



## CLINICAL SYLLABUS

NURSING 313R - L

Spring 2016  
UNLV

School of Nursing

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**Student to maintain own Clinical Skills Checklist (must bring skills checklist each clinical day)**

**Home Hospital / Traditional Group Clinical Times: 6:30 – 15:30 pm for 14 Weeks**

**Post Conference: 14:30 –15:30 pm**

**DEU Group 7:00 am – 7:30 pm for 7 Weeks (Rotation 1 and 2)**

**Post Conference to be scheduled by each CFC during the clinical week for 2 hours**

**Lunch Times: Discuss and arrange with clinical instructor**

Post Conference Recommendations

Week	Date Week of	Topic	Readings
1		<p><b>Skills Laboratory at Shadow Lane</b> Orientation to Unit, Orientation to IV pumps</p>	See individual unit objectives for chapters for each section in the syllabus.
	Skills:	IV insertion, Primary and secondary IV lines	See individual Chapter of Medical-Surgical and Fundamental of Nursing Books
2		<p>IV Fluids, IV replacement therapy</p> <p><b>Math Exam - Must obtain 100%</b> (To be given during Clinical Day for HH and during scheduled post conference during the week for DEU)</p>	
	Skills:	Dressing Changes, Documentation of Assessment Findings	
3		Hypertension	Lewis Chapters 33
	Skills:	Antihypertensive medication administration, Assessment and Laboratories	
4		Open	
	Skills:	EKG	
5		<p><b>Simulation (Code Team / CPR)</b> <b>Skills Laboratory at Shadow Lane</b></p>	
	Skills:	Dressing changes, NGT Placement and pass off review of IV insertion and IV lines.	
6		Oxygen equipment, chest tubes, setting up pleuravac	
	Skills:	Tracheostomy care, Chest Tube, Pleural Drainage	

7		Med Term Evaluation	
	Skills:	NGT, Tube Feeding and Medication administration	
8		GI Clinical Case Studies	
	Skills:	Ostomy Care	
9		Hepatobiliary Clinical Case Study	
	Skills:	T- tube care	
10		Open	
	Skills:	Open to any skills	
11		Open	
	Skills:	Chest Tube, Blood Transfusion	
12		Renal Failure	Lewis Chapter 47
	Skills:	Care of Peritoneal/Hemodialysis, AV shunts, Fistula and Central line access	
13		Endocrine Disorders / DM	
	Skills:	Open	
14		LAST WEEK OF CLINICAL ROTATION	
	Skills:	Open	
15		<b>FINAL EVALUATION</b>	

- **Simulation is going to be at the Simulation Center**

**IV Solutions**

<b>Solution</b>	<b>Example</b>	<b>Nursing Considerations</b>
<b>Isotonic</b>	Lactated Ringer's Ringer's Normal Saline Dextrose 5% in Water 5% Albumin Hetastarch Normosol	<p>Because these solutions expand the intra-vascular compartment, closely monitor your patient for signs of fluid overload, especially if they have hypertension or heart failure. Because the liver converts Lactated Ringer's to Bicarbonate, don't give Lactated Ringer's solution if the patient's blood pH exceeds 7.5</p> <p>Don't give Lactated Ringer's if the patient has liver disease b/c they won't be able to metabolize the Lactate.</p> <p>Avoid giving D5W to a patient at risk for increased intra-cranial pressure (IICP), b/c it acts as a hypotonic solution. (Although usually considered isotonic).</p> <p>After administration, dextrose is quickly metabolized, leaving water a hypotonic solution.</p>
<b>Hypotonic</b>	Half Normal Saline (.45%) 0.33% NaCL Dextrose 2.5% in Water	<p>Administer cautiously. These solutions will cause a fluid shift from blood vessels into cells. This could cause cardio-vascular collapse from intra-vascular fluid depletion and IICP from fluid shift into the brain cells.</p> <p>Don't give hypotonic solutions to patients at risk for IICP from CVA, head trauma, or neurosurgery.</p> <p>Don't give hypotonic solutions to patients at risk for third spacing fluid shift (abnormal fluid shifts into interstitial compartment or body cavity). For example, patients suffering from burns, trauma, or low serum protein levels from malnutrition or liver disease.</p>
<b>Hypertonic</b>	Dextrose 5% in Normal Saline Dextrose in Lactated Ringer's 3% Normal Saline 25% Albumin 7.5% Normal Saline	<p>Because these solutions greatly expand the intra-vascular compartment, closely monitor your patient for circulatory overload. Hypertonic solutions pull fluid from the inter-cellular compartment, so don't give them to a patient with a condition that causes cellular dehydration – for example, diabetic ketoacidosis. Don't give hypertonic solutions to a patient with impaired heart or kidney function – their system can't handle the extra fluid.</p>

## Guidelines for Constructing a Concept Map for Clinical Practice

### I. Collection of Health Data

#### Measurement Criteria:

1. Identify the client's major problems or concepts on the concept map
2. Identify the pathophysiology for the major problems or concepts on the concept map.
3. Evaluate the client's immediate condition or needs or stress response on the concept map.
4. Uses ongoing assessments to revise concept map should the need arise.

### II. Interventions

The nurse develops concept map that prescribes interventions to attain expected outcomes.

#### Measurement Criteria:

1. The concept map is Individualized to the client's major problems or needs.
2. The concept map is developed with the client, significant others, and health care providers when appropriate.
3. The concept map reflects current nursing practice.
4. The concept map depicts relationships with major problems and interventions associated to relieve the problem(s).
5. The concept map depicts the realistic client outcomes.

### III. Medications

The nurse evaluates the client's medications and relates them to nursing specific interventions

#### Measurement Criteria:

1. Identifies classification and action of medications to anticipate side effects.
2. Evaluates therapeutic lab values and associates the medications to patient responses.
3. Identifies the IV solution and therapeutic response for the client's problems.

### IV. Labs and Diagnostic Studies

#### Measurement Criteria

1. The nurse identifies the association of the lab and diagnostic studies to the client's problems.
2. The nurse evaluates the association of the lab and diagnostic studies to the client's problems.

The following grading criteria are used to evaluate your concept maps and clinical assignments. In order to pass clinical, you must achieve at least a 75% on every assigned concept map. A minimum of 4 are required, but it is the discretion of the clinical instructor to assign additional maps.

Clinical Prep Worksheet	15
Medication and Laboratory List	15
Care Plan with NANDA List	25
Concept Map	15
Assessment	15
Evidence Based Article with highlighted Interventions	15
TOTAL	100

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**NURS 313R - L OBJECTIVES**

1. Student will attend morning report, check Medex with Kardex (if appropriate and applicable in each assigned clinical sites), and perform preliminary duties required by unit protocol.
2. Student will review client history and physical with nurse including medications, past history of hospitalization, diagnosis, and treatments, etc.
3. Student will perform physical assessment on clients in presence of either facilitator or instructor.
4. Student should prioritize problems (what's happening and why) according to systems i.e. cardiovascular, pulmonary, renal, etc.
5. Student will develop plan of care for the client and discuss the rationale with the facilitator or instructor.
6. Student and facilitator will develop a primary goal for the day based on prioritization of problems, also on any specific knowledge areas the student may wish to develop – see course objectives for each specific system – cardiovascular, pulmonary, gastrointestinal renal, endocrine and neurological.
7. Student will chart, administer medications, and implement treatment and all other aspects of client care together with facilitator / instructor. The student will have reviewed the medical record and familiarized himself or herself with the client status the night before clinical day.

The goal for the student is to participate to the fullest extent possible. The clinical staff nurse, facilitator, and the UNLV instructor will assist in meeting the objectives of the course.

The staff facilitator can greatly enhance student learning when their experience is shared with the student. Insight and nursing judgment are particularly valuable when role modeled and when thought processes are shared.

The UNLV instructor will work jointly with the staff facilitator and be available at any time to assist the student.

Communication between the instructor / facilitator and student at all times will enhance the student's experience.

**Students should be prepared each clinical to answer the following questions:**

1. **What do you think is going on with your client?**
2. **What led you to that conclusion?**
3. **What are you intending to do for the client today?**
4. **What did you do right?**
5. **What would you do differently given the same circumstances?**

### **Cardiovascular Clinical Objectives**

1. Student will be able to gather information related to CV system by inspection, auscultation, and palpation.
2. Given a rhythm strip, the student will be able to interpret RSR, SB, V Tach, and V fib.
3. Given a lethal or dangerous arrhythmias scenario, student will identify the correct treatment and nursing care.
4. Student will be able to explain the purpose and describe the procedure for defibrillation and cardio-version.
5. Student will be able to participate in the care of the client with the diagnosis of Myocardial infarction.
6. Student will be able to participate in the care of the client with the diagnosis of Congestive heart failure.
7. Student will be able to relate clinical client status to hemo-dynamic parameters and identify both nursing and medical interventions.
8. Student will be able to participate in the pre and post care of a client needing cardiac catheterization, PTCA, and Stent procedure.
9. Student will be able to describe safety considerations in the care of the client with a temporary pacemaker.
10. Student will be able to state the usual dosage, action, side effects, and nursing considerations for the following drugs: Calcium Channel Blockers, ACE Inhibitors, Inotropic medications, Beta Blockers
11. Student will be able to care for a client needing CABG surgery.
12. Student will be able to teach a cardiac client re: medications, diet, procedure and exercise.
14. Student will be able to identify the physical signs and symptoms of (AAA) Abdominal Aortic Aneurysm.
15. Distinguish between the various diagnostic and treatment options for (AAA).

### **Pulmonary Clinical Objectives**

1. Student will be able to gather information related to the pulmonary system by inspection, auscultation, and palpation.
2. Student will identify abnormal and adventitious breath sounds.
3. Student will recognize signs and symptoms of respiratory distress and implement nursing interventions
4. Student will appropriately apply various methods of oxygen therapy.
5. Student will distinguish the difference between SVN and BiPAP.
6. Student will perform oral and posterior pharyngeal suctioning.
7. Student will be able to recognize and discuss signs and symptoms of a client with oxygen deprivation
8. Student will be able to instruct client on the proper use of Incentive Spirometer / Triflows.
9. Student will be able to instruct client on coughing deep breathing techniques.
10. Student will be able to care for a client with a chest tube and troubleshoot as needed.
11. Student will be able to provide care for a client scheduled for a thoracentesis pre-procedure and post procedure.
12. Student will view the following: Go to the Quick time icon. [http://www.atriummed.com/Products/Chest\\_Drains/education.asp#ocean](http://www.atriummed.com/Products/Chest_Drains/education.asp#ocean)
13. Student will interpret ABG's and relate the values to the client's clinical status and physical presentation.

14. Student will participate in ethical dilemmas arising during the clinical experience.
15. Student will be able to teach a client regarding oxygen use and the equipment, breathing exercises, and respiratory medications.

### **Gastrointestinal/ Hepatobiliary Clinical Objectives**

1. Student will be able to gather information related to the gastrointestinal system by inspection, auscultation, and palpation.
2. Student will be able to differentiate between liver disease, liver failure, and hepatitis, and pancreatitis.
3. Student will be familiar with nursing interventions to achieve system stability for clients with gastrointestinal disease.
4. Student will be able to describe the nursing management for a client receiving either enteral or parenteral nutrition.
5. Student will be able to discuss the function and nursing responsibilities of selected drugs used to achieve and maintain system stability in clients who have gastrointestinal disease.
6. Student will be able to teach a client regarding diet, medications, and procedures involved with the diagnosis of gastrointestinal disease.
7. Student will be able to discuss the nursing responsibilities of clients pre & post cholecystectomy.

### **Renal Clinical Objectives**

1. Student will be able to gather information related to the renal system by inspection, auscultation, and palpation.
2. Student will be able to differentiate between acute and chronic renal failure and associated disease processes.
3. Student will be familiar and be able to deliver nursing interventions to achieve system stability for clients with End Stage Renal Failure, including Peritoneal dialysis and Hemo-dialysis and Continuous Renal Replacement therapy.
4. Student will be able to describe the nursing management for the client prior to and following renal transplant.
5. Student will be able to distinguish between a temporary access and a permanent access for dialysis.
6. Student will be able to discuss the function and nursing responsibilities of selected drugs used to achieve and maintain system stability in clients who have renal disease, ESRD, and kidney transplants.
7. Student will be able to discuss the nursing responsibilities of post nephrectomy clients.
8. Student will be able to teach a renal client regarding diet, medications, and procedures.

### **Endocrine Clinical Objectives**

1. Student will be able to discuss specific health disorders resulting from dysfunction of the following endocrine glands: Thyroid, Parathyroid, Pituitary, Pancreas, and Adrenals.
2. Student will be able to discuss nursing interventions and medical treatments that would optimize wellness in clients experiencing endocrine functions.
3. Student will be able to distinguish between hypo function and hyper function of the glands and to relate the hormone responsible for the characteristics of the disease.
4. Student will be able to identify the appropriate assessment, diagnostic studies, and interventions for specific disorders for each gland.



5. Student will be able to distinguish between Type 1 Diabetes and Type 2 Diabetes.
6. Student will be able to identify abnormal lab values for hypo function and hyper function of each organ.

### **Musculoskeletal Clinical Objectives**

1. Student will be able to participate in the care of a client with a Musculoskeletal problem.
2. Student will assess and document signs and symptoms of fracture limb.
3. Student will evaluate patient for signs and symptoms of deep vein thrombosis (DVT) / fat embolism, and compartment syndrome.
4. Student will assess and document motor strength.
5. Student will be able to state signs and symptoms of DVT, fat embolism, and compartment syndrome.
6. Student will be able to recognize complications arising total hip replacement.
7. Student will be able to provide nursing care to a client with an amputation, fracture, hip replacement, and / or laminectomy

**University of Nevada Las Vegas  
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NURS 313R - L  
Nursing Care of Acutely Ill Populations**

**CLINICAL WORKSHEET**

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

Client's Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Room #: \_\_\_\_\_

Admission date: \_\_\_\_\_ Admitting doctor: \_\_\_\_\_ Allergies: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Culture/Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Family support: yes or no      ETOH use: yes or no      Tobacco: yes or no

Other disciplines/consults caring for client (e.g. Physical Therapy, OT, dietitian, Cardiology, etc)

Vital Signs: T \_\_\_\_\_ HR \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Monitors: \_\_\_\_\_ Code Status: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

Summarize client's past medical history & history of present illness:

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Summarize hospital course/events from admission to present:

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Therapeutic orders for day of care:

Diet: \_\_\_\_\_ Activity: \_\_\_\_\_

IV Type & Site: \_\_\_\_\_ IV fluids: \_\_\_\_\_ Rate: \_\_\_\_\_

Reason for IV: \_\_\_\_\_

Other (dressings, etc.) \_\_\_\_\_

Education needs/discharge planning: (Include client and family)

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**LABS AND DIAGNOSTIC TESTS:**

Ordered Labs and Diagnostic tests (please cite references used for labs and tests):

**LABS**

	<u>Normal Values</u>	<u>Date: _____</u> <b>Lab result:</b>	<u>Date: _____</u> <b>Lab result:</b>	<b>Rationale for changes in labs</b>
Na				
K				
Mg				
Ca				
Glucose				
BUN				
Creatinine				
Albumin				
Protein				
ALP				
ALT, SGPT				
AST, SGOT				
WBC				
RBC				
Platelets				
Hgb				
Hct				
PT				
INR				
PTT				
CPK				
CK MB				
Troponin				
Total cholesterol				
Trig				

HDL				
LDL				

Other Significant Labs:


**DIAGNOSTIC TESTS & RESULTS:**




**ASSESSMENT DATA**

**Subjective:**

Comments/Responses:

HEENT	
PULMONARY	
CARDIOVASCULAR	
GI	
GU	
NEURO	
MUSKULOSKELETAL	
INTEGUMENT	
PAIN (use symptom analysis: PQRST)	

**PHYSICAL EXAMINATION**

GENERAL SURVEY:
HEENT:
PULMONARY:
CARDIOVASCULAR:
GI:
GU:
NEURO:
MUSKULOSKELETAL:
SKIN/MUCOUS MEMBRANES:
PSYCHO-SOCIAL:
EDUCATION: What did you teach this client & family and how did they respond?

Choose a priority nursing diagnosis based on chart review during the prep. Day and generate a Nursing Care Plan for this nursing diagnosis. (Please refer to Nursing Care Plan on page 21)

**\*\*HEAD TO TOE ASSESSMENT**

- Orientation - time, place, person,
- LOC - or spontaneous, verbal, pain  
Pupillary size and reaction (check flow sheet for scale)  
Facial drooping, speech
- Lungs - Trachea midline  
Auscultate lungs – bilaterally (top to bottom)  
Anterior to posterior
- Heart - Auscultate S1 & S2
- Abdomen - Auscultate all 4 quadrants  
Palpate and observe for pain, lumps, bruising, etc.
- Motor Upper - Assess upper motor strength (check flow sheet for scale)  
- Pulses – brachial and radial – Upper extremity edema, skin integrity  
Capillary refill, color, warmth  
Check pulses femoral, dorsalis pedis (DP), posterior tibial (PT)  
Obtain Doppler is unable to palpate
- Motor Lower - Check color, warmth, sensation, and skin integrity  
- Homan's / Babinski
- Suction Client - observe color, consistency, and amount of sputum
- Check N/G tube placement = air bolus
- Check tube feeding residual on assessment and every 4 hours
- Check chest tube – for air leak, drainage, and amount of drainage and color of drainage
- Check urine output, color, and sediments

If you are unable to turn client to check lung sounds (posterior), skin integrity, and sacral edema, perform assessment with staff nurse / instructor to assist with turning.

NURSING 313R  
\*\*TOTAL ASSESSMENT OF THE CLIENT

NEURO

- Assess
  - Mental status, Glasgow coma scale (verbal, motor, eyes)
  - For clients with a neuro problem do a full Neuro assessment
  - Refer to physical assessment text.
- Assess
  - Blood pressure, pulse, respirations, ICP, location, pressure
  - Drainage, color & amount, ABG's, Vent settings – for ICP control
- Investigations
  - CT scan MRI, angiogram, and brain stem integrity
- Medications
  - To control hypertension / ICP, anxiety, depression, sleep, etc.
- Nursing Care
  - To maintain Neuro stability – e.g. quiet environment
  - Bowel / bladder training

CARDIOVASCULAR

- Inspect
  - Skin and mucous membranes, Observe neck veins – check for JVD.
  - Extremities – edema, color, temperature
- Auscultate
  - Precordium – S1 – S4
- Palpate
  - Carotid, Radial, Femoral, Popliteal, Dorsalis Pedis, Posterior Tibialis (1+ - 4+)
- Assess
  - Chest pain (PQRST)
  - Cardiac rhythm, Pacemaker, AICD, Blood pressure, pulse, Respiration's, Temperature, capillary refill, Hemodynamic readings (CO, CI, SVR, PCWP) SVO2, Intake and Output
- Investigations
  - Cardiac enzymes, PT/PTT, INR, Hct/Hgb, Electrolytes. CBC, WBC, Lipid Panel, Troponin
- Procedures
  - Cardiac cath, Angioplasty, Stents, Thallium Scan, CABG etc.
- Medications
  - IV drips and oral meds to maintain cardiac stability
- Diet
  - Cardiac (Low sodium / Low Cholesterol)
- Nursing Care
  - To maintain cardiac stability, patient teaching.

RESPIRATORY

- Inspect
  - Configuration of thorax, rate and pattern of breathing.
  - Movement of chest during ventilation, and skin color.
- Palpate
  - Trachea – midline or deviated
- Auscultate
  - Breath sounds
- Assess
  - Chest pain (pleuritic)



## RESPIRATORY

- Assess - Sputum color, amount, and cough  
ABG's, Hgb, Hct, O2 delivery, SaO2, SpO2  
Chest tubes, location, drainage, air leak, and fluctuation
- Investigations - X-ray, VQ scan, Sputum cultures, etc.
- Medications - PO and IV and nebulizer treatments to maintain pulmonary stability
- Nursing Care - To maintain pulmonary stability – e.g. incentive Spirometer (triflows)  
TCDB, pulmonary hygiene.

## GASTROINTESTINAL

- Inspect - Contour of abdomen, symmetry, masses, peristalsis (aortic).  
Skin color, integrity, sclera
- Auscultate - Bowel Sounds
- Percuss/Palpate - Liver, Spleen, Abdomen (pain, rebound tenderness, rigidity, spasms, Ascites)
- Assess - Nausea/Vomiting, diarrhea, constipation, heartburn, bleeding, Dysphasia, weight loss/gain.  
Diet, Soft, Bland, Tube feedings, (N/G placement verification, N/G type of feeding, and residual), TPN, N/G tube placement, Drainage color and amount.
- Investigations - Nutrition panel, Protein, Albumin, Electrolytes, Liver function tests  
Gastroscope, Barium Swallow
- Medications - Medications to maintain gastric stability.
- Nursing care - To maintain GI stability

## RENAL

- Inspect - Skin color, turgor, edema, Respiration's (Kussmaul)  
Urine – color, amount, sediments, hematuria  
AV graft/fistula, or temporary access device (femoral or Subclavian line)
- Assess - Intake and Output  
Diet (Renal, Hemodialysis, Peritoneal Dialysis)
- Percuss/Palpate - Kidneys
- Auscultate - Renal bruit, AV graft / fistula
- Investigations - BUN, Creatinine, Electrolytes  
ABG's, Blood Sugar, Urinalysis, Urine C&S, Ketones

RENAL

Procedures - Renal Scan, 24 Hour Urine for Creatinine Clearance  
Hemodialysis, Peritoneal Dialysis

Medications - Medications to maintain renal stability

Nursing Care - To maintain renal stability

MUSCULOSKELETAL

Inspect - Skin color, warmth or coolness of extremity, presence/absence of pulses,  
ability to move fingers/ toes.  
Presence of edema, dressings, drainage systems (color and amount)

Assess - Neurovascular checks every 4 hours and document  
Alignment of extremity. If traction applied assess alignment and pin condition  
Pain

Medications - Pain management, instruct patient concerning availability,  
Notify physician if pain medication not alleviating pain

Nursing Care - Prevent further compromise to musculoskeletal system

**\*\*USE THIS HAND-OUT AS A GUIDE ONLY**

### IV DRUG CALCULATION

INSTRUCTIONS: **BRING THIS TO THE FIRST DAY OF CLINICAL ORIENTATION.**

Calculate the answers to the following problems. Include all calculation used in deriving your answers.

1. 1 ml = \_\_\_\_\_ macrodrops

2. 1 ml = \_\_\_\_\_ microdrops

3. 1 Gm = \_\_\_\_\_ mg

4. 1 mg = \_\_\_\_\_ mcg

1. Ordered: Infuse Vancomycin 1 Gm in 250 ml's / hr via an infusion pump. What rate would you set the pump?

2. Ordered: 1000 cc's Normal Saline is to infuse over 8 hours, the drip factor is 15 gtt./ml. How many drops per minute would you infuse the solution?

3. Ordered: Infuse TPN 3000 ml's in 24 hours via an infusion pump. What rate would you set the pump?

4. Ordered: D5 ½ NS is to infuse at 30 cc per hour. The solution is 500 ml's and the drip factor is 20 gtt/ml. How many drops per minute would deliver the solution? \_\_\_\_\_

5. Ordered: A unit of RBC's (Red Blood Cells) (285 cc's) is to infuse over 3 hours. The blood tubing has a drip factor of 10 gtt/ml. How many drops per minute would deliver the blood

6. The order reads give 1200 u Heparin q hour. Concentration of the solution is 25,000 units of Heparin in 250 cc's D5W. How many cc per hour should the patient receive?

7. An Aminophylline drip is in progress at 20 cc per hour. How many mg per hour is the patient receiving? Concentration of the solution is 500 mg Aminophylline in 1000 cc's.

8. Give 1 Gm of Gentamycin in 150 cc's D5W in 90 minutes. How many cc's per hour would you set the pump?

9. Give 500 mg Ampicillin in 100 cc's D5W in 45 minutes (gtt factor is 15 gtts = 1 cc).

**NOTE: This practice math problem is an individual work.**

UNIVERSITY NEVADA, LAS VEGAS  
 SCHOOL OF NURSING  
 SKILLS CHECKLIST SUMMARY SHEET  
 NURSING 313R - L

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

Semester: Spring 2016

Level II	N 313	N 350
<b>Introduced or Emphasized in Level II</b>		
<b>Medical Surgical</b>		
Suctioning via oral airway/ nasopharyngeal		
Wound care (surgical wound, JP drain, decubiti)		
Use of Doppler		
Performing neuro exam and documenting G.C.S		
Use of oxygen equipment, triflows, BiPAP		
Care of a client with TPN		
Insulin injection and Accucheck		
Head to toe assessment with instructor – minimum of 2 clinicals		
IV insertion, use of IV pumps and IV tubing change		
Placement of monitor electrodes		
Recognition of NSR, VT, Vfib, & PVC's		
Checking N/G or gastrostomy tube placement, residual, and administration of feedings		
Verifying Pre procedure checklist		
Dressing change (Aseptic Technique)		
Assessment of AV graft/fistula and bruit & thrill		
Care of post cardiac catheterization or PTCA patient.		
<b>Intravenous Therapy</b>		
Checks fluid order		
Spikes Bag, purges fluid		
Labels date, time, rate		
Calculates IV drip rate		
Sets up/manages IV pump		
Initiates IV on manikin		
IV site assessment & care		
Multiple/triple lumen		
PICC Line care & dressing		
Use of buretrols		
Use of syringe pump		
Administer IV meds - drip		
Administer IV push meds		
Monitors IV Drips: Primary line Antibiotics (piggyback) Heparin Magnesium sulfate Oxytocin		
Interpret peaks & troughs		
<b>Population-Focused Nursing</b>		
Assess a population		
Interpret demographic data		
Plan a health promotion intervention for an aggregate		
Deliver a health teaching intervention for an aggregate		

Nursing Care Plan

Patient Initial : \_\_\_\_\_ Rm : \_\_\_\_\_

Date: \_\_\_\_\_ 21

Assessment (Focused)	Nursing Diagnosis	Goal Outcome	Interventions Rationale <i>(One of the revised intervention should be EBP, highlighted and attached the interventional research article)</i>	Evaluation Date/ Time
	<i>Initial Ng Dx:</i>	<i>Initial Goal</i>	<i>Monitoring</i>  <i>Independent Actions</i>  <i>Dependent Actions</i>  <i>Health Teachings</i>  <i>Discharge Planning</i>	
	<i>Revised Ng Dx:</i>	<i>Revised Goal</i>	<i>Monitoring</i>  <i>Independent Actions</i>  <i>Dependent Actions</i>  <i>Health Teachings</i>  <i>Discharge Planning</i>	



### CONCEPT MAP

Predisposing Factors

Precipitating Factors

Pathophysiology

Laboratory Result /Diagnostics

Medications

Signs and Symptoms

**Interventions (EBP)**  
*(One of the revised intervention should be EBP, highlighted and attached the interventional research article)*

- Draw arrows to demonstrate relationships between concepts.

References:

NURS 313 CDI Weekly Anecdotal Notes		Instructions and Legend						
Student Name:		You are welcome to use this form in any way that works best for you. Notes should be kept secure and confidential. <ol style="list-style-type: none"> <li>1. Enter the name of the student in the space provided to the left.</li> <li>2. Enter the clinical date in the box below when you worked with this student.</li> <li>3. In each cell, note the student’s performance level for that day using the scale below.</li> <li>4. Reviewing your notes with students each clinical day is encouraged.</li> </ol>						
CDI Name:								
Clinical Group: <b>A</b> <b>B</b>								
Performance Levels								
0	1	2			3			
Not Observed	Performance is not consistently safe, competent, or accomplished within a reasonable timeframe and requires ongoing verbal and physical cues.	Performance is safe and competent and is accomplished within a reasonable timeframe with minimal guidance required.			Performance is safe and competent and is accomplished within a reasonable and efficient timeframe and, in most instances, independently. Acts as a resource to fellow students.			
Date								
Performance Criteria Clinical Day		1	2	3	4	5	6	7
1. INFORMATION MANAGEMENT & PATIENT CARE TECHNOLOGIES								
2. BASIC ORGANIZATIONAL & SYSTEMS LEADERSHIP								
3. HEALTH CARE POLICY, FINANCE & REGULATORY ENVIRONMENTS								
4. PROFESSIONALISM & PROFESSIONAL VALUES								
5. EVIDENCE-BASED PRACTICE								
6. COMMUNICATION								
7. SAFETY								
8. CLINICAL PREVENTION & POPULATION HEALTH								

See definition of performance criteria on Mid-Term and Final Evaluation form. If an concerns emerge or positive examples of performance, note them on the next page.



Date	Notes

**CLINICAL EVALUATION OBJECTIVES**

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

Semester: Spring 2016

Instructor Name: \_\_\_\_\_

<p align="center"><b>Clinical Objective Assessment</b></p>	<p align="center"><b>Mid Term S/U</b></p>	<p align="center"><b>Final S/U</b></p>	<p align="center"><b>Summary of Clinical Performance And / Or Validation Comments</b></p>
<p>1. Utilizes Nursing knowledge to systematically collect and analyze the physical, psychological, Sociocultural, spiritual, developmental, and lifestyle of the client. *(1,2,3)</p> <p>a. Collect pertinent data using appropriate assessment techniques.</p> <p>b. Priority data collection activities are driven by the patient’s immediate condition and/or anticipated needs.</p> <p>c. Data collection is systematic and on going.</p> <p>d. Involves the client, significant others, and health care providers in establishing plan of care</p> <p>e. Analyze the collected data in formulation of a nursing diagnosis.</p>			
<p align="center"><b>Clinical Objective Communication</b></p>	<p align="center"><b>Mid Term S/U</b></p>	<p align="center"><b>Final S/U</b></p>	<p align="center"><b>Summary of Clinical Performance And / Or Validation Comments</b></p>
<p>2. Identifies realistic outcomes individualized to meet the health care needs of the client. *(1,3,5,6)</p> <p>a. Derives realistic outcomes from the nursing diagnoses.</p> <p>b. Documents outcomes as measurable goals.</p> <p>c. Formulates outcomes with the client and health care providers when possible.</p> <p>d. Outcomes provide direction for continuity of care.</p> <p>e. Acknowledges the influence of age, gender, and culture on clients, their significant other, and health care providers.</p>			

CLINICAL EVALUATION OBJECTIVES

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

Semester: Spring 2016

Instructor Name: \_\_\_\_\_

Clinical Objectives <b>Patient Centered Care</b>	Mid Term S / U	Final S / U	Summary of Clinical Performance And / Or Validation Comments
3. Demonstrates therapeutic nursing and teaching skills, independent and collaboratively to meet identified nursing goals. *(1,2) a. Implements identified nursing interventions in a manner that minimizes complications and life threatening situations. b. Documents interventions, implements accurately and in a safe and appropriate manner. c. Participates in teaching client/family.			
Clinical Objective <b>Evidenced Based Nursing</b>	Mid Term S/U	Final S/U	Summary of Clinical Performance And / Or Validation Comments
4. Participates in activities to support clinical inquiry appropriate to level of practice. * (6) a. Demonstrates the ability to continually question and evaluate practice and uses best available evidence or research findings to develop appropriate plans of care *(6)			

CLINICAL EVALUATION OBJECTIVES

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

Semester: Spring 2016

Instructor Name: \_\_\_\_\_

Clinical Objectives <b>Leadership</b>	Mid Term S / U	Final S / U	Summary of Clinical Performance And / Or Validation Comments
5. Demonstrates a caring behavior and the ability to participate in the decision making process involving moral/ethical issues in nursing regardless of the consequences of the client/family choices. *(1, 4,7) a. Maintain client confidentiality b. Participates in acting as a client advocate c. Delivers care in a non-judgmental, non-discriminating manner that is sensitive to the client diversity. d. Preserves/protects client autonomy, dignity and rights. e. Provides current information to promote risk reduction.			
Clinical Objective <b>Critical Thinking Nursing</b>	Mid Term S/U	Final S/U	Summary of Clinical Performance And / Or Validation Comments
6. Demonstrates critical thinking skills and attitudes, especially through the use of the nursing process as applied to med/surg clients with complex nursing problems. *(3, 4, 5, 6, 7) 7. Constructs an appropriate concept map and can establish priorities for nursing care and carries out the interventions in a time efficient and safe manner.			

**CLINICAL EVALUATION OBJECTIVES**

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

Semester: Spring 2016

Instructor Name: \_\_\_\_\_

<b>Clinical Objective</b> <b>Professionalism</b>	<b>Mid Term</b> <b>S/U</b>	<b>Final</b> <b>S/U</b>	<b>Summary of Clinical</b> <b>Performance And / Or Validation</b> <b>Comments</b>
<p>8. Demonstrates the ability to incorporate professionalism into practice. *(9,10)</p> <ul style="list-style-type: none"> <li>a. Identifies own strengths and weaknesses</li> <li>b. Adheres to professional standards of practice</li> <li>c. Participates in educational activities to improve skills</li> <li>d. Seeks experiences to enhance and learn clinical skills.</li> <li>e. Utilizes resources available to enhance personal knowledge.</li> <li>f. Adheres to licensure laws and regulations.</li> </ul>			

Nurs 313R - L      Spring 2016  
Mid Semester Grade

S                      U

Instructor's Comments:

Students Comments:

Faculty Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Nurs 313R - L            Spring 2016  
Final Semester Grade

S                    U

Instructor's Comments:

Students Comments:

Faculty Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Medication Tip Sheet

**As a professional nurse you will need to commit this information to long term memory  
This information will be applicable to the all math examinations.**

The following medications require the verification of 2 RN's:

IV Heparin

IV Digoxin – RN must take apical pulse and verify the digoxin level

IV / SC Insulin

Hypertonic Saline solutions

TPN

Any blood product

Client will require an infusion pump if they have any one of the following:

PICC line

Femoral line

Subclavian line

Internal jugular line

Medications for IMC which require an infusion pump (volumetric pump):

Medications with an \* requires the daily weight of the client.

Aminophylline

Amiodarone

Bretylium

Cardizem

\*Dobutamine

\*Dopamine

Heparin

Isuprel

Lidocaine

Magnesium Sulfate

\*Natreacor

\*Nipride

Potassium Riders

\*Primacor

Pronestyl

Tridil – Nitroglycerine

#### Common Medication Suffixes and Meanings:

<b>Car</b>	-	<b>Calcium antagonists</b>
<b>Caine</b>	-	<b>Local anesthetic</b>
<b>Cillin</b>	-	<b>Antibiotic</b>
<b>Dine</b>	-	<b>Antiulcer histamine blocking agent</b>
<b>Done</b>	-	<b>Opioid analgesic</b>
<b>Ide</b>	-	<b>Oral hypoglycemic</b>
<b>Lam</b>	-	<b>Antianxiety agent</b>
<b>Micin</b>	-	<b>Antibiotics</b>
<b>Mide</b>	-	<b>Diuretic</b>
<b>Mycin</b>	-	<b>Antibiotic</b>
<b>Nium</b>	-	<b>Neuromuscular blocking agent</b>
<b>Olol</b>	-	<b>Beta blocker</b>
<b>Oxacin</b>	-	<b>Antibiotic</b>
<b>Pam</b>	-	<b>Antianxiety agent</b>
<b>Pril</b>	-	<b>ACE inhibitor</b>
<b>Sone</b>	-	<b>Steroids</b>
<b>Statin</b>	-	<b>Antihyperlipidemics</b>
<b>Vir</b>	-	<b>Antivirals</b>
<b>Zide</b>	-	<b>Diuretics</b>



**NURS 313R - L Concept Map Rubric  
 Spring 2016**

<b>Points</b>	<b>Target/Exemplary</b>	<b>Good/Satisfactory</b>	<b>Needs Improvement/Unsatisfactory</b>
<i>Clinical Worksheet: Pathophysiology of patient's major problem(s).</i>	<i>Thoughtfully reflects specifics of disease processes from the readings and clinical data specific to the assigned patient as indicated in the clinical worksheet. (15pts)</i>	<i>Meets target expectations with one or two exceptions. (14-12pts)</i>	<i>Falls significantly short of target expectations. ( &lt; 10 pts)</i>
<i>Physical Assessment:</i>	<i>Accurately and thoroughly evaluates patient's current physical exam and relates findings to the pathophysiologic changes related to the disease process. (15 pts)</i>	<i>Meets target expectations with one or two exceptions. (14-12pts)</i>	<i>Falls significantly short of target expectations. ( &lt; 10 pts)</i>
<i>Nursing Process: Patient Education:</i>	<i>Uses the five components of the nursing process <u>individualized</u> to the patient's major problems or needs. Identifies patient and/or family education needs; and key self management by the patient.  (25 pt)</i>	<i>Meets target expectations with one or two exceptions. (24-15pts)</i>	<i>Falls significantly short of target expectations. ( &lt; 15pts)</i>
<i>Medications: Reflects current interplay of disease &amp; medications</i>	<i>Identifies current medications and <u>analyzes their relationships</u> to patient's diagnoses and physical exam; also identifies potential side effects and actual lab values used to monitor medication effectiveness. (15 pts)</i>	<i>Meets target expectations with one or two exceptions. (14-12pts)</i>	<i>Falls significantly short of target expectations. ( &lt; 10 pts)</i>
<i>Lab &amp; Diagnostic Exams: Reflects current interplay of disease &amp; lab/diagnostic exams.</i>	<i>Identifies diagnostic and lab studies used to evaluate the disease process; the patient's actual data; analyzes relationships and trends since admission. (15pts)</i>	<i>Meets target expectations with one or two exceptions. (14-12 pts)</i>	<i>Falls significantly short of target expectations. ( &lt; 10 pts)</i>
<i>EBP Article</i>	<i>Attach 1 recent (published with the last 5 years) interventional research article to support chosen nursing interventions (i.e. evidenced based). (15pts)</i>	<i>Meets target expectations with one or two exceptions. (14-12 pts)</i>	<i>Falls significantly short of target expectations. ( &lt;10 pts)</i>

## **UNIVERSITY POLICIES:**

**Academic Misconduct** – Academic integrity is a legitimate concern for every member of the campus community; all share in upholding the fundamental values of honesty, trust, respect, fairness, responsibility and professionalism. By choosing to join the UNLV community, students accept the expectations of the Student Academic Misconduct Policy and are encouraged when faced with choices to always take the ethical path. Students enrolling in UNLV assume the obligation to conduct themselves in a manner compatible with UNLV's function as an educational institution.

An example of academic misconduct is plagiarism. Plagiarism is using the words or ideas of another, from the Internet or any source, without proper citation of the sources. See the Student Academic Misconduct Policy (approved December 9, 2005) located at: <http://studentconduct.unlv.edu/misconduct/policy.html>.

**Copyright** – The University requires all members of the University Community to familiarize themselves with and to follow copyright and fair use requirements. You are individually and solely responsible for violations of copyright and fair use laws. The university will neither protect nor defend you nor assume any responsibility for employee or student violations of fair use laws.

Violations of copyright laws could subject you to federal and state civil penalties and criminal liability, as well as disciplinary action under University policies. Additional information can be found at: <http://www.unlv.edu/provost/copyright>.

**Disability Resource Center (DRC)** – The UNLV Disability Resource Center (SSC-A 143, <http://drc.unlv.edu/>, 702-895-0866) provides resources for students with disabilities. If you feel that you have a disability, please make an appointment with a Disabilities Specialist at the DRC to discuss what options may be available to you. If you are registered with the UNLV Disability Resource Center, bring your Academic Accommodation Plan from the DRC to the instructor during office hours so that you may work together to develop strategies for implementing the accommodations to meet both your needs and the requirements of the course. Any information you provide is private and will be treated as such. To maintain the confidentiality of your request, please do not approach the instructor before or after class to discuss your accommodation needs.

**Religious Holidays Policy** – Any student missing class quizzes, examinations, or any other class or lab work because of observance of religious holidays shall be given an opportunity during that semester to make up missed work. The make-up will apply to the religious holiday absence only. It shall be the responsibility of the student to notify the instructor no later than the end of the first two weeks of classes, **September 22, 2015** of his or her intention to participate in religious holidays which do not fall on state holidays or periods of class recess. For additional information, please visit: <http://catalog.unlv.edu/content.php?catoid=6&navoid=531>.

**Incomplete Grades** - The grade of I – Incomplete – can be granted when a student has

satisfactorily completed three-fourths of course work for that semester/session but for reason(s) beyond the student's control, and acceptable to the instructor, cannot complete the last part of the course, and the instructor believes that the student can finish the course without repeating it. The incomplete work must be made up before the end of the following regular semester. If course requirements are not completed within the time indicated, a grade of F will be recorded and the GPA will be adjusted accordingly. Students who are fulfilling an Incomplete do not register for the course but make individual arrangements with the instructor who assigned the I grade. Please note – Students cannot enroll in other nursing courses if they have an incomplete (I) in a course that is designated as a prerequisite to that course. (Per School of Nursing Policy C-12).

**Tutoring** – The Academic Success Center (ASC) provides tutoring and academic assistance for all UNLV students taking UNLV courses. Students are encouraged to stop by the ASC to learn more about subjects offered, tutoring times and other academic resources. The ASC is located across from the Student Services Complex (SSC). Students may learn more about tutoring services by calling 702- 895-3177 or visiting the tutoring web site at: <http://academicsuccess.unlv.edu/tutoring/>.

**UNLV Writing Center** – One-on-one or small group assistance with writing is available free of charge to UNLV students at the Writing Center, located in CDC-3-301. Although walk-in consultations are sometimes available, students with appointments will receive priority assistance. Appointments may be made in person or by calling 702-895-3908. The student's Rebel ID Card, a copy of the assignment (if possible), and two copies of any writing to be reviewed are requested for the consultation. More information can be found at: <http://writingcenter.unlv.edu/>

**Rebelmail** – By policy, faculty and staff should e-mail students' Rebelmail accounts only. Rebelmail is UNLV's official e-mail system for students. It is one of the primary ways students receive official university communication such as information about deadlines, major campus events, and announcements. All UNLV students receive a Rebelmail account after they have been admitted to the university. Students' e-mail prefixes are listed on class rosters. The suffix is always [@unlv.nevada.edu](mailto:@unlv.nevada.edu). Emailing within WebCampus is acceptable.

**Library Resources** –Students may consult with a librarian ([www.library.unlv.edu/](http://www.library.unlv.edu/) consultation) about research needs. For this class, the subject librarian is Xan Goodman. UNLV Libraries provides resources to support students' access to information. Discovery, access, and use of information are vital skills for academic work and for successful post-college life. Access library resources and ask questions at [www.library.unlv.edu/](http://www.library.unlv.edu/)