DIVISION OF HEALTH PROFESSIONS

NURSING PROGRAM

NRS 112

CONCEPTS OF NURSING PRACTICE I

LAB MANUAL

SPRING 2017

COURSE OUTLINE

Course Number: NRS 112 **Course Title: Concepts of Nursing Practice I**

Credits: 6 **Hours: 3 Theory Hours/Week**
Weeks: 15 **3 College Lab Hours/Week**
6 Clinical Lab Hours/Week

Catalog description

This course introduces the student to the fundamental concepts of nursing practice and the application of the concepts with a focus on wellness and health promotion across the lifespan. The application of knowledge and skills occurs in the nursing laboratories and a variety of clinical settings.

Prerequisites: Formal admission into the nursing program **Co-requisites:** NRS 111

Course Coordinators:

Professor Annette Conklin, PhD, RN, DNP, AOCNS, CNE
Office: MS119
Phone: 609-570-3386
Email: conklina@mccc.edu

Professor Crystal Gadd, MSN, RN, AGCNS-BC
Office: MS 155
Phone: 609-570-3819
Email: gaddc@mccc.edu

The most effective way to communicate with Dr. Conklin or Professor Gadd outside of class is via e-mail. Student emails will be returned within 48-72 hours, excluding weekends and holidays. Due to varying work hours and locations checking of voicemail may not be as timely.

Course Expectations

There are intellectual standards in this course and each student is responsible for his or her own learning. Pre-class assignments are essential to learning in class. All components of the course

contribute to learning – lecture, class participation, group learning, textbooks, PowerPoints, clinical, campus lab, Evolve case studies and HESI standardized testing

It is the expectation that all communications during this course will be conducted in a professional manner and that student's personal conduct will be reflective of a professional registered nurse.

Clinical/Lab Grade

While the clinical and lab are scored on a pass/fail basis, the following assignments will be comprise the successful completion of the clinical and lab components of the class. Students must achieve a 77% of the total of clinical and lab activities to receive a passing grade for the clinical portion. **Students cannot successfully complete NRS112 with a failing grade for the clinical portion.**

Activity	Percentage of Total Grade
Room survey simulation	10%
Health history	10%
Dosage calculation exam	15%
Patient teaching activity	10%
Pediatric care plan	10%
Pediatric observation paper	10%
Ethics debate	10%
Reflective practice paper	10%
Communication Assessment Simulation	10%
HESI Fundamentals Exam	5%
Total	**100%**

NRS 112 Grade Tracking

The student is responsible for maintaining a record of grades as they are achieved. Below is a sample grade calculation along with a form for keeping a record of the grades earned.

Sample

Assessment	**Actual Grade**	**Multiply by**	**Weighted Grade**
Room survey simulation	90	0.10	9
Health history	100	0.10	10
Dosage calculation exam	90	0.15	13.5
Patient teaching activity	90	0.10	9
Pediatric care plan	100	0.10	10
Pediatric observation paper	100	0.10	10
Ethics debate	100	0.10	10
Reflective practice paper	100	0.10	10
Communication Assessment Simulation	90	0.10	9
HESI Fundamentals Exam	90	0.05	4.5
		Total	**95% (pass)**

Clinical/lab Grade Tracking

Assessment	**Actual Grade**	**Multiply by**	**Weighted Grade**
Room survey simulation		0.10	
Health history		0.10	
Dosage calculation exam		0.15	
Patient teaching activity		0.10	
Pediatric care plan		0.10	
Pediatric observation paper		0.10	
Ethics debate		0.10	
Reflective practice paper		0.10	
Communication Assessment Simulation		0.10	
HESI Fundamentals Exam		0.05	
		Total	

Room Environment Survey

Students will survey a patient room, through an initial introduction and survey of a patient. Each student pair will identify what is wrong within the room and what should be done to correct the errors.

The second part of the assessment consists of the nurse introduction to the patient, using visual observation of the patient and room to determine a plan for the day, including further assessment.

Health History

Students will interview a standardized patient. Based on that interview, health history information will be entered into DocuCare. A complete history will include:

- History of present complaint
- Past medication history
- Past surgical history
- Social history
- Medications
- Allergies

Patient Teaching Assignment

Working in pairs, select one skill to demonstrate to a client. During lab, you will have to demonstrate teaching the skill, having one student play the role of the nurse and one student play the role of the client. Props, written materials, AV or any other support materials you need to teach the skill are permitted and encouraged. Any skill learned this semester may be used. Examples may include assessing heart rate, washing hands, transferring a patient, toileting, donning isolation equipment, administering an injection, etc.

Patient Teaching Rubric

	Unsatisfactory	Satisfactory
Skill	Demonstrated incorrectly	Demonstrated correctly
Teaching strategy	The skill is only shown in one medium.	Demonstrates the skill to the client in two or more mediums (written, picture, video, etc).
Communication	Uses jargon or medical terminology to explain skill.	Uses appropriate language for layperson
Evaluation	No return demonstration of the skill is performed by the learner.	Return demonstration of the skill is performed by the learner.

Dosage Calculation Exam

The dosage calculation exam will be given week 5 of the semester during college lab**.** Students should bring a simple calculator. The use of a cell phone as a calculator is NOT allowed. The exam will be timed. The expectation for this exam is 90% or better. If the student does not achieve the 90% on the first attempt, a remediation session must be attended by the student and a new test will be taken. The Dosage Calculation exam is graded as pass/fail with a grade of 90% or better designating the pass grade. Students will not be allowed to pass medications during the clinical experience until the math requirement has been met. If the student is unable to pass medications prior to the end of the semester, an 'UNMET' grade will be issued for that competency, which will result in a clinical failure.

Ethics Debate

Students are broken into small groups. Each group will be assigned a debate topic and a pro or con point of view.

Structure of the Debate

The pro side will be given 5 minutes to state their case.
The con side will be given 5 minutes to state their case.
The con side can ask 1 question to the pro side.
The pro side will be given 3 minutes to answer the question and give a summary The pro side can ask 1 question to the con side.
The con side will be given 3 minutes to answer the question and give a summary.

Debate Guidelines

Debate should stick to fact based discussions. The argument should include reference to ethical principles and the American Nurses Association Code of Ethics. Team members should divide speaking time equitably. Debate should be conducted in a professional manner, demonstrating respect to all involved.

Potential Debate Topics

- Should nurses have an active role in carrying out the death penalty?
- Should nurses force-feed clients on a hunger strike?
- Should nurses participate in active euthanasia?
- Should an adolescent patient be allowed to discontinue cancer treatment?
- Should a child who has not completed age recommended immunization series due to a parent's personal beliefs be allowed to attend school?
- Can a hospital require that all nurses receive an annual flu shot?

Ethics Debate Rubric

Task	Points possible	Points earned
Position clearly stated	2 points	
Ethical principles referenced	2 points	
Question to opposing team clearly stated	2 points	
Rebuttal clearly stated	2 points	
Maintain professionalism	2 points	
Total points	10 points	

HESI Fundamentals of Nursing Exam

This standardized web-based exam is given at the end of the semester to prepare the student for the final exam and assess student learning in the course. Students are required to prepare for this exam by accessing the "practice test" on the Evolve website at http://evolve.elsevier.com under the "case studies with practice test" section. Access the practice tests under "Fundamentals." All students will need an Evolve login and password in order to take the HESI exam.

The HESI Fundamental Exam is a weighted grade, worth 5% of the total lab/clinical grade. MCCC Nursing Program has established the minimum expectation for the HESI Fundamental Exam to be a 700 raw score. Since the Hesi Fundamental Exam includes content that is not addressed in NRS 112, the following HESI Conversion Score has been established:

Hesi Raw Score	**Hesi Conversion Score**
>1000	100
>950	95
>900	90
>850	85
>800	80
>700	77
>600	70
>500	60
>400	50
>300	40

Students who do not achieve the expected benchmark of 700 raw score will be required to do HESI remediation in order to sit for the final exam. Students with a score of 600-699 will be required to

complete two hours of remediation. Students with a score of 599 or less will be required to complete four hours of remediation. Remediation must be completed at least 48 hours prior to final exam.

Hesi Fundamental Exam Date: TBD

Reflective Practice Paper

Reflection on practice is an essential component to the development of a registered professional nurse. For this paper, you will select a significant patient experience from your clinical experience on which to reflect. A significant patient experience is one which challenged you in some way. Visit http://latrobe.libguides.com/content.php?pid=177292&sid=1498202 for examples of reflective practice narratives.

Write a 500 word paper, reflecting on your experience. Include the following elements (adopted from Gibbs,1988):

- Description – What happened?
- Feelings – What were you feeling and thinking?
- Evaluation – What was good and bad about the experience?
- Analysis – What sense can you make of the situation?
- Conclusion – What else could you have done?
- Action Plan – If it arose again, what would you do?

Paper should be prepared with double spaced lines, normal (1") margins on all sides and 12 size font. Follow American Psychological Association (APA) formatting (abstract is NOT required). Use spell and grammar check. Paper must be uploaded via BlackBoard as a Microsoft Word document or Adobe Acrobat pdf file by 23:59 on the announced date due.

Reflective Practice Grading Rubric

	Deficient Score of "0"	Emerging Score of "1"	Competent Score of "2"
Content	Less than 50% of the paper criteria were met.	More than 50% of the paper criteria were met.	All the paper criteria were met.
Reflection	Reflection at this level is very basic, primarily descriptive without critique or comment.	Thoughts, feelings, assumptions and gaps in knowledge are explored as part of the problem solving process.	Thoughts, feelings, assumptions and gaps in knowledge are explored as part of the problem solving process. Relevance of multiple perspectives and how the learning from the chosen incident will impact on other situations is included.

Format	Entry is not formatted according to guidelines. Entry is submitted after twenty four	Entry is not formatted according to guidelines. Entry is submitted within	Entry is formatted according to guidelines. Paper is submitted
	hours of the expected time frame. Paper is unorganized in ideas, unreadable in format, or contains more than five spelling or grammar mistakes.	twenty four hours past the expected time frame. Paper reads poorly or lacks organization of ideas, or contains up to five spelling or grammar mistakes.	within the expected time frame, reads well and provides clear organization of ideas.

Pediatric Observation Assignments

You will be visiting a Lakeview Child Center to conduct a pediatric observation. This is a 4 hour clinical experience that will be in place of a regularly scheduled clinical day. The clinical day off will be during week nine. All observations will take place from 8:00 am – 12:00 pm. Only two students are permitted in each center per day. You must sign up for a specific day with Professor Mizerek.

Lakeview Child Center Locations

Lakeview Child Center Hamilton-Hospital Campus
4 Hamilton Health Place, Hamilton 609.890.1442

Lakeview Child Center Lawrenceville
4 Princess Road, Lawrenceville
609.896.0500

Lakeview Child Center Robbinsville-Horizon
500 Horizon Center, Robbinsville
609.587.8002

At the Child Care Center

- You must wear your uniform and nametag.
- Present yourself to the receptionist and sign the visit log.
- Divide your time between the different rooms in the center. Introduce yourself to the staff in each room in which you enter.
- Perform hand hygiene upon entering and exiting each classroom.
- In each of the rooms, select a specific child to observe. Complete the appropriate age sheet for the child's age. No pens with removable caps are permitted in the facility.
- The children will go outside to play. Bring outerwear appropriate for the weather.
- You may interact with the children through playing and engaging in class activities. No roughhousing!
- You may not assist with diapering/toileting or render any first aid. You may not pick up any child.
- Please refrain from bringing personal belongings. Cell phone use is prohibited in the classroom. No pictures of children may be taken.

- No food, candy or chewing gum is permitted in the classrooms. Any snack must be eaten in the staff breakroom. The facility is peanut free.
- You may have a water bottle in the classroom, as long as it does not have a cap.

Pediatric Observation

Complete the following worksheet for pediatric observation. Submit completed worksheet via BlackBoard. Worksheet may be typed or scanned in as **legible** handwritten document.

Pediatric Care Plan

Develpp a nursing care plan, incorporating a developmental theorist. Using the nursing process, describe how you would approach the pre-K child for a physical exam and prepare them for an immunization. Each element of the nursing process must be included. Also include a paragraph explaining the rationale for the choices in the care plan and linking it to a developmental theorist, e.g. Piaget. Erikson, Maslow.

Paper should be prepared with double spaced lines, normal (1") margins on all sides and 12 size font. Follow American Psychological Association (APA) formatting (abstract is NOT required). Use spell and grammar check. . Paper must be uploaded via BlackBoard as a Microsoft Word document or Adobe Acrobat pdf file by 23:59 on the announced date due.

Students are encouraged to submit both pediatric observation and pediatric care plan assignments within two weeks of observation date.

Pediatric Care Plan Grading Rubric

	Deficient Score of "0"	Emerging Score of "1"	Competent Score of "2"
Content	Less than 50% of the paper criteria were met.	More than 50% of the paper criteria were met.	All the paper criteria were met.
Critical Application	Evidence of critical thinking principles and nursing process lacking	Some evidence of use of critical thinking principles and nursing process communicated	Evidence of critical thinking principles and nursing process communicated

Format	Entry is not formatted according to guidelines. Entry is submitted after twenty four hours of the expected time frame. Paper is unorganized in ideas, unreadable in format, or contains more than five spelling or grammar mistakes.	Entry is not formatted according to guidelines. Entry is submitted within twenty four hours past the expected time frame. Paper reads poorly or lacks organization of ideas, or contains up to five spelling or grammar mistakes.	Entry is formatted according to guidelines. Entry is submitted within the expected time frame, reads well and provides clear organization of ideas.

NRS112
Pediatric Observation

Student:_____ MCCC ID#: _____

Clinical Facility Location: _____ Date of observation: _____

Instructions

- You must wear your uniform and nametag.
- Present yourself to the receptionist and sign the visit log.
- This is a 4 hour clinical day. Divide your time between the different rooms in the center.
- Introduce yourself to the staff in each room in which you enter.
- Perform hand hygiene upon entering and exiting each classroom.
- In each of the rooms, select a specific child to observe. Complete the appropriate age sheet for the child's age. No pens with removable caps are permitted in the facility.
- The children will go outside to play. Bring outerwear appropriate for the weather.
- You may interact with the children through playing and engaging in class activities. No roughhousing!
- You may not assist with diapering/toileting or render any first aid. You may not pick up any child.
- Please refrain from bringing personal belongings. Cell phone use is prohibited in the classroom. No pictures of children may be taken.
- No food, candy or chewing gum is permitted in the classrooms. Any snack must be eaten in the staff breakroom. The facility is peanut free.
- You may have a water bottle in the classroom, as long as it does not have a cap.

Infant (less than six months old)

Initials:_____ Age:_____

	Observed	Expected
Toileting		
Feeding		
Speech		
Play		
Interaction with other children		

Fine motor skills		
Gross motor skills		

Infant (older than six months)

Initials:_____ Age:_____

	Observed	Expected
Toileting		
Feeding		
Speech		
Play		
Interaction with other children		

Fine motor skills		
Gross motor skills		

Toddler

Initials:_____ Age:_____

	Observed	Expected
Toileting		
Feeding		
Speech		
Play		
Interaction with other children		

Fine motor skills		
Gross motor skills		

Pre-K

Initials:_____ Age:_____

	Observed	Expected
Toileting		
Feeding		
Speech		
Play		
Interaction with other children		

Fine motor skills		
Gross motor skills		

Skills

Nursing skills are an essential part of the role of a registered professional nurse. Lab and clinical times are designed to expose students to a wide variety of skills necessary for safe care. Students are responsible to use the lab and clinical time to improve their competency in performing skills.

The nursing program has delineated three levels of skill performance:

- ***Novice***: Skill has been introduced in lab, simulation, or clinical setting. Student has observed demonstration and/or demonstrated skills 2 times or less.

- ***Competent***: Student has demonstrated the skill 3 times or more in lab, simulation, or clinical setting. Student may require some direction on proper completion of skill.

- ***Proficient***: Student has demonstrated the skill 5 times or more lab, simulation, or clinical setting. Student performs the skill independently without direction.

The nursing program has outlined the expectations for skill level achievement by the completion of the program. Some skills are essential to safe nursing practice in any setting. Student performance of these skills must rise to the level of proficiency.

At the end of the semester, course instructors will document the current level of competence for each skill. Students must review and initial the document, which becomes part of the student's permanent record.

Clinical Assignments

All clinical assignments are entered into DocuCare. When you have completed your documentation, please remember to click the "Submit" button on the top right side of screen. This will enable your clinical instructor to review the assignment and give you feedback. DocuCare does not send out automatic notifications when feedback has been entered. Please check your submissions regularly.

Paper copies of the electronic records have been loaded into BlackBoard. You are welcome to print these records and bring to clinical to assist you in your information gathering.

Clinical Assignment #1

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)

-
-
-
-
-
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)

  Musculoskeletal

  Mental Health

  Integumentary (intact or chart wounds)

  Pain Scale

  Vital signs
- Braden scale

Clinical Assignment #2

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)
- Musculoskeletal
- Mental Health
- Integumentary (intact or chart wounds)
- Pain Scale Vital signs
- Braden scale

Create a care plan in DocuCare with three priority nursing diagnosis based on your assessment data. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting.

Clinical Assignment #3

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

-
-
-
-
-
- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)
- Musculoskeletal

  Mental Health

  Integumentary (intact or chart wounds)

  Pain Scale

  Vital signs

  Braden scale

Create a care plan with three priority nursing diagnosis based on your assessment data. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting.

Clinical Assignment #4

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)
- Musculoskeletal
- Mental Health
- Integumentary (intact or chart wounds)
- Pain Scale Vital signs
- Braden scale

-
-
-
-
-

Create a care plan with three priority nursing diagnosis based on your assessment data. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting.

Clinical Assignment #5

This assignment should be completed on a patient for whom you have previously completed a care plan. Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
- Respiratory
- Gastrointestinal (GI)
- Genitourinary (GU)
  Musculoskeletal
  Mental Health
  Integumentary (intact or chart wounds)
  Pain Scale
  Vital signs
- Braden scale

Revise your prior care plan with three priority nursing diagnosis based on your assessment data. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting. Please be prepared to discuss what you changed in your care plan and why.

Clinical Assignment #6

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
- Respiratory

- Gastrointestinal (GI)
- Genitourinary (GU)
- Musculoskeletal
- Mental Health
- Integumentary (intact or chart wounds)
- Pain Scale Vital signs
- Braden scale
- Medications

Create a care plan with three priority nursing diagnosis based on your assessment data and medication history. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting.

Clinical Assignment #7

Complete an assessment on your patient and document in DocuCare. The following assessments must be included:

- Activities of Daily Living (ADLs)
- Head, ear, eye, nose throat (HEENT)
- Neurological (Neuro)
- Cardiac (Cardiac)
  Respiratory
  Gastrointestinal (GI)
  Genitourinary (GU)
  Musculoskeletal
  Mental Health
- Integumentary (intact or chart wounds)
- Pain Scale Vital signs
- Braden scale
- Medications

Create a care plan with three priority nursing diagnosis based on your assessment data and medication history. Each diagnosis should include an outcome and at least three interventions appropriate to the long term care setting.

Week	Concept	Theory Assessment	Lab Activities	Lab Assessments	Clinical Activities	Clinical Assessments
1	Accountability Assessment Caring interventions Clinical decision making Health, wellness and illness	Not applicable	Vital signs Units of measure and conversions Handwashing Don and doffing clean gloves Changing an occupied bed Measuring height and weight	Not applicable	Site: College Head to toe assessment Taking a health history Handwashing	Health History

2	Communication Culture and diversity Development Evidence based practice Family	Not applicable	Vital signs Medication calculations Providing hygiene care Providing oral care Bathing a patient Changing a gown Providing perinealgenital care Providing foot care	Not applicable	Site: College Head to toe assessments Vital signs	EBP
			Hearing aids			

3	Comfort Mobility	Exam #1	Vital signs Medication calculations Performing passive range of motion exercises Supporting a client's position in bed Moving a client up in bed Turning a client to the lateral or prone position in bed Assisting a client to sit on side of bed Transferring a client between bed and chair Assisting a client to ambulate		Site: College Performing passive range of motion exercises Supporting a client's position in bed Moving a client up in bed Turning a client to the lateral or prone position in bed Assisting a client to sit on side of bed Transferring a client between bed and chair Assisting a client to ambulate Assisting a client to use a cane Assisting a client to use a walker Clinical site overview	Demonstration

			Assisting a client to use a cane Assisting a client to use a walker			

4	Cognition Ethics Safety Self Sensory perception	Submit EBP paper for approval	Vital signs Medication calculations Applying a mummy immobilizer Administering ophthalmic medications Administering otic medications		Site: College Head to toe assessment Medication administration simulation Review of medication administration skills	Demonstration
5	Pharmacology Tissue integrity Violence	Not applicable	Vital signs Medication calculations Assessing wounds Wound treatments Topical medications		Site: College Head to toe assessments Preparing medications from ampules Preparing medications from vials Administering oral medications Administering medications by enteral tube Administering sublingual medications Administering	

					ophthalmic medications Administering otic medications Administering nasal medications Applying a transdermal medications patch Administering rectal medication Administering intradermal injections Administering subcutaneous injections Administering subcutaneous anticoagulant injections Administering intramuscular injection Using the Z track method to administer intramuscular injection	

6	Collaboration Perioperative care Teaching and	Exam #2	Vital signs Medication calculations	Medication test given	Site: Clinical Facility 1 patient assignment	Clinical Assignment #1 assessment and vital signs
	learning		Assisting with a bedpan Assisting with a urinal Assisting a client to the commode Patient teaching activity introduced			
7	Immunity Infection Inflammation Thermoregulation	Literature review paper due	Vital signs Medication calculations Don and doffing isolation attire Using a mask Infection prevention choice activity Patient teaching activity	Patient teaching activity	Site: Clinical Facility 1 patient assignment	Clinical Assignment #2 Assessment, vital signs and care plan

8	Digestion Metabolism Nutrition	Not applicable	Vital signs Medication calculations Administering a tube feeding, intermittent and infusion. Patient teaching activity	Patient teaching activity	Site: Clinical Facility 1 patient assignment	Clinical Assignment #3 Assessment, vital signs and care plan
9	Addiction Grief and loss Mood and affect Spirituality Stress and coping	Exam #3	Vital signs Medication calculations Reinforce prior skills			Clinical Assignment #4 Assessment, vital signs and care plan
10	Elimination Fluid and electrolytes	Not applicable	Vital signs Medication calculations		Site: Clinical Facility 1 patient assignment	***Mid-semester clinical evaluation*** Same patient assigned as a prior week; Clinical Assignment #5 Assessment, vital signs and revised care plan of prior patient

11	Advocacy Health policy Healthcare Systems Legal issues	Not applicable	Vital signs Medication calculations Collecting a urine specimen Obtaining stool specimens Assisting with a bedpan Assisting with a urinal	Pediatric observation paper	Site: Clinical Facility 1 patient assignment	Clinical Assignment #6 Assessment, vital signs, medication history and care plan
			Assisting a client to the commode Applying an external urinary device			
12	Oxygenation Cellular regulation	Exam #4	Vital signs Medication calculations Administering oxygen via nasal cannula, face mask or face tent Ethics debate	Ethics debate	Site: Clinical Facility 1 patient assignment	Clinical Assignment #7 Assessment, vital signs, medication history and care plan related to medications

13	Acid base balance Perfusion	Not applicable	Vital signs Medication Calculations Arterial Blood Gases (ABG) interpretation Performing postmortem care		Site: Clinical Facility 2 patient assignment	Clinical Assignment #8 Assessment, vital signs and care plan on one patient
14	Reproduction Sexuality	Exam #5 HESI	Vital signs Medication calculations Systems Process Improvement exercise		Campus Clinical	Final Clinical Evaluations Completed No Clinical Assignment
			Review prior skills			
15	Informatics Managing care Professional behaviors Quality improvement	Not applicable	Vital signs Medication calculations Review prior skills	Reflective practice paper	No clinical	
16		Comprehensive final	Not applicable	Not applicable	Not applicable	Not applicable

Drug _____ class:

Therapeutic Effect	Drug Names (generic and brand)	Common Side Effects	Monitoring	Administration Considerations

Mechanism of Action	Contraindications	Serious Adverse Effects	Patient Teaching	Overdose Treatment

NRS112 Demonstrated Skill Competency

Student Name: _____ Student ID#: _____

Semester: Fall 2016

Novice: Skill has been introduced in lab, simulation, or clinical setting. Student has observed demonstration and/or demonstrated skills 2 times or less.
Competent: Student has demonstrated the skill 3 times or more in lab, simulation, or clinical setting. Student may require some direction on proper completion of skill.
Proficient: Student has demonstrated the skill 5 times or more lab, simulation, or clinical setting. Student performs the skill independently without direction.

Skill	Program Expectation	Novice	Competent	Proficient	Student Initials	Instructor Initials
General Assessment						
Measuring height	Competent					
Measuring weight	Competent					
Head to toe assessment	Proficient					
Vital Signs						
Assessing body temperature	Proficient					
Assessing an apical pulse	Proficient					
Assessing peripheral pulses	Proficient					
Assessing respiration	Proficient					
Assessing blood pressure	Proficient					
Using a pulse oximeter	Proficient					

Activities of Daily Living						
Changing an occupied bed	Proficient					
Providing basic hygiene care (AM/PM care)	Proficient					
Providing oral care for a client who is unconscious or debilitated	Novice					
Bathing an adult or pediatric client	Proficient					
Providing perineal-genital care	Proficient					

Skill	**Program Expectation**	**Novice**	**Competent**	**Proficient**	**Student Initials**	**Instructor Initials**
Providing foot care	Proficient					
Removing, cleaning and inserting a hearing aid	Competent					
Medication Administration						
Preparing medications from ampules	Proficient					
Preparing medications from vials	Proficient					
Administering oral medications	Proficient					
Administering medications by enteral tube	Proficient					
Administering sublingual medications	Proficient					
Administering ophthalmic medications	Proficient					
Administering otic irrigation	Competent					
Administering nasal medications	Competent					
Administering topical medications	Competent					
Applying a transdermal medications patch	Competent					
Administering rectal medication	Novice					
Administering intradermal injections	Novice					
Administering subcutaneous injections	Proficient					
Administering intramuscular injection	Proficient					

Using the Z track method for IM injections	Proficient					
End of Life Care						
Performing postmortem care	Novice					
Elimination						
Collecting a urine specimen	Proficient					
Obtaining stool specimens	Proficient					
Assisting with a bedpan	Proficient					
Assisting with a urinal	Proficient					
Assisting a client to the commode	Proficient					
Applying an external urinary device	Proficient					
Infection						
Hand hygiene	Proficient					
Donning and removing clean gloves	Proficient					
Skill	**Program Expectation**	**Novice**	**Competent**	**Proficient**	**Student Initials**	**Instructor Initials**
Donning and removing isolation attire	Proficient					
Using a mask	Competent					
Mobility						
Performing passive range of motion exercises	Competent					
Moving a patient in bed, includes support position, moving client up, turning and assisting to sit on side of bed	Proficient					
Transferring a client between bed and chair	Proficient					
Assisting a client to ambulate	Proficient					
Assisting a client to use a cane	Proficient					
Assisting a client to use a walker	Proficient					
Nutrition						
Administering a tube feeding	Proficient					

Oxygenation						
Administering oxygen via nasal cannula, face mask or face tent	Proficient					
Safety						
Applying a Mummy immobilizer	Novice					
Tissue Integrity						
Apply a dry dressing (includes foam, alginates, transparent)	Proficient					
Assessing and staging pressure ulcers	Proficient					
Apply topical wound care ointments	Proficient					
Irrigating a wound	Proficient					

Instructor Initials		Instructor Printed Name	
Instructor Initials		Instructor Printed Name	

Fall 2015
Revised Fall 2016