Stephen F. Austin State University
DeWitt School of Nursing
PERIOPERATIVE NURSING SYLLABUS
Course Number:  NUR 452
Section Number:  601
Fall 2010

Course Instructor:
Carol Athey, MSN, RN, CNOR

ALL INFORMATION IN THIS SYLLABUS IS SUBJECT TO THE WRITTEN POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING, STEPHEN F. AUSTIN STATE UNIVERSITY, NACOGDOCHES, TEXAS.

IN THE CASE OF COMMISSION, OMISSION, AMBIGUITY, VAGUENESS, OR CONFLICT, THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING SHALL CONTROL.

EACH STUDENT SHALL BE RESPONSIBLE FOR ACTUAL AND/OR CONSTRUCTIVE KNOWLEDGE OF THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING AND FOR COMPLIANCE THERewith.

THE STUDENT IS RESPONSIBLE FOR ALL INFORMATION IN THIS SYLLABUS.

This syllabus is provided for information purposes only.
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Office: Room 160
Office Hours: Monday, 8 a.m.- 12 noon; 1 p.m. – 4 p.m.;
Tuesday, 8:00 a.m. – 11 a.m.;
Friday, by appointment.

Class meeting time and place: Refer to Course Calendar.

Textbooks and Materials

Course Description
This course provides students the opportunity to apply critical thinking, nursing theory, research, and practice to specific perioperative concepts and situations. Varied roles of the nurse in the perioperative area will be explored as well as the role of the nurse in the interdisciplinary team.

Number of Credit Hours
2 credit hours

Course Prerequisites and Co-requisites
Pre-requisites: NUR 330, NUR 331, NUR 332

Program Learning Outcomes
The student will:
1. Apply knowledge of the physical, social and behavioral sciences in the provision of nursing care based on theory and evidence-based practice.
2. Deliver nursing care within established legal and ethical parameters in collaboration with clients and members of the interdisciplinary health care team.
3. Provide holistic nursing care to clients while respecting individual and cultural diversity.
4. Demonstrate effective leadership that fosters independent thinking, use of informatics, and collaborative communication in the management of nursing care.
5. Assume responsibility and accountability for quality improvement and delivery of safe and effective nursing care.
6. Serve as an advocate for clients and for the profession of nursing.
7. Demonstrate continuing competence, growth and development in the profession.

General Education Core Curriculum Objectives/Outcomes
None
Student Learning Outcomes
Formulate the essential concepts utilized by the perioperative nurse.
1. Choose accountability and responsibility in evaluating client responses to specific nursing actions.
2. Employ nursing research as a basis for perioperative nursing.
3. Support the use of standardized nursing language for documenting and evaluating perioperative nursing care.
4. Critique the procedures, experiences and related impact of ethical, legal and moral issues on professional perioperative nursing.
5. Compare the political, social and economic impact on an individual’s nursing care.
6. Evaluate the role and functions of the perioperative nurse as a member of the interdisciplinary team.
7. Measure the impact of credentialing guidelines and quality performance improvement programs on perioperative nursing.

Course Requirements
This hybrid course provides students with the opportunity to apply critical thinking, nursing theory, research, and practice to specific perioperative concepts and situations. Varied roles of the nurse in the perioperative area will be explored as well as the role of the nurse in the interdisciplinary team. The course is recommended for students who plan to participate in the perioperative area during 433, but is open to all nursing students.

Course Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Class Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 8/31</td>
<td>online</td>
<td>Review Syllabus, Chapter 1 - Periop Assessment</td>
</tr>
<tr>
<td>Tuesday 9/7</td>
<td>online</td>
<td>Chapter 2 – Periop Patient Teaching, Universal Protocol, NPSG’s</td>
</tr>
<tr>
<td>Tuesday 9/14</td>
<td>online</td>
<td>Chapter 3 - Anesthesia, Moderate Sedation</td>
</tr>
<tr>
<td>Tuesday 9/21</td>
<td>4:30pm to 6:30pm</td>
<td>Discussion of and group activity Surgical hand scrub, gowning and gloving</td>
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<td>Test over chapters 1 - 3 Rm 113</td>
</tr>
<tr>
<td>Tuesday 9/28</td>
<td>online</td>
<td>Chapter 4 – Intraop Considerations, Staff roles, Preps, Sterilization procedures</td>
</tr>
<tr>
<td>Tuesday 10/5</td>
<td>online</td>
<td>Chapter 5 – Fluid balance,</td>
</tr>
<tr>
<td>Tuesday 10/12</td>
<td>online</td>
<td>Chapter 6 – Postop Assessment</td>
</tr>
<tr>
<td>Tuesday 10/19</td>
<td>4:30pm to 6:30pm</td>
<td>AORN video Collection 1 Meet in rm 113 Test chapters 4 - 6</td>
</tr>
<tr>
<td>Tuesday 10/26</td>
<td>online</td>
<td>Chapter 7 – Pain Management</td>
</tr>
<tr>
<td>Tuesday 11/2</td>
<td>online</td>
<td>Chapter 8 – Wound Care, Needles &amp; sutures, Count procedures</td>
</tr>
<tr>
<td>Tuesday 11/9</td>
<td>online</td>
<td>Chapter 9 – Peri-op Complications, tourniquets, MH, Positioning</td>
</tr>
<tr>
<td>Tuesday 11/16</td>
<td>4:30pm to 6:30pm</td>
<td>AORN video collection 5 and Ethics Test chapters 7 &amp; 9 Rm 113</td>
</tr>
<tr>
<td>Tuesday 11/30</td>
<td>online</td>
<td>Chapter 10 &amp; 11 – Special populations, Endoscopic surgery and bariatric pts.</td>
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<td></td>
<td>No Class - Dead Week</td>
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<tr>
<td>Finals Week</td>
<td>TBA</td>
<td>Exam week Comprehensive final Rm 113</td>
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Grading Policy
Each test, including the final are 100 pts each (total 400 pts). Attendance during face-to-face instructions are 25 pts each (total 100 pts. does not include final) Participation on discussion board 20 pts. per chapter/week (total 200 pts)
Total points for the semester = 700

Grading Scale
A = 700 – 575 pts
B = 574 – 475 pts
C = 474 – 375 pts
F = 374 and below

Discussion Rubric for online class attendance grade

<table>
<thead>
<tr>
<th>Criteria</th>
<th>A (90-100) Outstanding</th>
<th>B (80-89) Proficient</th>
<th>C (70-79) Basic</th>
<th>D/F (0-69) Below Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>• rich in content</td>
<td>• substantial information</td>
<td>• generally competent</td>
<td>• rudimentary and superficial</td>
</tr>
<tr>
<td></td>
<td>• full of thought, insight, and analysis</td>
<td>• thought, insight, and analysis has taken place</td>
<td>• information is thin and commonplace</td>
<td>• no analysis or insight is displayed</td>
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<tr>
<td></td>
<td>• assigned reading relevant</td>
<td></td>
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<tr>
<td>Connections</td>
<td>Clear connections</td>
<td>• connections are made, not really clear or too obvious</td>
<td>• limited, if any connections</td>
<td>• no connections are made</td>
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<tr>
<td></td>
<td>• to previous or current content</td>
<td>• vague generalities</td>
<td></td>
<td>• off topic</td>
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<tr>
<td></td>
<td>• to real-life situations</td>
<td></td>
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<tr>
<td>Uniqueness</td>
<td>• new ideas</td>
<td>• new ideas or connections</td>
<td>• few, if any new ideas or connections</td>
<td>• no new ideas</td>
</tr>
<tr>
<td></td>
<td>• new connections</td>
<td>• lack depth and/or detail</td>
<td>• rehashing and/ or summarizing</td>
<td>• “I agree with …” statement</td>
</tr>
<tr>
<td></td>
<td>• made with depth and detail</td>
<td></td>
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</tr>
<tr>
<td>Timeliness</td>
<td>• Champion discussion</td>
<td>• did not respond appropriately for reading assignment</td>
<td>• limited response late</td>
<td>• no response</td>
</tr>
<tr>
<td></td>
<td>• early in discussion</td>
<td></td>
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<tr>
<td></td>
<td>• throughout the discussion</td>
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Attendance Policy
If an absence is required in the face to face class dates, the student is responsible for notifying the instructor prior to class with an acceptable reason. The student must contact the instructor within 2 days following the missed class in order to make appropriate arrangements for missed face to face class work.
http://www.fp.sfasu.edu/nursing/studentpolicies.htm
**Academic Integrity**

Academic integrity is a responsibility of all university faculty and students. Faculty members promote academic integrity in multiple ways including instruction on the components of academic honesty, as well as abiding by university policy on penalties for cheating and plagiarism.

**Definition of Academic Dishonesty**

Academic dishonesty includes both cheating and plagiarism. Cheating includes but is not limited to (1) using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class; (2) the falsification or invention of any information, including citations, on an assigned exercise; and/or (3) helping or attempting to help another in an act of cheating or plagiarism. Plagiarism is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are (1) submitting an assignment as if it were one's own work when, in fact, it is at least partly the work of another; (2) submitting a work that has been purchased or otherwise obtained from an Internet source or another source; and (3) incorporating the words or ideas of an author into one's paper without giving the author due credit.

Please read the complete policy at [http://www.sfasu.edu/policies/academic_integrity.asp](http://www.sfasu.edu/policies/academic_integrity.asp) [http://www.fp.sfasu.edu/nursing/studentpolicies.htm](http://www.fp.sfasu.edu/nursing/studentpolicies.htm)

**Withheld Grades (Semester Grades Policy A-54)**

Ordinarily, at the discretion of the instructor of record and with the approval of the academic chair/director, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F. If students register for the same course in future terms the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

The circumstances precipitating the request must have occurred after the last day in which a student could withdraw from a course. Students requesting a WH must be passing the course with a minimum projected grade of C.

**Students with Disabilities**

To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004 / 468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to [http://www.sfasu.edu/disabilityservices/](http://www.sfasu.edu/disabilityservices/).
Chapter 1: Preoperative Assessment and Care

Chapter 1 OBJECTIVES
1. Explore the pre-surgical assessment, patient interview and physical exam for subjective and objective data collection.
2. Research cultural influences and language barriers regarding surgical care.
3. Identify the determination of physical status using ASA classification system.
4. Discuss legal concerns and the informed consent.

Chapter 2: Perioperative Patient Teaching, Universal Protocol, NPSG’s that apply to the OR setting

UNIT 2 OBJECTIVES
1. Analyze the who, the what, the why, the when, the where and the how of patient teaching.
2. Apply knowledge of the Universal Protocol by completing a surgical checklist using a case study.
3. Research the Surgical Care Improvement Project and participate on the discussion board.
4. Discuss the NPSG’s and surgical setting application.

Chapter 3: Anesthesia

Chapter 3 – OBJECTIVES
1. Compare and contrast the different types of anesthesia.
2. Review the different medications used by the anesthesia provider.
3. Discuss moderate sedation.

Chapter 4: Intraoperative Considerations

Chapter 4 - OBJECTIVES
1. Examine the staff roles in the perioperative setting.
2. Review the surgical scrub procedure, types of surgical preps, patient positioning and draping procedures.
3. Compare and contrast suffixes used and words used to describe surgical procedures.
4. Discuss the importance of “Time Out”, following aseptic technique and the Sponge, Sharps and Inst Counting procedure in regards to legal ethical behavior.

Chapter 5: Fluid, Electrolytes, and Acid Base Balance

Chapter 5 – OBJECTIVES
1. Identify the body fluids.
2. Examine the objectives of fluid therapy.
3. Compare crystalloids and colloids.
4. Discuss evaluation of volume status.

Chapter 6: Post-anesthetic Assessment and Care

Chapter 6 – OBJECTIVES
1. Apply the ABC’s to receiving a patient in the PACU and evaluate the anesthesia report (hand off communication).
2. Prioritize the PACU nursing assessment.
3. Discuss using the Aldrete scoring system for pre-op post-op and discharge patient care planning.

Chapter 7: Pain Management
Chapter 7 – OBJECTIVES
1. Compare and contrast types of pain and pain assessment tools.
2. Examine medications used for pain.
3. Discuss regional anesthesia blocks for pain relief.

Chapter 8: Wound Care
Chapter 8 – OBJECTIVES
1. Apply the wound classification system to different types of surgical procedures.
2. Discuss the process of wound healing.
3. Evaluate and document a wound.
4. Compare various types of surgical drains and tubes.
5. Examine the different types of wound closure materials, sutures and needles used in surgery.

Chapter 9: Perioperative Complications
Chapter 9 – OBJECTIVES
1. Examine pulmonary complications that can occur with surgery.
2. Discuss cardiovascular complications and their common causes.
3. Identify the risk factors and discuss Malignant Hyperthermia.
4. Prioritize treatment for PONV.

Chapter 10 & 11: Special Populations; the elderly, pediatric, pregnant, diabetic, and obese surgical patient (endoscopy and Bariatric surgery patient)
Chapter 10 & 11 – OBJECTIVES
1. Discuss the physiological changes that put the elderly at risk for surgery and identify anesthetic options.
2. Compare the neonate, infant, toddler, preschooler, school age and adolescent patient in regards to Erikson’s life stages and issues related to surgery.
3. Compare and contrast the anesthetic options for a non-obstetric surgery during pregnancy.
4. Identify perioperative risks for the diabetic and/ or obese patients.
5. Evaluate the endoscopy patient and the bariatric patient using the adrete scoring system post-op.