



NURSING 121

College Laboratory Guide

Spring 2014

Student Name _____

College Lab – Week 1

Objectives – Unit I – Inflammation and Infection

related to alterations in the concepts

WEEKLY COURSE OBJECTIVES: Appendicitis, PUD, Gallbladder Disease, Cellulitis

Exemplars used this week are

1. Identify factors and/or co-morbidities affecting and/or contributing to inflammation and/or infection.
2. Explain commonly used treatments, identified by standards of care, for patients with conditions that affect inflammation and/or infection.
3. Explain common physical assessment procedures used to assess inflammation and/or infection for patients across the life span.
4. Outline diagnostic and laboratory test to determine the patient's inflammation and/or infection status as it relates to the exemplars taught this week.
5. Explain the management of inflammation and/or infection as it relates to health/wellness and prevention.
6. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with conditions that affect inflammation and/or infection.
7. Identify pharmacologic and non-pharmacologic interventions when caring for a patient with conditions that affect inflammation and/or infection.

Skills/Demonstration

Skills/Assessment:

Nursing responsibilities as it relates to the operative patient:

- Perioperative
- Intra-operative
- Post-operative

Math

- Review medication calculation.
- Metric system conversions
- PO medication
- IV medication drawn up into a syringe
- IV fluid in drops per minutes.

Concept Book Nursing skills: 4.1, 4.2, 4.3, 4.13, 4.14, 4.15, 4.17,

Critical Thinking – Medication Administration

Pickar, G.D., Abernethy, A.P. (2008) *Dosage Calculations*. (8th ed.) Clifton Park: Thompson Delmar Learning

Math

- Review medication calculation.
- Metric system conversions
- PO medication
- IV medication drawn up into a syringe
- IV fluid in drip per minutes.

5. Describe standard precautions.

Surgical Asepsis Worksheet

1. Identify a synonym for surgical asepsis _____.
2. List at least three occasions when surgical asepsis is used.
 - a.
 - b.
 - c.
3. True or false:
 - a. Before donning sterile gloves you need to wash and dry your hands _____.
 - b. Place the glove package on a dry, clean surface, preferably above the waist _____.
 - c. Once a sterile glove package is opened only the outside of the wrapper is to be touched _____.
 - d. Only the inside edge of the cuff of the sterile glove can be touched _____.
 - e. Sterile gloves are disposable _____.
 - f. The fingers of the gloves are considered sterile _____.
 - g. The cuffs of the gloves are considered contaminated _____.
 - h. Once gloves are in place, solutions can be placed on the sterile field _____.

4. Describe the steps involved in a dressing change (Refer to Smith, Duell and Martin).

When removing a dressing _____ gloves are used.

If a dressing adheres to a suture line use _____ to wet the dressing.

A wound is assessed for _____, _____, _____ and _____.

Before cleansing a wound _____ gloves are donned.

Identify the direction to follow when cleansing an incision _____

_____.

Rationale _____

_____.

5. What antimicrobial agents used in wound care are _____ and _____.

6. When caring for a wound that has a drain, cleansing the drain site proceeds from the _____ to the _____ of the wound using a _____ motion.

7. Describe the steps involved with applying an abdominal binder.
8. How is a closed wound drainage system such as a Jackson-Pratt and a hemovac maintained?

Perioperative Worksheet

1. Describe the nursing activities implemented during the preoperative phase of client care.
2. Identify the purpose of a surgical shave and when it should be completed?

3. Identify the rationale for surgical scrub.
4. What other ways may the skin be cleansed and prepped for the OR?
5. Discuss the importance of preoperative teaching.
6. Describe the use of antiembolic stockings or sequential stockings to prevent venous stasis.
7. During a surgical scrub water runs by gravity in the direction
 - a. from the fingertips to the elbows
 - b. the elbow to the fingers
 - c. downward toward the hand
 - d. direction doesn't matter only length of the scrub time.
8. If during a surgical scrub the hand or arm is contaminated, the nurse needs to
 - a. start the scrub over from the beginning.
 - b. repeat the wash of the area considered contaminated for 10 strokes.
 - c. rinse the area for 20 seconds which renders the skin clean.
 - d. open a new scrub brush and continue to scrub for 30 seconds.
9. Identify four basic guidelines that the nurse incorporates in preoperative teaching.
 - a.
 - b.
 - c.
 - d.
10. Explain the purpose of antiembolic stockings and elastic wraps.

11. How often should stockings or wraps be removed?

12. How is a pneumatic compression device helpful to the circulation?

PROVIDING POSTOPERATIVE CARE

**Performed
Procedure**

	Yes	No	Mastered
1. Perform hand hygiene prior to each patient contact.			
2. Checked two forms of patient ID and introduced self to patient.			
3. Oriented patient to time, person, and place. Reoriented as needed.			
4. Assessed for patent airway and level of consciousness; administered oxygen if ordered. Attached pulse oximeter if ordered.			
5. Assessed for effects of anesthesia including general, regional, or local.			
6. Took vital signs, including pain assessment: usual orders are every 15 minutes until stable; then every half hour for 2 hours; every hour for 4 hours; then every 4 hours for 24–48 hours.			
7. Checked pulse oximetry every hour for 4 hours, then every 4 hours			
8. Checked for nausea and vomiting.			
9. Checked IV site and patency frequently.			
10. Observed, and recorded urine output, amount, and color.			
11. Measured intake and output.			
12. Observed skin color and moisture, and nail beds.			
13. Positioned patient for comfort and maximum airway ventilation according to orders.			
14. Turned every 2 hours and PRN.			
15. Gave back care at least every 4 hours.			
16. Encouraged coughing and deep breathing every 2 hours (may use spirometer or Triflow if ordered).			
17. Kept client comfortable with medications.			
18. Monitored for side effects of medications.			

19. Checked dressings and drainage tubes every 2–4 hours; if abnormal amount of drainage, checked more frequently. Emptied drainage system when needed.			
20. Gave oral hygiene at least every 4 hours; if nasogastric tube or nasal oxygen was inserted, gave oral hygiene every 2 hours.			
21. Bathed patient when temperature could be maintained.			
22. Kept patient warm and avoided chilling, but did not increase temperature above normal.			
23. Irrigated nasogastric tube every 4 hours and PRN, as ordered, with normal saline to keep patent and to prevent electrolyte imbalance.			
24. Maintained dietary intake: type of diet depended on type and extent of surgical procedure.			
25. Placed patient on bedpan 2–4 hours postoperatively if catheter was not inserted.			
26. Checked physician’s orders for when to begin the patient’s postoperative activity.			
27. Observed for signs and symptoms of possible postoperative complications, particularly postoperative bleeding and infection.			
28. Dangled or got client up in chair as ordered.			

Instructor: _____ **Date:** _____

College Lab – Week 2

Objectives – Unit 2 Inflammation and Immunity related to alterations in the concepts

WEEKLY COURSE OBJECTIVES:

Exemplars used this week are Gout, Rheumatoid Arthritis and HIV ONLY

1. Identify factors and/or co-morbidities affecting and/or contributing to alterations in inflammation/immunity.
2. Explain commonly used treatments, identified by standards of care, for patients with conditions that affect inflammation/ immunity.
3. Explain common physical assessment procedures used to assess inflammation/immunity for patients across the life span.
4. Outline diagnostic and laboratory test to determine the patient's inflammation/immunity status as it relates to the exemplars taught this week.
5. Explain the management of inflammation/immunity as it relates to health/wellness and prevention.
6. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with conditions that affect inflammation/immunity.
7. Identify pharmacologic and non-pharmacologic interventions when caring for a patient with conditions that affect inflammation/immunity.

Skills/Demonstration:

Learning activities for above exemplars.

Review case study on page 755 in Pearson Concept based book. Answer questions 1 and 2. Question 3. Please develop a plan of care using the nursing diagnosis of knowledge deficit. What education does Mrs. James require based on her new diagnosis and life style changes that will need to occur. What medications do you anticipate Mrs. Jones will be started on and what education and resource would you give the patient.

Answer all 5 questions on page 756 under “link the concepts”

Name that Drug

NCLEX style questions

Critical Thinking – Medication Administration

Pickar, G.D., Abernethy, A.P. (2008) *Dosage Calculations*. (8th ed.) Clifton Park: Thompson Delmar Learning

Math:

- Weight based Medication mcg/kg/hour
mL/kg/hour
mg/kg/hour

IV medication delivered using a Pump.

College Lab – Week 3

Objectives – Unit 3 – Mobility related to alterations in the concept

WEEKLY COURSE OBJECTIVES:

Exemplars used this week are Osteoporosis

1. Identify factors and/or co-morbidities affecting and/or contributing to alterations in metabolism.
2. Explain commonly used treatments, identified by standards of care, for patients with conditions that affect metabolism.
3. Explain common physical assessment procedures used to assess metabolism for patients across the life span.
4. Outline diagnostic and laboratory test to determine the patient's metabolic status as it relates to the exemplars taught this week.
5. Explain the management of metabolism as it relates to health/wellness and prevention.
6. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with conditions that affect metabolism.
7. Identify pharmacologic and non-pharmacologic interventions when caring for a patient with conditions that affect metabolism.

Skills/Demonstration:

Assess and maintain body alignment and turning of patients after hip/knee replacements.

Setting up and maintaining a sterile field.

- Preparing and maintain a sterile field.
- Donning sterile gloves
- Urinary Catheter assessment, insertion, and maintenance.

Assessment: Elimination and Mobility

Concept Book Nursing skills- 2.10, 2.11, 4.13, 6.14

HESI Case Study: DVT

Critical Thinking – Medication Administration

Pickar, G.D., Abernethy, A.P. (2008) *Dosage Calculations*. (8th ed.) Clifton Park: Thompson Delmar Learning

Math:

- Weight based Medication mcg/kg/hour
mL/kg/hour
mg/kg/hour

IV medication delivered using a Pump.

DRAPING A FEMALE CLIENT

Performed
Procedure

	Yes	No	Mastered
1. Brought bath blanket to bedside.			
2. Identified patient, and explained procedure.			
3. Provided privacy.			
4. Performed hand hygiene.			
5. Placed bed in HIGH position, and lowered side rail nearest you.			
6. Placed bath blanket over patient's top linen so that one corner of the blanket was pointed toward the patient's head to form a diamond shape over the patient.			
7. Instructed patient to hold onto bath blanket. Fanfolded linen to foot of bed and placed on chair.			
8. Requested that patient flex knees and keep them apart with feet firmly on bed.			
9. Wrapped lateral corners of bath blanket around feet in a spiral fashion until they were completely covered.			
10. Allowed for corner of the blanket between knees and extending over perineum to later be folded back over the abdomen.			

Instructor: _____ **Date:** _____

INSERTING A RETENTION CATHETER (FEMALE)

Performed
Procedure

	Yes	No	Mastered
1. Opened sterile package by tearing the package on the lined edge of plastic wrap. Placed plastic wrap at foot of bed for waste disposal.			
2. Placed catheter kit on bed between patient's legs.			
3. Opened closed drainage set bag and placed on bed near patient.			
4. Folded back corner of bath blanket to expose perineum.			
5. Opened white outer wrap away from package with last turn toward client.			

6. Removed sterile absorbent pad, and positioned under patient's buttocks plastic side down. Had patient lift buttocks if able. Positioned pad by holding corners of pad only.			
7. Donned sterile gloves.			
8. Positioned fenestrated drape over the patient to expose the genitalia (optional).			
9. Separated prep tray from container, placing prep tray with cotton balls, antiseptic solution packet and lubricant onto sterile field toward patient.			
10. Tested catheter balloon.			
11. Opened package and poured antiseptic solution over cotton balls.			
12. Uncapped syringe filled with lubricant and ejected onto prep tray to lubricate catheter tip at time of catheter insertion, or opened lubricant packet and inserted catheter tip into lubricate, keeping catheter in tray.			
13. Removed cap from specimen cup if indicated.			
14. Prepped patient's meatus:			
15. Discarded forceps in plastic bag at foot of bed.			
16. With uncontaminated hand, took catheter from container, lubricated tip, and inserted gently into meatus 2 inches or until urine started to flow.			
17. Guided the catheter gently just beyond the point at which urine began to flow.			
18. Injected entire contents of prefilled (10–30mL sterile water) syringe into the side arm of the catheter used for balloon inflation.			
19. If patient complained of pain on balloon inflation, immediately aspirated the sterile water.			
20. Retracted the catheter until you felt resistance.			
21. Obtained urine specimen before attaching catheter to drainage tubing, if indicated.			
22. Removed protective cap from drainage tubing and attached securely to catheter, if indicated.			
23. Applied catheter holder or tape catheter to patient's thigh. Placed one piece of tape on leg. Took second piece of tape and encircled catheter leaving two "tails" on tape. Secured "tails" from tape on catheter to tape on leg.			
24. Attached drainage bag to bed frame (not side rails); coiled tubing to allow free gravity flow of urine.			

25. Removed drapes.			
26. Repositioned client for comfort; put bed in LOW position with upper side rails up.			
27. Removed equipment, including gloves, and discarded disposable trash in appropriate container.			
28. Recorded urine output on I&O.			
29. Performed hand hygiene.			
30. Labeled specimen and placed cup in biohazard transport bag.			
31. Sent urine specimen to lab and documented procedure.			

Instructor: _____ **Date:** _____

INSERTING A RETENTION CATHETER (MALE)

**Performed
Procedure**

	Yes	No	Mastered
1. Opened sterile package by tearing package on lined edge of plastic wrap. Placed plastic wrap at foot of bed for waste disposal.			
2. Placed sterile kit on bed at client's side near thigh.			
3. Opened closed drainage set and placed on bed near work area.			
4. Opened outer white wrap away from sterile package.			
5. Placed sterile drape over thighs and under penis.			
6. Donned sterile gloves and set fenestrated drape aside on sterile field.			
7. Separated prep tray from container, placed prep tray with cotton balls, antiseptic solution packet, and lubricant onto sterile field toward patient.			
8. Tested catheter balloon.			
9. Opened package, and poured antiseptic solution over cotton balls.			
10. Removed cap from specimen cup if			

indicated.			
11. Uncapped syringe filled with lubricant and ejected onto rolling prep tray, or opened lubricant package.			
12. Lubricated catheter generously about 3–4 inches keeping catheter in tray or, if using alternate method, inserted lubricant directly into the urethra using a prefilled syringe.			
13. Positioned fenestrated drape over the penis.			
14. Held penis upright with your nondominant hand. Held sides of penis to prevent closing of urethra.			
15. With your dominant hand, used forceps to pick up cotton ball saturated with antiseptic solution or pick up swab.			
16. Cleansed meatus first with one circular stroke using the forceps or Betadine swab.			
17. Discarded swab into plastic wrap at foot of bed.			
18. Repeated circular prep around head of penis. Cleansed three times using a new cotton ball or Betadine swab each time.			
19. Continued to hold penis with your nondominant hand.			
20. Discarded forceps into plastic bag.			
21. Picked up catheter with sterile hand about 8–10 cm (3–4 inches) from tip of catheter.			
22. Lifted penis to a 90° angle (perpendicular to body) and exerted slight traction by pulling upward.			
23. Inserted catheter about 10–12 inches until urine began to flow.			
24. If resistance was met, lowered angle of penis to 45° and asked client to take a deep breath.			
25. Guided catheter gently 1–2 inches beyond point at which urine began to flow.			
26. Injected entire contents of prefilled sterile water syringe into side arm of catheter for balloon inflation.			

27. Gently retracted catheter until you felt resistance.			
28. Obtained urine specimen if indicated.			
29. Removed protective cap from drainage tubing and attached securely to catheter if indicated.			
30. Taped catheter to abdomen with 1-inch tape. Alternative taping to upper thigh.			
31. Attached drainage bag to bed frame (not side rails).			
32. Repositioned client for comfort; put bed in LOW positioned with upper side rails raised.			
33. Removed all equipment, including gloves, and discarded disposable trash in the appropriate container.			
34. Measured and recorded urine output in I&O bedside record.			
35. Performed hand hygiene.			
36. Labeled specimen cap, placed in biohazard transport bag, and sent to lab.			
37. Documented procedure.			

Instructor: _____ **Date:** _____

INSERTING A STRAIGHT CATHETER (FEMALE)

Performed
Procedure

	Yes	No	Mastered
1. Opened sterile catheter set package by tearing the package on the lined edge of plastic wrap. Placed plastic wrap at foot of bed for waste disposal.			
2. Placed catheter set on bed between patient's legs.			
3. Folded back drape to expose perineum.			
4. Opened white outer wrap away from sterile package with last turn toward client.			
5. Removed sterile absorbent pad, and positioned plastic side down under client's buttocks. Had patient lift buttocks if able. Positioned pad by holding corners of pad only.			

6. Put on sterile gloves.			
7. Placed fenestrated drape over patient's perineum, exposing meatus (optional).			
8. Removed sterile articles from tray, and arranged conveniently on sterile field or placed tray onto field.			
9. Opened package, and poured antiseptic solution over cotton balls or opened package of antisepticsoaked swabs with stick end up.			
10. Uncapped syringe filled with lubricant, or tore open lubricant package, picked up catheter tip, and lubricated the tip of the catheter generously.			
11. If specimen was required, uncapped sterile specimen container.			
12. Moved catheter tray close to client on sterile field.			
13. Prepped client's meatus:			
14. Using sterile gloved hand, picked up lubricated catheter keeping drainage end in collectioncontainer, and inserted 2 inches or until urine began to flow.			
15. Moved nondominant hand from holding labia open to hold catheter in place.			
16. Placed sterile specimen container under drainage end of catheter if specimen was needed, and filled container with approximately 30 mL of urine.			
17. Replaced catheter drainage end into collection container, and allowed urine to flow until it ceases.			
18. Pinched catheter closed when urine ceased to flow, and removed gently and slowly.			
19. Removed drapes and dried the perineum.			
20. Positioned client for comfort, put the bed in LOW position with the upper side rails raised.			
21. Measured and recorded urine output on the I&O bedside record.			
22. Discarded gloves and equipment appropriately.			
23. Performed hand hygiene.			

24. Labeled specimen, placed in transport bag, and sent to lab.			
25. Documented procedure.			

Instructor: _____ **Date:** _____

INSERTING A STRAIGHT CATHETER (MALE)

Performed
Procedure

	Yes	No	Mastered
1. Opened sterile package by tearing the package on the lined edge of plastic wrap. Placed plastic wrap at foot of bed for waste disposal.			
2. Placed sterile kit at client's side near thigh.			
3. Opened outer wrap away from sterile package.			
4. Donned sterile gloves.			
5. Placed first drape over thighs and under penis.			
6. Placed fenestrated drape over penis.			
7. Opened antiseptic package and poured solution over cotton balls or opened package of antiseptic-soaked swabs with stick end up.			
8. Opened lubricant packet or syringe—ejected onto prep tray.			
9. If specimen was required, uncapped the specimen container.			
10. Held penis upright with your nondominant hand.			
11. With your dominant hand, used forceps to pick up cotton ball saturated with antiseptic solution or picked up Betadine swab.			
12. Cleansed meatus with circular stroke using cotton ball or swab. Discarded cotton ball or swab into plastic bag at foot of bed.			

13. Repeated circular cleansing motion prep around tip of penis. Cleansed three times using a new cotton ball or swab each time.			
14. Continued to hold penis with your nondominant hand.			
15. Discarded forceps into plastic bag.			
16. Lubricated catheter about 3–4 inches using generous amount of lubricant.			
17. <i>Alternate Method:</i> Inserted tip of lubricant syringe at urethral opening and instilled lubricant (or 2% lidocaine gel if ordered) directly into urethra.			
18. Picked up catheter with sterile gloved hand about 8–10 cm (3–4 inches) from tip of catheter.			
19. Lifted penis to a 90° angle (perpendicular to body) and exerted slight traction by pulling upward.			
20. Inserted catheter about 24.5 cm (10–12 inches) until urine began to flow.			
21. If catheter met resistance, decreased angle of penis			
to 45° or less, and asked client to take a deep breath.			
22. Filled sterile specimen container from drainage end of catheter if specimen was needed.			
23. Pinched tubing, and transferred end of catheter into collection container.			
24. Allowed urine to drain into collection container until flow stopped.			
25. Removed catheter, placed lid on specimen bottle.			
26. Dried penis and removed drapes.			
27. Made client comfortable. Placed bed in LOW position with upper side rails raised.			
28. Discarded equipment in appropriate container.			
29. Removed gloves and performed hand hygiene.			

30. Sent specimen to lab and documented procedure.			
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Instructor: _____ **Date:** _____

PROVIDING CATHETER CARE

Performed
Procedure

	Yes	No	Mastered
1. Placed patient in supine position, and exposed perineal area to easily visualize the meatus.			
2. Removed catheter securing tape.			
3. Put on clean gloves.			
<i>for Female</i>			
a. Cleansed urinary meatus using circular motion moving outward with washcloth, soap and water.			
b. Dried area with towel.			
c. Resecured retention catheter with tape or commercial holder.			
<i>for Circumcised Male</i>			
a. With mitten washcloth, soap, and water, cleansed around urinary meatus.			
b. Dried area with towel.			
c. Using separate washcloth, cleaned area between scrotum and rectal area, then dried.			
d. Placed soiled linen in hamper.			
<i>for Uncircumcised Male</i>			
a. Retracted foreskin back away from catheter.			
b. With mitten washcloth, soap, and water, cleansed around urinary meatus.			
c. Dried penis with towel.			
d. After drying, pulled foreskin back around the catheter.			
e. Placed soiled linen in hamper.			
4. Removed gloves and discard. Retaped catheter.			
5. Positioned patient for comfort.			
6. Lowered bed, and raised upper side			

rail.			
7. Performed hand hygiene.			

Instructor: _____ **Date:** _____

REMOVING A RETENTION CATHETER

**Performed
Procedure**

	Yes	No	Mastered
1. Removed tape attaching catheter to patient.			
2. Inserted syringe into balloon port of catheter. Did not cut port with scissors.			
3. Withdrew fluid from balloon (usually 10 mL water in balloon).			
4. Pulled gently on catheter to ensure balloon was deflated before attempting to remove.			
5. Held paper towel under catheter with your nondominant hand.			
6. If resistance was not met, slowly withdraw catheter allowing it to fall into paper towel.			
7. Disconnected urine drainage bag from bed frame.			
8. Emptied drainage bag into graduate and measure.			
9. Recorded output on I&O bedside record.			
10. Disposed of catheter in appropriate receptacle.			
11. Positioned patient for comfort.			
12. Removed gloves and performed hand hygiene.			
13. Instructed client to drink oral fluids as tolerated and observed for symptoms of urinary tract infection (burning, frequency, urgency).			
14. Offered bedpan or urinal after removing catheter, until voiding occurred. Kept accurate I&O record of time and amount of postcatheterization voidings.			

15. Reported to physician if patient had not urinated in 8 hours.			
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Instructor: _____ **Date:** _____

IRRIGATING A CLOSED SYSTEM

**Performed
Procedure**

	Yes	No	Mastered
1. Open sterile container. Maintained sterility on inside of the container.			
2. Placed absorbent pad under end of catheter to form a working field.			
3. Poured irrigant into solution container.			
4. Clamped tubing just distal to injection port.			
5. Swabbed tubing injection port with antiseptic swab.			
6. Inserted the needleless cannula into tubing injection port.			
7. Attempted to aspirate obstructing clot or debris.			
8. Withdrew irrigating solution into syringe.			
9. Swabbed injection port again.			
10. Injected solution slowly into port.			
11. Removed syringe from injection port.			
12. Unclamped drainage tube, and lowered catheter to allow solution to drain.			
13. Repeated irrigation steps until return was free of clots and debris.			
14. Lowered bed and raised side rail.			
15. Disposed of equipment and removed gloves.			
16. Performed hand hygiene.			
17. Measured amount of return. Subtracted amount of irrigating solution to determine urine output.			
18. Recorded net urine output on clients I&O record.			

Instructor: _____ **Date:** _____

COLLECTING SPECIMEN FROM A CLOSED SYSTEM

Performed
Procedure

	Yes	No	Mastered
1. Gathered equipment.			
2. Identified patient.			
3. Explained the procedure and rationale to the patient.			
4. Clamped (or crimp and bind) retention catheter drainage tubing a few inches distal to sample access port (approximately 15 minutes to allow urine to collect in tube).			
5. Performed hand hygiene and donned gloves.			
6. Wiped the sample access port of the drainage tubing with the antimicrobial swab.			
7. Inserted cannula of specimen trap syringe into port. Alternately, inserted blunt cannula of syringe, or engaged uncapped Luer-Lok syringe with port.			
8. Aspirated urine sample (at least 2 mL) by gently pulling back on syringe plunger, then removed syringe.			
9. For Kova specimen syringe, capped syringe, completely retracted plunger, snapped it off from end of syringe barrel, and discarded.			
10. Applied identifying label to specimen syringe.			
11. For syringe with blunt cannula, Luer-Lok syringe, transferred urine sample into specimen container and applied client label.			
12. Removed drainage tubing clamp.			
13. Removed gloves and performed hand hygiene.			
14. Sent specimen syringe or container in biohazard bag to laboratory as soon as possible, or placed in unit refrigerator.			

Instructor: _____ **Date:** _____

College Lab -- Week 4

Objectives – Unit 4 – Mobility

related to alterations in the concept

Exemplars used this week are Osteoarthritis and fractures and care of the client with joint replacement

WEEKLY COURSE OBJECTIVES:

1. Identify factors and/or co-morbidities affecting and/or contributing to alterations in mobility.
2. Explain commonly used treatments, identified by standards of care, for patients with conditions that affect mobility.
3. Explain common physical assessment procedures used to assess mobility for patients across the life span.
4. Outline diagnostic and laboratory test to determine the patient's mobility status as it relates to the exemplars taught this week.
5. Explain the management of mobility as it relates to health/wellness and prevention.
6. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with conditions that affect mobility.
7. Identify pharmacologic and non-pharmacologic interventions when caring for a patient with conditions that affect mobility.

Skills/Demonstration/Return Demonstration:

Assess and maintain body alignment and turning of patients after hip/knee replacements.

Cont.

Setting up and maintaining a sterile field.

- Preparing and maintain a sterile field.
- Donning sterile gloves
- Urinary Catheter assessment, insertion, and maintenance.

Concept Book Nursing skills- 2.10, 2.11, 4.13, 6.14

Critical Thinking –

Medication Administration: Can review any math that was not finished from week 3

College Lab – Week 5

Objectives – Unit 5 – Mobility-

related to alterations in concepts

Exemplars used this week are amputations and back injuries

WEEKLY COURSE OBJECTIVES:

1. Identify factors and/or co-morbidities affecting and/or contributing to alterations in mobility.
2. Explain commonly used treatments, identified by standards of care, for patients with conditions that affect mobility.
3. Explain common physical assessment procedures used to assess mobility for patients across the life span.
4. Outline diagnostic and laboratory test to determine the patient's mobility status as it relates to the exemplars taught this week.
5. Explain the management of mobility as it relates to health/wellness and prevention.
6. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with conditions that affect mobility.
7. Identify pharmacologic and non-pharmacologic interventions when caring for a patient with conditions that affect mobility.

Skills/Demonstration

- Safety Group presentations are presented in lab