Professor Carmel T. Ficorelli, MSN, FNP, RN
Professor
Course Coordinator

Professor Christine Vaz, MSN, RN
Assistant Professor

Professor Karen Colombo, DNP, FNP, CCRN
Associate Professor

Credit – Hours: 5 credits, 17 hours. (one-half semester – 6 weeks)

Pre-requisites
NUR 2100

Pre or Co-requisite
PSY 3200
Recommended
SOC 3100, ENG 2400

Course Description
Nursing of the adult patient with common recurring health alterations includes advanced nursing interventions based on physiological and psychological needs of adult patients. This course builds on concepts of commonly recurring health alterations presented in Nursing the Ill Adult I (NUR 2100). The physiological and psychological needs of the adult patient are addressed through Quality and Safety for Nurses (QSEN) Initiative incorporating the concepts of patient centered care, teamwork and collaboration, evidence based practice, safety, quality improvement and informatics; the Nursing Process; and the Categories of Client Needs. The principles of priority setting, leadership and delegation are incorporated throughout the course.

Class work for typical week consists of: six (6) hours of classroom instruction, three (3) hours of college laboratory/simulation, and eight (8) hours of health agency experiences. Laboratory sessions are on campus and in hospitals or other health agencies. It is essential for students to engage in additional practice for further development of skills. Provisions are available for additional time in the college laboratory for practice.

STUDENT LEARNING OUTCOMES (SLOs)
Upon completion of NUR 2200, using the Nursing Process in a variety of health care settings to a diverse population of adult patients, the student will:

Course SLOs

1. Assume accountability in providing a safe environment.
2. Prioritize nursing interventions in the delivery of care to achieve desired patient outcomes.
3. Employ evidence-based strategies to support nursing practice.
4. Implement critical thinking modalities while providing care.
5. Interact with members of the interdisciplinary team using principles of collaboration to provide comprehensive care.
6. Assume a leadership role when providing care.
7. Demonstrate competency when using technology in the provision of care.
8. Apply knowledge of the professional, legal, ethical principles in the practice of nursing.
ASSESSMENT MEASURES for COURSE SLOs
Students will perform satisfactorily in the classroom, laboratory/simulation and clinical setting as evidenced by achieving 75% or greater on written exam, various course specific written assignments, and demonstration of satisfactory performance on course specific clinical competency and evaluation tools.

ASSESSMENT TECHNOLOGY INSTITUTE (ATI) TESTING
Kingsborough’s Nursing Department uses ATI Nursing Education tutorials, testing and remediation each semester. Active participation in ATI assignments and testing is a requirement of this course and will account for 10% of the course grade. Failure to take the proctored exam as scheduled will result in a grade of incomplete and will prevent progression in the program.

ATTENDANCE
Complete participation in class is possible only when students are able to focus attention on the class, therefore entering class after it has begun is disrespectful to Faculty and classmates. Talking out of turn or exhibiting other disruptive behaviors is not tolerated and students will be asked to leave the classroom or lab.

All cell phones, smart devices or other multimedia devices that generate sound must be turned off when any member of the academic community enters a classroom. Cellular devices are allowed to be on in the classroom only if the owner is using the caller ID, voice messages or a vibrating battery. NO TEXTING IS ALLOWED AT ANY TIME DURING CLASS AND/OR LABS. Members of the academic community must exit the classroom to make or receive calls.

A student is deemed excessively absent in any course when he or she has been absent 15% of the number of contact hours a class meets during a semester. When a student is excessively absent, a grade of "WU" will be assigned as described in the college catalogue. Attendance at pre and post conference for laboratory experience is required. Absence from either pre or post conference constitutes an absence for the day’s experience.

STUDENTS WITH DISABILITIES
Access-Ability Services (AAS) serves as a liaison and resource to the KCC community regarding disability issues, promotes equal access to all KCC programs and activities, and makes every reasonable effort to provide appropriate accommodations and assistance to students with disabilities. Your instructor will make the accommodations you need once you provide documentation from the Access-Ability office (D-205). Please contact AAS for assistance.

EXAM POLICY
All personal items (backpacks, purses, etc.) must be placed in front of the classroom before the exam begins. The Nursing Department will provide each student with a calculator and #2 pencil during exams. There are to be NO personal items in use (pens, highlighters, pencils, electronic devices, etc.) during an exam. Food and drink is strictly prohibited during the examination period. Students will be asked to remove all hats, scarfs and jewelry prior to the beginning of exams. (The only exceptions are head coverings and jewelry worn for religious purposes). There will be no individual exam reviews with faculty members and there will be no group exam review at the end of the exam.

EVALUATION
Grades will be calculated according to college and departmental policy as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>A+</td>
<td>97 – 100</td>
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<tr>
<td>A</td>
<td>93 – 96</td>
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<tr>
<td>A-</td>
<td>90 – 92</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89</td>
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<tr>
<td>B</td>
<td>83 – 86</td>
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<td>B-</td>
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<td>C-</td>
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<td>D+</td>
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<td>D</td>
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<td>F</td>
<td>&lt; 60</td>
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</tr>
<tr>
<td>W</td>
<td></td>
<td>Withdrew without penalty</td>
</tr>
</tbody>
</table>

(11/17/2011, Rev. 3/06/12, 8/21/13, 2/12/2014, 7/29/2014, 9/15/14, 1/6/15, 7/5/15, 2/2/18, 6/29/18)
WU Unofficial withdrawal (counts as failure)
INC Doing passing work, but missing an assignment or an examination; changes to a “FIN” if work is not made up by the 10th week of the next 12-week session
FIN Failure as a result of an Incomplete

Nursing 2200 grades will be calculated as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture examinations average (2 exams)</td>
<td>61%</td>
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<tr>
<td>Final examination</td>
<td>35%</td>
</tr>
<tr>
<td>ATI assignments and testing</td>
<td>4%</td>
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<tr>
<td>Clinical competency</td>
<td>Satisfactory or Unsatisfactory</td>
</tr>
<tr>
<td>• Unfolding Nursing Care Plans</td>
<td>Satisfactory or Unsatisfactory</td>
</tr>
<tr>
<td>Writing assignment</td>
<td>Satisfactory or Unsatisfactory</td>
</tr>
<tr>
<td>Case Study</td>
<td>Satisfactory or Unsatisfactory</td>
</tr>
</tbody>
</table>

Students are expected to take all tests when scheduled. Exceptions to this rule will be for emergency situations and the faculty must know in advance. Students who do not take a test on the scheduled date are required to take a makeup test. All makeup tests may be given at the end of the semester. Students who fail to take the scheduled exams or makeup exams will receive a grade of zero for that test.

All written assignments must comply with college standards for written work. Written assignments are to be turned in during the class period on the date that they are due. All assignments must be handed in by the end of the course to complete the requirements of the course. A late assignment will meet the requirements of the course but will not receive full credit. If written assignments are not submitted by the end of the course, the student will receive a grade of “INC” for the course. Students must submit all assignments prior to the beginning of the next semester in order to progress in the program.

Clinical agency performance will be evaluated as Satisfactory (S) or Unsatisfactory (U). Performance that has been designated as "U" at the end of the course will result in failure of the course. A minimum average grade of "75%" is required on all clinical assignments to achieve a satisfactory clinical grade.

A conference with the instructor is required at mid-semester, and at the end of the course, at which time the student's progress in the course will be discussed. In addition, students may initiate conferences with the instructor at other times.

RETENTION CRITERIA
Criteria for retention in the Nursing Program mandates that students;

1. Earn a minimum of a “C” grade in every required Nursing and co-requisite course inclusive of BIO 1200, BIO 5100, ENG 2400, and PSY 3200.
2. **Students who achieve a “C-” grade in required clinical nursing course may apply to repeat the course one time only in the semester immediately following, subject to space availability. The minimum grade for clinical courses that are repeated is a “B.”** The “Intent to Return to Nursing Course” form can be found on the KCC Website Nursing Department page under “Forms”. This must be completed and include a plan of success that demonstrates significant changes in how they will approach the course when repeated. Only one required nursing course may be repeated. A grade of less than a “C” in a second nursing course will cause the student to be dismissed from the program.
3. Students must achieve a grade of “B” in order to pass NUR 1700. Students in NUR 1700 who achieve a failing grade of no less than "C-"may repeat the course one time only after submitting an “Intent to Return Form.”
4. **Students who enter Nursing 1700 and Nursing 1800 MUST complete the Nursing Program within four years from the date of entry into this course.** Any student who has not attended nursing courses for two or more consecutive semesters cannot be readmitted into the Nursing Program unless qualifying examinations have been passed in the required nursing courses previously successfully completed. Qualifying examinations may be repeated only once.
5. Students in the clinical component can only appeal the retention criteria one time.
6. Students in the clinical component can only withdraw once and must be passing to do so.

<table>
<thead>
<tr>
<th>Teaching Strategies</th>
<th>Required Resources</th>
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<tbody>
<tr>
<td>Lecture/Discussion</td>
<td>Assessment Technology Institute (ATI)</td>
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<tr>
<td>Simulated Laboratory Experiences</td>
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<tr>
<td>Demonstration/Return Demonstration</td>
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<tr>
<td>Case Studies</td>
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<tr>
<td>Multicultural Written Assignment</td>
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<td>Multimedia</td>
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<td>Role Playing</td>
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<tr>
<td>Gaming</td>
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<tr>
<td>Computer Assisted Instruction/ATI</td>
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<td>Course Point/Prep-U</td>
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<tr>
<td>Pre and Post Conferences</td>
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<tr>
<td>Health Agency Experiences</td>
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<tr>
<td>Unfolding Nursing Care Plan</td>
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</tbody>
</table>

REQUIRED ELECTRONIC TEXTBOOK:
- Lippincott Course Point for Brunner & Suddarth’s Medical-Surgical (2018) by Lippincott Williams & Wilkins, Janice L. Hinkle, PhD, RN (ISBN# 978-1-4963-7906-1).

REQUIRED TEXTBOOK:

REQUIRED RESOURCES:
- Assessment Technology Institute (ATI)

PROVIDED REFERENCES:
- Nursing Central by Unbound Medicine
  - Davis Drug Guide
  - Diseases and Disorders
  - Taber’s Medical Dictionary
  - Davis Lab and Diagnostics Guide

RECOMMENDED TEXTBOOKS
All students are expected to have read and to adhere to the policies pertaining to the following, as outlined in the department’s Nursing Student Handbook:

- Attendance
- Malpractice insurance, health clearance, and CPR training
- Evaluation and grading
- Clinical competencies
- College laboratory practice requirements
- Clinical Agency experience requirements (including appropriate dress)
- Netiquette
- Specific dress requirements for each clinical course
- Drug calculation policy
- Mandatory skills review
- Criteria for retention in the nursing program
- Civility
- Integrity

Topical Outline

Each unit incorporates the Categories of Client Needs: Safe and Effective Care Environment (Management of Care, Safety and Infection Control), Health Promotion and Maintenance, Psychosocial Integrity, Physiological Integrity (Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, Physiological Adaptation).

- Unit 1 – Assessment & Management of the Patient who has an Oncological Disorder
- Unit 2 – Assessment & Management of the Patient who has a Hematologic Cancer
- Unit 3A – Assessment & Management of the Patient who has a Head & Neck / Lung Cancer
- Unit 3B – Assessment & Management of the Patient who has a Gastrointestinal Cancer
- Unit 3C – Assessment & Management of the Patient who has a Reproductive Cancer
- Unit 4A – Assessment & Management of the Patient who has an Acute Neurological Disorder
- Unit 4B – Assessment & Management of thePatient who has a Chronic Neurological Disorder
- Unit 5 – Assessment & Management of the Patient who has a Spinal Cord Injury / Connective Tissue Disorder / Rehabilitative Disorder
- Unit 6 - Assessment & Management of the Patient who has a Sensory Perceptual Disorder
Unit 1 – Care of the Patient who has an Oncological Disorder

Content/Lecture Discussion

- The structure and function of the immune system
  - Role of the immune system, cell cycle review, abnormal cellular growth, classifications of tumors
- Strategies to involve the adult patient and family in reaching successful outcomes
  - Health teaching related to cancer prevention, care, oncological emergencies and end of life care
- Strategies for identifying and managing care
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety & quality of care
- Strategies relevant to the outcomes of care
  - Provision of cancer care with sensitivity and respect specific to the adult patient with cancer including
    - Combination chemotherapy
    - Radiation therapy
    - Surgery
    - Bone marrow and stem cell transplant
    - Biological response modifiers
    - Pain management
- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Communication and documentation of care rendered via electronic medical record
  - Uses hand held computer devices for health teaching
  - Uses the EMR to communicate and document care, and impart for medication reconciliation

Related Learner Experiences

Review: Hinkle & Cheever: Chs.1, 7, 8, 9, 10, 12, 15, 16, 35.

Required Reading Prior to 1st day of class:
- Hinkle & Cheever:
  - Read Chapters 1 pp. 9-10, 3 pp. 24-31, 6 pp. 78-88, 8 pp. 128, 15 pp. 311-365

Computer Assisted Instruction & A/V materials
- All Programs
- Mr. Singa: Non-Hodgkins
  - PDS scenarios Adult Health Nursing Concepts and Skills-Hematology
- Mrs. Hogan: Leukemia
  - PDS scenarios Adult Health Nursing Concepts and Skills- Hematology
- What is Cancer?
- Preventing Negligence in the 21st Century

ATI Nursing Education
- ATI Pharmacology – Immune, Inflammation, Infection

Laboratory/Simulation Experiences
- Leadership and Delegation
  - The five rights of delegation
  - Roles of UAP and LPN
  - Communicating effectively
  - Managing conflicts
<table>
<thead>
<tr>
<th>Unit 1 – Care of the Patient who has an Oncological Disorder</th>
</tr>
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<tbody>
<tr>
<td><strong>Gaming</strong></td>
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<tr>
<td><strong>Jeopardy</strong></td>
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<tr>
<td><strong>Case Study</strong></td>
</tr>
</tbody>
</table>
Unit 2 – Care of the Patient with a Hematological Cancer

Content/Lecture Discussion

- The structure and function of the Hematological system
- Types of cancers
  - Acute/chronic myelogeneous
  - Lymphocytic leukemia
  - Hodgkin/ Non-Hodgkin’s lymphoma
  - Multiple myeloma
- Strategies to involve the adult patient and family in reaching successful health teaching regarding hematological cancer prevention and care.
- Strategies for identifying and managing
  - Coordination of care in meeting related needs for the adult patient with a hematological cancer
  - Team functioning on safety & quality of care
- Strategies relevant to the outcomes of care
  - Provision of cancer care with sensitivity and respect specific to the adult patient with a hematological cancer including
    - Combination chemo and radiation therapies
    - Bone marrow and stem cell transplant
    - Pain management
- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Communication and documentation of care rendered via electronic medical record
  - Uses hand held computer devices for health teaching
  - Uses the EMR to communicate and document care, and impart for medication reconciliation

Related Learner Experiences

Required Reading
- Hinkle & Cheever: Ch. 32 pp. 877 – 898; Ch. 33 pp. 918 - 920, 929 – 933; Ch. 34 pp. 941 – 966.

Computer Assisted Instruction & AV materials
- Mr. Singa: Non-Hodgkins
  - PDS scenarios Adult Health Nursing Concepts and Skills-Hematology
- Mrs. Hogan: Leukemia
  - PDS scenarios Adult Health Nursing Concepts and Skills- Hematology
- Caring for the Patient with a CVAD
- ATI Targeted Medical-Surgical 2016: Immune

Laboratory/Simulation Experiences
- Central Venous Access Devices (CVAD)
  - Ports, PICCS
    - Accessing
    - De-accessing
    - Medication administration
    - Flushing
    - Sterile dressing change

Case Study
Unit 3A – Care of the Patient who has a Head & Neck / Lung Cancer

Content/Lecture Discussion

- The structure and function of the Respiratory System
- Strategies to involve the adult patient and family in reaching successful outcomes
  - Head & Neck Cancers
    - Oral
    - Larynx, pharynx
  - Lung Cancer
    - Small and Large cell
- Health teaching regarding head & neck / lung cancer prevention and care
- Strategies for identifying and managing care
  - Coordination of care in meeting related needs for the adult patient
  - Team functioning on safety & quality of care when meeting the needs of the adult patient
- Strategies relevant to the outcomes of care
  - Provision of cancer care with sensitivity and respect specific to the adult patient with a head & neck cancer or lung cancer including
    - Surgery (Wedge Resection, Segmental Resection, Pneumonectomy, Lobectomy, Laryngectomy)
    - Combination chemo and radiation therapies
    - Phototherapy
    - Biological Response Modifier (BRM)
    - Respiratory care
- Application of critical thinking processes when practicing safely in the delivery of care
- Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Uses the EMR to communicate and document care, and impart for medication reconciliation
  - Uses hand held computer devices for health teaching.

Related Learner Experiences

Required Reading
- Hinkle & Cheever: Ch. 20 pp. 463 - 492; Ch. 21 pp. 506 – 536; Ch. 22 pp. 557 – 568; Ch. 23 pp. 605 - 610, Ch. 46 pp. 1242 – 1249.

Computer Assisted Instruction & AV Material
- Ms. Frank: Lobectomy,
- Mary Kelly: Small cell lung cancer
  - PDS scenarios Adult Health Nursing Concepts and Skills- Endocrine
- Caring for patients undergoing a laryngectomy
- ATI Targeted Medical-Surgical 2016: Immune

Lab/Simulation Experiences
- Surgical Models
  - Chest tubes
  - Tracheostomies
  - Sterile suctioning

Case Study

(11/17/2011, Rev. 3/06/12, 8/21/13, 2/12/2014, 7/29/2014, 9/15/14, 1/6/15, 7/5/15, 2/2/18, 6/29/18)
Unit 3B – Care of the Patient who has a Gastrointestinal Cancer

Content/Lecture Discussion

- The structure and function of the Gastrointestinal System
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with a GI cancer
  - Esophagus
  - Stomach (gastric)
  - Pancreatic
  - Liver
  - Colon
  - Rectum
- Health teaching related to cancer prevention, cancer care, oncological emergencies, and end of life care
- Strategies for identifying and managing care utilizing a team approach
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety and quality of care when meeting the needs of the adult patient with a GI cancer
- Strategies relevant to the outcomes of care
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety and quality of care when meeting the needs of the adult patient with a GI cancer
- Strategies relevant to the outcomes of care
  - Provision of cancer care with sensitivity and respect specific to the adult patient with a GI cancer including
    - Surgery
      - Gastrectomy
      - Low anterior resection
      - Hemicolecction
      - A-P resection
    - Combination Chemo and radiation therapies
    - BRM
    - Pain management.
- Application of critical thinking processes when practicing safely in the delivery of care
- Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology in the care
- Communicates and documents care rendered via electronic medical record
  - Uses hand held computer devices for health teaching
  - Uses the EMR impart for medication reconciliation

Related Learner Experiences

Required Reading
- *Hinkle & Cheever: Ch. 44, pp. 1196 - 1213; Ch. 46, pp. 1256 – 1259; Ch. 47. pp. 1278 – 1280; Ch. 48 pp. 1305 – 1315, 1318 - 1327; Ch. 49 pp 1354 – 1367, 1377 - 1387; Ch. 50 pp. 1410 – 1415;

Computer Assisted Instruction & A/V Material
- Colon Resection: Mr. Gold
- PDS scenarios Adult Health Nursing Concepts and Sills: GI
- Ostomy Care
- ATI Targeted Medical-Surgical 2016: Immune

Case Study

Lab/Simulation Experiences
- Ostomies
  - End stoma
  - Loop stoma
  - Double barrel stoma
  - Koch pouch
  - Ileoanal reservoir
### Unit 3C – Care of the Patient who has a Reproductive Cancer

#### Content/Lecture Discussion

- The structure and function of the Reproductive System:
  - Review the male and female reproductive systems
- Strategies to involve the adult patient and family in reaching successful
  - Health teaching related to cancer prevention, cancer care, oncological emergencies, and end of life care
- Strategies for identifying and managing care utilizing a team approach
  - Coordination of care utilizing leadership, delegation, and priority
  - Team functioning on safety and quality of care
- Strategies relevant to the outcomes of care for the adult patient with a reproductive cancer:
  - Provision of cancer care with sensitivity and respect specific to the adult patient with a reproductive cancer including
    - Surgery
      - Cryotherapy
      - LEEP
      - Conization
      - Mastectomy
      - TAH-BSO
      - Prostatectomy
      - Orchiectomy
  - Combination chemo, radiation and hormonal Therapies
  - BRM
  - Pain management.
- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Communication and documentation of care rendered via electronic medical record
  - Uses hand held computer devices for health teaching
  - Uses the EMR to communicate and document care, and impart for medication reconciliation

#### Related Learner Experiences

**Required Reading**

- *Hinkle & Cheever*: Ch. 56 pp. 1611 - 1630; Ch. 57 pp. 1666 - 1679; Ch. 58 pp. 1681 – 1689, 1691 - 1711; Ch. 59 pp. 1714 - 1722, 1725 - 1739, 1741 – 1743, 1745 – 1746;

**Computer Assisted Instruction & A/V Materials**

- Assessing your risk for Breast Cancer
- A Guide for Breast Self-Exam
- ATI Targeted Medical-Surgical 2016: Immune

**Case Study**

**Written Assignment**

**Laboratory / Simulation Experience**

Simulation: Care of the Patient with Mastectomy

- Surgical Models of Female & Male Cancers
  - Breast
  - Vulva
  - Cervix
  - Uterus
  - Ovaries
  - Prostate
  - Testicular
  - Bladder
### Unit 3D – Care of the Patient who has Skin Cancer

#### Content/Lecture Discussion
- The structure and function of the Integumentary System
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with skin cancer
  - Actinic keratoses
  - Squamous cell carcinomas
  - Basal cell carcinomas
  - Melanomas
- Health teaching related to cancer prevention, cancer care, oncological emergencies, and end of life care
- Strategies for identifying and managing care utilizing a team approach
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety and quality of care when meeting the needs of the adult patient with skin cancer
- Strategies relevant to the outcomes of care
  - Provision of cancer care with sensitivity and respect specific to the adult patient with skin cancer including
    - Surgery
      - Cryosurgery
      - Excision
      - Wide excision
      - Chemotherapy/Radiation
      - Biotherapy
      - Targeted Therapy
- Application of critical thinking processes when practicing safely in the delivery of care
- Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology in the care
- Communicates and documents care rendered via electronic medical record
  - Uses hand held computer devices for health teaching
- Uses the EMR impart for medication reconciliation

#### Related Learner Experiences

#### Required Reading
- *Hinkle & Cheever*: Ch. 60 pp. 1752 - 1766; Ch. 61 pp. 1794 – 1802;

#### Computer Assisted Instruction & A/V Materials
- ATI Targeted Medical-Surgical 2016: Immune
### Unit 3E-Care of the Patient who has Renal Cancer

**Content/Lecture Discussion**

- The structure and function of the Renal System
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with a Renal system cancer of the
  - Kidney
  - Bladder
- Health teaching related to cancer prevention, cancer care, oncological emergencies, and end of life care
- Strategies for identifying and managing care utilizing a team approach
- Coordination of care utilizing leadership, delegation, and priority setting
- Team functioning on safety and quality of care when meeting the needs of the adult patient with a Renal and Bladder cancer
- Strategies relevant to the outcomes of care
- Provision of cancer care with sensitivity and respect specific to the adult patient with a Renal System cancer including
  - Surgery
  - Nephrectomy
  - Renal Artery Embolization
  - Transurethral Resection
  - Simple Cystectomy
  - Radical Cystectomy
  - Cutaneous Urinary Diversions
  - Continent Urinary Diversions
- Combination Chemo and radiation therapies
- BRM
- Pain management.
- Application of critical thinking processes when practicing safely in the delivery of care
- Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology in the care
- Communicates and documents care rendered via electronic medical record
- Uses hand held computer devices for health teaching
- Uses the EMR impart for medication reconciliation

### Related Learner Experiences

**Required Reading**

- *Hinkle & Cheever. Ch. 53, pp. 1548 – 1550, 1562 – 1565; Ch. 54, pp. 1575; Ch. 55, pp. 1637 – 1647*

**Computer Assisted Instruction & A/V Materials**

- Ostomy care
- ATI Targeted Medical-Surgical 2016: Immune

**Case Study**

**Laboratory / Simulation Experience**

(11/17/2011, Rev. 3/06/12, 8/21/13, 2/12/2014, 7/29/2014, 9/15/14, 1/6/15, 7/5/15, 2/2/18, 6/29/18)
# Unit 4A – Care of the Patient who has an Acute Neurological Disorder

## Content/Lecture Discussion

- **The structure and function of the Neurological System:**
  - Review the Neurological System
- **Strategies to involve the adult patient and family in reaching successful outcomes for the patient with an acute neurological disorder**
  - Neuro Overview / Assessment
  - Head trauma
  - Increased ICP
  - Subdural & intracerebral hematomas
  - Cerebral herniation
  - CVA
  - Brain tumors
  - Supratentorial & infratentorial mass lesions
  - Infection
  - Meningitis
- **Health teaching related to the prevention, immediate treatment, management of emergencies, management of sensory – motor deficits, and end of life care (brain death)**
- **Strategies for identifying and managing care utilizing a team approach**
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety & quality of care
- **Strategies relevant to the outcomes of care**
  - Provision of care with sensitivity and respect specific to the adult patient with an acute neurological disorder
    - Emergency care
    - Medications
    - Surgery
      - Burr holes
      - Craniectomy
      - Cranioplasty
      - Sterotaxis
      - Shunt procedures
    - Ongoing neuro monitoring
    - Respiratory interventions
    - Chemo and radiation therapies
    - BRMs
    - Pain management
- **Application of critical thinking processes when practicing safely in the delivery of care**
  - Use of the nursing process throughout the mutually designed plan of care
- **Utilization of technology**
  - Communication and documentation of care rendered via electronic medical record
  - Uses hand held computer devices for health teaching.
  - Uses the EMR to communicate and document care, and impart for medication reconciliation

## Related Learner Experiences

### Required Reading
- Ch. 68 pp. 2033 – 2063, Ch. 69 pp. 2065 – 2068

### Computer Assisted Instruction & A/V materials
- Michael Dunne: Subdural Hematoma
- PDS scenarios Adult Health Nursing Concepts & Skills – Neurological
- Jim Brown: Neuro
- PDS scenarios Critical Care Health Nursing Concepts & Skills – Neurological
- Neuro Assess: Cerebellar function and reflexes
### Unit 4A – Care of the Patient who has an Acute Neurological Disorder

- Acute Head Injury
- Increased Intracranial Pressure
- Glasgow Coma Scale
- Acute Ischemic Stroke
- ATI Targeted Medical-Surgical 2016: Neurosensory and Musculoskeletal

#### Case Study

**Lab/Simulation Experience**
Cerebrovascular Accident: Treatment, stabilization, and rehabilitation
- Head Trauma Model with Increased ICP
- Interprofessional CVA simulation

Practice and Learn Interactive Case Studies: From Lippincott’s Interactive Studies in Medical-Surgical Nursing:
- Chapter 66: Management of Patients with Neurological Dysfunction
  - Increased Intracranial Pressure
- Chapter 67: Management of Patients with Cerebrovascular Disorders
  - Ischemic Stroke
  - Hemorrhagic Stroke
- Chapter 68 Management of Patients with Neurologic Trauma
  - Acute Spinal Cord Injury

#### Clinical Experiences

- Neuro Assessment
- Glasgow Coma Scale
- Cushing’s Triad
Unit 4B – Care of the Patient who has a Chronic Neurological Disorder

Content/Lecture Discussion

- Review of the structure and function of the Neurological System continued
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with a chronic neurological disorder
  - Headache (migraine)
  - Seizure disorder
  - Parkinson’s disease (PD)
  - Multiple Sclerosis (MS)
  - Myasthenia Gravis (MG)
  - Guillain-Barre Syndrome (GBS)
  - Amyotrophic Lateral Sclerosis (ALS)
  - Headache (migraine)
  - Seizure disorder
  - Parkinson’s disease (PD)
  - Multiple Sclerosis (MS)
  - Myasthenia Gravis (MG)
  - Guillain-Barre Syndrome (GBS)
  - Amyotrophic Lateral Sclerosis (ALS)

- Health teaching related to the prevention, immediate treatment and management of emergencies, management of sensory-motor deficits, and end of life care (brain death)
- Strategies for identifying and managing care
  - Coordination of care utilizing leadership, delegation, and priority setting in meeting the patient’s needs
  - Team functioning on safety and quality of care
- Strategies relevant to the outcomes of care
  - Provision of care with sensitivity and respect specific to the adult patient with a chronic neurological disorder
    - Emergency care
    - Medications
    - Surgery
      - Deep brain stimulation
      - Vagal nerve stimulation
      - Ongoing neuro monitoring
      - Respiratory interventions
      - Biofeedback
      - PT/OT
      - Pain management, PT/OT.
- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Uses the EMR to communicate and document care, and impart for medication reconciliation
  - Uses hand held computer devices for health teaching

Related Learner Experiences

Required Reading
- Hinkle & Cheever: Ch. 66 pp. 1996 – 207; Ch. 69 pp. 2072 – 2085; Ch. 70 pp. 2101 – 2107, 2109 – 2111
- Computer Assisted Instruction & A/V materials
- Ms. Stevens: Stroke
  - PDS scenarios Adult Health Nursing Concepts and Skills - Neurologic
- Ms. Thorne: Ruptured Cerebral Aneurysm
  - PDS scenarios Critical Care Health Nursing concepts and Skills – Neurologic
- Seizure Precautions
- ATI Targeted Medical-Surgical 2016 Neurosensory and Musculoskeletal Practice and Learn Interactive Case Studies: From Lippincott’s Interactive Studies in Medical- Surgical Nursing:
  - Chapter 69: Management of Patients with Neurologic Infections, Autoimmune Disorders and
### Unit 4B – Care of the Patient who has a Chronic Neurological Disorder

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(11/17/2011, Rev. 3/06/12, 8/21/13, 2/12/2014, 7/29/2014, 9/15/14, 1/6/15, 7/5/15, 2/2/18, 6/29/18)
### Unit 5 – Care of the Patient who has a Spinal Cord Injury / Connective tissue Disorder/Rehabilitation

#### Content/Lecture Discussion

- Review of the structure and function of the spinal column and musculoskeletal system
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with a spinal cord injury/joint disease/rehab
  - Spinal cord injury
  - Degenerative Joint Disease (DJD)
  - Arthritis:
    - Osteoarthritis (OA)
  - Inflammatory arthritis:
    - Rheumatoid Arthritis (RA)
  - Musculoskeletal Disorders
    - Hip Fracture
  - Systemic Lupus Erythematosus (SLE)

- Health teaching related to the prevention, immediate treatment, management of emergencies, management of sensory-motor deficits for patients with a spinal cord injury, joint or rehabilitative disease
- Strategies for identifying and managing care
  - Coordination of care utilizing leadership, delegation, and priority setting in meeting the rehabilitative related needs for the adult patient
  - Team functioning on safety and quality of care when meeting the needs of the adult patient with a spinal cord injury/joint disease/rehab.
- Strategies relevant to the outcomes of care
  - Provision of care with sensitivity and respect specific to the adult patient with a spinal cord injury/joint disease/rehab including
    - Emergency care
      - Ventilation
      - Intubation
      - Spinal shock
      - Autonomic dysreflexia
  - Medication
  - Surgery
    - Halo traction
    - Cervical tongs
  - Ongoing neuro monitoring
  - Respiratory interventions
  - Pain management
  - Referral/community resources.
- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology in the care
  - Uses the EMR to communicate, document care, and impart for medication reconciliation.
  - Uses hand held computer devices for health teaching.

#### Required Reading
- *Hinkle & Cheever*: Ch. 38 pp. 1093 – 1100, 1104 – 1106, 1107 – 1108; Ch. 42 pp. 1202 – 1210; Ch. 68 pp. 2048 – 2063

#### Computer Assisted Instruction & A/V materials
- Nursing Care of the Orthopedic Patient Part II - Traction
- Pre and Post-op care of the Orthopedic Patient: Fractured Hip 1107

#### Case Study

#### Laboratory/Simulation Experiences
- Traumatic Spinal Cord Injury: Cervical collar, neuro and cardiac assessment, logrolling, spinal shock
- ATI Targeted Medical-Surgical 2016: Neurosensory and Musculoskeletal Practice and Learn Interactive Case Studies: From Lippincott’s Interactive Studies in Medical- Surgical
Unit 4B – Care of the Patient who has a Chronic Neurological Disorder

Nursing
- Chapter 38: Assessment and Management of Patients with Rheumatic Disorders
  - Osteoarthritis
  - Systemic lupus erythematosus
- Chapter 42: Management of Patients with Musculoskeletal Trauma
  - Fracture
- Chapter 68: Management of Patients with Neurologic Trauma
  - Acute Spinal Cord Injury
### Unit 6 – Care of the Patient with a Sensory Perceptual Disorder

#### Content/Lecture Discussion

- The structure and function of the sensory system
  - Review of the ear
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient with a sensory perceptual disorder
  - Otitis Externa
  - Meniere’s disease

- Health teaching related to the prevention, immediate treatment, management of emergencies and management of sensory-motor deficits for patients with a sensory perceptual disorder
- Strategies for identifying and managing care utilizing a team approach
  - Coordination of care utilizing leadership, delegation, and priority setting
  - Team functioning on safety and quality of care
- Strategies relevant to the outcomes of care for the adult patient with a sensory perceptual disorder:
  - Provision of care with sensitivity and respect specific to the adult patient with a sensory perceptual disorder include
    - Emergency care
    - Medications
    - Surgery
      - Meniere’s disease: endolymphatic shunt
    - Ongoing sensory monitoring
    - Pain management
    - Referral and communities resources.

- Application of critical thinking processes when practicing safely in the delivery of care
  - Use of the nursing process throughout the mutually designed plan of care
- Utilization of technology
  - Uses the EMR to communicate and document care, and impart for medication reconciliation
  - Uses hand held computer devices for health teaching

#### Related Learner Experiences

#### Required Reading

- *Hinkle & Cheever:* Ch. 64 pp.1926 – 1927; pp.1933 - 1934

#### Computer Assisted Instruction & A/V materials

- Mr. Lee: Meinere’s disease
  - PDS scenarios Adult Health Nursing Concepts and Skills - Eye/Ear
- ATI Targeted Medical-Surgical 2016: Neurosensory and Musculoskeletal

#### Laboratory/Simulation Experiences

- Hearing Impaired: Safety and Altered Communication