COURSE SYLLABUS

RNSG 2462 (4:0:16)

CLINICAL NURSING: MATERNAL/CHILD

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ASSOCIATE DEGREE NURSING PROGRAM

DEPARTMENT OF NURSING

HEALTH OCCUPATION DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE

FALL 2019

COURSE TITLE: RNSG 2462 Clinical Nursing (RN Training) Maternal-Child

INSTRUCTORS: Jill Pitts, MSN, RNC (Course Leader)
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GENERAL COURSE INFORMATION

A. COURSE DESCRIPTION

RNSG 2462 is a health related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. The specialized content of this course focuses on the concepts related to the provision of nursing care for childbearing and childrearing families within the four roles of nursing (member of the profession, provider of patient- centered care, patient safety advocate, and member of the health care team). This course includes the application of systematic problem-solving processes and critical thinking skills, including a focus on the childbearing family during the perinatal periods and the childbearing family from birth to adolescence. Upon completion of this course, the student will show competency in knowledge, judgment, skill and professional values within a legal/ethical framework focused on childbearing and childrearing families. Direct supervision is provided by the clinical professional. This course must be taken and passed concurrently with RNSG 1412.

Supportive foundation knowledge needed to care for the childbearing/childrearing individual, family and community includes physical and emotional aspects of nursing care, integrating developmental, nutritional, and pharmacological concepts. Additionally, essential in success are concepts of communication, safety, legal ethical issues, current technology, economics, humanities and biological, social and behavioral sciences.

Meet all requirements for admission into the Associate Degree Nursing Program.

1. Prerequisites: RNSG 1413, 1105, 1160, 1115, 1144, 1443, 2460, 2213, 2261, 1443, & 2461. BIOL 2401, 2402, 2420. PSYC 2314, ENGL 1301, & Humanities course.

2. Teaching Strategies: nursing laboratory, simulated lab, audiovisual media, student presentations, and group discussion, selected case presentation material, review of journal articles, study guides, patient care conference, computer programs, and individual and multiple client assignments.

COURSE LEARNING OUTCOMES

Upon successful completion of RNSG 2462, the student will meet all End of Program Student Learning Outcomes (EPSLOs) and course Student Learning Outcomes (SLOs). Additional specific information and objectives are found in the course description, the Clinical Evaluation Tool and weekly site tool objectives. In addition to the program educational objectives, the DECS (Differentiated Essential Competencies, (2010) are found within the Clinical Evaluation Tool and are designated by their letters and numbers in the numbered role columns in each unit.

SPC ADN End of Program STUDENT LEARNING OUTCOMES (EPSLOs)

1. CLINICAL DECISION MAKING – Provides competent nursing interventions based on application of the nursing process and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

2. COMMUNICATION AND INFORMATION MANAGEMENT – Communicates effectively utilizing technology, written documentation and verbal expression with members of the health care team, patients and their families.

3. LEADERSHIP – Demonstrates knowledge of basic delegation, leadership management skills and coordinates resources to assure optimal levels of health care for patients and their families.

4. SAFETY – Implements appropriate interventions to promote a quality and safe environment for patients and their families.

5. PROFESSIONALISM – Demonstrates knowledge of professional development and incorporates evidenced based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural and religious influences on patients and their families.

COURSE STUDENT LEARNING OUTCOMES (SLOs) – RNSG 1412 & 2462

CLINICAL DECISION MAKING

1. Analyze and utilize assessment and reassessment data to plan and provide individualized care for the childbearing/childrearing patient and family.

2. Demonstrate the orderly collection of information from multiple sources to establish a foundation of holistic nursing care to meet the needs of the childbearing/childrearing patient and family.

3. Manage and prioritize nursing care of the childbearing/childrearing patient and family.

COMMUNICATION

4. Demonstrate effective communication through caring, compassion, and cultural awareness for the childbearing/childrearing patient and family.

5. Develop, implement, and evaluate individualized teaching plans for the childbearing/childrearing patient and family.

LEADERSHIP

6. Demonstrates shared planning, decision making, problem solving, goal setting, cooperation and communication with the childbearing/childrearing patient, family and members of the healthcare team.

7. Coordinate and evaluate the effectiveness of the healthcare team and community resources in the delivery of health care to the childbearing/childrearing patient and family.

SAFETY

8. Provide safe, cost-effective nursing care in collaboration with members of the health care team using critical thinking, problem solving, and the nursing process in a variety of settings through direct care, assignment or delegation of care.

PROFESSIONALISM

9. Integrate ethical, legal, evidence based and regulatory standards of professional nursing practice in caring for the childbearing/childrearing patient and family.

10. Demonstrate caring behaviors that are nurturing, protective, safe, compassionate and person-centered where patient choices related to cultural values, beliefs and lifestyle are respected in the childbearing/childrearing patient and family.

11. Assume responsibility for professional and personal growth and development.

CLINICAL OBJECTIVES (See Appendix A and Weekly Site Tools on Blackboard)

EVALUATION METHODS

Successful completion of this course requires that no more than three weekly site tools earn a grade of below 77%. All clinical objectives on the Clinical Evaluation Tool must be met with a "Satisfactory" score on the final evaluation. Regular clinical attendance is required. Upon successful completion of this course, each student will have demonstrated accomplishment of the objectives for the course, through a variety of modes.

ACADEMIC INTEGRITY

Please refer to the SPC ADNP Nursing student handbook "Honesty Policy". This policy covers testing violations, record falsification violations and plagiarism violations. Plagiarism violations will result in dismissal from the ADN Program.

Examples of student plagiarism[1]

- Copying material without quotes, in-text citations, and/or referencing
- Paraphrasing content without in-text citation and/or referencing
- Copying ideas, words, answers, exams, or shared work from others when individual work is required
- Using another's paper in whole or in part
- Allowing another student to use one's work
- Claiming someone else's work is one's own
- Resubmitting one's own coursework, when original work is required (self-plagiarism)
- Falsifying references or bibliographies
- Getting help from another person without faculty knowledge or approval
- Purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

Smith, L. (2016), Nursing 2016, 46 (7), p. 17

COLLEGE HANDBOOK INFORMATION ON ACADEMIC INTEGRITY: It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own any work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense and renders the offender liable to serious consequences, possibly suspension.

Cheating - Dishonesty of any kind on examinations or on written assignments, illegal possession of examinations, the use of unauthorized notes during an examination, obtaining information during an examination from the textbook or from the examination paper of another student, assisting others to cheat, alteration of grade records, illegal entry or unauthorized presence in the office are examples of cheating. Complete honesty is required of the student in the presentation of any and all phases of coursework. This applies to quizzes of whatever length, as well as final examinations, to daily reports and to term papers.

Plagiarism - Offering the work of another as one's own, without proper acknowledgment, is plagiarism; therefore, any student who fails to give credit for quotations or essentially identical expression of material taken from books, encyclopedias, magazines and other reference works, or from themes, reports or other writings of a fellow student, is guilty of plagiarism.

VERIFICATION OF WORKPLACE COMPETENCIES

External learning experiences (clinical rotations) provide a workplace setting in which students apply content and strategies related to program theory and management of the workflow. Successful completion of the DECS; EPSLOs at the semester fourth level; Clinical Evaluation Tool objectives and Weekly Site Tool objectives will allow the student to graduate from the ADN Program. Upon successful completion of the program students will be eligible to apply to take the state board exam (NCLEX) for registered nurse licensure.

BLACKBOARD
Blackboard is an e-Education platform designed to enable educational innovations everywhere by connecting people and technology. This educational tool will be used in this course throughout the semester.

FACEBOOK
The nursing program has a Facebook page at https://www.facebook.com/SPCNursing17/

SCANS AND FOUNDATIONS SKILLS
Scans and foundation skills found within this course are listed below the unit title and above the content column of each unit.

SPECIFIC COURSE REQUIREMENTS

Required Texts

Lowdermilk, Perry, Cashion & Alden (2016). Maternity & Women's Health Care (11th Edition).

Study Guide for Maternity & Women's Health Care.

Ball, Bindler & Cowan (2019). Child Health Nursing (3rd Edition, Update).

Taketome, Hodding, & Kraus (2018 or 2019). Lexicomp's Pediatric Dosage Handbook. (25th or 26th Edition)

* * Drug Book of Choice

* * Medical Dictionary of Choice

ATTENDANCE POLICY

The SPC ADNP policy must be followed. Refer to the SPC ADNP Student Nurse handbook to review this policy. In addition, refer to the attendance policy found in the South Plains College Catalog (http://catalog.southplainscollege.edu/content.php?catoid=47&navoid=1229#Class_Attendance).

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ASSIGNMENT POLICY

1. Site tools (on Blackboard) are due on Sunday by 1700 after clinical rotations are completed. Late tool policy: With the first late tool, 5 points will be deducted if it is submitted by Sunday at midnight. If that tool is submitted after midnight then the grade is zero. Any subsequent tools will be given a grade of zero if submitted after Sunday at 1700. The tool must still be submitted even if it is going to be late so that the student may be given feedback from instructors on their clinical performance.

GRADING POLICY

1. This course is assigned a pass/fail grade status.

2. No more than 3 weekly site tool grades may be less than 77% to pass RNSG 2462.

3. All clinical objectives on the **final** clinical evaluation tool must be met with a "Satisfactory" rating to pass RNSG 2462.

4. All make-up assignments for **excused** absences must be completed as assigned with a grade of 77% or better to be used as an acceptable substitute for the clinical experience.
   Unexcused absences will be awarded a grade of zero and a makeup assignment must be completed as assigned with a grade of 77% or better to continue in the course. If the grade is below 77% on any make-up assignment, then an additional assignment will be given for the student to complete.

5. Failure of either theory or clinical will necessitate repeating all concurrent courses. When repeating any course, the student is required to retake all aspects of the course including the required written work.

SPECIAL REQUIREMENTS

A. Clinical Component

   1. Refer to the Clinical Evaluation Tool and Weekly Site Tool grading rubrics (found on Blackboard) for clinical grading criteria.
   2. When students exhibit inappropriate behavior, i.e., tardiness to clinical or skills lab, the instructor of that student along with consultation from the course leader will handle the situation with his/her discretion.

   3. Cell phones or Smart watches are NOT allowed in any clinical facility during clinical rotations. Students who violate this guideline may be removed from the clinical setting and will receive a grade of zero on their clinical tool for the rotation. You may not make personal phone calls during clinicals without an instructor's permission unless it is during your lunch break. **Please give your family and friends Jill Pitts' cell phone number 806 787-0997 to call in case of emergencies.** She has the master schedule and will quickly contact the student.

   4. Students are expected to attend all scheduled days of the clinical experience. In the event of illness, it is the student's responsibility to utilize the "Call In" number to notify faculty of the problem. The student is to call the clinical area (if outside of the

hospital) he/she is assigned to that day before the start of the workday. Should the student miss a clinical day, a Contact Record will be completed and this record will indicate the additional assignment required and dates for completion. Failure to notify the instructor of an absence or early dismissal from a clinical rotation for any reason will result in a grade of zero for that clinical tool.

Should a third absence occur, the student may be dropped from the course. The student's right of appeal is through the ADNP Admission/Academic Standards Committee.

B. Skills Lab/ Simulation lab

1. Students are expected to attend all scheduled simulation experiences. A simulation lab absence counts as a clinical absence.

2. Designated videos are considered part of the skills lab. A summary of each video viewed is to be placed in the student responsibility folder.

Clinical Responsibilities

1. It is the student's responsibility to seek opportunities during his/her clinical experience to meet the required clinical goals and complete the clinical evaluation and site tool objectives for each assigned clinical area. The clinical evaluation tool and objectives (site tools) should be reviewed prior to each clinical day in order to insure optimum objective completion. The unit specific site tools should be completed and submitted weekly via Blackboard. Each objective on the clinical evaluation tool must be validated by the student at the end of each evaluation period.

2. A minimum of two scheduled clinical evaluations per semester is required (Midterm and final evaluations). More evaluations may be scheduled based upon student or instructor identified need.

3. The clinical instructor may remove the student from the clinical setting if the student demonstrates unsafe or undesirable clinical performance as evidenced by the following:
   a). Is inadequately prepared for clinical.
   b). Places a client in physical or emotional jeopardy.
   c). Inadequately and/or inaccurately utilizes the nursing process.
   e). Violates previously mastered principles/learning/objectives in carrying out nursing care skills and/or delegated nursing functions.
   f). Assumes inappropriate independence in action or decisions. The student may not suggest referrals for patients – please notify the TPCN for concerns related to referrals. Students cannot initiate infant adoption arrangements.
   g). Fails to recognize own limitations, incompetence and/or legal responsibilities.
   h). Fails to accept moral and legal responsibility for his/her own actions; thereby, violating professional integrity.
   i). Noncompliance with SPC ADN dress code.
   j). Lack of initiative and self-direction.
   k). Displays unprofessional conduct.

l). Brings a cell phone or smart watch into the clinical setting without faculty permission.
m). Each clinical rotation has "Clinical Preparation Requirements" in the Appendices that give further direction and guidance for every rotation.

4. No copies of any part of the patient's chart or actual parts of the patients' chart may be removed from the hospital or clinic by the student. This is a breach of confidentially and students will be dismissed from the class and/or program for violating this guideline.

5. Prior to the end of the semester, each student will be expected to provide total patient care to two or more clients daily.

6. Each student is expected to be knowledgeable regarding the Nurse Practice Act in respect to professional performance, including delegation rules.

7. Lab prescriptions - a prescription will be assigned by the clinical instructor for any specific skill that he/she decides needs further practice.

8. The SPC Uniform Policy must be followed in all clinical areas (both hospital and community). See the ADNP Student Handbook.

9. Each student will maintain a responsibility notebook throughout the semester. Every item required must be completed and turned in at specified intervals.

10. Medication Administration: Refer to the Medication Administration Policy in Student Handbook (Levels I, II, and III pertain to this semester) and the Preparation of Pediatric Medication sheet in syllabus.

11. The student is expected to review clinical site preparation recommendations, listen to audio files on blackboard, review the study guides and hospital student orientation manuals for UMC (available on blackboard) prior to attending clinical rotations in those areas of the hospital.

COMPUTER USAGE

As computer technology in the field of health occupations continues to become more popular, computers will be used in this course for several assignments. All students have access to computers and printers on the South Plains College campus. Students will be expected to utilize computers to access assignments and classroom resources. All registered students are supplied with a working email account from South Plains College. In order to take exams, students must have their username and password.

COMPUTER LAB USAGE

The computer lab B in the Allied Health Building may used for printing by students. Please be advised that it will not be available if the lab is used for testing 10 minutes before the scheduled test time. The Nursing computer lab opens at 7:30 AM. You may also utilize the computer lab at the technology center for printing when the nursing lab is not in use. Plan printing in advance so that you have the materials needed (i.e. Powerpoints) before class begins.

ALL STUDENTS ARE EXPECTED TO KNOW THEIR SPC STUDENT USERNAME AND PASSWORD.

COURSE SCHEDULE
Class will meet weekly on Thursday and Friday from 0630 to 1430 or 1400 to 2200 (Thurs.) and 1130 to 1830 (Fri.) for 15 weeks during the semester. Please see clinical calendar on Blackboard course RNSG 2462.

COMMUNICATION POLICY
Electronic communication between instructor and students in this course will utilize the South Plains College "My SPC" and email systems. We will also utilize text messaging or phone calls for communication. The instructor will not initiate communication using private email accounts. Students are encouraged to check SPC email on a regular basis each week of class. Students will also have access to assignments, web-links, handouts, and other vital material which will be delivered via Blackboard. Any student having difficulty accessing Blackboard or their email should immediately contact the IT Help Desk or an instructor for direction.

CAMPUS CARRY
Campus Concealed Carry - Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC policy at:
(http://www.southplainscollege.edu/human_resources/policy_procedure/hhc.php)
Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

PREGNANCY ACCOMMODATIONS STATEMENT
If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education. To activate accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Director of Health and Wellness. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact Crystal Gilster, Director of Health and Wellness at 806-716-2362 or email cgilster@southplainscollege.edu for assistance.

STUDENT CONDUCT
Rules and regulations relating to the students at South Plains College are made with the view of protecting the best interests of the individual, the general welfare of the entire student body and the educational objectives of the college. As in any segment of society, a college community must be guided by standards that are stringent enough to prevent disorder, yet moderate enough to provide an atmosphere conducive to intellectual and personal development.
A high standard of conduct is expected of all students. When a student enrolls at South Plains College, it is assumed that the student accepts the obligations of performance and behavior imposed by the college relevant to its lawful missions, processes and functions. Obedience to the law, respect for properly constituted authority, personal honor, integrity and common sense guide the actions of each member of the college community both in and out of the classroom.
Students are subject to federal, state and local laws, as well as South Plains College rules and regulations. A student is not entitled to greater immunities or privileges before the law than those enjoyed by other citizens. Students are subject to such reasonable disciplinary action as the administration of the college may consider appropriate, including suspension and expulsion in appropriate cases for breach of federal, state or local laws, or college rules and regulations. This

principle extends to conduct off-campus which is likely to have adverse effects on the college or on the educational process which identifies the offender as an unfit associate for fellow students. Any student who fails to perform according to expected standards may be asked to withdraw. Rules and regulations regarding student conduct appear in the current Student Guide.

ACCOMMODATIONS

DIVERSITY STATEMENT

In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

DISABILITIES STATEMENT

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland Student Health & Wellness Center 806-716-2577, Reese Center (also covers ATC) Building 8: 806-716-4675, Plainview Center Main Office: 806-716-4302 or 806-296-9611, or the Health and Wellness main number at 806-716-2529.

SCANS COMPETENCIES

RESOURCES: Identifies, organizes, plans and allocates resources.

C-1 **TIME**--Selects goal--relevant activities, ranks them, allocates time, and prepares and follows schedules.
C-2 **MONEY**--Uses or prepares budgets, makes forecasts, keeps records, and makes adjustments to meet objectives
C-3 **MATERIALS & FACILITIES**-Acquires, stores, allocates, and uses materials or space efficiently.
C-4 **HUMAN RESOURCES**--Assesses skills and distributes work accordingly, evaluates performances and provides feedback.

INFORMATION--Acquires and Uses Information

C-5 Acquires and evaluates information.
C-6 Organizes and maintains information.
C-7 Interprets and communicates information.
C-8 Uses computers to Process information.

INTERPERSONAL--Works With Others

C-9 Participates as members of a team and contributes to group effort.
C-10 Teaches others new skills.
C-11 Serves clients/customers--works to satisfy customer's expectations.
C-12 Exercises leadership--communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.
C-13 Negotiates-Works toward agreements involving exchanges of resources resolves divergent interests.
C-14 Works with Diversity-Works well with men and women from diverse backgrounds.

SYSTEMS--Understands Complex Interrelationships

C-15 Understands Systems--Knows how social, organizational, and technological systems work and operates effectively with them
C-16 Monitors and Correct Performance-Distinguishes trends, predicts impacts on system operations, diagnoses systems' performance and corrects malfunctions.
C-17 Improves or Designs Systems-Suggests modifications to existing systems and develops new or alternative systems to improve performance.

TECHNOLOGY--Works with a variety of technologies

C-18 Selects Technology--Chooses procedures, tools, or equipment including computers and related technologies.
C-19 Applies Technology to Task-Understands overall intent and proper procedures for setup and operation of equipment.
C-20 Maintains and Troubleshoots Equipment-Prevents, identifies, or solves problems with equipment, including computers and other technologies.

FOUNDATION SKILLS

BASIC SKILLS--Reads, writes, performs arithmetic and mathematical operations, listens and speaks

F-1 Reading--locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.
F-2 Writing-Communicates thoughts, ideas, information and messages in writing, and creates documents such as letters, directions, manuals, reports, graphs, and flow charts.
F-3 Arithmetic--Performs basic computations; uses basic numerical concepts such as whole numbers, etc.
F-4 Mathematics--Approaches practical problems by choosing appropriately from a variety of mathematical techniques.
F-5 Listening--Receives, attends to, interprets, and responds to verbal messages and other cues.
F-6 Speaking--Organizes ideas and communicates orally.

THINKING SKILLS--Thinks creatively, makes decisions, solves problems, visualizes, and knows how to learn and reason

F-7 Creative Thinking--Generates new ideas.
F-8 Decision-Making--Specifies goals and constraints, generates alternatives, considers risks, and evaluates and chooses best alternative.
F-9 Problem Solving--Recognizes problems and devises and implements plan of action.
F-10 Seeing Things in the Mind's Eye--Organizes and processes symbols, pictures, graphs, objects, and other information.
F-11 Knowing How to Learn--Uses efficient learning techniques to acquire and apply new knowledge and skills.
F-12 Reasoning--Discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

PERSONAL QUALITIES--Displays responsibility, self-esteem, sociability, self-management, integrity and honesty

F-13 Responsibility--Exerts a high level of effort and preservers towards goal attainment.
F-14 Self-Esteem--Believes in own self-worth and maintains a positive view of self.
F-15 Sociability--Demonstrates understanding, friendliness, adaptability, empathy, and politeness in group settings.
F-16 Self-Management--Assesses self accurately, sets personal goals, monitors progress, and exhibits self-control.
F-17 Integrity/Honesty--Chooses ethical courses of action.

APPENDICES

Appendix A: RNSG 1412 & 2462 Maternal – Child Nursing

Student Name: _____

Responsibility Notebook Instructions

You will need a 1-2 inch size three ring binder and 5 tab pages for this course. Please put your name on the front of the notebook.

Notebook arrangement:

This page should be placed first and the "Course Grade Worksheet" should be second in the notebook.

Tab page 1 should be labeled "**Site Tools**"
Place copies of the graded site tool rubrics and attach the Prep Sheets, and L & D Charting sheets (if applicable) behind this tab as they are returned to you.
Tab page 2 should be labeled "**Clinical Evaluation Tools**"
Place your Clinical Evaluation Tool here to turn in for grading at the designated times within the semester.
Tab page 3 should be labeled "**Videos Check Off Sheet**"
Place your check off sheet and your handwritten notes of the videos you watched the first week of class here.
Tab page 4 should be labeled **"Clinical Drug Cards"**
Place all drug cards for Pediatrics (including those completed that are not on the assigned list); Labor & Delivery; Postpartum; and Newborn cards are to be placed here at the **end of the semester**.
Tab page 5 should be labeled **"Study Guides"**
Place the Newborn Study Guide and the Labor & Delivery study guides here at the **end of the semester**.

This notebook should be turned in for grading at these times:

**The second Wed. of class to check notebook arrangement
Turn in the Notebook for **MIDTERM evaluation when due and include the following:
a. All clinical site tool graded rubrics for the first half of the semester. Pediatric Prep Sheets and Mom-Baby Prep Sheets and/or L & D Charting Sheets should be attached to the appropriate site tool graded rubric (when applicable).
b. Clinical Evaluation Tool
c. Videos Check Off Sheet with notes from videos (if applicable)

** For the **FINAL** evaluation, turn in your completed responsibility folder and include:
a. ALL clinical site tool graded rubrics, for the entire semester, with the Pediatric Prep Sheets, Mom-Baby Prep Sheets, and Labor & Delivery charting sheets attached to the appropriate site tool graded rubric.
b. Clinical Evaluation Tool
c. Videos check off sheet (completed at the first of the Pediatric lectures)
d. All Clinical drug cards.
e. Study Guides for Newborn and Labor and Delivery.

Appendix B: **South Plains College - Associate Degree Nursing Program**
Student Clinical Evaluation Tool
Semester Four

Student's Name:_____ RNSG 2462 Year: FALL 2019

Midterm Clinical Grade:____ Final Clinical Grade:____ Concurrent Course (RNSG 1412) Grade_____

Clinical practice standards for student performance are based on the SPC End of Program Student Learning Outcomes. For each EPSLO, a level of achievement is indicated in the table below. Students are expected to complete the semester at the level indicated, showing progress and increasing competency throughout the semester. Student performance standards/levels are defined as follows (adapted from Krichbaum et al., 1994):

1. Provisional: performs safely under supervision; requires continuous supportive and directive cues; performance often uncoordinated and slow; focus is entirely on task or own behavior; beginning to identify principles but application of principles are sometimes lacking.

2. Assisted: performs safely and accurately each time observed but requires frequent supportive and occasional directive cues; time management skills still developing; skill accuracy still developing; focus is primarily on task or own behavior with more attention to client; identifies principles but still may need direction in application of principles.

3. Supervised: performs safely and accurately each time behavior is observed; requires occasional supportive and directive cues; spends reasonable time on task and appears generally relaxed and confident; applies theoretical knowledge accurately with occasional cues; focuses on clients initially but as complexity increases, may still focus more on task.

4. Independent: performs safely and accurately each time behavior is observed and without need of supportive cues; demonstrates dexterity in skills; spends minimum time on task; applies theoretical knowledge accurately; focuses on client while giving care.

GRADUATE OUTCOMES	1st semester	2nd semester	3rd semester	4th semester
Clinical Decision Making	2	3	4	4
Communication & Information Mgt.	2	3	4	4
Leadership	1	2	3	4
Safety	1	2	3	4
Professionalism	1	2	3	4

The student's progress toward meeting the clinical objectives and work ethics at the level indicated will be evaluated at midterm and again at the end of the semester (Additional formal evaluations may be scheduled with the student if necessary). Clinical objectives and Work Ethics must receive a satisfactory score on the final evaluation to pass the course.

Upon satisfactory completion of the course, the student will have met the SPC EPSLOs and the Texas BON "Differentiated Essential Competencies" (DECS). The DECS are listed by letters and numbers in the numbered role columns on the clinical evaluation tool (1=Member of the Profession; 2=Provider of Patient-Centered Care; 3=Patient Safety Advocate; and 4=Member of the Health Care Team)

Krichbaum, K., Rowan, M., Duckett, L., Ryden, M., & Savik, K. (1994). The Clinical Evaluation Tool: A measure of the quality of clinical performance of baccalaureate nursing students. *Journal of Nursing Education,* 33 (9), 395-404

RNSG2462 **CINICAL EVALUATION TOOL**

KEY:
ELA: Expected Level of Achievement
DECS: Differentiated Essential Competencies (Texas BON, 2010)
EPSLO: End of Program Student Learning Outcome

RATING: N/O: Not Observed (can only be used at mid-term)
S: Satisfactory
U: Unsatisfactory
NI: Needs Improvement

EPSLO: CLINICAL DECISION MAKING - Provides competent nursing interventions based on application of the nursing process and demonstrates critical thinking, independent judgment and self-direction while caring for patients and families. (ELA 4)

DECS (clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**1. Applies critical thinking by describing nursing concepts, principles and theories as they apply to**		
B2	A4B1	B1B4	C1	**clinical situations.**		
	B2B3		D1	**Satisfactory**: Applies the nursing process in promoting an optimal level of wellness in women, children		
	B5B7		E1	and their families. (Successfully completes one Pediatric Process and one OB Process for the course)		
	C2C3			Describes the physiological and psychological changes in patients and families during the antepartal,		
	D2D3			intrapartal and postnatal periods.		
	E1E2			Identify common pharmacological agents utilized during the childbearing and childrearing years.		
	E3E4			**Needs Improvement:** Does not utilize the nursing process on a consistent basis.		
	E12,13			Demonstrates difficulty in describing the physiological and psychological changes in patients and		
	F1F5			families during the antenatal, intrapartal and postnatal periods.		
	F6			Needs assistance in identifying common pharmacological agents utilized during the childbearing and		
				childrearing years.		
				Unsatisfactory: Fails to utilize the nursing process in the care of patient and families.		
				Does not describe the physiological and psychological changes of clients and families during the		
				antenatal, intrapartal and postnatal periods.		
				Cannot identify common pharmacological agents utilized during the childbearing and		
				childrearing years.		
A2	A1A2	B3B4	B2B3	**2. Utilizes systematic, sequential thinking processes.**	MIDTERM	FINAL
B5B6	B2B3	B5B9	E4	**Satisfactory:** Demonstrates an individual plan of care that prioritizes nursing diagnoses		
	B5	D1E2		and interventions for the child-bearing /childrearing patient.		
	D1D2	D3		Organizes patient care effectively.		
	D3			Demonstrates competency in the performance of clinical skills.		
	E1E6			**Needs Improvement:** Has difficulty demonstrating an individual plan of care that prioritizes nursing		
	E12,13			diagnoses and interventions for the childbearing/childrearing patient.		
	H1			Needs minimal guidance in the organization of patient care.		
				Needs assistance in the performance of clinical skills.		

EPSLO: Clinical Decision Making - Provides competent nursing interventions based on application of the nursing process and demonstrates critical thinking, independent judgment and self-direction while caring for patients and families. (ELA 4) - CONTINUED

DECS (Clinical)				Clinical objectives and examples of knowledge, skills, & behaviors	MIDTERM	FINAL
1	2	3	4	**2. Utilizes systematic, sequential thinking processes. (con't)**		
				Unsatisfactory: Has difficulty demonstrating an individual plan of care that prioritizes nursing diagnoses and/or interventions for the childbearing/childrearing patient.		
				Needs frequent guidance in the organization of patient care.		
				Needs frequent assistance in the performance of clinical skills		
A3	B1B3	B4B5	D1	**3. Examines subjective and objective data.**	MIDTERM	FINAL
	B5B7		E1	**Satisfactory:** Demonstrates objectivity in the collection/analysis of data as it relates to patient care.		
	C1			**Needs improvement:** Gathers data, but does not always adequately analyze the impact on patient care		
	F1F2			**Unsatisfactory:** Gathers data but does not analyze the impact on patient care.		
	F4					
A2, 3	A1,2	A3,4	A2,3	**4. Demonstrates competence in meeting clinical objectives within safe performance parameters**	MIDTERM	FINAL
B4,8	B5B7	B1,2	B2,3	**and with adequate critical judgment.**		
D1,3	C1	B3,4,5	C1,2,4	**Satisfactory**: No more than 3 clinical performance evaluations ("Weekly Site Tool" scores) may be		
	D1,2,3	B9	D1,3,4	be below 77% during the semester.		
	E1,2,3	D1,2,3	D7	**Needs improvement:** Upon **midterm evaluation**, the scores on clinical performance are below 77%		
	E4,12		E1,3,4	on one or two evaluations. ("Weekly Site Tool" scores)		
	E13			**Unsatisfactory:** More than 3 clinical performance evaluations ("Weekly Site Tool" scores) are below 77%		
	F6			during the semester.		
	H6					

EPSLO: COMMUNICATION AND INFORMATION MANAGEMENT - Communicates effectively utilizing technology, written documentation and verbal expression with members of the health care team, patients and families. (ELA 4)

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**1. Utilizes different communication styles.**		
A2	A3,5	B4	A1,2	**Satisfactory**: Communicates with patient, significant support persons and members of the healthcare team to promote the safe and effective care of patients and their families. Consistently uses different communication styles and applies skills of therapeutic communication, while maintaining confidentiality in caring for the childbearing and childrearing family. Utilizes various forms of communication (i.e. charts, written assignments, nursing process) to provide continuity and accuracy of care. Recognizes verbal and non-verbal communication of self and others.		
B7	E4,6		C2			
	E9,10		D1,4			
	F3,5		D6			
	G2		E1,2			
			E3,4			
				Needs Improvement: Lack of consistent demonstration of different communication styles. Needs instructor assistance to communicate pertinent information. Lack of ongoing communication with the healthcare team. Minimal communication with patients and families.		
				Unsatisfactory: Fails to utilize different communication styles when caring for the childbearing/childrearing patients and families.		
	B8	B9	A1	**2. Applies strategies to augment therapeutic communication.**	MIDTERM	FINAL
	C2		B3	**Satisfactory:** Demonstrates confidence and accuracy in communication when caring for the childbearing and childrearing family and staff (i.e. accurate shift report to staff and student) Explains the effects of hospitalization on the patient and family. Assesses the teaching and learning needs of patients and families during the childbearing and childrearing years.		
	E2,5		D4			
	E6,9					
	E13					
	G1,2,3					
	G4,5					
	G6,7			**Needs Improvement:** Needs instructor assistance to communicate with the patient, family and/or staff. Cannot clearly explain the effects of hospitalization on the patient and family. Needs assistance in assessing the teaching and learning needs of patients and families during the childbearing/childrearing years.		

EPSLO: COMMUNICATION AND INFORMATION MANAGEMENT - Communicates effectively utilizing technology, written documentation and verbal expression with members of the health care team, patients and families. (ELA 4) - CONTINUED

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**		
1	2	3	4	**2. Applies strategies to augment therapeutic communication. (continued)**		
				Unsatisfactory: Does not engage in effective communication with patients, families and staff. Unable to explain the effects of hospitalization on the patient and family. Unable to assess the teaching and learning needs of patients and families during the childbearing and childrearing years.		
B3,B7	E10		B1,3	**3. Values the observation of health care situations from a patient's perspective.**	MIDTERM	FINAL
	E11		C2,3	**Satisfactory:** Maintains confidentiality and dignity of the patient and family in the healthcare setting. Reflects on interactions with staff members, peers and the childbearing/childrearing family.		
			E2	**Needs Improvement:** Needs to instructed on maintaining confidentiality and dignity of the patient and/or family. Is not reflective of ways to improve communication and collaboration.		
				Unsatisfactory: Does not demonstrate confidentiality for the patient and family. Consistently has the inability to reflect on interactions with staff members, peers, and the patient and family that interferes with therapeutic effectiveness.		
	A4		C2,3	**4. Describes the role of the nurse in information management**	MIDTERM	FINAL
	C3		E1,3	**Satisfactory:** Utilizes the electronic medical records and additional technical resources to promote safe patient care.		
	E10		E4	**Needs Improvement:** Needs frequent assistance in the utilization of the electronic medical records and additional technical resources to adequately care for patients.		
				Unsatisfactory: Does not utilize the electronic medical record and additional technical resources to promote safe care of the patient.		
D5	A3,4		D2	**5. Demonstrates the ability to formulate appropriate written communication.**	MIDTERM	FINAL
	C1,2		E1,3	**Satisfactory:** Charting details in the patient record is accurate and timely.		
				Needs Improvement: Sometimes needs assistance from instructors and nurses with charting accurately and on time.		
				Unsatisfactory: Often need assistance from instructors and nurses with charting details in the patient record.		
A2	B1,2	B5	E1,3	**6. Values the need for accurate and current communication of data.**	MIDTERM	FINAL
B5	B3,5			**Satisfactory:** Demonstrates an appreciation for accurate collection of data & accurate reporting of data.		
D3	C3			**Needs Improvement:** Inconsistently demonstrates an appreciation for accurate collection of data.		
	E5			**Unsatisfactory:** Does not demonstrate an appreciation for accurate collection of data.		
	F1					

EPSLO: LEADERSHIP - Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and families. (ELA 4)

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4			
A1,2	A1	A4	A1	**1. Explain the healthcare institutional chain of command in respect to the nurse.**		
B9	B8	B1	B3	**Satisfactory:** Accurately analyzes the role of the nurse in assisting patients and families during the childbearing/ childrearing process.		
C1.5	C4	D1	D5			
D4	D1			**Needs Improvement:** Needs frequent assistance in analyzing the role of the nurse in assisting patients and families during the childbearing and childrearing years.		
	G7					
				Unsatisfactory: Does not utilize the role of the nurse in assisting patients and families during the child-bearing/childrearing process.		
	E6		A2,3	**2. Initiates a plan for self development as a team member.**	MIDTERM	FINAL
			B4	**Satisfactory:** Consistently assumes the role of a team member in the clinical setting.		
			C2,3	**Needs Improvement:** Needs frequent assistance in assuming the role of team member in the clinical setting.		
			C4			
			D3.6	**Unsatisfactory:** Does not utilize or assume the role of team member in the clinical setting.		
B7	D1	A2	A2	**3. Respects the different attributes that members bring to the team.**	MIDTERM	FINAL
C2,5	E6,9	D1,2	D1,3	**Satisfactory:** Consistently demonstrates respect for all members of the health care team and understands the principles of delegation as described in the Texas BON Nurse Practice Act.		
	H5	D3	D5			
				Needs Improvement: Occasionally demonstrates respect for all members of the health care team. Needs assistance from faculty/staff to apply the principles of delegation.		
				Unsatisfactory: Often does not demonstrate respect for all members of the health care team. Does not understand nor utilize the principles of delegation.		
	C4,5		A2,3	**4. Examines nursing roles that contribute to coordination and integration of care.**	MIDTERM	FINAL
	C7		B5	**Satisfactory:** Independently analyzes the role of the nurse in assisting patients and families during the childbearing/childrearing years in obtaining and utilizing community resources and discharge planning.		
	G7		C1,2			
			C3,4	**Needs Improvement:** Occassionally needs assistance to analyze the role of the nurse in the community resources and discharge planning.		
			D2,4			
				Unsatisfactory: Does not recognize the role of the nurse in assisting patients and families in the coordination of community resources and discharge planning.		

EPSLO: SAFETY - Implements appropriate interventions to promote a quality and safe environment for patients and families. (ELA 4)

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**1. Promotes a safe, effective environment conducive to optimal health of the patient.**		
A3	A1,2	A3,4	D1	**Satisfactory:** Completes procedures each time safely according to the institutions policy and procedures.		
B5,6	A3	B3,5	E3	Collaborates with faculty and staff regarding treatments and procedures. Recognizes and reports		
B9	B2,3	B7		abnormal assessment findings (e.g. V.S., lab or x-ray reports, patient's condition)		
D1,4	B4,5	D2,3		**Needs Improvement:** Needs frequent assistance to find the institution's policy and procedure		
	B7,8			guidelines. Needs frequent assistance when performing treatments and procedures.		
	D1,2			Occasionally doesn't collaborate appropriately with faculty/staff regarding treatments and procedures.		
	E3,4			Occasionally doesn't recognize or report abnormal assessment findings (e.g. V.S., pt. condition, etc.)		
	E6,12			**Unsatisfactory:** Does not utilize the institution's policy and procedures regarding treatments and		
	F1			procedures. Violates previously mastered skills in performing treatments and procedures. Does not		
				collaborate with faculty and staff appropriately regarding treatments and/or procedures.		
				Fails to recognize and report significant assessment findings (e.g. V.S., patient condition, etc.)		
A3	D2	B1,2	E2,3	**2. Demonstrates knowledge of medication administration safety.**	MIDTERM	FINAL
B6	E4,6	B3,4	E4	**Satisfactory:** Demonstrates knowledge of all medications the patient is receiving. Performs admini-		
	G1,2	B5,6		stration of medications safely every time, according to program and institution's principles. Always		
		B7,8		evaluates, documents, and reports responses to medications appropriately in written and oral form.		
		B9		**Needs Improvement:** Demonstrates partial knowledge of all medication the patient is receiving.		
		C2,3		Needs frequent prompting regarding safe medication administration. Needs frequent assistance in		
				evaluating, documenting and reporting the patient's responses to medications.		
				Unsatisfactory: Demonstrates minimal knowledge of all medications the patient is receiving. Violates		
				principles of safe medication administration. Often fails to evaluate, document and report the		
				patient's responses to medications.		

EPSLO: PROFESSIONALISM - Demonstrates knowledge of professional development and incorporates evidence based practice in the nursing profession. Utilizes concepts of caring, including moral, ethical, legal standards with astute awareness of the spiritual, cultural and religious influences on patients and families. (ELA 4)

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**1. Examines nursing roles that contribute to coordination and integration of care.**		
B2,8	C1,6	A2,4		**Satisfactory:** Analyzes the role of the nurse in assisting patients and families during the childbearing and childrearing process, including the patient's Bill of Rights and cost awareness. Always demonstrates professional behaviors in the student nurse role and is a positive role model. **Needs Improvement:** Occasionally analyzes the role of the nurse in assisting patients and families during the childbearing/childrearing years. Inconsistently demonstrates professional behaviors in the student nurse role. **Unsatisfactory:** Does not analyze the role of the nurse in assisting patients and families during the childbearing/childrearing years. Doesn't demonstrate professional behaviors in the student nurse role		
C3,5	D1					
C6	E7					
	G6,7					
	H3					
D1,3	A4	D2,3		**2. Seeks professional opportunities and seeks professional opportunities.**	MIDTERM	FINAL
D4,5				**Satisfactory:** Always demonstrates an eagerness for learning and a sense of inquiry. **Needs Improvement:** Occasionally demonstrates an eagerness for learning and a sense of inquiry. **Unsatisfactory:** Does not demonstrate an eagerness for learning and/or avoids learning opportunities.		
D1,3	A4	B7	A3	**3. Describes the quality improvement process**	MIDTERM	FINAL
D4,5			B4	**Satisfactory**: Consistently delivers care based on nursing standards and evidenced based practice in childbearing and childrearing patients. Identifies standards of practice in regard to care of the obstetric, newborn and pediatric patient. **Needs Improvement:** Is inconsistent in delivering care based on nursing standards and evidenced based practice. **Unsatisfactory:** Unable to deliver care based on nursing standards and evidenced based practice.		
			C4			
B3,7	B1,3	B1	A1,2	**4. Demonstrates a respectful attitude and nonjudgmental attitude of care.**	MIDTERM	FINAL
	B8,9		B1,2	**Satisfactory:** Effectively communicates compassionate care to diverse populations. Always provides care unique to the childbearing/childrearing family; respecting their individual values, customs & habits. even when they are different from one's own beliefs. **Needs Improvement:** Occasionally communicates compassionate care to diverse populations. Inconsistent in providing care unique to the childbearing/childrearing family, respecting their individual values, customs, and habits. **Unsatisfactory:** Does not communicate compassionate care to diverse populations. Unable to provide care unique to the childbearing/childrearing family, respecting their individual values, customs & habits.		
	C2		C1,3			
	E8					
	G2					

EPSLO: PROFESSIONALISM - Demonstrates knowledge of professional development and incorporates evidence based practice in the nursing profession. Utilizes concepts of caring, including moral, ethical, legal standards with astute awareness of the spiritual, cultural and religious influences on patients and families. (ELA 4) - CONTINUED

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**5. Describes realm and boundaries of caring relationships in relation to diversity.**		
A1,2	B1,9	B1	A1	**Satisfactory:** Always delivers safe, compassionate and culturally sensitive care to diverse populations to maintain or enhance wellness of women, children, and families. Demonstrates culturally sensitive care to diverse populations to maintain or enhance the health of the childbearing/childrearing family. Identifies cultural issues that impact care for the childbearing/childrearing family. Verbalizes the role of diversity and spirituality in the care of the childbearing/childrearing patient and family.		
B3,7	C1		B1,2			
	G2,7		B3			
				Needs Improvement: Inconsistent in providing culturally sensitive care to diverse populations to maintain or enhance the health of the childbearing/childrearing patient and family. Needs assistance in identifying cultural issues that impact care for the childrearing/childbearing family. Inconsistently verbalizes the role of diversity and spirituality in the care of the childbearing/childrearing patient and family.		
				Unsatisfactory: Does not demonstrate culturally sensitive care to diverse populations to maintain or enhance the health of the childbearing/childrearing family. Is unable to identify cultural and diversity issues that impact care for the childbearing/childrearing family. Is unable to identify and verbalize the role of diversity or spirituality in the care for the childbearing/childrearing patient and family.		
B3,4	B9	A3	B1	**6. Accepts and respects cultural differences.**	MIDTERM	FINAL
B5	D1	D1,2		**Satisfactory:** Consistently recognizes own ethnocentric beliefs and is able to identify own strengths and weaknesses when delivering care to diverse populations.		
D1,3		D3				
D4				**Needs Improvement:** Occasionally makes ethnocentric judgments and/or comments regarding the and family. Needs assistance in identifying own strengths and weaknesses when delivering care to diverse populations.		
				Unsatisfactory: Is unable to determine individual ethnocentric beliefs that may impact the nurse/patient relationship in the maternal-child setting. Is unable to identify individual strengths and weaknesses when delivering care to diverse populations.		
B3,7	G7	B1	B2,3	**7. Demonstrates awareness of communicating a genuine caring attitude.**	MIDTERM	FINAL
				Satisfactory: Consistently demonstrates a caring attitude when caring for patients and families.		
				Needs improvement: Inconsistent in demonstrating a caring attitude when caring for patients and families.		
				Unsatisfactory: Does not demonstrate a caring attitude when caring for patients and families.		

EPSLO: PROFESSIONALISM - Demonstrates knowledge of professional development and incorporates evidence based practice in the nursing profession. Utilizes concepts of caring, including moral, ethical, legal standards with astute awareness of the spiritual, cultural and religious influences on patients and families. (ELA 4) - CONTINUED

DECS (Clinical)				**Clinical objectives and examples of knowledge, skills, & behaviors**	MIDTERM	FINAL
1	2	3	4	**8. Appreciates the significance of a caring attitude.**		
B3	B9		A1	**Satisfactory:** Continuously demonstrates sensitivity to the childbearing/childrearing family, anticipating specific social and psychological needs of the patient and family.		
	E1,2		B1,3	**Needs Improvement:** Focuses on self and tasks to be performed rather than the needs of the patient and family.		
	E7,8			**Unsatisfactory:** Does not demonstrate sensitivity to the childbearing/childrearing family. Is unable to reflect upon interactions with the childbearing/childrearing patient and family to determine caring interactions and behaviors.		
	F6					
	G6,7					
A1,3	B5		B1	**9. Integrates ethical and legal responsibility and accountability for one's nursing practice.**	MIDTERM	FINAL
B2,5	C2,3			**Satisfactory**: Always delivers ethical care based on the student's knowledge, education, experience, nursing standards and evidenced based practice. Maintain or enhance the wellness of women, children and their families. Consistently implements planned nursing interventions specific to identified problems for the childbearing/childrearing patient. Sets priorities when administering caring interventions.		
C5	D2			**Needs Improvement:** Needs frequent guidance to practice within the student's level of knowledge, education, experience & nursing standards. Frequently unable to set priorities of caring interventions. Needs frequent feedback to implement identified interventions.		
	E2,3			**Unsatisfactory:** Does not implement planned nursing interventions when caring for the mother, child and family. Unable to practice within the student's level of education and experience.		
	E6,8					

RNSG2462 **CINICAL EVALUATION TOOL**

RATING: N/O: Not Observed (can only be used at mid-term)
S: Satisfactory
U: Unsatisfactory
NI: Needs Improvement

WORK ETHICS EVALUATION	MIDTERM	FINAL
The work ethics must be met at the satisfactory level, with no unsatisfactory scores on the FINAL Clinical Evaluation to pass RNSG 2462.		
1. Attendance: arrives/leaves on time; proper notification given if absent; absent only if ill or absolutely necessary		
2. Character: honest, trustworthy, reliable, dependable, accountable, responsible, takes initiative, self-disciplined		
3. Teamwork: team worker, cooperative, mannerly, respectful of others in works/actions		
4. Appearance: appropriate dress, clean, well groomed, good hygiene; follows guidelines in student handbook		
5. Attitude: positive attitude, appears self-confident, realistic expectations of self and others		
6. Productivity: uses time wisely; follows safety practices, keeps work area clean & neat; follows directions/procedures		
7. Organizational Skills: displays good time management, flexible, prioritizes appropriately, manages stress		
8. Communication: appropriate and therapeutic verbal and nonverbal skills in all interactions		
9. Cooperation: follows chain-of-command, works well w/peers & supervisors/instructors; handles criticism; problem solves vs. blame		
10. Respect: respects rights of others; does not engage in harassment of any kind; provides respectful care to diverse populations without regard to gender, culture, religion, socioeconomic status, life style or beliefs - makes a conscious effort to pick or accept assignments of diverse patients.		

Clinical Evaluation Faculty Comments

Midterm Evaluation:
Comments:

Signatures and date
Faculty _____ Date: _____
Student_____ Date:_____

Final Evaluation:
Comments:

Signature and date
Faculty _____ Date: _____

Appendix C: UNIT SPECIFIC CLINICAL REQUIREMENTS

(Student must complete & submit site tools, when applicable, through Blackboard by 1700 on Sunday following the clinical rotations)

NEONATAL INTENSIVE CARE (NICU)
Clinical Preparation Requirements

You will not pick up a patient assignment the day before this rotation--you will be assigned to a nurse when you arrive in the NICU and will assist that TPCN as they deem appropriate.

Did you do each of these **BEFORE** going to NICU?
_____Review the clinical site tool objectives found on Blackboard
_____Read the appropriate chapters in the Pediatrics textbook (Suggest: chapters on prematurity and high risk newborn)
_____Read NICU sections of the UMC student manual (located on Blackboard course content page)
_____Listen to orientation Podcast (see Blackboard)

Bring these with you to NICU:
_____Print a copy of the NICU site tool from Blackboard to review and bring with you to gather needed information

Submit the completed site tool through Blackboard by 1700 on the Sunday following the rotation on Thursday or Friday.

LABOR AND DELIVERY
Clinical Preparation Requirements

You will not pick up a patient the day before clinical. You will be assigned a patient when you arrive at the labor and delivery area and will primarily be doing observational work and helping the TPCN. You must complete a student chart for a minimum of one patient daily that you are assigned.

Did you do each of these BEFORE going to labor and delivery?

_____ Review the labor and delivery site tool objectives found on Blackboard
_____ Complete the drug cards for labor and delivery/antepartum and Newborn -THESE MUST BE HANDWRITTEN--TYPED CARDS WILL NOT BE ACCEPTED. (Suggestion: look in your OB textbook for most of this information.)
_____ Complete and/or review the "Labor & Delivery Study Guide" and also review the "Intrapartum Electronic Fetal Monitoring Study Review Guide" found in your syllabus.
_____ Read appropriate chapters in your OB textbook and the Lamaze Parents Magazine.
_____ Read the UMC Student Orientation manual "Perinatal Area" regarding labor and delivery (this is in Blackboard) or the Covenant L & D Orientation Sheet.
_____ Review OB student charting sheets and the example of how to complete the charting sheet.

Bring these things with you to Labor and Delivery clinical rotations:

_____ Print a copy of the labor and delivery site tool found on Blackboard to bring with you to gather needed information.
_____ Completed labor and delivery/antepartum AND Newborn drug cards (Turn in to the instructor at the beginning of your shift). You must bring these to every clinical rotation in Labor and Delivery.
_____ Student charting sheets (bring several with you) You must complete at least one chart per day and turn copies in to the instructor on FRIDAY. (also bring the example of how to fill this out to refer too and ask the faculty questions as needed)
_____ Completed "Labor & Delivery Study Guide" (Turn in to the instructor at the beginning of your shift)

Clinical Guideline regarding report:

_____ Receive nurse to nurse report; evening students get report from day student nurse then go with day student when they give report to TPCN. Day students DO NOT leave the unit until report is given and you introduce the evening student to the patient's TPCN. Check with faculty before leaving the unit during clinicals or at the end of the shift. If at Covenant, give report to TPCN.

****Site tools and must be submitted by 1700 on Sunday after the previous week's rotation in Labor and Delivery.**

Student Name_____

RNSG2462-CLINICAL DRUG CARDS
ANTEPARTUM/LABOR AND DELIVERY

THESE MUST BE HANDWRITTEN-NO TYPED CARDS WILL BE ACCEPTED.

Complete drug cards for these medications using the Antepartum/Labor & Delivery drug card forms in the syllabus. The faculty will critique them on your first day at the clinical setting. Be prepared to discuss the appropriate drugs ordered for your patient**. Look in your OB textbook for much of the information**. Be sure that ALL the information on the card is OB and/or Labor and Delivery focused (e.g. dose, nursing measures, interventions, teaching).

Cervidil

Cytotec

Pitocin

Fentanyl (Sublimaze)

Ropivacaine

Phenylephrine

Stadol

Phenergan

Demerol

Hemabate

Methergine

Magnesium Sulfate

Calcium Gluconate

Betamethasone

Terbutaline (Brethine)

Indomethacin

Procardia

C-Section Preop Medications:

Bicitra
Pepcid (I.V.) Please include dilution and administration time.
Reglan (I.V.) Please include dilution and administration time

LABOR & DELIVERY/ANTEPARTUM DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____

CLASSIFICATION_____

RECOMMENDED DOSAGE/FREQUENCY/ROUTE_____

_____

REGULAR USES_____

_____

OB USES_____

_____

ADVERSE REACTIONS_____

_____

_____

_____

_____

_____

OB NURSING MEASURES: ASSESS/MONITOR_____

_____

_____

_____

_____

_____

_____

_____

OB INTERVENTIONS/PT. TEACHING_____

_____

_____

_____

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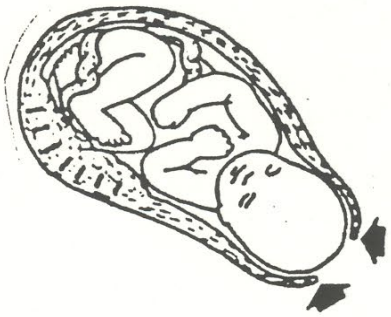
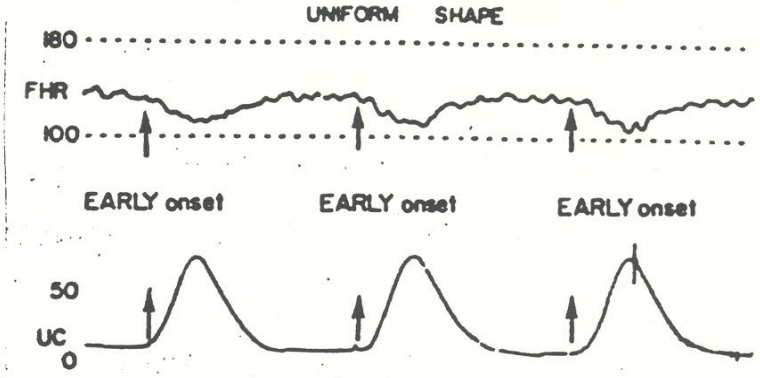
_____

_____

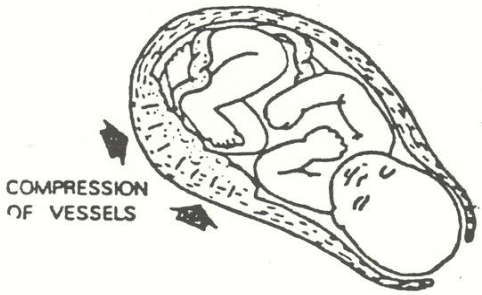


HEAD COMPRESSION

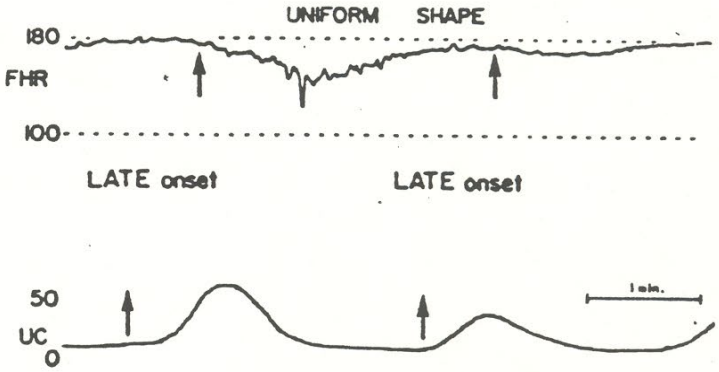


EARLY DECELERATION (HC)

Fig. 3-9

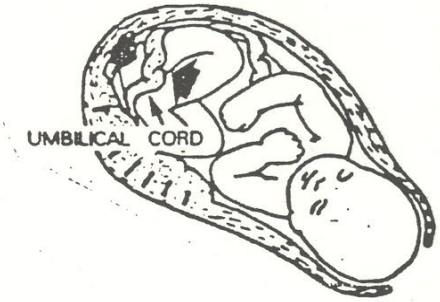


UTEROPLACENTAL INSUFFICIENCY

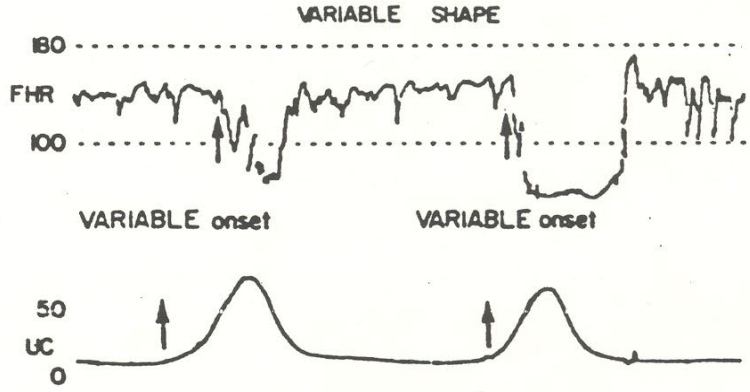


LATE DECELERATION (UPI)

Fig. 3-10



UMBILICAL CORD COMPRESSION



VARIABLE DECELERATION (CC)

Fig. 3-11

Table 1. Electronic Fetal Monitoring Definitions

Pattern	Definition
Baseline	• The mean FHR rounded to increments of 5 beats per minute during a 10-minute segment, excluding: —Periodic or episodic changes —Periods of marked FHR variability —Segments of baseline that differ by more than 25 beats per minute • The baseline must be for a minimum of 2 minutes in any 10-minute segment, or the baseline for that time period is indeterminate. In this case, one may refer to the prior 10-minute window for determination of baseline. • Normal FHR baseline: 110–160 beats per minute • Tachycardia: FHR baseline is greater than 160 beats per minute • Bradycardia: FHR baseline is less than 110 beats per minute
Baseline variability	• Fluctuations in the baseline FHR that are irregular in amplitude and frequency • Variability is visually quantitated as the amplitude of peak-to-trough in beats per minute. —Absent—amplitude range undetectable —Minimal—amplitude range detectable but 5 beats per minute or fewer —Moderate (normal)—amplitude range 6–25 beats per minute —Marked—amplitude range greater than 25 beats per minute
Acceleration	• A visually apparent abrupt increase (onset to peak in less than 30 seconds) in the FHR • At 32 weeks of gestation and beyond, an acceleration has a peak of 15 beats per minute or more above baseline, with a duration of 15 seconds or more but less than 2 minutes from onset to return. • Before 32 weeks of gestation, an acceleration has a peak of 10 beats per minute or more above baseline, with a duration of 10 seconds or more but less than 2 minutes from onset to return. • Prolonged acceleration lasts 2 minutes or more but less than 10 minutes in duration. • If an acceleration lasts 10 minutes or longer, it is a baseline change.
Early deceleration	• Visually apparent usually symmetrical gradual decrease and return of the FHR associated with a uterine contraction • A gradual FHR decrease is defined as from the onset to the FHR nadir of 30 seconds or more. • The decrease in FHR is calculated from the onset to the nadir of the deceleration. • The nadir of the deceleration occurs at the same time as the peak of the contraction. • In most cases the onset, nadir, and recovery of the deceleration are coincident with the beginning, peak, and ending of the contraction, respectively.
Late deceleration	• Visually apparent usually symmetrical gradual decrease and return of the FHR associated with a uterine contraction • A gradual FHR decrease is defined as from the onset to the FHR nadir of 30 seconds or more. • The decrease in FHR is calculated from the onset to the nadir of the deceleration. • The deceleration is delayed in timing, with the nadir of the deceleration occurring after the peak of the contraction. • In most cases, the onset, nadir, and recovery of the deceleration occur after the beginning, peak, and ending of the contraction, respectively.
Variable deceleration	• Visually apparent abrupt decrease in FHR • An abrupt FHR decrease is defined as from the onset of the deceleration to the beginning of the FHR nadir of less than 30 seconds. • The decrease in FHR is calculated from the onset to the nadir of the deceleration. • The decrease in FHR is 15 beats per minute or greater, lasting 15 seconds or greater, and less than 2 minutes in duration. • When variable decelerations are associated with uterine contractions, their onset, depth, and duration commonly vary with successive uterine contractions.
Prolonged deceleration	• Visually apparent decrease in the FHR below the baseline • Decrease in FHR from the baseline that is 15 beats per minute or more, lasting 2 minutes or more but less than 10 minutes in duration. • If a deceleration lasts 10 minutes or longer, it is a baseline change.
Sinusoidal pattern	• Visually apparent, smooth, sine wave-like undulating pattern in FHR baseline with a cycle frequency of 3–5 per minute which persists for 20 minutes or more.

Abbreviation: FHR, fetal heart rate.

Macones GA, Hankins GD, Spong CY, Hauth J, Moore T. The 2008 National Institute of Child Health and Human Development workshop report on electronic fetal monitoring: update on definitions, interpretation, and research guidelines. Obstet Gynecol 2008;112:661–6.

RNSG 2462 Labor and Delivery Student Charting Sheet

Date: ________________ Student's Name: _______________ Pt. initial ______

G __ T __ P __ AB __ L __ Gravida_____ Para _____

Membranes: ____Intact ___AROM____SROM ____Clear ____ Meconium

EGA ________________

Maternal Assessment

Time	V.S	Time	V.S.
_____	______________________________	_____	__________________________
_____	______________________________	_____	__________________________
_____	______________________________	_____	__________________________
_____	______________________________	_____	__________________________

Vaginal Exams	Time	Results	Time	Results
**Include Dilation	________	_______________	________	_______________
Effacement &	________	_______________	________	_______________
Station in the	________	_______________	________	_______________
Results space	________	_______________	________	_______________

Contraction Assessment **Fetal Assessment**

Time	Mode	Freq.	Int.	Dur.	Rest Tone	Mode	Base Line	Var.	Accels	Decels
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	___________
_____	_____	_____	_____	_____	_____	_____	_____	_____	_______	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_______

Mode: I (Internal monitor) E (External monitor)

Freq: Contraction frequency

Int: Intensity of contractions=M (mild) Mod. (moderate) S (strong)

Dur.: Duration range of the contraction

Rest Tone: Resting tone of uterus = S (soft) T (tense)

Baseline: FHR baseline Var.: Variability=A (absent) M (minimal: <5bpm) Mod (moderate: 6-25 bpm) Ma (marked: >25 bpm)

Accels: FHR accelerations range (10x10; 15x15)

Decels:N (none) E (early decels) V (variable decels) L (late decels)

Medications:

Pitocin Y N beginning dose __________ ending dose ___________

Epidural Y N Meds: ___________________________________ Rate: ___________

Analgesia:Med.____________dose______route______times_____ _____ _____ ____

MgSO4 Y N dose __________ (Pt. Delivered Yes No Time: _______)

MOM-BABY
Clinical Preparation Requirements

You will NOT pick up a patient the day before. You will be assigned 1 couplet (mom and baby) when you arrive at the postpartum floor and will provide total patient care to both the mother and her infant including charting and giving ordered medications. You will complete a "Mom-Baby Prep Sheet" for each assigned couplet.

Did you do each of these BEFORE going to Postpartum?

_____ Review the Mom-Baby site tool objectives found on Blackboard.
_____ Complete the drug cards for postpartum and newborn (these must be HANDWRITTEN.)
_____ Review the "Breast Care and Breastfeeding Study Guide" and the "Postpartum Study Guide" found in your syllabus.
_____ Review the postpartum chapters in your textbook.
_____ Review UMC Student Manual for "Perinatal areas". (link located on Blackboard)
_____ Review Newborn study guide; "Newborn Assessment" sheets; and mom and newborn charting screenshots for UMC powerchart (found on Blackboard).
_____ Review newborn assessment link from Stanford on Blackboard.
_____ Review and prepare a "Mom-Baby Charting Sheet" for your clinical day (i.e. fill in the times and other information).
_____ Review the "Mom-Baby Preparation" Sheet and **complete page 2 & 3 from the textbook**, please make 3-4 copies of these sheets to use during all mom-baby clinical rotations.

Bring these things with you to Postpartum:

_____ "Mom-Baby Preparation" sheets with page 2 & 3 **partially** completed (one for each assigned couplet must be completed from the chart information during the clinical rotation). Turn in to instructor for review when completed. **Fill in the rationale for abnormal labs for both mom and baby and turn in to your instructor for review on Friday.
_____ Print a copy of the Mom-Baby site tool found on Blackboard and bring to clinicals to gather needed information.
_____ Bring the "Postpartum Study Guide"
_____ Completed Postpartum and Newborn drug cards and turn in to the instructor on your first clinical day. (These must be brought with you to every Postpartum rotation that you attend).
_____ Completed Newborn Study Guide (Turn in to the instructor on your first day in mom-baby). This should be brought back to every clinical rotation for student review as needed.
_____ Completed "Mom-Baby Charting Sheet" (bring 2-3 copies) to guide you throughout the shift.
_____ "Newborn Assessment" Sheets (bring 2-3 copies)
_____ For UMC only, Computer Charting Screenshots of norms for Mom and Baby.

Clinical Guideline regarding report:
_____ Receive nurse to nurse report; evening students get report from day student nurse then go with day student when they give report to TPCN. Day students DO NOT leave the unit until report is given and you introduce the evening student to the patient's TPCN. Check with faculty before leaving the unit during clinicals or at the end of the shift. If at Covenant, give report to TPCN

The Site tool must be submitted by 1700 on Sunday following the rotations in mom-baby.

RNSG 2462 - Newborn Study Guide

Student Name: _____

** This will help you to complete the Newborn Assessment and answer verbal questions when you are working with newborns in mom-baby and L & D.

The study guide answers **must** be handwritten. Typed copies are NOT accepted. Please see chapter 24 in your OB textbook for most of this information and "Newborn Assessment Slides" from Stanford found on the RNSG2462 content page in Blackboard.

For a normal term infant:

weight _____grams_____lbs./oz.
length _____cm._____inches
FOC _____cm _____in
Chest _____cm_____in.

Vital Signs:
Temperature _____
Heart Rate _____ Respirations_____
BP_____

****What would be an indication that the BP should be taken in all four extremities in the newborn period and what is the most likely cause of a discrepancy ?**

You must briefly describe each item, define each item and state the possible causes associated with an abnormal finding (if needed) on the following newborn physical assessment parameters. (Keep in mind that most of these items will have to do with genetic issues; gestational age issues; or making the transition from being a fetus to being a neonate type of issues)

1. Color:
    a. Pink
    b. Pale
    c. Plethoric
    d. Flushed
    e. Gray
    f. Acrocyanosis
    g. Central cyanosis

h. Jaundice

i. Mottled

j. Meconium stained

3. Cry

a. Strong, lusty

b. Shrill, high pitched

c. Weak

d. Hoarse

4. Activity

a. Active

b. Hypoactive

c. Hyperactive

d. Flaccid

e. Jittery

5. Skin

a. Peeling

b. Perspiring

c. Turgor

d. Edema

e. Petechiae

f. Cyanosis

g. Rash

h. Birthmark

i. Vernix

j. Desquamation

k. Acrocyanosis

l. Ashen

6. Head

a. Caput

b. Molding

c. Cephalohematoma

d. Symmetry

7. Face

a. Bruising

b. Lacerations

c. Facial weakness

d. Milia

8. Fontanelles

a. Size: Posterior_____Anterior_____

b. Shape: Posterior _____ Anterior _____

c. Soft

d. Flat

e. Depressed

f. Bulging

9. Eyes

a. Subconjunctivial hemorrhage

b. Icteric

c. Edema

d. Blink reflex

10. Ears

a. Low set

b. Abnormal shape

c. Skin tags

d. Cartilage

11. Nose

a. Obstruction (how would you check for patency?)

12. Mouth

a. Protruding tongue

b. Precocious teeth

c. Cleft lip

d. Cleft palate

e. Epstein Pearls

f. Droop

13. Neck

a. Mobility

b. Webbing

c. Masses

d. Fractured clavicle

14. Heart Sounds

    a. S1 and S2

    b. PMI location (location and how assessed ?)

15. Pulses

    a. Brachial

    b. Femoral

16. Respirations

    a. Retractions (note differences between the following)
    subcostal:

    intercostal:

    substernal:

    sternal:

    b. Tachypnea

    c. Periodic breathing

    d. Grunting

    e. Nasal flaring

    f. Symmetry

17. Breath Sounds
    a. Ronchi

    b. Rales

    c. Dimished

18. Abdomen

    a. Round

    b. Scaphoid

c. Distended

d. Loops

e. Bowel sounds

19. Umbilical cord

a. Normal

b. Pulsating

c. Meconium stained

d. Drainage

e. Cord care

20. Back

a. Spine curvature

b. Myelomeningocele

c. Mongolian spots

d. Sacral dimple

e. Lanugo

21. Extremities

a. Paralysis

b. Hips Abduction

c. Hands & Feet:
Extra digits

Webbed digits

Skin tags

Sole creases

Palmar creases

22. Genitalia & breasts
    a. Scrotum
        Testes
        Ruggae
    b. Hypospadias
    c. Hymenal tag
    d. Pseudomenstruation
    e. Witches milk
    f. Urine output
    g. Circumcision (include description of types)
23. Rectum
    a. Patency
    b. Imperforate anus
    c. Fistula
    d. Stool
24. Reflexes
    a. Moro
    b. Babinski
    c. Grasp
    d. Plantar
    e. Stepping or dancing
    f. Arm & leg recoil
    g. Rooting
    h. Swallowing
    i. Sucking

j. 25. Describe the Ballard Score parameters

SPC RNSG 2462
MOM-BABY PREPARATION SHEET

Patient Room #_____ Age_____ Physician: (circle one) Private Texas Tech

Date of Admission:_____

Reason for Admission:_____

PRENATAL RECORD (found in the paper chart or on powerchart) :

G_____T____P____A____L____ and G_____ P_____
List previous delivery histories:

Date Prenatal Care Began:_____ # of prenatal visits____ Blood Type_____

Problems list during Pregnancy:

Blood Pressure Range for prenatal visits:
Allergies:

LABOR & DELIVERY INFORMATION (look in Powerchart for this info):

G_____T____P____A____L____ (post delivery) and G _____ P _____
Date/Time of Delivery_____
Method of Delivery: (circle one) vaginal c-section VBAC
Labor and/or birth complications_____
_____
Estimated Blood Loss (EBL): _____

INFANT: Male or Female ?

Weeks gestation at delivery:_____ Birthweight _____

(circle one) Breast or Bottle Feeding

(circle one) Episiotomy Laceration Perineum intact

Were forceps or vacuum extractor used during delivery ? Yes No

Diagnostic Studies During Pregnancy (See Prenatal record for lab results done BEFORE the pt's admission)				Page 2 of 6
TEST	*DATE*	*RESULTS*	*Purpose (refer to p. 312 in text)*	*Explanation of abnormal*
Blood Type				
Rh Type				
Antibody screen				
Hct/Hgb				
Pap smear				
Rubella				
VDRL				
HBsAG				
Chlamydia				
Gonorrhea (GC)				
MSAFP				

Diagnostic Studies During Pregnancy (See Prenatal record or powerchart for lab results done BEFORE the pt's admission) Page 3 of 6				
TEST	*DATE*	*RESULTS*	*Purpose (see page 312 in text)*	*Explanation of abnormals*
Diabetes Screen				
GTT results				
Group B Strep (GBS)				
Ultrasounds				
Amniocentesis				
Urine Culture or UA				
Other Tests				

Laboratory Data SINCE Admission to the hospital. Please discuss the rationales for abnormals (rationales due on Friday):

Mother:

Infant:
Blood Sugars (if applicable)

Bilirubin

Blood type and Rh

Other Labs:

SPC ADN Program: **Mom-Baby Charting Sheet**

**** This must be filled out for every couplet within 30 minutes upon arrival to floor**

Pt Name/Rm:													
	TIME--->												
Vital Signs	Q4H												
Tasks from tasks list (Skin, Falls, Pain)	Q4H												
Head to Toe Assessment	Q Shift												
IV Assessment (INET or nurse notes	Q2H												
ADL's (turning, hygiene, etc.)	Q2H												
Nutrition (% eaten)	Q meal	**Breakfast**		**Snack**		**Lunch**		**Snack**		**Dinner**		**Snac**	
	% eaten ->												
Intake: PO	Q1H												
IVF	Q1H												
Other:	Q1H												
Output: Urine/Foley	Q1H												
Drain	Q1H												
Other:	Q1H												
Fundus Check (Beginning & end of shift minimum)													
Lochia Check (Beginning & end of shift minimum)													
Blood sugars (as ordered)													
Procedures (ie. Foley, NG, IS, Lab collect	Time												
	Procedure												
TED hose On/OFF													
OTHER:													
****INFANT (Make sure to chart on NEWBORN'S CHART)**													
Head to toe assessment	Q shift												
Vital Signs (P, R, & Temp)	Q 4H												
Stools	Q 1H												
Void	Q1H												
Emesis	PRN												
Breast	Q 1H												
Formula	Q 1H												
Tasks from Task list (Skin, Falls, Pain	Q 4H												

Newborn Assessment

Student Name: _____ Date: _____ Time: _____

Temp_____ Route _____ Heart Rate _____ BP _____Resp. _____

Pain Score (Circle one) 0= No apparent pain 1 = Uncomfortable 2= Mild pain 3 = moderate pain 4= severe

Interventions (circle one if applicable): P-Pacifer F – Feeding HT – Human Touch SW – Swaddling O- Other _____PC-Position Change D'd - Diaper changed M – Medication E – Environmental change

PHYSCIAL ASSESSMENT

COLOR

□PINK
□ PALE
□ PLETHORIC
□FLUSHED
□GRAY
□ACROCYANOSIS
□CENTRAL CYANOSIS
□CIRCUMORAL
□CYANOSIS
□JAUNDICED
□MOTTLED
□MECONIUM STAINED

CRY

□STRONG LUSTY
□SHRILL HIGH PITCHED
□WEAK
□HOARSE
□NO CRY
□INTUBATED

ACTIVITY

□ACTIVE
□HYPOACTIVE
□HYPERACTIVE
□FLACCID
□JITTERY
□NO RESPONSE TO STIMULATION

SKIN

□SMOOTH □ EDEMA
□PEELING □ PETECHIAE
□WARM □ BIRTHMARK
□ COLD □ RASH
□DRY □ LESIONS
□ CLAMMY □BRUISES
□PERSPIRING
□ TURGOR
□GOOD □ FAIL □ POOR

HEAD

□ NORMOCEPHALIC
□ MICROCEPHALIC
□ MACROCEPHALIC
□ HYDROCEPHALIC
□ CAPUT
□ MOLDING
□ BRUSIES
□ CEPHALOHEMATOMA
---- LACERATIONS
□ NO ABNORMALITIES
□ SYMMETRICAL
□ ASYMMETRICAL
----REQUIRES ADDITONAL COMMENTS

FACE

□NO ABNORMALITIES
□FORCEP MARKS
□. LACERATIONS
□ FACIAL WEAKNESS
□RIGHT □LEFT

FONTANELLES

□ LARGE □ FLAT
□ NORMAL □ DEPRESSED
□ SMALL □ BULDGING
□ SOFT □ PULSATING
□ FIRM

EYES

□ OPEN
□ CLEAR
□ SWOLLEN
□ RIGHT □ LEFT
□ - DRAINAGE
□ RIGHT □ LEFT
□ FUSED
□ RIGHT □ LEFT
□ SUBCONJUNCTIVAL HEMORRHAGE
□ RIGHT □ LEFT
□ICTERIC
□ RIGHT □ LEFT

EARS

□ NO ABNORMALITIES
□ LOW SET
□ ABNORMAL SHAPE
□ SKIN TAGS

NOSE

□ NO ABNORMALITIES
□ NASAL CONGESTION
□ OBSTRUCTION
□ RIGHT □ LEFT

MOUTH

□ NO ABNORMALITIES
□ MOIST
□ DRY
□ PINK
□ PALE
□ PROTRUDING TONGUE
□ PRECOCIOUS TEETH
□CLEFT LIP
□ CLEFT PALATE
□ EPSTEIN PEARLS
□ DROOPS
□ RIGHT □ LEFT

NECK

□ NO ADNORMALITIES
□APPROPRIATE MOBILITY
□RESTRICTION OF MOTION
□WEBBING
□MASS

HEART SOUNDS

□ REGULAR
□ IRREGULAR
□ FAINT DISTANT
□ BOUNDING
□ MURMUR
□ GALLOP
□ S1
□ S2

PMI
□ BETWEEN LEFT NIPPLE AND STERNUM
□ RIGHT OF STERNUM
□ LEFT OF LEFT NIPPLE

PULSES

BRACHIAL	FEMORAL
□ STRONG	□ STRONG
□ WEAK	□ WEAK
□ EQUAL	□ EQUAL
□ UNEQUAL	□ UNEQUAL
□ ABSENT	□ ABSENT
□ BOUNDING	□ BOUNDING
□ L>R	□ L >R
□ R>L	□ R>L

RESPIRATIONS

□ REGULAR □ TACHYPNEA
□ IRREGULAR □ PERIODIC BREATHING
□ LABORED □ GRUNTING
□ UNLAROBED □ NASAL FLARING□□

RETRACTIONS CHEST SHAPE
□ NONE □ SYMMETRICAL
□ SUBCOSTAL □ ASYMMETRICAL
□ INTERCOSTAL
□ SUBSTERNAL □ STERNAL

BREATH SOUNDS

CLEAR	RONCHI	RALES	DIMINISHED
□BH	□ RUL	□ RUL	□RUL
□ R	□ RML	□ RML	□RML
□ L	□ RLL	□ RLL	□RLL
	□LUL	□ LUL	□LUL
	□ LLL	□ LLL	□LLL

ABDOMEN

□ SOFT □ FIRM
□ ROUND □ DISTENDED
□ SCAPHOID □ LOOPS

BOWEL SOUNDS

□ NORMO ACTIVE □ HYPOACTIVE
□ HYPERACTIVE □ X 4 QUADRANTIS

UMBILICAL CORD

□ LARGE □ PULSATING
□ NORMAL □ MEC STAINED
□ SMALL □ OOZING
□ # OF VESSELS _____

BACK

□ NORMAL SPINE CURVATURE
□ ABNORMAL SPINE CURVATURE
□ MYELOMENINGOCELE
□ MONGOLIAN SPOTS
□ SACRAL DIMPLE

EXTREMITIES

ARMS/LEGS
□ NO ABNORMALITIES □ RA □ LA □RL □LL
□ ABNORMAL SHAPE □ RA □ LA □RL □LL
□ PARALYSIS □RA □LA □RL □ LL
HIPS ABDUCTION □<60 degrees □>60 degrees
HANDS/FEET CREASES _____
□ NO ABNORMALITIES □ RA □ LA □RL □LL
□ ABNORMAL SHAPE □ RA □ LA □RL □LL
□ EXTRA DIGITS □ RA □ LA □RL □LL
□ WEBBED DIGITS □ RA □ LA □RL □LL
□ SKIN TAGS □ RA □ LA □RL □LL

GENITALIA

□ NORMAL FOR GESTATION
□ ABNORMAL
□ MALE
TESTES DESCENDED □ RIGHT □LEFT
□ HYPOSPADIAS
□ FEMALE
□ FISTULA
□ AMBIGUOUS
□ EDEMA
VOIDED
□ NOT VOIDED □ @ DELIV □ DURING ADMISSION

RECTUM

□ PATENT
□ IMPERFORATE ANUS
□ FISTULA PRESENT
□ STOOL UPON ADMISSION

Reflexes:
Moro___ Babinski ____ Grasp _____ Plantar _____ Stepping or dancing ____ Arm recoil _____Leg recoil _____ Rooting _____
Swallowing _____ Sucking _____ Blink _____

RNSG 2462-CLINICAL DRUG CARDS
POSTPARTUM

Student Name_____

THESE MUST BE HANDWRITTEN-NO TYPED CARDS WILL BE ACCEPTED. Complete the drug cards for these medications using the Postpartum drug cards forms in the syllabus. The faculty will critique them at the clinical setting. Be prepared to discuss the appropriate drugs for your patient. ****Be sure that ALL the information on the card is Postpartum focused (e.g. dose, nursing measures, interventions, teaching). NOT med-surg focused.**

Clindamycin I.V. Piggyback

Depo Provera

Dermoplast

Colace

Duramorph (Spinal medication for C-Section, include observation protocol)

Fluvax/Fluarix

Norco

Motrin

Niferex (iron supplement)

Offirmev

Prenatal Vitamin (PNV)

RhoGAM

Rubella Vaccine

Simethicone

Tdap vaccine

Toradol P.O. and (I.V.) ** Please include dilution and rate of administration

Tucks (witch hazel pads)

Tylenol #3

POSTPARTUM (MOM-BABY) DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____

CLASSIFICATION_____

RECOMMENDED DOSAGE/FREQUENCY/ROUTE_____

_____

REGULAR USES_____

_____

POSTPARTUM USES_____

_____

ADVERSE REACTIONS_____

_____

_____

_____

_____

_____

POSTPARTUM NURSING MEASURES: ASSESS/MONITOR_____

_____

_____

_____

_____

_____

_____

_____

POSTPARTUM INTERVENTIONS/PT. TEACHING_____

_____

_____

_____

_____

_____

_____

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

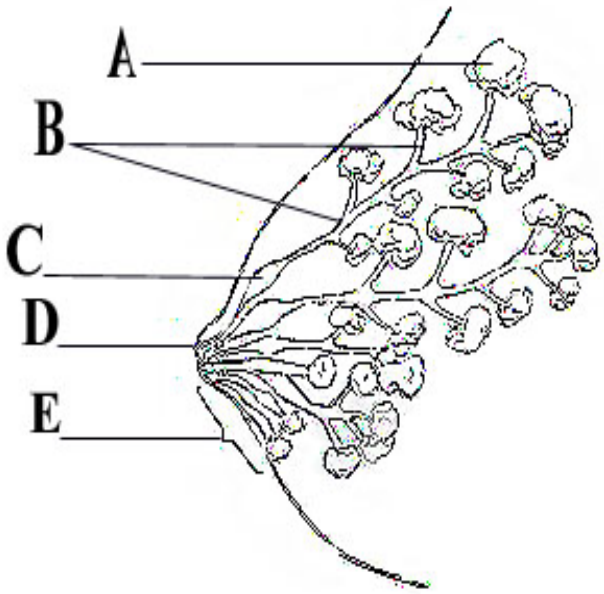
BREAST CARE AND BREAST FEEDING STUDY GUIDE

This study guide will focus on breast care and breast feeding the newborn. At the completion of this module, you should be able to instruct your patient on breast care and breast-feeding. Please put the page number and source by each answer.

Situation

Erica Sams has just delivered a 7-pound baby boy and has made the decision to breast-feed.

1. Please label the following structures of the breast.



2. Describe how breast milk is delivered to the infant.

3. Discuss the following types of nipples and explain how each type interferes with breastfeeding.

   a. fissured

   b. inverted

4. List and describe the hormones related with breast-feeding.

5. Describe Colostrum

6. What are the advantages of breast feeding for:

   A. The mother?

   B. The infant?

   7. Discuss nursing care for these common problems associated with breast-feeding.

   A. Sore nipples

   B. Engorgement

   C. Uninterested infant

   D. Decrease in milk supply

   E. Burping

   D. Plugged ducts

   E. Positioning infant for breastfeeding.

8. How will you instruct the patient to properly clean her breast?

9. Discuss length of nursing times and tell why the length of time should be gradually increased.

10. List the criteria that indicate to the mother that the infant is satisfied.

    Criteria for the dissatisfied infant

11. Discuss how drugs taken by the mother affect the infant and give at least three 3 drug classifications that will affect the infant.

12. What are some problems associated with nursing twins?

13. What problems are encountered in nursing the premature or low birth weight infant?

14. What is the let down reflex and how important is this reflex in successful breast feeding?

15. What would you tell a mother who is concerned about a "demand feeding" schedule?

16. What is the normal start cycle of the breast-fed infant?

17. How early and regular lactation is established?

18. How many calories does breast milk contain?

19. What changes will occur in the diet of the breast-feeding mother?

20. What can be done to help the father of the breast-fed infant feel helpful?

21. Can a woman work and breast feed?

22. Discuss ways to help the working mom be successful in continuing breast-feeding.

POSTPARTUM STUDY GUIDE

Overview:

The puerperium (postpartum) is the period of time during which the body adjusts both physically and psychologically, to the process of childbearing. It begins immediately after childbirth and proceeds for approximately six weeks, or until the body has completed its adjustment and has returned to a near pre-pregnant state. Some have referred to the puerperium as "the fourth trimester: and, whereas the time span does not necessarily cover three months, this terminology demonstrates the idea of continuity. The term involution is used to describe the rapid reduction in size of the uterus and its return to a condition similar to its pre-pregnant state.

Nursing Objectives in the Normal Postpartum:

* To monitor maternal physiologic and psychological adaptation in the early postpartum period.
* To promote the restoration of maternal bodily functions.
* To promote maternal rest and comfort.
* To promote patent-infant acquaintance.
* To facilitate parental caretaking.
* To teach effective self-care and infant care.

Possible Nursing Diagnoses Related to Normal Postpartum:

* Anxiety related to breast-feeding.
* Alterations in bowel elimination (constipation) related to decreased bowel motility and perineal/rectal pain.
* Alteration in comfort (pain) related to uterine contractions and lacerations of the perineum or rectum.
* Fluid volume deficit related to abnormal fluid loss and dehydration.
* Alteration in patterns of urinary elimination related to bladder trauma and post delivery diuresis.
* Alteration in family processes related to new family member.

POSTPARTUM ASSESSMENT

VITAL SIGNS:

* Monitor BP, pulse, skin color, uterine tone, and vaginal bleeding q 15 minutes X 1 hr., the q 30 min. X 2, then hourly for 6 hours. (This is a guide—VS will have to be done more frequently if complications exist.) Monitor temperature q 4 hours.

* When taking the patient's blood pressure, note that:

  The patient's blood pressure should not change significantly during the postpartum period.

  Hypotension indicates possible hypovolemia.

  The first signs of PIH may become apparent during the postpartum period.

* When taking the patient's temperature, keep in mind that:

  Oral temperature of the postpartum woman within 24 hours of delivery may be as high as 100.4^0 F resulting from muscular exertion or dehydration; after 24 hours she should be afebrile.

  Elevations after the first 24 hours suggest sepsis, endometritis, urinary tract infection, mastitis, or another infection. An elevated temperature during this period should be reported to the doctor or nurse midwife for further evaluation.

* When measuring the patient's pulse rate, remember:

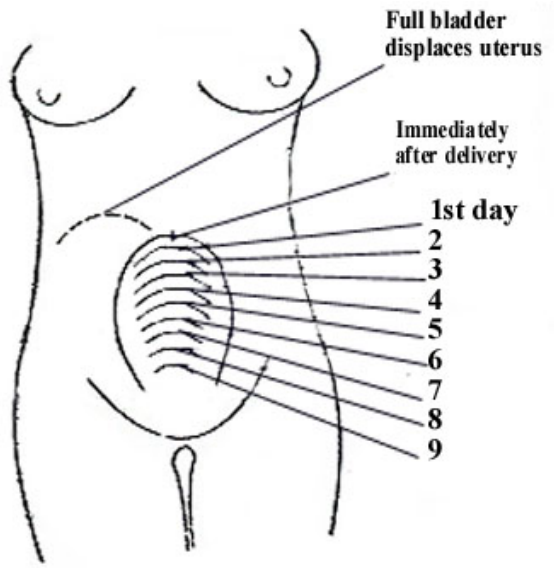
  Bradycardia is common for 6-8 days after delivery (50-70 beats/minute is considered normal).

  Pulse rates greater than normal may indicate infection or hypovolemia.

  Respiratory rate should be within normal range.

FUNDUS:

* Assess fundal status for height and firmness. The fundus should feel firm (or hard) and be midline at the level of the umbilicus after delivery. It should also descend approximately 1 cm/day thereafter. (See following diagram.)



* Recording fundal findings:

Fundal height is recorded in fingerbreadths. Example:

U/U = means the fundus is level with the umbilicus.
1/U = means the top of the fundus is 1 fingerbreadth above the umbilicus.
U/1 = means the top of the fundus is 1 fingerbreadth below the umbilicus.

See diagram:

TABLE 14-1 Lochial Characteristics

	Rubra	Serosa	Alba
Color	Bright red; bloody	Pink-brown	Creamy white
Clots	Small clot	No clots	No clots
Odor	Slightly "fleshy"	No odor	No odor or stale body odor
Length	1-3 days	5-7 days	1-3 weeks

* Keep in mind while assessing the fundus:

Patients who breast-feed may experience a more rapid involution of the uterus as a result of the release of oxytocin from the posterior pituitary during nursing.

An elevated fundus that is displaced to the right suggests a full bladder.

A flaccid or "boggy" fundus indicates uterine atony and should be massaged until firm.

Gently palpate the uterus of a Cesarean birth mother to assess level of fundus, surgical dressing for drainage or bleeding, and check the degree of pain being experienced.

Most postpartum patients receive oxytocin in their IV fluids to prevent uterine atony.

Review:

Oxytocin (Pitocin)
Hemabate
Methergine
Cytotec

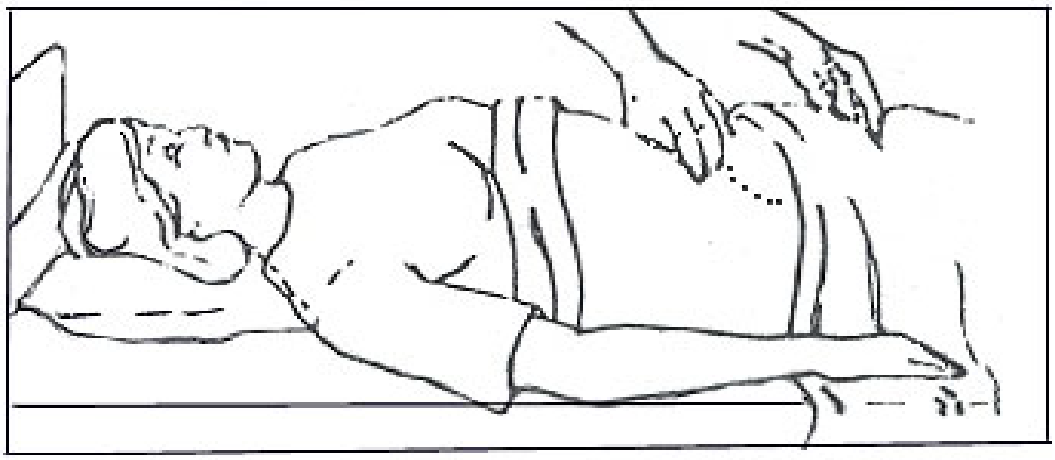
* A complete Nursing Note documenting normal findings might be:

  Fundus firm (F.F.), U/1, lochia rubra, small amount.

LOCHIA:

* Lochia are the discharge from the uterus of blood, mucus, and tissue during the puerperal period and are classified according to its appearance and contents. See chart.

Characteristics of Lochia



* When assessing lochia, note:

  The amount (excessive, large, moderate, or scant). Bleeding is assessed in a peri pad. Rule of thumb: 1 ml blood = 1 gram. (For a more accurate measurement of blood loss, the peri pads or linen savers can be weighed.)

  Note character (rubra, serosa, or alba). See above chart.

  Excessive lochia rubra that occurs with a relaxed (or boggy) uterus results from uterine atony; with a firm uterus, from lacerations. Foul smelling lochia is usually associated with infection.

  Usual blood loss following vaginal delivery could be as high as 500 ml. A blood loss of 700-1000 ml following a Cesarean section is not uncommon.

BLADDER:

* Labor and delivery may affect the tone of the bladder or cause edema of the tissues surrounding the urethra, thereby making voiding difficult. Patients who have had epidural anesthesia frequently have difficulty voiding. A full bladder may cause the fundus to deviate to the right, climb above the umbilicus, and predispose the patient to uterine atony and subsequent hemorrhage. Catheterization may be necessary if nursing measures are unsuccessful. The patient should be voiding sufficient quantities (at least 250-300 ml) every 4-6 hours.

URINE OUTPUT:

Marked diuresis begins within 12 hours after delivery. Check the bladder for distention every 4-6 hours; a full bladder may prevent uterine contraction and may predispose the patient to hemorrhage. Anesthesia or trauma during labor and delivery may predispose the patient to urinary retention.

ELIMINATION:

Stool softeners, laxatives, suppositories, or enemas may be necessary for the postpartum patient. The patient may also benefit from a high-fiber diet to help stimulate peristalsis. Note the following:

* Decreased muscle tone during pregnancy may cause constipation.

* Hemorrhoids, common during pregnancy, may have become aggravated by pushing while in labor. Preventing constipation is essential for patients with hemorrhoids.

* Patients who have had extensive perineal repair should be given stool softeners daily to prevent trauma to the suture lines during defecation.

PAIN:

Afterpains, caused by uterine contractions, are most common in multiparas and in breast-feeding patients. You may need to administer per MD orders analgesics for after pains or perineal pains.

NUTRITION:

Patients who breast-feed require 500 extra calories a day increased fluid intake and should continue taking prenatal vitamins. If the patient is anemic, she may also be given an iron supplement. She needs to also be made aware of the need for vitamin C in her diet to assist in the iron absorption.

EMOTIONAL ADJUSTMENT TO PARENTING:

Postpartum patients usually adjust to the emotional aspects of parenting in phases.

* During the first 2 days of the postpartum period (taking-in phase), the patient is frequently preoccupied with her own needs.

* Throughout the next 10 days (taking-hold phase), the patient strives for independence and is concerned about the return of normal bodily functions. Her first mothering tasks are important, and nursing support and encouragement are essential.

* Eventually, the patient realizes and accepts her physical separation from the baby and relinquishes her former role as a childless person (letting-go phase).

* Evaluate the patient for signs of abnormal behavior, including persistent insomnia, lack of appetite, distant and aloof attitude toward her newborn and excessive somatic complaints having no physical basis.

LABORATORY DATA:

Note the following information regarding test results for the postpartum patient:

* In many cases the patient's hematocrit level is falsely elevated because of rapid loss of plasma.

* Compare the admission Hgb & Hct with the level obtained postpartum. Look at the Estimated Blood Loss (EBL) at birth as a guide for watching a patient closely for symptoms of hypovolemia. (Normal is up to 500 ml for a vaginal birth and up to 1000 ml for a Cesarean birth)

* The WBC’s usually increase during the intrapartum and postpartum period. (levels of 25,000 to 30,000 are often seen with no corresponding signs of infection)

* Coagulation factors usually increase during pregnancy and the early postpartum period; this predisposes the patient to thrombophlebitis.

ONGOING POSTPARTUM ASSESSMENT

During the ongoing assessment, continue monitoring the information given in the previous pages and observe the following:

BREAST:

* For breast-feeding patients, note the following:

* Expect the patient to secrete colostrum for the first few days after delivery. Then, on the 2nd or 3rd day postpartum, the breast should feel more tense as a result of the beginning of milk production. Engorgement may occur on the 3rd or 4th day.

* Examine the breast q 8 hours for signs of mastitis (heat, redness, or masses).

* Examine the nipples for shape, cracks, fissures, or soreness.

* Advise the patient to wear a well-fitting support bra 24 hours a day.

For bottle feeding patients, note:

* Examine the breasts for signs of engorgement, mastitis, or masses.

* Advise the patient to wear a good support bra 24 hours a day.

* Advise patient, if she becomes engorged, don't pump; continue to wear support bra and analgesics may be ordered.

EXTREMITIES:

Examine the patient's legs for edema, redness, pallor, heat, and pedal pulses. Because blood-clotting factors are increased during pregnancy, the patient may be predisposed **to** thromboembolism. Early ambulation promotes circulation to the extremities and helps minimize the incidence of thrombophlebitis.

It is also very important to instruct the patient that has had epidural anesthesia to ask for help from a nurse at least the first time she gets up to void after delivery. First of all, she may faint, and secondly, although she is able to move her legs, she may not as yet have the knee locking motion or leg strength needed to get to the restroom.

PERINEUM:

Assess the perineum and episiotomy for REEDA (redness, edema, ecchymosis, discharge, approximation of wound edges), and pain.

**Must! In order to completely assess the episiotomy, you must have the patient lie on one side with the upper leg drawn up, raise the upper buttock, and assess the episiotomy and perineal area all the way to the rectal area.

Examine the anal area for hemorrhoids.

Usually ice packs are applied to the perineum area for about 8 hours, but be sure to check the orders.

On the first postpartum day and warm sitz baths may be used for comfort, minimize infection, and promote healing.

The patient will need teaching regarding proper cleaning after voiding or defecation, and changing peri pads at least every 2 hours.

* Rh negative patients require an antibody screen (indirect Coomb's test) postpartum. If the test is negative and the newborn is Rh positive, RH. (D) immune globulin must be given within 72 hours of delivery.

* If the patient is not immune to rubella virus, vaccination should occur before discharge.

CESAREAN SECTION

* Assess the dressing often for bleeding. Assess the incision for REEDA (redness, edema, ecchymosis, discharge, approximation of wound edges) when the dressing is changed and once it is removed.

* Assess for pain at least every 4 hours and more often if pain control is problematic.

* Check the lochia often on the peripad and turn the patient to assess the underpad for blood.

* The patient should turn, cough and deep breathe every 2 hours until they are ambulatory. (even if an epidural or spinal anesthesia was utilized)

* Adhere to the special protocol that is in place for the first 24 hours postoperatively when Duramorph is used for the spinal anesthesia. (Check the physician's orders carefully and review the policy and procedure for "Duramorph protocol")

* Encourage ambulation as soon as it is allowed because it is very important for the patient's recovery and comfort.

RNSG 2462-CLINICAL DRUG CARDS
NEWBORN

Student Name_____

THESE MUST BE HANDWRITTEN-NO TYPED CARDS WILL BE ACCEPTED. Complete the drug cards for these medications using the Newborn drug card forms in the syllabus. The faculty will critique them at the clinical setting. Be prepared to discuss the appropriate drugs for you patient.

Aqua Mephyton (Vitamin K)

Erythromycin Ophthalmic ointment

Hepatitis B Vaccine

Narcan

NEWBORN DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____
CLASSIFICATION_____
RECOMMENDED DOSAGE/FREQUENCY_____
MECHANISM OF ACTION_____
_____
USES_____
NEWBORN USES_____
ADVERSE REACTIONS_____
_____
_____
CONTRAINDICATIONS_____
_____
FOOD/DRUG INTERACTIONS/INCOMPATIBILITY_____
_____
NURSING MEASURES: ASSESS/MONITOR_____
_____
_____
INTERVENTIONS/PT. TEACHING_____
_____
_____
_____

NEWBORN DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____
CLASSIFICATION_____
RECOMMENDED DOSAGE/FREQUENCY_____
MECHANISM OF ACTION_____
_____
USES_____
NEWBORN USES_____
ADVERSE REACTIONS_____
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CONTRAINDICATIONS_____
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FOOD/DRUG INTERACTIONS/INCOMPATIBILITY_____
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NURSING MEASURES: ASSESS/MONITOR_____
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NEWBORN DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____
CLASSIFICATION_____
RECOMMENDED DOSAGE/FREQUENCY_____
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USES_____
NEWBORN USES_____
ADVERSE REACTIONS_____
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CONTRAINDICATIONS_____
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NURSING MEASURES: ASSESS/MONITOR_____
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NEWBORN DRUG CARDS

STUDENT NAME_____

BRAND NAME_____GENERIC NAME_____
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NEWBORN USES_____
ADVERSE REACTIONS_____
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CONTRAINDICATIONS_____
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FOOD/DRUG INTERACTIONS/INCOMPATIBILITY_____
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NURSING MEASURES: ASSESS/MONITOR_____
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INTERVENTIONS/PT. TEACHING_____
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SOUTH PLAINS COLLEGE
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EXAMINATION OF THE NEWBORN

GENERAL INSPECTION

Undress the baby, using a good light and a flat surface. Note general body conformation and relationship of the parts to the whole.

A. Average weight: 7 to 7 ½ lb., range 5 ½ to 10 lb. Under 5 ½ lb. considered "premature by weight"
   Length range: 19 to 21 inches
   Head circumference: average 13 ½ inches for term baby F.O.C. greater than nipple-line circumference in many infants until 6 to 8 months (approximately 1 inc.).
B. Color: Note whether pink, ashen, cyanotic, yellow. If the baby is in good condition otherwise, cyanosis of palms and soles is not significant (acrocyanosis).
C. Body tone: Infant lies with elbows, knees, and thighs flexed: hands clenched, thorax rigid. Lying supine, he exhibits spontaneous movements of arms and legs.
D. Respirations: Newborn nose breaths normally. Check respirations at rest: Average 40/min. Abdominal, irregular.

II. SKIN

The newborn is sensitive to touch and pressure.
Communicate loving care when you touch him.

If baby is cold there may be generalized mottling.
Vernix, if any, should be white.
Lanugo may be present on dorsal surfaces, will disappear in a few weeks.
Flat, pink hemangiomas will disappear in a few months.
Mongolian spots and phalangeal smudges present in very dark babies.

III. REFLEXES NORMALLY PRESENT IN TERM INFANTS

Most of the reflexes can be elicited during the general inspection, and unless there is doubt, it is not necessary to make a sequence of tests.

A. Moro Reflex: Response to sudden movement, jarring, or imbalance. Extremities are flung to the midline, wrists and hands curl. If absent, indicates diffuse cerebral damage.
B. Cry: Low-pitched, "one note" cry.
C. Rooting Reflex: Touch infant's cheek/lips on one side, he will open his mouth and seek food. (If he is not hungry, he may not oblige).

D. Sucking Reflex follows rooting.
E. Swallowing Reflex: A previable reflex – the foregoing are not.
F. Sneezing Reflex: Well-developed, may be a response to lint particles. (He doesn't have a cold.)
G. Grasp Reflex: Involuntary grasp elicited by placing your finger in baby's hand or at base of toes. Disappears by 4 to 5 months and voluntary grasp appears.
H. Plantar Reflex: (Not a true Babinski) Toes fan out. May persist to end of second year.
I. Dancing Reflex: With palm of your hand along infant's nipple line, hold him forward. His steps should be evenly spaced.
J. Tonic Neck Reflex: Fencing position when lying supine.

IV. HEAD

When lying prone, the infant can raise and turn his head momentarily in turtle-like movements. Development of neck and cheek structures is not sufficient to support the head.

May be asymmetrical due to intrauterine position or molding (with overriding of the bones at suture lines). Anterior fontanel averages 2 X 2 cm at birth, posterior fontanel is closed to 1-cm diameter. Fontanels sometimes increase in size due to reduction of overriding skull bones.

Caput succedaneum: Edema of scalp disappears 1 to 3 days.
Cephalhematoma: Subperiosteal hemorrhage disappears 2 to 6 months.
Ears: Upper part implanted in the same horizontal plane as the eye. Low implantation associated with chromosomal aberrations (particularly Down syndrome). Regarding this, also look for fat pads in nape and parotid areas.

V. FACE

Look for facial characteristics and mobility, closed mouth, (unless you made him cry), blinking at light, etc.

Symmetry of facial movements: observe during crying. Tear ducts sometimes closed. Yellow matter collects during sleep. Conjunctivitis not a factor, unless tissues inflamed.

VI. MOUTH

The mouth is best examined when the infant is crying, if possible. A flashlight and tongue depressor may be necessary. Be sure to see the whole expense of hard and soft palate. Even a small V-shaped nick in the soft palate will produce a speech defect.

Inclusion cysts on hard palate in midline. Disappear in a few months.
"Tongue-tie" does not require clipping, if baby can extrude tongue.
Growth of tongue is forward from frenulum during the first year.
Observe for healthy mucous surface.

VII. NECK

Support the baby with your hand over the area of the trapezius and allow the head to fall back enough to expose the neck.

Palpate for masses, (hygromas are almost always unilateral); feel for intact clavicle.

VIII. CHEST

Chest movements symmetrical.
Circumference at nipple line equal to, or smaller than head circumference. Engorgement of breasts with production of secretion may be present in term infants. Duration about 1 to 2 weeks.
Heart rate: 110 to 150. Report heart sounds heard on right, (displaced mediastinum).

IX. ABDOMEN

If examined early, look for 2 umbilical arteries and 1 vein. Presence of only one artery is associated with congenital malformations—renal and gastric.

Abdomen more or less rounded, full in the flanks, but not tight.
Bowel sounds are present at 1 hour of age.
Liver extends 2 cm below right costal margin.
Xiphoid cartilage prominent.
Peristalsis may be observed.
If abdominal muscles absent, there is a "seersucker" appearance.

X. GENITALIA

Genitals appear large for size of infant due to maternal hormones. Examine male external meatus for location. Testes descend at 8 months gestation. Newborn girls have creamy white mucous coating labia minora and sometimes pseudo menstruation. Palpate labia majora for translocated tissue, (ovary), etc.

XI. EXTREMITIES

Inspect for dislocated hip: Abduct hips to from position with infant in back-lying position, hips should spread.
With infant prone, look for extra, major gluteal folds.
Check for range of movement of feet: clubfoot does not reduce.

XII. SPINE

Holding baby as for dancing reflex, observe for longitudinal and lateral flexibility of spine. Palpate for normal outline, dermal tracts, etc.

PEDIATRICS
Clinical Preparation Requirements

You will pick up a patient assignment the day BEFORE your scheduled rotation and you will provide total patient care to the patients you are assigned. **The student may not remove a printed e-MAR copy from the hospital**.

Did you do each of these BEFORE going to the Pediatrics rotation?

_____ Find your patient assignment in the SPC ADN book located in the Pediatrics nurse's lounge at UMC and the Pedi nurses' Station at Lakeside.
_____ Complete the drug cards from the "Pediatric Drug Card" list. All Calculations for dosage, recommended concentration, administration time etc. located on the top of the drug card will be completed after receiving your patient assignment.
_____ Review the pediatrics site tool objectives found on Blackboard.
_____ Read the Pediatric student orientation information (see UMC Student Manual on Blackboard or Covenant printout).
_____ Review the "Developmental Approaches to Physical Assessment" and "Preparation of Pediatric Medications" from your syllabus and the "Growth and Development Notes" you have prepared.
_____ Complete Micromedex medication check for compatibility of all IV medications listed on the drug list with all possible IV fluids. (Located on SPC Library site or in the "links" tab on UMC computers). These must be printed and attached to each IV drug card before you get to clinicals and turned in as part of your drug card prep work.

Bring these things with you to the Pediatrics rotations:

_____ From Blackboard: Pediatrics weekly site tool objectives to gather needed information and Clinical Do's and Don'ts located with the site tool .
_____ Taketomo drug book and Pediatrics Textbook.
_____ Several Pedi Prep sheets and charting sheets to be filled out after the patient assignments are made with appropriate times, V.S. norms for your patient and tasks circled after you receive report that you will be doing for your patient.
_____ Printed policy & procedures found on Blackboard.
_____ Your copy of the "Growth & Development Notes" (Be prepared to discuss developmental information with your instructor).
_____ Completed drug cards from the "Pediatric Drug Card" list (located in the Pediatrics section of the syllabus) and the Micromedex compatibility information on all IV medications. These must be turned in to faculty on your first day in Pediatrics and brought to every clinical rotation in Pediatrics.

CLINICAL DAY ORGANIZATION helps (Upon arrival to the unit and during your clinical shift)
_____ Read the patient's chart (especially the doctor's progress notes and doctor's orders)
_____ Review the current MAR for medications and administration times. Review the doctor's orders for new orders **and notify the instructor of any new orders at any point during the shift.**
_____ Find your patient's medication in the med room (Hint: look in the patient drawers and in the refrigerator located in the med. room) Some medications may be kept in the Pyxis. Remove medications from the refrigerator 30 minutes prior to administration to allow time for the medication to warm.
_____ Complete the Pediatric Prep Sheet information on each assigned patient (include 3-4 possible diagnoses for use on the tool) as time allows.
_____ READ the policy and procedures appropriate for your patient (i.e. central line medication administration; G-tube feeds or medications; dressing changes; I.V. flush information, etc.)
_____ Read the appropriate text chapters related to your patient's diagnosis and review information related to possible skills you may be performing (i.e. G-tube feedings, central line dressing changes, etc.)
_____ Receive nurse to nurse report; evening students get report from day student nurse then go with day student when they give report to TPCN. Day students DO NOT leave the unit until report is given and you introduce the evening student to the patient's TPCN. Check with faculty before leaving the unit during clinicals or at the end of the shift.
_____ Review your patient assignment in the SPC ADN book.

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*** Notify your instructor of a pending medication **at least** 30 minutes before it is scheduled to allow time to review the drug card.

DEVELOPMENTAL APPROACHES TO PHYSICAL ASSESSMENT

The traditional steps in physical assessment—inspection, palpation, percussion, and auscultation—are the same for children as for adults. They should be used not only to gather information about the child but also as a time to teach the child or his parents about health care. Physical assessment requires that use of a systematic approach along with the patience, tact, and sensitivity to the needs of the child and his parents. To avoid a loss of interest, chilliness and irritability of the child, the assessment should be completed in 5 to 10 minutes.

Positive statements should be made to the child and not allow a choice if there is no choice. For example, "John, now it is time to take your clothes off," rather than, "John, will you please take your clothes off." You can offer a choice of "John, do you want to take off your pants or your shirt first?"

The child should be positioned either on the examining table or in the parent's lap depending on the age of the child. General approaches to physical examination during childhood are listed on the following chart on the following pages.

You should begin your assessment moving slowly and avoiding sudden, jerky movements. You must be gentle but firm in handling the child and should proceed as quickly as possible.

Age-specific approaches to physical examination during childhood

Age	Position	Sequence	Preparation
Infant	Before sits alone: supine or prone, preferably in parent's lap; before 4 to 6 months: can place on examining table. After sits alone: use this position whenever possible in parent's lap. If on table, place with parent in full view.	If quiet, auscultate heart, lungs, and abdomen. Record heart and respiratory rates. Palpate and percuss same areas. Proceed in usual head-toe direction. Perform traumatic procedures last (eyes, ears, mouth [while crying], temperature). Elicit reflexes as body part examined. Elicit Moro reflex last.	Completely undress if room temperature permits. Leave diaper on male. Gain cooperation with distraction, bright objects, rattles, talking. Smile at infant; use soft gentle voice. Pacify with swaddling and/or feeding) Enlist parent's assistance for restraining to examine ears, mouth. Avoid abrupt, jerky movements.
Toddler	Sitting or standing on/by parent Prone or supine in parent's lap.	Inspect body area through play: "count fingers," "tickle toes". Use minimal physical contact initially. Introduce equipment slowly. Auscultate, percuss, palpate whenever quiet. Perform traumatic procedures last (same as for infant).	Have parent remove outer clothing. Remove underwear as body part examined. Allow to inspect equipment: demonstrating use of equipment usually ineffective. If uncooperative, perform procedures quickly. Use restraint when appropriate; request parent's assistance. Talk about examination if cooperative, use short phrases. Praise for cooperative behavior.
Preschool child	Prefer standing or sitting. Usually cooperative prone/ supine. Prefer parent's closeness.	If cooperative, proceed in head-toe direction. If uncooperative, proceed as with toddler.	Request self-undressing. Allow to wear underpants if shy. Offer equipment for inspection. Briefly demonstrate use. Make up "story" about procedure: "I'm taking blood pressure to see how strong muscles are". Use paper-doll technique. Give choices when possible. Expect cooperation: use positive statement: "Open your mouth".

Age-specific approaches to physical examination during childhood

Age	Position	Sequence	Preparation
School-age Child	Prefer sitting. Cooperative in most positions. Younger age prefer parent's presence. Older age may prefer privacy.	Proceed in head-toe direction. May examine genitalia last in older child. Respect need for privacy.	Request self-undressing. Allow to wear underpants. Give gown to ear. Explain purpose of equipment and significance of procedure, such as otoscope to see eardrum, which is necessary for hearing. Teach about body functioning and care.
Adolescent	(Same as for school-age child) Offer option of parent's presence.	(Same as older school-age child)	Allow to undress in private. Give gown. Expose only area to be examined. Respect need for privacy. Explain findings during examination: "Your muscles are firm and strong". Matter-of-factly comment about sexual development: "Your breasts are developing as they should be". Emphasize normalcy of development. Examine genitalia as any other body part; may leave to end.

SOUTH PLAINS COLLEGE
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CALCULATION OF PEDIATRIC DOSAGES

Surface Area Rule

$$\text{Child's dose} = \frac{\text{Surface area (m2)}}{\text{(Surface area of adult) } 1.73\ m2} \times \text{Adult dose}$$

Step 1 Plot the height (in either cm or in.) of the child in the height column.
Step 2 Plot the weight (in either kg or lb) of the child in the weight column.
Step 3 Draw a straight line connecting the height point and the weight point of the child. The number where the line intersects the surface area column is the child's body surface area column is the child's body surface area.

Fried's Rule (Birth to 12 months)

$$\text{Infant's dose} = \frac{\text{Age (in months)}}{150} \times \text{Adult dose}$$

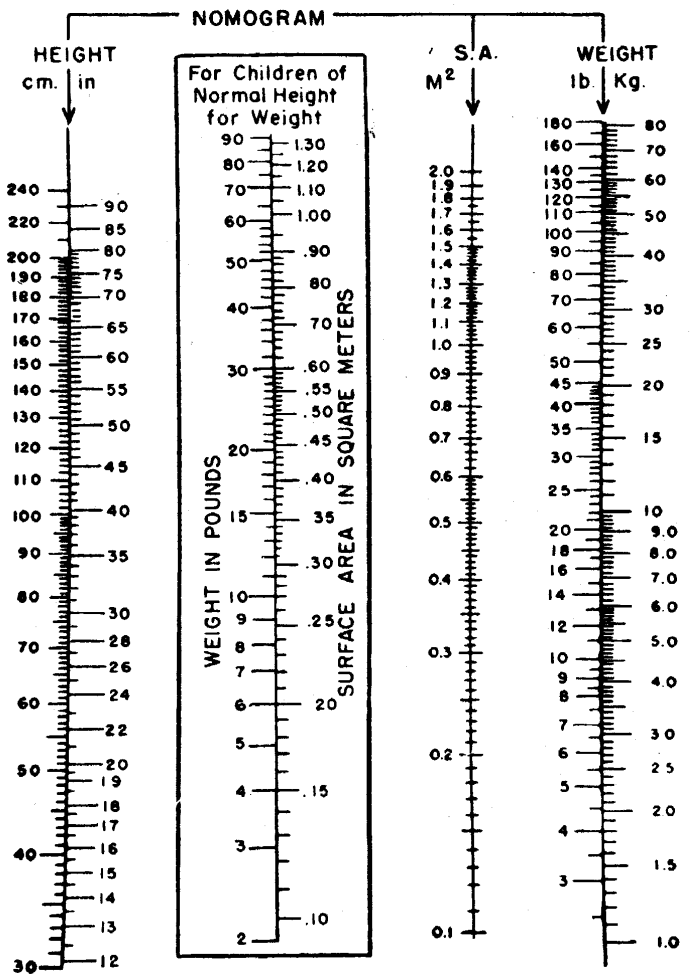
Young's Rule (1-12 years)

$$\text{Child's dose} = \frac{\text{Age (in years)}}{\text{Age (in yr.)} + 12} \times \text{Adult dose}$$

Clark's Rule (Child over 2 years)

$$\text{Child's dose} = \frac{\text{Mass of child}}{\text{(Wt. in lb.)}\ 150\ lb.\ or\ 68\ kg.} \times \text{Adult dose}$$

Table for Determining Body Surface Area (m^2)



BSA is indicated where straight line that connects height *(on the left)* and weight *(on the right)* levels intersects BSA column. Modified from data of Boyd E, by West CD. In Behrman RE, Vaughn VC, eds: *Nelson textbook of pediatrics,* ed 13, Philadelphia, 1987, WB Saunders. Reprinted with permission.

PREPARATION OF PEDIATRIC MEDICATIONS RNSG 2462

To be prepared to give your pediatric medications during your clinical rotations please utilize the following guidelines (IV meds, both intermittent and IV push) **are** given by students on the Pediatric unit at UMC and Covenant (with the exception of sedating IV medications).

1. Check the MAR (Medication Administration Record) and "Orders" in the EHR.

2. In the medication room, check the patient's box and the med room refrigerator for the medication BEFORE administration time. Consult with your instructor or TCPN if med is not in med room. **(Please take the med out of the refrigerator 30 min. to 1 hr. before giving to allow the medication to warm and not be painful to the patient during infusion**.)

3. Know the route and how the drug is supplied. (What is in the patient's box or refrigerator?) Check the supplied med against the MAR.
   Is it in a pre-filled syringe from pharmacy?
   Is it in a vial that must be reconstituted?
   Is it a pharmacy mixed piggyback?
   Is it a liquid; capsule; tablet; ointment; drops; etc.?

4. Calculate dosages using your child's weight in kilograms. Check if the dose ordered is within normal limits according to the calculated highs and lows, or recommended maximum dose found in your drug book.

5. If the med is to be given IV – Know the recommended safe IV infusion rate for your child, the compatability with IV fluids and the method that will be used to give the med. The following are the different methods of administration used:
   A. Piggyback – Know the recommended dilution and infusion time. Does your pt. have continuous IV infusions or an INT? Check the compatibility of the IV infusions with your medication in Micromedex and print if off and bring with you to clinicals.
   B. Syringe pump – Know the minimum amount of solution recommended for dilution and infusion. Know the recommended infusion time for the drug and safe rate for your child and then calculate the syringe pump setting. Check the compatibility of the IV infusions with your medication in Micromedex and print if off and bring it with you to clinicals.
   C. I.V. push - know the rate and dilution of medication. Check the compatibility of the IV infusions with your medication in Micromedex (App is located on the SPC Library site)
6. If the med is to be given through a central line (Broviac or PICC) or gastric tube, read the policy and procedure on giving meds through a central line.
7. Complete a pediatric drug card including pediatric-related information for every drug your child is on **even if you will not be giving it.** Include your calculations on the card.
   ***If a peak and trough is recommended for a drug you are to administer, check if this was ordered and if so when was it done and what were the lab results before giving the drug.
8. If the med is not premixed from pharmacy, you must calculate the amount of volume to be given. (Example: Dr.'s order: 230 mg Ampicillin IM q 8 hr. Have in drawer 250-mg vial you will need to know how much diluent to reconstitute with and then calculate how much volume you will give to get the 230-mg dose

RNSG 2462 Pediatric Drug Cards

Student Name:_____

These drug cards must be handwritten and turned in as specified and should be brought to every clinical rotation in Pediatrics. Complete **everything** except the recommended dosage and calculations**. Please include the recommended concentration and infusion times on the IV meds**.

These cards should be very complete (i.e. all side effects should be listed, etc.)

IV meds:

Ampicillin	Ketoralac (Toradol)
Gentamycin	Ancef
Meropenem	Zyvox
Acetaminophen	
Cefepime	Zofran
Clindamycin	Zosyn
Claforan	Tobramycin
Rocephin	Vancomycin

Potassium as an IV fluid additive

Heparin used as an INT lock (PICC or Central Line)

IM meds: Flu vaccine

SubQ Meds:

Regular Insulin	Levemir
Lantus	Lovenox

P.O. meds:

Acetaminophen	Polyvisol	Aquadeks
Norco	Multivitamins	
Pancrealipase	Prednisolone	
Amoxicillin	Bactrim	
Ibuprofen	Benadryl	
Reglan	Keppra	
Phenobarbital		

Inhalation (usually given by R.T.): Albuterol Pulmicort Cayston Tobramycin

PEDIATRIC DRUG CARD **Faculty initial_____Date_____**

STUDENT NAME _____ PT. INITIAL ____ PT. WEIGHT ____ kgs. REFERENCE/PAGE # _____

BRAND NAMES _____GENERIC NAME _____

ADMINISTRATION

ROUTE ____ DOSAGE / FREQUENCY ORDERED_____

RECOMMENDED DOSAGE / FREQUENCY _____

CALCULATED DOSAGE OR RANGE FOR YOUR PT._____

IS THE DOSE APPROPRIATE ? Yes No RATIONALE_____

IV MEDS: INFUSION METHOD: PIGGYBACK _____ SYRINGE PUMP _____ IV PUSH _____

Intermittent (INT)____ Fluids Infusing ____ (Type_____Rate_____)

Med compatible with fluids infusing ? Yes____ No _____ IV TYPE: Central line _____ PICC _____ Peripheral _____

RECOMMENDED CONCENTRATION: _____CALCULATED VOLUME : _____

RECOMMENDED INFUSION TIME _____ MIN.

**** SHOW ALL CALCULATION WORK HERE****

DOSAGE:

CONCENTRATION:

THERAPEUTIC CATEGORY_____

MECHANISM OF ACTION_____

_____

_____

USES_____

_____

REASON PRESCRIBED FOR THIS PATIENT_____

_____

CONTRAINDICATIONS_____

_____

_____

_____

ADVERSE REACTIONS:_____

_____

_____

_____

_____

_____

PRECAUTIONS_____ _____

_____

_____

_____

_____

FOOD/DRUG INTERACTIONS & INCOMPATIBILITIES _____

_____

_____

NURSING MEASURES: ASSESS/ MONITOR _____

_____

_____

INTERVENTIONS/PT. TEACHING_____

_____

Student Name:_____ Clinical Site:_____Date:_____

Patient Initial: _____ Age_____ lbs._____ kgs._____Admit Date_____

Medical Diagnosis: _____

Pathophysiology:

Signs and symptoms displayed BY THIS PATIENT.

Additional diagnoses affecting this child (description of each must be included):

Priority Systems and/or Areas to be Assessed (and Why?)
1_____
2_____
3_____

Priority Nursing Diagnoses for this patient
1._____
2._____
3._____

Diagnostic Procedures and Summary of Results:

Laboratory Tests Performed, ALL results and Rationale for ABNORMAL RESULTS:

Allergies (drug / food / other)

Activity:

Developmentally and Medically Appropriate Play for Patient
MICROMEDEX COMPATABILITY CHECKED AND PRINTED :Date _____ Time_____

LIST POLICY AND PROCEDURES REVIEWED AND/OR PRINTED

_____
_____
_____
_____

** This must be filled out for every patient before clinicals and/or within 30 minutes upon arrival to floor																		
Vital Signs Norms (for your patient's age group)			BP			T			P			R						
Pt Name/Rm:																		
		TIME--->																
Vital Signs		Q4H																
Head to Toe Assessment		Q Shift																
Tasks from task list (Skin, Falls, Pain)		Q ???																
IV Assessment (INET or nurse notes) *		Q2H																
IV Therapy (fluids/meds/flushes/etc..		Q ???																
ADL's (turning, hygiene etc.)		Q2H																
Nutrition (% eaten)		Q meal	**Breakfast**			**Snack**			**Lunch**			**Snack**			**Dinner**			**Snack**
		% eaten->																
Intake:	PO	Q1H																
	Tube Feeding	Q1H																
	IVF	Q1H																
	Other:	Q1H																
Output:	Urine/Foley	Q1H																
	Stool	Q1H																
	emesis	Q1H																
	other:																	
Blood Sugars (as ordered)																		
Daily weight (Check on time with TPCN)																		
Procedures (ie. Foley, NG, IS, Lab collectio		Time																
		Procedure																
Neuro Checks (If ordered frequently)																		
Circulation Checks (If ordered frequently)																		
OTHER:																		
**** Check with instructor**																		

PEDIATRIC INTENSIVE CARE (PICU)
Clinical Preparation Requirements

You will not pick up a patient assignment the day before this rotation-you will be assigned to a nurse when you arrive in PICU and will assist that TPCN as they deem appropriate and you feel comfortable.

Did you do each of these BEFORE going to PICU?

_____ Review the clinical site tool objectives found on Blackboard
_____ Read the appropriate chapters in the Pediatrics textbook (Suggestion: respiratory, trauma, assessment information).
_____ Read "Pediatrics and PICU" portions of the UMC Student Orientation Manual. (see Blackboard "Course Content")
_____ Listen to the orientation Podcast.

Bring these with you to PICU:

_____ Print a copy of the PICU site tool objectives to bring to clinicals to guide information gathering.

**** Site Tool is due at 1700 on the Sunday following this rotation on Thursday or Friday**

PEDIATRIC RELATED COMMUNITY EXPERIENCES
Clinical Preparation Requirements

You will be assigned a variety of clinical experiences throughout the semester. You should complete the pediatric related community experience site tool for each place you go where you care for Pediatric patients. Please refer to your clinical directory for specific information about each site you are scheduled to go for rotations.

Did you do each of these BEFORE going to Pediatric Related Community Experiences?

_____ Review the site tool objectives found on Blackboard
_____ Read appropriate chapters in the Pediatrics textbook.
_____ Make sure you know the location of the clinic, etc.
_____ Listen to the orientation Podcast.

Bring these with you to the location:

_____ Print a copy of the appropriate site tool found on Blackboard to bring with you to help gather the needed information.

**** Site Tool is due at 1700 on the Sunday following this rotation on Thursday or Friday**

WOMAN'S HEALTH COMMUNITY EXPERIENCES
Clinical Preparation Requirements

You will be assigned a variety of clinical experiences throughout the semester. You should complete the women's health community experience site tool for each place you go where you care for OB/GYN patients. Please refer to the clinical directory for specific information about each site you are scheduled to go to rotations.

Did you do each of these BEFORE going to Women's Health Community Experiences?

_____ Review the site tool objectives found on Blackboard
_____ Review the "Antepartal Study Guide" for the Texas Tech OB Clinic (located in the syllabus directly following this page).
_____ Read the appropriate chapters in the OB textbook.
_____ Make sure you know the location of the clinic, etc.
_____ Listen to the orientation podcast.

Bring these with you to the location:

_____ Print a copy of the appropriate site tool found on Blackboard to bring with you to help gather the needed information.

**** Site Tool is due at 1700 on the Sunday following this rotation on Thursday or Friday**

SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM

ANTEPARTAL STUDY GUIDE

*This may be handwritten or typed. If you write out only the answers without the questions, please attach this study guide to your answers.
This study guide should be completed and reviewed prior to any women's health rotations. **It is also VERY helpful to complete and review this prior to any OB related rotation and the first OB midterm or final.

Susan Bliss has one three-year-old child, lost a pregnancy at two months gestation, and another at six months gestation. Her last L.M.P. was October 16. Mrs. Bliss has come to Southwest Prenatal Clinic after missing two consecutive normal menses.

1. Mrs. Bliss is G___T___P___A___L___ Gravida_____ Para_____ .

2. Mrs. Bliss E.D.C. is _____. (Use Naegele's Rule and show your work.)

3. Describe the following physiologic changes, which occur during pregnancy and state the cause when known:

a. Chadwick's Sign:

b. Hegar's Sign

c. Goodell's Sign

d. Describe the changes that occur in the Cardiovascular System during pregnancy in relation to:

(1) Blood volume:

(2) Blood count:

(3) Cardiac size:

(4) Blood Pressure:

(5) Hgb & Hct - 1st trimester _____, 2nd trimester _____, 3rd trimester _____.

e. Describe changes in the urinary tract during pregnancy in relation to:

(1) Frequency of urination is normal during what trimester(s) and abnormal during what trimester(s)? Discuss the causes of frequency of urination.

(2) Why are pregnant women more susceptible to tract infections?

f. Describe changes in the breasts in relation to:

(1) Sensitivity:

(2) Pigmentation:

g. Describe changes of the skin of the pregnant woman and discuss the causes:

(1) Face:

(2) Abdomen:

4. When pregnancy is determined, laboratory tests are obtained during the initial prenatal visit. List at least four.

a.
b.
c.
d.

5. Generally speaking, how often should a doctor see a prenatal patient?

a. First six months _____
b. Seventh and eighth months _____
c. Last four weeks _____

6. Which three tests or measurements are routinely performed at each routine prenatal visit?

   a. _____
   b. _____
   c. _____

7. The height of the fundus is often used to assist in diagnosing E.D.C.

   a. Size and weight of uterus before pregnancy:

   b. The pregnant uterus is:

      (1) at the level of the symphysis pubis at _____.
      (2) at the level of the umbilicus at _____.
      (3) at the ensiform cartilage (xiphoid process) at _____.

8. Explain when lightening occurs in the primipara, and when in the multipara.

9. Define quickening and tell when it normally occurs:

10. What are the positive signs of pregnancy?

11. Discuss the use of sonography (sonogram) during the antepartal period:

    Early

    Late

12. Explain hormonal sources and action during pregnancy of the following:

    a. F.S.H.
    b. Estrogen
    c. Progesterone
    d. Relaxin
    e. Prolactin
    f. Oxytocin
    g. H.C.G.
    h. LH
    i. HCS

13. The placenta is the major endocrine gland during pregnancy. List the hormones secreted by the placenta.

14. What danger signals should be reported promptly to the physician by the prenatal patient?

    a.

    b.

    c.

    d.

    e.

15. Discuss the feelings about sexuality and sexual intercourse the pregnant woman may have:

16. What instructions would you give Susan and her husband regarding sexual activity during pregnancy?

17. The pregnant woman often experiences minor discomforts. Discuss the possible causes and state means by which they may be alleviated.

a. Nausea

b. Heartburn

c. Exercise

d. Constipation

e. Leg cramps

f. Hemorrhoids

g. Backache

h. Varicose veins

18. Discuss the emotional changes and feelings women experience during pregnancy.

19. Nutrition during pregnancy.

a. Mrs. Bliss weighs 132 lb. Her expected weight gain will be a total of _____ during first trimester; _____ during second trimester; and _____ during third trimester.

b. The recommended daily allowance of calories during pregnancy is _____ Kcal above the woman's usual allowance.

c. List substitutes for milk (calcium requirements).

(1)

(2)

(3)

Appendix E: RNSG 2462 NURSING PROCESS GUIDELINES

This is helpful information to assist you in completing the nursing processes for clinical rotations. The process is due on the lecture day at the beginning of class. To pass RNSG 2462, you will complete 1 Pediatric Process with a score of pass and 1 OB Process (this can be from L & D or Mom-Baby rotations) with a score of pass. The processes will be constructed until one is passed in each of the two areas in order to pass RNSG2462. You cannot repeat a diagnosis once it is used in Pediatrics or once it is used in OB.

Grading Criteria**:**

Assessment:	**Data is relevant to the diagnosis**
Diagnosis:	**High priority and stated in PES format (and you must state why you chose it)**
Plan:	**One goal that is broadly stated**
Implementation:	**Orders are individualized for the patient**
	Adequate number of orders listed
Rationale:	**All orders have a rationale**
Evaluation:	**Do not complete this section**

Assessment

Data gathered through physical assessment, interview, diagnostic studies (i.e. radiologic studies, labs, pathology) and actual care of your patient. This should include the current hospitalization and previous history relevant to your patient that would impact their nursing care. The assessment should lead you to the most pressing problems for your patient and then help you to form a diagnosis that is relevant and guide you in choosing a priority diagnosis to complete. **ONLY list the assessment information in this column that pertains to your diagnosis in order to pass this portion.**

Diagnosis

Diagnosis: The diagnosis chosen should be a high priority for your patient. (Please ask the instructor for help as needed with this.)

It must be stated in proper format and you may use either nursing diagnoses or collaborative problems. It must be a one-part, two-part, or three-part statement. (i.e. a three part statement will include: problem *related to* etiology or contributing factors *as evidenced by* symptoms and /or signs). Diagnoses for this course do not have to be Nanda approved, you can be creative as long as you put the diagnosis in the proper format.

Plan

Formulate one broad goal for the diagnosis. Be sure to include the timeframe in which you expect to accomplish the goal. No outcomes needed.

Implementation

Include as many nursing orders as needed to accomplish your goal. Each order should be numbered. Processes from textbooks may be used, BUT you must personalize them for your patient. It is recommended that you read information pertaining to the diagnosis and design the implementations from this information. EXAMPLES: 1. "Monitor I & O" MUST include the calculations for expected or desired intake and output for your pediatric patients based on weight and the formula in the textbook.
2. For the statement, "Administer antibiotics in a timely manner", you must state what was ordered for your patient including dose, route and dose schedule in order to personalize this for your patient.

Scientific Rationale

Every nursing order must have a scientific rationale. Number each rationale to match your nursing order. You do not have to list a source if you can state the scientific rationale from the knowledge you have gained during previous semesters, BUT these should state the reason for the order (This should answer the question **"Why do we do this order")**

Evaluation

Does not need to be completed

- These must be handwritten
- If you used any resources (textbooks, websites, etc.) to help you to complete the process, please state them at the bottom of your process sheet in APA format.
- Credit may be not be given if there is a lack of neatness.
- Credit will not be given if not turned in late.
- A zero will be given on any process in which the diagnosis is repeated. If you have any concerns regarding this, please ask the faculty in that clinical area

RNSG 2462 Nursing Process Gradesheet

Student Name:_____ Date: _____

Circle one: OB PEDI

Nursing Diagnosis:

_____

All components must be met for a grade of "pass".

		Yes	No
Assessment:	**Data is relevant to the diagnosis**	**___**	**___**
Diagnosis:	**High priority and stated in PES format (**you must state why you chose the diagnosis for this patient)**	**___**	**___**
Plan:	**ONE goal Broadly stated with timeframe**	**___**	**___**
Implementation:	**Orders are individualized for the patient**	**___**	**___**
	Adequate number of orders listed	**___**	**___**
Rationale:	**Each order has a correct rationale and the orders and rationale numbers are included**	**___**	**___**
	Grade:	**PASS**	**FAIL**

Comments:

SPC Nursing Process

Hospital_____ Unit _____ Student _____

Client's Initial_____ Date_____

Pt. Medical or OB Diagnosis_____

Age (if Pedi pt.)_____

ASSESSMENT Data supporting Nsg. Dx (What clues point to Dx ? i.e. surgery, medical dx., labs, pt. statements, etc)	ANALYSIS Problem/Nursing Diagnosis (What's wrong or could go wrong ?)	PLAN Goal statements with outcome criteria (How will we know when the problem is better ?)	IMPLEMENTATION Nursing Orders (What are we going to do to improve the problem or prevent it ?)	SCIENTIFIC RATIONALE (WHY are we doing what we are doing ?)

Student Name_____ **Page _____ of _____**

ASSESSMENT Data supporting Nsg. Dx (What clues point to Dx ? i.e. surgery, medical dx., labs, pt. statements, etc)	ANALYSIS Problem/Nursing Diagnosis (What's wrong or could go wrong ?)	PLAN Goal statements with outcome criteria (How will we know when the problem is better ?)	IMPLEMENTATION Nursing Orders (What are we going to do to improve the problem or prevent it ?)	SCIENTIFIC RATIONALE (WHY are we doing what we are doing ?)