

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 1: CARE OF THE PATIENT WITH TRAUMATIC INJURIES

PAGE 1 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Compare and contrast, based on acquired knowledge, trauma/insult at all levels identified in relationship to professional practice.	I. Overview of Trauma A. Cellular 1. Review of A & P of hypoxia/acidosis B. Individual 1. Statistical analysis based on area/system 2. Review A & P; MAP/C.O. 3. Types C. Family D. Community E. National F. Global	Lecture/Discussion Handouts Power Point Presentation
2. List the leading causes of traumatic injury and the impact on the patient, family, and society.		Clinical Assignment When Practical
3. List the criteria for trauma classification.		Case Studies
4. Explain the process of primary assessment of the scene of a trauma.	II. Health Promotion: Role of the Professional Nurse A. Primary (risk factors; education) B. Secondary (triage assessment in early detection) C. Tertiary (concepts of rehabilitation at onset of acute injury; Disease Syndrome/Post Traumatic Stress Disorder)	
5. Discuss the use of a trauma score.		
6. Explain the process of the ER Trauma Survey presented in class.	III. Patient Advocacy / Legal-Ethical Issues / Caregiver Accountability A. Role of the Nurse i.e., state/federal laws/policy procedures; bereavement/loss/death	
7. Identify clients at risk for septic shock and hypovolemic shock.	IV. Utilization of the Nursing Process as it Relates to This Unit in General A. Assessment 1. ABC's of Care 2. Surveillance 3. Data Collection B. Analysis / Nursing Diagnosis / NANDA 1. Alteration in Tissue Perfusion 2. Alteration in Fluid Volume 3. Hemodynamics/Cardiac Output C. Planning 1. Suggested NOC Outcomes/System Oriented 2. Suggested NIC Interventions/Hemodynamic Monitoring/System Oriented D. Implementation 1. NIC Based Intervention 2. Prioritizing/Organizing Care and Activities 3. Collaborative Efforts/Complementary Therapies/Delegation E. Evaluation of Outcomes (NOC) Achievement	
8. Discuss the interaction of blood volume and size of the capillary bed affecting mean arterial pressure (MAP).		
9. Compare and contrast hyperdynamic and hypodynamic phases of shock and their progression to MODS and death.		
10. Determine the stages or phases of shock by analyzing signs and symptoms as well as physiological changes.		
11. Explain the effect of trauma on the body systems.	V. Specific Disorders in the Patient with Trauma A. MODS (Multisystem Organ Dysfunction Syndrome) B. Types of Shock 1. Hypovolemic 2. Cardiogenic 3. Distributive 4. Obstructive C. Pathophysiology/Epidemiology Etiology 1. hypovolemia 2. cardiogenic shock 3. distributive shock (neural/chemical induced) 4. anaphylaxis 5. sepsis DIC 6. capillary leak syndrome 7. hypoxia 8. acidosis 9. hyperkalemia	
12. Discuss and analyze the effect of nursing outcomes and nursing interventions for the patient in shock.		
13. Prioritize and integrate nursing diagnoses based on patients' needs into the plan of care.		
14. Determine the appropriate pharmacological and nutritional as well as alternative strategies utilized by nursing.		
	Continues on next page ...	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 1: CARE OF THE PATIENT WITH TRAUMATIC INJURIES

PAGE 2 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<ul style="list-style-type: none"> 10. hypothermia 11. tablets/toxins overdose 12. cardiac tamponade 13. tension pneumothorax 14. pulmonary embolus D. Clinical Manifestations/Diagnostic Data <ul style="list-style-type: none"> 1. Fours stages of shock <ul style="list-style-type: none"> a. initial b. nonprogressive c. progressive d. refractory E. Collaborative Management of MODS <ul style="list-style-type: none"> 1. Assessment <ul style="list-style-type: none"> a. history b. physical exam c. clinical manifestations d. vital signs e. O₂ saturations f. ABG's 2. Volume replacement; Colloid fluid replacement; Crystalloid fluid replacement 3. Drug therapy <ul style="list-style-type: none"> a. adrenergics/vasoconstrictors F. Nursing Management in Accordance to the Nursing Process <ul style="list-style-type: none"> 1. NANDA <ul style="list-style-type: none"> a. potential for MODS b. potential for SIRS (Systemic Inflammatory Response Syndrome) c. alterations in tissue perfusion d. Alt C.O. e. JVD 2. NIC <ul style="list-style-type: none"> a. surveillance of cardio hemodynamics <ul style="list-style-type: none"> 1) shock management/cardiogenic 2) vasogenic 3) volume 4) prevention b. fluid volume management c. drug therapies (antibiotics/antibodies/anticoagulants/clotting factors; blood products) d. safety e. health teaching f. home care management 3. NOC <ul style="list-style-type: none"> a. infection free b. labs WNL c. O₂ sat >= to 85% d. CVP/MAP/PCWP/WNL e. patent airway f. urinary output >300cc/hr. 	
	<ul style="list-style-type: none"> VI. Care of the Patient with Acute Trauma with Insult to Musculoskeletal, GI/ABD, Respiratory, Compartment Syndrome i.e. MVA/Gunshot Wounds <ul style="list-style-type: none"> A. Pathophysiology B. Clinical Manifestations/Diagnostic Data <ul style="list-style-type: none"> 1. Xray/Ultrasounds 2. Peritoneal tap 3. Bronchoscopy <p>Continues on next page ...</p>	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 1:
 CARE OF THE PATIENT WITH TRAUMATIC INJURIES
 PAGE 3 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<ul style="list-style-type: none"> C. Collaborative Management <ul style="list-style-type: none"> 1. Invasive hemodynamic monitoring 2. Intubation, chest tubes, mechanical ventilation, oxygen delivery 3. NG suction, peritoneal tap 4. Stabilization of fractures D. Nursing Management/Assessment/System Approach <ul style="list-style-type: none"> 1. NANDA <ul style="list-style-type: none"> a. High risk ineffective coping b. Post Traumatic Stress Disorder c. alterations in mobility d. tissue perfusion e. risk for JVD f. hemorrhage g. infection protection/control h. energy management 2. NIC <ul style="list-style-type: none"> a. surveillance b. energy conservation c. pain management d. bleeding precautions e. fluid management f. oxygen delivery g. knowledge: pain/infection h. pre/post op nutrition i. immune status 3. NOC <ul style="list-style-type: none"> a. optimal level of function b. follow-up with rehabilitation c. infection control d. tissue perfusion e. nutrition 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 2: CARE OF THE PATIENT WITH COMPLEX ENDOCRINE DISORDERS

PAGE 1 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Describe the function of the Endocrine glands and the production of hormones.	I. Review the Anatomy & Physiology of the Endocrine System A. Pituitary B. Parathyroid C. Thyroid D. Adrenals E. Pancreas F. Ovaries G. Testes	Assigned Reading Lecture
2. Describe three levels of prevention in relation to endocrine disorders.		Handouts
3. Discuss the pathophysiology and clinical manifestations of thyroid disorders.	II. Health Promotion A. Primary prevention (education re: risk factors) B. Secondary prevention (early detection) C. Tertiary prevention (prevention of complications)	Case studies
4. Interpret the results of laboratory data and diagnostic tests associated with thyroid disorders.	III. Specific Disorders of the Thyroid Gland A. Pathophysiology of hyperthyroidism and hypothyroidism B. Clinical manifestations of hyperthyroidism and hypothyroidism 1. laboratory data 2. diagnostic tests C. Collaborative management of hyperthyroidism 1. medical intervention: antithyroid drugs, radioactive iodine treatments 2. surgical intervention: thyroidectomy D. Collaborative management of hypothyroidism 1. medical intervention	
5. Utilize Maslow's hierarchy of needs to assess the client with a thyroid disorder.		
6. Prioritize nursing care for a client following medical treatment or thyroidectomy.		
7. Prioritize nursing care for a client experiencing thyroid storm.	IV. Advanced Nursing Management of the Client with Hyperthyroidism and Hypothyroidism A. Assessment utilizing Gordon's Functional Health Patterns - key findings B. Analysis / Nursing Diagnosis / NANDA C. Planning 1. Suggested NOC outcomes (activity tolerance, anxiety tolerance and health maintenance) 2. Suggested NIC interventions D. Implementation 1. NIC based interventions (activity management, stress management, and improved health education) 2. Prioritizing (Maslow) / Organizing care activities / cost issues (chronic condition and ongoing education) 3. Collaborative efforts / Complementary therapies / Delegation (Health care resources) 4. Evaluation of outcome (NOC) achievement	
8. Prioritize nursing care for a client experiencing myxedema coma.		
9. Identify three nursing diagnoses (NANDA) commonly associated with a client with hyperthyroidism or hypothyroidism utilizing the nursing process.	V. Specific Disorders of the Parathyroid Gland A. Pathophysiology of hyperparathyroidism and hypoparathyroidism B. Clinical manifestations of hyperparathyroidism and hypoparathyroidism 1. assessment 2. serum lab tests C. Collaborative management (Diuretic and fluid therapy, drug therapy, surgery) D. Nursing management in accordance with the nursing process 1. NANDA: activity intolerance, altered thought process, imbalanced nutritional status 2. NOC: activity tolerance, cognitive orientation, balanced nutritional status 3. NIC: energy management, delusional management, nutritional counseling	
10. Identify three corresponding nursing outcomes (NOC) associated with the diagnoses generated for the client with hyperthyroidism or hypothyroidism.		
11. Discuss appropriate (NIC) based nursing interventions for the client with hyperthyroidism or hypothyroidism.		
12. Differentiate between features seen in a client with hyperthyroidism vs. hypothyroidism.		
13. Discuss the three types of thyroiditis and the expected treatment.		
Continues on next page ...	Continues on next page ...	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 2: CARE OF THE PATIENT WITH COMPLEX ENDOCRINE DISORDERS PAGE 2 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>14. Discuss the pathophysiology and clinical manifestations of Parathyroid disorders.</p> <p>15. Differentiate between features seen in clients with hyperparathyroidism vs. hypoparathyroidism.</p> <p>16. Identify three nursing diagnoses (NANDA) commonly associated with a client with hyperparathyroidism or hypoparathyroidism utilizing the nursing process.</p> <p>17. Identify three corresponding nursing outcomes (NOC) associated with the diagnoses generated for the patient with hyperparathyroidism or hypoparathyroidism.</p> <p>18. Discuss appropriate (NIC) based nursing interventions for the client with hyperparathyroidism or hypoparathyroidism.</p> <p>19. Discuss the pathophysiology and clinical manifestations of Adrenal disorders.</p> <p>20. Differentiate between features seen in clients with Cushing's Syndrome and Conn's Syndrome.</p> <p>21. Differentiate between features seen in clients with Cushing's Syndrome, Conn's Syndrome, and Addison's Disease.</p> <p>22. Prioritize nursing care for a client experiencing Addisonian Crisis.</p> <p>23. Interpret the results of laboratory data & diagnostic tests associated with Adrenal disorders.</p> <p>24. Identify three possible NANDA, NOC, and NIC labels commonly associated with a client experiencing Cushing's Syndrome.</p> <p>25. Identify three possible NANDA, NOC, and NIC labels commonly associated with a client experiencing Conn's Syndrome.</p> <p>26. Identify three possible NANDA, NOC, and NIC labels commonly associated with a client experiencing Addison's Disease.</p>	<p>VI. Specific Disorders of the Adrenal Glands</p> <p>A. Pathophysiology of Cushing's Syndrome and Conn's Syndrome</p> <p>B. Clinical manifestations of Cushing's Syndrome and Conn's Syndrome</p> <ol style="list-style-type: none"> 1. assessment 2. serum lab tests <p>C. Collaborative management (fluid balance, drug therapy, surgery)</p> <p>D. Nursing management in accordance with the nursing process</p> <p>E. Pathophysiology of Addison's Disease</p> <p>F. Clinical manifestations of Addison's Disease</p> <ol style="list-style-type: none"> 1. assessment 2. serum lab tests 3. non-invasive tests <p>G. Collaborative management (fluid balance, drug therapy, cardiac monitoring)</p> <p>H. Nursing management in accordance with the nursing process</p> <ol style="list-style-type: none"> 1. NANDA: Activity intolerance, Altered body image, Knowledge deficit r/t disease process 2. NOC: Endurance, Psychosocial adjustment, Increased knowledge base 3. NIC: Energy management, Improved self-esteem, Teaching 4. NANDA: Fluid and electrolyte imbalance, Denial, Knowledge deficit r/t disease process 5. NOC: Fluid and electrolyte balance, Acceptance, Increased knowledge base 6. NIC: Drug therapy, Compliance, Teaching 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 3: ETHICAL AND BIOETHICAL ISSUES IN NURSING AND HEALTH CARE

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>1. Identify basic concepts of human valuing essential for ethical decision making.</p> <p>2. Identify selected ethical theories and principles basic to ethical decision making.</p> <p>3. Identify current and future ethical issues related to nursing practice.</p> <p>4. Analyze the relationship between the ANA Code of Ethics and personal morality/values in relation to nursing practice.</p> <p>5. Apply the ethical decision-making process to specific issues encountered in nursing practice.</p> <p>6. Identify community resources available to patients facing difficult choices.</p> <p>7. Develop a curiosity in the study of ethics by researching available resources identified in SIMON.</p>	<p>I. Review ANA Code of Ethics and Historical Development</p> <p>II. Ethical Reformation, A Process</p> <p style="padding-left: 20px;">A. Value Formation</p> <p style="padding-left: 20px;">B. Moral Development</p> <p style="padding-left: 20px;">C. Theory Development</p> <p>III. The State of Affairs</p> <p style="padding-left: 20px;">A. Public Response</p> <p style="padding-left: 20px;">B. Patient Bill of Rights</p> <p style="padding-left: 20px;">C. Patient Self-Determination Act</p> <p style="padding-left: 20px;">D. Advanced Health Directives</p> <p style="padding-left: 20px;">E. Confidentiality</p> <p style="padding-left: 20px;">F. Collaborative Practice Including Delegation</p> <p style="padding-left: 20px;">G. Legal Issues vs. Ethical Issues</p> <p style="padding-left: 20px;">H. Bioethics and Common Ethical Dilemmas Presented in the Clinical Environment</p> <p>IV. Ethical Terminology and Principals</p> <p style="padding-left: 20px;">A. Veracity</p> <p style="padding-left: 20px;">B. Autonomy</p> <p style="padding-left: 20px;">C. Fidelity</p> <p style="padding-left: 20px;">D. Beneficence</p> <p style="padding-left: 20px;">E. Non-maleficence</p> <p style="padding-left: 20px;">F. Futility</p> <p>V. Accountability</p> <p style="padding-left: 20px;">A. Personal</p> <p style="padding-left: 20px;">B. Professional</p> <p style="padding-left: 20px;">C. Patient Advocacy</p> <p>VI. Application of the Nursing Process to Ethical Dilemmas Incorporating NANDA, NIC, NOC.</p> <p style="padding-left: 20px;">A. NANDA</p> <p style="padding-left: 40px;">1. decisional conflict</p> <p style="padding-left: 40px;">2. fear</p> <p style="padding-left: 40px;">3. coping, individual and family</p> <p style="padding-left: 40px;">4. spiritual distress</p> <p style="padding-left: 40px;">5. community coping ineffective</p> <p style="padding-left: 20px;">B. NOC</p> <p style="padding-left: 40px;">1. acceptance of health status</p> <p style="padding-left: 40px;">2. community competence</p> <p style="padding-left: 40px;">3. family/individual coping</p> <p style="padding-left: 40px;">4. spiritual well-being</p> <p style="padding-left: 20px;">C. NIC</p> <p style="padding-left: 40px;">1. active listening</p> <p style="padding-left: 40px;">2. anticipatory guidance</p> <p style="padding-left: 40px;">3. conflict mediation</p> <p style="padding-left: 40px;">4. learning facilitation</p> <p style="padding-left: 40px;">5. patient rights protection</p>	<p style="text-align: center;">Lecture</p> <p style="text-align: center;">Audio/Visual Presentations</p> <p style="text-align: center;">Discussion</p> <p style="text-align: center;">Written Examination</p> <p>Linkages: Connecting new content to prior learning.</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 4: CARE OF THE PATIENT WITH COMPLEX CARDIOVASCULAR DYSFUNCTION

PAGE 1 OF 6: OVERVIEW

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Describe the functions of the cardiovascular system and the concepts involved in the hemodynamic stability related to the cardiovascular system.	I. Review of the A & P of the Cardiovascular System and the Concepts Involved in Hemodynamic Stability Related to this System (i.e. electrophysiology, coronary arteries, preload, afterload, cardiac output).	Lecture Overhead Transparencies
2. Describe three levels of prevention in relation to the cardiovascular system.	II. Health Promotion A. Primary Prevention (education i.e. risk factors, diet) B. Secondary Prevention (early detection) C. Tertiary Prevention (early recognition of complications)	PowerPoint Presentation Discussion
3. Discuss diet modification used with the patient with CAD.	III. Patient Advocacy / Legal-Ethical Issues / Caregiver Accountability	Post Conference
4. Describe and discuss issues involved in relation to age, gender, culture, socioeconomic, religion and ethics in relation to cardiovascular system.	IV. Complex Disorders in Relation to Chest Pain and Cardiovascular Disease A. Assessment 1. Pathophysiology related chest pain/ cardiovascular disease 2. Clinical manifestations of chest pain/cardiovascular disease a. Gordan's functional health patterns b. Collaborative data (lab data, diagnostic data, hemodynamics)	
5. Discuss and differentiate between pathophysiology and clinical manifestations of chest pain/cardiovascular disease.	B. Analysis / Nursing Diagnosis / NANDA C. Planning 1. Suggested NOC Outcomes a. Cardiac pump effectiveness (extent to which blood is ejected from the left ventricle per minute to support systemic perfusion) b. Sufficient tissue perfusion (blood flow to maintain organ/tissue perfusion) c. Adequate circulatory status (CVP, wedge pressure, blood pressure, blood gases within normal range) d. Stable vital signs status (expected range HR, rhythm, BP, R, T, pulse Ox)	
6. Describe and discuss client preparation, procedure and follow-up care of patients having diagnostic assessments.	2. Possible NIC Interventions a. Acute Cardiac Care (limit complications between supply/demand resulting from cardiac problems) b. Circulatory Care (drug therapy: temporary support with mechanical devices/pumps) c. Hemodynamic Regulations - Optimize (heart rate, preload/afterload, contractability, perfusion) d. Shock Management - Cardiac, Obstructive (promote adequate tissue perfusion for a patient with a severely compromised heart) e. Pain Management (drug therapy, treatments)	
7. Identify defining characteristics used for nursing diagnoses related to cardiovascular disease/problems.	D. Implementation 1. NIC Based Interventions (pain management, anxiety reduction, acute cardiac care, hemodynamic regulators, adequate circulatory care, ventilation assistance, shock management, energy management) 2. Prioritize (Maslow) Organizing Care Activities 3. Collaborative Efforts / Complementary Therapies / Delegation	
8. Identify NOC outcomes related to complex cardiovascular problems.	E. Evaluation of NOC Outcome Achievement	
9. Identify NIC interventions related to complex cardio-vascular problems.		
10. Discuss appropriate NIC based nursing interventions for patients with complex cardiac disease.		
11. Prioritize care based on Maslow's hierarchy of needs for patients with cardiovascular disease.		
12. Discuss purpose and nursing responsibilities related to medication, diet therapy, therapeutic interventions, and discharge planning/education related to cardiovascular disease.	Cardiovascular Section Continues on next page ...	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 4:
 CARE OF THE PATIENT WITH COMPLEX CARDIOVASCULAR DYSFUNCTION
 PAGE 2 OF 6: ACUTE CORONARY SYNDROME

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Explain the pathophysiology in acute coronary syndrome. 2. Describe considerations necessary when evaluating female, elderly, and the culturally diverse in relation to acute coronary syndrome. 3. Interpret, compare and contrast clinical manifestations/ diagnostic data to differentiate between unstable angina, subendocardial MI, MI by location. 4. Prioritize the care of the patient with acute coronary syndrome. 5. Describe the care of the patient after interventions for acute coronary syndrome. 6. List possible NANDA, NOC labels with coronary artery syndrome. 7. List possible nursing (NIC) interventions for patients with coronary artery syndrome. 8. Develop discharge teaching plans for patients admitted with coronary syndrome.	I. Unstable Angina, Subendocardial MI, Myocardial Infarction A. Pathophysiology / Epidemiology (focus on coronary arteries) B. Clinical Manifestations (S&S, location of MI) Diagnostic Data (lab values, EKG interpretation in depth, stress test, scans, cardiac catheterization) C. Collaborative Management (drug therapy, O ₂ , monitor, thrombolysis, PTCA, PTCA with shunt, laser tx) D. Nursing Management in accordance with the Nursing Process/NANDA/NIC/NOC E. Teaching/Education (drug therapy, rest/activity, cardiac rehab. programs, psychosocial aspects) Cardiovascular Section Continues on next page ...	Handouts prepared by Dr. Flynn Competencies, EKG Interpretation A/V Materials - Power Point, Slides, Transparencies Posters in the Nursing Lab <u>Lecture</u> Competencies II, III, VI, VII <u>Medication Handout</u> Correlate medication with care of the patient with acute coronary syndrome.

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 4: CARE OF THE PATIENT WITH COMPLEX CARDIOVASCULAR DYSFUNCTION

PAGE 3 OF 6: CARDIAC DYSRHYTHMIAS

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<u>Students MUST be certified in BLS</u>	
1. Describe and discuss pathophysiology involved in cardiac dysrhythmias (electrical / conduction) electrophysiologic properties.	I. Pathophysiology/Epidemiology	<u>Lecture</u> Competencies IV, V, VIII, IX
2. Correlate components of EKG with cardiac conduction.	II. Clinical Manifestations/Diagnostic Data (Cardiac Monitoring, Lab Data, EKG, EPS)	Audiovisuals
3. Interpret common cardiac dysrhythmias and cardiac heart blocks.	III. Collaborative Management A. Drug Therapy B. Cardiac Monitoring C. Non-Surgical 1. Drug Therapy 2. Temporary Pacemaker (non-invasive, invasive) 3. Cardioversion 4. Defibrillation 5. Radio Frequency Catheter Ablation D. Surgical 1. Aneurysmectomy 2. Open Chest Cardiac Massage 3. ICD (Implantable Cardioverter/Defibrillator)	<u>Handouts</u> (prepared by Dr. Flynn) Dysrhythmias Practice Strips
4. Identify hemodynamics associated with common rhythmias problems and priorities for interventions.	IV. Nursing Management in Accordance with Nursing Process (NANDA, NOC, NIC)	<u>Medication Handout</u> Correlated with arrhythmia problems
5. Compare and contrast classes of antidysrhythmia drugs.	V. Health Teaching Related to Medications, Diet Therapy, Pacemakers, ICD.	
6. Explain the purpose and types of pacemakers used for clients with dysrhythmias.	Cardiovascular Section Continues on next page ...	
7. Outline procedures and precautions associated with cardioversion/defibrillation.		
8. Explain the purpose of radio frequency catheter ablation.		
9. Discuss the purpose of aneurysmectomy.		
10. Discuss when open heart cardiac massage would be used.		
11. Explain the purpose of ICD.		
12. Identify priorities for patients experiencing dysrhythmias.		
13. Discuss dysrhythmias with a focus on the elderly.		
14. Develop a plan of care for patients with dysrhythmias using NANDA, NOC, and NIC.		
15. Develop discharge/teaching plans for patients admitted with dysrhythmias.		

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 4:

CARE OF THE PATIENT WITH COMPLEX CARDIOVASCULAR DYSFUNCTION

PAGE 4 OF 6: CARDIAC PROBLEMS RELATED TO MECHANICAL FAILURE

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Explain the pathophysiology of heart failure/acute pulmonary edema.	<p>I. Congestive Heart Failure/Acute Pulmonary Edema</p> <p>A. Pathophysiology/Epidemiology</p> <ol style="list-style-type: none"> 1. Left-Sided / Right-Sided Heart Failure 2. Acute Pulmonary Edema <p>B. Clinical Manifestations/Diagnostic Data</p> <ol style="list-style-type: none"> 1. ECHO 2. MVGA 3. Stress EKG 4. Cardiac Catheterization <p>C. Collaborative Management</p> <ol style="list-style-type: none"> 1. Drug Therapy 2. O₂ 3. Ventilation Assistance 4. Hemodynamic Regulations 5. Energy Management <p>D. Nursing Management in Accordance with Nursing Process for the Care of Patients with Heart Failure Using NANDA/NOC/NIC</p> <p>E. Teaching/Education</p> <ol style="list-style-type: none"> 1. Health Teaching 2. Activity Schedule 3. Drug Therapy 4. Diet Therapy 5. What to report to health care provider 6. Surgical interventions when necessary <p>II. Cardiomyopathy</p> <p>A. Pathophysiology/Epidemiology</p> <ol style="list-style-type: none"> 1. Dilated Cardiomyopathy 2. Hypertrophic Cardiomyopathy 3. Restrictive Cardiomyopathy <p>B. Clinical Manifestation/Diagnostic Data</p> <ol style="list-style-type: none"> 1. ECHO 2. Cardiac Catheterization 3. Radionuclide Imaging <p>C. Collaborative Management</p> <ol style="list-style-type: none"> 1. Medical <ol style="list-style-type: none"> a. drug therapy b. diet therapy c. stress management 2. Surgical <ol style="list-style-type: none"> a. excision of hypertrophied septum b. cardiomyoplasty c. heart transplant <p>E. Nursing Management in Accordance with Nursing Process for Care of the Patient with Cardiomyopathy</p> <p>Cardiovascular Section Continues on next page ...</p>	Competency III
2. List descriptions of heart failure using Killip Classification of Heart Failure.		Handout on CHF
3. Describe considerations necessary when evaluating a patient in relation to heart failure/acute pulmonary edema.		Medication Handout
4. Describe special considerations focusing on the elderly.		
5. Prioritize nursing care for patients experiencing heart failure, acute pulmonary edema.		
6. List possible NANDA, NOC labels and NIC interventions for patients with CHF/acute pulmonary edema.		
7. Develop teaching/learning plan for clients at risk for heart failure/acute pulmonary edema.		
8. Explain the pathophysiology of cardiomyopathy.		
9. Describe considerations necessary when evaluating a patient with cardiomyopathy.		
10. Compare and contrast the three different types of cardiomyopathy and interventions required.		
11. Prioritize nursing care for patients with cardiomyopathy.		
12. List possible NANDA, NOC labels and NIC interventions for patients with cardiomyopathy.		

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 4: CARE OF THE PATIENT WITH COMPLEX CARDIOVASCULAR DYSFUNCTION PAGE 5 OF 6: CARDIAC PROBLEMS RELATED TO SHOCK

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Explain the pathophysiology in cardiogenic shock (direct pump failure); obstructive shock (indirect pump failure).	I. Pathophysiology/Epidemiology Related to Cardiogenic Shock/Obstructive Shock (Cardiac Tamponade)	Lecture
2. Describe the clinical manifestations associated with the compensatory mechanisms of shock.	II. Clinical Manifestations/Diagnostic Data	Competency III
3. Compare and contrast cardio-genic shock vs obstructive shock (cardiac tamponade).	III. Collaborative Management A. Medical 1. Drug Therapy 2. O ₂ Therapy 3. Intra-Aortic Balloon Pump 4. Intervention in cause of cardiogenic shock B. Surgical 1. Valvular surgery 2. Pericardiocentesis	Audiovisuals Medication Handout
4. Prioritize the care of patients with cardiogenic shock vs obstructive shock.	IV. Nursing Management in Accordance with the Nursing Process Using NANDA/NOC/NIC	
5. List possible NANDA/NOC labels for patients with cardiogenic shock/ obstructive shock.	V. Teaching/Education for a Patient After Treatment for Shock	
6. List possible nursing interventions (NIC) for patients with cardiogenic shock/obstructive shock.	Cardiovascular Section Continues on next page ...	
7. Develop a discharge teaching plan for a patient with a diagnosis of shock.		

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 4: CARE OF THE PATIENT WITH CARDIOVASCULAR DYSFUNCTION PAGE 6 OF 6: SURGICAL INTERVENTIONS

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<ol style="list-style-type: none"> 1. Describe and discuss pathophysiology involved in valvular disorders. 2. Compare and contrast signs and symptoms common in each valvular disorder. 3. Describe various procedures used to correct valvular problems. 4. Prioritize the care of patients with valvular disease interventions. 5. Describe the care of the patient after interventions for vascular disease. 6. Develop a plan of care for patients before and after surgical interventions for valvular disease. 7. Develop a discharge teaching plan for patients who have undergone surgical interventions for vascular disease. 8. Describe and discuss pathophysiology involved in cardiovascular disease. 9. Compare and contrast signs and symptoms common in patients requiring surgical intervention for CAD. 10. Discuss the differences between surgical interventions for patients with CAD. 11. Describe the interventions used in CABG surgery. 12. Prioritize the care of patients after surgical intervention for CAD. 13. Develop a discharge teaching plan for patients who have had surgery for CAD. 	<ol style="list-style-type: none"> I. Valvular Disorders <ol style="list-style-type: none"> A. Pathophysiology/Epidemiology (Tricuspid, Pulmonary, Mitral, Aortic Valves) B. Clinical Manifestations/Diagnostic Data (in general and specific for each valve) C. Collaborative Management <ol style="list-style-type: none"> 1. Reparative Procedures <ol style="list-style-type: none"> a. Balloon valvuloplasty b. Direct or open commissurotomy c. Mitral valve reconstruction. 2. Replacement Procedures <ol style="list-style-type: none"> a. Prosthetic valves b. Xenograft c. Homograft d. Pulmonary autography D. Nursing Management in Accordance with Nursing Process Using NANDA/NOC/NIC Interventions E. Teaching/Discharge Plan for Patients Having Undergone Valvular Surgery II. Coronary Artery <ol style="list-style-type: none"> A. Pathophysiology/Epidemiology <ol style="list-style-type: none"> 1. Coronary Arteries B. Clinical Manifestations/Diagnostic Data <ol style="list-style-type: none"> 1. Right-Sided/Left-Sided Cardiac Catheterization C. Collaborative Management <ol style="list-style-type: none"> 1. CABG Surgery <ol style="list-style-type: none"> a. saphenous b. radial c. internal mammary artery D. Nursing Management in Accordance with Nursing Process using NANDA/NOC/NIC Interventions E. Teaching/Education for Patients Having Undergone Surgery for CAD <ol style="list-style-type: none"> 2. Minimally Invasive Direct Coronary Artery Bypass 3. Transmyocardial Laser Revascularization 	<p style="text-align: center;">Lecture</p> <p style="text-align: center;">Audiovisuals</p> <p style="text-align: center;">Competencies VI, VII</p> <p style="text-align: center;">Handout on Surgical Interventions</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 5:

CARE OF THE PATIENT WITH COMPLEX RENAL, URINARY, AND PROSTATE DISORDERS

PAGE 1 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>1. Describe the function of the renal and urinary systems and function of the prostate gland.</p> <p>2. Describe three levels of prevention in relation to renal, urinary and prostate disorders.</p> <p>3. Discuss the pathophysiology and clinical manifestations of renal failure.</p> <p>4. Interpret the results of laboratory data & diagnostic tests associated with renal failure.</p> <p>5. Discuss three treatment modalities used in the collaborative management of chronic renal failure.</p> <p>6. Describe the kidney donor selection process.</p> <p>7. Discuss the drug therapy used to prevent transplant rejection.</p> <p>8. Discuss nursing responsibilities in caring for possible transplant candidates.</p> <p>9. Use Maslow's hierarchy of needs to prioritize assessments in the patient with CRF undergoing various treatment modalities.</p> <p>10. State four nursing diagnoses (NANDA) commonly associated with a patient in end-stage renal disease.</p> <p>11. List four corresponding nursing outcomes (NOC) associated with the diagnoses generated for the patient in end-stage renal disease.</p> <p>12. Discuss appropriate NIC based nursing interventions for the patient undergoing dialysis or renal transplant.</p> <p>13. Discuss the nursing management of the end-stage renal patient at home and the use of community resources.</p> <p>14. Discuss the pathophysiology and clinical manifestations of complex disorders of the urinary system: Ex Bladder Tumors.</p> <p>Continues on next page ...</p>	<p>I. Review of the Anatomy and Physiology of the Renal and Urinal Systems</p> <p>II. Health Promotion</p> <p>A. Primary Prevention of Renal Failure, Urinary Disorders and Prostate Disorders</p> <p>B. Secondary Prevention: Early Detection of Renal, Urinary, and Prostate Disorders</p> <p>C. Tertiary Prevention: Patient Teaching</p> <p>III. Complex Disorders of the Renal System</p> <p>A. Pathophysiology of Chronic Renal Failure (CRF)</p> <p>B. Clinical Manifestations of Chronic Renal Failure</p> <ol style="list-style-type: none"> 1. Laboratory data 2. Diagnostic tests <p>C. Collaborative Management of Chronic Renal Failure</p> <p>D. Medical Intervention: Pharmacological, Dialysis & Renal Transplant</p> <p>E. Surgical Intervention: Dialysis Access and Renal Transplant</p> <p>F. Nutritional Support</p> <p>IV. Patient Advocacy / Legal-Ethical Issues / Caregiver Accountability</p> <p>A. Unequal Access to Kidney Transplant List</p> <p>B. Health Insurance Status</p> <p>V. Advanced Nursing Management of the Patient with Chronic Renal Failure</p> <p>A. Assessment According to Gordon's Functional Health Patterns - Key findings</p> <p>B. Analysis/Nursing Diagnoses Associated with Dialysis and Renal Transplant: Ex - Excess fluid volume, Interrupted family process, Ineffective coping</p> <p>C. Planning</p> <ol style="list-style-type: none"> 1. Common NOC Outcomes: Ex - Fluid Balance 2. Suggested Nursing Interventions: Ex - Fluid Management, Fluid Monitoring <p>D. Implementation: NIC Based Actions Applied to the Patient and Family of the Dialysis/Transplant Patient: Ex - Fluid Management</p> <ol style="list-style-type: none"> 1. Prioritizing/Organizing Care Activities 2. Delegation/Collaborative Efforts/ Complementary Therapies 3. Cost issues r/t hemodialysis and transplant 4. Discharge Planning <ol style="list-style-type: none"> a. Homecare: Peritoneal dialysis and symptom & medication management b. Community resources c. Outpatient education <p>E. Evaluation of Outcome Achievement: Ex - Fluid Balance</p> <p>VI. Complex Disorders of the Urinary System: Ex - Bladder Tumors</p> <p>A. Pathophysiology of Bladder Tumors</p> <p>B. Clinical Manifestations of Bladder Cancer</p> <ol style="list-style-type: none"> 1. Laboratory data 2. Diagnostic tests <p>C. Collaborative Management of Bladder Cancer</p> <ol style="list-style-type: none"> 1. Medical interventions 2. Surgical intervention 3. Nutritional support <p>VII. Advanced Nursing Management of the Patient with Urinary Diversion</p> <p>A. Assessment According to Gordon's Functional Health Patterns</p> <p>B. Analysis/Nursing Diagnoses Associated with Urinary Diversion: Ex - Deficient Knowledge r/t Care of Stoma, Disturbed Body Image r/t Presence of Stoma</p> <p>Continues on next page ...</p>	<p style="text-align: center;">Assigned Reading</p> <p style="text-align: center;">Lecture</p> <p style="text-align: center;">Case Study Discussion</p> <p style="text-align: center;">Investigation of Community Resources using the Internet</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 5:

CARE OF THE PATIENT WITH COMPLEX RENAL, URINARY, AND PROSTATE DISORDERS

PAGE 2 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>15. Interpret the results of laboratory tests & diagnostic tests associated with Bladder Cancer.</p> <p>16. Discuss treatment modalities used in the collaborative management of Bladder Cancer.</p> <p>17. Use Maslow's hierarchy of needs to prioritize assessments in the patient with Urinary Diversions.</p> <p>18. List four nursing diagnoses (NANDA) commonly associated with a patient with Urinary Diversions.</p> <p>19. List four corresponding nursing outcomes (NOC) associated with a patient with Urinary Diversions.</p> <p>20. Discuss appropriate nursing interventions (NIC) associated with a patient with Urinary Diversions.</p> <p>21. Discuss the nursing management of a patient with a urinary diversion at home and the use of community resources.</p> <p>22. Discuss the pathophysiology and clinical manifestations of patients with Prostate Disorders.</p> <p>23. Interpret the results of laboratory data and diagnostic tests associated with Prostate Cancers.</p> <p>24. Discuss treatment modalities used in the collaborative management of Prostate Cancer.</p> <p>25. Use Maslow's hierarchy of needs to prioritize assessments in the patient with Prostate Cancer.</p> <p>26. List four nursing diagnoses (NANDA) commonly associated with a patient with Prostate Cancer.</p> <p>27. List four corresponding nursing outcomes (NOC) associated with a patient with Prostate Cancer.</p> <p>28. Discuss appropriate nursing interventions (NIC) associated with a patient with Prostate Cancer.</p> <p>29. Discuss the nursing management of the patient with Prostate cancer at home and the use of community resources.</p>	<p>C. Planning</p> <ol style="list-style-type: none"> 1. Common NOC Outcomes: Ex - Knowledge of Health Behaviors r/t Stoma Care 2. Suggested Nursing Interventions: Ex - Individual and family teaching of stoma care and appliance management <p>D. Implementation</p> <ol style="list-style-type: none"> 1. NIC based actions applied to the patient & family prioritizing and organizing care activities <ol style="list-style-type: none"> a. Delegation/Collaborative Efforts/ Complimentary Therapies b. Cost issues 2. Discharge Planning 3. Home Care: Home Health Care and Community Support; Resource: www.ricancercouncil.org <p>E. Evaluation of Outcome Achievement</p> <p>VIII. Advanced Considerations of the Patient with Disorders of the Prostate</p> <ol style="list-style-type: none"> A. Pathophysiology of Prostate Disorders B. Clinical Manifestations of Prostate Disorders <ol style="list-style-type: none"> 1. Laboratory data 2. Diagnostic tests C. Collaborative Management of Prostate Cancer <ol style="list-style-type: none"> 1. Medical interventions 2. Surgical intervention <p>IX. Advanced Nursing Management of the Patient with Prostate Cancer</p> <ol style="list-style-type: none"> A. Assessment According to Gordon's Functional Health Patterns B. Analysis/Nursing Diagnoses: Ex - Acute Pain r/t Incision or Bladder Spasms; Incontinence of Urine C. Planning <ol style="list-style-type: none"> 1. Common NOC Outcomes: Ex - Pain Level 2. Suggested Nursing Interventions D. Implementation - NIC Based Actions Applied to the Patient and Family <ol style="list-style-type: none"> 1. Prioritizing and Organizing Care Activities 2. Delegation/Collaborative Efforts/ Complimentary therapies 3. Management of Surgical Complications 4. Cost Issues 5. Discharge Planning / Patient Teaching 6. Home Care: Ex - Pain management & catheter care 7. Community Resources E. Evaluation of Outcome Achievement: Ex.: - Comfort Level 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 6: CARE OF THE PATIENT WITH COMPLEX RESPIRATORY DISORDERS

PAGE 1 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Describe clinical parameters for respiratory failure.	I. Anatomy and Physiology A. Concepts B. Compliance C. Tidal Volume D. Ventilation/Perfusion Ratio E. Shunting	Power Point Presentation
2. Describe ventilation, perfusion, diffusion, and shunting and the relationship of pulmonary circulation to these processes.		Handouts
3. Compare and contrast the ventilation-perfusion ratios for respiratory failure of ventilator origin and respiratory failure of oxygenation origin.	II. Health Promotion A. Primary Prevention of Respiratory Diseases 1. Smoking cessation B. Secondary Prevention 1. Screening 2. X-Ray 3. CBC C. Tertiary Prevention 1. Patient education	Videos
4. Use assessment parameters for determining the characteristics and severity of the major symptoms of the respiratory dysfunction.	III. Patient Advocacy/Legal and Ethical Issues/Caregiver Accountability	
5. Describe the rationale for management of adult respiratory failure.	IV. Complex Disorders of the Respiratory System A. Pathophysiology of ARF 1. Define ventilatory failure a. acute b. chronic 2. Clinical parameters B. Pathophysiology of ARDS 1. Clinical manifestations a. Lab data and diagnostic tests 2. Medical management of respiratory diseases a. Pharmacological b. O ₂ c. Nutrition d. Breathing exercises 3. Collaborative management of respiratory disorders	
6. Explain the problems associated with O ₂ therapy for patients whose respiratory efforts are controlled by their hypoxic drive.	V. Care of Patient with Artificial Airways A. Endotracheal Tubes B. Tracheostomy Tubes 1. Types 2. Cuff care/Minimal leak 3. Dislodged tube 4. Weaning	
7. Analyze changes in clinical manifestations to determine the effectiveness of therapy for patients receiving O ₂ .	VI. Mechanical Ventilation A. Types 1. Pressure 2. Volume B. Weaning 1. Stages	
8. Prioritize the care for a client with a new tracheostomy.	VII. Utilization of Nursing Process A. Assessment 1. Gordon's Functional Health Patterns B. Collaborative Data C. Analysis/Nursing Diagnosis (NANDA) 1. Impaired ventilation related to respiratory muscle fatigue 2. Dysfunctional weaning response 3. Ineffective airway clearance related to tracheal secretions	
9. Explain the rationale for nutrition therapy.		
10. Describe how to check placement for an ET tube.		
11. Define MOV and criteria for cuff care.		
12. Explain emergency procedures for dislodged tube.		
13. Describe the pathophysiology of ARDS.		
14. Explain the basic difference in ventilation types.		
15. List critical assessments for a patient on a ventilator.		
Continues on next page ...	Continues on next page ...	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 6:
 CARE OF THE PATIENT WITH COMPLEX RESPIRATORY DISORDERS
 PAGE 2 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
16. State the four stages of weaning. 17. Care for the patient on a mechanical ventilation.	D. Suggested NOC Outcomes - Respiratory status 1. gas exchange 2. ventilation 3. airway patency E. Proposed NIC Interventions 1. Infection control 2. Respiratory monitoring 3. Ventilator assistance 4. Electrolyte balance F. Implementation G. Evaluation of Outcomes	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 7: CARE OF THE PATIENT WITH COMPLEX NEUROLOGIC PROBLEMS

PAGE 1 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Describe a neurologic history and physical assessment.	I. Knowledge Basic to Care of the Neurologic Patient	Lecture
2. Relate pathophysiology to the clinical manifestations of increasing intracranial pressure (ICP).	A. Anatomy and Physiology B. Concepts of ICP Regulation 1. Monro-Kellie hypothesis 2. Compensating measures 3. Cerebral perfusion pressure (CPP)	Discussion Powerpoint Presentation and Handouts
3. Differentiate early and late signs/symptoms of increasing ICP.	II. Health Promotion Strategies	Case Studies and Critical Thinking Exercises
4. Identify the purpose of ICP monitoring.	A. Primary Prevention of TBI 1. Safe motor vehicles, use of seat belts 2. Decrease in drinking and driving, MADD 3. Helmet use 4. Safe playgrounds 5. Prevent/decrease violent behavior B. Secondary Prevention - Earliest Detection of IICP C. Tertiary Prevention 1. Preventing complications of immobility 2. Rehabilitative plan of care 3. Referral to local chapter NHIF (National Head Injury Foundation), American Brain Tumor Association, National Brain Tumor Foundation, American Cancer Society	Self Study Reading Assignments
5. Differentiate the common types of traumatic brain injury (TBI).		Written Examination
6. Describe the psychosocial and behavioral manifestations associated with TBI.		
7. Identify the risk factors and complications of TBI in the older adult.	III. Legal and Ethical Issues A. Criteria for Brain Death B. Organ Donation and Referral to NEOB	
8. Describe the diagnostic tests used for the neurologic patient.	IV. Utilization of the Nursing Process as it Relates to Care of the Critically Ill Patient with Neurologic Problems	
9. Describe common complications of brain tumors.	A. Neurologic Assessment 1. Gordon's Functional Health Patterns 2. Collaborative data, diagnostic tests B. Analysis/Nursing Diagnoses (NANDA) 1. Decreased intracranial adaptive capacity 2. Ineffective tissue perfusion, cerebral 3. Ineffective breathing pattern 4. Risk for disuse syndrome 5. Disturbed thought processes 6. Disturbed sensory perception 7. Interrupted family processes C. Planning - NOC Outcome Labels 1. Neurological status: Consciousness 2. Tissue perfusion, cerebral 3. Respiratory status: Ventilation 4. Immobility consequences: Physiological 5. Distorted thought control 6. Body image 7. Family coping D. Implementation - NIC Interventions 1. Cerebral edema management 2. Monitor neurologic status, ICP monitoring 3. Airway management 4. Exercise therapy: joint mobility 5. Delusion management 6. Environmental management 7. Family process maintenance E. Evaluation of Outcome Achievement	
10. Identify the diagnostic tests used for the patient with changes in mental status and TBI.		
11. Prioritize assessments of the patient with neurologic problems using Maslow's hierarchy of needs.		
12. Identify appropriate NANDA nursing diagnoses for the critically ill patient with neurologic problems.		
13. List NOC labels for specific neurologic problems.		
14. Describe NIC interventions linked to NOC labels that apply to the critically ill patient with neurologic problems.		
Continues on next page ...	Continues on next page ...	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 7: CARE OF THE PATIENT WITH COMPLEX NEUROLOGIC PROBLEMS PAGE 2 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>15. Discuss the nursing management, utilizing nursing process, of the patient experiencing complex neurologic problems.</p> <p>16. Develop a postoperative plan of care for a patient having a craniotomy.</p> <p>17. Describe collaborative management of the critically ill neurologic patient.</p>	<p>V. Specific Neurologic Problems</p> <p>A. Traumatic Brain Injury</p> <ol style="list-style-type: none"> 1. Primary brain injury 2. Secondary brain injury <ol style="list-style-type: none"> a. Classification of brain injuries b. IICP c. Hemorrhage d. Loss of autoregulation e. Herniation 3. Nursing management of patient with IICP <ol style="list-style-type: none"> a. Bedside neurological assessment b. Respiratory interventions c. Fluid management d. Positioning e. Drug related responsibilities 4. Collaborative management <ol style="list-style-type: none"> a. Clinical manifestations b. Psychosocial assessment c. Radiographic and other diagnostic tests 5. Rehabilitation and home care management 6. Health care resources <p>B. Brain Tumors</p> <ol style="list-style-type: none"> 1. Classification of tumors 2. Complications of tumors 3. Collaborative management <ol style="list-style-type: none"> a. Radiation therapy and chemotherapy b. Drug therapy c. Operative procedures and surgical management <ol style="list-style-type: none"> 1) post operative assessment 2) preventing post operative complications <ol style="list-style-type: none"> a) neurogenic pulmonary edema b) alterations in ADH secretion 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 8: CARE OF THE PATIENT WITH PROBLEMS OF THE SPINAL CORD

PAGE 1 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p><u>Nursing Management of Patients with Spinal Cord Injury</u></p> <ol style="list-style-type: none"> 1. Describe the motor and sensory assessment for the patient with acute spinal cord injury (SCI). 2. Describe typical medical complications that are experienced by patients with SCI. 3. Describe the pathophysiology of autonomic dysreflexia. 4. Recognize early signs/ symptoms of autonomic dysreflexia. 5. Prioritize assessments for the patient with SCI using Maslow's hierarchy of needs. 6. Identify appropriate NANDA nursing diagnoses for the patient with problems of the spinal cord. 7. List NOC labels for the patient with SCI. 8. Describe NIC interventions linked to NOC labels for the patient with SCI. 9. Prioritize the nursing care of the patient with SCI. 10. Develop a community based teaching plan for patients with SCI. <p><u>Nursing Management of the Patient with Intervertebral Disc Disease</u></p> <ol style="list-style-type: none"> 1. Describe the pathophysiology of disc disease. 2. Identify risk factors that contribute to back pain. 3. Identify factors contributing to low back pain in the older adult. 4. Explain ways to prevent back pain. 5. List NOC labels and NIC interventions for the patient having a discectomy, laminectomy, and/or spinal fusion. 	<ol style="list-style-type: none"> I. Anatomy and Physiology <ol style="list-style-type: none"> A. Spinal Column and Spinal Nerves B. Autonomic Nervous System II. Health Promotion Strategies <ol style="list-style-type: none"> A. Primary Prevention of Back Pain and Disc Injuries <ol style="list-style-type: none"> 1. Correct body mechanics 2. Safe work environment 3. Exercise, weight control, smoking cessation B. Primary Prevention of Spinal Cord Injury <ol style="list-style-type: none"> 1. Safety measures indicated for TBI prevention 2. Correct transfer and transport of accident victims C. Secondary Prevention of Back/Disc Injury <ol style="list-style-type: none"> 1. Patient education of treatment regimen 2. Motor and sensory assessment D. Secondary Prevention of SCI <ol style="list-style-type: none"> 1. Frequent motor and sensory assessment 2. Monitor for earliest indications of increasing spinal cord edema E. Tertiary Prevention of Back/Disc Injury <ol style="list-style-type: none"> 1. Physical therapy 2. Pain specialists F. Tertiary Prevention of SCI <ol style="list-style-type: none"> 1. Early integration of rehabilitative plan to prevent complications of immobility 2. Health teaching to recognize and prevent autonomic dysreflexia 3. Referral to National Spinal Cord Injury Association, Spinal Cord Injury Hotline III. Legal and Ethical Issues/Patient Advocacy <ol style="list-style-type: none"> A. High incidence of back pain; cost of time lost from work, work compensation and medical/surgical treatment B. Lifetime cost of care for the quadriplegic C. Need for full-time caretaker or personal assistant for quadriplegic IV. Utilization of the Nursing Process as it Relates to Care of the Patient with Spinal Cord Problems <ol style="list-style-type: none"> A. Assessment Using Gordon's Functional Health Patterns and Collaborative Data B. Analysis/Nursing Diagnoses for Intervertebral Disc Disease (NANDA) <ol style="list-style-type: none"> 1. Acute and chronic pain 2. Deficit knowledge 3. Risk for perioperative positioning injury 4. Disturbed sensory perception C. Planning - NOC Outcome Labels for Intervertebral Disc Disease <ol style="list-style-type: none"> 1. Pain level 2. Knowledge of treatment regimen 3. Muscle function 4. Risk control D. Implementation - NIC Labels for Intervertebral Disc Disease <ol style="list-style-type: none"> 1. Pain management, analgesic administration 2. Teaching disease process 3. Positioning; intraoperative 4. Health education E. Analysis/Nursing Diagnoses for the Patient with SCI (NANDA) <ol style="list-style-type: none"> 1. Risk for ineffective breathing pattern 2. Risk for autonomic dysreflexia 3. Risk for impaired skin integrity 4. Urinary retention 5. Constipation 6. Self care deficit 7. Sexual dysfunction 8. Risk for powerlessness <p style="text-align: center;">Continues on next page ...</p>	<p style="text-align: center;"><u>Spinal Cord Injury</u></p> <p style="text-align: center;">Lecture</p> <p style="text-align: center;">Powerpoint Presentation</p> <p style="text-align: center;">Case Studies and Critical Thinking Exercises</p> <p style="text-align: center;">Reading Assignments</p> <p style="text-align: center;">Written Examination</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 8: CARE OF THE PATIENT WITH PROBLEMS OF THE SPINAL CORD

PAGE 2 OF 2

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<p>F. Planning - NOC Outcome Labels for the Patient with SCI</p> <ol style="list-style-type: none"> 1. Respiratory status: Ventilation 2. Neurologic status: Autonomic 3. Immobility consequences: Physiological 4. Urinary elimination 5. Bowel elimination 6. Self care: Hygiene, eating, toileting 7. Sexual functioning 8. Participation: Health care decisions <p>G. Implementation - NIC Labels for the Patient with SCI</p> <ol style="list-style-type: none"> 1. Respiratory monitoring 2. Dysreflexia management 3. Pressure ulcer prevention 4. Urinary catheterization 5. Constipation/impaction management 6. Self care assistance: Bathing, feeding, toileting 7. Sexual counseling 8. Self esteem enhancement <p>V. Specific Problems of the Spinal Cord - Spinal Cord Injury (SCI)</p> <p>A. Pathophysiology - Mechanisms and Forces</p> <p>B. Classification</p> <ol style="list-style-type: none"> 1. Degree of injury <ol style="list-style-type: none"> a. complete b. incomplete <p>C. Functional Levels</p> <ol style="list-style-type: none"> 1. Paraplegia 2. Quadriplegia 3. Upper motor neuron injury 4. Lower motor neuron injury <p>D. Shock Syndromes</p> <ol style="list-style-type: none"> 1. Spinal shock, post-traumatic areflexia 2. Neurogenic <p>E. Autonomic Dysreflexia or Hyperreflexia</p> <p>F. Nursing Management</p> <ol style="list-style-type: none"> 1. Acute phase <ol style="list-style-type: none"> a. non-surgical b. high dose methylprednisolone 2. Post acute <ol style="list-style-type: none"> a. respiratory complications b. venous thrombosis c. GI hemorrhage d. decubitus ulcers e. spasticity f. bladder retraining, catheterization g. bowel function h. sexual function <p>G. Rehabilitation, Home Care Management</p> <ol style="list-style-type: none"> 1. Prevention of complications of immobility 2. Prevention of respiratory complications, secretion clearance 3. Spasticity control, antispasmodic medications 4. Pain, paresthesia and hyperesthesia control 5. Monitor for heterotrophic ossification and syringomyelia <p>VI. Nursing Management of Specific Problems of the Spinal Cord - Intervertebral Disc Disease</p> <p>A. Pathophysiology</p> <ol style="list-style-type: none"> 1. Anatomical considerations 2. Causes of disc injury <p>B. Clinical Presentation</p> <p>C. Diagnostic Tests</p> <p>D. Collaborative Treatment</p> <p>E. Post Operative Nursing Management</p> <ol style="list-style-type: none"> 1. Laminectomy 2. Spinal fusion 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 9: CARE OF THE PATIENT WITH COMPLEX METABOLIC DISORDERS

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
1. Describe the pathophysiology, etiology, and management of Diabetes Mellitus.	I. Review of the Anatomy and Physiology	Powerpoint Presentation Handouts Case Studies Videos
2. Discuss the current trends and future advances in diabetes management.	II. Health Promotion A. Primary Prevention of DM, Hypoglycemia and Adrenal Disorders B. Secondary Prevention - Early Detection of DM and Adrenal Disorders and Related Complications C. Tertiary Prevention 1. Patient education	
3. Relate the clinical manifestations of diabetes mellitus to the associated pathophysiologic alterations.	III. Complex Disorders A. Pathophysiology of DM, Hypoglycemia and HHNS B. Clinical Manifestations - Lab Data and Diagnostic Tests C. Collaborative Management of DM, hypoglycemia and HHNS D. Medical Management - Pharmacologic, Diet, Exercise	
4. Compare and contrast the manifestations and collaborative care of hypoglycemia, diabetes ketoacidosis (DKA), and hyperosmolar nonketotic syndrome (HHNS).	IV. Complex Disorders A. Pathophysiology of the Adrenal Gland B. Clinical Manifestations - Lab Data and Diagnostic Tests 1. Identify the metabolic disease affected by acid/base imbalance C. Collaborative Management of an Adrenal Disorder 1. Medical intervention - pharmacologic 2. Surgical intervention	
5. Identify clients at risk for hypoglycemia.	V. Advanced Nursing Management of a Patient with Metabolic Disorders A. Assessment According to Gordon's Functional Health Patterns - Key Findings B. Analysis/Nursing Diagnoses Associated with Metabolic Disorders 1. Ineffective management of therapeutic regime related to DM 2. Risk for fluid volume deficit related to DKA C. Planning - Common NOC Outcomes 1. Adherence behavior 2. Electrolyte and acid/base balance; fluid balance D. Suggested Nursing Interventions 1. Electrolyte management monitoring 2. Monitoring emergency care 3. Fluid management 4. Lab data interpretation 5. Teaching E. Evaluation of Outcome Achievement 1. Electrolytes within normal limits	
6. Prioritize nursing interventions for the patient with mild to moderate hypoglycemia and moderate to severe hypoglycemia.		
7. Prioritize interventions for clients with DKA and HHNS.		
8. Discuss the pathophysiology and etiology of hypofunctioning of the adrenal glands.		
9. Describe the pathophysiology of hyperadrenalism.		
10. State four nursing diagnoses (NANDA) associated with a patient with a metabolic disorder.		
11. List four corresponding nursing outcomes (NOC) associated with the diagnosis generated for a patient with a metabolic disorder.		
12. Discuss NIC based interventions for a patient with a metabolic disorder.		
13. Use the nursing process as a framework for providing individualized care in the management of a patient with a metabolic disorder.		

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 10: CARE OF THE PATIENT WITH COMPLEX FLUID, ELECTROLYTE AND ACID-BASE DISORDERS

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>The student will be able to:</p> <ol style="list-style-type: none"> 1. Make clinical application of the properties of fluid, solutions, ions acids, bases and buffers as they relate to reaction of water and electrolytes in the body. 2. Explain and predict the movement of body fluids and electrolytes between "compartments" in the body. 3. Explain and make clinical application of the ways in which circulatory, respiratory, renal and endocrine systems interact to regulate homeostasis of the "internal environment". 4. Incorporate lab values (ABG's, electrolytes, BUN, creat., albumin and serum osmolarity) into patient plan of care. 5. Utilize lab values as outcome indicators and scale. 6. Correlate assessment findings and predict the consequences of disturbance in the balance of water, electrolytes, and acid base. 7. Identify etiologies and risk factors relating to disturbance in fluid, electrolyte and acid base balance. 8. Incorporate appropriate NIC/NOC into individualized plan of care. 	<ol style="list-style-type: none"> I. Physiological Influences on Fluid & Electrolyte and Acid-Base Balance <ol style="list-style-type: none"> A. Homeostasis <ol style="list-style-type: none"> 1. The cell 2. The fluid 3. Electrolytes 4. Carbonic acid II. Health Promotion <ol style="list-style-type: none"> A. Identification of At Risk Individuals for Alteration in Fluid, Electrolytes and Acid Base Balance <ol style="list-style-type: none"> 1. Acute disturbances in acid base balance 2. Chronic conditions impacting acid base balance 3. Impact of aging III. Accountability <ol style="list-style-type: none"> A. RN Role in Monitoring Response to Treatment <ol style="list-style-type: none"> 1. Fluid replacement 2. Nutritional support 3. O₂ therapy 4. Electrolyte replacement IV. Management of Disorders in Acid-Base Balance Through Clinical Application of the Nursing Process <ol style="list-style-type: none"> A. Acidosis vs. Alkalosis <ol style="list-style-type: none"> 1. Subjective <ol style="list-style-type: none"> a. Health history and presentation b. Functional impact 2. Objective <ol style="list-style-type: none"> a. VS b. PE <ol style="list-style-type: none"> 1) CNS 2) Neuromuscular 3) Respiratory 4) Integumentary c. Labs and Diagnostics (baseline & trends) <ol style="list-style-type: none"> 1) ABG's 2) Electrolytes 3) Serum osmolarity 4) Albumin 5) BUN & Creat 6) UA 7) Anion gap 8) Hemoglobin/Hematocrit 3. Differential diagnosis and contributing factors <ol style="list-style-type: none"> a. Metabolic, Respiratory, or Mixed b. Acute vs. Chronic 4. Interventions (Nursing & Collaborative) <ol style="list-style-type: none"> a. Ongoing assessment b. Health teaching c. Medical management 5. Evaluation of Outcomes <ol style="list-style-type: none"> a. NOC indicators and scales 	<p>Power Point Lecture Presentation</p> <p style="text-align: center;"><u>Handouts (3):</u></p> <p style="text-align: center;">① Systematic Approach to Interpretation of ABG's</p> <p style="text-align: center;">② Conceptual Flow Chart: Fluid & Electrolyte and Regulatory Factors</p> <p style="text-align: center;">③ Core Concept Grid</p> <p style="text-align: center;">Concept Mapping: Pure and Mixed Respiratory and Metabolic Acidosis and Alkalosis</p> <p>Interactive, lecture case studies</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 11: CARE OF THE PATIENT WITH COMPLEX DISORDERS OF THE LIVER

PAGE 1 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<ol style="list-style-type: none"> 1. Describe the pathophysiology and complications associated with cirrhosis of the liver. 2. Interpret laboratory test findings commonly seen in clients with cirrhosis. 3. Describe three levels of prevention in relation to hepatic disorders. 4. Discuss the obligation to care for the client with a lifestyle disease. 5. Develop a community-based teaching plan for the client with cirrhosis of the liver. 6. Formulate a collaborative plan of care for the client with severe late-stage cirrhosis. 7. Identify emergency interventions for the client with bleeding esophageal varicies. 8. Identify the two most common complications of liver transplantation. 	<ol style="list-style-type: none"> I. Care of the Patient With Cirrhosis <ol style="list-style-type: none"> A. Review of Anatomy and Physiology B. Major Types of Cirrhosis <ol style="list-style-type: none"> 1. Laennec's Cirrhosis 2. Post Necrotic 3. Biliary 4. Cardiac C. Complications of Cirrhosis <ol style="list-style-type: none"> 1. Portal hypertension 2. Ascites 3. Bleeding esophageal varicies 4. Coagulation defects 5. Jaundice 6. Portal Systemic Encephalopathy (PSE) with hepatic coma (stages) 7. Hepatovenal Syndrome D. Collaborative Management of Other Liver Disorders <ol style="list-style-type: none"> 1. Liver transplant 2. Acute graft rejection 3. Hepatic abscess 4. Fatty liver 5. Hepatic trauma 6. Cancer of the liver E. Common Diagnostic Procedures <ol style="list-style-type: none"> 1. Serum electrolytes/albumin 2. Paracentesis 3. Liver function tests 4. Esphagoscope 5. Arteriogram 6. Liver biopsy (percutaneous vs transvenous) 7. Coagulation profile II. Health Promotion <ol style="list-style-type: none"> A. Primary Prevention (alcohol/drug-free environment) B. Secondary Prevention (liver trauma/ liver abscess) C. Tertiary Prevention (prevention of complications; fatty liver) III. Legal-Ethical Issues / Caregiver Accountability / Patient Advocacy IV. Specific Disorders of the Liver: Ascites/Cirrhosis <ol style="list-style-type: none"> A. Assessment <ol style="list-style-type: none"> 1. Gordon's Functional Health Patterns/key findings 2. Collaborative Data <ol style="list-style-type: none"> a. history b. physical assessment c. clinical manifestations d. psychosocial assessment e. lab assessment B. Analysis / NANDA <ol style="list-style-type: none"> 1. Excess fluid volume 2. Potential for hemorrhage/PSE C. Planning <ol style="list-style-type: none"> 1. Suggested NOC Outcomes <ol style="list-style-type: none"> a. decrease in ascites/lytes>NNL/BP>NNL 2. Proposed NIC Interventions <ol style="list-style-type: none"> a. non-surgical management b. diet therapy c. drug therapy <p>Continues on next page ...</p>	<p style="text-align: center;">Assigned Reading</p> <p style="text-align: center;">Review of pertinent notes from Nursing II (NURS 1020)</p> <p style="text-align: center;">Lecture</p> <p style="text-align: center;">Discussion</p> <p style="text-align: center;">Handout with Power Point</p>

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 11:
 CARE OF THE PATIENT WITH COMPLEX DISORDERS OF THE LIVER
 PAGE 2 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<ul style="list-style-type: none"> d. paracentesis e. comfort measures f. surgical LeVeen shunt D. Implementation <ul style="list-style-type: none"> 1. NIC Based Interventions <ul style="list-style-type: none"> a. breathing patterns b. fluid/electrolyte management c. bleeding precautions d. surgical intervention e. LeVeen shunt f. paracentesis g. neurologic monitoring h. knowledge deficit i. home care management k. health care resources l. diet/drug therapy m. alcohol abstinence E. Evaluation of NOC Achievement V. Specific Disorders of the Liver: <ul style="list-style-type: none"> Bleeding Esophageal Varices <ul style="list-style-type: none"> A. Collaborative Management of Bleeding Esophageal Varices <ul style="list-style-type: none"> 1. Pathophysiology <ul style="list-style-type: none"> a. history risk factors b. coagulopathy c. DIC 2. Clinical Manifestations <ul style="list-style-type: none"> a. bleeding b. shock 3. Collaborative Management <ul style="list-style-type: none"> a. fluid resuscitation b. vasopressin/blood transfusions c. gastric intubation d. esophageal e. balloon tamponade/Sengstaken-Blakemore f. TIPS/TIPSS g. shunts - portacaval/splenorenal 4. Medical Interventions <ul style="list-style-type: none"> a. hemodynamics monitoring 5. surgical intervention B. Advanced Nursing Management of the Patient with Bleeding Esophageal Varices <ul style="list-style-type: none"> 1. Assessment 2. NANDA Potential for Hemorrhage <ul style="list-style-type: none"> a. fluid volume deficit b. decreased cardiac output c. ineffective airway clearance d. altered tissue perfusion 3. NOC <ul style="list-style-type: none"> a. with 12 hours patient will be normovolemic b. MAP >70 mm Hg 4. NIC <ul style="list-style-type: none"> a. bleeding precautions b. blood product administration c. fluid/electrolyte management d. hypovolemia/shock management VI. Specific Disorders of the Liver: <ul style="list-style-type: none"> Portal-Systemic (PSE) with Hepatic Coma <ul style="list-style-type: none"> A. Collaborative Management <ul style="list-style-type: none"> 1. Pathophysiology <ul style="list-style-type: none"> a. blood/brain barrier permeability <p>Continues on next page ...</p> 	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 11:
 CARE OF THE PATIENT WITH COMPLEX DISORDERS OF THE LIVER
 PAGE 3 OF 3

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<ul style="list-style-type: none"> 2. Clinical Manifestation <ul style="list-style-type: none"> a. late/amenorrhea, impotence 3. Collaborative Management <ul style="list-style-type: none"> a. sexual dysfunction b. risk for infection c. fatigue 4. Medical Interventions <ul style="list-style-type: none"> a. ammonia levels 5. Nutritional Intervention <ul style="list-style-type: none"> a. diet therapy b. lactulose/neomycin/oxazepam/levodop c. increase calories/low or no protein/low sodium B. Advanced Nursing Management of the Patient with PSE <ul style="list-style-type: none"> 1. Assessment <ul style="list-style-type: none"> a. baseline level of consciousness 2. NANDA - Potential for Portal Systemic Encephalopathy <ul style="list-style-type: none"> a. JVD/JVE b. altered nutrition c. impaired gas exchange d. altered thought process e. risk for injury 3. NIC <ul style="list-style-type: none"> a. neurological monitoring b. fluid/electrolyte management c. cerebral edema management d. hypokalemia e. nutrition management f. hypoglycemia g. energy management h. aspiration precautions 4. NOC <ul style="list-style-type: none"> a. return to optimal level of ADLs b. 3-4 stools/day VII. Liver Transplantation <ul style="list-style-type: none"> A. Collaborative Management - Rejection <ul style="list-style-type: none"> 1. Pathophysiology 2. Clinical Manifestations <ul style="list-style-type: none"> a. 10-14 days 3. Medical Intervention <ul style="list-style-type: none"> a. methyl prednisolone/ALG 4. Surgical Interventions <ul style="list-style-type: none"> a. retransplantation B. Advanced Nursing Management of the Patient <ul style="list-style-type: none"> 1. Assessment / NANDA <ul style="list-style-type: none"> a. acute graft rejection b. infection c. hepatic complications d. acute renal failure e. fluid volume excess f. fluid and electrolyte imbalance g. hemorrhage h. anxiety/fear i. powerlessness j. body image disturbance k. 2° immunosuppressive agents 2. Implementation / NIC <ul style="list-style-type: none"> a. utilize concept map to evaluate early/late phases of hepatic failure 3. Evaluation / NOC 	

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 12: CARE OF THE PATIENT WITH BURNS PAGE 1 OF 4

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>1. Identify burn clients at risk for inhalation injury.</p> <p>2. Compare and contrast the clinical manifestations of superficial, partial thickness, and full thickness burn injuries.</p> <p>3. Explain the expected clinical manifestations of neural and hormonal compensation during the emergent phase of burn injury.</p> <p>4. Calculate the total body surface area involved in burn injury.</p> <p>5. Prioritize nursing care for the patient during the emergent phase of burn injury.</p> <p>6. Use laboratory data and clinical manifestations to determine the effectiveness of fluid resuscitation during the emergent phase of burn injury.</p> <p>7. Use the Parkland formula to establish the correct rate and timing of fluid replacement (also the Lund and Browder chart).</p> <p>8. Prioritize nursing care for the patient during the acute phase of burn injury.</p> <p>9. Explain the alteration of nutritional needs for the burn client during the acute phase of burn injury.</p> <p>10. Evaluate wound healing in the patient during the acute phase of burn injury.</p> <p>11. Compare and contrast pain management strategies for patients in the emergent and acute phases of burn injury.</p> <p>12. Describe the characteristics of infected burn wounds.</p> <p>Continues on next page ...</p>	<p>I. Pathophysiology of Burn Injury</p> <p>A. Integumentary Changes Resulting from Burn Injury</p> <ol style="list-style-type: none"> 1. anatomic 2. functional temperature/depth 3. superficial thickness 4. partial thickness 5. superficial partial thickness 6. deep partial thickness 7. full thickness 8. deep full thickness <p>B. Vascular Changes Resulting from Burn Injuries</p> <ol style="list-style-type: none"> 1. fluid shift 2. fluid remobilization <p>C. Cardiac Function Changes Resulting from Burn Injury</p> <p>D. Pulmonary Changes Resulting from Burn Injury</p> <p>E. GI Changes</p> <p>F. Metabolic</p> <p>G. Immunologic</p> <p>H. Compensatory Responses</p> <ol style="list-style-type: none"> 1. inflammatory 2. SNS <p>II. Etiology of Burn Injury</p> <p>A. Dry/Moist/Contact/Chemical/Electrical/Radiation</p> <p>B. Incidence/Prevalence</p> <p>III. Health Promotion</p> <p>A. Primary</p> <p>B. Secondary</p> <p>C. Tertiary</p> <p>IV. Legal / Ethical Issues</p> <p>V. Utilization of the Nursing Process: Emergent Phase of Burn Injury (0-48^h/Resuscitative Period)</p> <p>A. Assessment</p> <ol style="list-style-type: none"> 1. Gordon's Functional Health Patterns 2. collaborative data 3. history / physical assessment 4. clinical manifestations 5. laboratory/radiographic 6. respiratory <ol style="list-style-type: none"> a. direct airway injury b. carbon monoxide poisoning c. thermal d. smoke poisoning e. pulmonary fluid overload (escharotomy) 7. cardiovascular 8. renal/urinary 9. integumentary <ol style="list-style-type: none"> a. TBSA b. Rule of Nines 10. gastrointestinal <p>B. Analysis</p> <ol style="list-style-type: none"> 1. Common NANDA <ol style="list-style-type: none"> a. decreased cardiac output b. fluid volume deficit c. ineffective tissue perfusion d. ineffective breathing patterns e. acute/chronic pain 2. Primary Collaborative Problems <p>Continues on next page ...</p>	<p style="text-align: center;">Lecture</p> <p style="text-align: center;">Power Point Presentation Handout</p> <p style="text-align: center;">Self-Assessment Questions www.wbsaunders.com/simon</p> <p style="text-align: center;">Evidence-Based Practice Discussion: "What is the best donor site dressing?" Ignatavicius, 4th Edition, p. 1579</p>

NURSING IV - COURSE OUTLINE

MEDICAL/SURGICAL COMPONENT

UNIT 12: CARE OF THE PATIENT WITH BURNS PAGE 2 OF 4

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
<p>13. Explain the positioning and range of motion interventions for the prevention of mobility problems in the patient with burns.</p> <p>14. Prioritize nursing care for the client during the rehabilitation phase of burn injury.</p> <p>15. Discuss the potential psychosocial problems associated with burn injury.</p>	<p>C. Planning (NOC) Expected Outcomes for Decreased Cardiac Output, Deficient Fluid Volume, and Ineffective Tissue Perfusion</p> <ol style="list-style-type: none"> 1. restored cardiac output 2. VS WNL 3. O₂ sat >93% 4. pH WNL <p>D. Implementation (NIC)</p> <ol style="list-style-type: none"> 1. Non-surgical <ol style="list-style-type: none"> a. fluid resuscitation volume b. IV therapy c. plasma exchange d. drug therapy e. fluid monitoring f. fluid management <ol style="list-style-type: none"> 1) 24° formulas 2. Surgical <ol style="list-style-type: none"> a. escharotomy b. fasciotomy <p>E. Nursing Actions/Responsibilities</p> <ol style="list-style-type: none"> 1. Evaluation of NOC <p>VI. Potential for Pulmonary Edema/ARDS</p> <p>A. Ineffective Breathing Patterns</p> <ol style="list-style-type: none"> 1. Acute pain / chronic pain 2. Anxiety reduction 3. Potential for acute respiratory distress 4. Potential pulmonary edema <p>B. Planning NOC Expected Outcomes</p> <ol style="list-style-type: none"> 1. PaO₂ 2. PaCO₂ 3. arterial pH WNL 4. free of complications of ARDS/pulmonary edema <p>C. Nursing Interventions</p> <ol style="list-style-type: none"> 1. Non-Surgical Management <ol style="list-style-type: none"> a. airway maintenance b. promotion of ventilation c. monitoring gas exchange d. oxygen therapy/ventilator/ARDS e. drug therapy f. positioning and deep breathing g. complementary and alternative therapy h. environmental manipulation 2. Surgical Management <ol style="list-style-type: none"> a. chest tubes b. tracheostomy c. debridement d. anesthesia <p>D. Evaluation: NOC</p> <ol style="list-style-type: none"> 1. reported pain is alleviated/reduced 2. ABG's WNL <p>VII. Advanced Nursing Care in the Acute Phase of Burn Injury (48° - 72° and beyond)</p> <p>A. Assessment</p> <ol style="list-style-type: none"> 1. neuroendocrine 2. immunologic 3. musculoskeletal 4. infectious agents <p>Continues on next page ...</p>	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 12:
 CARE OF THE PATIENT WITH BURNS
 PAGE 3 OF 4

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<p>B. NANDA</p> <ol style="list-style-type: none"> 1. impaired skin integrity 2. risk for infection 3. nutrition 4. impaired mobility 5. disturbed body image <p>C. Planning/NOC</p> <ol style="list-style-type: none"> 1. no further skin loss 2. restored skin integrity <p>D. Implementation</p> <ol style="list-style-type: none"> 1. Non-surgical management <ol style="list-style-type: none"> a. mechanical/enzymatic debridement b. standard wound dressings c. biologic dressings d. synthetic dressings 2. Surgical management <ol style="list-style-type: none"> a. surgical excision b. wound covering <p>E. Evaluation of NOC</p> <p>VIII. Care of the Burn Patient at High Risk for Infection</p> <p>A. NANDA</p> <ol style="list-style-type: none"> 1. Risk for infection <p>B. NOC</p> <ol style="list-style-type: none"> 1. Patient to remain free of infection by cross contamination and not experience septicemia <p>C. NIC</p> <ol style="list-style-type: none"> 1. Non-surgical <ol style="list-style-type: none"> a. drug therapy b. isolation therapy c. environmental manipulation d. secondary prevention e. early detection 2. Surgical management <ol style="list-style-type: none"> a. surgical excision <p>D. Evaluation</p> <p>IX. Care of the Burn Patient with Imbalanced Nutrition: Less Than Body Requirements</p> <p>A. NANDA</p> <ol style="list-style-type: none"> 1. Impaired physical mobility 2. Disturbed body image <p>B. NOC</p> <ol style="list-style-type: none"> 1. Evidence of maintenance of normal body weight 2. Serum alb. WNL 3. Tissue healing <p>C. NIC</p> <ol style="list-style-type: none"> 1. Calculation of patient's current daily metabolic needs and requirements 2. High caloric/high protein 3. Enteral feedings 4. Positioning/ROM/ambulation/pressure dressings 5. assist patients with body image disturbance/ decision making/independent activities <p>D. Evaluation of NOC</p> <p>Continues on next page ...</p>	

NURSING IV - COURSE OUTLINE
MEDICAL/SURGICAL COMPONENT

UNIT 12:
CARE OF THE PATIENT WITH BURNS
PAGE 4 OF 4

CLASS OBJECTIVES	CLASS CONTENT	TEACHING STRATEGY
	<ul style="list-style-type: none">X. Advanced Nursing Care/Concepts: Rehabilitative Phase of Burn Injury<ul style="list-style-type: none">A. NANDA<ul style="list-style-type: none">1. body image2. self careB. NIC<ul style="list-style-type: none">1. normalization promotion2. self awareness enhancement3. electrolyte management4. skin surveillance5. skin care: topical treatmentsC. Evaluation (NOC)	