4. Administers medication according to six rights.
- 5. Documents time, medication, dose and route.
- 6. Evaluates effectiveness of drug.

Oral

- Remains with client until medication is taken.

Topical

- Prepares area for medication.
- Applies with applicator or with gloved finger as indicated.
- Covers with dressing as indicated.
- Maintains anatomical position to allow absorption or distribution.

Injections

- 1. Uses sterile technique.
- 2. Positions or restrains as indicated.
- 3. Using anatomical landmarks, locates and names acceptable sites for injection.

Intramuscular

- Ventrogluteal.
- Vastus lateralis.
- Deltoid.

Subcutaneous

- Outer aspect of upper arm.
- Anterior thigh.
- Lower abdomen.

Intradermal

- Inner forearm.
- 4. Selects and cleanses site for injection.
- 5. Maintains skin contact with selected site with non-dominant hand.
- 6. Inserts needle with bevel up at:
 - 90 degree angle for intramuscular.
 - 45 to 90 degree angle as indicated for subcutaneous.
 - 15 degree angle for intradermal.
- 7. Stabilizes syringe.
- 8. Aspirates if indicated.
- 9. Injects medication slowly and at an even rate of speed.
- 10. Withdraws needle quickly.
- 11. Applies pressure to injection site as indicated.

*Teaching – Learning

- 1. Assesses client's knowledge of subject and readiness to learn.
- 2. Reviews goals of session with client.
- 3. Assembles materials and prepares the environment.
- 4. Implements teaching plan, using appropriate content.

- 5. Obtains evaluative feedback from client.
- 6. Summarizes content taught.
- 7. Evaluates effectiveness of session and documents.

Breast Self-Examination

- 1. Explains best time to perform breast self-exam.
- 2. Demonstrates visual inspection of breast before mirror.
- 3. Demonstrates breast examination
 - a. Standing
 - b. Lying down
 - c. Checking nipples
 - d. Circular or vertical method
- 4. Gives instructions to client with abnormal findings.

Testicular Examination

- 1. States time for examination.
- 2. Demonstrates palpation technique.
- 3. Identifies testes and epididymis.
- 4. Gives instructions for anyone with abnormal findings.

Perioperative Concepts

- 1. Documents client's understanding of surgical procedure and expected outcome.
- 2. Explains legal forms and procedures to be completed prior to surgery.
- 3. States reasons for and demonstrates to client how to move, perform leg exercises, and coughing/deep breathing exercises.
- 4. Clarifies clients' concerns related to postoperative pain and its control.
- 5. Explains and complete preoperative assessment.
- 6. Explains and conducts postoperative assessment.
- 7. Evaluates achievement of identified outcomes.

Ostomy Care

- 1. Demonstrates proper appliance, maintenance, and removal.
- 2. Maintains skin and stoma integrity.
- 3. Demonstrates proper irrigation technique when applicable.

Chronic Disease Self Care

- 1. Recognizes strengths and weaknesses.
- 2. Ventilation of anxiety and concerns.
- 3. Identifies support systems.
- 4. Identifies community resources.
- 5. Verbalizes importance of adherence to medical regime.

*Surgical Asepsis

- 1. Prevents anything that is not sterile from coming in contact with that which is sterile.
- 2. Prepares a sterile field maintaining visual contact at all times.
- 3. Avoids reaching across the sterile field with unsterile objects.
- 4. Dons sterile gloves avoiding contamination.

Dressings

- 1. Uses clean gloves to remove and discard soiled dressing.
- 2. Assesses wound and/or dressing for appearance, drains, and drainage.
- 3. Uses sterile technique, cleanses wound from area of least to most contamination, using one swab for each stroke.
- 4. Applies and secures dry sterile dressing.

Catheterization

- 1. Cleanses perineal area.
- 2. Positions and drapes for exposure.
- 3. Opens catheter kit and applies sterile drape if appropriate..
- 4. Organizes supplies using sterile technique.
- 5. Cleanses urinary meatus:
- 6. Female
 - a. Maintains exposure
 - b. Uses anterior/posterior strokes
 - c. Uses each swab once
- 7. Male
 - a. Exposes meatus and straightens urethra
 - b. Cleanses using circular motion from meatus downward
 - c. Uses each swab once, repeats as needed
- 8. Uses the uncontaminated hand, inserts lubricated catheter into the urethra and obtains urine. Replaces foreskin over glans for the male client.
- 9. Inflates balloon completely if using Foley catheter.

Heat Application

- 1. Gathers specific equipment for type of dry/moist heat application as ordered.
- 2. Selects proper temperature (100-115 F) or use appropriate distance above area exposed (18-24 inches).
- 3. Provides protective covering when applicable.
- 4. Applies to specific area and checks frequently.

NOTE: If using commercial devices, follow the manufacturer's instructions for use.

Cold Application

- 1. Fills container 1/2 to 2/3 capacity with chipped or cracked ice.
- 2. Expels air and closes securely.
- 3. Dries bag and tests for leakage.
- 4. Provides protective covering.
- 5. Applies to specified area and checks frequently.

NOTE: If using commercial devices, follows the manufacturer's instruction for use.

Oxygen Administration

- 1. Removes articles which can produce a spark or open flame.
- 2. Places caution signs in view.
- 3. Provides for humidification of oxygen (if indicated).
- 4. Sets, adjusts and maintains oxygen flow at designated rate.
- 5. Secures and maintains integrity of devices used for flow of oxygen.

Glucose Monitoring

- 1. Assembles equipment and supplies.
- 2. Calibrates equipment if appropriate.
- 3. Selects and prepares puncture site.
- 4. Obtains blood specimen on reagent strip.
- 5. Times according to manufacturer's instructions.
- 6. Measures and documents blood glucose.

Enemas

- 1. Verifies order for enema.
- 2. Selects appropriate equipment for client.
- 3. Prepares correct amount of solution assuring correct temperature.
- 4. Drapes and positions client.
- 5. Expels air from tubing.
- 6. Lubricates tip.
- 7. Inserts colon tube appropriate distance into rectum:
 - a. Infant 1-1.5 inches (2.5-3.75 cm)
 - b. Child 2-3 inches (5-5.75 cm)
 - c. Adult 3-4 inches (7-10 cm)
- 8. Holds container no higher than 12-18 inches (30-45 cm) above anus and releases clamp.
- 9. Observes client during procedure.
- 10. Assists client to toilet or places on bedpan.
- 11. Documents type of enema, amount, return, and client response.

NOTE: If using commercially prepared enema, follows manufacturer's instructions for use.

*Intravenous Therapy - IV

Venipuncture

Initiation

- 1. Correctly assembles intravenous system.
- 2. Expels air from tubing.
- 3. Applies tourniquet when appropriate.
- 4. Selects appropriate vein.
- 5. Releases tourniquet.
- 6. Prepares site.
- 7. Reapplies tourniquet when appropriate and distends vein.
- 8. Inserts needle/catheter in vein.
- 9. Releases tourniquet.
- 10. Connects tubing to intravenous device, while stabilizing catheter.
- 11. Initiates IV flow to maintain patency of line.
- 12 .Secures intravenous device to skin.

- 13. Applies sterile dressing.
- 14. Regulates and maintains intravenous flow at prescribed rate.
- 15. Monitors.

Maintenance

- 1. Verifies order for I.V. fluids and rate.
- 2. Assess site for patency and complications reporting abnormalities.
- 3. Documents findings.

Termination

- 1. Stops flow.
- 2. Removes intravenous device.
- 3. Assesses site. Inspects and assures device is intact.
- 4. Applies pressure and applicable dressing.

Central Line Dressing

- 1. Wears mask and instructs client on head position (or places a mask on the client).
- 2. Uses clean gloves to remove the soiled dressing toward catheter insertion.
- 3. Discards soiled dressing.
- 4. Assesses site and/or dressing for appearance and drainage.
- 5. Cleans site in circular motion from catheter site to outer areas.
- 6. Applies and secures air occlusive sterile dressing.

Intravenous Medications

- 1. Prepares medication based on six rights.
- 2. Verifies pharmacological compatibility.
- 3. Assesses site; Verifies patency and placement of intravenous device.
- 4. Administers intravenous medication at appropriate rate.
 - a. I.V. Piggyback/Additives
 - b. I.V. Push Medications.
- 5. Provides adjunctive assessment and interventions as indicated.
- 6. Maintains patency of intravenous device.
- 7. Documents medications given.

Infusion Devices

- 1. Sets up infusion.
- 2. Inserts IV tubing into infusion device.
- 3. Sets required rate.
- 4. Initiates infusion.
- 5. Monitors infusion hourly as needed.

*Gastrointestinal Intubation

- 1. Positions client appropriately.
- 2. Measures tube for placement in stomach.
- 3. Inserts lubricated tube into oral or nasal orifice.
- 4. Advances tube to pre-determine distance and stabilizes.
- 5. Verifies placement of tube in stomach.
- 6. Secures tube.

Gavage

- 1. Positions client appropriately.
- 2. Verifies placement of tube.
- 3. Assesses gastric residual.
- 4. Instills prescribed feeding and flushes with water.
- 5. Clamps tube appropriately.

Lavage

- 1. Positions client appropriately.
- 2. Verifies placement of tube.
- 3. Instills solution.
- 4. Aspirates fluid.
- 5. Measures and assesses return.

*Suctioning (Nasogastric)

- 1. Connects tubing to appropriate suctioning device.
- 2. Selects correct vacuum setting.
- 3. Measures and assesses return.

*Management of Care

- 1. Applies the nursing process to clinical decision-making and the management of care for a minimum of two clients.
- 2. Documents assessment of individual needs and establishes nursing care priorities based on the individual needs of a minimum of two clients.
- 3. Constructs a plan and implements nursing care to meet individual needs of the assigned clients.
- 4. Communicates appropriately with team members in the clinical setting.
- 5. Evaluates effectiveness of nursing care of assigned clients.

***ALL POLICIES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

ASSESSMENT TECHNOLOGIES INSTITUTE TESTING/RE-TESTING POLICY

In order to assure that nursing students have retained the necessary knowledge base to progress and practice safely, the following testing policy has been established. Students must show evidence of taking a successful practice test prior to taking each scheduled ATI test.

A non-refundable testing fee is paid by every nursing student entering the ADN or PN program by the date designated by the nursing faculty. This fee includes the cost of administration, score assessment, and all learning materials. **All** students are required to be tested. Each course will have a scheduled time for a particular test. The student **must** complete the testing during the assigned time. In the event of a missed test, the student must make an appointment to complete the missed test within **one week**.

<u>ATI tests are considered as exams. Academic honesty standards apply.</u> (See Student Code of Conduct)

All students **not** achieving the **designated benchmark** on each test **must** complete remediation and retest until the passing score is earned. Each student is required to complete the first retest within one week. Examples of remediation include, but are not limited to reviewing ATI resource materials, viewing videos, completing computer assisted programs and reading nursing textbooks or nursing journals. The nursing faculty can assist with this student plan, but will not assist during the exam. Prior to being seated for the retest, the student must acknowledge remediation has been completed and list the components of remediation. In addition, the student **must** present a copy of the practice ATI test(s) taken prior to the re-test as proof of remediation.

If any attempts are required after the second attempt, the student will be required to pay an additional ATI testing fee prior to testing for each attempt. Students must schedule with the instructional specialist any retest. Payment via credit card is due at the time of testing.

The dates and times for test make-ups and re-testing are scheduled by the instructional specialist only.

KCTCS Administrative Policies & Procedures

Drug Testing

Students will be required to be tested for the presence of drugs according to the affiliating clinical agencies used by Henderson Community College. Criminal Background screens for Indiana and Kentucky will also be required. Students will be notified of this requirement in writing beforehand.

KCTCS does **NOT** require drug testing for entry into instructional programs or any courses therein. Students who participate in instructional programs that require completion of practical experiences in affiliated institutions that do require drug testing will be subject to the policies below:

- 1. Students will be notified of the procedure to follow for drug testing.
- 2. The cost of all drug screening required by affiliating clinical agencies will be borne by the student or affiliating clinical agency, as determined by the affiliating clinical agency.
- 3. If a student tests positive for drugs, the student has the right to request a second drug test. The cost of the second drug test will be borne by the student.
- 4. If a student fails to submit to a required drug screen, if a student fails the first drug test and chooses not to retest, or if the student fails both the first and second drug test, the student will not be allowed to participate in the required practical experience. Failure to participate in required practical experiences shall be grounds for dismissal from the program.
- 5. The student has the right to reapply to the program subject to the program's current readmission policy. The readmission policy may include a requirement for successful completion of a drug counseling program.
- 6. Confidentiality of the student will be protected.

HENDERSON COMMUNITY COLLEGE ASSOCIATE DEGREE/PRACTICAL NURSE PROGRAMS

STANDARDS AND PROCEDURES FOR DRUG SCREENING

I. Students who come to our institution expect to study in a condition free from alcohol and drugs. The use of controlled substances or alcoholic beverages by students, or students working under the influence of these chemicals, is inconsistent with the behavior expected of students, staff, faculty and visitors of our facilities. This behavior poses unacceptable safety risks, and undermines the College's ability to operate effectively and efficiently. All students must remain free from impairment due to the use of drugs and alcohol while on campus and from use, possession, manufacture, or sale of any drug or alcohol on HCC property or the property of any of its affiliates or related hospitals/services. The unauthorized use of alcoholic beverages on campus or the unlawful use, possession, concealment, transportation, promotion, sale or distribution of controlled substances while on campus, or HCC property or while engaged in HCC business off HCC property is strictly prohibited and will subject the student to disciplinary action up to and including academic dismissal.

Kentucky Community and Technical College 's (KCTCS) Code of Student Conduct addresses controlled substances and illegal drugs under disciplinary offenses section (3.2). Number 10 under this section states "Manufacturing, possessing, using, selling, or distributing any type of controlled substances or illegal drugs." http://www.kctcs.edu/default/students/admissions/academic%20policies/~/media/System_Office/Academics/StudentCode2009.ashx p 18-19. The Code further states that the college has the authority to impose penalties and sanctions from a reprimand to permanent expulsion.

http://www.kctcs.edu/default/students/admissions/academic%20policies/~/media/System_Office/Academics/StudentCode2009.ashx p 19-20.

Students are permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while attending classroom, laboratory, &/or clinical experiences. However, when such prescribed or over-the-counter medications affect the student's safety, academic performance, the safety of fellow students, faculty/staff, patients, or members of the public, the Nursing Coordinator, Dean of Student Affairs, or their designees should be consulted to determine if the student is capable of continuing to participate in academic and clinical programs and/or remain on campus, or if the student needs to be removed from the Academic Program by College Administrators.

II. TESTING REQUIREMENTS:

A. Admission Drug Screening:

In an effort to maintain a drug and alcohol-free environment, applicants who are accepted to the nursing programs at the College will be subject to drug testing as part of the pre-admission health screening. The College utilizes Mobile Drug Screen Company for student pre-admission drug testing.

III. DEFINITIONS

- *A. "HCC Property":* For purposes of this policy, HCC Property includes premises, property, facilities, building, structures and vehicles that are owned, leased or under College Administration of HCC or its affiliates or related hospitals/services.
- **B.** "Controlled Substances": Drugs designated under the Federal Controlled Substances Act of 1970 which have or have the potential for, abuse or physical or psychological dependence.
- *C. "Student":* The term student refers to all HCC students and all students enrolled in courses at the College.
- **D.** "Illegal Drug": Any drug which is (a) not legally obtainable, (b) legally obtainable but has been illegally obtained by the student, or (c) a prescribed drug legally obtained, but not being used for prescribed purposes, or being used in a dosage other than that prescribed.
- *E. "Impaired":* The student is affected by a drug, alcohol, or both in a detectable manner where such use or influence may affect the student's performance or the safety of the student, fellow students, faculty/staff, patients or members of the public.
- *F. "Legal Drug"*: Prescribed drugs and over-the-counter drugs which have been legally obtained by the student and are being used for the purpose for which they were prescribed and/or manufactured.

IV. "For Cause" Screening Requirements

If criminal activity or substance abuse occurs, or is suspected, after the initial Criminal Background check and Drug Screen is completed, a "For Cause" screen may be required.

A clinical affiliate reserves the right to remove a student from the facility for suspicion of suspicion of substance use or abuse (including alcohol). The clinical affiliate will immediately notify the instructor/college to facilitate immediate removal

of the student. In all instances, the clinical affiliate will provide written documentation of the student's behavior(s) to the college. The student will be asked to consent to a "for cause' drug test at a vendor site identified by the college. (Mobile Drug Screen). Testing must be completed on the same clinical day as the suspected drug or alcohol use/abuse was identified. Failure to comply will result in the student's immediate expulsion from the program.

In all instances of drug screening, students are responsible for any costs related to the initial drug screen or additional testing. An individual with a positive drug screen may be denied enrollment and participation in clinical or practicum rotation.

At a minimum, students who violate this policy will receive a zero for the missed clinical/class/lab activity at the time the student was removed for testing.

HENDERSON COMMUNITY COLLEGE INTERVENTION PROCESS

Students suspected of drug/alcohol impairment may be asked to leave the clinical/classroom setting for evaluation prior to "for cause" drug testing. The following procedure will be implemented for suspected abuse. (If you need assistance, call the Nursing coordinator, the Dean of Student Affairs, or their designees)

- 1. Ask another administrator/faculty/staff member or designee to work with you and serve as a witness throughout the entire process and document the proceedings.
- 2. You and the other administrator/faculty/staff member are to complete the For Cause Testing Checklist forms.
- 3. Bring the student into your office or some other private place and, in the presence of the witness, complete the Questions for the Suspected Substance Abuse form. Read exactly what is written on the form. You and the witness are to sign the form
- 4. Complete the Opinion Based on Observations and Questioning by Administrator/Faculty/staff member form. You and the other administrator/ faculty/staff member are to sign the form.
- 5. If you conclude that the student does not appear to be impaired by the use of alcohol or drugs and is able to perform academically and clinically, have the student return to class/clinicals/lab. Place the forms in confidential files.
- 6. If you conclude that the student may be impaired by the use of alcohol or drugs and/or the student admits to being impaired:
 - inform the student of the College rules that he or she violated;
 - tell him/her that disciplinary action, up to and including academic dismissal, may be taken:
 - suspend the student pending investigation of the situation;
 - contact the Nursing Coordinator or Dean of Student Services Affairs Director; and
 - if the student agrees proceed to #7 and if not proceed to #8.

If you conclude that the student may be impaired by the use of alcohol or drugs and student does not admit to being impaired:

- ask if he or she is willing to submit to testing;
- still test student even if student admits to drug/alcohol abuse;
- inform the student of the College rules that he/she violated;
- tell him/her that disciplinary action, up to and including academic dismissal, may be taken:
- if the student agrees to testing, proceed to #7 below. If the student is unwilling to undergo testing, proceed to (Attachment B-6).
- 7. If the student agrees to a drug/alcohol test, have the student read and sign the Agreement to
- 8. Submit to Drug and/or Alcohol Screen form. You and the other administrator/faculty/staff member also are to sign the form.

Arrange the test with the appropriate designated site. Day and evening on-site testing can be coordinated with Mobile Drug Screen). If you have to take/escort the student to the collection site, you will need to stay with the student through the testing process which can take about 90 minutes. The cost of the test will be the student's responsibility.

- 8. If the student refuses a drug/alcohol test, have the student read and sign the Refusal to Submit to Drug and/or Alcohol Screen form. You and the other administrator/faculty/staff member also are to sign the form. If the student refuses to sign the Refusal to Submit to Drug and/or Alcohol Screen Form then you and the other administrator/faculty/staff member are to sign the form and make the notation that the student refused to sign. Tell the student that he/she is suspended and that further disciplinary action, up to and including academic dismissal may be taken.
- 9. Make arrangements to have the student taken home. Do not permit the student to drive or to go home alone. If the student refuses assistance, make sure you document the refusal..
- 10. After all forms are completed and signed, detach your copies, insert all forms in packet envelope, and deliver or send them to Nursing Coordinator, Dean of Student Affairs or their designees immediately or on the next business day.

Criminal Background Check

Henderson Community College now requires background checks for all students enrolling in Nursing. This process is designed to meet requirements for student's assignment to clinical practice in affiliating healthcare agencies.

Henderson Community College has worked with Verified Credentials, Inc. to establish an acceptable screening procedure at a cost of approximately \$30.00. (Cost is subject to change) Students who fail to submit a background check prior to the established deadline may not be eligible for clinical placement.

Tests Below 78% Rule (3 "D" Rule**)

The nursing student in the associate degree nursing program is expected to maintain competency in all coursework throughout the nursing program. Upon failure of four unit exams (tests) in a nursing course of 9 hours or failure of three unit exams (tests) in any nursing course of 6 hours, immediate mandatory withdrawal from the nursing course will be implemented, even if the student has an overall cumulative grade point average at or above 78% in the course. This rule does not apply to any nursing course of 3 hours or less. Students on the new modular AD Nursing curriculum may remain in the other nursing classes in which they are registered for that semester, (with the exception of the last semester) but they may not progress to the next semester without undergoing the readmission process. Due to the KBN requirement for clinical in the final semester, both Nursing 213 and Nursing 230 must be taken together. The re-admission process includes statements of recommendation from the faculty as well as other documents as listed in the Nursing handbook for consideration by the Nursing Admissions Committee (See Readmission Referral Forms). There must be a majority positive vote to allow the student another chance to re-take the failed course.

COMPLAINT/NURSING PROGRAM SUGGESTIONS CHAIN OF COMMAND

Each course will select a liaison to represent the class in bringing issues to the faculty. The liaison will meet with the faculty of the course on an agreed time and date to give input and verbalize concerns of the class. The faculty members will record the meeting and send the minutes to the Nursing Coordinator for review.

All students should be aware of the chain of communication:

- 1. The student will discuss the issue with the involved faculty. If the student feels the issue is not resolved, the student can proceed to step 2
- 2. The student will discuss the issue with their nursing advisor. If the student feels the issue is not resolved, the student can proceed to step 3
- 3. The student will discuss the issue with the Nursing Program Coordinator/Division IV Chairperson. If the student feels the issue is not resolved, the student can proceed to step 4.
- 4. The student will discuss the issue with the Academic Dean in accordance with Guidelines listed in the **Student Code of Conduct**. IF the student feels the issue is not resolved, the student can proceed to step 5
- 5. Continue with the steps outlined in the **Student Code of Conduct** for a formal

grade appeal or any other violation of a student right.

GENERAL INFORMATION

ADVISING

Each student admitted to the program will be assigned a nursing faculty member to act as his/her academic advisor. Each advisor will have regularly scheduled office hours posted. Students are encouraged to seek assistance from advisors throughout the school year and are required to make at least one appointment each semester. All class schedules require the signature of your faculty advisor.

Pre-registration/advising for the next semester is scheduled at specific intervals within the appropriate time frame. Students should make an appointment with their faculty advisor to complete the process. Sign-up sheets are posted on the office door of each faculty member. The advisor will assist the student in making out a schedule for the next school term. Students are not excused from class or lab to meet with advisor. If there are problems in obtaining the classes needed to fulfill the degree requirements, students should make an appointment with the Coordinator or Assistant Coordinator of Nursing. If satisfaction is not obtained, the next person in the chain of command is the Division Chairman.

Students experiencing academic difficulty in any course should first discuss the difficulty with the instructor of that course. For the nursing theory, the appropriate person to contact is the teacher of that section of the course. For the clinical, the appropriate person to contact first is the clinical instructor. The faculty advisor may also act as a resource person in the resolution of a problem.

Should you have questions about financial assistance, you should see the Financial Aid Counselor located in the Administrative Building on the HCC Campus.

General counseling service is available for assistance with personal concerns at no charge. Contact the Nursing Coordinator, your academic advisor, or the counseling center if you feel that you need these services.

Attendance Policy for Class/ Campus Lab/Clinical

Class Attendance:

Beginning with the 4th absence and or *tardiness, 0.5 points will be **deducted for each incidence** and **the points will be deducted** from the total points earned at the end of the semester. This policy is applicable to all classes, campus laboratories and scheduled events i.e.; Wellness Day, Job Fair, Skill Testing, ATI testing, etc. Should two different activities be scheduled in the same day, a student who misses both activities will have 0.5 point deducted for each activity. (Class lecture and campus lab= 1.0 point deducted if scheduled on same day)

Clinical Attendance:

Clinical attendance/punctuality is a part of professional standards and accountability. <u>Students are required to contact the facility and the faculty/instructor prior to the beginning of</u>

<u>clinical if an absence is anticipated</u>. The student <u>must</u> call and speak to the faculty/instructor/clinical facility in person. E-mailing, texting or leaving voice mails will not be acceptable. Therefore any student who is absent and or *tardy to clinical two times per nursing course is a candidate for dismissal from the program.

*Tardy or tardiness is defined as being more than five minutes late to class/and or clinical unless approval has been received from the course faculty and/or clinical faculty member.

CLASSROOM/CAMPUS LAB/JEOPARDY POLICY

Classroom/Campus Lab Behavior protocol:

Students are expected to conduct themselves as professional individuals while attending class. Certain activities can be distracting to others as well as minimizing the optimum learning opportunity. Therefore listed activities including but not limited to will **not be tolerated** and will earn the student a classroom/lab jeopardy.

- 1. Arriving to class/campus lab tardy (additionally the student will receive 0.5 pts for each tardiness after 3)
- 2. Disruptive talking, laughing, etc
- 3. Texting, blogging, face-booking, talking on cell phones**
- 4. ATI fees- Fees will be required to be paid by the designated time frame- by the end of the first week of each course.
- **Specific policies may be initiated by individualized course faculty. In the event of an emergency, students will able to have cell phones on vibrate and may be excused to take or make a call if previous permission has been obtained from the instructor teaching the class/lab.

If any of the previous behaviors occur, the instructor may:

- 1. Ask the student to place the phone or device at the front of the room until class is over
- 2. Do not allow student to have device at any time during classroom/lab situations
- 3. Students will receive a classroom/campus lab jeopardy
- 4. After receiving the second jeopardy, a discussion with the student and faculty will occur
- 5. After receiving a third jeopardy, the faculty may request a meeting with the program coordinator to discuss further repercussions which may include unexcused absence from class/lab or ask for withdrawal from course.

CLINICAL SAFETY/JEOPARDY POLICY

CLINICAL JEOPARDY:

Clinical Jeopardy is defined as a clinical situation in which a student, by omission or incorrect action, compromise the client's physical and/or emotional safety, is unprepared for clinical or exhibits unprofessional behavior according to the clinical policy.

What constitutes a clinical jeopardy?

- 1. Lack of preparation for clinical
- 2. Tardiness/absence without notification to instructor/facility.
- 3. Lack of compliance with CPR, immunizations, Tb skin test, proof of liability insurance, medical release, and other clinical document requirements.
- 4. Failure to comply with overriding-principles of care.
- 5. Failure to demonstrate proficiency on previously learned skills.
- 6. Failure to comply with dress code.
- 7. Failure to comply with clinical policy.
- 8. Failure to comply with safety according to clinical policy.
- 9. Failure to comply with professional behaviors according to clinical policy.

In the event of receiving a clinical jeopardy:

- The student may be sent home or to the college lab with a specific assignment or the student may remain in the clinical area with an alternate assignment.
- In addition to the above the student must make up the total number of hours for that scheduled clinical day.
- Two clinical jeopardy situations in a semester will require a student to make an appointment with the nursing coordinator.
- Three clinical jeopardy situations in a semester will constitutes a clinical failure. The clinical failure constitutes an "unsatisfactory in clinical". An unsatisfactory in clinical results in the course failure with a grade of "E".

CPR CERTIFICATION

ALL STUDENTS ARE REQUIRED TO HAVE CURRENT AHA "AMERICAN HEART HEALTHCARE PROVIDER" CPR CERTIFICATION prior to the beginning of NSG 101.

A copy of the signed CPR certification card must be presented to the instructional specialist. Students who are not certified will not be admitted to the clinical agencies.

COURSE LOAD

The course load carried by a student may not exceed that described in the Community College Catalogue.

NURSING STUDENT DRESS CODE

<u>CAMPUS</u>: Students are expected to dress in a comfortable and modest manner for class. Clothing worn to class should not be distracting or offensive. Campus simulations may require wearing the clinical uniform.

<u>CLINICAL</u>: All students will be in full uniform (Henderson Community College uniform, name pin, etc.) each day at the beginning of the clinical laboratory unless otherwise stipulated such as in Psychiatric facilities. Appropriate dress for observational experiences will be directed by the Nursing faculty. In general:

Females must have:

Safety goggles

White hose with dress or skirt

Plain white socks may be worn with slacks

Clean white leather shoes with clean white shoe laces

Name badge (approximately \$5)

Watch with second hand

Stethoscope and bandage scissors

White pants covered with HCC blue uniform top (Purchase at Bookstore)

White lab coat.

No sweaters

Males must have:

Safety goggles

White socks

Clean white leather shoes with clean white shoes laces

Name Badge (approximately \$5)

Watch with second hand

Stethoscope and bandage scissors

White pants with HCC blue shirt

HCC white lab coat

No sweaters

Students are expected to be neatly groomed and without body odor. For the comfort of the clients, smoking while in uniform is prohibited. Those who have long hair must wear the hair confined and not touching the collar. Hair must be of a natural color (for example: not purple or neon colors).

Males must be clean shaven. Males with established beards and moustache must keep them clean and well groomed. The student lab coat may be worn in the clinical area for additional warmth. Bandage scissors, stethoscope, a pen and a small pocket notebook are necessary, unless otherwise specified, for use in the clinical laboratory. The only appropriate jewelry will be one (1) pair (only) of small stud type, silver, gold or pearl earrings to be worn in pierced ears and a watch with a second hand. Nail polish and/or acrylic nails are **NOT** permitted during clinical laboratory.

Nails should be reasonably short for student and client safety. A plain wedding band may be worn. Rings with settings are not acceptable. It is expected that the student will be conservative

in the use of makeup. Undergarments should not be visible through the uniform. Chewing gum is **not** allowed in clinical. Tattoos must **not** be visible.

The preceding dress code is applicable and must be adhered to whenever one is a representative of Henderson Community College. The clinical sites do not have safe places for student's belongings, therefore, **do not** bring purses or other valuables to clinical. Personal cellular phones or pagers may not be operated within any healthcare facility or community experience unless permission is given per clinical faculty and the clinical facility.

Nursing faculty are expected to uphold the professional dress code of the clinical facility. A HCC name badge or clinical facility name badge will be provided to wear. Please dress as a role model for the students. Clinical instructors are to follow the student rules related to grooming and jewelry"

MRSA

Related to the increase of MRSA and contagious pathogens in the community it is recommended that students need to change their uniforms immediately after the clinical experience. Uniforms should be laundered with hot water and bleach.

BEHAVIOR IN CLINICAL FACILITY

Behavior in clinical facilities should be quiet and refined. Any student jeopardizing the safety of clients for any reason or the delivery of patient care on the unit will be removed from the clinical site immediately. Profanity will not be tolerated. Unprofessional behavior will be cause for dismissal from the program. The student will receive an unsatisfactory for clinical.

BONUS POINTS

Frequently students are given opportunities to engage in activities that can earn bonus points. These bonus points can only be added to the student's total points if a 78% on unit exams and other activities that earn points has been achieved prior to the end of the course. I understand that these bonus points can help raise my grade from one letter to the next (Ex: C to a B) but cannot provide me with a passing grade for the course if my total points is less than 78%.

FACILITY ORIENTATION

The individual clinical faculty may have a mandatory orientation to the clinical facility or unit prior to the first scheduled day of clinical. In order for students to

be given fair treatment in the clinical facility, **a student may not have a clinical experience on the unit in which he is employed**. It is the responsibility of the **student** to inform the clinical instructor that he is employed at a health care facility at the beginning of the semester if he has been scheduled for such a unit.

EVALUATION

The course grade for passing a Nursing Course is determined by:

- 1. A final average in theory of at least 78%;
- 2. A grade of "satisfactory" in clinical laboratory;
- 3. A "satisfactory" evaluation in all essential skills.

GRADING SCALE

A = 91 - 100

B = 83 - 90.99

C = 78 - 82.99

D = 67 - 77.99

E = 66.99 and below

Grades will not be "rounded up or down." The student must maintain a 78% in all nursing courses in order to progress in the Associate Degree Nursing Program.

AN OVERALL GRADE POINT AVERAGE OF 2.0 OR BETTER MUST BE MAINTAINED IN ORDER TO BE RETAINED IN THE NURSING PROGRAM.

SKILL TESTING

If a student fails an essential skill on the second attempt, he may no longer continue in the nursing course. He may withdraw with a "W" up to midterm per KCTCS rules. After midterm, providing the theory grade is at least 78% and clinical performance is at a satisfactory level, the student may be allowed to withdraw with a "W" at the discretion of the instructor.

REPEATING A COURSE

A student who is repeating a course must fill out an "Option To Repeat" form, have it signed by an advisor and give it to the Student Services Office on or before the first day of class.

GUEST POLICY

According to Community College policy, guests, visitors, and/or family members will not be allowed to attend lectures, lab activities or observations. For the consideration of the students and faculty, please adhere to this policy. On the days when the public school is cancelled, your instructors and classmates cannot be expected to tolerate having your children at school with you. Please arrange to have a plan of care for your children in case this situation occurs.

WORK LOAD

Students are advised <u>not</u> to work in outside employment more that 16 - 20 hours per week. These hours should be other than 11-7 before a 7AM clinical practicum.

Work schedules should not interfere with class schedules or clinical experiences. Academic learning experiences must take priority over employment schedules while in the nursing program.

PORTFOLIO

Each student is responsible for tracking his own professional career. In Nursing 101 each student will be given a folder and directions for maintaining a professional portfolio. The portfolio should contain any records that provide data that verify the student's progress in his nursing career. The portfolio will be turned in for grading in NSG 230 and then returned to the student.

EMERGENCY

Should your family need to contact you on an emergency basis, you may want to give them your schedule for each day of the week. If it is on a class day and you are in a Nursing Class or Nursing Lab, we will be glad to give you a message or ask you to step out of class for a telephone call. Simply have your family telephone the Nursing or Division Secretary. The telephone numbers are listed in the front of this manual. If you are in clinical, on an observation or in class other than nursing, it will be more difficult for us to locate you. We ask that you reserve this procedure for only true emergencies.

EXPENSES

In addition to regular college tuition, fees and cost of books, nursing students in the program will incur additional expenses for the following:

Nursing Study Guide and Lab Manual

Lab Packet

School regulation uniform

Name pin

White hose for women, white socks for men

Wristwatch with second hand

Stethoscope

Bandage Scissors

Professional liability insurance (obtained through the college)

Transportation to all health agencies

KY Student Nurses Association Membership fees

Lab Coat

Current Certification in CPR

Specific Lab Tests and Immunizations required by health agencies*

Graduation photo for composite

ATI Testing Program fee each year

NCLEX Review Course

IMMUNIZATIONS

- * All nursing students must have a physical examination within 12 months of starting NSG 101.
- *All Nursing students shall have a physician signed Nursing Program medical form of a CBC and urinalysis within 12 months prior to the date of initial clinical experience and
- a Tetanus Booster within 10 years. In addition each student must show proof of immunity:
 - 1. to rubella and measles (rubeola) as defined by:
 - a. a positive antibody titer to both or
 - b. birth before 1957 or
 - c. physician diagnosed measles in other age groups or
 - d. two doses of measles containing vaccine, at least one of which is an MMR, given at least one month apart and one of these doses should be administered after 1980.
 - 2. to Hepatitis B as defined by:
 - a. antibody to Hepatitis B surface antigen or
 - b. documentation of receipt of 3 doses of Hepatitis B vaccine

- 3. PPD test (within 1 year of the start of clinicals), and annually thereafter (Positive reactors will be required to have an initial chest X-ray)
- 4. Documented history of immunization for Pertusis.
- 5. to Varicella (reactive titer or documented history) or receive Varivax immunization, unless contraindicated by personal physician or other factors.
- 6. Documentation of Meningitis vaccine.
- 7. Influenza vaccines are required by the clinical affiliates. Students must obtain and provide proof of current influenza vaccinations by the second day of spring semester or an alternate specified date.: *If the vaccine is contraindicated, the student must provide physician's documented proof of contraindication. In the clinical setting the student will follow hospital policies for unvaccinated clinical care providers.*

PREGNANCY AND CHANGE IN HEALTH STATUS

Students who are pregnant must submit to the Coordinator written permission from a physician to enter and/or continue in the Program. After surgery or and other hospitalization, a physician's release to return to clinical is required. The purpose of the statement is not to exclude the student from the Program, but rather to safeguard the student and the student's clients. If any of the immunization or PPD test is contraindicated due to pregnancy or other conditions, a physician's statement should be submitted.

PERSONAL INJURY

Students who become injured and/or exposed to bloodborne pathogens at the college or at the clinical site must complete an incident form of the health agency and the College incident form (FM 84) immediately and file it in the Coordinator or Assistant Coordinator's office. The clinical faculty member will assist the student in completing the form FM 84. Additional laboratory test may be required and obtained at the Henderson County Health Department at the student's expense.

DISPOSABLE NEEDLE POLICY

Due to the risk factor involved in transmission of bloodborne pathogens and the liability related to injury from discarded injection needles, the following policy will be adopted until further notice.

Students practicing with syringes in nursing must return all materials to the lab. Do not take syringes or needles out of the nursing area. Place the needle and syringe in a red plastic container marked bio-hazardous materials.

Anyone injured by a needle must complete an accident report to be filed in the nursing secretary's office. Routine puncture wound care will be initiated. This may include application of an antiseptic agent and Band-Aid, tetanus injection from your family physician, and follow up lab work. This is for your own protection.

LIBRARY USE

The Nursing Program of study requires a rather extensive use of the library. Selected books and journal articles have been placed on reserve in the library in order to be sure that at least one copy may be available to all students. All nursing books are limited to <u>3 day loan</u>. Most of the journals are on microfilm except for the issues of the current year.

GIFT POLICY

No gifts are to be accepted from patient/clients. Awards/acknowledgements for nursing students will be handled by the nursing clubs or classes as a group. Students are discouraged from giving gifts to faculty.

CHANGE OF ADDRESS

The Nursing Program and the Admission's Office must be notified promptly of changes in name and address. Correct phone numbers must be available so that students can be reached in case of emergency or cancellation of class or clinical. Many request are received for the class list by area employers. Please notify the Coordinator if you do <u>not</u> wish your address and phone number printed on the roster for the class.

TRANSPORTATION

Students are responsible for transportation to assigned health care agencies.

BUILDING POLICIES

Smoking: Nurses as role models and providers of care should avoid lifestyle factors associated with disease. Smoking is prohibited in all hospitals and in the classroom buildings on the College Campus. Smokers must go out of doors to smoke. Students are prohibited from smoking during clinical hours because of the odor of tobacco is offensive to many clients and the area healthcare facilities are smoke-free. Please do not liter the doorways of the campus with cigarette butts discarded on the ground. Students who do have the habit of smoking are encouraged to enroll in smoking cessation self help groups available at the local hospitals and the American Cancer Society.

<u>Eating and Drinking</u>: Eating and drinking **are not** permitted in the learning skills labs because of the OSHA standards. The lounge and the seating areas in the hallways are the appropriate places for eating and drinking.

<u>Use of Nursing Learning Skills Lab</u>: The Learning Skills Lab is available for all students to use. Students will have specific assignments to complete in the lab outside of the regular scheduled lab sessions. The hours of the Learning Skills Lab are 8:00 AM to 4:30 PM, Monday through Friday, and may be open on Saturday from 8:00 AM to 12:00 PM upon student request. Please inform the instructional specialist in the lab if there is equipment or software not working properly. If the instructional specialist is not present, provide in writing a detailed description of the malfunction and give it to the secretary. Because of recent loss of expensive audio/visual materials, **no items will be loaned from the Nursing Lab**. Please be considerate and courteous to waiting students when using computers in the Nursing Lab. Students taking the Pharmacology course via the internet will be given priority to the computer work stations.

<u>Bulletin Boards</u>: There are bulletin boards located in the nursing labs and in the classrooms. The bulletin boards provide information topics of interest to the student nurses. Before posting a flyer or information on the bulletin boards, please check with the secretary. A three-week time period will be allowed for each item. Please remove your posting after that time frame.

<u>Mailboxes:</u> In the lab area there are mailboxes for each student. Please check your mailbox regularly. Students and faculty may leave messages or other items in the boxes.

PREPARATION FOR CLASS AND LABORATORY

Generally, it is accepted that for every hour of class, there should be at least two hours of preparation. This may be too little for some students. In nursing, it is expected that there will be preparation for laboratory sessions. It would seem then that reasonable minimum time for nursing students would be two hours of preparation for each hour of class PLUS one hour of preparation for each scheduled laboratory (college or clinical).

Hospital regulations regarding dress code must be observed when preparing for clinical.

ASSIGNMENTS

All written work must be completed neatly using proper grammar and spelling, using acceptable standards of English. If unacceptable, the student will be required to rewrite the paper. Referral will be made to the Learning Resource Center for assistance. If papers are handwritten, ink is required and leave a margin of 1 1/2 inches to the left. Please do not use sheets with ragged edges. Use one side of the paper only. Typewritten papers should be double-spaced. All pages should be numbered. Patient/client names are never to be used in written assignments. Initials are to be used. A face sheet is expected to be attached to all written materials. Computers for student use are available throughout the campus. Exceptions apply when detailed otherwise by a course faculty person.

COPY MACHINE

Students are encouraged to use the student copier in the library or bookstore. However, a copy machine is located in the Nursing office suite area in AT 314. Student copies are \$.10 per copy, payable to the nursing secretary. This is a low volume copier. Heavy books do not copy well. It does not have the capability to enlarge or decrease the size being copied. For more extensive copying, the library copier is more efficient and less expensive per copy. Power Points for lecture may be provided at an additional cost to students depending upon each course content.

ASSOCIATION OF STUDENT NURSES (HANS/KANS)

All students are **expected** and strongly encouraged to join and participate in the professional Student Nurses Association: Henderson Community College Association of Nursing Students and the Kentucky Association of Nursing Students. Students will be allowed to elect officers and a class representative at the beginning of each year. At the discretion of the faculty, student members of HANS/KANS who are in good academic standing may attend the annual KANS convention.

NURSING STUDENTS CLASS OFFICERS

The following class officers are elected each semester or year according to the majority of the class:

<u>President</u>: responsible for keeping the class abreast of issues in the Program of Nursing as well as Henderson Community College and HANS. Leads the class to make decisions. The other class officers are responsible to the president.

<u>Vice-President</u>: takes the place of the president when he cannot be present. Presents and researches projects for the class to undertake. Is responsible to the president.

<u>Treasurer</u>: responsible for collecting money for class projects. Is responsible to the president. <u>Secretary</u>: maintains correspondence for the class and president. Keeps records and announcements for the class. Is responsible to the president.

CONCERNS/ISSUES/CHAIN OF COMMAND

The elected Liaison representative of each class will meet at an agreed time with all the full time teaching faculty of that class to give input and verbalize concerns of the class. The faculty members will record the meeting and send the minutes to Dr. Wilder to be kept in a folder in her office.

All students should be aware of the chain of communication:

- 1. The student will discuss the issue with the involved faculty. If the student feels the issue is not resolved, the student can proceed to step 2.
- 2. The student will discuss the issue with their nursing advisor. If the student feels the issue is not resolved, the student can proceed to step 3.
- 3. The student will discuss the issue with the Nursing Program Director. If the student feels the issue is not resolved, the student can proceed to step 4.
- 4. The student will discuss the issue with the Division IV Chair. If the student feels the issue is not resolved, the student can proceed to step 5.
- 5. The student will discuss the issue with the Academic Dean in accordance with guidelines listed in the <u>Student Code of Conduct</u>. If the student feels the issue is not resolved, the student can proceed to step 5.
- 6. Continue with the steps outlined in the Student Code of Conduct for a formal grade appeal or any other violation of a student right.

<u>Liaison Officer:</u> This officer solicits concerns, suggestions and complaints from the members of the class, obtains consensus about which topics should be brought to the Course Faculty Liaison monthly meeting. (An alternate should be selected to attend the meetings when the elected liaison officer cannot attend.)

EXAMINATION POLICY

Students should make every effort to be present at an examination. If a student knows beforehand that he cannot be present for an exam, he should notify the instructor as soon as possible. The usual procedure is for the missed exam to be taken on exam makeup day which is scheduled at the end of the semester, the week before the final. A make-up exam may be a higher level of difficulty than the regularly scheduled test, or it may be in "essay" format. A copy of the scantron sheet may be given to the student instead of the original.

During tests, students should arrange their desks so that others cannot see their answer sheet. All books and belongings, including cell phones (which must be turned <u>OFF</u>) must be placed at the front of the room. Time allowed for each test will be explained at the beginning of the testing period. Following the exam, the correct answers will be read to the class. Time can be then scheduled whereby the student may have an opportunity to review and discuss the exam with the faculty within two weeks of the test date. Students are **not** permitted to keep any examination paper or answer sheet. Students found cheating during the writing of a test shall be disciplined according to the Student Code of Conduct and are subject to dismissal from the program. (See Policy Statement on Plagiarism and Cheating)

AWARDS

Several awards will be given to nursing students graduating. Usually these awards are for the most improved nursing graduate, nursing excellence and leadership or service. Priority in selection of recipients for the awards will be given to students who are members of Henderson Association of Nursing Students. The nursing faculty selects and students who receive the most nursing faculty votes receive the awards.

WEATHER-RELATED CLASS CANCELLATION/DELAY POLICY

Faculty will follow the College policy for cancellation of classes due to inclement weather. In general, listen to 680-WSON AM, 99.6-WKDQ FM, or watch Channel 25-WEHT for instruction. Additionally, in Owensboro 96.0-WSTO FM and 92.5-WBKR FM. If you must leave early before the announcement is made in order to arrive at clinical on time, contact your individual clinical instructor.

PATIENT/CLIENT CONFIDENTIALITY/HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes national standards for insuring the security and privacy of identifiable patient information. Healthcare providers are required to be in full compliance with the standards or face potential civil and criminal penalties. The privacy standards established new rights for patients to control the use and disclosure of their personal health information. The following guidelines were established to provide direction while on clinical rotations:

- Patient information should only be discussed with other members of the health care team who have a "need to know".
- **Do not** discuss patient information with anyone else, including fellow students, employees, and your family members. Be especially careful on the hospital elevators, cafeteria and coffee shops.
- Do not tell unauthorized persons that you saw or have knowledge of a patient being admitted or being seen as an outpatient unless the patient authorizes you to do so.
- Do not access any patient information (i.e. looking up a neighbor's medical record) unless authorized in your job duties.
- Speak quietly and discreetly so patients, visitors, and others will not overhear your telephone or other conversations with or about patients.
- Do not leave papers containing patient information in open view of non-authorized persons.
- Do not leave a computer on the bright screen if you must be away for a moment.
- Do not discard papers containing patient information in the trash can without first shredding them.
- Remember that when fellow students, friends, faculty members receive medical

- treatment, that person is a patient and all measures should be taken to protect their confidentiality.
- Ask visitors to step out of a patient's room when conversations take place regarding medical treatment, diagnosis, etc. unless the patient authorizes the visitor to be present.
- When you are assigned to handle confidential information of your friends or acquaintances, if possible *ask to be reassigned* to another patient to protect that person's privacy as much as possible.
- Do not ask fellow students, hospital employees or faculty about confidential matters of their assigned patients unless absolutely necessary to help in the performance of your assignment.
- Breaching confidentiality could result in prosecution for invasion of privacy and termination from the Nursing Program.

All Nursing students must sign the "confidentiality agreement" located in this handbook.

FERPA (Family Education Rights and Privacy Act)

The Family Educational rights and Privacy Act (PL 93-380) includes provisions that protect the privacy of students. These include:

- 1) The right to inspect and review their education records with 45 days of the college receives a request for access.
- 2) The right to request the amendment of their education records that they believe are inaccurate.
- 3) The right to consent to disclosure of personally identifiable information contained in their education record, except to the extent that FERPA authorizes disclosure without consent. An exception is disclosure to school officials within the college who have a legitimate education interest.
- 4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with the requirements of FERPA. (More detailed information is located in student code of conduct section 1.4)

From American Nurses' Association, Code for Nurses with Interpretive Statements 1985

- 1. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by consideration of social or economic status, personal attributes, or the nature of health problems.
- 2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.
- 3. The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.
- 4. The nurse assumes responsibility and accountability for individual nursing judgements and actions.
- 5. The nurse maintains competence in nursing.
- 6. The nurse exercises informed judgment and uses individual competence and

- qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- 7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.
- 8. The nurse participates in the profession's efforts to implement and improve standards of nursing.
- 9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.
- 10. The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.
- 11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

Statement on Academic Honesty

Honesty is central to the profession of nursing as well as to the academic process. Acts of academic dishonesty are serious offenses at Henderson Community College AD Nursing Program. The <u>Community College System Code of Student Conduct</u> outlines non-academic, and academic offenses in Article III. The following are further examples of both types of offenses:

Claim or submit the academic work of another as one's own.

Procure, provide, accept or use any materials containing questions or answers to any examination or assignment without proper authorization.

Complete or attempt to complete any assignment or examination for another individual without proper authorization.

Alter, tamper with, destroy or otherwise interfere with the use of institutional property, including but not limited to classroom fixtures, laboratory and/or computer equipment and supplies and instructional materials.

Fabricate or falsify data or results.

You commit plagiarism if you submit as your own work:

- --part or all of an assignment copied or paraphrased from another person's manuscript, notes or talk (lecture);
- --part or all of an assignment copied or paraphrased from anything published.

Your are an accomplice in plagiarism if you:

- --allow your work, in outline, draft, or finished form, to be copied and submitted as the work of another;
- --prepare an assignment for another student which he/she submits as his/her own work:
- --keep or contribute to a file of papers or presentations which anyone other than the author adopts and submits as his/her own work.

Students participating in such activities will be subject to disciplinary sanctions in accordance with the Community College Code of Student Conduct.

Henderson Community College Policy Statement on Plagiarism and Cheating.

The following statements and information are taken from <u>The Community College Code of Student Conduct</u>, Section 2.3.1.1 through 2.3.1.4 page 11.

2.3.1.1 Plagiarism

Plagiarism is the act of presenting ideas, words, or organization of a source, published or not, as if they were one's own. All quoted material must be in quotation marks, and all paraphrases, quotations, significant ideas, and organization must be acknowledged by some form of documentation acceptable to the instructor for the course.

Plagiarism also includes the practice of employing or allowing another person to alter or revise the work that a student submits as the student's own. Students may discuss assignments among themselves or with an instructor or tutor, but when the actual material is completed, it must be done by the student and the student alone. The use of the term "material" refers to work in any form including written, oral and electronic.

All academic work, written or otherwise, submitted by a student to an instructor or other academic supervisor, and is expected to be the result of the student's own thought, research, or self-expression. In any case in which a student feels unsure about a question of plagiarism involving the student's work, the student must consult the instructor before submitting the work.

2.3.1.2 Cheating

Cheating includes buying, stealing, or otherwise obtaining unauthorized copies of examinations or assignments for the purpose of improving one's academic standing. During examinations or in-class work, cheating includes having unauthorized information and/or referring to unauthorized notes or other written or electronic information. In addition, copying from others, either during examinations or in the preparation of homework assignments is a form of cheating.

2.3.1.3 Student Co-Responsibility

Anyone who knowingly assists in any form of academic dishonesty shall be considered guilty as the student who accepts such assistance. Students should not allow their work to be copied or otherwise used by fellow students, nor should they sell or give unauthorized copies of examinations to other students.

2.3.1.4 Misuse or Student Falsification of Academic Records

The misuse or actual attempted falsification, theft, misrepresentation, or other alteration of any official academic record of the college is a serious academic offense. As used in this context, "academic record" includes all paper and electronic versions of the partial or complete academic record.

Students participating in such activities will be subject to disciplinary sanctions in accordance with the Community College Code of Student Conduct. (located on page 12 in the student code of conduct.)

Students have the right to appeal and this process can be located on pages 12 through 17 in the student code of conduct.

DISRUPTIVE CLASSROOM BEHAVIOR

The following statements and information are taken from the <u>Community College of Student</u> Conduct Article 3.1 page 18-19. This is a partial list. For a complete list refer to Article 3.1.

3.1 General Regulations Concerning Student Behavior

Students are responsible for knowing the college's regulations, disciplinary procedures, and penalties. It should be emphasized that students are subject to criminal statutes and legal action, in addition to the college's regulations and disciplinary system.

3.2 Disciplinary Offenses:

Though not an inclusive list, the offenses are defined as below are punishable disciplinary offenses. Lack of intent may be asserted as an affirmative defense by any student charged with an offense listed below.

The following is a few of the offenses that are listed in the code of conduct.

- 1. Material disruption or obstruction of teaching, research, administration, disciplinary proceedings, or any other college activities. Under no circumstances will fighting be tolerated while on college property or at off-campus events sponsored by the college.
- 2. Assault and/or battery.
- 3. Verbal or psychological abuse or harassment.
- 4. Participating in or inciting of a riot or an unauthorized disorderly assembly.
- 5. Seizing, holding, commandeering, or damaging any property or facilities of the college upon direction by college officials or other persons authorized by the institution.
- 6. Sexual assault.
- 7. Use of alcoholic beverages, including the purchase, consumption, possession, or sale of such items except where specifically authorized by state law and regulations of the college.
- 8. Failure to comply with the official and proper order of a duly designated college official.
- 9. Unauthorized use of computers on word processors or unauthorized efforts to penetrate or modify the computer or word processing security system or any program software.
- 10. Allowing children under the age sixteen (16) to remain unsupervised while on campus.
- 11. Threats and/or threatening behavior.

SOCIAL NETWORKING POLICY

The growing use of social media (Facebook, MySpace, Twitter, etc.) by students and staff has led many schools to consider developing acceptable use policies. There is tremendous opportunity for improving education through the use of social media. There is also potential risk because social media can be used to access age inappropriate information and to engage in aggressive online behavior.

Posting personal images, experiences and information on these kinds of public sites pose a set of unique challenges for all members of the Henderson Community College personnel (employees, faculty, students, and administrators). Each of these people has a responsibility to the institution regardless of where or when he/she posts something that may reflect poorly on Henderson Community College (HCC) and specifically the nursing program. The following guidelines outline appropriate standards of conduct related to all electronic information (text, image or auditory) that is created or posted externally on social media sites by Personnel affiliated with the Henderson Community College nursing program.

Best Practices

- 1. <u>Take responsibility and use good judgment:</u> you are responsible for the material you post. Be courteous, respectful, and thoughtful about how other people may perceive or be affected by posting. Incomplete inaccurate, inappropriate, threatening harassing or poorly worded posting(s) may be harmful to others. The postings may damage relationships, undermine HCC's brand or reputation, discourage teamwork, and negatively impact the institution's commitment to patient care, education, and community service.
- 2. <u>Think before you post:</u> anything you post is highly likely to be permanently connected to you and your reputation through internet and email archive. Future employers can often have access to the information and use it to evaluate you. Take great care and be thoughtful before placing your identifiable comments in the public domain.
- **3. Protect patient privacy:** disclosing information about patients without written permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure section of your Facebook page that is accessible by approved friends only.
- **4. Protect your own privacy:** make sure you understand how the privacy policies and security feature work on the sites where you are posting material
- **5.** Respect work commitments: ensure that your blogging, social networking, and other external media activities do not interfere with you work or classroom commitments.
- **6.** <u>Identify yourself:</u> if you communicate in social media about Henderson Community College &/or the nursing program and your role, use good judgment and strive for

- accuracy in you communications. False and unsubstantiated claims and inaccurate or inflammatory posting may create a liability for you.
- 7. <u>Use a disclaimer:</u> where your connection to HCC is apparent, make it clear that you are speaking for yourself and not on behalf of HCC. A disclaimer, such as, "The views expressed on the (blog, website) are my own and do not reflect the views of my "employer" or school" may be appropriate.
- **8.** Respect copyright and fair use laws: for Henderson Community College's nursing program's protection as well as your own, it is critical that you show proper respect for the laws governing copyright and fair use of copyrighted material owned by others, including Henderson Community College's own copyrights and brands.
- **9.** <u>Protect Proprietary Information:</u> Do not share confidential or proprietary information that may compromise Henderson Community College's business practices or security. Similarly, do not share information in violation of any laws or regulations.
- 10. **Seek expert guidance:** consult with the Marketing and Communications department if you have any questions about the appropriateness of material you plan to publish or if you require clarification on whether specific information has been publicly disclosed before you disclose it publicly.

REFER TO STUDENT CODE OF CONDUCT

http://henderson.kctcs.edu/en/studentlife/codeof conduct.aspx

3.2 18-19p Disciplinary Offenses 5.6 p 30 Offenses

Students participating in such activities will be subject to disciplinary sanctions in accordance with the Community College Code of Student Conduct. Information on plagiarism & cheating can be found in The Community College Code of Student Conduct, Section 2.3.1.1 through 2.3.1.4 page 11.

FORMS

HENDERSON COMMUNINITY COLLEGE ASSOCIATE DEGREE/LICENSED PRACTICAL NURSING PROGRAM FOR CAUSE TESTING CHECKLIST

Student Name (Print)		Date:	
Student Name (Print) Department:	_ EMPL ID #	Time:	
Administration/Faculty/Staff Member (Print) Witness (Print):):		
The following check list is to be completed by determine whether or not a student will be temust be completed prior to the interview com will be tested immediately on that basis alone.	sted for current im iducted with the stu	pairment from alcohol/drugs. This section	on
Drug abuse must be suspected in order to test issues only.	t. Testing will not	be conducted on the basis of performance	се
BEHAVIOR GAIT			
Alternate period of high and low producti Disappearance from College: classes/clini Difficulty performing ordinary tasks* S More time needed to complete job* Le Boisterous Stooped Difficulty recognizing individuals Easily agitated SPEECH Erratic and disjointed actions* Sleeping in class/clinicals/lab Slurre Hostile, crying, talkative Unusually lou Increased errors Unusually fast Credible report of suspect drug/alcohol us Accident or injury Incoherent	icals Deliberate Swaying eaning ed speech ud		
OVERALL PHYSICAL APPEARANCE/CL	LOTHING EYES		
Flashed, red face Red Lethargic, sleepy Watery Hyperactive* Heavy eyelids Tense, unduly nervous* Pupils constrict Poor coordination* Pupils dilated Drooling			
Coming to College with a dramatic chang	ge in physical appea	arance	

ODOR CONFUSION

Distinctive odor of intox			
Difficulty in recalling in			
	ing or about person details, etc.		
Mints, gum, mouth wash	or breath spray		
Difficulty in recalling mi	stakes		
Difficulty remembering	ecent events		
*Please provide specific inf	ormation to help clarify your obse	rvations:	
Other observations or detail	S:		
For Cause Testing Checklis		stance Abuse, must be completed	
Signed:			
Completed by:	Title:	Date:	
Witnessed by:			

Re-Admission Application

		Re-Admit Applicant Information		
Studen Studen Addre Studen #:	ess: nt Phone			
Progr	am:			
COM	MUNITY C	OLLEGE SYSTEM RULES, Sec. IV, Pg. 33, 2.30, Re-Admission		
 2. 	course will Applicants planning to	who withdraws from or earns lower than a grade of C in a nursing be dropped from the Nursing Program. who wish to apply for re-admission should do so prior to March 1 if enroll for the subsequent Fall semester in Nursing I or by July 1 if		
3.	Otherwise a enrollment.	enroll for the subsequent January semester in Nursing I: applicants should apply at least two months prior to expected date of on to the Nursing Program will be dependent upon available resources.		
4.		nt guidelines for admission.		
5.		n 3 years have elapsed since initial enrollment in any registered		
6.	A student m Committee evidence of	ogram, an applicant must repeat all nursing courses. hay be re-admitted to the Nursing Program one time. The Nursing Admissions may recommend re-admission a second time if a student furnishes sufficient remedial study, additional preparation or resolution of factors contributing to all course completion.		
7.	Students see correspondi will be requ	eking readmission to NSG 210, 220 or 230 (and relative practicing ing courses) will be required to establish retained competency and the student nired to take the previous Medical-Surgical course Comprehensive Final Exam least a 78%.		
Please respond to the following questions below:				
1. Hav	e you ever be	een re-admitted to this or any nursing / allied health program before?		
	Yes	□ No		
2. If "y	yes," list the 1	name of the program and the name of the college or university.		

	Once	Twice	☐ Three times or more
program and the	college or unive		previous page, please specify the name of the sion you were readmitted.
Name of progra	am(s):		_
Location(s):			_
5. Are you curre	ntly working?	☐ Yes ☐	No
If yes, how man 1-6 hours	y hours per wee 6-12 hours	k are you currently 12-18	working? 18-30
6. If readmitted,	how many hours	s per week will you	be working?
In the space prov	vidad dagariba r	why wou wore unah	le to complete the program Re specific and
		why you were unab	le to complete the program. Be specific and
In the space pro- care only relevant		why you were unab	le to complete the program. Be specific and
		why you were unab	le to complete the program. Be specific and
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		why you were unab	le to complete the program. Be specific and
are only relevant	t details.		le to complete the program. Be specific and
are only relevant	vided, describe a		
are only relevant	vided, describe a		
are only relevant	vided, describe a		
are only relevant	vided, describe a		
are only relevant	vided, describe a		

9. I certify that all the information provide	ded above is accurate and true.					
(Readmission applicant signature) #)	(Date)	(Empl ID				
enrolled when you were <u>last</u> in the Nursi theory or clinical. Please give this page	10. References: You will need the endorsements of two nursing faculty in whose classes you were enrolled when you were <u>last</u> in the Nursing Program. One must be theory and the other may be theory or clinical. Please give this page to the Nursing faculty member to complete. The faculty member should return it to the Coordinator of the Nursing Program.					
11. Nursing Faculty #1 Name:						
Program and institution:						
Student's name:						
12. Check one of the following: I recon	nmend	····				
be readmitted to thestipulations	program beginning	term with no				
be readmitted to thestipulations listed below	program beginning	term with				
not be readmitted at this time.						
Use this space to provide additional in deem necessary:	formation not listed above an	d any stipulations you				

13. This page has been verified for its accuracy and receives my full endorser	ment.
(Nursing Faculty #1 Signature) (Date	e)
14. Nursing Faculty #2 Name:	
Program and institution:	
Student's name:	
15. Check one of the following: I recommend	
be readmitted to the program beginning stipulations	term with no
be readmitted to the program beginning stipulations listed below	term with
not be readmitted at this time.	

Use this space to provide additional information not listed	above and any stipulations you
deem necessary:	
46 551	6.11
16. This page has been verified for accuracy and receives my	full endorsement.
(Nursing Faculty #2 Signature)	(Date)
(Nuising Pacuity #2 Signature)	(Date)
17. Date this form received by Nursing Department:	
17. Date this form received by Narshig Department.	
18. Date and action of Nursing Admissions Committee:	
19. Signature of Chair Nursing Admission Committee:	

est name:		
1. Students may be asked to	sign a confidentiality stater	ment prior to each test.
2. Students should use Mozi should be running during	U	ack Board. No other programs
3. Students are not allowed after the test time. If this test. This may adversely course. In addition, stude individual may be withdra	to print any portion of a test should occur, the student w affect the student's ability tents found to have copied or	or test results at any time during or rill be assigned a "0" score for that to be successful in that nursing e sent a copy of the test to any tut the possibility of readmission to
test. The students are to c when finished. The moni students may not use the	completely turn off the comp tor must be closed after con computer for any other activ	til all students have completed each puter as soon as the test is submitted appletion of each individual test. The vities during the testing time. This
	ay be used to obstruct answers with each question if t	ers to test questions so that the his is helpful to selecting answers.
6. There will be a hard copy	of an answer sheet provide	d for students to mark in addition to and will be kept by the faculty of the
Faculty will no longer be	<u>-</u>	ors for answering test questions. utilized in taking tests. Calculators e options.
8. In the event a test is found responsible to notify the i	, ,	outside of testing time, the student is student allowed to

Please record your score and return this sheet before leaving the test center.

Score: ____ out of ___ = ___ %

Revised 5/2012

HENDERSON COMMUNITY COLLEGE NURSING PROGRAM Clinical Safety/Jeopardy Form

Student Name	Date Incident Occurred
Instructor Name	Clinical Affiliate
Detailed description of incident:	
Remediation required:	
Remediation instituted:	
Student Comments:	
This is Clinical jeopardy # 1 2 3	for the student (please circle)
Student Signature	Date
Instructor's Signature	Date

HENDERSON COMMUNITY COLLEGE NURSING PROGRAM Clinical/Laboratory Make-Up Time Form

Student Name		
Instructor Name		-
Reason		
Clinical Affiliate		_
The student was absent/tardy (circ	cle)	
Yes No		
Amount of make-up time required	1	_
Date make-up time must be compl	leted	_
Specific make-up assignment		_
I am aware of the make-up time re time as outlined will affect my succ	equired and realize that failure to comcess in clinical.	plete the make-up
Student Signature	Date	-
Instructor Signature	Date	_
Instructional Specialist	Date	

Laboratory Ma	ake-Up		
Student Name		 	
Timo			

Date	Time In	Time Out	Total Time Spent	Instructor/Instructional Specialist

HENDERSON COMMUNITY COLLEGE NURSING PROGRAM Student Conference Form

Date _	Location Time	
Stude	ent Name of Faculty	
I.	Initiator of Conference:	
	Faculty Request Student Request	
II.	Focus of this conference – to evaluate and clarify the student's	:
	Clinical ProgressAcademic ProgressCumulative	Average
	Tardiness IllnessMissing As	signments
	InterpersonalFailure to Complete Clinical Assignm	ents
	Other	
III.	Type of Conference:AwarenessVerbal	Written
	Student Status: Jeopardy Situation, Clinical Academic Below Clinical Standard	
	Failure to Complete:Liability Health Form Requirem	nents
IV.	Reason/Situation Basis for Conference:	
V.	Student's Explanation of Events:	
VI.	Student's Proposed Action Plan for Behavior Change (by):	
VII.	Faculty's Proposed Action Plan (by):	
VIII.	Agreement reached? Yes No	

A. Faculty Recommendation/De	ecision to Prevent Further Occurrenc
Skill Testing (use of laborate	ory) Specify
Continuation in Nursing Sec	quence
Repeat Course Forms	completed and sent to Registrar
Withdrawal	
Speak with mental health pr	rofessional
Speak with nursing coordina	ator
Speak with	
B. Action Taken:	
Faculty Review	
Clinical Make-Up	
Ineligible To Continue	
Dismissed From Program	Date Of Re-Evaluation
Comments:	Deter
G	Date:
Faculty Signature:	Date:

HENDERSON COMMUNITY COLLEGE NURSING PROGRAM

Classroom/Lab Protocol/Jeopardy Form Student Name_____ Date incident occurred _____ Instructor Name_____ **Detailed description of incident: Remediation required: Remediation instituted: Student Comment:** This is Classroom/Lab Jeopardy # 1 2 3 for the student (please circle)

Student's Signature______ Date_____

Instructor's Signature_____

SIGNATURE PAGES

ATI Policy

_		Date	
INFORMED CON	SENT		
Nursing Course Out Handbook. I have re aforesaid documents	, acknowing, acknowing, and have in my possession ead, discussed and understand to a further agree to abide by the sal from the Nursing Program.	the HCC Associated Degr he policies and guidelines	ee Nursing Student set forth in the
Signature	Date	Witness	Date
A. to anonymou for the purpo B. to release ref of higher lea	my nursing education record, to sly use my ACT, CNET, GPA, see of evaluation and research; terences to health care agencies raing as they pertain to my performance.	NCLEX, achievement tes, potential employers or ins	stitutions
Signature	Date		
used only in the care information outside responsibility is shar authorized individua patient care, docume verbal communication information should be conversations of sen Persons handling con-	ormation concerning the condite of that patient. Special care slathe clinical facility or its affiliated by employees, volunteers, sal serving in any capacity for the entation in the patient's health rom. In addition, Clinical facility be kept within the respective desitive nature, committee minute infidential information are respondit it is safeguarded to protect	nould be taken to never disted entities in public areas, tudents, persons under cone clinical facilities, whether ecord, computer generated by business, financial informular partments and committees es/reports, and computer in the onsible for its security. Expensions are expensed to the expension of the expensi	cuss patient This tract, or any other or it be direct information, or nation, or employee i.e. work related formation. treme care must be
_	cy and understand that failure a Jursing Program and/or legal ac		r immediate
Signature and Date			

Criminal Backgroun	1 Check and Drug Screen Release			
,, hereby give Henderson Community College permission to elease the criminal background report and drug screen to agencies to which I am assigned for elinical experiences prior to beginning the assignment. I understand the agencies may refuse me access to clients/patients based on this information and that their criteria may differ from that for Henderson Community College.				
limited to, claims of de	ellege, its agents and employees from any and all claims including efamation, invasion of privacy, wrongful dismissal, negligence, or sulting from or pertaining to the collection of this information.			
I understand that I am	responsible for all costs associated with this process.			
Signature	Date			
	Cests nization and lab test requirements as stated in the Henderson Com tudent Handbook and I am in compliance with the immunization s	•		
Signed:	Date:	_		
I have the read the abo	OR ve and still need the following immunizations:			
Signed:	Date:			
	requirement for current CPR certification. and I am in compliance with the CPR requirements.			
Signed:	Date:			
patients or others who AIDS), Hepatitis B, ar Center for Disease Co fluids in both campus	sursing student, I may be exposed to blood and other body fluids of may be infected with the Human Immunodeficiency Virus (HIV of d/or other bloodborne pathogens. Therefore, I agree to adhere to attrol Guidelines for minimizing the risk of exposure to blood and land clinical laboratories. I have been taught about universal precatese Control Guidelines. I understand precautions for my own and	or the body utions		
Signature	Date			

Kentucky Board of Nursing Pol	licy Regarding Conviction Record
I understand and have read the Ke	entucky Board of Nursing (KBN) Guidelines for Review of
Licensure Applicants Conviction	Record, and that there is a definite procedure to follow in order
to be admitted to the National Co	uncil Licensure Examination (NCLEX) and have read this
	all convictions must be reported to the KBN and that upon my
÷ •	KBN will determine my eligibility to take the exam.
Signature	Date
Computer Ethics	
Computer ethics laws will be strice	ctly abided by and enforced in the Nursing Program. under no
circumstances are persons allowe	ed to copy others' software and use in this course or copy any
	ing to the College or Nursing Program.
	able at Henderson Community College is for you to use in a
	vandalism, or alteration in any manner will not be tolerated. Do
	ver without explicit permission from a faculty member. Failure
	result in academic or legal penalties to the fullest extent
•	isting guidelines. These penalties may include but are not
	ourse, expulsion from the College and Nursing Program and
	o it until you ask a faculty member.
I have read and understand the ab	· · · · · · · · · · · · · · · · · · ·
Signed:	Date:
Academic Honesty	
	nunity College AD Nursing Program policy on academic
	cipation in such activities will be cause for disciplinary
•	Community College System Code of Student Conduct.
•	
Signed:	Date:
Employment/Liability Insurance	ce Policy
	nical course are scheduled to practice in a clinical setting under
•	member. Student liability insurance only covers practice
	s are held liable for their own actions by the Kentucky Board of
1	eir job descriptions to ascertain what is allowed within an
	ey are not practicing nursing without a license.
	d, my work schedule cannot interfere with class, lab. or clinical
	e on time and remain until dismisses by the instructor.
- inpetite to unit	

Date:_____

Photo/Taping of Class For educational purposes, I agree to be audio or videotaped or have a photo taken as an individual or member of a group. I may withdraw this permission provided that I assume the responsibility to notify the instructor(s) prior to the taping/photography.
Signed: Date:
Accidental Exposure Policy As a student at Henderson Community College, I understand that I am not entitled to compensation from any clinical facility to which I am assigned.
I further understand if while attending a class or lab, I have a parenteral or mucous membrane exposure to blood or other bodily fluid, included, but not limited to, a cutaneous exposure because of skin which is chapped, abraded or has dermatitis; the Safety Officer and/or the Bloodborne Pathogens Coordinator shall be immediately notified. An incident report shall be completed as soon as possible.
The Bloodborne Pathogens Coordinator or designee will inform the source person* (if known) of the incident and request serological testing for evidence of HIV and Hepatitis B infection (regardless of previous testing for HIV and/or Hepatitis B).
If the source person is able to produce evidence of prior Hepatitis B vaccination, testing for Hepatitis B infection will not be necessary.
If the source person has AIDS, is HIV or Hepatitis B positive, refuses the test, or is physically unavailable for testing, I will be urged to be evaluated clinically and serologically by the health care provider of my choice, for evidence of HIV or Hepatitis B infection as soon as possible after the exposure.
I will also be advised to seek medical attention for any acute febrile illness that occurs within 12 weeks after the exposure and on a periodic basis thereafter (e.g. 12 weeks and 6 months after exposure or as indicated by my personal physician).
I realize that reports of all actions taken and the results thereafter must be filed with the Safety Officer and the Bloodborne Pathogens Coordinator on campus.

*Source person: A person from which another human is exposed to his/her blood or bodily fluids via parenteral, sexual, mucous membrane, cutaneous or perinatal contact.

that of my insurance carrier.

Signature

I understand that the above as well as all emergency health care, will be at my own expense and

Date

Written Work as a Sample	
I give permission to Henderson Community College AD Nursing Program for my work to be	;
anonymously used for teaching, learning, evaluation and accreditation purposes.	
Signed: Date:	
Class/Clinical/Lab Jeopardy Policy	
I have read and understand the class/lab jeopardy policy as provided.	
SignatureDate	
Revised spring 2011	
See Clinical Jeopardy Form I have read and understand the clinical safety/clinical jeopardy policy. Student Signature	
By signing below, I attest that I have read the statement and understand the chain of commar and the policy regarding receiving 4 failing grades in a 9 hours course 3 failing grades in a 6 hours course on unit exams requiring mandatory withdrawal from the class. Signature Date	d
Attendance Policy	
My signature verifies I have read and understand the attendance policy for both class and clin as stated above.	nical
Student signature:	
Date:	

Chain of Command and Tests below 78%

By signing below, I attest that I have read the statement and understand the chain of command
and the policy regarding receiving 4 failing grades in a 9 hours course 3 failing grades in a 6
hours course on unit exams requiring mandatory withdrawal from the class.

Signature			
Date			

NOTES