



**NUR 1529**

# Transfer Packet

Dear Transfer Student,

Thank you for your interest in our nursing program. Please ensure that you have met all documentation requirements required by the Nursing Program Director BEFORE seeking and/or scheduling any exams through the Nursing Campus Laboratory. All testing (including retesting) must be completed on or before the designated deadline.

This packet was developed to assist in preparing for the various testing that you will need to complete prior to entry into our program. All students seeking to transfer/readmit will be required to purchase a lab kit prior to attending any faculty demonstration(s), independent practice or scheduled student demonstrations. Proof of purchase will be required. Hard copies of this packet may be obtained from the Nursing and Simulation Lab Coordinator office during regular lab hours.

You will be tested over the following:

- Dosage calculation (see section on Math Competency):
  - 20 item exam, to include medication labels
  - students will be given four (4) attempts to attain a 95% competency (different exams will be administered)
  - testing will be administered through the OCCC Test Center at your convenience during regular hours of operation. You will need a photo ID to access the Test Center
  
- Psychomotor Skills (see section on Skills Demonstration):
  - students will be evaluated on:
    - urinary catheterization
    - physical assessment
    - initiation of an intravenous access (IV start)
    - insulin preparation
    - intravenous medication administration by push method
    - insertion/removal of a nasogastric tube
  - students will have two (2) opportunities to demonstrate proficiency; second attempts will be videotaped and evaluated by two additional faculty members
  
- Theory (see Theory Learning Objectives section):
  - 100 questions each exam (covering Medical-Surgical and OB theory learning objectives to include dosage calculation problems)
  - students will have one (1) attempt to achieve a minimum score of 74% on EACH exam (Medical-Surgical and OB)
  - examination dates will be posted on the Nursing Campus Laboratory webpage calendar
  - If you have any questions, please do not hesitate to contact me.

Sincerely,

Cindy

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# Theory Learning Objectives

## **NURSING PROCESS II – NUR 1529- 9 credit hours**

### **Course Objectives**

The following objectives serve to communicate the learning expectations of the course and the essential knowledge required to meet course outcomes. The relationship of the course objectives to the four program educational outcomes, quality and safety competencies, four major client needs and professional role expectations is shown through utilization of the following legend:

#### **Quality and Safety Competencies (QSEN)**

1. Client-centered care
2. Teamwork and collaboration
3. Evidence-based practice
4. Quality improvement
5. Safety
6. Informatics

#### **Four Major Client Needs (NCLEX)**

1. Safe and effective care environment
2. Health promotion and maintenance
3. Physiological integrity
4. Psychosocial integrity

## Professional Role Expectations

Objective #	NURSING PROCESS II (NUR 1529) Course Objectives	Associated Program Educational Outcomes/Course Outcomes
1	Analyze how the organizing framework for the curriculum underscores safe, quality care for clients with common medical-surgical health alterations and the childbearing family.	1, 2, 3, 4
2	Examine the importance of partnered relationships with clients to safe, cost-effective and coordinated care.	2, 4
3	Recognize the influences of client culture, ethnicity, values and preferences when providing client-centered care for those with common medical-surgical health alterations and the childbearing family.	2, 3
4	Utilize the nursing process and clinical reasoning with increasing proficiency to meet the multi-dimensional needs of clients in assigned complex healthcare systems.	2, 3
5	Utilize effective communication skills/techniques to promote safe, quality client-centered care in assigned clinical experiences.	1, 2
6	Incorporate teaching and learning skills and techniques to meet the multi-dimensional needs of clients in assigned healthcare systems.	2, 3
7	Develop appropriate health promotion and maintenance nursing interventions for clients at risk for or experiencing the specified health alterations and the child-bearing family.	2, 3
8	Discover strategies for improving teamwork and collaboration when providing care for clients in assigned complex healthcare systems	1, 2
9	Relate evidence-based practice principles to safe, quality client-centered care.	1
10	Identify nursing roles and responsibilities which contribute to continuous quality improvement within complex healthcare systems, including technological resources.	4
11	Discover nursing roles and responsibilities that contribute to a culture of safety in complex healthcare systems.	3, 4
12	Demonstrate competency in conversions and calculating medication dosages as specified in the NUR 1529 Medication Administration Competency Plan.	1, 3, 4
13	Distinguish basic information regarding uses, considerations, and clinical safety implications for pharmacological therapies appropriate for specified physiological and psychosocial health alterations.	1, 3, 4
14	Provide safe, quality nursing care that promotes and supports optimal physiological and psychosocial integrity for clients experiencing specified health alterations and for the childbearing family.	1, 3
15	Perform safely and effectively, according to given standards, all specified nursing skills as well as those included in the previous nursing course.	1, 3, 4
16	Act in accordance with an increasing understanding of professional role expectations, incorporating the values, ethics, legalities, and standards for safe, quality nursing care.	4

**NURSING PROCESS II (NUR 1529)**  
**Medical-Surgical Unit Objectives**

Objective #	Perioperative Client
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for perioperative clients, including: <ol style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ol>
2	Examine the importance of a client's preferences, values and needs when planning care for perioperative clients.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client centered care for perioperative clients.
4	Examine ways to apply effective communication skills/techniques when providing care for perioperative clients.
5	Develop appropriate client teaching for perioperative clients related to: <ol style="list-style-type: none"> <li>a. Care in Perioperative phases</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ol>
6	Determine specific health promotion and maintenance needs for perioperative clients related to: <ol style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ol>
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Discuss potential ways technology can be utilized to improve the quality and safety of care for perioperative clients.
9	Determine ways to enhance client safety as it applies to: <ol style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills.</li> </ol>
10	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for perioperative clients.
11	Examine professional role expectations that apply to care of clients experiencing the specified health alterations. <ol style="list-style-type: none"> <li>a. Accountability</li> <li>b. Regulatory Frameworks</li> <li>c. Legal and Ethical Parameters</li> </ol>

	<ul style="list-style-type: none"> <li>d. Evidence Based Practice</li> <li>e. Standards of Practice</li> <li>f. Quality Improvement</li> <li>g. Informatics</li> </ul>
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<b>Alterations In Circulation/Perfusion</b>	
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Hypertension (HTN)</li> <li>B. Atherosclerosis</li> <li>C. Peripheral Artery Disease (PAD)</li> <li>D. Superficial Vein Thrombosis (SVT)</li> <li>E. Venous thromboembolism (VTE)</li> <li>F. Varicosities</li> <li>G. Hyperlipidemia/Hypercholesterolemia</li> </ul>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client centered care for clients experiencing the specified health alterations.
4	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. The client's specific health alteration/s</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health alterations.
8	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills.</li> </ul>

9	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
10	Examine professional role expectations that apply to care of clients experiencing the specified health alterations. <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> <li>d. Quality Improvement</li> </ul>

<b>Alterations In Acid/Base and Fluid/Electrolyte Balance</b>	
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Hyponatremia</li> <li>B. Hypernatremia</li> <li>C. Hypokalemia</li> <li>D. Hyperkalemia</li> <li>E. Respiratory Acidosis</li> <li>F. Respiratory Alkalosis</li> <li>G. Metabolic Acidosis</li> <li>H. Metabolic Alkalosis</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including: <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.
3	Develop appropriate client teaching for clients experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. The client's specific health alteration/s</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Pharmacological considerations</li> </ul>
4	Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> </ul>
5	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills.</li> </ul>
6	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
7	Examine professional role expectations that apply to care of clients experiencing the specified health alterations. <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> </ul>

Objective #	<p style="text-align: center;"><b>Alterations In Bowel Elimination</b></p> <p>A. Gastric Esophageal Reflux Disease (GERD)            B. Peptic Ulcer            C. Cholelithiasis            D. Bowel Obstruction            E. Paralytic Ileus            F. Diverticulitis            G. Appendicitis            H. GI Bleed            I. Peritonitis            J. Hernia            K. Bariatric Surgery</p>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ol style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ol>
2	<p>Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client centered care for clients experiencing the specified health alterations.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.</p>
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>a. The client's specific health alteration/s</li> <li>b. Diagnostic testing</li> <li>c. Nutritional needs</li> <li>d. Pain management/comfort needs</li> <li>e. Developmental and age-related changes</li> <li>f. Psychosocial needs</li> <li>g. Pharmacological considerations</li> </ol>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ol>
7	<p>Determine ways to enhance client safety as it applies to:</p> <ol style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills.</li> </ol>
8	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.</p>
9	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations.</p> <ol style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> </ol>

Objective #	<p style="text-align: center;"><b>Alterations In Bowel Elimination</b></p> <p>L. Gastric Esophageal Reflux Disease (GERD)  M. Peptic Ulcer  N. Cholelithiasis  O. Bowel Obstruction  P. Paralytic Ileus  Q. Diverticulitis  R. Appendicitis  S. GI Bleed  T. Peritonitis  U. Hernia  V. Bariatric Surgery</p>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ul style="list-style-type: none"> <li>f. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>g. Prioritize appropriate nursing diagnosis.</li> <li>h. Plan appropriate goals and outcomes.</li> <li>i. Select and prioritize interventions (including caring interventions).</li> <li>j. Evaluate effectiveness of care.</li> </ul>
2	<p>Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client centered care for clients experiencing the specified health alterations.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.</p>
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>h. The client's specific health alteration/s</li> <li>i. Diagnostic testing</li> <li>j. Nutritional needs</li> <li>k. Pain management/comfort needs</li> <li>l. Developmental and age-related changes</li> <li>m. Psychosocial needs</li> <li>n. Pharmacological considerations</li> </ul>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>d. Developmental and age-related changes</li> <li>e. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>f. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>e. A non-complicated client</li> <li>f. Complication prevention</li> <li>g. Complication interventions</li> <li>h. Performance of nursing skills.</li> </ul>
8	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.</p>
9	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations.</p> <ul style="list-style-type: none"> <li>d. Accountability</li> <li>e. Evidence Based Practice</li> <li>f. Standards of Practice</li> </ul>

Objective #	Nursing Practice in a Culture of Safety
1	Use the Nursing Process, including clinical reasoning skills, to promote a culture of safety, including: <ul style="list-style-type: none"> <li>a. Assessment of risk</li> <li>b. Planning</li> <li>c. Interventions</li> <li>d. Evaluation</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care.
3	Identify the influences of the caregivers: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care.
4	Examine ways to apply effective communication skills/techniques when providing care.
5	Develop appropriate client teaching to promote a culture of safety.
6	Discuss strategies to promote a culture of safety.
7	Investigate the barriers to implementing a client safety system.
8	Identify barriers and propose specific strategies to empower clients and families as partners in care.
9	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
10	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients.
11	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. Healthcare Cultures</li> <li>b. Healthcare Systems</li> <li>c. Diversity of Healthcare Disciplines</li> <li>d. Transference of Care</li> <li>e. Staff Movement Throughout Healthcare Facility</li> </ul>
12	Examine factors in medication administration <ul style="list-style-type: none"> <li>a. Factors that contribute to medication errors</li> <li>b. Reporting of errors</li> <li>c. Methods to improve the safety of medication administration</li> </ul>
13	Examine professional role expectations related to: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Regulatory Frameworks</li> <li>c. Legal and Ethical Parameters</li> <li>d. Quality Improvement</li> <li>e. Evidence Based Practice</li> <li>f. Standards of Practice</li> <li>g. Informatics</li> <li>h. Life-long Learning</li> </ul>

Objective #	Nursing Practice in a Culture of Safety
1	Use the Nursing Process, including clinical reasoning skills, to promote a culture of safety, including: <ul style="list-style-type: none"> <li>e. Assessment of risk</li> <li>f. Planning</li> <li>g. Interventions</li> <li>h. Evaluation</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care.
3	Identify the influences of the caregivers: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care.
4	Examine ways to apply effective communication skills/techniques when providing care.
5	Develop appropriate client teaching to promote a culture of safety.
6	Discuss strategies to promote a culture of safety.
7	Investigate the barriers to implementing a client safety system.
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13	Examine professional role expectations related to: <ul style="list-style-type: none"> <li>i. Accountability</li> <li>j. Regulatory Frameworks</li> <li>k. Legal and Ethical Parameters</li> <li>l. Quality Improvement</li> <li>m. Evidence Based Practice</li> <li>n. Standards of Practice</li> <li>o. Informatics</li> <li>p. Life-long Learning</li> </ul>

Objective #	Alterations In Activity/Mobility
1	<p>A. Rheumatoid Arthritis            B. Fractures            C. Back Pain            D. Herniated Disc            E. Amputation            F. Osteomyelitis            G. Gout            H. Lupus            I. Joint Replacement</p> <p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ol style="list-style-type: none"> <li>Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>Prioritize appropriate nursing diagnosis.</li> <li>Plan appropriate goals and outcomes.</li> <li>Select and prioritize interventions (including caring interventions).</li> <li>Evaluate effectiveness of care.</li> </ol>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.
3	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.
4	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>The client's specific health alteration/s</li> <li>Diagnostic testing</li> <li>Pain management/comfort needs</li> <li>Developmental and age-related changes</li> <li>Psychosocial needs</li> <li>Community resources</li> <li>Home care needs</li> <li>Pharmacological considerations</li> </ol>
5	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>Developmental and age-related changes</li> <li>Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> </ol>
6	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
7	<p>Determine ways to enhance client safety as it applies to:</p> <ol style="list-style-type: none"> <li>A non-complicated client</li> <li>Complication prevention</li> <li>Complication interventions</li> <li>Performance of nursing skills.</li> </ol>
8	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
9	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations.</p> <ol style="list-style-type: none"> <li>Accountability</li> <li>Evidence Based Practice</li> <li>Standards of Practice</li> </ol>

Objective #	<p style="text-align: center;"><b>Alterations In Sensory Function</b></p> <p>A. Glaucoma            B. Cataracts            C. Retinal Detachment            D. Meniere’s Disease            E. Otitis Media            F. Eye Trauma            G. Macular Degeneration</p>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	<p>Examine the importance of a client’s preferences, values and needs when planning care for clients experiencing the specified health alterations.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health alterations.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.</p>
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. The client’s specific health alteration/s</li> <li>b. Diagnostic testing</li> <li>c. Nutritional needs</li> <li>d. Pain management/comfort needs</li> <li>e. Developmental and age-related changes</li> <li>f. Psychosocial needs</li> <li>g. Community resources</li> <li>h. Home care needs</li> <li>i. Pharmacological considerations</li> </ul>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	<p>Examine strategies for improving client outcomes though teamwork and collaboration between healthcare team members to include transitional care/discharge planning.</p>
8	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills.</li> </ul>
9	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.</p>
10	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations.</p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> </ul>

Objective #	<p style="text-align: center;"><b>Alterations In Urinary Elimination</b></p> <p>A. Pyelonephritis B. Benign Prostatic Hypertrophy C. Renal Calculi D. Erectile Dysfunction</p>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ol style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ol>
2	<p>Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health alterations.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.</p>
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>a. The client's specific health alteration/s</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Home care needs</li> <li>g. Pharmacological considerations</li> </ol>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ol style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ol>
7	<p>Determine ways to enhance client safety as it applies to:</p> <ol style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills</li> </ol>
8	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.</p>
9	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations.</p> <ol style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> <li>d. Quality Improvement</li> </ol>

**NURSING PROCESS II (NUR 1529)**  
**OB Unit Objectives**

<b>Objective #</b>	<b>Introduction to Perinatal Nursing and Review of Fetal Development</b>
	<ul style="list-style-type: none"> <li>A. Trends in Perinatal Healthcare</li> <li>B. Maternal and Infant Mortality Rates</li> <li>C. Health Disparities</li> <li>D. Reproductive Ethics</li> <li>E. Standards of Practice</li> <li>F. Legal Issues</li> <li>G. Evidence Based Practice</li> <li>H. Professional Role Expectations</li> <li>I. Genetics</li> </ul>
1	Relate how the specific topics influence and impact perinatal healthcare.
2	Examine the importance of a client's preferences, values and needs when planning care for perinatal clients.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered perinatal care.
4	Examine ways to apply effective communication skills/techniques when providing perinatal care.
5	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
6	Discuss potential ways technology can be utilized in perinatal healthcare.
7	Describe the menstrual cycle, conception, embryo and fetal development, the placenta, membranes, amniotic fluid, umbilical cord, and fetal circulation.

<b>Objective #</b>	<b>Antepartum Phase</b>
	<ul style="list-style-type: none"> <li>A. Preconception</li> <li>B. Presumptive/ Probable/ Positive Signs of Pregnancy</li> <li>C. Physiologic Progression of Pregnancy</li> <li>D. Prenatal Care</li> <li>E. Routine Lab Work</li> <li>F. Nutritional Considerations</li> <li>G. Maternal Adaptation to Pregnancy</li> <li>H. Support System Adaptation to Pregnancy</li> <li>I. Planning for Birth</li> </ul>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for the antepartum client, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for antepartum clients.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered antepartum care.

4	Examine ways to apply effective communication skills/techniques when providing antepartum care.
5	Develop appropriate client teaching for the antepartum client related to: <ul style="list-style-type: none"> <li>a. The client's specific health concerns</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
6	Determine specific health promotion and maintenance needs for the antepartum client related to: <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> </ul>
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Performance of nursing skills</li> </ul>
9	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for antepartum clients.
10	Examine professional role expectations that apply to care of antepartum clients, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Legal and ethical parameters</li> <li>d. Standards of practice</li> <li>e. Evidence based practice</li> </ul>
11	Determine and interpret the estimated date of delivery (EDD).

<b>Antepartal Screening and Diagnostic Tests</b>	
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Ultrasonography</li> <li>B. Amniocentesis</li> <li>C. Alpha-fetoprotein Testing/Multiple Marker Screen</li> <li>D. Non-stress Test</li> <li>E. Contraction Stress Test</li> <li>F. Biophysical Profile/Amniotic Fluid Index</li> <li>G. Fetal Kick Count</li> <li>H. Group Beta Strep</li> <li>I. Additional Screenings and Tests</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients undergoing antepartal screening and diagnostic tests, including: <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients undergoing antepartal screening and diagnostic tests.

3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients undergoing antepartal screening and diagnostic tests.
4	Examine ways to apply effective communication skills/techniques when providing care for clients undergoing antepartal screening and diagnostic tests.
5	Develop appropriate client teaching for clients undergoing antepartal screening and diagnostic tests related to: <ul style="list-style-type: none"> <li>a. The specific antepartal screening and/or diagnostic test</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Pharmacological considerations</li> </ul>
6	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
7	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients undergoing antepartal screening and diagnostic tests.
8	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills.</li> </ul>
9	Examine professional role expectations that apply to care of clients undergoing antepartal screening and diagnostic tests, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Standards of practice</li> <li>d. Evidence based practice</li> </ul>

	<b>High-Risk Antepartum</b>
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Specific Health Alterations:</li> <li>B. Preterm Labor</li> <li>C. Diabetes</li> <li>D. Hypertensive Disorders of Pregnancy</li> <li>E. Hyperemesis Gravidarum</li> <li>F. Placental Abnormalities/ Hemorrhagic Complications</li> <li>G. Infections</li> <li>H. Pregestational Complications</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including: <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.

3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health alterations.
4	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.
5	Develop appropriate client teaching for clients experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. The client's specific health alteration/s</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
6	Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health alterations.
9	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills.</li> </ul>
10	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
11	Examine professional role expectations that apply to care of clients experiencing the specified health alterations, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Standards of practice</li> <li>d. Evidence based practice</li> <li>e. Quality improvement</li> <li>f. Life-long learning</li> <li>g. Informatics</li> </ul>

Objective #	<p style="text-align: center;"><b>Intrapartum Phase</b></p> <ul style="list-style-type: none"> <li>A. 4 P's</li> <li>B. Premonitory Signs of Labor</li> <li>C. True vs. False Labor</li> <li>D. Nulliparous vs. Parous Women</li> <li>E. Labor Admission</li> <li>F. First Stage of Labor (including all 3 phases)</li> <li>G. Second Stage of Labor</li> <li>H. Third Stage of Labor</li> <li>I. Fourth Stage of Labor</li> <li>J. Non-pharmacological Pain Management</li> <li>K. Pharmacological Pain Management</li> <li>L. Epidural</li> </ul>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	<p>Examine the importance of a client's preferences, values and needs when planning care for intrapartum clients.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for intrapartum clients.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for intrapartum clients.</p>
5	<p>Develop appropriate client teaching for intrapartum clients related to:</p> <ul style="list-style-type: none"> <li>a. Client's specific health concerns</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
6	<p>Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.</p>
7	<p>Discuss potential ways technology can be utilized to improve the quality and safety of care for intrapartum clients.</p>
8	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills <ul style="list-style-type: none"> <li>i. Fetal Heart Rate Monitoring</li> <li>ii. Sterile Vaginal Exam</li> </ul> </li> </ul>
9	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for intrapartum clients.</p>
10	<p>Examine professional role expectations that apply to care of intrapartum clients, including:</p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> </ul>

	<ul style="list-style-type: none"> <li>c. Regulatory frameworks</li> <li>d. Legal and ethical parameters</li> <li>e. Standards of practice</li> <li>f. Evidence based practice</li> <li>g. Quality improvement</li> <li>h. Informatics</li> </ul>
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	<b>High Risk Intrapartum</b>
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Dysfunctional Labor</li> <li>B. Precipitous Labor/Delivery</li> <li>C. Induction/Augmentation</li> <li>D. Amniotomy</li> <li>E. Operative Vaginal Delivery</li> <li>F. Episiotomy</li> <li>G. Shoulder Dystocia</li> <li>H. Prolapsed Umbilical Cord</li> <li>I. Uterine Rupture</li> <li>J. Amniotic Fluid Embolism</li> <li>K. Vaginal Birth After Cesarean Section</li> <li>L. Cesarean Birth</li> </ul>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health topics, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health topics.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health topics.
4	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health topics.
5	<p>Develop appropriate client teaching for clients experiencing the specified health topics related to:</p> <ul style="list-style-type: none"> <li>a. The client's specific health status</li> <li>b. Pain management/comfort needs</li> <li>c. Psychosocial needs</li> <li>d. Pharmacological considerations</li> </ul>
6	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
7	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health topics.
8	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills.</li> </ul>
9	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health topics.

10	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations, including:</p> <ol style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Regulatory frameworks</li> <li>d. Legal and ethical parameters</li> <li>e. Standards of practice</li> <li>f. Evidence based practice</li> <li>g. Quality improvement</li> <li>h. Informatics</li> </ol>
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Objective #	<p style="text-align: center;"><b>Postpartum Phase and High Risk Postpartum</b></p> <p>A. Physiological Changes From 4<sup>th</sup> Stage of Labor Through Discharge            B. Maternal Adaptation            C. Family Adaptation            D. Bonding/ Contact/ Communication with Infant            E. Breastfeeding vs. Bottle Feeding            F. Discharge teaching            G. Postpartum Blues vs. Postpartum Depression            H. Postpartum Hemorrhage            I. Coagulation Disorders            J. Infection</p>
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2	<p>Examine the importance of a client's preferences, values and needs when planning care for the postpartum client.</p>
3	<p>Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for the postpartum client.</p>
4	<p>Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health topics.</p>
5	<p>Develop appropriate client teaching for postpartum clients related to:</p> <ol style="list-style-type: none"> <li>a. Client's specific health concerns</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ol>
6	<p>Determine specific health promotion and maintenance needs for postpartum clients related to:</p> <ol style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> </ol>

	c. Disease Prevention/ Health Screenings/ Early Treatment
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills</li> </ul>
9	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health topics.
10	Examine professional role expectations that apply to care of clients experiencing the specified health topics, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Standards of practice</li> <li>d. Evidence based practice</li> <li>e. Quality improvement</li> </ul>

	<b>The Newborn</b>
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Transition to Extrauterine Life</li> <li>B. Physiological Changes From Transition Through Discharge</li> <li>C. Reflexes</li> <li>D. Newborn Lab and Screening Tests</li> <li>E. Hypoglycemia</li> <li>F. Bilirubin Excretion</li> <li>G. Behavioral States</li> <li>H. Gestational Age</li> <li>I. Thermoregulation</li> <li>J. Infant Feeding</li> <li>K. Circumcision</li> <li>L. Newborn Care</li> <li>M. Discharge Teaching</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for newborns, including: <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care of newborns.
3	Identify the influences of client/family: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for newborns.
4	Develop appropriate client/family teaching for the newborn related to: <ul style="list-style-type: none"> <li>a. Family specific health concerns</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> </ul>

	<ul style="list-style-type: none"> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
5	<p>Determine specific health promotion and maintenance needs for newborn clients/families related to:</p> <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
6	<p>Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.</p>
7	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills</li> </ul>
8	<p>Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for newborns.</p>
9	<p>Examine professional role expectations that apply to the care of newborns, including:</p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Standards of practice</li> <li>d. Evidence based practice</li> <li>e. Quality improvement</li> <li>f. Informatics</li> </ul>

	<b>High Risk Newborn</b>
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Prematurity</li> <li>B. Postmaturity</li> <li>C. Large for Gestational Age</li> <li>D. Small for Gestational Age</li> <li>E. Respiratory Distress Syndrome</li> <li>F. Meconium Aspiration Syndrome</li> <li>G. Transient Tachypnea of the Newborn</li> <li>H. Hyperbilirubinemia</li> <li>I. Infections</li> <li>J. Substance Abuse</li> <li>K. Congenital Abnormalities</li> <li>L. Fetal Loss</li> </ul>
1	<p>Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:</p> <ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	<p>Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health topics.</p>

3	Identify the influences of client/family: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health alterations.
4	Examine ways to apply effective communication skills/techniques when providing care for clients/families experiencing the specified health alterations.
5	Develop appropriate family teaching when experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. Family specific health concerns</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
6	Determine specific health promotion and maintenance needs for clients/families experiencing the specified health alterations related to: <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health alterations.
9	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills</li> </ul>
10	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
11	Examine professional role expectations that apply to care of clients experiencing the specified health alterations, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Legal and ethical parameters</li> <li>d. Standards of practice</li> <li>e. Evidence based practice</li> <li>f. Quality improvement</li> <li>g. Informatics</li> </ul>

	<b>Sexually Transmitted Diseases</b>
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Chlamydia</li> <li>B. Gonorrhea</li> <li>C. Syphilis</li> <li>D. Herpes</li> <li>E. Trichomoniasis</li> <li>F. Human Papilloma Virus</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health alterations, including:

	<ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health alterations.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health alterations.
4	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health alterations.
5	<p>Develop appropriate client teaching for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. Details about the specific health alteration/s</li> <li>b. Pain management/comfort needs</li> <li>c. Developmental and age-related changes</li> <li>d. Psychosocial needs</li> <li>e. Community resources</li> <li>f. Home care needs</li> <li>g. Pharmacological considerations</li> </ul>
6	<p>Determine specific health promotion and maintenance needs for clients experiencing the specified health alterations related to:</p> <ul style="list-style-type: none"> <li>a. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>b. Disease Prevention/ Health Screenings/ Early Treatment</li> </ul>
7	<p>Determine ways to enhance client safety as it applies to:</p> <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills</li> </ul>
8	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health alterations.
9	<p>Examine professional role expectations that apply to care of clients experiencing the specified health alterations, including:</p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Evidence Based Practice</li> <li>c. Standards of Practice</li> <li>d. Quality improvement</li> <li>e. Informatics</li> </ul>

<b>Variations in Reproduction</b>	
<b>Objective #</b>	<ul style="list-style-type: none"> <li>A. Contraception Methods</li> <li>B. Sterilization</li> <li>C. Genetics</li> <li>D. Infertility</li> <li>E. Assistive Reproductive Technology</li> <li>F. Adoption</li> </ul>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health topics, including:

	<ul style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ul>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health topics.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health topics.
4	Develop appropriate client teaching for clients experiencing the specified health topics related to: <ul style="list-style-type: none"> <li>a. The client's specific health topic</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ul>
5	Determine specific health promotion and maintenance needs for clients experiencing the specified health topics related to: <ul style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> </ul>
6	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
7	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health topics.
8	Determine ways to enhance client safety as it applies to: <ul style="list-style-type: none"> <li>a. Complication prevention</li> <li>b. Complication interventions</li> <li>c. Performance of nursing skills</li> </ul>
9	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health topics.
10	Examine professional role expectations that apply to care of clients experiencing the specified health topics, including: <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Advocacy</li> <li>c. Legal and ethical parameters</li> <li>d. Standards of practice</li> <li>e. Evidence based practice</li> </ul>

Objective #	<p style="text-align: center;"><b>Women's Health Across the Lifespan</b></p> <p>A. Health Screenings            B. Menstrual Disorders            C. Chronic Pelvic Pain            D. Polycystic Ovarian Syndrome (PCOS)            E. Endometriosis            F. Infections (Pelvic Inflammatory Disease (PID), Bacterial Vaginosis (BV), Candidiasis)            G. Abortion            H. Ectopic Pregnancy            I. Adolescent Pregnancy            J. Menopause            K. Delayed Pregnancy            L. Hormone Replacement Therapy            M. Pelvic Floor Dysfunction</p>
1	Use the Nursing Process, including clinical reasoning skills, to develop a client-centered plan of care for clients experiencing the specific health topics, including: <ol style="list-style-type: none"> <li>a. Important assessment considerations, including physical and psychosocial assessment, history, and data interpretation when providing safe, quality care.</li> <li>b. Prioritize appropriate nursing diagnosis.</li> <li>c. Plan appropriate goals and outcomes.</li> <li>d. Select and prioritize interventions (including caring interventions).</li> <li>e. Evaluate effectiveness of care.</li> </ol>
2	Examine the importance of a client's preferences, values and needs when planning care for clients experiencing the specified health topics.
3	Identify the influences of client: ethnicity, spirituality, culture, and diverse values and preferences when providing client-centered care for clients experiencing the specified health topics.
4	Examine ways to apply effective communication skills/techniques when providing care for clients experiencing the specified health topics.
5	Develop appropriate client teaching for clients experiencing the specified health topics related to: <ol style="list-style-type: none"> <li>a. The client's specific health topic</li> <li>b. Nutritional needs</li> <li>c. Pain management/comfort needs</li> <li>d. Developmental and age-related changes</li> <li>e. Psychosocial needs</li> <li>f. Community resources</li> <li>g. Home care needs</li> <li>h. Pharmacological considerations</li> </ol>
6	Determine specific health promotion and maintenance needs for clients experiencing the specified health topics related to: <ol style="list-style-type: none"> <li>a. Developmental and age-related changes</li> <li>b. Wellness Promotion/ Self Care/ Lifestyle Choices/ High Risk Behaviors</li> <li>c. Disease Prevention/ Health Screenings/ Early Treatment</li> </ol>
7	Examine strategies for improving client outcomes through teamwork and collaboration between healthcare team members to include transitional care/discharge planning.
8	Discuss potential ways technology can be utilized to improve the quality and safety of care for clients experiencing the specified health topics.
9	Determine ways to enhance client safety as it applies to: <ol style="list-style-type: none"> <li>a. A non-complicated client</li> <li>b. Complication prevention</li> <li>c. Complication interventions</li> <li>d. Performance of nursing skills</li> </ol>

10	Identify specific pharmacological therapies (uses, considerations, and clinical safety implications) appropriate for clients experiencing the specified health topics.
11	Examine professional role expectations that apply to care of clients experiencing the specified health topics, including: <ul style="list-style-type: none"><li>a. Accountability</li><li>b. Advocacy</li><li>c. Regulatory frameworks</li><li>d. Legal and ethical parameters</li><li>e. Standards of practice</li><li>f. Evidence based practice</li></ul>

# Medical-Surgical Lab Objectives

## NURSING PROCESS II (NUR 1529)

### Medical-Surgical Lab Objectives

Objective #	<b>A. Intravenous Therapy (IV) Lab</b> Upon completion of this laboratory experience, students will be able to perform the following procedures correctly, based upon knowledge and application of current, relevant and evidence based practice.
1	List the major advantages and disadvantages of intravenous infusion therapy.
2	Identify complications related to intravenous infusion therapy
3	Identify appropriate action to take for specified complications related to intravenous therapy.
4	Discuss the importance of psychological preparation for the client undergoing IV therapy.
5	Review components of physical preparations for the client undergoing IV therapy in terms of safety, comfort and position.
6	List and describe each site that may be assessed and used for peripheral IV therapy.
7	Identify special considerations related to intravenous infusion therapy as it relates to elderly, pediatric and neonatal populations.
8	Distinguish between commonly used peripheral venous access devices.
9	List materials used to prepare and maintain the integrity of the infusion site.
10	Differentiate between the types of manual gravity control and electronic infusion devices used to regulate IV infusions
11	Review the components of the medical order for IV infusion therapy.
12	State the correct use of tourniquet for peripheral venous access in terms of indications, applications, and duration.
13	Assemble items required to initiate a primary peripheral IV infusion.
14	Demonstrate the following: <ul style="list-style-type: none"> <li>• How to set up a primary IV infusion</li> <li>• How to antiseptically prepare the skin prior to initiating intravenous access.</li> <li>• Methods of assessing a peripheral vein for infusion</li> <li>• Correct tourniquet placement in relation to site for IV infusion</li> <li>• Initiate intravenous access using over-the-catheter &amp; winged infusion set.</li> <li>• Method of dressing a peripheral IV site.</li> <li>• The correct method to connect and maintain an infusion line.</li> <li>• How to calculate drip rates.</li> <li>• Method to piggyback a secondary infusion to a primary IV line.</li> <li>• The correct method to discontinue an infusion line.</li> </ul>
15	Analyze the components of labeling, reporting, and documentation in the practice of peripheral infusion therapy.
16	Describe the features of the various primary and secondary administration sets and the accessory devices.
17	Explain how needle-less systems and needle-stick protection devices operate.

<b>Objective #</b>	<p><b>B. IV Push Objectives</b></p> <p>Upon completion of this laboratory experience, students will be able to perform the following procedures correctly, based upon knowledge and application of current, relevant and evidence based practice</p>
1	Define the process of IV drug absorption and distribution.
2	Analyze the nurse's role and responsibilities regarding the delivery of IV medications.
3	Identify the nurse's role in monitoring effectiveness of IV medication.
4	Identify special considerations related to IV push medication administration as it relates to elderly, pediatric and neonatal populations.
5	Discuss the importance of psychological preparation for the client undergoing IV push medication administration.
6	Review components of physical preparations for the client undergoing IV push medication administration in terms of safety, comfort and position.
7	Identify complications related to IV push meds.
8	Identify appropriate actions to take for specified complications related to IV push medications.
9	<p>Demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Review the components of the medical order for IV infusion therapy.</li> <li>• Correctly calculate medication dose</li> <li>• Access resources to determine if dilution is required and the appropriate length of time for administration.</li> <li>• Correct administration of IV meds through a saline lock/IV infusion.</li> </ul>
<b>Objective #</b>	<p><b>C. Venipuncture Objectives</b></p> <p>Upon completion of this laboratory experience, students will be able to perform the following procedures correctly, based upon knowledge and application of current, relevant research findings.</p>
1	List supplies used in a typical venipuncture procedure.
2	Identify the most appropriate sites for venipuncture.
3	Describe the process and time limits of tourniquet application.
4	Describe techniques to improve vein distension and palpation.
5	Describe the "order of draw" for blood collection tubes.
6	Discuss the importance of psychological preparation for the client undergoing venipuncture.
7	Review components of physical preparations for the client undergoing venipuncture in terms of safety, comfort and position.
8	Identify special considerations related to intravenous venipuncture as it relates to elderly, pediatric and neonatal populations.
9	Identify complications related to intravenous venipuncture.
10	Identify appropriate action to take for specified complications related to venipuncture.
11	<p>Demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Review the components of the medical order for IV infusion therapy.</li> <li>• Correct tourniquet placement in relation to site for venipuncture.</li> <li>• Perform correct technique of drawing blood using a vacutainer system, a syringe/needle, a butterfly/syringe, a butterfly/vacutainer system and a vacutainer/vacutainer needle.</li> </ul>
12	List the components necessary for proper specimen labeling.
13	Describe proper handling of blood tubes including those with additives/preservatives.

<b>Objective #</b>	<b>D. NG Tube Objectives</b> Upon completion of this laboratory experience, students will be able to perform the following procedures correctly, based upon knowledge and application of current, evidence based findings
1	Differentiate various types of NG tubes and their purposes.
2	Simulate appropriate client education before performing procedure.
3	Discuss the importance of psychological preparation for the client undergoing NG insertion.
4	Review components of physical preparations for the client undergoing NG insertion in terms of safety, comfort and position.
5	Identify special considerations related to NG insertion as it relates to elderly, pediatric and neonatal populations and bariatric clients.
6	Identify complications related to NG insertion.
7	Identify appropriate actions to take for specified complications related to NG insertion.
8	Demonstrate the following: <ul style="list-style-type: none"> <li>• Review the components of the medical order for NG tube placement.</li> <li>• Method of inserting and removing NG tubes.</li> </ul>

<b>NURSING PROCESS II (NUR 1529)</b> <b>OB Lab Objectives</b>	
During OB Lab students are expected to: <ul style="list-style-type: none"> <li>• Complete electronic fetal monitoring objectives</li> <li>• Actively participate in labor and delivery, postpartum, and newborn/breastfeeding lab activities</li> </ul>	
<b>Objective #</b>	<b>Electronic Fetal Monitoring</b>
1	Explain indication for, and modes of fetal and uterine monitoring, including placement of monitors.
2	Recognize and describe mechanisms of: fetal heart rate baseline, variability, accelerations, early, late and variable decelerations, and uterine activity.
3	Interpret electronic fetal monitoring (EFM) and describe nursing interventions, including intrauterine resuscitation, for fetal heart rate baseline, variability, accelerations, early, late and variable decelerations, and uterine activity.
4	Develop appropriate client teaching related to electronic fetal monitoring (EFM).
5	Examine professional role expectations applied to EFM including: accountability, standards of practice, evidence based practice, ethical/legal parameters, and informatics.
<b>Objective #</b>	<b>Labor and Delivery Lab Activities</b>
1	Identify roles of health team members present during simulated delivery.
2	Identify components, supplies, and equipment present during simulated delivery.
3	Experience normal progression of labor and delivery through simulation.
4	List critical components of assessment of the laboring client to prevent or minimize complications.

<b>Objective #</b>	<b>Postpartum Lab Activities</b>
1	Identify the critical elements for assessment of a postpartum woman.
2	Recognize normal and abnormal findings during physical exam of a woman during the first 48 hours postpartum.
3	Distinguish between normal and abnormal fundal assessments including appropriate nursing interventions.
4	Compare the techniques for performing a physical assessment on women who have delivered vaginally or by cesarean section.
<b>Objective #</b>	<b>Newborn/Breastfeeding Lab Activities</b>
1	Simulate newborn admission assessments and ongoing assessments.
2	Simulate newborn administration of medications, immunizations and lab screening.
3	Identify parent teaching for care of circumcision, umbilical cord stump, and diaper area.
4	Simulate newborn bath, positioning and other care activities.
5	Identify nursing interventions to assist breast and bottle feeding families.
6	Demonstrate knowledge of appropriate latch for breastfeeding infant.
7	Recognize assessment findings that may indicate problems with breastfeeding.
8	Demonstrate two positions for holding a baby during breastfeeding.
9	Identify the importance and components of a gestational age assessment.

# Skills Demonstration Information and Resources

## Instructions for Final Skills Demonstration

1. All re-demonstrations of skills will be scheduled one week from the original skills demonstration date but not later than the deadline set forth for entry into the program.
2. The re-demonstration will be videotaped and reviewed by two additional faculty members.
3. Students requiring a second evaluation are strongly encouraged to utilize all available resources prior to the second demonstration.
4. Appointments for re-demonstration of skills will be scheduled by the student, utilizing the Nursing Campus Laboratory webpage calendar.
5. Students will have a maximum of two (2) attempts to successfully demonstrate assigned skills.
6. Students will re-demonstrate the skill set in its entirety when retesting. Errors in performance not related to the first demonstration of the skill may be cause for failure during the re-demonstration.
7. Students may or may not re-demonstrate the same skill/skill set during the re-demonstration. On the day of re-demonstration, students will draw the skill they will perform.

## On the day of the skills demonstration:

1. Report to campus lab promptly on your scheduled day and time. Do not enter the lab until the faculty has directed you to do so. **NOTE:** *Students arriving late for their scheduled time will be sent home and will forfeit their first attempt to complete the assigned skill.*
2. Students are to come dressed in appropriate attire for the nursing campus laboratory (e.g. scrubs, closed toe shoes). Hair must be securely arranged out of your face. **NOTE:** *Students not dressed appropriately will be sent home and will forfeit their first attempt to complete the assigned skills.*
3. Leave all personal belongings at home. Personal items will not be allowed in the lab area during the final skills demonstration.
4. No food or drinks will be allowed in the lab.
5. Students will have 40 minutes to complete all skills.
6. You are expected to come prepared! Faculty will not be assisting you during the evaluation. (e.g. provide cues or answering positively/negatively to inquiries if the skill(s) are being done correctly)

## The skills to be covered/demonstrated are as follows:

- Insertion and removal of a nasogastric tube. \*Supplies available for practice and skills demonstration in the nursing lab.
- Initiating and intravenous access and IV therapy \*Bring your designated supplies
- Administering medication by intravenous push method. \*Bring your designated supplies \*\*Students should be familiar with the following medications, to include administration time, dilution and compatible solutions:
  - Morphine sulfate
  - Solu-Medrol® (methylprednisolone sodium succinate)
  - Lasix® (furosemide)
- Parenteral Medication Administration: Preparation and administration of parenteral medications \* Bring your designated supplies \*\* sites will be chosen for you \*\*\*client may be an adult, child or infant.

All students will demonstrate administration of parenteral medications. Please note the requirements include that the student be able to successfully complete all of the below:

- a) demonstrate mixing insulin, choosing appropriate equipment, administering a SC injection, etc.

- b) correctly calculate dosage from the written order
  - c) correctly draw up medications from a variety of containers
  - d) correctly locate the designated site (faculty will designate) by correctly identifying all associated anatomical landmarks.
  - e) safely performing the injection procedure
  - f) correctly disposing of all supplies
- Sterile Skill(s): Students must be prepared to do one of the following skills. Students will “draw” the catheterization procedure they are to perform on the day of the final skills demonstration.

All students will demonstration preparation of a sterile field, sterile gloving and catheterization of the male and/or female urinary bladder (straight cath or indwelling cath will be performed) *\*Bring your unopened straight cath kit; if you draw an indwelling cath, a kit will be provided for you*

### Instructions for Practice of Skills

- The Nursing Campus Lab #3 is available for students seeking transfer into our nursing program(s) for independent “practice” and supervised practice (as scheduled). Campus lab hours are posted on the Nursing Campus Lab webpage.
- The Nursing Lab Coordinator will post available times for faculty demonstration of each skill to the Nursing Campus Laboratory webpage/calendar. Faculty appointments may also be scheduled as necessary per availability of appointment times as posted. Recording of the skills demonstrations is prohibited.
- Faculty appointments and testing appointments are scheduled by the student through the Nursing Campus Laboratory calendar.

Important: You will need to bring your lab kit for practice; however, please keep all previously designated equipment for the final skills demonstration SEPARATE from your practice materials/supplies (this information is given out at the beginning of the semester)

When practicing:

- ✓ Review each procedure as outlined in procedural checklist and your current fundamentals textbook.
- ✓ Checklists for our adopted fundamentals textbook are available through the hyperlinks provided in this packet – however, they are a condensed listing of steps and are only to be used as a quick reference! Students are responsible for all steps to safely and correctly perform each skill. You will be held responsible for the required to maintain client and personal safety. Read each checklist carefully after you have attained them. You will be required to perform each skill in a similar manner. Minor variations from the procedures will be allowed if the safety of the client and the nurse have not been compromised. In addition, if you make an error during the evaluation you are encouraged to identify the error and any corrective action *at the point in which the error was committed*. This may prevent you from having to return for a second evaluation session. *However, repeated errors with or without correction by the student is cause for failure! Self-corrections AFTER the point in which the error was committed will not be accepted.*
- ✓ Additionally, students may be asked to provide rationales for the step/procedure they are doing during the skills demonstration. Be prepared to explain rationales.
- ✓ Utilize any assistance that the lab faculty or student instructor can provide (as available)!
- ✓ Consider videotaping yourself performing the skill.
- ✓ Look at your textbook FREQUENTLY for steps.
- ✓ Practice, practice, practice!



## Procedural Skills Checklists for Skills to be Evaluated in NUR1529

### Medication Guidelines/Steps to follow for all Medications (Regardless of Type or Route)

Instructions: This skills checklist will be utilized with all skills requiring the student to prepare and/or administer medications (all routes).

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. <i>First Check:</i> Checks medication order on MAR against physician's order (client name, identification number, medication, dose, route, time, and allergies).						
2. Follows agency policies for medication administration, including the time frame for medication administration. Most agencies allow medications to be given 30 minutes before or 30 minutes after the time indicated in the MAR.	<i>Not applicable for final skills demonstration.</i>					
3. Knows drug information, including drug action, purpose, recommended dosage, time of onset and peak action, common side effects, contraindications, drug interactions, and nursing implications.	<i>Not applicable for final skills demonstration.</i>					
4. Determines if medication dosage is appropriate for client's age and weight.	<i>Not applicable for final skills demonstration.</i>					
5. Identifies any special considerations for medication preparation and administration, such as can the medication be crushed or a capsule opened, or should medication be administered with food or on an empty stomach.	<i>Not applicable for final skills demonstration.</i>					
6. Checks expiration date of medication.						
7. <i>Second Check:</i> When preparing medication, verifies correct medication, dose, time, route, and expiration date.						
8. Calculates dosage accurately.						
9. Locks medication cart after removing medication.	<i>Not applicable for final skills demonstration.</i>					
10. <i>Third Check:</i> At the bedside, verifies correct client (using two methods of identification, including armband), medication, expiration date, dose, route, time, and presence of drug allergies.						
11. Remains with the client until sure he has taken the medication.	<i>Not applicable for final skills demonstration.</i>					
12. Does not leave medication unattended at bedside.	<i>Not applicable for final skills demonstration.</i>					

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
13. Reassesses for therapeutic and side effects.						
14. Teaches client about the medication as needed.	<i>Not applicable for final skills demonstration.</i>					
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Preparing Vials

Instructions: This skills checklist will be utilized with all skills requiring the student to prepare and/or administer medications that are available in a vial.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Prepares and administers medications according to "Medication Guidelines: Steps to Follow for All Medications."						
2. Maintains sterility during all steps.						
3. Recaps needles throughout, using a needle capping device or approved one-handed technique that has a low risk of contaminating the sterile needle (see Procedure Checklist: Recapping Needles Using One-Handed Technique).						
4. Mixes solution in vial, if needed, by gently rolling between hands.						
5. If using a multi-dose vial, places it on flat work surface and thoroughly cleans rubber top of vial with alcohol prep pad.						
6. Uncaps needle without touching needle tip or shaft; places needle cap on a clean surface or holds open side out between two fingers of non-dominant hand. <i>Or if using a vial access device, attaches the device to the syringe and removes the cap, maintaining sterility.</i>						
7. Draws air into the syringe equal to the amount of medication to be withdrawn.						
8. Maintaining sterility, inserts needle or vial access cannula into vial without coring (or uses a filter needle): a. Places the tip of the needle or vial access cannula in the middle of the rubber top of the vial with the bevel up at a 45°–60° angle. b. While pushing the needle or vial cannula device into the rubber top, gradually brings the needle upright to a 90° angle.						
9. With bevel of the needle above the fluid line, injects the air in the syringe into the air in the vial, not into the fluid.						
10. Inverts vial, keeps needle or vial access device in the medication, and slowly withdraws medication.						
11. Keeping needle or vial access device in vial, expels air bubbles from syringe back into the vial: a. Carefully stabilizes the vial and syringe and firmly taps the syringe below the air bubbles OR b. When the air bubbles are at the hub of the syringe, makes sure the syringe is vertical, and pushes the air OR						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
c. Withdraws additional medication if necessary to obtain the correct dose.						
12. When the dose is correct, withdraws needle or vial access device from vial at a 90° angle.						
13. Holds syringe upright at eye level when checking and rechecking medication dose.						
14. If using a filter needle, draws 0.2 mL of air into the syringe, measures medication, and ejects air, as directed in Procedure checklist.						
15. Recaps needle or injection cannula using needle recapping device or an approved one-handed method.						
16. If administering an irritating medication or if a vial access device or filter needle was used to draw up medication, changes the needle prior to administration.						
17. If needle must be changed, follows these steps: a. Holds syringe vertically and draws 0.2 mL of air into the syringe. Holds at eye level and rechecks measured dose. b. Removes filter (or other) needle and reattaches the "saved" (or other sterile) needle for administration c. Measures exact medication dose. Holds syringe vertically to expel all the air. d. If necessary to eject medication after ejecting air, tips the syringe horizontal to do so.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Mixing Medications from a Vial

Instructions: This skills checklist will be utilized with all skills requiring the student to mix medications from more than one vial. Strict aseptic technique must be observed when performing this skill. Critical behaviors are included in steps 1-7 and steps 15-17.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Prepares and administers medications according to "Medication Guidelines: Steps to Follow for All Medications."						
2. Checks compatibility of medications.						
3. Before beginning, determines total volume of all medications to be put in the syringe and whether that volume is appropriate for the administration site.						
4. Recaps needles throughout, using a needle capping device or approved one-handed technique that has a low risk of contaminating the sterile needle (see Procedure Checklist Chapter 23: Recapping Needles Using One-Handed Technique).						
5. Maintains sterility of needles and medication throughout the procedure.						
6. Avoids contaminating a multi-dose vial with a second medication.						
7. Cleanses tops of vials with alcohol prep pad (according to agency procedure).						
8. Places needle cap on opened, sterile alcohol wipe.						
9. Draws up same amount of air into syringe as the total medication doses for both vials ( <i>e.g., if the order is for 0.5 mL for Vial A and 1 mL for Vial B, draws up 1.5 mL of air</i> ).						
10. Maintaining sterility, inserts needle or vial access cannula into vial without coring (or uses a filter needle): <ol style="list-style-type: none"> <li>a. Places the tip of the needle or vial access cannula in the middle of the rubber top of the vial with the bevel up at a 45°–60° angle.</li> <li>b. While pushing the needle or vial cannula device into the rubber top, gradually brings the needle upright to a 90° angle.</li> </ol>						
11. Keeping the tip of the needle ( <i>or vial access device</i> ) above the medication, injects amount of air equal to the volume of drug to be withdrawn from the first vial ( <i>e.g., 0.5 mL for Vial A in step 9; then injects the rest of the air into the second vial</i> ).						
NOTE: <ul style="list-style-type: none"> <li>• If one vial is a multi-dose vial, injects air into the multiple-dose vial first.</li> <li>• If mixing two types of insulin, puts air into the long-acting insulin first.</li> </ul>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
12. <ol style="list-style-type: none"> <li>Without removing the needle (<i>or access device</i>) from the second vial, inverts the vial and withdraws the ordered amount of medication.</li> <li>Using correct technique expels any air bubbles and measures dose at eye level.</li> <li>Removes needle from vial and pulls back on the plunger enough to pull all medication out of the <i>needle (or access device)</i> into the syringe.</li> <li>Reads dose at eye level; holds syringe vertically to eject all air; tips syringe horizontally if any medication must be ejected.</li> </ol>						
13. <ol style="list-style-type: none"> <li>Inserts needle into first vial, inverts, and withdraws the exact ordered amount of medication, holding syringe vertical (when finished, the plunger should be at the line for the total/combined dose.</li> <li>Keeps index finger on the flange of the syringe to prevent it being forced back by pressure. Does not draw excess medication into the syringe.</li> <li>If excess medication is inadvertently drawn into syringe, recognizes error, discards the medication in the syringe, and starts over. (The "total" amount calculated initially should be in the syringe.)</li> </ol>						
14. If a filter needle or VAD was used, draws air into syringe to clear medication from needle and proceeds according to Technique 23-4 in Volume 2.						
15. Removes needle from vial and recaps needle, using needle capping device or approved one-handed scoop method.						
16. Places a new sterile needle on the syringe to be used to give the injection.						
17. Next holds syringe vertically and re-checks the dosage at eye level.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Initiating Intravenous Access or IV Therapy

Instructions: This skills checklist will be utilized with all skills requiring the student to initiate intravenous access or IV therapy.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Check physician's order for initiation of IV, IV solution order or saline lock. Clarify inconsistencies.						
2. Select proper fluid, check clarity and expiration date. Verify any allergies or incompatibilities.						
3. Gather all necessary supplies to include appropriate catheter size and length for client based on medical problem, solution flow rate and client condition.						
<i>Variation: Steps to use if preparing an IV solution and tubing for infusion of solution...</i>						
4-1. Prepare IV solution and tubing as ordered by: <ul style="list-style-type: none"> <li>a. comparing IV container with the MAR, removing outer wrapper, verifying expiration date. Scan bar code on container if necessary. Label administration set per facility guidelines.</li> <li>b. Open sterile packaging and IV solution, maintaining aseptic technique.</li> <li>c. Close roller clamp or side clamp of the IV administration. Invert the solution container and remove the cap from the entry port. Do not touch exposed entry port. Insert the administration set spike into the entry port using a gentle twisting and pushing motion; be careful not to puncture solution container.</li> <li>d. Hang solution container on the IV pole. Squeeze the drip chamber until solution level reaches at least halfway. Ensure drip chamber is not overfilled.</li> <li>e. Open the roller clamp and allow solution to move through the tubing (do slowly until proficient at this step to minimize air bubbles). Allow solution to move through the tubing until all air is removed (do not waste medication or solution). Maintain sterility, recap end of tubing.</li> </ul>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<i>Variation: Steps to use if saline locking the IV access...</i>						
4-2. Prepare the extension tubing: a. Open the extension tubing package. Attach end cap, if not in place. Cleanse end cap with alcohol wipe, insert syringe with normal saline into the extension tubing. Prime the extension tubing with normal saline, leave syringe attached to extension set. Place within reach. Ensure aseptic technique is used all times, sterile tips/parts are not contaminated.						
5. Perform hand hygiene and provide for privacy. Identify the client and provide rationale for as to why the initiation of IV is necessary. Verify any allergies to skin prep, medications, tape.						
6. Place client in supine or Fowler's position. Position client's arm below the level of the heart.						
7. Obtain all supplies and prepare as appropriate.						
8. Apply tourniquet to assess veins (remains on < 2 minutes) → Faculty: Document time tournament left in place in comments section						
9. Palpate suitable vein and/or instruct client to open and close fist several times.						
10. Release tourniquet if venipuncture will not be completed in 2 minutes.						
11. Cleanse site with chlorhexidine or according to facility policy. Do not wipe or blot. Do not touch the insertion after cleansing. Allow to dry completely.						
12. Put on clean disposable gloves; reapply tourniquet if it was removed						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<p>18. Perform venipuncture:</p> <ul style="list-style-type: none"> <li>a. hold skin below the insertion site taut, using thumb of non-dominant hand (without contaminating site or catheter) about 1-2 inches below the insertion site.</li> <li>b. Cue client to remain still during venipuncture.</li> <li>c. Insert the needle at a 10°-15° angle, bevel side up. Insert the catheter directly over the vein or from the side of the vein.</li> <li>d. Note a blood return, advance device into the vein until the hub is at the insertion site.</li> <li>e. occlude vein proximal to catheter</li> <li>f. dispose of needle in safe manner</li> </ul>						
19. Working quickly, remove cap from IV tubing or extension set; connect IV tubing or extension set to hub of IV catheter, using sterile technique.						
20. Open the clamp on the tubing, infusing fluids to assure patent line or flush extension set tubing.						
21. Apply transparent dressing or catheter securing/stabilizing device over venipuncture site. Avoid the connection between tubing and IV catheter hub.						
22. Loop tubing near the site of entry, anchor with tape. If extension set used: slide clamp into closed position and remove syringe.						
23. Label the IV site on the side of the dressing with date, time, needle gauge, and initials.						
<p>24. Preparing infusion:</p> <ul style="list-style-type: none"> <li>a. If initiating a IV infusion, cleanse access cap on the administration set. Insert the end of the administration set into the end cap. Loop administration set tubing near the insertion site and secure with tape.</li> </ul>						
25. Remove gloves.						
26. Open clamp of the administration set, set flow rate by releasing the roller clamp slowing and counting the drops in the drip chamber. Adjust the drip rate as needed by opening/closing the roller clamp.						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
Assess for signs of infiltration.						
27. Reposition or make client comfortable. Instruct client on reportable signs and symptoms. Lower the bed and place personal items within reach of the client.						
28. Document the procedure. Return to the bedside to monitor the insertion site, infusion and client condition.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Administering Medications by Intravenous Push (IVP) Method

(through an Intermittent Device/Saline Lock with IV Extension Tubing)

Instructions: This skills checklist will be utilized with all skills requiring the student to administer medications by intravenous push method or through an Intermittent Device/Saline Lock with IV Extension Tubing.

PROCEDURE STEPS	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Checks compatibility of the medication with the existing intravenous solution, if one is infusing.						
2. Determines rate of administration for the medication.						
3. Dilutes medication if needed.						
4. Prepares medication from vial or ampule						
5. Determines the amount of volume of any extension tubing attached to the access port.						
6. Dons procedure gloves and cleanses the injection port with chlorhexidine or facility approved antiseptic.						
7. Attaches flush syringe (insertion device, needle)						
8. Gently aspirates by pulling back on the plunger to check for a blood return.						
9. Does not administer medication unless patency of IV line can be established.  If blood is not returned, assesses patency by administering a small amount of the flush solution and monitoring for ease of administration, swelling at the IV site, or client complaint of discomfort at the site.						
10. If blood is returned, administers flush solution using a forward pushing motion on the syringe with a push-stop-push technique.						
11. Continuing to hold the injection port, removes flush syringe, cleanses port with chlorhexidine or facility approved antiseptic.and attaches medication syringe.						
12. Administers the medication in small increments (push-stop-push) over the correct time interval for the specific medication.						
13. Continuing to hold the injection port, removes medication syringe, cleanses port with chlorhexidine or facility approved antiseptic.and attaches flush syringe.						
14. Administers flush solution at the same rate as the medication was administered in Step 13, until all medication is cleared from the extension set, then administers the remainder of the flush solution at the "flush" rate.						
15. Uses positive pressure technique when removing syringe (continue to administer flush solution while withdrawing the syringe cannula from the injection port).  Follow equipment guidelines, some injection ports maintain positive pressure by removing the syringe and then closing the clamp. Others instruct the nurse to clamp the tubing and then remove the syringe.						

PROCEDURE STEPS	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
16. Properly disposes of used equipment.						
17. Continuing to hold the injection port, removes flush syringe, cleanses port with chlorhexidine or facility approved antiseptic and attaches medication syringe.						
18. Administers the medication in small increments (push-stop-push) over the correct time interval for the specific medication.						
19. Continuing to hold the injection port, removes medication syringe, cleanses port chlorhexidine or facility approved antiseptic and attaches flush syringe.						
20. Administers flush solution at the same rate as the medication was administered in Step 13, until all medication is cleared from the extension set, then administers the remainder of the flush solution at the "flush" rate.						
21. Uses positive pressure technique when removing syringe (continue to administer flush solution while withdrawing the syringe cannula from the injection port).  Follow equipment guidelines, some injection ports maintain positive pressure by removing the syringe and then closing the clamp. Others instruct the nurse to clamp the tubing and then remove the syringe.						
22. Properly disposes of used equipment.						
23. Continuing to hold the injection port, removes flush syringe, cleanses port with chlorhexidine or facility approved antiseptic and attaches medication syringe.						
24. Administers the medication in small increments (push-stop-push) over the correct time interval for the specific medication.						
25. Continuing to hold the injection port, removes medication syringe, cleanses port with chlorhexidine or facility approved antiseptic and attaches flush syringe.						
26. Administers flush solution at the same rate as the medication was administered in Step 13, until all medication is cleared from the extension set, then administers the remainder of the flush solution at the "flush" rate.						
27. Uses positive pressure technique when removing syringe (continue to administer flush solution while withdrawing the syringe cannula from the injection port).  Follow equipment guidelines, some injection ports maintain positive pressure by removing the syringe and then closing the clamp. Others instruct the nurse to clamp the tubing and then remove the syringe.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Inserting and Maintaining a Nasogastric Tube

Instructions: This skills checklist will be utilized with all skills requiring the student to insert and/or maintain a nasogastric tube.

PROCEDURE STEPS	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Verifies the healthcare provider order for the insertion of a NG tube.						
2. Perform hand hygiene and don personal protective equipment as indicated.						
3. Identify the client.						
4. Completes adequate assessment before procedure: any anatomy-altering surgical history?						
5. Explain the procedure to the client and provide rationale as to why the tube insertion is necessary. Provide any teaching indicated/required.						
6. Gather all equipment to include an appropriately sized NG tube.						
7. Provide for privacy; raise the client's bed to a comfortable working height.						
8. Assists client into a high Fowler's position. <u>Variations:</u> a. If the client is comatose, places the client into a semi-Fowler's position. Has a coworker help position the client's head for insertion. b. If the client is confused and combative, asks a coworker to assist with insertion.						
9. Measures tube length correctly: Measures from the tip of the nose to the earlobe, and from the earlobe to the xiphoid process. Marks the length with small piece of tape or indelible ink on the NG tube.						
10. Drapes a linen saver pad over the client's chest. Provide client with an emesis basin and tissue if appropriate.						
11. Cuts a 4-inch (10 cm) piece of hypoallergenic tape to secure tube after placement is confirmed, and one piece of tape to secure tube temporarily until placement is confirmed.						
12. Dons procedure gloves, if not done previously.						
13. Lubricates the distal 4 inches (10 cm) of the tube with a water-soluble lubricant.						
14. If the client is awake, alert, and able to swallow, hands him a glass of water with a straw.						
15. Selects the appropriate nostril and asks client/or tilts the clients head back against the pillow. Gently inserts the tube into the nostril while directing the tube upward and						

PROCEDURE STEPS	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
backward along the floor of the nose. Offers comfort measures and reassurance to client.						
<p>16. When the pharynx is reached, instructs the client to touch chin to chest. If appropriate, asks client to begin taking small sips of water through a straw; or if no fluids are allowed, ask the client to swallow as the tube is advances.</p> <ul style="list-style-type: none"> <li>→ <i>If gagging occurs, stops advancement of the tube and checks placement of the tube with a penlight and tongue blade. If coiled, straightens the tube and reattempts insertion.</i></li> <li>→ <i>Does not attempt to insert tube more than three times and allows client to rest between attempts.</i></li> <li>→ <i>Removes tube if the client demonstrates any signs/symptoms of distress (e.g. gasping, coughing, cyanosis and inability to speak/hum)</i></li> </ul>						
17. Does not use force. Rotates tube if it meets resistance.						
18. Secures the tube to the client's nose or check until placement can be verified. Verifies placement by aspirating a small amount of gastric/stomach contents and measuring pH (< than 5.5) and visualizing the aspirated contents. Obtains a radiograph based on facility policy and healthcare provider order.						
19. Applies skin barrier to the tip of the client's nose; allow to dry. Secures tube with a commercially prepared device or hypoallergenic cloth/silk tape. Tapes intact end of tape to the client's nose using cloth tape (tape should be 4 inches in length; split bottom 2 inches) and wraps the 2 inch strips around the tube in a spiral fashion down the length of the tube.						
20. Ensures tube is not pulled too tightly against the client's nose.						
21. Clamps the tube and removes syringe if it remains in place. Caps the end of the tube or attaches to suction.						
<p>22. Measures the length of the exposed tube. Asks client to turn head towards insertion side; secures tube to the client's gown using a rubber band or tape and a safety pin. Tube may also be taped to the client's chin. Attach at shoulder level. Monitor carefully for skin breakdown.</p> <ul style="list-style-type: none"> <li>→ <i>If double-lumen tube, secure vent above the level of the stomach.</i></li> </ul>						
23. Assists client with oral hygiene.						
24. Removes equipment and return client to a comfortable position. Remove gloves and raise side rail, lower bed. Remove PPE as applicable/appropriate.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Applying Sterile Gloves (Open Method)

Instructions: This skills checklist will be utilized with all skills requiring sterile gloving.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Opens outer wrapper and places glove package on clean, dry surface.						
2. Opens inner package so that glove cuffs are nearest to the nurse.						
3. Fully opens the package flaps so they do not fold back over and contaminate the gloves.						
4. Takes care to not touch anything else on the sterile field, with non-dominant hand grasps the inner surface of the glove for the dominant hand and lifts up and away from the table.						
5. Slides dominant hand into the glove, keeping hand and fingers above the waist and away from the body.						
6. Slides gloved fingers under the cuff of the glove for the non-dominant hand.						
7. Lifts the glove up and away from the table and away from the body.						
8. Slides non-dominant hand into the glove, avoiding contact with the gloved hand.						
9. Adjusts both gloves to fit the fingers and so that there is no excess at the fingertips.						
10. Keeps the hands between shoulder and waist level.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Preparing and Maintaining the Sterile Field

Instructions: This checklist will be used for all skills requiring preparation and maintenance of a/the sterile field.

PROCEDURE STEPS	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<i>Preparing a Sterile Field With Commercial Package</i>						
1. Places sterile package on a clean, dry surface.						
2. Opens flaps in this order to create a sterile field: a. Opens the flap farthest from own body. b. Opens side flaps. c. Opens flap nearest body.						
3. Treats as unsterile the area 1 inch from all edges of the wrapper, and any area hanging over the edge of the table.						
<i>Preparing a Sterile Drape</i>						
4. Places package on a clean, dry surface.						
5. Holds the edge of the package flap down toward the table and grasps the top edge of the package and peels back.						
6. Picks up sterile drape by the corner and allows it to fall open without touching unsterile surfaces.						
7. Places drape on a clean, dry surface, touching only the edge of the drape.						
8. Does not fan the drape.						
<i>Adding Supplies to a Sterile Field</i>						
9. Using the non-dominant hand, peels back the wrapper in which the item is wrapped, creating a sterile barrier field with the inside of the wrapper.						
10. Holding the contents through the wrapper, several inches above the field, allows the supplies to drop onto the field inside the 1-inch border of the sterile field.						
11. Does not let arms pass over the sterile field; does not touch supplies with non-sterile hands.						
12. Disposes of wrapper and continues opening any needed supplies for the procedure.						
<i>Adding Sterile Solutions to a Sterile Field</i>						
13. If sterile field is fabric or otherwise at risk for Strikethrough, uses a sterile bowl or receptacle. It may be added to the field by unwrapping as described in the preceding section.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Urinary Catheterization: Male Straight

Instructions: Students will also be responsible for establishing and maintaining a sterile field and sterile gloving with skill to successfully demonstrate this skill.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Takes an extra pair of sterile gloves and an extra sterile catheter into the room.						
2. Provides good lighting; takes a procedure lamp to the bedside if necessary.						
3. Works on the right side of the bed if right-handed; the left side, if left-handed.						
4. Assists to dorsal recumbent position (knees flexed, feet flat on the bed). Instructs client to relax her thighs and let them rotate externally (if client is able to cooperate). Alternatively, uses Sims' position (side-lying with upper leg flexed at hip).						
5. If client is confused, unable to follow directions, or unable to hold her legs in correct position, obtains help.						
6. Drapes client. If dorsal recumbent position is used, folds blanket in a diamond shape, wraps corners around legs, anchors under feet, and folds upper corner down over perineum. If in Sims' position, drapes so that rectal area is covered.						
7. Dons clean procedure gloves and washes the perineal area with soap and water; dries perineal area.						
8. While washing perineum, locates the urinary meatus.						
9. Removes and discards gloves.						
10. Washes hands.						
11. Organizes the work area: <ol style="list-style-type: none"> <li>a. Bedside or over-bed table within nurse's reach.</li> <li>b. Opens sterile catheter kit and places on bedside table without contaminating the inside of the wrap.</li> <li>c. Positions a plastic bag or other trash receptacle so that nurse does not have to reach across the sterile field (e.g., near the client's feet); or places a trash can on the floor beside the bed.</li> <li>d. Positions the procedure light or has assistant hold a flashlight.</li> </ol>						
12. Lifts corner of privacy drape (e.g., bath blanket) to expose perineum.						
13. Applies sterile drape(s) and underpad.						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<i>Variation: Steps to use if waterproof underpad packed as top item in the kit...</i>						
14. <ul style="list-style-type: none"> <li>g. Removes the underpad from the kit before donning sterile gloves. Does not touch other kit items with bare</li> <li>h. Touching only the corners and shiny side, places the drape flat on the bed, shiny side down, and tucks the top edge under the client's buttocks.</li> <li>i. Lifts corner of privacy drape (e.g., bath blanket) to expose perineum</li> <li>j. Dons sterile gloves (from kit). (Touching only the glove package, removes it from sterile kit before donning gloves).</li> <li>k. Places fenestrated drape: Picks it up, allowing it to unfold without touching any other objects. Keeps gloves sterile.</li> <li>l. Places fenestrated drape so that hole is over the penis.</li> </ul>						
<i>Variation: Steps to use if sterile gloves are packed as top item in the kit...</i>						
14. <ul style="list-style-type: none"> <li>g. Removes gloves from package, being careful not to touch anything else in the package with bare hand. Dons gloves.</li> <li>h. Grasps the edges of the sterile underpad and folds the entire edge down 2.5 to 5 cm (1 to 2 inches) and toward self, forming a cuff to protect the sterile gloved hands.</li> <li>i. Asks client to raise her hips slightly if she is able</li> <li>j. Slides the drape under client's buttocks without contaminating the gloves.</li> <li>k. Places fenestrated drape: Picks it up, allowing it to unfold without touching any other objects. Keeps gloves sterile.</li> <li>l. Places fenestrated drape so that hole is over the penis</li> </ul>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<p>15. Organizes kit supplies on the sterile field and prepares the supplies in the kit, maintaining sterility.</p> <p>a. Opens the antiseptic packet; pours solution over the cotton balls. (Some kits contain sterile antiseptic swabs; if so, opens the “stick” end of the packet.)</p> <p>b. Lays forceps near cotton balls (omits step if using swabs).</p> <p>c. Opens specimen container if a specimen is to be collected.</p> <p>d. Removes any unneeded supplies (e.g., specimen container) from the field.</p> <p>e. Removes plastic covering from catheter.</p> <p>f. Opens package and expresses sterile lubricant into the kit tray; lubricates the first 1 to 2 inches (2.5 to 5 cm) of the catheter by rolling it in the lubricant. Does not lubricate catheter if Xylocaine gel has already been inserted into the urethra.</p>						
<p>16. With non-dominant hand, reaches through the opening in the fenestrated drape and grasps the penis, taking care not to contaminate the surrounding drape. If penis is uncircumcised, retracts foreskin with non-dominant hand to expose the meatus.</p>						
<p>17. If the foreskin accidentally falls back over the meatus, or if the nurse drops the penis during cleansing, repeats the procedure.</p>						
<p>18. Continuing to hold the penis with the non-dominant hand, holds forceps in dominant hand and picks up a cotton ball.</p>						
<p>19. Beginning at the meatus, cleanses the glans in a circular motion in ever-widening circles and partially down the shaft of the penis.</p>						
<p>20. Repeats with at least one more cotton ball.</p>						
<p>21. Maintaining sterile technique, places the plastic urine receptacle close enough to the urinary meatus for the end of the catheter to rest inside the container as the urine drains (e.g., places container between client's thighs)</p>						
<p>22. Using the non-dominant hand, holds the penis gently but firmly at a 90° angle to the body, exerting gentle traction.</p>						
<p>23. Gently inserts the tip of the prefilled syringe into the urethra and instill the lubricant. (If the kit contains only a single packet of lubricant and if no other kits are available, lubricates 5 to 7 inches (12.5 to 17.7 cm) of the catheter. This is not the technique of choice, however.)</p>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
24. With the dominant hand, holds the catheter 3 inches (7.5 cm) from the proximal end, with remainder coiled in the palm of the hand; or otherwise ensures that the distal end of the catheter is in the plastic container.						
25. Asks the client to bear down as though trying to void; slowly inserts the end of the catheter into the meatus. Has the client take slow deep breaths until the initial discomfort has passed.						
26. Continues gentle insertion of catheter until urine flows. This is about 7 to 9 inches (17 to 22.5 cm) in a man. Then inserts the catheter another 1 to 2 inches (2.5 to 5 cm).						
27. If resistance is felt, withdraws the catheter; does not force the catheter.						
28. Continues to hold the penis and catheter securely in hand while the urine drains from the bladder.						
29. If a urine specimen is to be collected, uses dominant hand to place the specimen container into the flow of urine; caps container using sterile technique.						
30. When the flow of urine has ceased and the bladder has been emptied, pinches the catheter and slowly withdraws it from the meatus.						
31. Discards catheter.						
32. Removes the urine-filled receptacle and sets aside to be emptied when the procedure is finished.						
33. Cleanses and dries client's penis and perineal area as needed; replaces foreskin over end of penis.						
34. Removes gloves; washes hands.						
35. Returns client to a position of comfort.						
36. Discards supplies in appropriate receptacle.						
Grade for Skill:					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Urinary Catheterization: Female Straight

Instructions: Students will also be responsible for establishing and maintaining a sterile field and sterile gloving with skill to successfully demonstrate this skill.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Takes an extra pair of sterile gloves and an extra sterile catheter into the room.						
2. Provides good lighting; takes a procedure lamp to the bedside if necessary.						
3. Works on the right side of the bed if right-handed; the left side, if left-handed.						
4. Assists to dorsal recumbent position (knees flexed, feet flat on the bed). Instructs client to relax her thighs and let them rotate externally (if client is able to cooperate). Alternatively, uses Sims' position (side-lying with upper leg flexed at hip).						
5. If client is confused, unable to follow directions, or unable to hold her legs in correct position, obtains help.						
6. Drapes client. If dorsal recumbent position is used, folds blanket in a diamond shape, wraps corners around legs, anchors under feet, and folds upper corner down over perineum. If in Sims' position, drapes so that rectal area is covered.						
7. Dons clean procedure gloves and washes the perineal area with soap and water; dries perineal area.						
8. While washing perineum, locates the urinary meatus.						
9. Removes and discards gloves.						
10. Washes hands.						
11. Organizes the work area: <ol style="list-style-type: none"> <li>a. Bedside or over-bed table within nurse's reach.</li> <li>b. Opens sterile catheter kit and places on bedside table without contaminating the inside of the wrap.</li> <li>c. Positions a plastic bag or other trash receptacle so that nurse does not have to reach across the sterile field (e.g., near the client's feet); or places a trash can on the floor beside the bed.</li> <li>d. Positions the procedure light or has assistant hold a flashlight.</li> </ol>						
12. Lifts corner of privacy drape (e.g., bath blanket) to expose perineum.						
13. Applies sterile drape(s) and underpad.						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<i>Variation: Steps to use if waterproof underpad packed as top item in the kit...</i>						
14. <ul style="list-style-type: none"> <li>m. Removes the underpad from the kit before donning sterile gloves. Does not touch other kit items with bare</li> <li>n. Touching only the corners and shiny side, places the drape flat on the bed, shiny side down, and tucks the top edge under the client's buttocks.</li> <li>o. Lifts corner of privacy drape (e.g., bath blanket) to expose perineum</li> <li>p. Dons sterile gloves (from kit). (Touching only the glove package, removes it from sterile kit before donning gloves).</li> <li>q. Picks up fenestrated drape; allows it to unfold without touching other objects; places over perineum with the hole over the labia.</li> </ul>						
<i>Variation: Steps to use if sterile gloves are packed as top item in the kit...</i>						
14. <ul style="list-style-type: none"> <li>m. Removes gloves from package, being careful not to touch anything else in the package with bare hand. Dons gloves.</li> <li>n. Grasps the edges of the sterile underpad and folds the entire edge down 2.5 to 5 cm (1 to 2 inches) and toward self, forming a cuff to protect the sterile gloved hands.</li> <li>o. Asks client to raise her hips slightly if she is able</li> <li>p. Slides the drape under client's buttocks without contaminating the gloves.</li> <li>q. Places fenestrated drape: Picks it up, allowing it to unfold without touching any other objects. Creates "cuff" to protect gloves.</li> <li>r. Places fenestrated drape so that hole is over labia.</li> </ul>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<p>15. Organizes kit supplies on the sterile field and prepares the supplies in the kit, maintaining sterility.</p> <ol style="list-style-type: none"> <li>Opens the antiseptic packet; pours solution over the cotton balls. (Some kits contain sterile antiseptic swabs; if so, opens the “stick” end of the packet.)</li> <li>Lays forceps near cotton balls (omits step if using swabs).</li> <li>Opens specimen container if a specimen is to be collected.</li> <li>Removes any unneeded supplies (e.g., specimen container) from the field.</li> <li>Removes plastic covering from catheter.</li> <li>Opens package and expresses sterile lubricant into the kit tray; lubricates the first 1 to 2 inches (2.5 to 5 cm) of the catheter by rolling it in the lubricant.</li> </ol>						
<p>16. Touching only the kit or the inside of the wrapping, places the sterile catheter kit down onto the sterile field.</p>						
<p>17. Cleanses the urinary meatus.</p> <ol style="list-style-type: none"> <li>Places non-dominant hand above the labia and with the thumb and forefinger spreads the client’s labia, pulls up (or anteriorly) at the same time, to expose the urinary meatus.</li> <li>Holds this position throughout the procedure—firm pressure is necessary.</li> <li>If the labia slip back over the urinary meatus, considers it contaminated and repeats cleansing procedure.</li> <li>Using forceps, with dominant hand, picks up a wet cotton ball and cleanses perineal area, taking care not to contaminate the sterile glove.</li> <li>Uses one stroke for each area.</li> <li>Wipes from front to back.</li> <li>Uses a new cotton ball for each area.</li> <li>Cleanses in this order: outside far labium majus, outside near labium majus, inside far labium, inside near labium, and directly down the center over the urinary meatus. (Some kits have only 3 cotton balls, so the order would be inside far labium, inside near labium, and directly down the center; the outside labia majora would have already been cleansed with soap and water.)</li> </ol>						
<p>18. Discards used cotton balls as they are used; does not move them across the open, sterile kit and field.</p>						
<p>19. Maintaining sterile technique, places the urine receptacle close enough to the urinary meatus for</p>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
the end of the catheter to rest inside the container as the urine drains (4 inches or 10 cm from the meatus).						
20. Asks the woman to bear down as though she is trying to void; slowly inserts the end of the catheter into the meatus. Has the client take slow deep breaths until the initial discomfort has passed.						
21. Continues gentle insertion of catheter until urine flows. This is about 2 to 3 inches (5 to 7.5 cm) in a woman. Then inserts the catheter another 1 to 2 inches (2.5 to 5 cm).						
22. If resistance is felt, twists the catheter slightly or applies gentle pressure; does not force the catheter.						
23. If the catheter touches the labia or non-sterile linens, or is inadvertently inserted in the vagina, considers it contaminated and inserts a new, sterile catheter.						
24. If catheter is inadvertently inserted into the vagina, leaves the contaminated catheter in the vagina while urine drains from the bladder.						
25. Continues to hold the catheter securely with the non-dominant hand while urine drains from the bladder.						
26. If a urine specimen is to be collected, uses dominant hand to place the specimen container into the flow of urine; caps container using sterile technique.						
27. When the flow of urine has ceased and the bladder has been emptied, pinches the catheter and slowly withdraws it from the meatus.						
28. Discards catheter, observing universal precautions.						
29. Removes the urine-filled receptacle and sets aside to be emptied when the procedure is finished.						
30. Cleanses client's perineal area as needed, and dries.						
31. Removes gloves; washes hands.						
32. Returns client to a position of comfort.						
33. Discards supplies in appropriate receptacle.						
Grade for Skill					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Urinary Catheterization: Male Indwelling

Instructions: Students will also be responsible for establishing and maintaining a sterile field and sterile gloving with skill to successfully demonstrate this skill.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Takes an extra pair of sterile gloves and an extra sterile catheter into the room.						
2. Selects a catheter kit that contains lubricant in a prefilled syringe.						
3. Provides good lighting; takes a procedure lamp to the bedside if necessary.						
4. Works on the right side of the bed if right-handed; the left side, if left-handed.						
5. Places client supine, legs straight and slightly apart.						
6. If client is confused or unable to follow directions, obtains help.						
7. Drapes client. Covers upper body with blanket; folds linens down to expose the penis.						
8. Dons clean procedure gloves and washes the penis and perineal area with soap and water; dries gently.						
9. If using 2% Xylocaine gel for the procedure, uses a syringe and inserts it into the urethra.						
10. Removes and discards gloves.						
11. Washes hands.						
12. Organizes the work area: <ul style="list-style-type: none"> <li>a. Bedside or over-bed table within nurse's reach.</li> <li>b. Opens sterile catheter kit and places on bedside table, without contaminating the inside of the wrap.</li> <li>c. Positions a plastic bag or other trash receptacle so that nurse does not have to reach across the sterile field (e.g., near the client's feet); or places a trash can on the floor beside the bed.</li> </ul>						
13. Applies sterile drape(s) and underpad.						
<i>Variation: Steps to use if waterproof underpad packed as top item in the kit...</i>						
14. <ul style="list-style-type: none"> <li>a. Removes the waterproof underpad from the kit before donning sterile gloves. Does not</li> </ul>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<p>touch other kit items with bare hands. Allows drape to fall open as it is removed from the kit.</p> <p>b. Allows drape to fall open as it is removed from the kit. Touching only the corners and shiny side, places the drape shiny side down across top of client's thighs.</p> <p>c. Dons sterile gloves (from kit). (Touching only the glove package, removes it from the sterile kit before donning the gloves.)</p>						
<i>Variation: Steps to use if sterile gloves are packed as top item in the kit...</i>						
<p>14.</p> <p>a. Removes gloves from package, being careful not to touch anything else in the package with bare hand. Dons gloves.</p> <p>b. Grasps the edges of the sterile underpad and places it shiny side down across the top of the client's thighs.</p> <p>c. Places fenestrated drape: Picks it up, allowing it to unfold without touching any other objects. Keeps gloves sterile.</p> <p>d. Places fenestrated drape so that hole is over the penis.</p>						
<p>15. Organizes kit supplies on the sterile field and prepares the supplies in the kit, maintaining sterility.</p> <p>a. Opens the antiseptic packet; pours solution over the cotton balls. (Some kits contain sterile antiseptic swabs; if so, opens the "stick" end of the packet.)</p> <p>b. Lays forceps near cotton balls (omit step if using swabs).</p> <p>c. Opens specimen container if a specimen is to be collected.</p> <p>d. Removes any unneeded supplies (e.g., specimen container) from the field.</p> <p>e. Expresses a small amount of sterile lubricant into the kit tray; lubricates the first 1 to 2 inches of the catheter by rolling it in the lubricant. Does not lubricate catheter if Xylocaine gel has already been inserted into the urethra.</p> <p>f. Attaches the saline-filled syringe to the side port of the catheter and checks balloon by inflating; deflates balloon and returns it and the catheter to the kit. Leaves syringe attached to catheter.</p>						
<p>16. Touching only the kit or inside of the wrapping, places the sterile catheter kit down onto the sterile field between or on top of the client's thighs.</p>						
<p>17. If the drainage bag is pre-connected to the catheter, leaves the bag on the sterile field until after the</p>						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
catheter is inserted.						
18. With non-dominant hand, reaches through the opening in the fenestrated drape and grasps the penis, taking care not to contaminate the surrounding drape. If penis is uncircumcised, retracts foreskin to expose the meatus.						
19. If the foreskin accidentally falls back over the meatus,						
20. Continuing to hold the penis with the non-dominant hand, holds forceps in dominant hand and picks up a cotton ball.						
21. Beginning at the meatus, cleanses the glans in a circular motion in ever-widening circles and partially down the shaft of the penis.						
22. Repeats with at least one more cotton ball.						
23. Discards cotton balls or swabs as they are used; does not move them across the open, sterile kit and field.						
24. Using the non-dominant hand, holds the penis gently but firmly at a 90° angle to the body, exerting gentle traction.						
25. Gently inserts the tip of the prefilled syringe into the urethra and instill the lubricant. (If the kit contains only a single packet of lubricant and if no other kits are available, then lubricates 5 to 7 inches (12.5 to 17.7 cm) of the catheter. This is not the technique of choice, however.)						
26. With the dominant hand, holds the catheter 3 inches (7.5 cm) from the proximal end, with remainder of the catheter coiled in palm of hand.						
27. Asks the client to bear down as though trying to void; slowly inserts the end of the catheter into the meatus. Has the client take slow deep breaths until the initial discomfort has passed.						
28. Continues gentle insertion of catheter until urine flows. This is about 7 to 9 inches (17 to 22.5 cm) in a man. Then inserts the catheter another 1 to 2 inches (2.5 to 5 cm).						
29. If resistance is felt, withdraws the catheter; does not force the catheter.						
30. After urine flows, stabilizes the catheter's position in the urethra with non-dominant hand; uses dominant hand to pick up saline-filled syringe and inflate catheter balloon.						
31. If client complains of severe pain upon inflation of the balloon, the balloon is probably in the urethra. Allows the water to drain out of the balloon, and advances the catheter 1 inch (2.5) farther into the						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
bladder.						
32. If it is not pre-connected, connects the drainage bag to the end of the catheter.						
33. Hangs the drainage bag on the side of the bed below the level of the bladder.						
34. Using tape or a catheter strap, secures the catheter to the thigh or the abdomen.						
35. Cleanses client's penis and perineal area as needed, and dries. Ensures that foreskin is no longer retracted.						
36. Returns client to a position of comfort.						
37. Discards supplies in appropriate receptacle.						
Grade for Skill:					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

## Urinary Catheterization: Female Indwelling

Instructions: Students will also be responsible for establishing and maintaining a sterile field and sterile gloving with skill to successfully demonstrate this skill.

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
1. Takes an extra pair of sterile gloves and an extra sterile catheter into the room.						
2. Provides good lighting; takes a procedure lamp to the bedside if necessary.						
3. Works on the right side of the bed if right-handed; the left side, if left-handed.						
4. Assists to dorsal recumbent position (knees flexed, feet flat on the bed). Instructs client to relax her thighs and let them rotate externally (if client is able to cooperate). Alternatively, uses Sims' position (side-lying with upper leg flexed at hip).						
5. If client is confused, unable to follow directions, or unable to hold her legs in correct position, obtains help.						
6. Drapes client. If dorsal recumbent position is used, folds blanket in a diamond shape, wraps corners around legs, anchors under feet, and folds upper corner down over perineum. If in Sims' position, drapes so that rectal area is covered.						
7. Dons clean procedure gloves and washes the perineal area with soap and water; dries perineal area.						
8. While washing perineum, locates the urinary meatus.						
9. Removes and discards gloves.						
10. Washes hands.						
11. Organizes the work area:						
a. Bedside or over-bed table within nurse's reach.						
b. Opens sterile catheter kit and places on bedside table without contaminating the inside of the wrap.						
c. Positions a plastic bag or other trash receptacle so that nurse does not have to reach across the sterile field (e.g., near the client's feet); or places a trash can on the floor beside the bed.						
d. Positions the procedure light or has assistant hold a flashlight.						
e. Lifts corner of privacy drape (e.g., bath						
f. blanket) to expose perineum.						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
g. Applies sterile drape(s) and underpad.						
<i>Variation: Steps to use if waterproof underpad packed as top item in the kit...</i>						
12. r. Removes the underpad from the kit before donning sterile gloves. Does not touch other kit items with bare						
s. Touching only the corners and shiny side, places the drape flat on the bed, shiny side down, and tucks the top edge under the client's buttocks.						
t. Lifts corner of privacy drape (e.g., bath blanket) to expose perineum						
u. Dons sterile gloves (from kit). (Touching only the glove package, removes it from sterile kit before donning gloves).						
v. Picks up fenestrated drape; allows it to unfold without touching other objects; places over perineum with the hole over the labia.						
<i>Variation: Steps to use if sterile gloves are packed as top item in the kit...</i>						
12. r. Removes gloves from package, being careful not to touch anything else in the package with bare hand. Dons gloves. s. Grasps the edges of the sterile underpad and folds the entire edge down 2.5 to 5 cm (1 to 2 inches) and toward self, forming a cuff to protect the sterile gloved hands. t. Asks client to raise her hips slightly if she is able. u. Slides the drape under client's buttocks without contaminating the gloves. v. Places fenestrated drape: Picks it up, allowing it to unfold without touching any other objects. Creates "cuff" to protect gloves, as in step 12-l. w. Places fenestrated drape so that hole is over labia.						
13. Organizes kit supplies on the sterile field and prepares the supplies in the kit, maintaining sterility. a. Opens the antiseptic packet; pours solution over the cotton balls. (Some kits contain sterile antiseptic swabs; if so, opens the "stick" end of the packet.) b. Lays forceps near cotton balls (omits step if						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
<p>using swabs).</p> <p>c. Opens specimen container if a specimen is to be collected.</p> <p>d. Removes any unneeded supplies (e.g., specimen container) from the field.</p> <p>e. Removes plastic covering from catheter.</p> <p>f. Opens package and expresses sterile lubricant into the kit tray; lubricates the first 1 to 2 inches (2.5 to 5 cm) of the catheter by rolling it in the lubricant.</p> <p>g. Removes plastic cover from catheter. Attaches the saline-filled syringe to the side port of the catheter and inflates the balloon.</p>						
14. Touching only the sterile box or inside of the wrapping, places the sterile catheter kit (tray and box) down onto the sterile field between the client's legs.						
15. If the drainage bag is preconnected to the catheter itself, leaves the bag on or near the sterile field until after the catheter is inserted.						
16. Cleanses the urinary meatus.						
a. Places nondominant hand above the labia and with the thumb and forefinger spreads the client's labia, pulls up (or anteriorly) at the same time, to expose the urinary meatus.						
b. Holds this position throughout the procedure—firm pressure is necessary.						
c. If the labia slip back over the urinary meatus, considers it contaminated and repeats cleansing procedure.						
d. With dominant hand, picks up a wet cotton ball (or swab), using forceps, and cleanses perineal area, taking care not to contaminate the sterile glove.						
e. Uses one stroke for each area.						
f. Wipes from front to back.						
g. Uses a new cotton ball for each area.						
h. Cleanses in this order: outside far labium majus, outside near labium majus, inside far labium, inside near labium, and directly down the center over the urinary meatus. If there are only 3 cotton balls in the kit, labia majora should be washed with soap and water initially; and in this step, cleanses only the inside far labium majus, inside near labium, and down center directly over the meatus.						
17. Discards used cotton balls or swabs as they are used; does not move them across the open, sterile kit and field.						
18. With the dominant hand, holds the catheter approximately 3 inches (7.5 cm) from the proximal						

Skill Steps	Satisfactory		Unsatisfactory		COMMENTS	
	Attempt #1	Attempt #2	Attempt #1	Attempt #2	Attempt #1	Attempt #2
end; coils remainder of catheter in palm of hand or otherwise protects it from contamination.						
19. Asks the woman to bear down as though she is trying to void; slowly inserts the end of the catheter into the meatus. Has the client take slow deep breaths until the initial discomfort has passed.						
20. If resistance is felt, twists the catheter slightly or applies gentle pressure; does not force the catheter.						
21. If the catheter touches the labia or non-sterile linens, or is inadvertently inserted in the vagina, considers it contaminated and inserts a new, sterile catheter.						
22. If catheter is inadvertently inserted into the vagina, leaves the contaminated catheter in the vagina while inserting the new one into the meatus.						
23. Continues to hold the catheter securely with the dominant hand; after urine flows, stabilizes the catheter's position in the urethra and uses the non-dominant hand to pick up the saline-filled syringe and inflate the catheter balloon.						
24. If the client complains of severe pain upon inflation of the balloon, the catheter is probably in the urethra. Allows the water to drain out of the balloon and repositions the catheter by advancing it 1 inch (2.5 cm).						
25. Connects the drainage bag to the end of the catheter if it is not already pre-connected. Hangs the drainage bag on the side of the bed, below the level of the bladder.						
26. Using a tape or a catheter strap, secures the catheter to the thigh.						
27. Cleanses clients perineal area as needed, and dries.						
28. Removes gloves; washes hands.						
29. Returns client to a position of comfort.						
30. Discards supplies in appropriate receptacle.						
Grade for Skill:					Attempt #1: Pass/Fail	
					Attempt #2: Pass/Fail	

# Physical Assessment Demonstration

*Students must earn 90/100 points to pass the physical assessment demonstration. Students scoring less than 90 points will be required to remediate in the campus lab and schedule a second demonstration with one of the lab faculty.*

CRITERIA	Performance	Comments
<p><b>Preparation (10 points total this section):</b> <i>Student provides for client's comfort and implements instructions/actions to conserve the client's energy during the examination. Student also demonstrates efficient use of time, organizational skills and effective communication skills. Additionally, the student:</i></p>		
❖ Perform hand hygiene. (2 points)		
❖ Assemble equipment. Provide adequate lighting and privacy. (2 points)		
❖ Explain the procedure and purpose to client and provide client with explanations throughout the assessment. Request permission to touch the client (2 points)		
❖ Perform the assessment in a systematic manner. (2 points)		
❖ Performs the assessment in an organized and timely fashion. (2 points)		
<p><b>Physical Assessment (90 points):</b> <i>This involves the application of knowledge and skill. Besides demonstrating assessment skills, students are to demonstrate knowledge of normal anatomy and physiology (e.g. identification of anatomical landmarks and differentiate normal from abnormal findings for client's developmental stage and culture. Areas to cover include</i></p>		
<p>❖ <b>GENERAL APPEARANCE AND OBSERVATIONS (10 points/1 point each)</b></p> <ul style="list-style-type: none"> <li>- Appearance, grooming and hygiene</li> <li>- Apparent age</li> <li>- Odors</li> <li>- Nutritional status</li> <li>- Level of consciousness</li> <li>- Speech</li> <li>- Affect</li> <li>- Gait and posture</li> <li>- Presence of abnormal movements and/or gross deformities</li> <li>- Signs of distress</li> </ul>		
<p>❖ <b>INTEGUMENTARY (12 points/6 point each)</b></p> <ul style="list-style-type: none"> <li>- Inspect color and for the presence of lesions the exam throughout the exam.</li> <li>- Palpate for temperature, turgor and texture throughout the exam.</li> </ul>		
<p>❖ <b>HEENT (18 points/2 point each)</b></p> <ul style="list-style-type: none"> <li>- Visually inspect the head and scalp noting size, shape, symmetry, position, hair distribution, nits and visible lesions.</li> <li>- Palpate scalp for abnormalities, tenderness and hair texture.</li> <li>- Visually inspect ears for lesions or drainage and palpate the mastoid area behind the ears for tenderness.</li> <li>- Palpate both sides of the neck for palpable and/or tender lymph nodes.</li> <li>- Inspect the eyes for redness or drainage.</li> <li>- Assess the cardinal positions of gaze. Use a penlight to assess pupil size, symmetry and response to light.</li> <li>- Inspect the nose for drainage and patency of each nare.</li> <li>- Ask client to open mouth and inspect gums for moisture and pink color. Inspect teeth for general condition. Note abnormal odors. Ask client to move tongue for symmetry. Use a penlight to inspect the uvula, palate and pharynx. A tongue depressor may be used to Assess for a gag reflex.</li> <li>- Palpate and auscultate carotid and jugular veins noting abnormal sounds and distention.</li> </ul>		

CRITERIA	Performance	Comments
<p>❖ <b>CHEST (14 points/2 point each)</b></p> <p>Note curvature of spine and shape and size of chest.</p> <p>Inspect chest for symmetrical movement. Note rate and quality of respirations.</p> <p>Use stethoscope to auscultate first the anterior chest, then posterior chest (go side to side).</p> <p>Auscultate heart sounds (aortic, pulmonic, tricuspid and mitral) using APTM mnemonic. Listen with both bell and diaphragm.</p> <p>Note rate and rhythm, and irregularities or extra heart sounds.</p> <p>Note point of maximal impulse/intensity (or PMI)</p> <p>Inspect symmetry and appearance of breast tissue.</p>		
<p>❖ <b>ABDOMEN (12 points/2 point each)</b></p> <p>Establish that client has emptied bladder prior to examination. Assist the client into a supine position with the knees raised.</p> <p>Visually inspect the abdomen for discolorations, lesions or scars, abdominal distention, bladder distention and/or the presence of herniations. Note shape, size, symmetry and movements (respirations, pulsations, peristalsis).</p> <p>Establish date of last bowel movement, ask about pattern, characteristics of stool or problems associated with bowel elimination.</p> <p>Auscultate for vascular sounds.</p> <p>Perform auscultation by listening in all four quadrants of the abdomen. Note the presence of normo-active, hypoactive or hyperactive bowel sounds. <i>If no sounds are heard, listen for five minutes in all four quadrants before documenting absence of bowel sounds.</i></p> <p>Lightly palpate the abdomen for masses or tenderness. <i>Never palpate the abdomen if it is rigid or bruits are heard.</i></p>		
<p>❖ <b>EXTREMITIES (20 points/2 point each)</b></p> <p>Check nails for clubbing or other abnormalities. Rate capillary refill.</p> <p>Palpate and rate brachial and radial pulses.</p> <p>Assess for symmetry and rate muscle strength of both upper extremities. Assess hand grip.</p> <p>Inspect the extremities for deformities or edema. Note condition of feet and toenails, noting any abnormalities.</p> <p>Assess range of motion in the fingers, wrists, elbows, shoulders, ankle, knee and hip.</p> <p>Palpate and rate pedal pulses (dorsalis pedis and posterior tibialis).</p> <p>Assess for symmetry and rate muscle strength of both lower extremities.</p> <p>Assess length and circumference of both lower extremities noting any discrepancies.</p> <p>Assess for Homan's sign.</p> <p>If client is able to stand/ambulate without risk, assess gait and balance.</p>		
<p>❖ <b>EXTERNAL GENITALIA/RECTUM (4 points)</b></p> <p>Inspect and palpate external genitalia. Note any discharge, lesions, masses or abnormal assessment findings.</p>		

# Math Competency Plan Information and Resources

## Transfer Student Math Competency Plan Information and Resources

The importance of math competence for safe nursing practice is undisputable. Registered nurses use math skills to solve dosage calculation issues; to underscore other clinical issues; and in client management decisions. Recent safety and quality alerts and recommendations/positions from the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) and the Institute for Safe Medication practices (ISMP) provide further validity to the essential math competencies which OCCC nursing graduates must have. In that light, the nursing program has developed this plan.

The medication administration competency plan for the core nursing courses includes that:

- I. Each core nursing major course (NUR 1519, NUR 1529, NUR 2539, and NUR 2549) has medication administration instruction, practice opportunities, and evaluation of dosage calculation competency as follows:
  - a. NUR 1519 Nursing Process I will include
    1. Curriculum content related to general principles of administering medications safely (to include reconstitution of medications);
    2. Instruction and evaluation of safe practice requirements to include The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) policies and safety goals for medication administration, sentinel events and client safety (e.g. “do not use” list of abbreviations);
    3. Emphasis will be placed on oral medications, topical medications; enteral medications; and parenteral medications excluding IVs or central lines;
    4. Dosage calculation practice exam(s)/session(s) at the beginning of the course.
    5. Assessment of dosage calculation competency through the administration of a dosage calculation exam and additional dosage calculation questions to be included in each unit/final exam.
  - b. NUR 1529 Nursing Process II will include content from NUR 1519 and
    1. Curriculum content related to general principles establishing/maintaining peripheral IV sites; infusion methods (to include administering medications through intravenous push/bolus; infusion methods using piggyback techniques to primary tubing sets); fluid container; administration sets; tubing components; gravity infusions, including calculating drops/minute; drop factor constant; and calculating total infusion times;
    2. Instruction and evaluation of competency in infusion methods using piggyback techniques and push/bolus techniques
    3. Dosage calculation practice exam(s)/session(s) at the beginning of the course.
    4. Assessment of dosage calculation competency through the administration of a dosage calculation exam and additional dosage calculation questions to be included in each unit/final exam.

- c. NUR 2539 Nursing Process III will include content from NUR 1519, NUR 1529 and
  - 1. Curriculum content related to general principles in administering medications/fluid/blood components through peripheral lines and central lines;
  - 2. Instruction and evaluation of competency in using/maintaining central lines safely.
  - 3. Dosage calculation practice exam(s)/session(s) at the beginning of each course.
  - 4. Assessment of dosage calculation competency through the administration of a dosage calculation exam and additional dosage calculation questions to be included in each unit/final exam.
  
- d. NUR 2549 Nursing Process IV will include
  - 1. Curriculum content related to general principles in administering medications utilizing all methods of administration outlined in NUR 1519, NUR 1529 and NUR 2539.
  - 2. Evaluation of competency to include JCAHO policies and safety goals for medication administration, sentinel events, client safety and administering medications utilizing all methods of administration outlined in NUR 1519, NUR 1529 and NUR 2539.
  - 3. Dosage calculation practice exam(s)/session(s) at the beginning of the course
  - 4. Assessment of dosage calculation competency through the administration of a dosage calculation exam and additional dosage calculation questions to be included in each unit/final exam.

II. Instructional Methods for each core nursing course may include

- a. Lab instruction, peer practice (no invasive skills allowed without faculty supervision), and faculty supervised lab practice
- b. Clinical practice (faculty and/or staff RN supervision required)
- c. Reading assignments from required and recommended textbook sources
- d. Podcasts and/or other online instructional resources
- e. Computer assisted instructional resources available in computer lab
- f. DVDs available from Library
- g. Tutoring sessions with nursing faculty
- h. Remediation recommendations to College Math Lab
- i. Peer tutoring

- III. Dosage Calculation assessment methods for each core nursing course will include:
- a. Administration of a maximum of 4 dosage calculation exams (20 questions each) which test for safe course outcomes as designated. The dosage calculation exams will not include multiple choice items. The dosage calculation exams will be scheduled in the first two weeks of the course in NUR 1519, NUR 1529, NUR 2539 and NUR 2549 (Traditional and Career Ladder Pathway). Students enrolled in BADNAP will have exams scheduled in the first two weeks of NUR 1519 and in the first week of NUR 1529, NUR 2539 and NUR 2549. *Students must achieve a minimum score of 95% by the fourth exam to progress in the course, including the clinical experiences required to meet course objectives. Students must meet the competency requirements before administering medications in the clinical setting. If the student does not reach the 95% required score by the fourth exam, the student will have the option of withdrawing from the course or will not be allowed to participate in required clinical experiences, which will result in a failing course grade.*
  - b. In addition to the specific dosage calculation exams in each core nursing course, dosage calculation problems will be incorporated into course exams (unit and final exams). A minimum of one (1) to two (2) medication administration items will be included on each exam. Additional dosage calculation questions may be added at the faculty's discretion.

November, 2008  
Revised April, 2010

### **Important!**

The approved rounding rules, abbreviations, etc. for the OCCC Nursing Program is included in this packet. Please ensure you refer to this information to be successful on the dosage calculation competency exam.

Website tutorials are not endorsed by the OCCC Nursing Program and/or OCCC. The OCCC rounding rules as listed in the Math Packet apply to our exams – answers on the websites may differ. Use these resources only as a source of additional practice problems.

# Acceptable Abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
pc	after meals	IM	intramuscular
ac	before meals	IV	intravenous
po	by mouth	kg or Kg	kilogram
cap	capsule	liq	liquid
C°	Celsius	l or L	liter
cm	centimeter	m	meter
c	Cup	mcg	microgram
dr	dram	mEq	milli-equivalent
gtt	Drop	mg	milligram
q12h	every 12 hours	mm	millimeter
q 2h	every 2 hours	min or m	minims
q 3h	every 3 hours	mL	milliliters
q 4h	every 4 hours	oz	ounce
q 6h	every 6 hours	OTC	over-the-counter
q 8h	every 8 hours	pt	pint
q hr	every hour	lb	pound
F°	Fahrenheit	pwdr	powder
fl	fluid	qt	quart
fl dr	fluid dram	PR	rectally
fl oz	fluid ounces	SC or SQ	subcutaneous
qid	four times a day	T, Tbs, Tbsp	tablespoon
gr	grain	tab	tablet
g, gm, G or Gm	gram	t, tsp	teaspoon
½ or ss	half	TID	three times a day
hs	hour of sleep	BID	twice a day
stat	immediately, at once		
ID	intra-dermal		

## The Do Not Abbreviate List

Write out the following	Reason for Not Using
daily	do not write QD, Q.D., q.d., qd
greater than	do not write >, misinterpreted as the number 7
less than	do not write <, misinterpreted as the letter L
at	do not write @, mistaken for the number "2"
every other day	do not write QOD
milliliters or mL	do not write cc, mistaken for U when written poorly
mcg or micrograms	do not write µg, mistaken for mg resulting in one thousand-fold overdose
units	do not write u mistaken for "o", number "4" or "cc"
International Unit	do not write IU mistaken for "IV" or the number "10"
X mg	do not write trailing zero (X.0 mg) Decimal point is missed
0.X mg	do not miss writing the leading zero (.X), decimal point is missed
Morphine sulfate Magnesium sulfate	do not write MS, confusion, can mean morphine sulfate or magnesium Sulfate; do not write MSO <sub>4</sub> or MgSO <sub>4</sub> , confused for one another

Reference: [www.jcaho.org](http://www.jcaho.org) (JCAHO Do Not Use List)

## Tips and Tricks for Calculations

1. Memorize the metric, apothecary and household equivalents.
2. Analyze the problem before beginning calculation.
3. Always place a zero in front of a decimal, not after the decimal.
4. Write neatly.
5. Estimate and prove each step, Ask yourself – is this a *REASONABLE* amount of medication? (E.g. you will NOT be giving 100 tabs when in clinical/practice or on a test question!)
6. If you doubt your answer – recalculate!

## The Rounding Rules

### Basic Rounding: (Applies to both Adult & Pediatric clients):

If the number is greater than or equal to 5 then round up. If the number is less than 5 then round down.

Ex: 1.57 = 1.6      Ex: 2.43 = 2.4

Ex: 0.782 = 0.78      Ex: 0.968 = 0.97

Remember: Round at the end of the problem.

### Converting pounds and kilograms

Round at the end of the problem.

Ex: DrugX 15mg/Kg per day. Client weight is 82 lbs.

$82 \text{ lb} \xrightarrow{-1\text{kg}} 15\text{mg} = 1230 \text{ mg} = 559.0909 \text{ mg}$

$2.2 \text{ lb} \xrightarrow{-1\text{kg}} 2.2$

Answer 559.1mg

\*\* See instructions for how to round tablets if calculating oral/enteral dose

### Drops (gtt) and Units

Drops and units are too small to divide into parts.

Cannot give  $\frac{1}{2}$  a drop

Always round to the nearest whole number.

Ex: 89.5 = 90

Ex: 77.4 = 77

### mL

If the answer is less than 1 mL then round to the nearest 100<sup>th</sup>

Ex: 0.376 = 0.38 mL

If the answer is greater than 1 then round to the nearest tenth.

Ex: 1.57 = 1.6 mL

### Tablets

Tablets as a rule, can only be given whole or broken in half (if scored). Round to the half (0.5):

Ex: 1.45 = 1.5 tablets

Ex: 1.1 = 1 tablet

## Conversion Table

Metric Units of Measurement			
Gram (Weight)	1 kilogram (kg, Kg)	1000 g	
	1 gram (g, gm, G, Gm)	1000 mg	0.001 g
	1 milligram (mg)	1000 mcg	
Liter (volume)	1 liter (L, l)	1000 mL	
Household Equivalents in Fluid volume			
1 measuring cup =		8 ounces (oz)	
1 medium-size glass (tumbler size) =		8 ounces (oz)	
1 coffee cup (c) =		6 ounces (oz)	
1 ounce (oz) =		2 tablespoons (T)	
1 tablespoon (T) =		3 teaspoons (t)	
1 teaspoon (t) =		60 drops (gtt)	
1 drop (gt) =		1 minim (min, or m)	
Approximate Metric, Apothecary, and Household Equivalents			
Metric System	Apothecary System	Household System	
1 kilogram (kg)	2.2 pounds (lb)	2.2 pounds (lb)	
1000 gram (g)	2.2 pounds (lb)		
	1 pound (lb)	16 ounces (oz)	
60 milligram (mg)	1 grain (gr)		
240 milliliter (mL)		1 cup	
15 mL		1 tablespoon (T)	
5 mL		1 teaspoon (t)	

## Dosage Calculation Tutorials and Information

*(Please note that OCCC is not responsible for content and/or endorse the following websites.)*

### Calculation Tools

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Clinicians Ultimate Guide to Drug Therapy - <http://www.globalrph.com>

This website provides drug information, intravenous drug dilution standards and online clinical dosing calculators for health care professionals.

Body Surface Area Calculator - <http://www.halls.md/body-surface-area/bsa.htm>

This website contains a tool to calculate body surface area (BSA), with advanced features such as automatic units conversion. This can be used for medication dose calculations.

Nursing Formulas and Conversions - <http://www.nurse-center.com/studentnurse/nur11.html>

This webpage has a list of useful metric conversion tables.

### Compatibility Charts and Information

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Syringe Compatability Chart (FADavis) - [http://www.fadavis.com/related\\_resources/97\\_2228\\_1214.pdf](http://www.fadavis.com/related_resources/97_2228_1214.pdf)

Potassium Compatability Chart (FADavis) - [http://www.fadavis.com/related\\_resources/75\\_2192\\_1225.pdf](http://www.fadavis.com/related_resources/75_2192_1225.pdf)

### Video Tutorials

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Med math Study Review for RN Nurses and Paramedics -

<http://www.youtube.com/watch?v=JWMCjCYAap8&feature=related>

Nursing Tip: Dosage Calculations - <http://www.youtube.com/watch?v=eLqAD1ycBcg> and

<http://www.youtube.com/watch?v=yDrqxlXK5I>

McLennan Community College Dimensional Analysis for the Beginning Nursing Student -

[http://www.youtube.com/watch?v=zDWVNjE9I\\_Y](http://www.youtube.com/watch?v=zDWVNjE9I_Y)

### Study Aids and Websites with Tutorials and Practice Tests

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Drug Calculations Quiz Page - <http://www.testandcalc.com/quiz/index.asp>

This webpage has online quizzes covering metric conversions, tablet dosage calculations, fluid dosage calculations, and IV drip rate calculations.

Med-Calc Tutorial from Merlot - [http://www.m2hnursing.com/MedCal/module1\\_1.php](http://www.m2hnursing.com/MedCal/module1_1.php) An interactive multimedia tutorial for healthcare professionals wishing to refresh math skills and learn how to calculate medication dosages and IV rates (good for review for NP II math competency exams!)

Drug Calculations for Nurses from Merlot - <http://www.unc.edu/~bangel/quiz/quiz5.htm>

This site provides a tutorial for nursing students on basic drug calculations.

Pharm Math from Merlot - <http://www.alamo.edu/sac/nursing/math/default.html>

This is an interactive web site that provides tutorials and interactive tests for students reviewing math skills for pharmacology. The site would be of use to both RN and LPN nursing students.

Drug Dose Calculations from Merlot - <http://www.nottingham.ac.uk/~ntzndeh/mathpack.pdf>

Drug dosage calculations is 10-page tutorial that reviews the rationale for drug calculations, and metric system abbreviations and conversion factors. It includes 4-sets of questions and answers. This resource was developed by faculty at the University of Nottingham School of Nursing.

Drug Calculation Tutorial from Merlot - [http://www.siue.edu/nursing/slchs/pdf/drug\\_calculation\\_tutorial\\_091407.pdf](http://www.siue.edu/nursing/slchs/pdf/drug_calculation_tutorial_091407.pdf)

This learning resource is a 13-page PDF file with a review of the essential information for calculating medication dosages. It includes a basic math review, different formulas, along with tips understanding drug dose test questions.

Dosagehelp.com - <http://www.dosagehelp.com/>

This website provides dosage calculations tutorials, complete with explanations and examples.

Calculating Drug Dosages - An Interactive Approach to Learning Nursing Math

(FADavis) [http://davisplus.fadavis.com/castillo/syringe\\_exercises.cfm](http://davisplus.fadavis.com/castillo/syringe_exercises.cfm)

Offers students practice with calculating drug dosages when using a syringe

Calculating Drug Dosages - An Interactive Approach to Learning Nursing Math

(FADavis) [http://davisplus.fadavis.com/castillo/review\\_questions.cfm](http://davisplus.fadavis.com/castillo/review_questions.cfm)

Offers students the opportunity to complete two practice quizzes

Practice Problems - <http://wserver.scc.losrios.edu/~ropers/04%20DA%20-%20Dosage%20Problems%20Key.pdf>

Medication Math for the Nursing Student - <http://www.alysion.org/dimensional/analysis.htm>

Has just about everything you could ask for...

Nurse CEU online course for dimensional analysis - <http://www.nurseceusonline.com/viewcourse/20-63129-p.htm>

Purplemath - <http://www.purplemath.com/modules/index.htm>

Basic math and problems if you need assistance with these types of problems

Brush up on Your Drug Calculation Skills - <http://nursesaregreat.com/articles/drugcal.htm>

Many nurses are weak with drug calculations of all sorts. This website will help to review the major concepts related to drug calculations, help walk you through a few exercises, and provide a few exercises you can perform on your own to check your skills.

Medical Mathematics Tutorial for Student Nurses - <http://becps.net/>

This web based medical mathematics tutorial, based on medications and calculations outlined by Kee and Hayes (2003), will assist the student nurse to gain proficiency and accuracy calculating drug dosages from word problems.

Oklahoma City Community College  
NUR1529

Dosage Calculation Lab Practice

Please write answers in the blank provided. Be sure and give unit of measurement with each answer. (i.e. mg, kg, cc, ml/hr, gtt/min, etc.) Make sure your rounding follows standard guidelines.

1. The physician orders 200 mL of D5W over 15min. Drop factor: 12gtt/mL
  - a. The I.V. infused by pump. Calculate the flow rate \_\_\_\_\_
  - b. The IV is infused by gravity. Calculate the drip rate \_\_\_\_\_
2. The physician orders 1000 mL of D5W over 10 hours. Drop factor: 15gtt/mL. The IV infused by pump.
  - a. Calculate the flow rate \_\_\_\_\_
  - b. The IV is infused by gravity. Calculate the drip rate \_\_\_\_\_
3. The physician orders Vancomycin 1g in 150mL of D5W over 3 hours. Drop factor: 60gtt/mL
  - a. The IV is infused by pump. Calculate the flow rate \_\_\_\_\_
  - b. The IV is infused by gravity. Calculate the drip rate \_\_\_\_\_
4. The physician orders 1000mL D5 ½ NS + 20mEq KCL at 125mL/hr. Drop factor:12gtt/mL
  - a. Pump rate?
  - b. Drip rate?
  - c. The infusion began at 0630. How much fluid should have infused by 1200?



5. The physician's order reads: Give Augmentin 200mg po TID for 6 days. Available:
  - a. How much medication should you administer per dose? \_\_\_\_\_ mL
  - b. How many mg will this client receive in a 24 hour period? \_\_\_\_\_ mg
  - c. How much medication will be required to complete this round of antibiotics? \_\_\_\_\_ mL

6. A physician orders 75mg Demerol IV q 4-6 hours prn pain. Your client has complained of pain and rates the pain at a 7 on a scale of 0 to 10. Available on your unit is Demerol 100mg/1ml.
- How much Demerol would you administer? \_\_\_\_\_ mL
  - How much Demerol would you waste? \_\_\_\_\_ mL \_\_\_\_\_ mg
7. Mr. Jones weighs 147 lbs, his physician has ordered Augmentin 15mg/kg/day to be given in four doses.
- How much will be given per dose? \_\_\_\_\_ mg
  - How much Augmentin will Mr. Wilson receive in a 24 hour period of time? \_\_\_\_\_ mg
8. Order: 1000ml NS IV to run at 250ml/hr to be followed by 1000ml D5LR to run at 100ml/hr. You begin the NS at 1600.
- What time will you change the IV bag and rate?
  - What time will the second bag finish?
9. The physician orders 2 tsp of Tylenol suspension. The medication is delivered as 40 mg per teaspoon.
- How many mg would be given in a single dose? \_\_\_\_\_ mg
10. The physician order reads:  
 PRN sliding scale Human Regular Insulin. If FSBS <70 or > 400 call the physician. If the FSBS is:  
 201-250 give 2 units SC.  
 251-300 give 4 units SC.  
 301-350 give 6 units SC.  
 351-400 give 8 units SC.
- The client has a blood sugar of 340. What will your next action be? \_\_\_\_\_

**Answer Key:**

- 1a. 800 mL/hr
- 1b. 160 gtt/min
- 2a. 100 mL/hr
- 2b. 25 gtt/min
- 3a. 50 mL/hr
- 3b. 50 gtt/min
- 4a. 125 mL/hr
- 4b. 25 gtt/min
- 4c. 688 mL
- 5a. 5 mL
- 5b. 600 mg
- 5c. 90 mL
- 6a. 0.75 mL
- 6b. 0.25 mL; 25 mg
- 7a. 250 mg
- 7b. 1002 mg
- 8a. 2000 or 08:00 pm or 8pm
- 8b. 0600 or 06:00 am or 6am
9. 80 mg
10. 6 units given SC