

COURSE SYLLABUS

VNSG 1400

VNSG 1409

VNSG 2410

**NURSING IN HEALTH AND ILLNESS I**

**NURSING IN HEALTH AND ILLNESS II**

**NURSING IN HEALTH AND ILLNESS III**

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VOCATIONAL NURSING

NURSING DEPARTMENT

HEALTH OCCUPATIONS DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE

FALL 2018- **SPRING 2019-SUMMER 2019**

## COURSE SYLLABUS

COURSE TITLE: Nursing in Health and Illness I

INSTRUCTORS:

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OFFICE HOURS: By appointment

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### CONTENT PARTICULAR TO 1409 AND 2410 IN GRAY SHADING

#### I. GENERAL COURSE INFORMATION

- A. COURSE DESCRIPTION (WECM): VNSG 1400: Introduction to General principles of growth and development, primary health care needs of the patient across the life span, and therapeutic nursing interventions. VNSG 1409: Introduction to health problems requiring medical and surgical interventions. VNSG 2410: Continuation of Nursing in Health and Illness II. Further study of medical-surgical health problems of the patient including concepts of mental illness. Incorporates knowledge necessary to make the transition from student to graduate vocational nurse.
- B. Student Learning Outcome (DECS)
1. Compare and contrast normal body functions with that of pathological variations
  2. Identify disease process by definition, assessment and diagnostics.
  3. Assist in formulation of a plan of care utilizing the nursing process for medical-surgical conditions.
  4. Provide patient/family education.
  5. Demonstrate use of nursing process in regard to drug therapy.
  6. Discuss normal aging, system changes, common disease processes, lifestyle changes, common issues and needs during the aging process.
  7. Discuss the principles of nutrition, the digestive process, food nutrients, diet therapy and diet modifications.
  8. See textbook specific objectives for each chapter.

## C. COURSE COMPETENCIES

### Grading Scale:

A	(100 –90)
B	(89-80)
C	(79-77)
D	(70-76)
F	(69 and below)

**Grades are not rounded.** A 76.9 is a D

The student must receive a minimum of 77% in each course, and meet the specified clinical criteria within a semester in order to qualify for progression to the following semester.

## D. ACADEMIC INTEGRITY:

Please refer to SPC Catalog and vocational Nursing Student Handbook

## E. SCANS AND FOUNDATION SKILLS:

C1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19

F 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17

## F. VERIFICATION OF WORKPLACE COMPETENCIES:

No external learning experiences provided. Successful completion of the DECS competency statements at the level specified by the course (Level Objectives) will allow the student to continue to advance within the program. Upon successful completion of the program, students will be eligible to take the state board exam (NCLEX) for vocational nurse licensure.

## II. SPECIFIC COURSE/INSTRUCTOR REQUIREMENTS

### A. MANDATORY TEXTBOOKS:

1. deWit, S, et al, (2017) Medical-Surgical Nursing Concepts and Practice. (3<sup>rd</sup> edition) St. Louis MO: Elsevier
2. Burton, M & Ludwig, L (2015). Fundamentals of Nursing Care. (2<sup>nd</sup> edition) Philadelphia PA. F.A. Davis
3. Clayton, B & Stock, Y (2017). Basic Pharmacology for Nurses 17<sup>th</sup> Edition. St. Louis, MO: Mosby
4. Deglin, J.P. & Vallerand, A. (2019). Davis' Drug Guide for Nurses, 16<sup>th</sup> Edition. Philadelphia, PA: F.A. Davis. (most recent edition)

5. Memmler, Ruth. (2015). The Human Body in Health and Disease, 13<sup>th</sup> Edition. Philadelphia, PA; Lippincott (most recent anatomy textbook)
6. Springhouse, Diagnostic Tests Made Incredibly Easy. (2009) Springhouse. OR Pagana, K and Pagana, T (2019). Mosby's Manual of Diagnostic and Laboratory Tests 6<sup>th</sup> edition. St. Louis MO; Elsevier.
7. Taber's Medical Nursing Dictionary or Medical/Nursing Dictionary of choice.
8. Wingerd, B (2016) Medical Terminology Complete 3<sup>rd</sup> OR 4<sup>th</sup> (2019) Edition Boston, Pearson
9. Nix, S. (2017) William's Basic Nutrition and Diet Therapy 15<sup>th</sup> edition. St. Louis MO; Elsevier
10. Polan, E & Taylor, D (2015) Journey Across the Life Span Human Development and Health Promotion, 5<sup>th</sup> edition. Philadelphia, PA; F.A. Davis
11. Occasionally, the student will be required to utilize outside references.
12. **The medical terminology workbook may not be written in previously.**

**The student MUST have the most recent edition of the required textbooks and workbooks. Students will NOT be allowed to attend unless the newest edition is brought to class. See student handbook for requirements for bringing textbook to class.**

Students will not be allowed to use programmable calculators during testing. Student seating and placement will be at the discretion of the instructor during lecture and testing. Students may not have cell phones, or "smart watches", or any other electronic device on their person or on the desk during testing.

**During class, lecture and lab, cell phones must be turned OFF (not just on vibrate).**

#### B. ATTENDANCE POLICY

Contact hours: 96. See SPC catalogue and Vocational Nursing Student Handbook. Students are expected to attend all classes, arrive on time, and to remain for the entire class period. Attendance will be taken at the beginning of class: a student not present will be marked absent in the attendance record. Students absent more than 12 hours will be removed from the course. Three (3) tardies count as one (1) hours' absence. There are no excused absences.

#### C. ASSIGNMENT POLICY

All class assignments are to be turned in by 8:00 a.m. on the due date announced or the paper will be considered late. Ten (10) points will be deducted from the paper for each day turned in late. Failure to complete assignments will result in a grade of INCOMPLETE. Please refer to the Student Handbook for Vocational Nursing.

D. GRADING POLICY/METHODS OF EVALUATION: VNSG 1400

Unit exams	70%
Quizzes, workbook avg. ethical paper	5%
Medication cards	5%
Class Presentation	5%
Final Examination	15%

VNSG 1409

Unit Exams	70%
Medication cards	5%
Quizzes, workbook avg., ethical paper, DDG	5%
Final Examination	20%

VNSG 2410

Unit Exams	70%
Quizzes, workbook	5%
Presentation	5%
Final Examination	20%

E. REQUIRED SUPPLIES

Pre-printed Medication cards printed on cardstock, plain paper not accepted

Black or blue ink pens for assignments and medication cards

Purple ink pens for corrections (supplied by instructor)

Access to computer, internet and printer

#### F. RECORDING POLICY

Recording of lectures, presentations and discussions is not permitted

#### G. ATI TESTING POLICY

Students will be required to participate in ATI testing. In 1409, the student will take the Fundamentals test, during the semester. In 2410, the student will be required to take the Med/Surg portion, the Pharmacology portion, and the ATI comprehensive. Students will purchase and receive books at the beginning of the year/semester.

Each ATI test result will be recorded to be averaged in with the other test grade as follows:

Score: Level 3	100
Level 2	93
Level 1	77
Below Level 1	70

***The ATI test results will NOT be eligible to be the lowest grade removed in the course.***

***ATI testing grades will affect overall test average!***

PRACTICE TESTS: Printed results of practice tests must be submitted on the faculty required date. A passing score is required on submitted practice tests. Students are urged to fully utilize provided texts, planning, time management techniques, and practice testing opportunities.

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To fulfill the Graduation Requirement:

The NCLEX PN comprehensive/predictor exam will be taken in the third semester.

The student must complete 2 practice tests on the NCLEX PN comprehensive/predictor. For one of the practice tests, the student must use the practice mode that allows review after each question. It is very likely the student will need to devote a great deal of time on this process. REMINDER: THE STUDENT MUST HAVE ACCESS TO A COMPUTER WITH INTERNET ACCESS, AND A PRINTER FOR THESE TESTS.

H. Disability Services: Students with disabilities, including, but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office

at Levelland Student Health & Wellness Center 806 716 2577, Reese Center Building 8 806 716 4676; Plainview 806 716 4302.

- I. Academic Integrity: It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense and will result in dismissal from South Plains College. See honesty policy within this syllabus.
- J. Campus Concealed Carry Texas Senate Bill – 11 (Government Code 411.2031, et al) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations please refer to the SPC policy at:

[http://www.southplainscollege.edu/human\\_resources/policy\\_procedure/hhc.php](http://www.southplainscollege.edu/human_resources/policy_procedure/hhc.php)

Pursuant to PC 46.035 the open carry of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806 716 2396 or 9-1-1.

### III. COURSE OUTLINE

#### A. REQUIRED READINGS: REQUIRED READINGS:

Texts as stated above, Chapters as assigned. See drug list for individual unit assignments. It is required that each chapter be read prior to the first lecture hour for the chapter. The student is responsible for completing the learning objectives and learning the key terms at the beginning of the chapter.

#### B. ETHICAL DECISION MAKING ACTIVITY: VNSG 1400 and 1409

The student will select a case study from the syllabus and complete the ethical decision making activity in the chapter. Select a different case study each semester. This paper will need to be turned in on a date announced in class for the semester. See grading criteria. Late papers will have 10 points deducted for each class day late.

C. MEDICAL TERMINOLOGY VNSG 1400, 1409, 2410

The student will must submit terminology workbook by assigned date. The workbook must be new and not written in. Generally, these will be due the day the lecture commences over a specific body system. All “blanks” must have correct answer. The workbook will be graded based on the percentage of correct answers. Unanswered questions will be counted as incorrect.

D. DISEASE PROCESS LECTURE OUTLINE, PHARMACOLOGY OUTLINE

E. ETHICAL DECISION MAKING

F. ASSIGNED READINGS

G. MEDICATION CARD ASSIGNMENTS

#### **IV ACCOMMODATION**

South Plains College strives to accommodate the individual needs of all students in order to enhance their opportunities for success in the context of a comprehensive community college setting. It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, religion, gender, disability or age (SPC Equal Opportunity Policy – General Catalog).

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements can be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Offices at Levelland Student Health & Wellness Center 806 716 2577, or the Health and Wellness Main number 806 716 2529.

Diversity: In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.



#### **4.1.1.4 Title IX Pregnancy Accommodations Statement**

If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education. To activate accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Director of Health and Wellness. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact Chris Straface, Director of Health and Wellness at 806-716-2362 or email [cstraface@southplainscollege.edu](mailto:cstraface@southplainscollege.edu) for assistance.

## **DISEASE PROCESS LECTURE OUTLINE**

Disease

Etiology and Risk Factors

Pathophysiology

Progression and Complications

Signs and Symptoms

How Disease is Diagnosed

Medical/Nursing Interventions

Priority

Medical Interventions

Possible Surgical Interventions

Diet

Activity

Other

Prevention/Patient-Family Teaching

## LECTURE OUTLINE PHARMACOLOGY

Drug Classification

Use(s)

Actions

Contraindications and Cautions

Adverse Reactions

Life Threatening/Serious Reactions

Common Adverse Reactions

Nursing Implications

Assessments Prior To Giving Medication

Laboratory Tests

Nursing Interventions

Patient/Family Education

## **ETHICAL DECISION MAKING**

**VNSG 1400 (Due September 24th, 2018 at 0800) and 1409 (Due Jan 14, 2019 at 0800)**

### **GRADING CRITERIA**

Possible Points: Paper needs to be written in this order:

- 15 1) What is the issue or problem? (1 paragraph)
  
- 15 2) Why is this an issue? (1 paragraph)
  
- 20 3) Which values are involved? (Example: veracity, benevolence, etc)  
Define and discuss each involved value (use reference) and explain how these are involved with this case. (1-2 Paragraphs)
  
- 25 4) Which two values are in conflict? Give specifics (1-2 Paragraphs)
  
- 25 5) If you were discussing this situation with a colleague, what solutions would you recommend? State your rationale. (1-2 Paragraphs)

The student should select one of these case studies for 1400 and another case study for 1409. It is anticipated this project will be 2-4 pages in length. The paper should be neatly hand-printed or typed. At least 1 full, detailed paragraph should be written on each section. Use the textbook for Professional Concepts/Development as a reference for this assignment. Use APA format for references.

**FOLLOW THESE INSTRUCTIONS VERY CAREFULLY!**

## Ethical Thinking

### Case #1

A 68 year old patient has stage 4 prostate cancer with metastasis to his pelvic bones and lower spine. He is alert, and has severe pain in his lower back and pelvic area every time he tries to move, even in bed. As a result, the only comfortable position for him is supine.

He has developed stage 1 decubitus ulcers on his sacrum and on the back of his heels. His nutritional status is poor. The patient has also developed atelectasis in his lower lobes and is unable to cough up his secretions.

Several nurses would like the patient to be turned every 2 hours to prevent further skin breakdown and respiratory distress, which would most likely hasten his death. They feel a decubitus ulcer and respiratory distress would cause pain and discomfort also. Other nurses feel, in view of his prognosis, that turning him would cause unnecessary pain and would not benefit the patient.

### Case #2

A 28 year old patient is 9 weeks pregnant with her first child. She develops fatigue, epistaxis and numerous bruises over her body. A CBC and Bone Marrow Biopsy reveal acute leukemia. Her physician has advised an immediate surgical abortion in order to begin chemotherapy.

Her physician has determined that chemotherapy must begin immediately in order to save the mother's life. The health care team recognizes the mother would only live three to four months without chemotherapy and that the fetus would not have reached viability at that stage. The proposed chemotherapy is highly teratogenic.

Several nurses in the operating room are refusing to assist the surgeon, citing strong religious and moral objection to the procedure. Other nurses feel the mother and the child would die without intervention and feel the OR nurses are abandoning the patient.

### Case #3

A 30 year old patient has contracted AIDS and has been told this is a terminal illness. He is emaciated, has chronic diarrhea and frequent respiratory, mouth and skin infections. His vision is severely impaired due to cytomegalovirus infections. Only home health workers visit him anymore. His former partner, family and friends have abandoned him. Despite his illness, he is alert.

A visiting nurse discovers a cache of prescribed narcotics in his medicine cabinet, which would likely be sufficient to cause a fatal overdose. One nurse believes he should be allowed to make

an autonomous decision to end his life. Another nurse feels obligated to confiscate the narcotics and contact the MD.

#### Case #4

A 70 year old patient has a terminal illness, amyotrophic lateral sclerosis (aka Lou Gehrig's disease). Over the past 3 years, this has caused the muscles of her body to become progressively weaker. She is totally dependent on the nursing staff for every need. Her respiratory muscles have eventually weakened to the point she has needed a tracheotomy and a ventilator for the past 2 months. If she is removed from the ventilator, she could not breathe on her own. She is alert and able to communicate her needs by mouthing words and writing brief notes. For the past several days, she has requested to be taken off the ventilator. A psychiatrist was consulted, who visited at length with the patient to determine mental competency. The consultant found the patient to be completely aware of the consequences of her request. She nods "yes" when her physician asked if she realizes this will cause her to die.

The physician has decided to follow her wishes and take her off the ventilator this evening, after she has said her "good byes" to her family. Her family members, although saddened, agree with her decision.

Several nurses feel they could not assist the physician with removing the ventilator, stating "it would be like assisting suicide". Others feel the illness itself would eventually cause death and that this is allowing the patient to determine her own destiny.

#### Case #5

An 80 year old patient has suffered his third stroke in several years, just after his 60<sup>th</sup> wedding anniversary. His first two strokes resulted in hemiparesis. He has been in a nursing home since his second stroke, unable to eat, walk or bathe independently. With this most recent stroke, he has been unresponsive even to painful stimuli. His wife requests he is not to be resuscitated and that he is not fed or hydrated artificially, either through tube feedings or intravenously. He does not have a living will or a durable power of attorney. His wife states before his first stroke, he verbalized his wishes not to be kept alive artificially.

Several nurses feel he should receive tube feedings and IV hydration and say they cannot "watch someone starve to death". Others believe this patient is unresponsive to pain and therefore would not be suffering any discomfort associated with dehydration or starvation.

Environmental Safety Assessment Fall Semester **Due Date October 15 0800.** Will count as a test grade. Follow instructions for this assignment.

Make comments on the safety of your “patient’s” environment. You may utilize your own home or the home of a family member. Observe the environment critically, as if you were the home health nurse making a home visit. The “patient” is 83 years old and has moderate Parkinson’s disease. The “patient” uses a walker, and has occasional episodes of incontinence. She lives with a daughter and a disabled son in law. The daughter works 2 jobs, and when she comes home from the first job, she stays for an hour, makes her dinner and helps her shower. The patient eats hot cereal, applesauce and milk for breakfast. She receives Meals on Wheels for lunch.

Up to 10 points will be deducted for each missing/incomplete answer. Use details! 10 points deducted each day late.

**Outside home**

Roof (leaks, missing shingles, fire hazard? Etc.) EXAMPLE: The roof has several missing shingles, but the roof does not currently leak. There are several trees which are in contact to the house, and numerous dried leaves are on the roof. Several electric wires are present within the tree branches. These all present a fire hazard.

Sidewalk (dirt only or paved, cracks, uneven, etc)

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Outside doors and windows (locks, falling off hinges, broken glass etc)

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Stairs/Steps/Driveway, Entryway to home

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**Inside home**

Floors (heavily waxed, clutter, cords etc.) Will need a **lot** of detail here.

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Carpet (holes, worn spots, throw rugs etc.) Needs details.

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Inside uneven flooring, sunken living rooms, stairs and steps if applicable

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Bathroom: List ALL possible hazards for the patient's bathroom

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Bedroom: List ALL possible hazards for the patient's bedroom

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Kitchen: Stove, pots and pans, available cleaners and potential for harm, step stools, meal preparation.  
Fire extinguisher available? List ALL possible hazards.

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Electrical: Hazards? List all potential hazards noted

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Medication Storage and Administration: Hazards? List all potential hazards noted (won't go into interactions and ARs)

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Discuss availability of:

Telephone services: If using mobile phone, discuss coverage, charger, access etc.

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Electricity / Gas \_\_\_\_\_

Hot and cold running water \_\_\_\_\_

Does the hot water present a burn hazard? \_\_\_\_\_

Heating and air conditioning \_\_\_\_\_

Comments and suggestions for improvement: Must list at least 5, in priority order.

1.

2.

3.

4.

5.

Reading Assignments VNSG 1400 (Subject to change by faculty)

\*\* All Medical Terminology chapters are due at 0800 the day the lecture topic begins \*\*

TOPIC (hours)	READING ASSIGNMENTS; WORKBOOK ASSIGNMENTS	Test Grade
Nutrition 16	Skills Text: p. 496-504, Skills 24-1, 24-2, pages 423, Skills 21-1, 21-2, 21-3 Nutrition: Chapters 1, 14	
Nutri 4 Intro	Nutrition: Chapters 2, 3, 4, 6	
Nutri 1	Nutrition: Chapter 7, 8	
Aging part 1 Geri 2	M/S sections TBA, Human Development, chapter 13, power points and lecture **Medical Terminology: 1 through 3	
Aging part 2	M/S sections TBA, power points, lecture	
Care of patient having surgery MS 7	M/S Chapters 4 & 5 Skills Chapter 33 Nutrition: Chapter 22	
Pain assessment management Pharm 10	M/S Chapter 7 Pharmacology Chapters 13, 20	
Disease causation, prevention and treatment MS 4	A/P Chapter 5, 17, Appendix 3 M/S Chapter 6 **Medical Terminology: Chapters 4 and 5	
Antibacterials Pharm 10	Pharmacology Chapter 45, pages 687-709	
Diabetes MS 4, Pharm 4	M/S Chapter 37; Pharmacology Chapter 35 (+Skills lab) Nutrition: Chapter 20	
Diagnostics, oncology basics, palliative care MS 12	Labs and Diagnostics Made Incredibly Easy (bring text to class, various chapters TBA) M/S Chapter 8	
Fluid and Electrolytes MS 3, Pharm 8	Nutrition: Chapter 9 M/S Chapter 3 Skills chapter 29	
Musculoskeletal MS 8	M/S Chapters 31, 32; Pharm Ch 44 **Medical Terminology: Chapter 6	
Upper Respiratory MS 8 Geri 1	M/S Chapters 12 & 13 Pharm Ch 29 Skills ch 28 except p 625-627 Skills 28.3 to 28.8 **Medical Terminology: Chapter 9	

VNSG 1409 Spring semester Subject to change by faculty

Test

TOPIC	READING ASSIGNMENTS AND WORKBOOK ASSIGNMENTS	Grade
Med admin	Skills: Chapters 35-37	
Lower & Acute Respiratory MS 8 Pharm 1	M/S: Chapters 12& 14 Pharm: Chapter 30 Skills: Chapter 28 p 625 - 627 Skill 28.9	
Cardiovascular Part 1 MS 7, Geri 1, Pharm 2	M/S: Chapters 17, 20 Pharm: Chapters 20, 21, 22, 24 **Medical Terminology: Chapter 8	
Cardiovascular Part 2 MS 8, Nutri 3, Pharm 2	M/S: Chapters 17 & 19 (section on heart failure, heart valve disorders) Pharm: Chapters 27, 28 Nutrition: Chapter 19, Group Assignments Lab (presentations)	
Cardiovascular Part 3 MS 5, Geri 1, Pharm 1	M/S: Chapters 17 & 19 (section on dysrhythmias) + handouts Pharm: Chapter 23	
Cardiovascular Part 4	M/S: chapters 17 & 18 HTN & Peripheral vascular diseases Pharm: Chapter 25, 26	
Hematology MS 7, Geri 1, Nutri 1	M/S: Chapters 15 & 16 Nutrition: Chapters 7, 8, Group Assignments Lab (presentations) **Medical Terminology: Chapter 7	
GI Part 1 Upper GI MS 6, Pharm 1, Geri 1	M/S: Chapters 27 & 28 Pharm: Chapters 32, 33 Skills: Pages 508- 527 Skills 24-3, 24-4, 24-5, 24-6, 24-7 **Medical Terminology: Chapter 10	
GI part 2 Lower GI MS 6, Pharm 1, Nutri 1	M/S: Chapters 27 & 29 Pharm: Chapter 34 Skills: Pages 689-697, Skills 30-5, 30-6 Nutrition: Chapter 5	
GI part 3 MS 7	M/S: Chapters 27 & 30 Accessory Organs: GB, pancreas, liver Nutrition: Chapter 18	
Renal MS 6, Geri 1, Nutri 1	M/S: Chapters 33 & 34 Pharm: Chapter 41 Skills: Page 725 Nutrition: Chapters 21, Group Assignments Lab (presentations) **Medical Terminology: Chapter 11	
Advanced skills	Skills text chapters 24 & 28	

VNSG 2410 Summer III semester Subject to change by faculty

TOPIC	READING ASSIGNMENTS AND WORKBOOK ASSIGNMENTS	Test Grade
Skin and Burn Care	M/S: Chapters 41 & 42 (read prior to burn ICU rotation)	
Neuro part I MS 6 Geri 1	M/S: Chapters 21, 23, 24 Pharm: Chapters 12, 14, 18 **Medical Terminology: Chapter 13	
Neuro part 2 MS 7 Geri 1	M/S: Chapters 21 & 22	
Meds for neuro system	Pharm: chapters 12, 14, 18	
Endocrine MS 2, Pharm 4	M/S: Chapters 35 & 36 Pharm: Chapters 36 and 37 **Medical Terminology: Chapter 15	
Female Reproductive MS 4, Geri 1, Pharm 2	M/S: Chapter 38 Pharm: Chapters 38, 39, 40 **Medical Terminology: Chapter 12	
Male Reproductive & STI's MS 3, Pharm 1	M/S: Chapters 39, 40 Pharm: 39, 41	
Sensory System Eyes, ears MS 6, Geri 1	M/S: 25 & 26 Pharm: Chapter 42 **Medical Terminology: Chapter 14	
HIV/AIDS Immune Disorders MS8, Nutri 3, Pharm 3	M/S: Chapters 10 & 11 Pharm: Ch. 45 Pages 709-734 Nutrition: Chapter 23	
Emergency Care Disaster Preparation MS 5	Disaster Preparation: M/S: Chapters 43, 44 Sepsis lecture: p1045-1046	

## Medication Cards

A poster in the classroom will indicate when drug cards are due. The student will be required to turn in cards at **0800 each Monday, as indicated**. Cards must be neatly hand printed, satisfactorily completed or it will be returned for completion. The re-do cards are due the following Monday. Each card must be satisfactorily completed in order to count in the total cards required to meet course and graduation requirements. A grade will be given according to the number of completed cards submitted on time. Late cards aren't counted in for the weekly grade but must be turned in for the total card count. For example, if 4/5 required cards are turned in, the week's grade is 80%. If 7/10 required cards are turned in, the week's grade is 70%. If all the required weekly cards are turned in on the assigned day, the grade is 100%.

If a student has neglected to turn in the required number of cards 2 times per semester, a counseling form will be filed and discussed with the student. The student will be referred to the Academic/Admission Committee if the required numbers of cards are not turned in for any 3 weeks during the semester. Committee decisions could result in dismissal from the Program.

This information should be included on each medication card:

1. Medication names: Brand and generic
2. Classification: BE SPECIFIC. "Anti-infective" is not specific enough. Please state the specific drug category (aminoglycoside, cephalosporin) etc. As another example, a medication for blood pressure control should be listed by its specific category, such as beta-blocker, vasodilator, etc.
3. Route and dosage: List dosage range per route for adults. PO is default route, unless instructions specify route (See med list)
4. Indications: List uses
5. Action: how does medication work in the body?
6. Adverse reactions: List life threatening first in ALL CAPS. Then list most common
7. Contraindications: List conditions which prohibit use of this drug
8. Food/Drug interactions and or incompatibility. List most common
9. Assessment: What should the nurse assess and monitor when giving this med?
10. Implementations: List appropriate measures for safe administration of this drug
11. Patient teaching: list specific measures for patient/family teaching
12. Check any necessary precautions/interventions to avoid repetitive information
13. Include the student's name, reference page number, drug card number
14. VS: which specific VS must be monitored? Why? (correlate with AR's)
15. Labs: Which specific labs must be monitored? Why? (correlate with AR's)
16. Please neatly print, using black or blue ink. Instructor will provide purple colored ink pen for neat corrections. Please do not use white out when preparing corrections for re-submission for corrections. You may use the back of the med card. Use provided rubber band to submit groups of cards. Cards will be re-checked and counted at the end of the semester as well.
17. Be sure all unfamiliar words are defined. **AR's need to also have signs/symptoms discussed and described.**

Use critical thinking to select relevant information needed. ONLY appropriate medical abbreviations may be used. DO NOT COPY THE REFERENCE WORD FOR WORD.

#### Medication Card Requirements

Week 8	2 med cards
Week 9	3 med cards
Week 10	4 med cards
Week 11	5 med cards
Week 12	7 med cards
Week 13	9 med cards
Week 14	10 med cards
Week 15	10 med cards
Week 16	10 med cards

Total of 60 cards will be required in VNSG 1400

Weeks 19 - 25 10 med cards, until total of 60 cards are submitted for VNSG 1409  
(Some additional med cards will be due for the Mental Health Course)

Policy for med cards:

**Correcting incomplete med cards immediately is an important part of the learning process.**

Students are reminded to submit cards for correction on the next med card due date. For example, corrections from the cards returned week 9 will be due on the Monday of week 10. Failure to turn in corrections will result in a counselling on the first incident. The second incident will result in an appearance before the Academic/Admissions committee for consideration of removal from the program, due to failure to keep up with assignments.

At the end of the first and second semester, the med cards will be counted for accuracy and completion. Students will need to maintain cards to submit for counting and verification at the end of the first and second semesters.

Medications and requirements: Due for VNSG 1400

1. Aspirin (FOCUS ON PLATELET AGGREGATION INHIBITION)
2. Acetaminophen (PO only) Need max daily dosage & treatment of OD
3. Ibuprofen
4. Meperidine (include reversal and specifics on VS)
5. Morphine “ “ “
6. Hydrocodone “ “ “
7. Fentanyl patch “ “ “
8. tramadol
9. Eszopiclone
10. Temazepam
11. Chloral hydrate (utilize outside ref + specify which ref used)
12. Naloxone focus on use for treatment of opiate OD
13. Celecoxib
14. Gentamycin (For all antibacterials, list specific antibiotic classification example: cephalosporin, aminoglycoside etc.)
15. ceftriaxone (Use specifics on IM injection for adults)
16. Azithromycin
17. Penicillin v potassium
18. Trimethoprim/Sulfamethoxazole (use combination med), labs, definitions, crystalluria, how to prevent etc.
19. Doxycycline
20. Linezolid
21. Imipenem/silastatin
22. Vancomycin (include peak, trough and lots other labs)
23. Ciprofloxacin
24. Regular insulin (need S/S & treatment of hypoglycemia)
25. Insulin glargine “ “
26. Metformin
27. Glipizide
28. Sitagliptin
29. exenatide
30. Pseudoephedrine (PO Sudafed)
31. Diphenhydramine
32. Loratadine
33. Levalbuterol
34. Budesonide (Pulmicort Flexhaler)
35. Dextromethorphan
36. Guaifenesin
37. Atrovent
38. Advair Diskus (INCLUDE INFO FROM BOTH MEDS)
39. Singulair





79. Carbidopa/levodopa
80. Selegiline
81. Pregabalin
82. Donepezil
83. Memantine
84. Rivastigmine
85. Phenobarbital for seizures May need additional ref
86. Clonazepam
87. Phenytoin (**Lots** of definitions with S/S of ARs, and labs)
88. Valproic acid
89. Carbamazepine
90. Sumatriptin
91. Lamotrigine
92. Gabapentin
93. Epinephrine IV for emergencies
94. Propranolol
95. Neostigmine IV use
96. Atropine IM preoperative use
97. Levothyroxine
98. Methimazole
99. SSKI- details on how to avoid teeth stains, and specifics on labs
100. Fludrocortisone
101. Prednisone
102. Premarin
103. Depo-Provera
104. Testosterone gel (with specifics on topical application)
105. Dinoprosone cervical application: details on maternal and fetal monitoring
106. Oxytocin: details on maternal and fetal monitoring
107. Metronidazole PO (need to discuss interaction with alcohol in detail)
108. Sildenafil
109. Nystatin vaginal cream
110. Tolterodine
111. Solifenacin
112. Tamsulosin
113. Finasteride
114. Febuxostat
115. Megestrol
116. Tamoxifen
117. Epoetin
118. Alendronate    119. Zanamivir        120. Acyclovir

Brand Names: \_\_\_\_\_ Generic Names: \_\_\_\_\_

Classification: \_\_\_\_\_

Route \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Indications \_\_\_\_\_

Actions: \_\_\_\_\_

Adverse Reactions \_\_\_\_\_

Contraindications \_\_\_\_\_

Food / Drug Interactions / Incompatibility \_\_\_\_\_

Nursing Implications:  
Assessment \_\_\_\_\_

Implementations \_\_\_\_\_

Patient Teaching \_\_\_\_\_

\_\_\_\_\_ Dizzy / Drowsy / Safety Precautions \_\_\_\_\_ I & O / Daily Weight

\_\_\_\_\_ Postural hypotension precautions \_\_\_\_\_ Antidote

\_\_\_\_\_ Give with meals to decrease GI distress

\_\_\_\_\_ Monitor / Report / Treat as prescribed: \_\_\_\_\_ Anaphylaxis

\_\_\_\_\_ Superinfection \_\_\_\_\_ GI Bleeding

Monitor \_\_\_\_\_ VS Why? \_\_\_\_\_

Monitor \_\_\_\_\_ Lab Why? \_\_\_\_\_

Drug Card # \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_

VNSG 1409 Research Assignment Due Jan 9 2019 at 0800. (After Completion and grading, will need to bring to clinical). Include a **DESCRIPTIVE** definition, signs and symptoms and interventions for these adverse drug reactions. On the drugs with \* include an appropriate image. You will need extra pages.

\* Steven-Johnson syndrome

\* Angioedema

\* Tardive dyskinesia

\* Prolonged QT syndrome (also, compare with image from normal EKG)

\* Torsade de pointe (also, compare with image for Ventricular Tachycardia)

\* Gingival Hyperplasia

\* Extrapyramidal reaction

Pseudomembranous Colitis

Neuroleptic malignant syndrome

Ataxia

Nystagmus

Serotonin Syndrome

Pruritis

Gynecomastia

Thrombocytopenia

Leukopenia

Hemolytic Anemia

Pancytopenia

Paradoxical bronchospasm

Rhabdomyolysis

Disulfiram reaction (will need additional ref)

**Please make sure your descriptions will be adequate enough for a discussion of medications with an instructor. If you don't know the meaning of a word, look it up and write it down!!!**

<u>Medication</u>	<u>K+, e-lytes</u>	<u>Glucose</u>	<u>WBC</u>	<u>RBC H&amp;H</u>	<u>Platelets</u>	<u>Other</u>	<u>VS</u>
Digoxin (w Antidote?)	↓K					Dig level	P<60 or >100
Coumadin (w Antidote?)				↓	↓	↑PT, INR	Bleeding P ↑ BP↓
Thiazide, or Loop diuretics	↓K, elytes		↓	↓	↓		BP↓
Potassium Sparing Diuretics	↑K						BP ↓
Insulin, other hypoglycemics		↓					Need S/S of ↓BS
ACE Inhibitor antihypertensive	↑K		↓			↑BUN/Creat	BP↓
ARBS antihypertensive	↑K					↑BUN/Creat ↑AST/ALT	BP↓
Beta Blockers		↑or ↓					P ↓ BP ↓
ALL anti- hypertensive							BP ↓& P
Narcotics, sedatives (w Antidote?)							↓R, P BP v pain lvl effect
Acetaminophen (w Antidote?) (Max daily dose)						↑AST/ALT	v temp and Pain level for effect.
Lovenox, ASA Other ACX				↓	↓		Bleeding P ↑ BP↓
Heparin (w Antidote?)				↓	↓	↑PTT	Bleeding P ↑ BP ↓
Prednisone	↓ K	↑	↓	↓ GI bleeding			GI Bleeding P ↑ BP ↓

BRING THIS SHEET WITH YOU TO CLINICAL

Due Date: **Due date October 18/19, 0800.** 5 power points, 5 minute presentation (No duplicate presentations, each student will be given a separate topic to present). Student will need 1 power point each for A thru E. No music or videos please. Use a reference, besides class text, for health care professionals. NO WEB SITES AT ALL.

- A. Definition and Incidence (how frequently this happens)
  - B. Risk factors (which patients are most likely to have this disorder)
  - C. Potential complications
  - D. Independent nursing interventions
  - E. Preventative measures
1. Falls and older adults, r/t visual disorders
  2. Falls and older adults, r/t impaired mobility
  3. Falls and older adults, r/t medications
  4. Physical abuse of older adult by family members/friend
  5. Emotional abuse of older adult by family members/friend
  6. Financial abuse of older adult by family members/friend
  7. Sexual abuse of the older adult by family members/friend
  8. Urinary tract infection in the older adult
  9. Constipation in the older adult
  10. GERD in the older adult
  11. Influenza in the older adult
  12. Skin tears in the older adult
  13. Polypharmacy and the older adult
  14. Social Isolation and the older adult
  15. Lack of exercise and the older adult
  16. Decubitus ulcers and the older adult
  17. Joint contractures and the older adult
  18. Hypertension and the older adult
  19. Visual impairment and the older adult
  20. Hearing impairment and the older adult
  21. Benign prostatic hypertrophy and the older adult
  22. Iron Deficiency Anemia and the older adult
  23. Obesity and the older adult
  24. Malnutrition (caloric intake less than body requirements) and the older adult
  25. Poor dentition and the older adult
  26. Osteoporosis and the older adult
  27. Osteoarthritis and the older adult
  28. Hypothyroidism and the older adult
  29. Herpes Zoster in the older adult
  30. Hypothermia in the older adult
  31. Depression in the older adult

**YOU MAY NOT USE A MAC FOR THIS PROJECT. YOU WILL NEED TO USE A THUMBDRIVE OR A DISC FOR THE PRESENTATION.**

Student: \_\_\_\_\_

Grading Criteria:

Expectation	Possible points	Student's points
Has accurate information	20	
Has sufficient detail	20	
Starts on time, ends on time Expected time frame: no less than 4 and no longer than 6 minutes	10	
Exhibits sufficient knowledge of topic	10	
Has appropriate eye contact with audience	10	
Professional appearance	10	
Utilizes appropriate health care reference, with information outlined in color, provides to instructor	10	
Pays attention to other student's presentations	10	

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Background or Font color required:

Definition and Incidence: Black

Risk factors: Purple

Complications: Red

Independent Nursing Interventions: Yellow

Prevention: Green

\_\_\_\_\_

Faculty

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

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

Examples of student plagiarism<sup>1</sup>

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1 copy to student file; 1 copy to student



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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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