Stephen F. Austin State University
DeWitt School of Nursing
NURSING CARE OF CLIENTS
WITH COMPLEX HEALTH NEEDS
Course Number: NUR 406
Section Number: 001
Clinical Section(s): 010 - 016
Spring 2020
Course Instructors
Mrs. Laura Logan, MSN, RN, CCR
Course Coordinator
Mrs. Vanessa Pacheco, MSN, RN
Mrs. Joy Shupak, MSN, RN
Mrs. Alyson Young, MSN, RN, CCRN

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SCHOOL OF NURSING AND FOR COMPLIANCE THEREWITH.
EACH STUDENT IS RESPONSIBLE FOR ALL INFORMATION IN THIS SYLLABUS.
This syllabus is provided for informational purposes only.
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  Tues: 12-4pm

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  Tues: 12-3:30pm

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  Tues: 12-4

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Email: Alyson.young@sfasu.edu  
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Phone: 936-468-7715  
Office Hours: Mon. 8-1  
  Tues. 8-9 & 12pm-2pm

Please call in advance as times may vary due to committee obligations.  
Class meeting times and places: Refer to Course Calendar for time and location.
TEXTBOOKS & SUPPLIES

Required Texts:

- All textbooks from prior nursing courses. Especially the medical surgical textbook and the Pathophysiology book.
- Course Point for NCLEX questions: Purchased in second semester! Hinkle & Cheever Brunner & Suddarth’s Textbook of Medical-Surgical Nursing LWW, 14th edition
- Hemodynamic Monitoring Made Incredibly Visual Lippincott
- Gahart, Betty, Intravenous Medications for Nurses and Healthcare Professionals 2016 edition or later.
- A Nurse’s Story by Shalof

Strongly Recommended:

- Critical Care Nursing Certification: Preparation, Review, and Practice Exams, Johnson & Crumlett

Course Description

Six semester hours, three hours didactic and nine hours clinical practicum. This course provides students the opportunity to apply critical thinking, nursing theory, research and practice to acutely ill clients of diverse spiritual, ethno-cultural and socioeconomic backgrounds in a variety of clinical settings. Emphasis is placed on meeting needs of acutely ill clients and nurse’s role in addressing legal, ethical and economic issues within the interdisciplinary health care team.

Unabridged Course Description

This course builds upon concepts learned in Nursing Care of Young Adults to Elderly, previous, concurrent, and pre-requisite courses. This course provides students with the opportunity to apply critical thinking, nursing theory, research, and practice to clients of diverse spiritual, ethno-cultural, and socioeconomic backgrounds. Students will utilize the nursing process with clients experiencing acute/chronic complex health problems in a variety of clinical settings. Emphasis is placed on the challenges if meeting the needs of the acutely ill clients and a holistic manner and the nurse’s role in addressing associated legal, ethical, and economic issues in conjunction with the interdisciplinary health care team.

Number of Credit Hours

6 semester hours

NUR 406 Care of the Complex Client (6 credits; 4-hour didactic and 16-hour clinical per week) typically meets once a week on Mondays in 3 hour segments for 15 weeks for the didactic portion. Students have significant weekly reading assignments and required to take four major test and two comprehensive HESI final examinations. The didactic preparation and activities average a minimum of 6 hours a week to prepare outside of classroom hours.

The clinical component is composed of a total of 135 hours. It consists of high fidelity clinical in critical care areas, clinical on campus, weekly clinical assignments, four simulation scenarios, clinical practice lab and learning labs throughout the semester. Students are required to successfully pass the clinical component to pass the course.
Prerequisites and Co-requisites

**Prerequisites:** NUR 330, NUR 331, NUR 332
**Co-requisites:** NUR 407, NUR 408

**Program Learning Outcomes**
Graduates of the program 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. Assure 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. Value continuing competence, growth, and development in the profession of nursing.

**General Education Core Curriculum Objectives/Outcomes**
None

**Student Learning**
The student will:
1. Relate concepts and principles of the arts, sciences, humanities, and nursing as a source for making nursing practice decisions with clients and families experiencing complex health stressors.
2. Demonstrate responsibility and accountability using consistent behavior patterns and professional communication.
3. Evaluate research for applicability of findings to the provision of nursing care.
4. Incorporate the nursing process as a template to formulate and implement individualized plans of care for clients with complex health needs.
5. Utilize advanced assessment and critical thinking skills to provide comprehensive nursing care in teaching clients and families experiencing complex health stressors.
6. Incorporate moral, ethical, economic, and legal issues in the provision of nursing care to clients and families.
7. Collaborate with the interdisciplinary healthcare team members respecting holistic, socio-economic, spiritual, and ethno-culturally diverse characteristics of clients and families experiencing complex health stressors.

**Differentiated Essential Competencies (DEC’s)**
The Richard and Lucille DeWitt School of Nursing prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs). The competencies are based upon the preparation in the program of study. In nursing education, the DEC’s serve as a guideline and tool for curriculum development and revision, a tool for benchmarking and evaluation of the program, and statewide standard to ensure graduates will enter practice as safe and competent.
nurses. The DECs are incorporated into every course in the SON to ensure uniformity and continuity of standards.
Please refer to the Texas BON website for additional information:
https://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf

Course Requirements
- 4 course exams
- 2 HESI exams
- NCLEX questions through Course Point
- Weekly clinical work
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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Chapter</th>
<th>Title</th>
<th>Instructor</th>
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</thead>
<tbody>
<tr>
<td>Wednesday Jan. 15</td>
<td>8-4</td>
<td>Syllabus and Brightspace orientation</td>
<td>Overview of Course Critical Care: What is it? Comfort and Sedation (Ch.: 5) Critical Care Drug Calculations - PP Concept Mapping (Demo/Concept Map Rubric) Case Study Concept Map Assignment: Due: Thursday, January 23, 2020 at the beginning of class (0830-0855)</td>
<td>All</td>
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<td>Rm. 101</td>
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<td>Orientation to Clinical Documents</td>
<td>Hospital Representatives</td>
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<td>Room 111</td>
<td>4-6</td>
<td>General Hospital Orientation</td>
<td>Nac. Medical Center and WHMC Hospital Orientations. All students must attend, in the event clinical site is changed.</td>
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<td>Mandatory Attendance! Clinical Hours</td>
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<td>Mandatory Attendance! Clinical Hours</td>
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<tr>
<td>Thursday, Jan. 16</td>
<td>9-12</td>
<td>Learning Lab Ch. 7</td>
<td>Pulmonary Part 1: Chapter 9: ABG/Oxygen Delivery Devises/Vents/Chest Tubes and Part 2: Chapter 15 Acute Respiratory Failure in multiple disease processes</td>
<td>Shupak/Pacheco</td>
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<tr>
<td>Rm. 101</td>
<td>1-5</td>
<td>Ch. 13</td>
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<td>Young/Logan</td>
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<td>Mandatory Attendance! Clinical Hours</td>
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<tr>
<td>Tuesday Jan. 21</td>
<td>1230-1530</td>
<td>Orientation for Groups D and H ONLY!</td>
<td>Hospital Orientation At Nac Memorial in Hospital Lobby</td>
<td>Young</td>
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<td>Nac Memorial Hospital</td>
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<td>Thursday Jan. 23</td>
<td>9-6</td>
<td>Learning Lab Ch. 5</td>
<td>A &amp; P of Heart; EKG interpretation: Sinus Rhythms Cardiac Day 1 Physical Assessment/Documentation Cardiac/Critical Care Drugs MI: STEMI and NSTEMI Medical and Nursing Interventions Complications of MI</td>
<td>Shupak/Young</td>
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<td>Rm. 101</td>
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<td>Mandatory Attendance! Clinical Hours</td>
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<tr>
<td>Monday Jan. 27</td>
<td>1-3</td>
<td>Exam 1</td>
<td>Exam 1: Pulmonary part 1 &amp; 2, ABGs, EKG interpretation: Sinus rhythms, Cardiac Day 1, Comfort and Sedation, Drug Calculations.</td>
<td>All</td>
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<td>Monday, Feb. 3</td>
<td>1230-1300</td>
<td>Clinical expectations Ch. 7 Learning Lab Clinical Hours</td>
<td>Hospital Expectations/Orientation Atrial and Ventricular Rhythms, Blocks, Junctional rhythms</td>
<td>All</td>
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<tr>
<td>Wednesday Feb. 5</td>
<td>EFGH</td>
<td>1st Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco, Young</td>
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<td>Thursday Feb. 6</td>
<td>EFGH</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco, Young</td>
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<tr>
<td>Monday, Feb. 10</td>
<td>1-5</td>
<td>Ch. 8 &amp; 12-Sole Bring to class: Hemodynamics Incredibly Visual</td>
<td>Shock, SIRS, MODS, Sepsis, &amp; Hemodynamics</td>
<td>Logan/Shupak</td>
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<tr>
<td>Wednesday Feb. 12</td>
<td>ABCD</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
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<tr>
<td>Thursday Feb. 13</td>
<td>ABCD</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco, Young</td>
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<tr>
<td>Mon. Feb. 17 Sim Lab</td>
<td>EFGH 9-12 ABCD 1-4</td>
<td>COC Day 2 Mandatory Attendance</td>
<td>The stations will cover hemodynamics, EKG interpretation, IV lines, devices, and critical care medications.</td>
<td>All</td>
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<tr>
<td>Wednesday Feb. 19</td>
<td>EFGH</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco</td>
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<tr>
<td>Thurs. Feb. 20</td>
<td>EFGH</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan Shupak, Young, Pacheco</td>
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<tr>
<td>Mon. Feb. 24 Rm. 101</td>
<td>1-5</td>
<td>Ch. 16, 17</td>
<td>Acute Kidney Alterations and Hematology/Immunology/Blood Transfusions</td>
<td>Pacheco/Young</td>
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<tr>
<td>Wed. Feb. 26</td>
<td>ABCD</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Young, Pacheco</td>
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<td>Thurs. Feb. 27</td>
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<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Young, Pacheco</td>
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<tr>
<td>Mon. March 2 Rm. 115</td>
<td>1-3</td>
<td>Exam 2</td>
<td>Exam 2 EKG, Renal, Immune/Blood, Shocks, Hemodynamics</td>
<td>All</td>
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<tr>
<td>Wed. March 4</td>
<td>EFGH</td>
<td>Clinical Day</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco, Young</td>
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<td>Date</td>
<td>Session</td>
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<td>Thurs. March 5</td>
<td>EFGH</td>
<td>Clinical</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Shupak, Pacheco, Young</td>
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<td>Spring Break</td>
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<td>Mon. March 16</td>
<td>1-5</td>
<td>Ch: 19</td>
<td>Endocrine Disorders</td>
<td>Pacheco/Shupak</td>
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<td>Ch. 3, 4, 11</td>
<td>End of Life Care/Legal Ethical/Organ Donation</td>
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<td>ABCD</td>
<td>Clinical</td>
<td>Respective Hospital Clinical</td>
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<td>Thu. March 19</td>
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<tr>
<td>Mon. March 23</td>
<td>1-5</td>
<td>Ch: 13</td>
<td>Cardiac Day 2: Care of Patient with PCI and CABG</td>
<td>Young/Pacheco</td>
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<td>Wed. March 25</td>
<td>EFGH</td>
<td>Clinical</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Young, Shupak, Pacheco</td>
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<td>Thu. March 26</td>
<td>EFGH</td>
<td>Clinical</td>
<td>Respective Hospital Clinical</td>
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<tr>
<td>Mon. March 30th</td>
<td>1-5</td>
<td>Ch. 18</td>
<td>GI/Nutrition Therapy</td>
<td>Logan/Shupak</td>
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<td>ABCD</td>
<td>Clinical</td>
<td>Respective Hospital Clinical</td>
<td>Logan, Young, Shupak, Pacheco</td>
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<td></td>
<td>Thu.</td>
<td>ABCD</td>
<td>Clinical Day - Simulation Lab</td>
<td>Logan, Young, Shupak, Pacheco</td>
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<tr>
<td>Mon. April 6</td>
<td>1-3</td>
<td>Exam 3</td>
<td>Cardiac Day 2, GI, Endo, Legal Ethical, Organ Donation, End of life</td>
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<td>Tues. April 7</td>
<td>Groups A &amp; B 1-4</td>
<td>Simulation</td>
<td>Simulation Set 1 Clinical Day</td>
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<td>Wed. April 8</td>
<td>Groups E &amp; F 9-12 Groups G &amp; H 1-4</td>
<td>Simulation Set 1</td>
<td>Simulation Set 1 Clinical Day</td>
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<td>Thursday April 9 &amp; 10</td>
<td>Easter Break</td>
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<td>Date</td>
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<td>Mon. April 13</td>
<td>9-5</td>
<td>Rm 101</td>
<td>Ch. 20 and 21</td>
<td>Trauma and Burns, Neuro: Strokes, ICP, Patho, and Therapeutic</td>
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<td>Ch. 14</td>
<td>interventions, Head and Spinal Cord &amp; Coma</td>
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<td>Tues. April 14</td>
<td>Groups C &amp; D 1-4</td>
<td>Simulation Set 1</td>
<td>Simulation Set 1: Clinical Day</td>
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<td>Sim Lab</td>
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<td>Thurs. April 16</td>
<td>9-5</td>
<td>Sim Lab</td>
<td>Clinical Practice Schedule pending</td>
<td>Clinical Practice in Lab: Critical care skills, Management and</td>
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<td>Room 101</td>
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<td>treatment of life-threatening conditions (Trauma Survey) Practice</td>
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<td>Mon. April 20</td>
<td>Groups ABCD</td>
<td>Simulation Lab</td>
<td>Clinical Practice Checkoffs</td>
<td>Cardiac Day 3: Cardiac diseases</td>
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<td>8:30-1230</td>
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<td>Sim Lab</td>
<td>Clinical Practice</td>
<td>Simulation Set 2: Clinical Day</td>
<td>Student Check-Offs</td>
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<td>Room 101</td>
<td>Checkoffs</td>
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<tr>
<td>Wed. April 22</td>
<td>Groups ABCD</td>
<td>Simulation Set 2</td>
<td>Simulation Set 2: Clinical Day</td>
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<tr>
<td>Thurs. April 23</td>
<td>Groups EFGH</td>
<td>Simulation Set 2</td>
<td>Simulation Set 2: Clinical Day-Simulation Day</td>
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<tr>
<td>Friday, April 24</td>
<td>Groups EFGH</td>
<td>Simulation Lab</td>
<td>Clinical Practice</td>
<td>Student Check-Offs</td>
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<tr>
<td>Mon. April 27</td>
<td>1-3</td>
<td></td>
<td>Exam 4</td>
<td>Exam 4: Cardiac Day 3, Clinical Practice Content, Head injuries,</td>
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<td>10-12</td>
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<td>Trauma, Burns</td>
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<td>Testing room</td>
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<tr>
<td>Tues. April 28</td>
<td>12-3</td>
<td></td>
<td>Clinical Evaluations</td>
<td>Summative Clinical Evaluations (sign up in 407, See 406 Faculty after</td>
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<td>12-3</td>
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<td>407 faculty.)</td>
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<tr>
<td>Faculty Offices</td>
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**Clinical Time:**
LL=Learning Lab
COC=Clinical on Campus
CP=Clinical Practice (Clinical Scenarios in Lab)
**** LL, COC, CP, and hospital clinical days constitute clinical hours and attendance is mandatory.

<table>
<thead>
<tr>
<th>Wed. April 29</th>
<th>9-12</th>
<th>HESI REVIEW</th>
<th>Review Test Taking Skills and HESI Questions</th>
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<tr>
<td>Fri. May 1st</td>
<td>TBA</td>
<td>CC HESI</td>
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<td>Monday, May 4</td>
<td>TBA</td>
<td>MS- HESI</td>
<td>MS- HESI</td>
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</tr>
<tr>
<td>Rm. 115</td>
<td></td>
<td></td>
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</tbody>
</table>

**Grading Policy**

**Didactic Points**
- Exam 1 75 (15%)
- Exam 2 75 (15%)
- Exam 3 75 (15%)
- Exam 4 75 (15%)
- Med/Surg HESI 75 (15%)
- Critical Care HESI 75 (15%)

**Course Point Questions** 40

**Assignments:**
- Post Simulation Assignments 8
- Nurses Story Quiz 2

**Total 500 (100%)**

It is necessary to obtain a WEIGHTED MEAN TEST SCORE OF 75 on the class exam grades to pass this course. A weighted mean test score below 75 or a class average below 75 constitutes failure of Nursing 406 and will result in a grade of “F” on the transcript.
Policy 1.7: The grading schedule for all Nursing Courses is as follows:

\[
\begin{align*}
90-100 & = A \\
80-89 & = B \\
79-75 & = C \\
\text{Less than 75} & = F
\end{align*}
\]

Rounding is confined to the final course grade, which is the test average. Final course grades are rounded to the closest whole number using the 0.5 math rule and using one decimal point to the right of the whole number. If the final course grade is not a whole number, the following rounding rules apply:

a. If the decimal attached to a whole number is 0.5 or greater, then round up to the next whole number (equal to or greater than 85.50 = 86)

b. If the decimal attached to a whole number is less than 0.5, then round down to the previous whole number (equal to or less than 85.49 = 85).

*The test analysis form MUST be completed after each course/unit exam if the raw score is less than 75%. All can complete it, but we need the data from those making less than 75%. Remediation is also mandatory after each exam if the nullified score is less than 75%. NOT for HESI exams.

Extra Points

Each student is expected to be present and engaged during class by actively listening and participating in a variety of competitive learning activities such as pre-quizzes, review questions, games, and discussions. Intermittently, these activities will give the opportunity to earn extra points. The point value of each activity will be announced prior to the activity. Extra points will give the student the opportunity to earn up to one point added to their final grade. **EXTRA POINTS ARE ONLY added to the final course grade if the student obtains a weighted mean test score of 75 or better.** No other forms of extra credit will be given.

Each student will be allowed to earn up to 25 extra points over the semester.

\[
\begin{align*}
5-9 \text{ extra points earned} & = 0.2 \text{ point added to final grade average} \\
10-14 \text{ extra points earned} & = 0.4 \text{ point added to final grade average} \\
15-19 \text{ extra points earned} & = 0.6 \text{ point added to final grade average} \\
20-24 \text{ extra points earned} & = 0.8 \text{ point added to final grade average} \\
25 \text{ extra points earned} & = 1 \text{ point added to final grade average}
\end{align*}
\]

Allotment and allocation of points are at the sole discretion of the instructors. Unless otherwise directed, it is the duty of the student to confirm the correct name and point value are documented
with the instructor at the completion of their lecture. Instructors will not be responsible to document and/or amend points from previous lectures. Points will only be awarded to the students who earned them. If any cheating and/or dishonesty is noted, suggested point value may not be awarded.

**Medical/Surgical HESI Exam**
The Medical/Surgical HESI Exam will be taken at the end of the semester. This exam covers medical/surgical content from both medical/surgical courses. Reviewing patient reviews, case studies, NCLEX style questions and reviewing previous HESI exam remediation materials will assist in preparing for this exam.

**Critical Care HESI Exam**
The Critical Care HESI will be given at the end of the semester. This exam covers all of the content covered in NUR 406 and will act as the course final exam.

**Cell Phone Use**
Cell phones will be silenced prior to the beginning of class. Cell phones will only be used for educational purposes. In the event that a student’s cell phone is audible, the cell phone will be placed at the podium until the next break or end of class. Repeat offender’s cell phone are no longer allowed in class.

**Computer Use in the Classroom**
Computers are allowed in the classroom for note taking and educational use. Using a computer for any other activities will not be tolerated and the student is to close/shut down the computer for the remainder of the class. Repeat offender’s computer are no longer allowed in class.

**Link for all the Nursing Policies:**
http://www.sfasu.edu/academics/colleges/sciences-math/nursing/student-resources/nursing-policies

**Attendance Policy**
Attendance is not mandatory; however, all students are expected to attend classes regularly. An attendance sheet will be passed around and each student is required to sign it. No student may sign in another student. If this occurs, both students will be counseled, and an F day will be earned. The sign-up sheet will be taken up at some point in the lecture. Attendance is assessed and encouraged for the student to be successful in Nursing 406. To decrease distractions to those who are on time and choose to attend class, the door is closed at the start time of class, and access will be denied until the break because the door is locked for safety reasons. It is the student’s responsibility to inform the NON-teaching instructor if there is an emergency prohibiting class attendance.
Academic Integrity (A-9.1)
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.

Brightspace (by D2L)
For Brightspace technical support, contact student support in the Office of Instructional Technology (OIT) at d2l@sfasu.edu or 936-468-1919. If you call after regular business hours or on a weekend, please leave a voicemail.

For general computer support (not related to Brightspace), contact the Technical Support Center (TSC) at 936-468-HELP (4357) or email their office at helpdesk@sfasu.edu.

To learn more about using Brightspace, visit SFA ONLINE at https://www.sfaonline.info/ where you’ll find written instructions and video tutorials.

Definition of Academic Dishonesty
Definition of Academic Dishonesty
Academic dishonesty includes both cheating and plagiarism. Cheating includes, but is not limited to:
• using or attempting to use unauthorized materials on any class assignment or exam;
• falsifying or inventing of any information, including citations, on an assignment; and/or;
• 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 one’s own. Examples of plagiarism include, but are not limited to:
• submitting an assignment as one's own work when it is at least partly the work of another person;
• submitting a work that has been purchased or otherwise obtained from the Internet or another source; and/or,
• incorporating the words or ideas of an author into one's paper or presentation without giving the author credit.

Please read the complete policy for further information and penalties at http://www.sfasu.edu/policies/4.1-student-academic-dishonesty.pdf

Testing Expectations
As we prepare the student for NCLEX examination, through teaching, clinical experiences, and testing, there are several rules students are required to follow while taking an exam.

1. Do not bring anything but a pencil, ear plugs/buds, and the student’s personal keys to the testing room. A scratch piece of paper will be given to the students. All other items will be left out in the hallway during testing, it is recommended to leave all other items in the car. The University is not responsible for any lost or misplaced items.
2. Student must arrive 15 mins before exam so the instructor can assure the student has only the allowed items and is given the assigned seat.

3. The student’s keys are to be left on the front table and can be retrieved after completion of the exam and it has been uploaded. (verified by instructor)

4. Do not wear: hats, caps, hoodies, no food or drinks are allowed, no calculators, no sunglasses, no iPod/cell phones, or any watches may be worn or kept at the testing area. Do not bring these items to the testing room. (see item 1.)

5. Do not change the font on the exam. If there is a problem with the student’s visibility, accommodations must be made through Disability Services PRIOR to the exam.
   - Please visit the restroom before the exam. Students may use the restroom during the exam, however, are not to access the following items (see below) and may not be accessed at all during the exam, in general. This includes breaks and until the student leaves the exam room at the conclusion of the exam:
     - Any educational, test preparation or study materials
     - Cell/mobile/smart phones, tablets, smart watches, MP3 players, fitness bands, jump drives, cameras or any other electronic devices
     - Weapons of any kind

6. Students who arrive late will ONLY be allowed to take the exam if no other student has left the testing room, and they will complete the test without time extension within the allotted testing period.

7. Students are allowed 30 minutes to review the rationale for the items missed. If the student has a question about the rationale, the student must raise their hand and an instructor will assist them. If the student does not choose to do this, the instructor is under no obligation to review this later.

8. The test analysis form MUST be completed after each course/unit exam if the raw score is less than 75%. Remediation is also mandatory after exams 1, 2, 3 if the nullified score is less than 75%. Not for exam 4 or HESI exams.

9. Students may leave after completion of the exam. They may not hang out in the hallway. They may go to the reception area or the student lounge, if they so choose.

10. Talking, whispering, tapping, or any other disturbance will not be tolerated. Exams are individual work, no collaboration with peers is allowed. If any behavior is suspicious, the student will be asked to leave the exam room and will receive a zero on the exam and/or further disciplinary action may be earned.

11. No questions will be answered about content on the exam. The only questions faculty will answer are ones related to computer/technology issues.

12. Instructors will walk around the testing room while proctoring the exam.

**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 form the end of the semester in which they received 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 purposes 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/)*

**Acceptable Student Behavior**
Classroom behavior should not interfere with the instructor’s ability to conduct the class or the ability of other students to learn from the instructional program (see the Student Conduct Code, policy D-34.1). Unacceptable or disruptive behavior will not be tolerated.

- Students who disrupt the learning environment may be asked to leave class and may be subject to judicial, academic or other penalties. This prohibition applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom.
- Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program. This program provides students with recommendations for resources or other assistance that is available to help SFA students succeed.

**Campus Carry**
It is the carrier’s responsibility to know the law concerning campus carries. Refer to [www.sfasu.edu/campuscarry](http://www.sfasu.edu/campuscarry) for information.

**HIPAA Compliance Requirement Information**
Each student is required to sign a HIPAA Compliance Requirement Information Sheet and abide by the agreement. No exceptions. Failure to comply will result in an “F” day.

All Student policies are located at this address: http://www.sfasu.edu/academics/colleges/sciences-math/nursing/student-resources/student-policies

**Course Grades**
"A Nurse’s Story" (01/15/2020)
The student is required to read "A Nurse’s Story" by Tilda Shalof. On completion of the book, the student will complete the quiz found on Brightspace, must be completed by 2359 on the first day of class. This assignment is considered part of your assignment average. *Late submissions are not accepted and result in a zero.*

**Course Point Questions (40 points)**
• For each content area there will be an assignment created on the web site under our course. You must obtain the assigned mastery level of 4 to receive full credit (100). No partial credit will be given for a mastery below 6. The instructors will obtain your grades directly from the website. No papers will be turned in or submitted to Brightspace.

• Each assignment is due by 2359 on the assigned date. Assignments may be completed earlier if student prefers.

• Late submissions are not accepted and result in a zero.

<table>
<thead>
<tr>
<th>Content area</th>
<th>Mastery Level</th>
<th>Points Received</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>Pulmonary</td>
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<td>02/10/20</td>
</tr>
<tr>
<td>Renal (GU)</td>
<td>2</td>
<td>4</td>
<td>03/20/20</td>
</tr>
<tr>
<td>Immune</td>
<td>2</td>
<td>4</td>
<td>03/20/20</td>
</tr>
<tr>
<td>GI</td>
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<td>4</td>
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<tr>
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<tr>
<td>Neuro</td>
<td>2</td>
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<td>04/29/20</td>
</tr>
<tr>
<td>Cardio</td>
<td>2</td>
<td>8</td>
<td>04/29/20</td>
</tr>
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</table>

Total points: 40

Course Evaluations: Course evaluations may be completed online towards the end of the semester.
Suggested Learning Activities

The faculty has located learning activities the student may use to broaden and reinforce the course content. These are not required activities and will not be graded. They are to be used as intended, to assist the student to succeed in this course as well as on the NCLEX. The student is responsible for locating useful study aids. Listed are a few of the activities:

1. **Worksheets**  
   Several worksheets may be found on Brightspace. The worksheets were created because adequate patient reviews or case studies were not located that covered this material.

2. **Evolve Website**  
   HESI- All prior HESI exams can be reviewed for remediation of weaker content areas.

3. **Concept mapping**  
   If you find a disease process that is challenging, concept mapping the disease process is an excellent activity to review the concept.

4. **Resources**  
   There are student resources under the Resource tab on Brightspace then to links. These are videos, websites and other information for students to use for further information on concepts that historically are difficult to comprehend.

Lecture Objectives

**Chapter 3 Objectives: Ethical and Legal Issues in Critical Care Nursing**

1. Discuss the ethical principles and issues related to critical care nursing.  
2. Apply components of a systemic, ethical decision-making model.  
3. Discuss legal principles and accountability of the nurse related to the critical care setting.  
4. Discuss MPOA, living wills, and Advance Directives.  
5. Discuss nurse responsibilities and legal duties related to critical care nursing.  
6. Describe the elements of negligence and malpractice that may result in nursing practice.

**Palliative and End of Life Care**

1. Discuss the legal and ethical barriers to end of life care and forms (DNR, OOH-DNR).  
2. Discuss the different dimensions of end of life care: alleviating distressing symptoms (Palliative care), communication and conflict of interest, withholding or withdrawing therapy, emotional and psychological care of the client, family, and healthcare providers.  
3. Discuss cultural considerations in end of life care.  
4. Discuss Hospice care related to critical care nursing.
**Chapter 5 Objectives: Comfort and Sedation**

1. Define pain, anxiety and delirium.
2. Identify factors that place the critically ill patient at risk for developing pain and anxiety.
3. Discuss the physiology of pain and anxiety.
4. Describe the positive and negative effects of pain and anxiety in critically ill patients.
5. Discuss the assessment and appropriate tools for measuring pain, sedation, and delirium in the critical care setting.
6. Discuss non-pharmacological methods for management of pain.
7. Discuss pharmacological methods for management of pain.
8. Identify medications to treat pain, agitation, delirium, and neuromuscular blockade, including use, side effects, and nursing implications.

**Chapter 7 Objectives: Dysrhythmia Interpretation and Management**

1. Discuss anatomy and physiology of the heart.
2. Explain the relationships between electrical and mechanical events in the heart.
3. Interpret the basic dysrhythmias generated from the sinoatrial node, the atria, the atrioventricular node, and the ventricles and cardiac blocks.
4. Describe appropriate interventions for common dysrhythmias.
5. Explain the basic concepts of cardiac pacing.

**Chapter 8 Objectives: Hemodynamic Monitoring**

1. Identify normal hemodynamic values and how these correlates with pathophysiolgically.
2. Articulate appropriate nursing actions for patients with altered hemodynamic values.
3. Describe the indications, measurement, complications, and nursing implications associated with monitoring of invasive right atrial, left atrial, pulmonary artery, and intra-arterial pressures and those equated with noninvasive hemodynamic indices.
4. Identify the physiological basis for hemodynamic monitoring in critically ill patients.
5. Discuss the rationale and methods for continuous monitoring of mixed venous oxygen saturation.
6. Analyze conditions that alter hemodynamic values.
7. Explain the clinical relevance and methods of measuring cardiac output.
8. Explain medical treatment and nursing interventions for abnormal hemodynamic trends.

**Chapter 9 Objectives: Ventilatory Assistance**

1. Analyze Arterial Blood Gases and discuss causes and treatments for abnormalities.
2. Discuss the use of pulse oximetry and capnography for bedside monitoring.
3. Discuss purpose, method and nursing care related to chest tubes.
4. Compare commonly used oxygen delivery devices.
5. Discuss methods for maintaining an open airway.
6. Identify indications for initiation of mechanical ventilation.
7. Describe types and modes of mechanical ventilation.
8. Relate complications associated with mechanical ventilation.
9. Explain methods for weaning patients from mechanical ventilation.
10. Formulate a plan of care for the mechanically ventilated patient.
11. Describe nutritional goals and practices related to the ventilated patient.
Chapter 10 Objectives: Rapid Response Team and Code Management

1. Compare roles of caregivers in rapid response teams (RRTs) and managing cardiopulmonary arrest situations.
2. Identify equipment used during a code.
3. Differentiate basic and advanced life-support measures used during a code.
4. Identify medications used in code management, including use, action, side effects, and nursing implications.

Chapter 11 Objectives: Organ Donation (pg232-242; STOP at organ recovery)

1. Discuss the OPO (Organ Procurement Organization) role in organ donation.
2. Discuss the critical care nurse responsibility related to the organ donation process and donor management.
3. Discuss the different donor sources: living donor, brain death donor, and circulatory death donor.

Chapter 12 Objectives: Shock, Sepsis, Multiple Organ Dysfunction Syndrome (MODS)

1. Define shock.
2. Describe the continuum of sepsis.
3. Correlate the four classifications of shock to their pathophysiology.
4. Discuss the progression of shock through three stages.
5. Relate assessment findings to the classification and stage of shock.
6. Describe management strategies for each type of shock.
7. Develop an individualized plan of care that includes assessment features/clinical manifestations, nursing interventions, medical treatment and rationales for the client experiencing Shock, MODS, and Sepsis.
8. Relate how the geriatric client presents with shock, MODS, and Sepsis.
9. Discuss treatment and complications related to the geriatric client with Shock, MODS, and Sepsis.

Chapter 13 Objectives: Cardiovascular Alterations (Cardiac Days One, Two, and Three)

Cardiac Day One Objectives: Chapter 13: Cardiovascular Alterations.

1. Contrast the pathological cause and mechanisms that produce acute cardiac disturbances—Myocardial Infarction (STEMI and NSTEMI),
2. Discuss the pathological cause and mechanisms that produce acute cardiac disturbances in broken heart syndrome.
3. Discuss the nursing care responsibilities related to the cardiac and vascular client.
4. Compare and contrast pharmacological agents used in treatment of cardiac diseases, syndromes, and disturbances.
5. Describe potential complications, medical and nursing treatments for them, related to Myocardial Infarction.
6. Discuss the acute client problems with Congestive Heart Failure.
7. Discuss the treatments for the client with acute Congestive Heart Failure.
8. Discuss the causes of Cor Pulmonale.
9. Explain symptoms, assessment features, and medical/nursing treatments for Cor Pulmonale.
**Cardiac Day Two Objectives: Chapter 13: Cardiovascular Alterations.**

1. Discuss the care of a client who undergoes cardiovascular percutaneous interventions and/or treatment.
2. Describe evidence based medical and nursing treatments for clients undergoing CABG or Valve replacement.
3. Identify specific nursing interventions designed to prevent secondary occurrences or to minimize complications of cardiac and vascular procedures and surgeries.
4. Discuss potential cardiovascular complications including cardiac tamponade, bleeding, stroke, acute renal failure, delirium, and infection.
5. Describe Intra-Aortic Balloon Pump, including indications, complications, and nursing management.

**Cardiac Day Three Objectives: Chapter 13: Cardiovascular Alterations.**

1. Describe the postsurgical nursing and medical management of heart transplant procedures.
2. Discuss the implications for patient education regarding heart transplant care.
3. Discuss Left Ventricular Assist Devices and their role in bridge to recovery or transplant.
4. Discuss the role of Extracorporeal Membrane Oxygenation (ECMO) in the critically ill.
5. Describe the age-associated physiologic changes that occur in the cardiovascular system.
6. State the clinical significance of age-related physiologic changes and the expected nursing interventions used in caring for older critical care patients.
7. Describe nutritional goal and practices related to the cardiovascular impaired client.
8. Discuss various cardiac diseases including infective endocarditis, mitral and aortic heart valve problems, and cardiomyopathies.
9. Discuss hypertensive emergencies including assessment, treatment, and nursing management.
10. Discuss carotid artery disease including surgical treatment, complications, and nursing management.

**Chapter 14 Objectives: Nervous System Alterations**

1. Review the anatomy and physiology of the central nervous system.
2. Describe the nursing and medical management of patients with skull fractures.
3. Describe the pathophysiology of head injury.
4. Describe nursing and medical management of patients with a spinal cord injury.
5. Describe the pathophysiology of increased intracranial pressure.
6. Describe the nursing, pharmacological and medical management of patients with increased intracranial pressure.
7. Discuss the nursing assessment and care of a critically ill patient with an acute nervous system injury related to hematomas, strokes, and trauma.
8. Describe the age-associated physiologic changes that occur normally occur in the neurologic system.
9. State the clinical significance of age-related physiologic changes and the expected nursing interventions used in caring for older critical care patients.
Chapter 15 Objectives: Acute Respiratory Failure

1. Describe the pathophysiology of acute respiratory failure, including contributing disease processes, symptoms, assessment, medical management, and nursing care.
2. Discuss ventilator associated pneumonia and the interventions used to prevent it from occurring.
3. Discuss nursing management of patients undergoing pulmonary diagnostic procedures.
4. Describe the priorities and postoperative management following lung transplantation.
5. Discuss the implications for patient education regarding long-term lung transplant care.
6. Discuss complications associated with lung transplant recipients.
7. Describe and demonstrate proper tracheostomy suctioning and care.

Chapter 16 Objectives: Acute Kidney Injury

1. Review the anatomy and physiology of the renal system through a worksheet on Brightspace.
2. Review the pathophysiology and systemic manifestations of acute kidney injury: prerenal, intrarenal and postrenal.
3. Discuss the methods for assessing the renal system: physical assessment, laboratory values and radiological diagnostic testing.
4. Develop a plan of care for the client with acute kidney injury.
5. Describe the medical management of the client with acute kidney injury.
6. Discuss the nursing care of the client receiving renal replacement therapy: peritoneal, HD, and CRRT.
7. Discuss an overview of nutritional restrictions and electrolyte balance goals related to clients with acute kidney injury.
8. Describe the age-associated physiologic changes that occur in the renal system.
9. Discuss immunosuppression of the solid organ kidney transplant recipient.
10. Describe the pre-op and postsurgical nursing and medical management of solid organ transplant client.
11. Discuss complications associated with the long-term management of solid organ transplant recipients.
12. Discuss the implications for client education regarding long-term transplant care.

Chapter 17 Objectives: Hematological: Blood Draw and Administration/Immunology

1. Review the normal anatomy and physiology of the hematological and immune systems through a worksheet on Brightspace.
2. Describe the nursing management of blood draw via venipuncture, arterial and central lines.
3. Discuss types of blood and blood products and laboratory testing.
4. Discuss legal and ethical aspects related to clients receiving a blood product transfusion.
5. Develop plans of care for the client receiving blood products.
6. Discuss the nursing management and priorities of care related to a client with a transfusion reaction.
7. Review clinical findings, nursing care, and medical management of anemia, neutropenia, thrombocytopenia and DIC.

Chapter 18 Objectives: Gastrointestinal Alterations

1. Discuss the pathophysiology, assessment, outcomes, and medical and nursing interventions for hepatic failure.
2. Formulate a plan of care for the client with hepatic failure.
3. Describe the postsurgical nursing and medical management of liver transplant procedures.
4. Discuss the implications for patient education regarding long-term liver transplant care.
5. State the clinical significance of age-related physiologic changes and the expected nursing interventions used in caring for older critical care clients related to gastrointestinal compromise.
6. Describe nutritional goal and practices related to the gastrointestinal impaired client.

Chapter 19 Objectives: Endocrine Alterations

1. Review the anatomy, physiology, and feedback mechanisms for regulation of insulin, cortisol, thyroid hormones, and antidiuretic hormone.
2. Review the pathophysiology and systemic manifestations of disorders resulting from alterations in hormones secreted by the pancreas, adrenal, thyroid, and posterior pituitary glands.
3. Describe the methods for assessing the endocrine system, including physical assessment, and interpretation of laboratory and other diagnostic tests.
4. Discuss the medical management of clients with hyperglycemic crisis, hypoglycemic crisis, adrenal crisis, thyroid storm, myxedema coma, diabetes insipidus, and the syndrome of inappropriate secretion of antidiuretic hormone (SIADH).
5. Discuss the nursing management of clients with hyperglycemic crisis, hypoglycemic crisis, adrenal crisis, thyroid storm, myxedema coma, diabetes insipidus, and the syndrome of inappropriate secretion of antidiuretic hormone (SIADH).
7. Discuss an overview of nutritional restrictions or limitations related to clients with endocrine alterations.
8. State the clinical significance of age-related physiologic changes and the expected nursing interventions used in caring for older critical care clients with endocrine alterations.

Chapter 20 Objectives: Trauma and Surgical Management

1. Identify mechanisms of traumatic injury commonly seen in the critical care setting.
2. Discuss prehospital care, emergency care, and resuscitation of the trauma patient.
3. Describe assessment and management of common traumatic injuries.
4. Explain the priorities of care for the postoperative surgical patient.

Chapter 21 Objectives: Burns

1. Review the anatomy and physiology of the integumentary system.
2. Describe the pathophysiology of burns.
3. Compare the types of burn injuries.
4. Discuss the primary and secondary survey assessments during resuscitation and the acute phases of burn management.
5. Formulate a plan of care for the patient with a burn injury.
CLINICAL SYLLABUS

Clinical sites:
Nacogdoches Memorial Health
CHI St. Luke’s Memorial Health Lufkin (AM and PM clinical)
Woodland Heights Medical Center

See calendar for times and location.

Text and Materials:
Same as for the didactic portion of class.

Clinical Experience Hours Statement:

PURPOSE: The purpose of the Clinical practicum is to provide the senior nursing student a 135-hour clinical practicum over 15 weeks in order to utilize the nursing process as a framework for practice with clients requiring intensive nursing care. In addition, the course is designed to facilitate and improve proficiency in providing nursing interventions; organizational skills required to care for acutely ill patients’, communication skills utilized with clients, families and other health care professionals to promote optimum well-being; and demonstration of responsibility and accountability for self-direction, self-evaluation, and for nursing care provided for a group of patients.

Clinical Hours

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<tbody>
<tr>
<td>Hospital Orientation</td>
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</tr>
<tr>
<td>Hospital Clinical Days—includes documentation time</td>
<td>80</td>
</tr>
<tr>
<td>Clinical Practice with check off (includes prep and practice)</td>
<td>8</td>
</tr>
<tr>
<td>Learning Labs – EKGs and Trauma Survey (includes prep time)</td>
<td>10</td>
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<tr>
<td>Learning Lab- Clinical Information (includes prep-time)</td>
<td>10</td>
</tr>
<tr>
<td>Clinical on Campus (COC) (includes prep time)</td>
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</tr>
<tr>
<td>Clinical Simulations (includes pre/post assignments)</td>
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<td>Total Hours</td>
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Hospital Orientation/computer training (2 hours)
All students are required to complete the orientations for Nacogdoches Memorial & Lufkin CHI. ONLY-those who have clinical at WHMC or Nacogdoches Memorial Hospital, are required to complete the orientation and documents those facilities require. The Completion forms must be signed and turned in by Wednesday, January 15 at the time of the orientation, for Nacogdoches Medical Center and WHMC. Documentation due to CHI should have been completed in first semester. Nacogdoches Memorial Hospital orientation will be scheduled with clinical faculty.
### Hospital Clinical Days (80 hours)

Students will attend 8-hour clinical days in the assigned hospital ICU/step down area. Documentation is submitted on paper in a blue binder and placed into the appropriate box in the administration lobby.

Clinical days are Wednesday and Thursday of the week. **Wednesday clinical documentation is due on Thursday when student arrive at clinical. Thursday’s work is due on Monday prior to the start of class, following the week of clinical. No late work is accepted.**

### Clinical Practice (CP) (8 hours)

Each student will spend 8 hours in the simulation lab practicing skills needed to assist in the care of clients in the critical care unit. This will incorporate multiple aspects from classroom and clinical scenarios. Tracheostomy care and discontinuing an arterial sheath, and care of the trauma patient are covered at this time. This information is included on the forthcoming exam closest to this day in the schedule.

### Clinical on Campus Day 1 and 2 (COC) (10 hours)

Each student will complete in attendance and participation in lecture and one 4-hour day in the simulation lab practicing nursing and assessment skills needed to care for the complex client in the ICU setting.
Clinical on Campus Lecture Topic Outline Day One:
Lecture with all students together in large classroom:

Pain & Sedation
Drug Calculations (IV titration)
Assessment and Documentation
Concept Mapping
Hospital Orientations

Clinical on Campus Day Two: Simulation Lab

The stations will cover hemodynamics, EKG interpretation, IV lines, devices, and critical care medications. Administration and management of blood and blood products. Demonstrate sterile technique while caring for and changing dressings of various types of central venous lines and dialysis catheters.

Demonstrate the appropriate techniques needed to:
- access various central venous lines
- draw blood from the lines
- flush the lines to maintain patency

Learning Lab Objectives (LL): EKG, Pulmonary, and Trauma Survey (20 hours)

1. Explain the important electrocardiographic findings, clinical significance, and nursing actions for each of the cardiac rhythms found in the following classes of dysrhythmias: sinus, atrial, junctional, ventricular, and all heart blocks.
2. Describe the significance of arterial blood gas values and the oxyhemoglobin dissociation curve in relation to respiratory function.
3. Interpret arterial blood gases, describing the pathophysiology, clinical manifestations, and nursing and collaborative management.
5. List the indications for, complications of, and nursing management of artificial airways.
6. Differentiate the indications for and modes of mechanical ventilation.
7. Apply the nursing process to the client receiving mechanical ventilation including assessment, planning, nursing diagnosis, intervention and evaluation.
8. Apply the nursing process to the client with chest tubes including assessment, planning, nursing diagnosis, intervention and evaluation.
9. Apply critical care and medical surgical documentation of a selected manikin in the simulation lab for the documentation simulation.

Clinical Simulations: (15 hours)
Each student will complete 8 complex simulations this semester.
The statement listed here is what the student signed at the beginning of the nursing program.
Please be mindful that this statement of confidentiality remains intact and the expectation remains in this semester.

“I agree to keep all information regarding and surrounding the clinical simulation(s) in which I participate confidential until such time that all students in my current class have completed the
Pre-assignments are due at the time of the simulation. Post simulation quizzes and typhon evaluations, to be completed by 2359, on the last day of the student’s group assigned day. This is part of the Pass/Fail requirements. No late work accepted.

Clinical Learning Outcomes
1. Assess clients with complex health needs using inspection, palpation, percussion, and auscultation, as well as advanced assessment equipment (i.e. ventilators, hemodynamic monitoring, cardiac monitors, arterial lines, etc.)
2. Establish nursing diagnosis for clients with complex health needs based on information gained in client assessment.
3. Plan and implement appropriate nursing care for clients with complex health needs.
4. Evaluate nursing care of clients with complex health needs.
5. Modify the plan of care based on evaluation results.
7. Formulate accurate and concise shift report.
8. Demonstrate understanding of proper use of simple to sophisticated client care equipment.
9. Administer medications according to the 8 rights.
10. Demonstrate understanding of medications, their interactions, and side effects.
11. Utilize national standards when delivering nursing care for clients with complex health needs.
12. Identify legal and ethical issues that arise in the care of clients with complex health needs.
13. Apply appropriate research findings to clinical practice.
15. Demonstrate endotracheal, tracheal and nasopharyngeal suctioning using sterile technique by both the closed in-line suction apparatus and the open technique.
16. Demonstrate the calculations needed to administer the correct doses off all pertinent critical care medications.
17. Discuss nursing care and interventions appropriate for blood product administration.

Evaluation - Clinical Component

Purpose: The purpose of the clinical evaluation process utilized in NUR 406 provides a method of determining whether desired outcomes have been successfully achieved by the student and to determine whether the student has sufficient knowledge for the established level of clinical practice. Clinical practicum evaluation will be focused on both the progress through the clinical practicum (in learning and practicing new knowledge and skills) and on past learning knowledge and skills.

Method of evaluation: Daily clinical evaluations, final evaluations, counseling conferences, clinical skills evaluation, nursing assessments and oral nursing processes and clinical concept maps. Clinical performance is evaluated using the formative clinical evaluation form is found in Brightspace.
Absence from Clinical Policy:
**Attendance is mandatory for all clinical hours.** To be an excused absence the student must be excused directly by the clinical instructor. The only excused absence is one related to illness of self, or death of immediate family member, or significant other. The student must bring a written excuse by the health provider or an obituary/funeral notice/program. Absence from the clinical area exceeding 10% will result in a clinical failure regardless of the reasons (including excused absences). Refer to Policy 3.3 in the student handbook.

**Any clinical time missed will be made up regardless of reason for absence.**

ALL CLINICAL ON CAMPUS, LEARNING LABS, CLINICAL PRACTICE DAYS, AND SIMULATIONS ARE CONSIDERED CLINICAL TIME AND IS SUBJECT TO THE SAME ABSENCE POLICIES AS HOSPITAL CLINICALS. FAILURE TO CALL YOUR CLINICAL INSTRUCTOR PRIOR TO THE START OF THE CLINICAL ACTIVITY IS CONSIDERED FAILURE TO CALL/FAILURE TO SHOW AND AN “F” DAY WILL BE RECEIVED.

ALL CLINICAL WILL BE MADE UP. IF A STUDENT MISSES A CLINICAL DAY, EITHER AN ALTERNATIVE CLINICAL DAY WILL BE ASSIGNED OR AN ALTERNATIVE ASSIGNMENT WILL BE GIVEN. THIS DECISION IS MADE BY THE 406 TEAM AND WILL BE COMMUNICATED TO THE STUDENT WITH A COUNSELING FORM OR F DAY FORM, WHICH EVER IS FOUND TO BE IN THE JUDGEMENT OF THE FACULTY.

Requirements for passing clinical:
To receive a satisfactory clinical grade, the nursing student must:
1. Adhere to the policies stated in the student handbook.
2. Obtain a ‘satisfactory’ on all criteria found on the clinical evaluation.
3. Give a satisfactory demonstration of all selected clinical skills.
4. Give satisfactory performance in all oral or written process recordings and complete all prescribed remediation.
5. Earn 39 points out of 52 (see clinical grading rubric)
Clinical Grading Rubric

In order to pass this course, the student must also pass clinically. The student must receive 39 out of a possible 52 points to pass.

Breakdown of Points

<table>
<thead>
<tr>
<th></th>
<th>Each</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Documentation x 8</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>ER Evaluation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Concept map: case study x 1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Concept maps x 3</td>
<td>2 ea.</td>
<td>6</td>
</tr>
<tr>
<td>Simulation Pre-assignment x 8</td>
<td>1 ea.</td>
<td>8</td>
</tr>
<tr>
<td>Clinical on Campus 1 &amp; 2</td>
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<td>8</td>
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<tr>
<td>Clinical Practice</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Learning Labs</td>
<td>3 ea.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td>XX</td>
<td>52</td>
</tr>
</tbody>
</table>

ALL clinical documentation is required by due date assigned or an F day will be earned and it will not be graded.

Students may not receive more than 2 clinical "F" days and receive a passing grade in the course.

Post Conference: Post conference for the clinical practicum will be held twice weekly. Students are expected to organize their care so that they can attend post conference on time on the clinical days as scheduled. The student may be asked to give an updated report on each assigned patient to the nurse before leaving the floor. The report should include:

1. Age, diagnosis, date and type of surgical procedure.
2. Tube feeding, prescribed activity, activity during shift and tolerance.
3. Vital sign frequency and/or special instructions (i.e., neuro checks, CMS checks) and pertinent changes in these parameters.
4. Amount, route and frequency of oxygen administration, special considerations such as suctioning requirements.
5. Current treatments to be done by the oncoming shift and pertinent information related to the treatments.
6. Scheduled studies for the next two shifts. Scheduled studies completed on your shift and any results.
7. General condition and special needs.
8. Specific changes over the last 12 hours.
9. Problems or potential difficulties.
10. Significant medications or IV therapy, i.e., reactions, blood administration, anticoagulant therapy, sliding scale insulin, titrated drips, chemotherapy.
11. Any relevant information essential to proper care of the patient.
*Other topics may be discussed and is left to the faculty’s discretion.

**Medication Administration**
The student will follow the institutions medication administration policies. **The student must access two patient identifiers for example by checking the clients arm band and asking the client his/her name and birth date prior to all medication administration.**

Students are to properly document medication administration as taught in previous semesters according to the 8 rights and following facilities policy.

Students are expected to know the indications for, dose, and side effects to observe for prior to administration of any drug. The instructor or the assigned nurse orally quizzes students. Once the instructor/nurse is assured the student is safe to give the medications, the student may administer the medications with the nurse the student is assigned. If the student is not assessed as safe to administer medications, the student has earned a clinical F, for that day, the student may be sent home or be given the opportunity to stay and learn without giving medications.

**Should an error in medication occur, the instructor should be notified immediately and the proper documentation forms initiated. The decision to give an F Day is left to the discretion of the clinical instructor.**

**The nurse or clinical instructor must accompany the student during all medication administration.**

**ALL MEDICATIONS REQUIRING CALCULATIONS (INCLUDING TITRATED IV MEDICATIONS) MUST BE VERIFIED BY THE INSTRUCTOR OR THE PATIENT’S PRIMARY NURSE PRIOR TO ADMINISTRATION.**

Critical care medications: the student is required to check the calculations of all continuous IV medications that are infusing in their patients (dopamine, lidocaine, Dobutamine, Inocor, heparin, morphine, Ativan, Propofol, etc.). These calculations are written down and checked by the instructor by 1000 or by 1830 (for an evening clinical group) each clinical day---it is the student’s responsibility to seek the instructor to have this checked by the time it is due. If this is not done, it will be reflected on the clinical grading rubric.

**The Clinical Concept Map**
A progression on concept maps will be instituted for the students to become familiar with how to create a concept map. The progression will work as follows:

Week 1: Documentation packet and concept map on one patient.
Week 2: Documentation packet and concept map on one patient.
Week 3: Documentation Packet and concept map on one patient.
Week 4: Documentation Packet.

The purpose of the concept map is to describe the relationships between the patient's problems, signs and symptoms, therapies, and patient problems. Evaluation is done by the concept map rubric and a total of 2 points each is allotted for the concept map completed on each week. **Failure to complete the map will result in the student receiving an "F" day.** No late work is accepted.
Concept Map Guidelines: See Concept Map Rubric

Clinical Portfolio
The clinical portfolio is the notebook the student will be required to carry during your N-406 clinical experiences. You will bring the complete portfolio to the first COC day so that we can go over documentation and forms at that time.

The notebook must meet the following requirements:

a. Outside:
   i. Blue binder 1.5 inch with clear pocket on outside. NO 3 INCH BINDERS ARE ACCEPTABLE, AND WILL BE RETURNED TO STUDENT TO ATTAIN THE PROPER SIZE.
   ii. On the front: Name, Course Title, and Clinical Group

b. Inside: The first page of the notebook will be a current (this semester) photo of the student, no filters (not a group photo!), in SON scrubs by 1st clinical day.

Divider Sections:
1. Recent clinical documents—the current week’s work, including
   a.) Concept map. (IF DUE THAT WEEK)
   b.) Daily drug calculations/EKG sheet.
   c.) Daily clinical assessment/medication/lab/vitals flow sheets.
   d.) The appropriate rubric with students’ name and date at the top.
   e.) No patient identifiers please! (This is a HIPPA violation and will result in an F Day.)

2. Evaluations
   a.) Clinical grading rubric
   b. Documentation rubric
   c. Formative evaluation sheet

3. Previous clinical documents—the previous week’s work—keep in all under this tab and place most recent on top.

5. Alternative clinical site documentation- if student is assigned to cath. lab, endoscopy lab, attends tests with assigned patient, surgery. Etc.,

6. Skills checklist: Skills check list should be updated weekly by the student.

7. Clinical resources: Any clinical helps, extra forms, or other information that is helpful to the student.
The forms (evaluations, charting, exercises, etc.) are located on the Nur 406 Brightspace course website.

Clinical work is checked throughout day for progress/comprehension.