

**MONROE COUNTY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
ASSOCIATE DEGREE NURSING**

PEDIATRICS SYLLABUS

FALL 2010

<u>Time:</u>	M	8:00-9:00	Lab Demo
	M	9:00-11:00	Lecture H-165
	T	9:00-12:00	Lecture H-165
	W & Th or	3:30-10:00	Detroit Children's Hospital
	Th & Fri or	3:00- 9:30	Detroit Children's Hospital
	Sat & Sun or	7:00-1:30	Detroit Children's Hospital
	Sat & Sun or	7:00-1:30	Detroit Children's Hospital
	Sat & Sun	3:00-9:30	Toledo Children's Hospital

Faculty: Bonnie Welniak (H-117) 384-4248 (Email: bwelniak@monroecc.edu)
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 Dawn Lymond (H151) 384-4266 (Email: dlymond@monroecc.edu)

Students with special concerns are encouraged to contact faculty during office hours.

Placement in Curriculum Sequence:
 1st Semester 2nd level

Pre-requisite: N-204
Co-requisites

Required Textbook:

Perry, Hockenberry, Lowdermilk, & Wilson Maternal Child Nursing Care, 2010, Mosby/Elsevier; ISBN 978-0-323-05720-2

<u>Teaching Strategies</u>	<u>Instructional Facilities</u>	<u>Evaluation</u>
Class discussions	Classroom	Weekly Clinical Evaluation Records
Audio-visual aids and CAI programs	Nursing Lab	Student-Instructor Conferences
Demonstration and return	Hospital client units	Nursing Process Care plans
Pre- and post-clinical conferences	Community facilities	Specialized Assessments
Reading assignments	Computer Lab	Faculty Conferences
Nursing Process Plans		Observational Reports
Guest speaker		Math and Skills Testing
Group/individual assignments and presentations		Course Exams
Critical Thinking Exercises		Group Presentations
ATI readings and assessments		Health Promotion Pamphlet

Theory Grade

The total number of possible points that may be earned for this course is 300. There will be a total of 3 written assignments. These assignments will be objective in-class exams (100 percentage points each). Exams may be individual tests, group tests, or computerized exams in the RCTC. **Missing a scheduled exam will result in a 3-point reduction per missed exam.** An alternate exam may be given. The student must call the instructor prior to the exam (or as soon as possible) to make arrangements for making up the exam. The student is expected to take the exam as soon as possible at the instructor's discretion. Any student cheating on an exam will receive a grade of (0) zero for that examination. A zero grade on any examination would make it difficult, if not impossible, to achieve a passing grade for the course.

Grade Equivalency (grades will not be rounded up)

- A = 276 points and above (92% and above)
- B = 252 points and above (84 % and above)
- C = 234 points and above (78% and above)
- E = less than 234 points (below 78%)

Clinical Evaluation

Satisfactory clinical performance in meeting the course objectives is necessary for program progression. The clinical grade is based on a comparison of students' clinical behavior with the standards of behavior set forth in the course objectives listed in Appendix A. Weekly anecdotal records and summary evaluations will be used. No anecdotal needed for observational experiences. Student anecdotal self-evaluating their clinical experiences should include examples of how each clinical objective was met.

Clinical attendance is expected. **Students will receive a 3-point reduction for each whole or portion of a missed clinical day.**

Grade Options:

1. Satisfactory. Clinical performance: meets all objectives of the course; practices behavior, which exhibits progress toward course objectives; demonstrates growth toward course and program objectives.
2. Unsatisfactory. Clinical performance: seldom or inconsistently meets course and program objectives; inadequate application of theory and skills.

Pediatric Clinical Requirements:

2 Satisfactory Long Care Plans
Growth and Development Assessment with each Care Plan
Family Assessment Paper
Community Observation Experiences
Educational Pamphlet
Clinical Presentation
Mini Care Plans as assigned

Instructions on completing these assignments plus due dates for them will be provided by your clinical instructor. All assignments will be graded satisfactory or unsatisfactory.

Portfolio: You should continue to compile examples of your academic and professional growth. This course you might want to include your health promotion pamphlet, group presentation handouts, clinical anecdotal, care plans, group or individual clinical projects, and observational reports.

Skills Testing: Nursing skills will be tested during the Pediatric portion of the fall semester and must be satisfactorily passed in three or less tries. A missed skills test is considered "one attempt." If successful completion of skills testing is not met by the deadline, the student will be dismissed from the program. **Students who are successful on the first attempt will receive a 1.5-point bonus per skill toward their final course grade.**

Math Testing: Math will be tested during the OB portion of the semester.

Grading Policy:

In order to pass N205, students are required to:

1. Meet all program requirements;
2. Complete the course with a minimum final score of 78% of the total number of points;
3. Achieve satisfactory clinical performance in all objectives ;
4. Successfully complete skills testing within three attempts;

Attendance Policy

1. Clinical: Because clinical experience is a vital part of the nursing courses at Monroe County Community College, and because students have a responsibility to the agency and the client, the following is required:

a. **Attendance in Clinical Settings is Expected.** Missed clinical experiences are missed opportunities to learn and to meet course objectives. Absences may result in clinical make-up time, or written assignments, and/or dismissal from the program. Additionally, any absence will result in a 3 point deduction from the course grade point total for each whole or portion of a missed clinical day. At no time is a student to leave the clinical site without the knowledge and permission of the faculty. Students are expected to be ready to start clinical on time.

b. If absence or tardiness is unavoidable, you must notify the hospital nursing office or unit by 6:45 AM or 1:45 PM on the assigned day so that arrangements can be made for your patient's care. "No call, no show" to clinical is grounds for immediate dismissal.

Hospital/Facility	Phone #
Children's Hospital of Michigan	313-745-5437
The Toledo Hospital	419-291-4000

Identify self by name, college, and the unit to which you are assigned. Get the specific unit telephone number during orientation. Advise your relatives of the specific unit and telephone so that they can reach you in an emergency.

2. Classroom:

Classroom attendance is expected. Attendance will be monitored.

3. Laboratory:

Laboratory demonstration attendance is expected. Attendance will be monitored. All laboratory check-offs are mandatory by the due date listed in the syllabus. **Students who do not meet the skills check-off deadline will receive a 3 point deduction from their course grade for each missed deadline. In addition, students will have one point per day deducted for each day past the deadline until successful completion of the skill check-off.** Students should call as soon as possible if absences are unavoidable for demonstrations. Demonstrations and check-offs cannot be done on the same day, nor can practice be done on check-off day. The point deduction will be taken in the current course in which the student is studying.

Blackboard

Blackboard is a means of sharing information between instructors, students, and peers. There will be discussion boards as needed. The Power-point handouts will be available for lectures. Grades will also be posted on the Blackboard web site. You will also be able to email your instructors questions if needed.

To Access Blackboard

Go to the college home page www.monroeccc.edu

Select Blackboard Login

When the screen appears enter the following:

Username: first initial and last name; no spaces

Password: last 4 digits of your SS#

You will be welcomed to Blackboard

Under "My Courses" click on The Family Adapting II: Pediatric Nursing

A list of announcements will appear

All the selection buttons will appear on the left

Click on any area of interest

Course Information, Assignments, Calendar, Tools, Communication

LABORATORY ACTIVITIES FOR NURSING 205

The skills laboratory is for you. Time spent in the laboratory is intended to assist you in learning clinical and academic skills that are necessary in the nursing program. The laboratory is used in a variety of ways.

1. You will be expected to attend a demonstration of each clinical skill.
2. You will be expected to schedule practice time in the laboratory with the instructor, alone, or in a group.
3. Your clinical instructor may refer you to the laboratory for practice on a specific procedure or skill that they feel needs additional practice.
4. You may get tutorial help in such areas as nursing math and nursing process.
5. You will be tested once each semester in the lab setting on specific clinical skills that are identified at the beginning of that semester.

LABORATORY HOURS AND PROCEDURES

When scheduling time to work in the laboratory, please use the lab sign-up book located on the lab desk. Lab time is scheduled in half-hour segments. If you need the undivided attention of the laboratory instructor, please talk to her about scheduling a special time.

Hours of the laboratory instructors will be posted in the laboratory. You may be able to practice on your own during off hours by contacting the nursing office to check feasibility and to make arrangements.

If you find that you would like to use the laboratory on Saturday morning, you should obtain permission from the laboratory instructor before that time. On the identified Saturday, contact the Saturday Administrator to open the lab. The administrator is located in the Admissions Office of the Administration Building from 8:00 to 3:30 each Saturday. Since the laboratory cupboards are locked, it is important that you let the laboratory instructor know by Friday what equipment you will need so that it will be available to you. **CHILDREN ARE NEVER ALLOWED IN THE LAB AND YOU MUST LEAVE BY 3:30.**

Using the laboratory during off-hours is a privilege. It is expected that security and cleanliness of equipment be maintained, and all supplies be neatly repacked and cleaned as needed.

LABORATORY SKILLS FOR NURSING 205

The following laboratory skills will be tested during the semester and may become part of the skills test at the end of the semester. You will need to attend a demonstration for each clinical skill listed below. Group demonstrations will routinely be held on Mondays from 8:00 – 9:00 AM. The lab instructor will provide you with additional information as needed. Please view the video cassettes that cover the material, read the skills book and review the skill checklists found in the syllabus before coming to the lab. This will allow you to use your time and the lab instructor's time more effectively. You will need to practice each skill in the lab for proficiency. Finally, you will need to schedule a check-off time to demonstrate satisfactory completion of the skill prior to the deadline date with the lab instructor. Observers are not allowed during check-offs. The skill must be completed correctly or the student must return after continued practice to redo the skill check-off. If the skill is not completed satisfactorily by the deadline, the student will receive a 3 point reduction from their final course grade for each skill. If the skill must be checked off a second time, this re-check must not occur on the same day as the first check-off.

SKILL	VCR TAPE	DEMO DATE	COMPLETION
Head to Toe Assessment & Medication		10/20/10	11/2/10
Central Line Dressing Change	VCR 1792	11/22/10	12/6/10

The skills for the 3rd semester students can be found in Elkin, Potter & Perry Nursing Interventions & Clinical Skills 4th Ed.

Syringe pump-Chap. 27 skill 27.4 pg.627

IV pumps-Chap. 27 skill 27.2 pg.610

Buretrol-Chap.27-skill 27.2 pg.611

Central Line Dressing Changes-Chap. 36 skill 36.1

SKILLS TESTING

Skills testing will take place in the laboratory on Tuesday, December 7, 2010, from 1:30-4:30 PM. The following skills may be tested but are not limited to: reconstituting and mixing meds, IV push meds,

PCA and syringe pumps, and central line dressing change. The standards used for evaluation are included in your skills book. Each student will be tested on two skills: one sterile procedure and one medication administration.

Those students who are successful on BOTH skills during the initial test time will have 3 points added to their final scores. Those who are successful on one skill will have 1.5 points added to their final course grade. Those students who are not successful will be asked to practice the skill(s) in question and retest by December 12th in order to receive a passing grade for Nursing 205. If a student does not successfully complete the skill after three attempts, the student will be failed from N-205. An absence from skills testing will be counted as one failed attempt.

Clinical Presentations – April 24, 2010

8 – 3:00 pm

Each clinical group will be assigned a topic to research and present to the class on Wednesday, November 25, 2010. Each group will have **60 minutes** to present. The group will decide the format for presentation, but it is expected that all group members participate equally and cooperatively.

Content of these presentations is valuable information and will be tested upon. Any handouts or visual aids to assist in presenting this content are encouraged. Xeroxing of completed handouts (etc.) must be to Chris Bulin by November 18, 2010, in order to be ready for your class time. Chris can also make a few overhead films but also requires a November 18th deadline.

The topics which will be presented are as follows:

- λ Communicable Diseases/Immunization of Children
- λ Safety and Poisoning Concerns for all Ages of Children
- λ Social, Cultural and Religious Influences on the Healthcare of Children
Children and Death
Toys and Other Recreational Items

ACADEMIC DISHONESTY

See policy stated in Student Nurse Handbook and MCCC Class schedule.

PEDIATRIC CLINICAL SIMULATIONS

These are interactive computer CD/ROMS and are highly recommended. They are located in the computer lab across from H105.

1. Clinical Simulations in Pediatric Nursing I
 - Unit 1: A Child with Head Injury
 - Unit 2: A Toddler Hospitalized Following a Seizure
 - Unit 3: A Child with Meningitis
 - Unit 4: An Infant with Vomiting

2. Clinical Simulations in Pediatric Nursing II
 - Unit 1: An Infant with Congenital Heart Disease
 - Unit 2: A Toddler with Respiratory Difficulties
 - Unit 3: A Preschooler Hospitalized with Pneumonia
 - Unit 4: A School-Age Child with Leukemia

HEALTH PROMOTION/ILLNESS PREVENTION PAMPHLET

Students will be required to develop a one page educational pamphlet/handout on a health promotion/illness prevention topic directed at either a parent or child. You must choose the topic from the list below. Include a cover page with your name, the topic presented, and the targeted age group, e.g., adult, toddler, adolescent. See page 10 for an additional summary due with this pamphlet.

SCORING

S/U

Information presented is accurate

Appropriate for stated age group

Clearly identified as health promotion/illness prevention

Analysis of construction paper

Information presented is easy to understand

Grammar/spelling

Use of “eye catching” techniques

TOPICS

Dental care
Sex education
STD prevention
Water safety
Fire safety
Feelings
Puberty
Toys
Smoking
Childhood Obesity

Sleep behaviors
Preparation for school
Pregnancy prevention
Safety in the home
Sports safety
Immunizations
Hand washing/germs
Sibling rivalry
Drugs
Car Seats

Nutrition
Poison prevention
Outdoor safety
Stranger Danger
Infant feeding
Discipline
Toilet training
School bus safety
Operating a car
Internet Safety

DUE DATE

**As determined by Clinical Instructor
Turn in to your Clinical Instructor**

**HEALTH PROMOTION/ILLNESS PREVENTION PAMPHLET
ANALYSIS OF CONSTRUCTION/PRESENTATION**

Type a double-spaced summary of how this pamphlet was developed. Answer the following questions. Attach summary to pamphlet.

1. What resources were most helpful in developing your pamphlet? Cite sources.
2. Why did you choose format, color, graphics, etc.?
3. When would this pamphlet be most useful?
4. Where would you place this pamphlet in order to reach the most people?
5. How could this pamphlet have been improved?
6. Why would learner pick up this pamphlet?
7. What developmental level was addressed and how did you accomplish this?
8. Was your topic a safety issue?
9. Was gender, socio-economic, culture addressed?
10. Was language an issue in developing this pamphlet?
11. What teaching/learning principle did you apply?

COMMUNITY OBSERVATION EXPERIENCE

Requirements:

You will be assigned a community observation experience in place of two of your regular clinical days. The assignments as well as complete directions will be posted on the bulletin board and Blackboard sometime before the beginning of your pediatric rotation. You are expected to present information gained from this experience to your clinical group. This is considered a clinical assignment and will be graded as Satisfactory or Unsatisfactory. Your clinical instructor will give further information on this.

Objectives:

1. Observe different environments for nursing care.
2. Identify typical physical, social, mental, and emotional characteristics of selected children at a specific developmental age.
3. Identify health-promoting activities that are essential for the normal growth and development of infants and children.
4. Begin to identify developmental delays in selected children.
5. Identify the nurse's role in selected community settings.
6. Identify a teaching need of the population you are observing on one of the assigned days and present health or safety related topic (e.g., hand-washing/germs, healthy eating, new food pyramid, etc.) to the children. This would work well when you are assigned to a school setting.

Preparation:

Read Perry & Lockenberry **Maternal-Child Nursing Care**

Infant, Chapter 36

Toddler, Chapter 37

Preschool, Chapter 38

School-Aged, Chapter 39

Adolescent, Chapter 40

Assignment:

Submit a one-page summary of the types of activities you observed during your 2-day observational experience. This would include prevention and early detection of health problems, promotion of healthy habits, any health screenings and wellness educational activities. Include any pediatric health or safety issue that you identified. Here are some other examples of what to focus on:

Health Department/Immunization Clinic: observe family interaction, the nurse's approach to assessment, child or sibling responses, types of teaching provided, documentation of immunizations, records provided for the family.

Daycare Center/Head Start: observe children of similar or different ages, compare/contrast levels of growth and development, observe children at play, explore how safety needs are addressed as they relate to play.

Pediatric clinics/Pediatrician's offices: observe well-child assessments and illness visits, identify parental concerns and kinds of teaching provided; identify any developmental testing and observed delays.

ISD: compare growth and development level of children in assigned class to expected level, observe teaching methods, eating behaviors at lunch, nutritional needs met, discipline/limit setting methods used.

Due Date

Turn into your clinical instructor within one (1) week following your observational experience.

FAMILY ASSESSMENT PAPER

You are to write a 4-5 page paper that demonstrates a thorough assessment of a family unit.

Below are the criteria to use when choosing a family for this assignment:

- a. The family may not be your own family, however it may be a friend, relative, or acquaintance.
- b. The oldest child may not be over the age of 16 (this means even in a blended family either parent's oldest child must not be over the age of 16).
- c. The family unit may have one or two active parents, which may or may not live together.
- d. Make sure you include all the children of the family unit in this assignment, even if they do not live in the home full-time.

Write a complete, descriptive paragraph about each of the following: (Make sure that you write this paper in such a manner that it demonstrates professionalism. Your grammar, spelling, and punctuation are important.)

1. Family Composition (ages of family members, the family type, and your relationship to the family)
2. Stage of Family Development (identify the stage this family is in according to Duvall; list 3 developmental tasks to be accomplished by this family using Duvall; list 2-3 developmental tasks to be accomplished by the oldest child) **Duvall reference at end of this instruction form. When referring to Duvall's theory, the oldest child's age indicates the 'stage' the family is in.**
3. Home and Community Environment (describe the characteristics of the home & neighborhood, the socioeconomic status of the family, what are the parent(s) occupation)
4. Cultural/Religious Traditions (describe the family's culture/ethnicity, what religion is practiced or followed, and family beliefs or practices that influence the health care provided to the child(ren))
5. Family Functions (what member has the major responsibility for child care, describe how the family provides for the child (ren) with regard to *security/survival, emotional support/affection, social development, self-esteem, household chores/responsibility*. **Make sure you focus on the child**)
6. Role Strain (describe the potential sources for role strain that may occur in the mother, father, oldest child, the siblings, and the grandparent(s))
7. Communication (describe how the family members speak to each other/tone & loudness, how they state their needs and feelings to each other, how are problems solved)
8. Discipline (describe the type of discipline most consistently used, which parent is responsible for implementing the discipline)
9. Strengths (identify and describe the strengths of this family unit)
10. Potential Problems (identify and describe the areas of concerns for this family unit; make sure you look at each member individually and then the family as a unit).

DUVALL'S DEVELOPMENTAL STAGES OF THE FAMILY

STAGE I: MARRIAGE AND AN INDEPENDENT HOME: THE JOINING OF FAMILIES

- Reestablish couple identity.
- Realign relationships with extended family.
- Make decisions regarding parenthood.

STAGE II: FAMILIES WITH INFANTS

- Integrate infants into the family unit.
- Accommodate to new parenting and grandparenting roles.
- Maintain the marital bond.

STAGE III: FAMILIES WITH PRESCHOOLERS

- Socialize children.
- Parents and children adjust to separation.

STAGE IV: FAMILIES WITH SCHOOLCHILDREN

- Children develop peer relations.
- Parents adjust to their children's peer and school influences.

STAGE V: FAMILIES WITH TEENAGERS

- Adolescents develop increasing autonomy.
- Parents refocus on midlife marital and career issues.
- Parents begin a shift toward concern for the older generation.

STAGE VI: FAMILIES AS LAUNCHING CENTERS

- Parents and young adults establish independent identities.
- Renegotiate marital relationship.

STAGE VII: MIDDLE-AGED FAMILIES

- Reinvest in couple identity with concurrent development of independent interests.
- Realign relationships to include in-laws and grandchildren.
- Deal with disabilities and death of older generation.

STAGE VIII: AGING FAMILIES

- Shift from work role to leisure and semiretirement or full retirement.
- Maintain couple and individual functioning while adapting to the aging process.
- Prepare for own death and dealing with the loss of spouse and/or siblings and other peers.

(From Wong, D.L.: Wong's essentials of pediatric nursing, St. Louis, 2001, Mosby.)

DUE DATE: As determined by your clinical instructor.

COURSE OUTLINES.

REACTION TO ILLNESS & HOSPITALIZATION

- A. Impact of Stressors on the Hospitalized Child
 - 1. Stressors and Child's Reaction to:
 - a. Separation from parents and significant others ("separation anxiety")
 - b. Loss of control
 - c. Injury and pain
 - d. Unknown and unfamiliar
 - e. Unclear limits and expectations
 - 2. Reaction of families, including siblings

- B. Preparing the Child for Hospitalization and Procedures
 - 1. Family-centered care
 - 2. Normalization
 - 3. Usual behavioral patterns
 - 4. How to prepare children

- C. Nursing Strategies
 - 1. Prevent or minimize bodily injury.
 - 2. Facilitate emotional expression appropriate to developmental stage.
 - 3. Promote normalization:
 - a. prepare for procedures
 - b. encourage decision-making participation as appropriate
 - c. involve family/family routine in care of child
 - d. assess pain and provide adequate intervention to minimize
 - e. maintain patterns of A.D.L.
 - 4. Promote play activities designed to increase coping and developmental growth (therapeutic use of play).
 - 5. Provide needed support for family of hospitalized child:
 - a. information/education
 - b. community resources/services
 - c. listen to concerns
 - 6. Prepare family for discharge:
 - a. assess probable home care needs/concerns
 - b. work with social service/discharge planner to provide needed support services

- D. Principles and Skills Adapted to Care of Children
 - 1. Pediatric variation of nursing techniques
 - a. Safety measures
 - 1. Age-related
 - 2. Infection control/Standard Precautions
 - 3. Environmental factors
 - 4. Limit setting
 - 5. Positioning
 - b. Obtaining informed consent
 - c. Bathing and other A.D.L.s, such as feeding
 - d. Restraints/transportation
 - e. Collection of specimens
 - f. Administration of medication: Principles and precautions
 - 1. calculation of safe dosages
 - 2. oral meds
 - 3. IM meds - site, needle sizes
 - 4. SQ, Intravenous medications
 - syringe pump usage
 - venous access devices
 - central lines
 - g. Blood pressure
 - h. Fluid balance
 - 1. accurate record keeping for I & O
 - 2. administration of IV fluids
 - 3. caloric count
 - 4. weighing diapers
 - 5. specific gravity
 - i. Oxygen therapies - pulse oximetry, O₂ tents, aerosols
 - j. Care of children in isolation (body substance isolation)
 - k. Nursing care of children with a fever
 - 2. Assessment Variations
-
- E. Children with Special Needs
 - 1. Chronic Illness or Disability
 - a. Developmental Effects on Children
 - 2. Children at End of Life
 - a. Palliative Care
 - b. Children's Understanding of Death
 - c. Nursing Care

Methods

Lectures
Discussion
Group activities
Web Learning

Assignments:

Text: Chapters 35, 41, 44, 45; ATI chapters 11, 12, 13, 14

Prior Learning: Review grief process; concepts of loss, chronicity.

Videos: "Medicating Children" VC #1811

"Medications and Injections" #3101

"Family Centered Care" #3102

"Pain Assessment and Management in Children" #3099

DVDs: "Pediatric Tips and Tricks"

Web Learning: See external links on Blackboard ("Preserving Dignity in Hospitalized Children")

Objectives: The student shall:

1. identify stressors that the child at each developmental level and his family would experience in relationship to illness and hospitalization.
2. discuss specific nursing interventions appropriate for assisting the child and family to adapt to the stress of illness and hospitalization for each level of development.
3. formulate appropriate techniques for preparing children and families for hospitalization, diagnostic tests, and surgery.
4. identify nursing measures to assist the caregiver/parents to prepare the child for hospitalization.
5. identify nursing measures to assist the caregiver/parent to help his child cope with the stress of surgery or diagnostic tests and treatments.
6. identify the child's needs which are served by the activity of play.
7. discuss the emotional impact of acute, chronic, and terminal illness upon the family and the child.
8. identify the nursing diagnosis, goals, and interventions through the use of critical thinking to assist the child and his family adapt to the stressor involved in acute, chronic, and terminal illness.
9. discuss emotional impact of a disability on the child and family.
10. identify the emotional and sensory needs of the acutely, chronically, and terminally ill child and family.
11. discuss developmental stressors associated with separation during hospitalization.
12. identify essential safety factors unique to the pediatric unit.
13. describe safe methods for administering medications by any route to children.
14. describe the proper method for calculating infusion rate (drip rate using microdrip measures).

Objectives: The student shall: (Continued)

15. list the information necessary for keeping accurate records of intravenous fluids.
16. identify nursing responsibilities and observations which must be made in maintaining fluid balance in a child:
 - A. Proper infusion of I.V.
 - B. Overhydration or underhydration
17. identify nursing intervention to support adaptation of the child receiving intravenous fluids.
18. describe the detrimental effects which could result from restraining a child.
19. list nursing actions which reduce the detrimental effects of restraints on the child.
20. discuss several pharmacologic effects of medications on infants and children of various ages.
21. calculate the safe dosage range of medication as presented in class.
22. describe several methods of administering oral medications to children.
 - A. Infant
 - B. Toddler / preschool
 - C. School-agers
23. identify the preferred anatomical site(s) for the administration of an IM injection in children.
24. discuss appropriate methods for taking a child's vital signs at various ages.
25. describe means of accurate measurements of fluid output.
26. identify several physiological and psychological differences between the child and the adult which influence the etiology, progression, and sequelae of disease.
27. discuss the significance of fever in childhood.
28. explain pathophysiology and medical/nursing management of fever in children.
29. explain physiological effect of tepid bath.

Clinical Opportunity

Patient Assignment: Care for a hospitalized child who is chronically ill, disabled, or terminally ill.

Learning Activities:

1. Observe pain assessment and management by a pediatric nurse in the clinical setting. Describe assessment tool(s) used and the interventions implemented to validate the realization of outcome criteria. List the types of nonpharmacologic interventions used and their effects on pain.
2. Observe the group hospital preparatory classes for children and their families in affiliated institutions. Discuss the programs in relation to how they meet the guidelines for preparatory programs as addressed in the text.
3. Observe which sites are most frequently used for IM administration of medication for children at affiliated institutions. Do the institutions have policy statements regarding site use for injections?

Discussion Questions/Critical Thinking

1. What effects can overprotection of a child with a chronic illness or disability have on the child and other family members?
2. Why is it important to integrate the family's religious/spiritual beliefs into the plan of care for the child with a chronic illness or disability?
3. What is the importance of the nurse's own recognition of the meaning of death in the care of dying children?
4. A 10-year-old, well-developed male is admitted for an appendectomy. Meperidine is prescribed for pain management. Three days postop, the boy complains of incisional pain at the intensity of 4 out of a possible 5 on a pain scale, with 5 being most severe pain. You note tremors in his extremities. What should be your next action? Give rationale.
5. Seven-year-old Heather is scheduled for a bone marrow aspiration. The nurse asks the parents to remain in the child's room during the procedure. The parents indicate they want to go to the procedure room to be with Heather during the test. Heather hears her parents' request and begins kicking and screaming that she does not want her parents with her for the test. How would you intervene?
6. A mother phones the pediatric unit to say her 2-year-old child's temperature is 104° and she is sponging the child with rubbing alcohol. She asks what else she should do. How would you respond?

**MONROE COUNTY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
ASSOCIATE DEGREE NURSING**

**Nursing 205
Pediatric Section**

Guideline for Administration of Medications

Oral Medication

1. Double check order for medication.
2. Calculate the safe dosage of medications to be given.
 - a. Refer to references for safe dosage - usually given in mg/Kg/24 hrs.
 - b. Calculate child's weight into Kg.
 - c. Calculate maximum safe dose for 24 hour period
 - d. Divide maximum safe dose by # of doses to be given in 24 hour period.
3. Calculate amount of medication to be given - usually measured in mls.
4. Determine appropriate method for giving medication (dropper, spoon, medicine cup).
5. Does medicine need to be altered to improve palatability? What would child prefer as "chaser" following ingestion of medicine? Can "chaser" be used?
6. What measures can be used to gain the child's cooperation? Do parents wish to participate?

Intramuscular Injection

1. Double check order for medication.
2. Calculate safe dosage of medication.
3. Calculate amount of medication to be given.
4. Determine which anatomical site is most appropriate for this child.
 - a. Check nursing notes to see where last injection was given.
5. Decide how you will approach the child in order to gain the child's cooperation and/or minimize the psychological trauma.

Intramuscular Injection Continued)

6. Will the child need to be physically restrained? How will you do this?
7. How will you comfort the child following the injection?
8. Do parents wish to participate?

Medication Problems for Practice

1. Ordered: Phenobarbital 60 mg p.o. B.I.D.
Child's weight: 52 lbs.
Safe dose: 5.5 mg/Kg/24 hrs.
Tabs: 60 mg/tab.
 - a. Is this a safe dose?

 - b. How many tablets would you give?

2. Ordered: Diuril 200 mg daily
Child's weight: 44 lbs.
Safe dose: 20 mg/Kg/24 hrs.
Syrup: 250 mg/5 ml
 - a. Is this a safe dose?

 - b. How many ml. would you give?

3. Ordered: Methicillin 400 mg q. 6^o IV
Child's weight: 71 lbs.
Safe dose: 100 mg/Kg/24 hrs.
500 mg vial with 250 mg/ml
 - a. Is this a safe dose?

 - b. How many ml. would you give?

Medication Problems for Practice (Continued)

4. Ordered Valium 10 mg. p.o. 1 hr. preop.
Preop weight 110 lbs.
Safe preop. dose: .66 mg/Kg/dose
Tablets: 5 mg/tab.

- a. Is this a safe dose?
- b. How many tablets would you give?

5. Ordered: Susphrine 1:1000 0.050 cc. sq. q. 4^o prn
Child's weight: 16 lbs. 8 oz.
Safe dose: .01 ml/Kg/dose
Ampule: 1:1000 (1 mg/ml)

- a. Is this a safe dose?
- b. Indicate on T.B. syringe the correct amount to be given.



6. Ordered: Keflin 200 mg. q. 6^o IV
Child's weight: 12 lbs.
Safe dose: 160 mg/Kg/24 hrs.
500 mg vial with 250 mg/ml

- a. Is this a safe dose?
- b. Indicate on T.B. syringe correct amount to be given.



THE CHILD AND HEALTH MAINTENANCE

- I. Perspectives of Pediatric Nursing
 - A. Standards of Maternal & Child Health Nursing Practice
 - B. Role of the Pediatric Nurse
 - C. Legal Aspects of Pediatric Nursing
 - D. Morbidity and Mortality
 - E. Family Assessment and Communication Skills

- II. Factors Influencing Health Care of Children
 - A. Culture/Ethnicity
 - B. Religion
 - C. Socioeconomic Status

- III. Promoting Well Child Care
 - A. Health Maintenance
 - 1. regular health assessment - physical, cognitive, emotional, social development
 - 2. health teaching, dental care
 - 3. support and counseling
 - 4. preventive and communicable disease immunization
 - 5. Federal programs, community agency support

 - B. Prevention of stressors which lead to mortality and morbidity

- IV. Promoting Safety of the Child
 - A. identification of age-related accidents
 - B. age-related safety measures

Assignment

Text: Chapters 29, 31, 32, 33, 34; ATI chapters 1-3, 9, 10

Videos: "Pediatric Assessment" VC #2905

"Performing a Pediatric Assessment" #3103

"Communicating with Children and Families" #3098

Web Learning: <http://www.chop.edu/carseat>

Prior Learning: Culture, religious belief systems, basic safety principles, head-to-toe assessment.

Objectives

At the completion of this class the student should be able to:

1. discuss the unique aspects of pediatrics as a medical and nursing specialty.
2. identify several methods for promoting health and health practices in the ambulatory pediatric setting.
3. define the terms mortality and morbidity.
4. discuss the significance of the infant mortality rate in the United States.
5. list five major causes of death (in rank order) for children from 0-4 years, 5-14 years, and 15-24 years.
6. list the five most frequent causes of accidental injury in children.
7. discuss several methods for the prevention of accidents.
8. discuss safety measures to prevent accidents at each developmental level.
9. describe parenting styles and discuss patterns of communication and discipline.
10. describe guidelines for communicating with the pediatric client.
11. describe expected assessment normal findings for children at various ages.
12. describe the nurse's role in providing socioculturally relevant health care.
13. identify the local tri-county community resources available for the pediatric patient, noting cost and access.
14. discuss the impact of difficult access to health services within the area.

Clinical Opportunity

Patient Assignment: Care for a child and family of a different ethnic/cultural/religious background. Assess how the family's background affects health perceptions and beliefs.

Learning Activities:

1. Observe the roles displayed by nurses in a pediatric health care setting. Discuss in conference how the observed roles correlate with those addressed in the text.
2. Present appropriate toys and play activities for each developmental group in clinical conference.
3. Summarize findings from several current journal articles regarding research on the accuracy of the Tympanic thermometer.

Growth and Development Infant

Growth and Development of the Normal Infant (0-1 year).

- I. Physical and Motor Development
 - A. Assessment techniques
 - B. Factors influencing physical growth
 - C. Changes in body composition
 - D. Nutritional requirements
 - E. Motor development
- II. Psychological Social and Cultural
 - A. Freud: psychosexual
 - B. Erikson: psychosocial
 - C. Maslow: basic human needs
- III. Cognitive Development (Piaget)
 - A. Sensorimotor phase
 1. Action-space concept
 2. Object permanence
 3. Mental representation
- IV. Perceptual Development
- V. Language
 1. Sounds of comfort/discomfort
 2. Babbling - 3 mo.
 3. 4-8 mo. selective babbling
 4. Articulatory skill - begin 8 mo.

Assignment:

Text: Chapter 36 (pp. 953 - 1001); ATI chapter 4

Video: "Growth and Development" #3100

Objectives

The student shall:

1. explain the use of the growth chart in assessing physical growth and development.
2. identify the factors which influence growth.
3. identify the general changes in body compositions during the first year.
4. identify the nutrients which are necessary in addition to breast milk or cow's milk during the first year.
5. explain the actions of these nutrients.
6. identify the source of these nutrients.
7. identify the conditions which can occur during infancy as the result of vitamin deficiency.
8. identify general steps of motor development for each mo. during the first year.
9. define the first stage of psychological development identified by Freud -the oral phase.
10. define the first stage of development identified by Erikson - basic trust vs. basic mistrust.

Growth and Development Infant

Objectives

The student shall: (Continued)

11. identify potential stressors in families with infants who experience illness and hospitalization.
12. apply Maslow's need theory to the development of the infant.
13. define the meaning of "sensorimotor phase" as identified by Piaget.
14. define the following concepts which refer to the sensorimotor phase:
 - a. action-space concept
 - b. object permanence
 - c. mental representation
15. give examples of primary circular reactions and secondary circular reactions; coordination of secondary reactions and applications to new situations.
16. identify basic perceptual capacity of the newborn.
17. discuss perceptual development during the first year.
18. identify the steps of language development during the first year.
19. identify the infant's response to hospitalization.
20. identify in general feelings experienced by parents when the infant is hospitalized and methods the nurse may use to assist with coping.
21. list general nursing diagnosis and goals related to psychological care of the hospitalized infant to support adaptation in the child and family.
22. list general nursing actions which should be implemented in order to carry out these goals.
23. discuss individual nursing diagnoses related to care of the hospitalized infant.

Clinical Opportunity

Discussion Questions/Critical Thinking

1. What would be your response to the mother of a 7-month-old child who is rubbing the child's gums with aspirin because the child is teething?
2. How should the nurse respond to a mother who states her concern over her 7-month-old son's head lag?

Learning Activities:

1. Review current nursing literature related to feeding schedules for the first year of life. How many authors advocate solid nourishment before 6 months of age. What is the rationale provided? What is the rationale, in articles, for waiting until a later age for the infant to be introduced to solids?

The Toddler (Age 1-3)

- I. Physical and Motor Development
 - A. System development
 - B. Nutritional needs
- II. Psychological Social & Cultural Development
 - A. Freud - Psychosexual
 - B. Erikson - Psychosocial
 - C. Maslow - Need theory
- III. Cognitive (Piaget)
 - A. Tertiary circular reaction
 - B. Invention of new means through mental combinations
 - C. Categorizing
 - D. Pre-operational stage
 - E. Time and space concepts.
- IV. Perceptual Development
- V. Language

Assignment:

Text: Chapter 37; ATI chapter 5

Objectives:

Regarding the toddler the student shall:

1. identify the major steps of physical development.
2. identify the nutritional needs.
3. discuss the concepts of psychosexual, psychosocial and need theories.
4. identify the development of personality and major developmental tasks.
5. define the cognitive concepts outlined by Piaget.
6. discuss the normal level of perceptual development.
7. identify normal language ability and development.
8. identify the stressors of illness and hospitalization for the toddler and his family.
9. identify the child's emotional response to illness and hospitalization.
10. discuss possible maladaptation responses to hospitalization and illness.
11. identify stressors that the parent of the toddler may experience when the child is ill or needs hospitalization.
12. identify general goals of care with this age hospitalized child.
13. identify nursing diagnosis, goals, and interventions through the use of critical thinking to assist the toddler and his family to adapt to stress of illness and hospitalization.

The Toddler (Age 1-3)

Objectives:

Regarding the toddler the student shall: (Continued)

14. discuss evaluation of nursing care.
15. discuss the teaching needs of the toddler and his family, i.e., growth and development, nutrition, safety, etc.

Clinical Opportunity

Discussion Questions:

1. Why is it important to identify readiness signs in a child prior to the initiation of toilet training?
2. In what instances would a parent need to intervene during a temper tantrum?

Learning Activities:

1. Review the health history of five toddlers at an affiliated clinical facility for documentation related to each child's daily diet habits, elimination routine (including words used by child to describe urination and defecation), immunization status, and favorite toys and/or rituals. Discuss findings as a group in conference.

Case Studies

Toilet Training/Toddler Development

Preschool Aged Child (3-5)

- I. Physical and Motor Development
 - A. System development
 - B. Nutritional needs

- II. Psychological, Social & Cultural Development
 - A. Freud - Psychosexual
 - B. Erikson - Psychosocial
 - C. Maslow - Need theory

- III. Cognitive (Piaget)
 - A. Preconceptual
 - B. Intuitive

- IV. Perceptual Development

- V. Language

Assignment

Text: Chapter 38 (pp. 1043 - 1055); ATI chapters 6, 27-28

Objectives

Regarding the preschool aged child the student shall:

1. identify the major steps of physical development.
2. identify the nutritional needs.
3. discuss the concepts of psychosexual, psychosocial and need theories.
4. identify the development of personality and major developmental tasks.
5. define the cognitive concepts outlined by Piaget.
6. discuss the normal level of perceptual development.
7. identify normal language ability and development.
8. explain preschooler's perception of illness.
9. identify potential stressors of the preschool child in relationship to developmental level.
10. discuss maladaptive responses to hospitalization and illness.
11. identify potential stressors of the parent when the child is ill or needs hospitalization.
12. discuss nursing diagnosis, goals, and interventions to assist the child and his family in adaptation.

Preschool Aged Child (3-5)

Objectives

Regarding the preschool aged child the student shall: (Continued)

13. identify general goals of care with this age hospitalized child.
14. identify general nursing actions which should be individualized to meet the goals of care.
15. discuss evaluation based on outcomes for the nursing care.
16. discuss teaching plan to meet education needs of the preschool child and his family.

Clinical Opportunity

Patient Assignment: Care for a pre-school child. How does growth and development stage change your nursing approach? Assess the child's G & D. Are there delays?

Discussion Questions/Critical Thinking

1. What impact do culture and environment have on a preschooler's drawings?
2. Why must the nurse be culturally sensitive when discussing sleeping arrangements of preschoolers?

Learning Activities:

1. Determine if own home is accident-proof for a preschooler. Discuss in conference.
2. Discuss in conference the toys available in the playroom and if they were appropriate for the preschoolers' developmental levels.
3. Use a department-store catalogue to identify appropriate toys for preschool children. Discuss, as a group, the safety features that would need to be evaluated for each toy.

The School Aged Child (6 - 12)

- I. Physical and Motor Development
 - A. System development
 - B. Nutritional needs
- II. Psychological, Social and Cultural Development
 - A. Freud - psychosexual
 - B. Erikson - psychosocial
 - C. Maslow - need
- III. Cognitive - Piaget
 - A. State of concrete operations
- IV. Perceptual development

Assignment

Text: Chapter 39 (1077 – 1096); ATI chapter 7

Objectives

With regard to the school-aged child the student will:

1. identify normal physical and motor development.
2. discuss the social and psychological development.
3. discuss the influence of school upon the child's growth and development.
4. discuss the importance of peer and family relationships.
5. list the nutritional needs.
6. summarize the child's cognitive development during this age.
7. define the terms identified by Piaget in relation to this age of development.
8. explain how work and play help to meet the needs of this age child.
9. identify potential stressors for the school aged child.
10. discuss the child's emotional response to illness and hospitalization.
11. identify factors which must be assessed in planning care for the hospitalized child.
12. list major nursing diagnoses and goals for providing emotional care to the hospitalized child.
13. for each goal list appropriate nursing action.
14. discuss teaching plan to meet education needs of school-aged child and his family.
15. discuss methods of evaluation of nursing care.

Clinical Opportunity

Patient Assignment: Care for a school aged child, assessing G & D. How does your nursing approach change to care for a school aged child?

Discussion Questions/Critical Thinking

1. How can television be used as an educational medium for school-age children?
2. State personal feelings regarding corporal punishment as a disciplinary method in school. Is it equivalent to child abuse? If yes, in what way?
3. What impact do video games have on the school-age child's acquisition of physical skills?
4. What are the positive aspects of a state law regarding mandatory wearing of helmets for bicycling?

The Adolescent (12 - 18)

- I. Physical and Motor Development
 - A. Puberty, sexual development
 - B. Nutritional needs
- II. Stages of Adolescents
 - A. Early
 - B. Middle
 - C. Late
- III. Psychological, Social & Cultural Development
 - A. Freud - psychosexual
 - B. Erikson - socialization
 - C. Maslow - need theory
- IV. Cognitive (Piaget)
 - A. Formal thinking stage
- V. Perceptual
- VI. Common Health Considerations
 - A. Smoking
 - B. Alcohol
 - C. Drugs
 - D. Sports
 - E. Reproductive/Maturation Disorders

Assignment

Text: Chapter 40; ATI chapters 8, 56

Objectives

- With regard to the adolescent the student shall:
- 1. identify normal physical and motor growth and development.
 - 2. differentiate between the three phases of adolescence.
 - 3. discuss psychosexual and social development.
 - 4. identify normal sexual development.
 - 5. identify physical, emotional, and mental development as related to:
 - a. school
 - b. play and work
 - c. choice of vocation
 - d. safety and education
 - e. nutritional needs
 - 6. discuss actual and potential stressors that the adolescent and his family may experience in response to illness and hospitalization.
 - 7. identify nursing diagnosis, goals, and interventions through the use of critical thinking to assist the adolescent and his family to adapt to stressors.
 - 8. discuss the nursing responsibility in meeting the needs of the adolescent's health supervision and guidance.

The Adolescent (12 - 18)

Objectives

With regard to the adolescent the student shall: (Continued)

9. discuss evaluation of nursing care based on outcome criteria.
10. discuss teaching plan to meet the educational needs of the adolescent and his family.

Clinical Opportunity

Patient Assignment: Care for an adolescent child. How does your nursing approach change in caring for an older child? What communication techniques are successful?

Discussion Questions/Critical Thinking

1. When addressing a group of adolescents on sex education, what would be the nurse's most effective approach?
2. A parent of a 13-year-old male states there must be something wrong with him because he displays extreme mood swings and temper outbursts. How should the nurse respond?
3. How are religious and cultural beliefs related to choice of an adolescent's contraceptive method?
4. How has the incidence of AIDS affected teenage sexual practices?

ALTERATION IN OXYGEN TRANSPORT - CIRCULATION

Cardiac Dysfunctions

- I. Diagnostic Procedures
- II. Congenital Heart Disease
 - A. Etiology and diagnosis
 - B. Classification and management of cardiac defects
 1. Acyanotic
 - a. Patent Ductus Arteriosus (PDA)
 - b. Atrial Septal Defect (ASD)
 - c. Ventricular Septal Defect (VSD)
 - d. Atrioventricular Canal (AVC)
 - e. Pulmonic Stenosis (PS)
 - f. Aortic Stenosis (AS)
 - g. Coarctation of Aorta (COA)
 2. Cyanotic
 - a. Tetralogy of Fallot (TOF)
 - b. Transposition of Great Arteries (TGA)
 - c. Truncus Arteriosus (TA)
 - d. Tricuspid Atresia
 - e. Hypoplastic Left Heart Syndrome (HLHS)
- III. Acquired Heart Disease
 - A. Congestive heart failure
- IV. Other Related Conditions
 - A. Kawasaki Disease
 - B. Rheumatic Fever

Assignment: Text, Chapter 48; ATI chapters 20, 26

Prior Learning: A & P of normal heart; cardiac dysfunctions/diagnostics (Nursing 105)

Objectives

At the completion of this class the student should be able to:

1. discuss the significance of developmental differences in structure and function of the cardiovascular system.
2. describe the necessary changes which must occur in the circulatory system in the transition from fetal to extrauterine life.
3. identify possible hereditary and environmental factors in the etiology of congenital heart defects.
4. identify several non-invasive methods and one invasive method for the detection of cardiac defects.
5. differentiate between cyanotic and acyanotic heart disease and the physiologic effects on the child.

ALTERATION IN OXYGEN TRANSPORT - CIRCULATION

Objectives

At the completion of this class the student should be able to: (Continued)

6. explain the hemodynamic alterations in circulation caused by acyanotic (left to right shunts) and cyanotic (right to left shunts).
 - a. Acyanotic
 1. Ventricular septal defect
 2. Patent ductus arteriosus
 3. Atrial septal defect
 4. Aortic stenosis
 5. Coarctation of the aorta
 6. Pulmonary stenosis
 7. Others
 - b. Cyanotic
 1. Tetralogy of Fallot
 2. Transposition of Great Arteries
 3. Truncus Arteriosus
 4. Tricuspid Atresia
 5. Others
7. describe clinical manifestations and therapeutic medical and nursing management of each of the above cyanotic and acyanotic defects.
8. identify actual and potential stressors of child with cardiac dysfunction and his family.
9. describe nursing diagnosis and interventions using critical thinking for the child with cardiac dysfunction and his family based on stress adaptation model.
10. discuss general nursing considerations for pediatric cardiac surgery.
11. identify clinical manifestations of congestive heart failure which can be observed in the newborn.
12. identify the needs of the infant with congestive heart failure and appropriate nursing measures for meeting these needs.
13. using nursing process, develop a care plan for the child with heart failure dysfunction.
14. list several safety measures necessary for the appropriate administration of digoxin to the infant.
15. describe the progression of congenital heart disease and the necessary physical and psychological adaptations required of a child with this disorder.
16. identify the nurse's role in preventing rheumatic fever.
17. describe the major manifestations of rheumatic fever and identify nursing diagnoses, goals, and strategies to promote compliance with activity restrictions and medication therapy at home.
18. outline the phases in the course of Kawasaki disease and discuss intervention strategies that include monitoring for complications.

Clinical Opportunity

Patient Assignment: Care for child with a cardiac dysfunction.

Discussion Questions/Critical Thinking

1. A 7-week-old infant is admitted to the pediatric unit following an emergency room visit. He is admitted with CHF and placed on tube feedings. Upon being informed of the feedings, his mother begins to cry and tells you she wants to breastfeed him because breast milk is best. How would you intervene?
2. You are preparing parents for the discharge of their infant following cardiac surgery. When you begin instruction regarding digoxin, the mother confides in you that she cannot read. She further states she is farsighted but cannot afford glasses. How would you intervene?

Case Studies

Patent Ductus Arteriosus
Digoxin Administration

ALTERATION IN OXYGEN TRANSPORT - VENTILATION

Respiratory Dysfunctions

- I. General Considerations of Respiratory Tract Infections
- II. Meeting the Needs of Children With Respiratory Tract Infections
 - A. Nasopharyngitis (common cold)
 - B. Otitis media
 - C. Streptococcal pharyngitis
 - D. Tonsillitis/Tonsillectomy Care
 - E. Acute laryngotracheobronchitis (croup)
 - F. Epiglottitis
 - G. Bronchiolitis
 - H. Bronchitis
 - I. Pneumonia
 - J. Bronchial asthma
 - K. RSV
 - L. SIDS
 - M. Community resources
- III. Cystic Fibrosis
- IV. Other Respiratory Tract Infections
 - A. TB
 - B. Pertussis (whooping cough)

Assignment

Text: Chapter 46, 36 (pp. 1080-1085); ATI chapters 15-19, 29, 53

Videos: Asthma, Managing Childhood: A Parents' Guide #2423

RSV, A Seasonal Dilemma #2753

Objectives

At the completion of this class the student should be able to:

1. discuss the incidence of etiology of respiratory infections.
2. discuss the anatomy and physiology of the respiratory system.
3. explain the infant's and child's susceptibility to respiratory infections.
4. describe several difficulties in diagnosing and treating respiratory infections.
5. describe appropriate symptomatic and supportive treatment for infants and young children.
6. describe the pathophysiology, diagnosis, and treatment of nasopharyngitis.
7. explain the pathophysiological process which extend the cold to further respiratory infections, such as: otitis media, bronchopulmonary influenza, and pneumonia.
8. explain the urgency of diagnosing streptococcal pharyngitis in order to prevent further complications.
9. discuss the diagnosis and treatment of strep throat and scarlet fever.

Objectives

At the completion of this class the student should be able to: (Continued)

10. discuss the pathogenesis and preventive care for suppurative otitis media.
11. identify the clinical manifestations, diagnosis, and treatment of otitis media.
12. discuss some of the complications of chronic otitis media.
13. discuss the indications for a tonsillectomy/adenoidectomy.
14. describe the nursing care plan of a child undergoing the above surgical procedure.
15. describe observational methods for differentiating upper and lower airway obstruction.
16. begin to identify abnormal lower airway breath sounds.
17. explain the pathophysiology of the following breath sounds: stridor, wheezing, rales, and rhonchi.
18. identify the pathophysiology processes, clinical manifestations, and diagnosis of LTB (croup)
19. identify the appropriate nursing diagnosis, goals, and measures for meeting the aeration needs of the child with croup syndromes.
20. describe the nursing care for a child in a croupette, who is receiving oxygen.
21. define and describe acute epiglottitis.
- *22. identify several safety precautions in caring for a child with a tracheostomy.
- *23. identify several nursing measures for suctioning a child with a tracheostomy.
24. differentiate by age group affected, etiologic agent, major symptoms and treatment for acute epiglottitis, laryngotracheobronchitis, tracheitis and spasmodic laryngitis.
25. discuss specific nursing management of a child with bronchiolitis caused by respiratory syncytial virus (RSV).
26. define the following terms: atopy, allergy, hypersensitivity.
27. describe the pathophysiology and clinical symptoms of bronchial asthma.
28. describe the psychological component of asthma.
29. identify the needs and nursing care for a child during an asthmatic attack.
30. develop a teaching plan for a family with an asthmatic child.
31. compare and contrast the signs, symptoms, and treatment of viral and bacterial pneumonia.
32. discuss the diagnostic measures of bacterial and viral pneumonia.
33. identify appropriate nursing diagnosis, goals, and measures for meeting the needs of the child with pneumonia.
34. discuss the etiology of cystic fibrosis.

Objectives

At the completion of this class the student should be able to: (Continued)

35. describe the pathophysiology, clinical manifestation, and usual treatments of cystic fibrosis.
36. identify several methods for diagnosing cystic fibrosis.
37. discuss the needs of and nursing care for the child with chronic obstructive lung disease due to cystic fibrosis.
38. identify commonly prescribed treatments and the nursing care related to COPD/cystic fibrosis treatments.
39. describe diagnosis, goals, and interventions to assist the child with cystic fibrosis and family to adapt to stress.
40. describe nursing diagnosis and interventions appropriate for meeting the needs of the family who must give continual care to a child with cystic fibrosis. Include community services/resources for support.
41. describe the effect of tuberculosis and pertussis on the pediatric population.
42. identify potential and actual stressors for the child with respiratory tract dysfunction and his family.
43. identify nursing diagnosis, goals, and interventions that will assist the child and family to adapt with an acute or chronic respiratory tract dysfunction.
44. recommend appropriate community resources for children with asthma and cystic fibrosis.

Clinical Opportunity

Patient Assignment: Care for a child with an acute or chronic respiratory disorder. Note the special needs related to maintaining oxygenation and an open airway.

Discussion Questions/Critical Thinking

1. Discuss the significance of RSV-related respiratory tract infections in the U.S. and the potential for recurrence in an individual.
2. Discuss the incidence of TB in your community.
3. A 5-year-old is diagnosed with reactive airway disease (asthma). Both of his parents smoke in the house as well as in the car. You are to teach home management to the family. How would you proceed regarding the topic of passive smoking?

Case Studies

Acute Epiglottitis
Asthma
Bronchiolitis
Cystic Fibrosis
Tonsillitis

CHILD ABUSE AND NEGLECT

- I. Child Abuse/Maltreatment
 - A. The Problem
 - B. Definition of Abuse and Neglect
 - C. Potential Stressor in Family of the Abused Child
 - 1. Characteristics of abusive parent
 - 2. Characteristics of abused child
 - 3. Environmental stressors
 - D. Approach to Identifying the Problem
 - 1. Identifying suspected abuse
 - 2. Identifying families at risk
 - 3. Reporting abuse and neglect
 - 4. Diagnosing abuse
 - 5. Treating abuse
 - a. Direct service
 - b. Indirect service
 - c. Nursing intervention

- II. Emotional Abuse
 - A. Physical Findings
 - B. Behaviors

- III. Sexual Abuse
 - A. Definition
 - B. Characteristics
 - C. Physical Findings
 - D. Behavior

- IV. Failure to Thrive
 - A. Etiology
 - 1. organic
 - 2. nonorganic
 - B. Diagnosis
 - C. Development
 - D. Potential Stressor of Child and Family
 - E. Management - Nursing Intervention

Assignment

Text: Chapter 36 (pp. 1003-1005); Chapter 38 (pp. 1066 -1075); ATI chapters 53, 55
Video: A Better Beginning #836

Objectives

The student shall:

1. discuss the role of the nurse in the treatment and prevention of child maltreatment (emergency, community, school, and acute care pediatric nursing).
2. identify the nurse's responsibility for reporting suspected child maltreatment.
3. identify the requirements of the Michigan Protection Law of 1975.
4. identify the course of action required by the nurse when child abuse or neglect is suspected.
5. list the warning signs of maltreatment of a child.
6. identify indicators and clinical manifestations of child neglect, physical, and sexual abuse.
7. discuss nursing strategies for assessment and intervention for neglected and abused children.
8. discuss the potential long term effects of maltreatment on the child's behavior and psychosocial development.
9. develop a care plan through the use of critical thinking for a maltreated child.
10. identify actual and potential stressors in the family which may predispose a family to abuse children.
11. discuss nursing diagnosis, goals, and interventions that assist the dysfunctional family in adaptation.
12. identify community resources which must be available in order to adequately assist the abusers in the process of day-to-day coping.
13. identify ways in which nurses can treat child abuse through primary prevention.
14. describe the phenomena "failure to thrive" (FTT).
15. identify variables in establishing a diagnosis of "failure to thrive."
16. identify indication for hospital admission of "failure to thrive" child.
17. discuss the psychodynamics of "failure to thrive."
18. identify and discuss maladaptive behaviors toward the infant in "failure to thrive" families.
19. identify actual and potential stressors of "failure to thrive" families.
20. using nursing process, develop a care plan for the child with nonorganic "failure to thrive."
21. identify nursing diagnosis, goals, and interventions to assist the FTT family to decrease stressors and increase coping skills.

Clinical Opportunity

Patient Assignment: Care for a child with FTT.

Discussion Questions/Critical Thinking

1. How should a nursing student proceed if child abuse is suspected after interviewing a child in the clinical setting?
2. What measures should be used by the nurse to avoid stereotyping parents as child abusers?
3. Discuss why caring for the child with FTT is a nursing challenge. What factors might cause a nurse to become judgmental when caring for a family with a child with FTT?

Case Studies

Child Abuse

ALTERATION IN RENAL FUNCTION

- I. Diagnostic Assessment of Genitourinary Function
- II. Renal Disorders in Children
 - A. Urinary tract infection
 - B. Nephrotic syndrome
 - C. Acute glomerulonephritis
 - D. Hemolytic - uremic syndrome
 - E. Acute renal failure
 - F. Chronic renal failure
 - G. Enuresis
- III. Wilms Tumor
- IV. Defects of G.U. Tract
 - A. Hypospadias
 - B. Epispadias
 - C. Hydrocele

Assignment: Text: Chapter 28 (pp. 776 - 777); Chapter 50; ATI chapters 30, 40-42
Prior Learning: Defects of the G.U. tract for neonate.

Objectives

At the completion of this class the student should be able to:

1. discuss the anatomy and physiology of the urinary tract.
2. identify the incidence and etiology of urinary tract infection in various age groups.
3. identify signs and symptoms of urinary tract infection in infants and children.
4. discuss the medical and nursing treatment and prognosis of a child with a urinary tract infection.
5. differentiate between various external structural defects of the G.U. system.
6. develop a pre- and post-operative care plan for a child undergoing surgery to correct an external structural G.U. defect.
7. discuss the incidence and etiology of acute glomerulonephritis in children.
8. interpret the laboratory findings indicative of acute glomerulonephritis.
9. identify the special needs of a child with A. G. N.
10. identify the etiology of acute glomerulonephritis.
11. describe the pathophysiology, etiology, and treatment for nephrotic syndrome.

Objectives

At the completion of this class the student should be able to: (Continued)

12. identify the signs/symptoms of nephrosis.
13. identify the nursing responsibilities in meeting the nephrotic child's needs for nutrition and fluid and electrolyte balance.
14. discuss the nursing care and treatment of nephrosis related to: steroids, alkalyting agents, antihypertensives, diuretics, and exercise.
15. describe the pathophysiology, clinical manifestations, therapeutic management for a child with Wilms Tumor.
16. discuss the therapeutic management of the child with chronic renal failure.
17. identify potential and actual stressors of a child with renal dysfunctions.
18. identify nursing diagnosis, goals, and interventions through the use of critical thinking to assist the child with renal dysfunction to adapt.
19. List community resources available for chronic renal failure.

Clinical Opportunity

Patient Assignment: Care for a child with a chronic renal disorder. Analyze laboratory and diagnostic tests which indicate renal dysfunction.

Discussion Questions/Critical Thinking

1. Compare renal function of the infant to that of the adult.
2. What are the ethical issues pertaining to the selection of children for renal transplants? What selection criteria would you recommend?
3. Nine-year-old Jeffrey is admitted to the hospital with nephritic syndrome. He is steroid-dependent. When he receives his lunch tray, he peeks at the food, grimaces, and pushes it away. His mother states, "Good! You're not hungry. Perhaps you'll lose some weight, fatty." What nursing diagnoses and specific nursing interventions can be formulated from this interaction? What would be your therapeutic response to the interaction cited?

Why is the fluid balance more critical in children than adults?

1. More rapid turn over of water in body of infant than adult.
2. Infant has greater amount of extracellular fluid.
3. Metabolic rate per kg. of body weight in infant higher than adult.
4. Body surface area of children per unit of body weight is greater than that of adult. Therefore, there is a larger surface area in which losses can occur.
5. Infant and child kidney less mature.
6. Homeostatic mechanism of body less mature.
7. The child's buffer system less mature.
8. Dependent cannot increase intake to balance losses.

Calculate Fluid Requirement

100 ml/kg/24 hr. first 10 kg.

50 ml/kg/24 hr. for 2nd 10 kg.

20 ml/kg/24 hr. for each kg. over 20

ALTERATION IN GASTROINTESTINAL FUNCTION

- I. Fluid and Electrolyte Therapy in Pediatrics
 - A. Assessing state of hydration
 - B. Dehydration
 - C. Nursing responsibilities
 - D. IV administration - intake and output measurement
- II. Disorders of Motility
 - A. Acute/chronic diarrhea
 - B. Constipation
 - C. Gastro esophageal reflux
- III. Malabsorption Syndromes
 - A. Celiac disease
- IV. Obstruction Disorders
 - A. Pyloric stenosis
 - B. Intussusception
 - C. Hirschsprung's Disease
- V. Inflammatory Disorders
 - A. Appendicitis
 - B. Crohn Disease
 - C. Ulcerative Colitis
 - D. Meckel Diverticulum
 - E. Peptic Ulcer
- VI. Structural Defects
 - A. Cleft lip and palate
 - B. Anorectal Malformations
 - C. Esophageal atresia with tracheoesophageal fistula

Assignment - Text: Chapters 47 (pp. 1363 - 1426); ATI chapters 35-37

Gastrointestinal Function (Continued)

Objectives

At the completion of this class the student should be able to:

1. discuss the anatomy and physiology of the gastrointestinal system.
2. describe the following congenital malformation of the gastrointestinal tract, including: 1) the diagnosis; 2) the necessary repair; 3) the general effects (if any) upon a child's growth and development, and 4) the special nursing care needs of a child with the malformation, both pre- and post-operatively.
 - A. Esophageal atresia
 - B. Obstructions of the small intestine
 - C. Volvulus
 - D. Hirschsprung's Disease
 - E. Malformations of the anus and rectum (4)
 - G. Umbilical hernia
3. identify the structural defects of cleft lip and palate.
4. compare and contrast the repairs and prognosis of cleft lip and palate.
5. discuss the following pre- and post-operative needs of the child with the above repairs: safety, aeration, comfort, activity, nutrition, hygiene, psychosocial, teaching, habilitative, developmental.
6. discuss the structural defects and pathophysiology of congenital hypertrophic pyloric stenosis.
7. identify the characteristics, signs, and symptoms of pyloric stenosis.
8. identify the measures for diagnosis and treatment of the above disorders.
9. discuss the following pre-op and post-op nursing care needs of the infant having surgical repair of pyloric stenosis: safety, aeration, comfort/activity, nutrition, psychosocial, developmental.
10. identify the characteristics, signs, symptoms, and methods of correction for the following disorders:
 - A. Intussusception
 - B. Inguinal Hernia
 - C. Anal Fissure
 - D. Meckel's Diverticulum
11. identify the possible causes of acute diarrhea during infancy and childhood.
 - A. Inflammatory
 - B. Toxic
 - C. Parental
12. identify diagnostic measures and treatment for acute diarrhea.
13. discuss the nursing assessment and nursing care of the dehydrated child.

Gastrointestinal Function

Objectives

At the completion of this class the student should be able to: (Continued)

14. describe the defining characteristics of chronic diarrhea and the therapeutic management of same in a child..
15. describe the pathophysiology of Celiac Disease (Gluten Enteropathy).
16. identify the nursing responsibilities in meeting the nutritional needs of the child with celiac disease.
17. explain four physiological reasons for the infant's susceptibility to fluid and electrolyte disorders.
18. explain the inter-relatedness of the listed factors in assessing the hydration status of a child client.
 - A. Accurate history taking
 - B. Overt signs and symptoms of dehydration
 1. appearance (eye sockets, mucous membranes)
 2. weight loss
 3. vital signs
 4. overall behavior
19. define the terms: maintenance therapy and deficit therapy.
20. identify actual and potential stressors for the child with gastrointestinal dysfunction.
21. identify nursing diagnosis, goals, and interventions through the use of critical thinking to assist the child and his family adapt.

Clinical Opportunity

Patient Assignment: Care for a child with a gastrointestinal disorder. Carefully assess/analyze nutritional, fluid and electrolyte balance indicators. Plan care to meet these needs.

Discussion Questions/Critical Thinking

1. A ten-month-old male is diagnosed with GER. The physician instructs the mother to keep the child in a 30-degree upright position after each feeding and through the night. What challenges do you see with these instructions? What suggestions would you give to facilitate positioning the child as the physician has instructed?
2. Which children could be at high risk for pica involving lead?

Case Studies

Appendicitis
Dehydration/Diarrhea
Gastroenteritis

THE INJURED CHILD

I. Poisonings - Prevention is Key

- A. Common poisons
 - 1. aspirin
 - 2. acetaminophen
 - 3. vitamins with iron
 - 4. corrosive
 - 5. hydrocarbons
 - 6. lead, heavy metal poisoning
 - a. factors leading to . . .
 - b. pathophysiology
 - c. clinical manifestations
 - d. therapeutic management
 - 1. assess the victim
 - 2. provide emergency support, such as CPR, seizure treatment
 - 3. terminate exposure to poison, i.e., flushing, vomiting, O₂
 - 4. identify poison precisely
 - a. save all containers
 - b. question victim, witnesses
 - 5. remove poison and prevent absorption (call Poison Control Center for guidance)
 - a. induce vomiting with ipecac **except when:**
 - 1. victim comatose, in severe shock, convulsant, or has lost gas reflex
 - 2. poison is a strong alkali, acid, or hydrocarbon
 - 3. **administration of syrup of ipecac in the home setting is no longer recommended by the AAP.
 - b. position to prevent aspiration
 - c. administer activated charcoal (1g/Kg) 30-60 minutes after vomiting p.r.n.
- B. Management of Child who has Ingested Poisons
- C. Poison Control Center

II. Integumentary Dysfunction

- A. Dermatitis, skin lesion types
- B. Therapeutic management - general
- C. Infection of the skin
 - 1. Bacterial, viral, fungal
 - 2. Nursing considerations
- D. Contact dermatitis
 - 1. Poison plants
 - 2. Insect problems, scabies, pediculosis
 - 3. Arthropod bites/stings
 - ticks, mites, bees, spiders
- E. Common skin disorders

THE INJURED CHILD (Continued)

- III. Burns
 - A. Classification
 - 1. depth of burn
 - 2. extent of burn
 - B. Immediate treatment of minor burns
 - C. Treatment of severe burns
 - 1. emergent
 - 2. acute
 - 3. rehabilitation
 - D. Meeting the needs of the burned patient
 - 1. pain management in children
 - 2. body image

Assignment

Read: Text – Chapter 47 (pp. 1426 - 1439); Chapter 53; ATI chapters 32-34

Objectives

At the completion of this class the student should be able to:

1. identify the clinical manifestations and treatment of commonly ingested poisons and describe related nursing care of the child and family.
2. describe the distribution and configuration of various skin lesions.
3. discuss the nursing care related to therapies for skin disorders.
4. contrast the manifestations of and therapies for bacterial, viral, and fungal infections of the skin.
5. describe nursing care and its rationale for common skin disorders and contact skin diseases.
6. define and describe the pathophysiological processes involved in the classification of burns.
7. describe two methods of determining the surface area of burns.
8. explain the purpose of determining the surface area of burns.
9. describe the first aid and long term management of minor burns.
10. identify actual and potential stressors for the child with burns.
11. identify nursing diagnosis, goals, and interventions through the use of critical thinking to reduce negative perceptions and increase stress resistance and coping mechanisms for a child with burns.
12. prioritize the immediate needs of a patient with severe burns.
13. identify the nursing responsibilities and rationale for the above.

THE INJURED CHILD (continued)

Objectives

At the completion of this class the student should be able to:

14. identify additional nursing responsibilities/rationales in meeting the needs of a long term pediatric burn client.
15. describe the following methods of treatment:
 - A. dressings
 - B. topical ointments
 - C. removal of eschar
 - D. grafting
16. identify several complications and usual preventive treatment/care of burns.
17. discuss the prognosis and rehabilitation of the pediatric burn client.
18. develop a care plan related to the care of a child with a severe burn.

Clinical Opportunity

Patient Assignment: Care for a child with a burn, noting classification, specialized treatments, psychosocial aspects of disfigurement, and rehabilitation concerns.

Learning Activities:

1. Make a poster depicting poisonous plants as an educational aid for caregivers. Include the local poison control number on the poster.
2. In clinical conference, discuss various common skin problems and the first aid, over-the-counter treatments.

Discussion Questions/Critical Thinking

1. What is your response to a mother who asks what type of sunscreen to use on her 4-month-old son?

Case Studies

Salicylate Ingestion

Burns

Poison Ivy

BURNS

Fluid Shift Following Thermal Injury

Fluid Shifts in First 24 Hrs.

Burn
↓
Increased capillary permeability
↓
Hypoproteinemia
Hyponatremia
Hyperkalemia
Hypovolemia

Remobilization of Fluid 24-48 Hrs.

Edematous tissue surrounding burn area
↓
Intravascular compartment
↓
Hypervolemia
Hypernatremia
Hypokalemia

SYSTEMIC CHANGES IN BURNS

1. Cardiovascular

Immediately circulatory system becomes hypovolemic because great deal of fluid is lost through burn plus fluid in edematous tissue at site. Out-pouring of plasma caused by increased cap. permeability (or damage to capillaries) most marked first 12 hr. but continues 24-48 hr. Hypovolemia → ↓ cardiac output. Electrolyte abnormalities due to fluid shift. (Na lost with burn fluid - hyponatremia. Potassium from damage is released → hyperkalemia. Replace with lactated ringers. 1/2 of 24 hr. requirement given first 8 hr. 1/4 each of next 2 - 8 hr. periods.

After about 48 hr. - extracellular fluid at burn site begins to be reabsorbed → edema subsides diuresis - hypervolemia. May need potassium to maintain normal heart function (Do not give potassium immediately after burn). Monitor intake carefully.

2. Pulmonary System

Edema fluid pass into injured bronchioles and trachea → pulmonary edema or obstruction. Dyspnea or stridor may be present. Monitor blood gases and intubate patient.

3. Renal Involvement

Blood volume decrease after burn → ↓ Renal function - urine should be 1 ml/K/hr. Monitor sp. gr. check ability to concentrate.

4. G.I. System

Possible paralytic ileus due to ↓ blood flow
Curling ulcers (stress ulcer)

5. Immune System

Defect in ability of neutrophils to phagocytize bacteria following thermal injury and formation of IgG antibody decreases.

6. Metabolic Needs

Metabolism increases, need increases
Calories to save protein and prevent acidosis.

7. Endocrine

Increase epinephrine & norepinephrine
Increase aldosterone & ADH

8. Integument and Muscles

Full thickness burns heal with fibrous scarring - contractures.
Elevate extremities to decrease edema. Over extension positions to prevent deformity.
Rx whirlpool.

COMMUNICABLE DISEASES

- I. General Consideration
 - A. Basic principles of infection
 - B. Basic principles of immunity

- II. Childhood Communicable Diseases
 - A. Signs and symptoms of each of communicable diseases
 - B. Specific immunizations
 - 1. Types
 - 2. Schedules
 - 3. Contraindications/reactions to...
 - 4. Considerations for the hospitalized child
 - C. Communicable skin conditions

Assignment

Text: Chapter 38 (pp. 1055-1066); ATI chapters 28, 55

Video: "Immunization Techniques: Safe, Effective, Caring" #4567

Prior Learning: Microbiologic concepts

Objectives

At the completion of this class the student should be able to:

*Responsible for * items on own time.*

- 1. discuss the importance of preventing and controlling communicable diseases during childhood.

- *2. define the following terms: communicable disease, infection, bacteria, virus, pathogen, non-pathogen, normal flora, virulence, communicability, incubation period, period of communicability, carrier, and contact.

- *3. define the following terms: immunity, antigen, antibody, immunoglobins, natural immunity, acquired immunity, passive immunity, active immunity, vaccine, attenuated vaccine, antitoxin, toxoid.

- *4. discuss the development of the infant's immune system.

- *5. define the following terms: exanthum, eruption, macule, papule, vesicle, confluence, desquamation, umbilication, blanching, petechiae, and ecchymoses.

- *6. describe the clinical course and treatment for the following maculopapular exanthums:
 - a. Roseola - exanthum subitum
 - b. Rubella - German measles
 - c. Rubeola - measles.

- *7. describe the clinical course and treatment for the following papulovesicular exanthums:
 - a. Varicella - chicken pox
 - b. Variola - small pox
 - c. Herpes zoster - shingles
 - d. Herpes simplex

COMMUNICABLE DISEASES CONTINUED

Objectives

At the completion of this class the student should be able to: (Continued)
*Responsible for * items on own time.*

- *8. describe the clinical course and treatment for the following:
 - a. Parotitis - mumps
 - b. Scarlet fever - scarlatina
 - c. Pertussis - whooping cough
 - d. Diphtheria
 - e. Polio-Myelitis
 - f. Tetanus
 - g. Intestinal parasitic diseases
 - h. Mononucleosis
 - i. Hepatitis B
 - j. Bacterial meningitis
- *9. identify the communicable disease for which immunizations are available and routinely given to children.
- *10. list the appropriate immunization schedule.

Clinical Opportunity

Patient Assignment: Care for a child with a communicable disease. Note care differences.
Reinforce universal precautions and isolation techniques.

Learning Activities:

- 1. Role play in post conference parents who have refused to begin immunizations for their one-year-old child because of the potential side effects.

Case Studies

Immunizations
Chicken Pox (Varicella)

Pediatrics N- 205

Study Guide for Terms Relating to Communicable Disease and Immunization

1. COMMUNICABLE DISEASE - an illness caused by an infectious agent and transmitted from one person to another either directly or indirectly.
2. INFECTIOUS AGENTS - The multiplication of microorganisms in the human host to the point of detriment.
 - a. Utilization of nutrients
 - b. Production of toxins
3. NORMAL FLORA - indigenous microbiota of the human host which are non-pathogenic or innocuous.
4. PATHOGEN - any microorganism or substance causing disease.
5. VIRULENCE - (Pathogenicity) - ability of the infecting organism to attach and multiply in the host and to overcome the defense mechanisms of the host. Some pathogens are more virulent than other.
6. COMMUNICABILITY - the efficiency of the mode of transmission.
7. INFECTIOUS AGENTS - Organism capable of producing infection or infectious diseases.
8. INCUBATION PERIOD - period between exposure to the disease and appearance of initial symptoms.
9. PERIOD OF COMMUNICABILITY - the time during which the infected person can transmit the disease directly or indirectly to another person.
10. CARRIER - is a person or animal harboring an infectious agent without manifesting symptoms although her or it may infect others.
11. CONTACT - a person or animal exposed to an infection through contact with an infected person or animal.
12. IMMUNITY - the ability of the body to resist infecting agents.
 - a. EXTERNAL DEFENSES
 - b. INTERNAL DEFENSES (the immune system identifies that which is foreign and destroys it.)
 1. CELLULAR IMMUNITY - natural immunity (innate immunity or resistance to infection or toxicity.)
 2. HUMORAL IMMUNITY - acquired immunity - antigen - antibody defense system
 - a.) ANTIGEN - any substance (toxin, microorganism) which stimulates the formation of antibodies
 - b.) ANTIBODY - (Immunoglobulin) a serum protein which forms in response to exposure to a specific antigen. Almost all antibodies are contained in the gamma globulin portion of the serum (IgA, IgG, IgM, etc.)
 - (1) Weaken and destroy antigens
 - (2) Neutralize the toxins of multiplying organisms
(ANTITOXIN)
 2. HUMORAL IMMUNITY - Acquired Immunity
 - a.) PASSIVE IMMUNITY - Temporary immunity by transfusing plasma proteins either artificially from another human or an animal that has been actually immunized against an antigen or naturally from the mother to the fetus via the placenta.
 - b.) ACTIVE IMMUNITY - Immune bodies are actually formed against specific antigens, either naturally by having had the disease clinically or subclinically or artificially by introducing the antigen (vaccine) into the individual.
13. VACCINES - Any type of active immunization agent such as toxoids or attenuated live viruses.
14. PRODROMAL - Initial stage of a disease; symptoms indicating an approaching disease.

Terms for Describing Exanthumous - Rashes

1. ERUPTION - another term for rash, which should be described by color, site, lesion type, and blanching.
2. BLANCHING - disappearance of rash when pressure is applied directly at site of rash.
3. LESION TYPES
 - a. Papules - localized thickening of the epidermis causing a palpable elevation. (Pointed or flat-topped, round or irregular.)
 - b. Macules - localized changes in skin color.
 - c. Vesicles - accumulation of clear fluid (bulla or vesicle) or pus (pustule) that splits skin.
 - d. Petechiae - discrete, round hemorrhagic spots less than 2 mm. in diameter that do not blanch.
 - e. Ecchymoses - discrete, hemorrhagic areas larger than petechiae
4. CONFLUENCE - skin lesions which become merged forming a patch.
5. DESQUAMATION - the casting of the epidermis in scales.
6. UMBILICATION - the formation of a depression at the apex of a papule or vesicle.

ALTERATION IN HEMATOLOGIC AND IMMUNOLOGIC FUNCTION

- I. Red Blood Cell Disorders
 - A. Iron deficiency anemia
 - B. Sickle-cell anemia
 - C. B-Thalassemia
 - D. Aplastic anemia
- II. Defects in Hemostasis
 - A. Hemophilia
 - B. Idiopathic Thrombocytopenic Purpura
- III. Neoplastic Disorders
 - A. Leukemia
 - B. Lymphomas
 1. Hodgkin Disease
 2. non-Hodgkin Lymphoma
- IV. Immunologic Deficiency Disorder
 - A. AIDS
- V. Ronald McDonald House as a community service.
Kids with cancer support group.
Last wish

Assignment - Text: Chapter 49; ATI chapters 21-25, 31

Prior Learning: Cellular, hematologic A & P, complete blood count interpretation, oncologic nursing concepts, genetics.

Objectives

At the completion of this class the student should be able to:

1. discuss the various components of the blood.
2. define anemia.
3. list several causes of inadequate production of hemoglobin and red blood cells and excessive loss of blood cells.
4. identify five general manifestations of anemia.
5. identify the etiology, clinical manifestations, and methods of treatment of iron deficiency anemia.
6. identify the nursing diagnosis, goals, and interventions for a child with iron deficiency anemia.
7. identify the three major blood components available for transfusion.
8. identify several untoward effects of frequent blood transfusions over a long period of time.

ALTERATION IN HEMATOLOGIC AND IMMUNOLOGIC FUNCTION CONTINUED

Objectives

At the completion of this class the student should be able to:

9. discuss the hereditary factors, pathophysiology, and clinical manifestations of sickle cell anemia.
10. identify methods of screening and treatment of those with sickle cell anemia.
11. discuss the prognosis of sickle cell anemia.
12. identify the teaching needs of those families with sickle cell anemia.
13. describe the grave consequence of the "pancytopenia" of aplastic anemia.
14. list the signs and symptoms of thrombocytopenia.
15. identify several causes of thrombocytopenia in children.
16. explain the mechanism of hereditary transmission of hemophilia.
17. identify measures for meeting the special needs of children with hemophilia.
18. describe various aspects of home management of the hemophiliac.
19. identify the potential stressor for the child with disorder of blood forming organs.
20. using the list of accepted nursing diagnoses select appropriate nursing diagnoses for the child with disorders of blood forming organs.
21. define leukemia.
22. explain the need for a health team approach for the leukemia child and his family.
23. describe the pathophysiology and related clinical manifestations of leukemia.
24. describe the many side effects of the chemotherapeutic agents used in the supportive therapy of the child with acute leukemia.
25. identify the special needs of the leukemic child and appropriate methods for meeting these needs.
26. identify nursing diagnosis, goals, and nursing interventions through the use of critical thinking to assist the child and family to adapt to leukemia treatment requirements.
27. identify methods by which the health team can aid the family adapt to the stressors and with the eventual death of their child.

Clinical Opportunity

Patient Assignment: Care for a child in sickle cell crisis. Note pain and fluid treatments. Assess pain appropriately for a child. Care for a child with a hematologic cancer. Note differences and similarities to other cancers/cancer treatments and symptoms. Analyze thoroughly a complete blood count of this child. How does the CBC demonstrate treatment and/or cancer progression?

Discussion Questions/Critical Thinking

1. Nine-year-old Jeremy is in sickle cell crisis. He complains of pain in his knees, elbows, and knuckles. The primary nurse tells you that he has been here 2 days and does not need anything stronger than Tylenol or Motrin. Opioids have been ordered. How would you address this situation?
2. A child with cancer has developed mouth ulcers following chemotherapy. The child's mother is cleansing the child's oral cavity with lemon glycerin swabs as you enter the room. How do you intervene?

Case Studies

Acute Lymphoid Leukemia

Sickle Cell Anemia

HIV Testing in Children

ALTERATION IN NEUROLOGICAL FUNCTION

- I. Nursing Assessment of Neurological Status of Pediatric Patient
 - A. Altered state of consciousness
 - 1. Diagnosis
 - 2. Neurologic Exams

- II. Meeting the Needs of Children with Neurological Disorders
 - A. Increased Intracranial Pressure
 - 1. Personality and Behavior Signs
 - 2. Hydrocephalus
 - 3. Trauma
 - B. Defects of Neural Tube Closure
 - 1. Spina bifida
 - 2. Meningocele
 - 3. Myelomeningocele
 - C. Seizure disorders
 - 1. Partial
 - 2. Generalized
 - 3. Febrile
 - D. Central Nervous System Tumors
 - 1. Brain Tumors
 - 2. Neuroblastomas
 - E. Acute infections
 - 1. Meningitis
 - 2. Encephalitis
 - 3. Reye Syndrome

- III. Muscular Dysfunction
 - A. Muscular Dystrophies
 - B. Cerebral Palsy
 - C. Support Groups

- IV. Alterations in Development
 - A. Attention Deficit-Hyperactivity Disorder
 - B. Mental Retardation
 - C. Down Syndrome
 - D. Fragile X Syndrome
 - E. Drug Addicted Infant
 - F. Autism
 - G. Support Groups

Assignment

Text: Chapter 42; Chapter 51; Chapter 55; ATI chapters 30, 43-49, 54

Videos: Autism #5034

Max's World #5019

ALTERATION IN NEUROLOGICAL FUNCTION (Continued)

Objectives

At the completion of this class the student should be able to:

1. describe and perform the components of a neurological assessment.
2. explain why knowledge of normal growth and development is required in order to completely assess the neurological status of the child.
3. identify and utilize the nursing skills appropriate for quickly assessing the neurological status of a pediatric patient.
4. identify signs and symptoms of increased intracranial pressure in the infant and older child.
5. describe the diagnostic function of computerized axial tomography (CAT or EMI) and other neurologic diagnostic tests.
6. develop nursing diagnosis, goals, and strategies to support the child and family experiencing invasive and non-invasive neurological diagnostic procedures.
7. explain the pathophysiology of hydrocephalus and discuss strategies for nursing care of the child with a mechanical shunting devise.
8. discuss the advantages and disadvantages of the various shunting methods.
9. identify the needs of the child with increased intracranial pressure, and nursing care to meet those needs.
10. describe the nursing diagnosis, goals, and interventions through the use of critical thinking appropriate for meeting the needs of a child with increased intracranial pressure.
11. describe the etiology and treatment of common seizures, febrile seizures.
12. identify actual and potential stressors of the child with neuromuscular, mental, and sensory dysfunction.
13. define meningitis and differentiate the terms: bacterial meningitis and aseptic meningitis.
14. differentiate meningitis from encephalitis.
15. identify the special needs and nursing care for a child with bacterial meningitis.
16. differentiate the three types of spina bifida
 - A. Spina Bifida Occulta
 - B. Meningocele
 - C. Myelomeningocele
17. describe the therapeutic management and prognosis of the above malformations.
18. identify needs and nursing care concerns for the child with cerebral palsy.
19. identify the classifications of cerebral palsy.
20. develop a nursing care plan through the use of critical thinking for the child with neuromuscular, mental, or sensory dysfunction.
21. list community resources and support groups available for children with special needs.
22. describe the signs/symptoms of a child with a brain tumor.
23. discuss the etiology, prognosis, medical and nursing care of a child with a brain tumor.

Clinical Opportunity

Patient Assignment:

1. Care for a child with a shunt. What is the essential care/assessments needed? What is the emergency protocol for shunt dysfunction/failure?
2. Care for a child with a seizure disorder, meningitis, or a head injury.
3. Care for a child with a spinal cord injury.
4. Care for a child with a muscular dysfunction.

Learning Activities:

1. Perform a neurologic assessment on a child. How does the nurse change the approach to fit the age of the child?
2. Study your hospital's seizure precaution policies. How should seizure activity be handled?

Discussion Questions/Critical Thinking

1. What is your stand regarding sterilization of individuals with mental retardation? Give rationale.
2. A 3-month-old child who weighs 4.5 kg. is scheduled for a MRI. The doctor orders chloral hydrate, 4.5 grams p.o. Is this dose within normal limits? If not, what action should the nurse take?
3. Susan, a 16-year-old, has sustained a spinal cord injury and is a paraplegic. Shortly after her accident, she tells you that she wants to kill herself because she can never experience sexual satisfaction and motherhood. What would be your initial and long-term interventions? What are your immediate interventions?

Case Studies

Meningitis

Down Syndrome

Attention Deficit Disorder

ALTERATION IN SKELETAL FUNCTION

- I. Orthopedic Disorders in Children
 - A. Congenital malformations
 - B. Developmental malformations
 - C. Trauma
 - D. Care of child in a cast or traction
 - E. Disorder of the hip
 - F. Osteomyelitis
 - G. Skeletal diseases
 - 1. Legg-Calve-Perthes Disease
 - 2. slipped femoral capital epiphysis
 - 3. scoliosis
 - 4. juvenile arthritis
 - H. Bone Tumors
 - 1. Osteogenic Sarcoma
 - 2. Ewing Sarcoma
 - 3. Limb Salvage Surgeries

Assignment

Text: Chapter 54; ATI chapters 50-52

Objectives

At the completion of this class the student should be able to:

1. describe the following congenital orthopedic deformities:
 - A. Metatarsus Varus
 - B. Talipes Equinovarus (Clubfoot)
2. explain the etiology and treatment of the above disorders.
3. discuss the diagnosis and treatment of the following orthopedic disorders.
 - A. flat-foot
 - B. bowlegs
 - C. knock-knee
4. describe methods of diagnosing congenital dislocated hip.
- *5. explain the pathophysiology of acute osteomyelitis and septic arthritis.
- *6. explain the classification of fractures.
7. describe the following disorders of the hip:
 - A. transient synovitis of the hip
 - B. coxa plana
 - C. slipped capital femoral epiphysis
8. describe the two types of scoliosis.
9. describe the special needs of the adolescent wearing a back brace.

ALTERATION IN SKELETAL FUNCTION CONTINUED

Objectives

At the completion of this class the student should be able to:

10. identify nursing diagnosis, goals and measures which would prevent or minimize the hazards of prolonged immobility for children in varied age groups.
 - A. infant
 - B. toddler - preschool
 - C. schoolage - adolescent
11. identify actual and potential stressors for the child with skeletal dysfunctions.
12. identify nursing diagnosis, goals, and interventions through the use of critical thinking for a child with skeletal dysfunctions.
13. identify nursing diagnosis, goals, and interventions through the use of critical thinking for a child with juvenile rheumatoid arthritis.
14. identify the systemic problems and therapeutic management of same associated with juvenile arthritis.
15. differentiate between Osteosarcoma and Ewing's Sarcoma in terms of pathophysiology and therapeutic management..
16. describe the treatment options currently available for bone tumors, including limb salvage surgery.
17. develop a care plan for a child with a bone malignancy.

Clinical Opportunity

Patient Assignment:

1. Care for a child in traction.
2. Care for a child with osteomyelitis.

Learning Activities:

1. Research the car-seat loan policy available at the hospital.
2. Interview adolescents with scoliosis to obtain information on the impact of scoliosis on their lives. Discuss findings in conference.
3. Research pharmacologic management and its effects on children with rheumatoid arthritis.

Discussion Questions/Critical Thinking

1. Eight-year-old Sarah is in skeletal traction for a fracture to the right femur. It is the beginning of your shift and you are assessing Sarah. She is screaming that "it hurts more and more" and that "something is pulling inside." Her pin site is tender to touch and erythematous. Her toes on the right foot are cyanotic and she does not acknowledge tactile sensation in these toes. Her pedal pulse is absent. Her sensation, motion and circulation are intact in the toes of her left foot. Sarah's mother demands that you release the weights from the traction immediately. How would you intervene?

Case Studies

Fractures
Osteomyelitis
Congenital Hip Dysplasia

ALTERATION IN ENDOCRINE FUNCTION

- I. Disorders of Adrenal Cortex
 - A. Congenital Adrenogenital Hyperplasia (CAH)
 - B. Adrenal Insufficiencies
- II. Disorders of Pancreatic Hormone Secretions
 - A. Insulin Dependent Diabetes Mellitus (Type 1)
 - 1. Pathophysiology/Etiology
 - 2. Therapeutic Management
 - 3. Nursing Diagnosis, Goals, and Interventions
 - 4. Teaching Needs
 - 5. Support groups, summer camps
- III. Disorders of Pituitary Function
- IV. Disorders of Thyroid Function

Assignment: Text - Chapter 52; ATI chapters 38-39
Prior Learning: Care of diabetic adult; obstetrical client

Objectives: At the end of this class the student should be able to:

- 1. describe the pathophysiology of congenital adrenogenital hyperplasia (CAH) in both the male and female.
- 2. describe the diagnosis and treatment of CAH.
- 3. explain the consequences of the salt-losing adrenal hyperplasia.
- 4. identify additional pathophysiological processes that would lead to the birth of an infant with ambiguous genitalia.
- 5. identify the diagnostic test which differentiates the male from the female pseudohermaphrodite.
- *6. explain the pathophysiology of diabetes (review).
- 7. differentiate between the signs and symptoms of insulin shock versus diabetic acidosis.
- 8. compare the methods of treatment of the diabetic child in comparison to the diabetic adult.
- 9. identify the primary goal of therapy in the medical management of Type 1 Diabetes.
- 10. identify the care needs of various ages of children hospitalized for newly diagnosed diabetes.
- 11. identify the general nursing diagnosis and goals in the long-term management of the diabetic child.
- 12. describe the complications and prognosis of Type 1 Diabetes.
- 13. identify actual and potential stressors of the child with endocrine dysfunctions and his family.
- 14. identify nursing diagnosis, goals, and interventions through the use of critical thinking to reduce stress and increase coping with Type 1 Diabetes and other endocrine dysfunctions.
- 15. list available community resources and support groups available to the diabetic child.

Clinical Opportunity

Patient Assignment:

1. Care for a child with Type 1 Diabetes.

Learning Activities:

1. Explore several pharmacies in area stores and several mail-order companies to compare the cost of testing supplies and insulin equipment needed by the child with Type 1 Diabetes. As a group, discuss what impact the cost of the supplies may have on a family and to what services the family could be referred.
2. Interview an adolescent with Type 1 Diabetes to ascertain the impact the dysfunction has on the individual's lifestyle, including peer relationships.

Case Studies

Diabetes Mellitus

APPENDIX A
PEDIATRIC CLINICAL OBJECTIVES

Clinical Rating Description for Course

The purpose of the clinical indicators found on the following pages is to provide some examples for faculty and student about how the clinical objectives may be met. The examples are not meant to be mandatory or all-inclusive.

S – Satisfactory

The student's clinical performance meets all objectives of the course; the student practices behavior which exhibits progress toward course objectives; the student demonstrates growth toward course and program objectives.

U – Unsatisfactory

The student's clinical performance seldom or inconsistently meets course and program objectives; inadequate application of theory and skills.

Clinical Failure Policies Summarized:

1. Students who receive one or more unsatisfactory ratings on the final course Clinical Evaluation will earn a clinical failure and failing grade. Final and/or midterm evaluations will occur in all courses. A student must demonstrate satisfactory clinical performance by the end of the course in order to progress.
2. Behavior that threatens the public's health, welfare, and/or safety will constitute grounds for immediate dismissal from the program. Such situations will be handled case-by-case.
3. Clinical failure may occur at times other than the end of the semester. Due process will be observed.

Explanation of Clinical Evaluation

- A. *Introduction:* It is expected that graduates of the Monroe County Community College nursing program will provide quality-nursing care. Students are evaluated regularly on their progression toward this goal. Students are not compared with each other, but against the objectives identified at the beginning of each course. This nursing course has specific clinical objectives that build on previous learning and which must be successfully met for progression in the program. This course syllabus contains a list of specific course objectives and each objective contains examples of behaviors that are expected of students clinically.
- B. *Evaluation process:* Written weekly evaluation will be completed by the clinical instructor using the white weekly Anecdotal Record form in conjunction with the specific course objectives. This evaluation will identify satisfactory and unsatisfactory clinical performance. The instructor, indicating progress toward meeting clinical objectives, will note strengths as well as areas of needed improvement.

When a student's behavior is unsatisfactory during a clinical week, it will be noted on the anecdotal form in order to give the student ample opportunity to correct the problem area(s).

Repeated or significant clinical difficulties will result in a jeopardy warning, which is indicative of a serious inability to meet the clinical objectives, and may result in course failure if not corrected. Due process will be observed except in cases of extraordinary circumstances, i.e. any behavior that threatens health, welfare, and safety of clients/public in general. Fabrication of any clinical or college record will result in program dismissal (See Clinical Failure Policy).

- C. *Students Self-Evaluation:* Students are expected to self-evaluate their care weekly, giving time and thought to the self-evaluation. The self-evaluation process requires that the students evaluate themselves based on their ability to meet clinical objectives, feelings about the clinical experience, and what kinds of learning objectives the students have for future clinical (See course anecdotal form).

Refer to clinical behavior descriptors to complete the weekly anecdotal form.

- D. *Evaluation Conferences:*
 1. At the end of a rotation, students will be given a written evaluation of clinical progress. Students are required to submit a completed "End of Rotation Clinical Evaluation" form.
 2. The evaluation focuses on the student's progress in meeting course objectives.
 3. Evaluation conferences will occur if a student is in jeopardy of failure for any reason. In this conference, a learning contract outlining the reason(s) for the jeopardy warning and action the student plans to take to correct the difficulty(ies), will be developed.
- E. *Grading:* In order to receive a satisfactory clinical grade for each course, the student is required to maintain satisfactory performance in all objectives by the end of the course.

Pediatrics

- 1. Apply critical thinking through the use of the nursing process to promote wellness and assist individuals within the childrearing family to adapt.**
 - Implement the nursing process in providing care to the childrearing family.
 - Compare and contrast the anatomic and physiologic differences between adults and children.
 - Assess the physical, social, emotional, cognitive, and perceptual development of the child.
 - Identify deviations from normal in growth and development patterns.
 - Assess the nutritional status of the child.
 - Recognize evidence of abuse or neglect.
 - Assess family knowledge of growth and development patterns, nutritional needs, and health maintenance and promotion.
 - Discuss pediatric disease pathologies when developing plan of care.
 - Incorporate discharge planning into plan of care.
 - Identify healthcare concerns of families in community settings.
- 2. Safely adapt nursing skills to meet the health care needs of children.**
 - Use play at the appropriate developmental level to provide care for the child.
 - Teach parents regarding growth and development patterns, nutritional needs, and health maintenance and promotion.
 - Provide appropriate nursing care based on the child's age and disease process.
 - Provide a developmentally appropriate safe hospital environment for the child.
 - Calculate and safely administer medications.
 - Accurately infuse IV fluids.
 - Properly restrain the child.
- 3. Utilize the nurse-client relationship to assist children and family members with stress adaptation.**
 - Obtain the child's cooperation when providing care.
 - Prepare the child for procedures.
 - Demonstrate the ability to engage in empathetic, respectful, therapeutic interactions with individuals and their families.
 - Provide emotional support to the family.
 - Prepare the family for expected behaviors resulting from hospitalization.
- 4. Apply the stress adaptation theory to families in the pediatric setting.**
 - Provide non-pharmacologic as well as pharmacologic pain management techniques for the relief of pain in children.
 - Identify the nurse's role in promoting family wellness behaviors.
 - Support the parent-child relationship.
 - Identify the potential stressors related to the child's developmental level and diagnosis.
 - Identify the emotional impact of chronic disease on the child and family.
 - Discuss the emotional impact of terminal illness on the child and family.
 - Adapt discharge planning based on environmental stressors in the community in which the patient will return.
 - Identify community resources appropriate to the needs of the childrearing family.
 - Use critical thinking to analyze ways in which a hospital experience can be made more family centered and less traumatic for children.

5. **Use appropriate communication techniques in a pediatric setting.**
 - Communicate with families, children, and health care workers as an advocate for children.
 - Record nursing notes accurately and in a timely manner.
 - Collaborate with the health team to provide nursing care to the child.
 - Communicate appropriately with the child and family by adapting language, grammar, and concepts to the child's level of cognitive development.
 - Implement health teaching (e.g., devising a puppet show using principles of teaching-learning).
 - Actively participate with peers in clinical conferences.
 - Establish a positive rapport with staff, peers, and faculty.

6. **Support the rights of clients to practice their own cultural beliefs, philosophy, moral code, and lifestyle.**
 - Identify decision making by families, children, and health care workers in situations posing ethical/moral/legal dilemmas.
 - Support the family's right to participate in the child's care.
 - Modify care based on the patient's socio-cultural background.
 - Assist child and family in meeting their spiritual needs.
 - Respect rights of privacy of patients and families.
 - Verbalize acceptance of families' autonomy in making health care choices.
 - Demonstrate respect for opinions of others.

7. **Demonstrate an individual philosophy which will promote personal and professional growth and accountability.**
 - Identify own learning needs.
 - Accept responsibility for own actions.
 - Conduct self in a professional manner.
 - Accept constructive criticism in a positive manner.
 - Manage own anxiety.
 - Demonstrate flexibility to alteration in clinical assignments.

Student Conduct

Students are expected to meet the program requirements on campus and in the clinical setting at all times.

Students who demonstrate violations of program requirements may receive a failing grade and be dismissed from the program.

- a) Students are expected to conduct themselves honestly and with integrity regarding course and clinical activities.
- b) Fabrication of any clinical or college record will result in dismissal from the program.
- c) Behavior which threatens the public's health, welfare, and/or safety will constitute grounds for immediate dismissal from the program.
- d) Students will abide by the rules and regulations for students of Monroe County Community College. (Refer to the Class Schedule and College Catalog.)
- e) Students are expected to follow the rules and regulations of the clinical facility in which they are studying, such as health and CPR requirements, health insurance maintenance, and practice policies.
- f) Students are expected to exhibit professional behavior.
- g) Students are expected to abstain from the use of any mind altering substance before or during **any** contact with faculty, staff, or clients. See Drugs, Intoxicants, and Mind-Altering Substances in the Student Information Handbook.
- h) Students are expected to maintain the confidentiality of privileged information and be aware of HIPAA regulations. See Privileged Information, in the Student Information Handbook.
- i) Students are expected to be accountable and report all accidents or errors immediately to the instructor. See Unusual Occurrence, in the Student Information Handbook.
- j) Students are expected to be present and on time for all scheduled clinical experiences. See Clinical Attendance Policy, in the Student Information Handbook. (Also see College Catalog.)
- k) Students are expected to enact the learner roles as described in "Nursing Instructor-Student Role", in the Student Information Handbook.
- l) Students are expected to observe the **stated** dress code whenever they are in the clinical setting. See Dress Code, in the Student Information Handbook.
- m) Inappropriate and/or disruptive behavior may result in disciplinary action. Inappropriate or disruptive behavior includes, but is not limited to: hostile, confrontational communication; distracting, attention-seeking behavior; behavior which is disrespectful, threatening or abusive to others; destruction, theft (including examinations), or mutilation of college property, and any illegal activity or behavior results in discipline. Upon occurrence of the described behavior(s), the MCCC non-academic disciplinary procedure will be implemented. This procedure is specified in the College Policies and procedures Manual and can also be found in the Schedule of Classes under "Student Rights and Responsibilities, Guidelines for Classroom Discipline."
- n) Nursing Examinations, both hard copy and electronic, are the property of the Nursing Department. Removing examinations or exam answers from the classroom, lab, or from the computer by any means is considered "theft", unless the faculty has given students permission to have a copy of the exam, the exam answers or the exam is designated by the faculty as a "take home" exam. Students who remove nursing examinations or exam answers, from the classroom, lab or computer, without faculty permission will face disciplinary action.

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