

**GRAYSON COLLEGE
ASSOCIATE DEGREE
NURSING PROGRAM**



NURSING COURSE 3 Clinical

RNSG 2462

Spring 2021

**GRAYSON
COLLEGE**

Course Syllabus

Course Information

RNSG 2462, Clinical Nursing 3

Professor Contact Information

Shelly Wright - Nursing 3

Coordinator E-Mail:

wrights@grayson.edu

903-415-2553 cell 580-931-7519

Health Science Building Office A107

Michael Cox

E-Mail:

cox@grayson.edu

903-463-8649

Health Science Building Office A121

Rondie Escamilla

E-Mail: escamillar@grayson.edu

903-415-2554

Health Science Building Office A 106

Amanda Boyle

E-Mail: boylea@grayson.edu

903-415-2510

Health Science Building Office A 114

Johnathan Warner

E-Mail:

warnerj@grayson.edu

903-415-2568

Health Science Building Office A 108

Kelli Bowen

E-mail:

bowenk@grayson.edu

903-415-2550

Health Science Building Office A109

New Clinical

Alice McEachern

E-mail: mceacherna@grayson.edu

Office Hours are posted outside of
office door

Course Description

(0-0-15-240-4)A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. This course must be taken concurrently with RNSG 2414.

Course Pre-requisites, Co-requisites, and/or Other Restrictions

Pre-requisites: BIOL 2301/2101 or 2401 & 2302/2102 or 2402; MATH 1314 or MATH 1342; RNSG 1423 or 1227 (TE program), RNSG 1119, RNSG 1360; RNSG 2404 or 1413 (TE program), RNSG 1144, RNSG 1461

Co-requisites: RNSG 2414 must be taken concurrently with RNSG 2462.

Restrictions: A grade of "Pass" (75%) or better is required to progress to Nursing 4 courses

Course Placement: Third semester of the nursing program

End-of-Program Student Learning Outcomes:

Member of the profession

- 1.1 Demonstrate professional attitudes and behaviors.
- 1.2 Demonstrate personal accountability and growth.
- 1.3 Advocate on behalf of patients, families, self, and the profession.

Provider of patient-centered care

- 2.1 Use clinical decision-making skills to provide safe, effective care for patients and families.
- 2.2 Develop, implement, and evaluate teaching plans to meet the needs of patients and families.
- 2.3 Integrate a caring approach in the provision of care for diverse patients and families.
- 2.4 Perform skills safely and correctly in the provision of patient care.
- 2.5 Manage resources in the provision of safe, effective care for patients and families.

Patient safety advocate

- 3.1 Implement measures to promote a safe environment for patients, self, and others
- 3.2 Formulate goals and outcomes to reduce risk using evidence-based guidelines.

Member of the health care team

- 4.1 Initiate and facilitate communication to meet the needs of patients and families.
- 4.2 Collaborate with patients, families, and health care team members to promote quality care.
- 4.3 Function as a member of the interdisciplinary team.

Course outcomes for RNSG 2462

- Demonstrate professional attitudes and behaviors
- Demonstrate personal accountability and growth
- Advocate on the behalf of patients, families, self, and the profession using established guidelines
- Use clinical decision making skills to provide safe, effective care for two or more patients and families
- Develop, implement, and evaluate teaching plans to meet the needs of patients and families
- Integrate a caring approach in the provision of care for diverse patients and families
- Perform skills safely and correctly in the provision of patient care
- Manage resources in the provision of safe, effective care for patients and families
- Implement measures to promote a safe environment for patients, self, and others
- Formulate goals and outcomes to reduce patient risk using evidence-based guidelines

- Initiate and facilitate communication to meet the needs of patients and families
- Collaborate with patients, families, and healthcare team members to promote quality care
- Develop skills as the leader of a student team

Scans Skills:

When taken concurrently with RNSG 2414, the following skills will be achieved:

Workplace Competencies

1. Resources: Identifies, Organizes, Plans and Allocates Resources:
2. Students in RNSG 2462 have to be able to allocate their time and material/facility resources in an efficient manner in the clinical setting. They must be able to manage the care of a group of clients in the clinical setting. Students must organize and plan patient care activities so that the work is completed in the allocated time. Concepts of making client assignments for a team, that helps students learn how to distribute the patient care among members of the team, is introduced.
3. Interpersonal Skills: Works with Others
4. Students in RNSG 2462 must demonstrate skills of negotiation, delegation, and participation as a member of a team. Students learn to use concepts of management and evaluation skills as they work with other healthcare team disciplines. Students are also expected to meet self-directed learning goals that enable them to identify needs of growth.
5. Information: Acquires and Uses Information
6. Students in RNSG 2462 must continue with development -of information skills so that all resources of patient information are used to collect data. Sources of information include the individual hospital information systems, the college's extensive collection of resources including internet, CAI, (available in the Health Science computer lab), patient record, physician record, nursing journals and other available references.
7. Systems: Understands Complex Inter-Relations
8. Students in RNSG 2462 must be able to practice within the legal scope of nursing practice. This legal scope includes the state of nursing regulations, federal legislation, state statutes and common law. The practice of nursing is governed by the Nurse Practice Act, which was enacted by the state legislature. A variety of laws are enacted at the state level that has a direct impact on the nurse providing clinical care.
9. Technology: Works with a Variety of Technology
10. Students in RNSG 2462 must be able to manage information and knowledge with use of advanced and emerging technology. Emerging technologies can be used to provide linkages, specifically information technologies used for information handling. The current focus is on using information collected by emerging technologies to gain a competitive advantage in healthcare. *Foundation Skills*
11. Basic Skills: Reading, Writing, Math, Listening and Speaking
12. Students in RNSG 2462 are required to do several written assignments reflective of their clinical experiences such as nursing care plans and/or teaching plans. Participation in case study presentations is also required. Dosage calculations on math mastery exams requiring 90% competency is required.
13. Thinking Skills: Creative Thinking, Problem Solving, Visualizing Relationships, Reasoning and Learning
Students in RNSG 2462 are encouraged to be active participants in the learning process as well as selfdirected learners. They must be able to identify their learning needs. Formulation of a philosophy of Nursing and personal values are exposed. By recognizing and identifying problems in the client populations, students develop and implement a plan of care.
14. Personal Qualities: Responsibility, Self-esteem, Sociability, Self-Management, Integrity and Honesty
Students in RNSG 2462 critique themselves after each clinical day with regard to professional development. They are expected to demonstrate the professional nursing role by expressing insight into their own learning needs. They must demonstrate respect for others, assume accountability for decisions and/or actions and involve self in finding solutions to problems.

Required Textbooks and Materials: See RNSG 2414 Syllabus

Required Assignments: Specific assignments, requirements, objectives, and clinical forms related to RNSG 2462 are included at the end of the course syllabus for ease of printing.

Academic Calendar: See RNSG 2414 syllabus

Methods of Instruction

1. Discussion
2. Group Process - Role Play
3. Simulation of client situations
4. Study Guides
5. Audio-visual /Computer materials
6. Clinical practicum
7. Written assignments
8. Required textbooks
9. Instructor - student conferences
10. Supervised care of selected clients
11. Daily evaluation

Methods of Evaluation

1. A student must pass theory, lab and clinical courses to progress to the next nursing level.
2. The clinical grade is based upon clinical performance and written assignments.
 - A. Clinical performance will be evaluated by the clinical professor on a daily evaluation sheet, and on the *Clinical Performance Evaluation Tool* at mid-semester and upon completion of the semester.
 - B. Clinical performance is evaluated as a "Pass" or "Fail" grade. To receive a clinical grade of "Pass", the student must, at the completion of the clinical course, exhibit a satisfactory level of 75% (3.0) or better on all starred (*) criteria (behaviors) on the *Clinical Performance Evaluation Tool*.
 - C. All assignments listed in the syllabus as well as any additional assignments given by the clinical professor must be satisfactorily completed and submitted to the clinical professor by the designated deadline date in order to receive a grade of "Pass." Assignments include returning the signed daily evaluation back to the instructor by the designated deadline.
 - D. Continued failure to turn in assignments by the designated deadline will result in an "Unsatisfactory" (2.0) for each day / week that the assignment is late.

Course Grading

1. RNSG 2462 is a pass/fail course

Course & Instructor Policies

Attendance:

The ADN program adheres to the Grayson College Student Handbook attendance policy. Should absences occur which do not allow for full evaluation of student performance (quality and consistency) faculty will be unable to assign a passing grade. In addition, the following policies are specific to the clinical course.

1. Attendance on the assigned clinical day is mandatory. Any missed clinical time must be made up. More than one clinical absence during the entire program may be grounds for dismissal based on the recommendation of the Admission, Retention and Graduation Committee.

2. A student must notify the clinical instructor if he/she is going to be late to any clinical experience. Failure to notify the professor or an unexcused tardiness, per the instructor's discretion, will result in an absence for the clinical day.
2. Students must attend all pre and post-conferences either in the clinical setting or on campus (i.e., guest speakers, lab practices, etc.).
3. Students are expected to remain on the clinical campus during the entire clinical day. If a student must leave the clinical campus during a designated meal or break time, the student must have permission of the clinical instructor and is responsible to ensure that there is adequate coverage to meet the needs of assigned clients.
4. Students must notify the professor or a designated alternate at least one hour prior to time scheduled for clinical if they are going to be absent. Failure to notify the professor will be reflected on the final clinical evaluation and may result in a clinical failure.

Please refer to your ADN Student Handbook for additional information/policies on attendance.

Clinical Procedures Policy

1. Medications may be administered only after satisfactory completion of a campus laboratory student demonstration (check-off).
2. Procedures not marked may be performed independently by the student following satisfactory lab check-off.
3. All procedures marked with a (*) must be supervised by a faculty member until released for supervision by a designated Registered Nurse.
4. If an error is made while completing a procedure, the student must follow the *Procedure Variance Policy*.
5. Removal of any therapeutic equipment must be approved or supervised by the clinical instructor or approved Registered Nurse.
6. During Role Transition, the clinical preceptor is the “designated RN.”
7. Documentation of all procedures as appropriate.

Nursing 1	Nursing 2	Nursing 3	Nursing 4
Vital signs	Vital signs	Vital signs	Vital signs
Bed making	Bed making	Bed making	Bed making
Bed bath	Bed bath	Bed bath	Bed bath
ROM exercises	ROM exercises	ROM exercises	ROM exercises
Transfers / positioning	Transfers / positioning	Transfers / positioning	Transfers / positioning
Health assessment	Health assessment	Health assessment	Health assessment
Glucometer check	Glucometer check	Glucometer check	Glucometer check
		Basic EKG interpretation	Basic EKG interpretation
Dressing change Non-sterile dressing	Dressing change Non-sterile dressing Sterile dressing * Central line dressing *	Dressing change Non-sterile dressing Sterile dressing * Central line dressing*	Dressing change Non-sterile dressing Sterile dressing * Central line dressing *
	NG tube insertion *	NG tube insertion *	NG tube insertion *
	Gastric tube feeding *	Gastric tube feeding *	Gastric tube feeding *
	Urinary catheterization *	Urinary catheterization *	Urinary catheterization *
Medication administration	Medication administration	Medication administration	Medication administration
Oral *	Oral *	Oral *	Oral *
Intramuscular *	Intramuscular *	Intramuscular *	Intramuscular *
Intradermal *	Intradermal *	Intradermal *	Intradermal *
Subcutaneous *	Subcutaneous *	Subcutaneous *	Subcutaneous *
Suppository *	Suppository *	Suppository *	Suppository *
Topicals *	Topicals *	Topicals *	Topicals *
Inhalers *	Inhalers *	Inhalers *	Inhalers *
Eye / ear meds *	Eye / ear meds *	Eye / ear meds *	Eye / ear meds *
	NG / PEG tube meds *	NG / PEG tube meds *	NG / PEG tube meds *
	IV push / IV piggyback *	IV push / IV piggyback *	IV push / IV piggyback *
	Venipuncture / IV insertion*	Venipuncture / IV insertion *	Venipuncture / IV insertion *
	Blood specimen collection*	Blood specimen collection *	Blood specimen collection*
	Access implanted venous port*	Access implanted venous port*	Access implanted venous port*
		Nasotracheal suctioning *	Nasotracheal suctioning *
		Tracheostomy suctioning *	Tracheostomy suctioning *
		Tracheostomy care *	Tracheostomy care *

Student Conduct & Discipline

Refer to ADN Student Handbook for policies

Grayson College campus-wide student policies may be found on our Current Student Page on our website: <http://grayson.edu/current-students/index.html>

Academic Integrity

Refer to ADN Student Handbook for policies

Student Responsibility

You have already made the decision to go to college; now the follow-up decisions on whether to commit to doing the work could very well determine whether you end up working at a good paying job in a field you enjoy or working at minimum wage for the rest of your life. Education involves a partnership that requires both students and instructors to do their parts. By entering into this partnership, you have a responsibility to show up for class, do the assignments and reading, be engaged and pay attention in class, follow directions, and put your best effort into it. You will get out of your experience here exactly what you put into it – nothing more and nothing less.

Disability Services

The ADN faculty recognizes that, in specific circumstances, students in the ADN program may require modifications. This policy is consistent with the Rules & Regulations Relation to Professional Nursing Education, Licensure & Practice, Texas Board of Nursing, and with the Americans with Disabilities Act (ADA). Please refer to Grayson College's policy regarding student accommodations, the Grayson College Student Handbook, or refer to the website: www.grayson.edu for more information.

TITLE IX

GC policy prohibits discrimination on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex, sexual orientation, spousal affiliation and protected veterans status.

Furthermore, Title IX prohibits sex discrimination to include sexual misconduct: sexual violence (sexual assault, rape), sexual harassment and retaliation.

For more information on Title IX, please contact:

- ▪ Dr. Molly M. Harris, Title IX Coordinator 903.463-8714
- ▪ Dr. Logan Maxwell, Title IX Deputy Coordinator 903.415.2601
- ▪ Mr. Mike McBrayer, Title IX Deputy Coordinator 903.463.8753
- ▪ Website: <http://www.grayson.edu/campus-life/campus-police/title-ix-policies.html>
- ▪ GC Police Department: 903.463.8777 (Main Campus) 903.415.2501 (SouthCampus)
- ▪ GC Counseling Center: 903.463.8695
- ▪ For Any On-campus Emergencies: 911
-

- GC Counseling Center: 903.463.8695
- For Any On-campus Emergencies: 911

Grayson College is not responsible for illness/injury that occurs during the normal course of classroom/lab/clinical experiences.

These descriptions and timelines are subject to change at the discretion of the Professor(s).

Clinical Readiness Exam (CRE) Requirement

In order to satisfy requirements of the program and clinical facilities, all nursing students must pass a clinical readiness exam before clinical begins in Nursing 1 & 3, or upon re-entry into a previously enrolled semester if it has been more than one semester since the student was in a clinical course. A passing score is valid for one year. The student will have two attempts to pass the exam with a score of 75%. A student will forfeit their attempt on the Clinical Readiness Exam if they are a no show, no call on the day of the scheduled exam. Students who do not pass with a score of 75% within two attempts will not be able to progress in the clinical component of the program and must withdraw from the clinical and lab course. A Clinical Readiness Exam study guide is available to assist the student to prepare for this exam.

Topics to be included in the Clinical Readiness Exam may include:

- Nursing Student Practice
- Patient Identification
- Confidentiality
- Patient Rights
- Organization Ethics and Compliance
- Informed Consent/Advance Directives/Do Not Resuscitate
- HCAHPS Customer Service
- Communication Among Caregivers
- Cultural Competence
- Developmental Competence
- Proper Body Mechanics
- Needle Stick Injury
- Latex Allergy
- Sexual Harassment and Workplace Violence
- Medication Safety
- Patient Falls
- Abuse and Neglect
- Patient Safety/National Patient Safety Goals
- Sentinel Events
- Restraints
- Serviceable Medical Equipment/Alarm Systems
- Electrical Safety
- Fire Safety
- Radiation Safety
- Hazardous Materials
- Infection Control/Isolation
- Personal Protective Equipment

- Blood-borne Pathogens
- Hepatitis
- HIV
- Tuberculosis
- Ebola
- Middle East Respiratory Syndrome
- Seasonal Influenza
- Emergency Preparedness/Disaster
- Bioterrorism
- Emergency Medical Treatment & Active Labor Act (EMTALA)

Clinical Dress Code

The following are the requirements for student dress in the ADN program. While in uniform, the student **must** observe the dress code regulations at all times. Instructors will notify students of required modifications for specialty areas.

1. Students must purchase the required brand, style and color of the scrubs approved for the current class. (Refer to *Clinical Uniform and Supplies* policy received during program orientation.)
2. A designated ADN program approved gray long sleeve or short sleeve shirt may be worn under the uniform for warmth or modesty.
3. Shoes must be closed toe athletic or nursing shoes. Socks and shoes must be of a conservative color such as white, black, or gray.
4. The ADN program patch must be sewn on the left sleeve of each uniform and lab coat. These must be sewn on. Staples, safety pins or Velcro are not acceptable. The patch should be centered and located one inch below the shoulder seam.
5. A current Grayson College ADN program photo ID badge must be worn on the uniform at all times. Students will not be allowed to remain in clinical without the appropriate Grayson College-ID badge. (Available in the Student Life Center)
6. Any style lab coat or jacket may be worn over the uniform. However, it must be all gray with an ADN program patch sewn on left sleeve.
7. Students may wear a gray scrub cap; all other head coverings must be of a conservative color.
8. Students are to maintain the following general appearance and decorum when in uniform.
 - a. Neat, clean and well-groomed appearance.
 - b. Shoes and uniforms must be clean and neat at all times.
 - c. Uniform must be appropriate length and fit.
 - d. Hair must be kept off shoulders. Collar length is acceptable if secured so as to not fall forward from the face. Hair must be of a natural color.
 - e. Facial hair must be clean, trimmed, and groomed; no longer than the jaw line
9. Jewelry limited to:
 - Medical ID bracelet if needed. No other necklaces or bracelets.
 - One set of stud earrings (approximately 4mm in diameter, no colors). Only one stud allowed and only in each lower ear lobe.
 - Earlobe expanders must be removed and replaced by a flesh-colored earlobe plug.
 - Plain wedding band with no raised settings.
 - No visible body piercing other than normally placed for stud earrings (in lower ear lobe).
10. No nail polish, artificial nails or tips; length of nails must not be visible over fingertips.
11. All tattoos must be covered.
12. Hair, breath and clothing must be free of perfume, smoke or other odors in the clinical area.
13. White laboratory coats with ADN program patch and Grayson College picture ID **must** be worn over street clothes (no jeans, shorts, open toe shoes, or unprofessionally short skirts allowed) when performing other assigned activities that do not require wearing the school uniform.
14. Nursing student uniforms may be worn outside the clinical area **only** during classes, laboratory sessions, or events directly related to educational experiences offered by the ADN department. Student uniform or lab coat with the college patch, and the college name badge may not be worn on any job not associated with the Grayson College nursing program.
15. In addition to the uniform requirements listed above, students participating in a clinical course are required to have the following items with them:
 - Watch with second hand
 - Ball point pen with black ink
 - Black Sharpie pen
 - Bandage scissors
 - Hemostats
 - Stethoscope
 - BP cuff
 - Pen light
 - Safety goggles (optional)

- Pocket organizer (optional)
- Additional items specified by clinical instructor

Students are recognized by the public as representatives of Grayson College. A student's appearance reflects not only on themselves, but on the college. Therefore, students can expect to be reminded of the dress code regulations by any faculty member who observes them improperly dressed. In addition, instructors may choose to remove students from an area in which they are not appropriately dressed and/or assign a "U" (Unsatisfactory) for the clinical day.

Grayson College
Associate Degree Nursing Program
2462 Clinical Evaluation

NURSING 3 (RNSG 2462)

Grade	Criteria
1	<ul style="list-style-type: none"> • Unprofessional attitudes or behaviors • Unsafe skill or practice • Formal, written counseling is required if a 1 is received
2	<ul style="list-style-type: none"> • Not adhering to program and/or agency policies • Requires occasional cues from faculty and/or staff • Demonstrates a lack of skill, clinical judgment, or efficiency • Failure to recognize and intervene in an unsafe environment for patient, self, and others • Demonstrates ineffective communication • Performs as an ineffective team member and/or team leader
3	<ul style="list-style-type: none"> • Adheres to program and agency policies • Demonstrates positive professional behaviors • Performs nursing care safely and accurately for 2 or more patients with minimal guidance • Demonstrates appropriate clinical judgment and efficiency for 2 or more patients • Recognizes and intervenes in an unsafe environment for patient, self, and others • Demonstrates effective communication • Performs as an effective team member and/or team leader
4	<ul style="list-style-type: none"> • Adheres to program and agency policies • Demonstrates positive professional behaviors • Performs nursing care safely and accurately for 2 or more patients requiring only monitoring and supervision • Demonstrates appropriate clinical judgment and efficiency for 2 or more patients • Recognizes and intervenes in an unsafe environment for patient, self, and others • Demonstrates effective communication • Performs as an effective team member and/or team leader • Has demonstrated an improvement in designated criteria and/or behavior

Specialty Area Objectives

A clinical experience in a specialty area involves personal & professional responsibility in the following areas:

1. Preparation prior to the clinical experience as assigned
2. Communication & collaboration with the specialty area staff & your assigned preceptor
3. Completion of the specialty area objectives for the assigned experience
4. Completion of two clinical objectives
5. Timely submission of required paperwork related to your experience

Emergency Room Clinical Objectives

1. Report to the ER supervisor or charge nurse following pre-conference. Assist an RN preceptor with client assessment, care and discharge. Invasive procedures may be performed with RN preceptor supervision. Observe the process of triage.
2. Written work: Submit a summary of your day. Compare nursing care you performed with standard triage procedures. Complete the two additional objectives you were assigned. Submit daily evaluation.

Day Surgery Clinical Objectives

1. Report to the DS supervisor or charge nurse at the time designated by the instructor. Assist with client assessment, care and discharge in the pre- and post-operative phases. Observe and assist with IV fluid preparation and IV insertion as available. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. Identify nursing priorities observed in the pre and postoperative phases. List nursing care and skills performed. Complete the two additional objectives you were assigned. Submit daily evaluation.

Critical Care Clinical Objectives

1. Report to the ICU charge nurse following pre-conference. Assist with client assessment and care. Invasive procedures may be performed with RN preceptor supervision. Manually calculate IV flow rates on any continuous IV infusions, such as dopamine, lidocaine or heparin. Compare your results with the computer generated calculations. Perform a complete systems assessment for one client.
2. Written work: Submit a summary of day. Submit your math calculations, systems assessment, and a list of nursing care and skills. Complete two additional objectives that you were assigned. Submit your daily evaluation.

Cardiac Cath Lab Clinical Objectives

1. Report to the cath lab supervisor or charge nurse following pre-conference. Observe nursing priorities of care. Observe the procedure and assess for arrhythmias on the ECG. Identify medications used during the procedure.
2. Written work: Submit a summary of your day. List nursing priorities observed, ECG rhythms observed, and medications administered during the procedure. Complete the two additional objectives you were assigned. Submit your daily evaluation.

GI Lab Clinical Objectives

1. Report to the GI Lab following pre-conference. Observe nursing priorities of care prior to, during, and post procedure. Observe procedures, and identify medications used during the procedure. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. List nursing priorities observed, medications used, and nursing care and skills you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Operating Room Clinical Objectives

1. Report to the OR at designated time. Observe the responsibilities and priorities of the circulating RN.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the circulating nurse and the operative procedures observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Hyperbarics/Wound Care Clinical Objectives

1. Report to the Hyperbarics Unit following pre-conference. Observe the nursing care and priorities of the hyperbaric & wound care nurses. Assist with wound care procedures. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the hyperbaric & wound care nurses. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Pediatrics Clinical Objectives

1. Observe the nursing care priorities and nursing care performed by the pediatric nurse. Assess and implement care for a pediatric client. Invasive procedures may be performed with RN preceptor supervision. Complete a full systems assessment on a pediatric client. In addition, include the following information:
 - Age, height, weight.
 - Locomotor skill level (sitting, crawling, walking, etc.)
 - Developmental stage, including evidence of successful accomplishment of previous stage (Erickson)
 - Interaction with family members
2. Written work: Submit a summary of your day. Describe nursing care and priorities of the pediatric nurse and the procedures you performed. Complete assessment data. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Rehabilitation Unit Clinical Objectives

1. Observe the nursing care priorities and nursing care performed by the rehab nurse. Implement nursing care for a group of clients. Invasive procedures may be performed with RN preceptor supervision. Attend an interdisciplinary team meeting, if possible.
2. Written work: Submit a summary of your day. Describe the nursing care priorities in the rehab setting and the care and procedures you performed. Describe team collaboration observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Telemetry Unit Clinical Objectives

1. Observe telemetry recordings for normal electrical activity. Identify electrical and mechanical interference. Identify normal sinus rhythm, and compare with abnormal ECG recordings. Observe collaboration between the telemetry nurse and telemetry technician.
2. Written work: Submit a summary of your day. Describe the cardiac rhythms observed and the significance and treatment of each dysrhythmia. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Case Manager Clinical Objectives

1. Observe the role of the case manager. Identify priorities of case management, and communication and collaboration skills used to implement care.
2. Written work: Submit a summary of your day. Describe the role and priorities of the case manager, and the collaboration and communication skills observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

House Supervisor Clinical Objectives

1. Observe the role of the house supervisor. Identify priorities of the house supervisor, and the impact this role has on the provision of client care.
2. Written work: Submit a summary of your day. Describe the role and priorities of the house supervisor, the impact on client care, and your activities during the experience. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Obstetrics Specialty Objectives

1. Report to the unit following preconference. Assist with client care. Perform a complete systems assessment for one client.
2. Written Work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the OB nurses. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Radiology Nursing Specialty Objectives

1. Report to the radiology nurse following preconference. Assist with nursing procedures and start IV's supervised by the radiology RN.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the radiology nurse. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

Simulation Lab Specialty Objectives:

1. Completes preparatory assignment prior to attending SIM Lab.
2. Completes Shadow Health Pharmacology assignment.
3. Completes all applicable components of the daily evaluation form.
4. Actively participates in role playing and simulation scenarios.
5. Contributes to the debriefing process using a positive approach.

Psychiatric Objectives

1. Attends psychiatric clinical rotation and completes written assignment.
2. Attends 1 approved community support group meeting and completes written assignment.
3. Completes daily clinical evaluation.

**GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462**

WRITTEN CLINICAL REQUIREMENTS

**Team Leaders and / or designated others are responsible for bringing an NCLEX-RN review book and drug reference to clinical for patient care preparation during pre-conference time.

1) **One comprehensive assessment:**

Completed weekly until satisfactory grade is achieved.
Remember to include labs, meds, etc.
Not due when team leader.
Blank form included in packet

2) **One priority problem each week:**

Identified from systems assessment; focused on critical think through pathophysiology
Use blank “**Critical thinking through using pathophysiology**” form included in packet.
Sample included in packet
Not due when team leader.

3) **Completed daily evaluation:**

Each clinical day documented on one weekly form.

4) **Team leader or team member evaluations**

Blank forms included in packet

5) **Client Teaching plan:**

One per semester.
Use blank “**Teaching Plan Form**” included in packet
Include Teaching Plan Evaluation form included in packet

6) **Grand Rounds Presentation**

One per semester
Use guidelines included in packet
Include Evaluation form

7) **Med Administration sheet** (see example)

All meds given each week should be documented on the Med Administration Sheet

TEAM LEADER / MEMBER CLINICAL RESPONSIBILITIES

Daily student assignments will be organized around either direct client care or objectives for use in specialty areas. In addition to specific clinical objectives for the day, the student will:

- a) prioritize needs and manage care for a group of clients.
- b) perform assigned client care.
- c) perform assigned nursing skills.
- d) complete all assignments in a reasonable time.
- e) complete written assignments by designated deadline.
- f) utilize the nursing process as the basis for clinical performance.
- g) maintain professional behavior and attitudes in the clinical area.

STUDENT TEAM MEMBERS WILL:

1. Prepare for clinical by:
 - a) obtaining client assignment from Student Team Leader.
 - b) organizing a nursing care flow sheet.
 - c) having appropriate drug information for all assigned clients.
 - d) reviewing standardized care for initially assigned clients
2. Provide / manage client care by:
 - a) receiving a report on all assigned clients.
 - b) completing an assessment and charting on all assigned clients within one hour of obtaining report.
 - c) independently administering non-invasive nursing care to a group of assigned clients.
 - d) seeking instructor for supervision of medication, treatments, etc., as appropriate.
 - e) keeping the Student Team Leader and primary nurse informed of assigned clients' status.
 - f) documenting pertinent, complete information on client's chart, flow sheets, graphics, etc.
 - g) giving a pertinent report on all assigned clients to the appropriate nurse.
3. Utilize the nursing process as the basis for all nursing care by:
 - a) collecting assessment data and identifying problems on all assigned clients.
 - b) analyzing and formulating nursing diagnoses.
 - c) planning goal-directed nursing interventions.
 - d) implementing nursing care according to plan, and seeking instructor verification when appropriate.
 - e) evaluating care provided, and revising care when appropriate.
4. Function as a member within the Discipline of Nursing by:
 - a) meeting all objectives for professional behavior and attitude as identified on the clinical evaluation tool.

STUDENT TEAM LEADERS WILL:

1. Organize clinical by:
 - a) assigning clients for individual Student Team Members on the day of clinical. Assignments should include clients appropriate to the unit of study when possible.
 - b) posting assignments according to hospital requirements.
 - c) constructing and utilizing a nursing care flow sheet.
 - d) assigning breaks and lunch for Student Team Members.
 - e) planning, organizing and directing the activities of Student Team Members
2. Provide / manage care by:

- a) receiving and giving report for assigned clients.
- b) making nursing assessment rounds for all team clients.
- c) supervising and assisting team members with clients care as appropriate.
- d) consulting with appropriate nurse and instructor regarding changes in client status.
- e) making rounds with HCP, head / charge nurse and instructor.
- f) advising Student Team Members of any changes in orders for assigned clients.
- g) reviewing information documented on client chart and in electronic record.
- h) coordinating Team Leader activities with those of other health team members.
- i) facilitating communication between students and other health team members.
- j) conducting a student conference.

3. Utilize the nursing process by:

- a) collecting assessment data and identifying problems.
- b) analyzing and formulating nursing diagnoses.
- c) planning nursing activities according to team priorities.
- d) implementing planned activities, following verification with instructor when appropriate.
- e) evaluating team activities and revising team priorities as needed.

4. Function as a member within the Discipline of Nursing by:

- a) meeting all objectives for professional behavior and attitude as identified on the clinical evaluation tool.

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
Critical Thinking Through Using Pathophysiology
RNSG 2462
1 due weekly

Client's Primary problem (medical diagnosis): Click or tap here to enter text.

1. For a client who has absolutely no previous knowledge of the primary problem you've selected, how would you explain the disease process to them? Your answer may include a general summary of the problem, signs and symptoms, or prognosis, but your response **MUST** focus on providing an explanation of the pathophysiology of the problem. The explanation should also be written in your **OWN WORDS**.

Click or tap here to enter text.

2. What body system(s) does this disease directly impact and how are those systems affected? What assessment findings may accompany each body system affected?

BODY SYSTEM(S):	HOW BODY SYSTEM IS AFFECTED / ASSESSMENT FINDINGS:
Click or tap here to enter text.	Click or tap here to enter text.

3. Radiology and Diagnostic Tools:

What diagnostic tools/studies would be performed to help diagnose or treat the selected disease process? Include all relevant studies that may be performed in the workup of the selected disease process, regardless of whether or not the test or results were performed or are available for your client.

Radiology/Diagnostic Test:	Clinical Significance: (What would you be able to learn/infer from performing the study?)	Actual Client results:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

4. What lab tests are altered by this problem? How are those lab test affected?

ABNL. LAB TESTS:	HOW LAB TESTS AFFECTED:	CLIENT'S ACTUAL LAB VALUES	Does your client's data indicate an Improving/Worsening/Stable trend? Explain your interpretation of the trend in data.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

5. What medications are most commonly used to manage this problem?

CLASSES OF MEDICATIONS: (Include all classes that would generally be used to treat the disease process)	MECHANISM OF ACTION: (How does the class of medications work specifically in relation to the disease process)	PATIENT'S ACTUAL MEDICATIONS (If your patient is prescribed any medications that fall under the commonly used classes of meds identified in the first column, please list them below. Identify which class each medication belongs to.)
	Click or tap here to enter text.	Click or tap here to enter text.

6. As a nurse, what are the most important nursing interventions for clients with the disease process you chose?

Click or tap here to enter text.

7. What changes in your client's condition would indicate that your chosen nursing interventions were effective, or what changes would indicate that additional interventions are necessary?

Click or tap here to enter text.

GRAYSON COUNTY COLLEGE
RNSG 2462 & 2463
Team leader completes

TEAM LEADERS EVALUATION FORM

STUDENT: _____ DATE: _____

1. How did you select the clients you assigned to student members?
2. Summarize your leader activities.
3. What priorities did you set for your activities?
4. Summarize your activities related to the student conference.
(Preparation, organization, conduct of conference)
5. Describe your interactions with health team members.
6. Describe your interactions with student team members.
7. Describe any changes you would like to implement during future leadership assignments.
8. Peer review standards require all unprofessional and/or substandard nursing behaviors to be evaluated. Please document any irregularities or discrepancies occurring in the following areas.
 - a) Medication administration: (include problems with med. Knowledge, preparation and/or administration by yourself or team members.
 - b) Basic patient care: (include any aspect of basic care not done and why)
 - c) Patient relations (include circumstances surrounding difficulties, if any)
 - d) Staff relations (include circumstances surrounding difficulties, if any)

9. Summarize the performance of each of your student team members.

Team Member 1 Name _____

Team Member 2 Name _____

Team Member 3 Name _____

Team Member 4 Name _____

GRAYSON COUNTY COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462 & 2463
Team member completes

TEAM MEMBERS EVALUATION OF TEAM LEADER

TEAM LEADER: _____ DATE: _____

Comment on the following aspects of team leading, based on your experience with the above team leader.

1. Availability / accessibility throughout the shift:
2. Information resource:
3. Quality of report (if applicable)
4. What feedback did the team leader give on student performance:
5. Delegation and / or organizational skills:
6. Strengths or weaknesses as a leader: (include points for improvement)
7. Interactions with staff / peers:

Grayson College
Associate Degree Nursing Program
Clinical Evaluation RNSG 2462

Name: _____ Dates _____ and _____

State today's assigned clinical objective(s) and describe how **you** met it:

Clinical Objective 1: _____

Clinical Objective 2: _____

Please check all skills performed during clinical day:

Comments

Insertion of IV	<input type="checkbox"/>	
Administration of IV Solutions	<input type="checkbox"/>	
Administration of IVP	<input type="checkbox"/>	
Administration of IVPB	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Pt # 1 MDx _____

Pt # 2 MDx _____

Pt # 3 MDx _____

Pt # 4 MDx _____

1. Identify **your** independent decisions/interventions for each day.
2. Describe specifically what you did to implement "look-check-connect"
3. Describe patient teaching **you** did. (include patient's response to teaching, and method of documentation).
4. Describe any clarification **you** need about the clinical experience and/or other comments:

Instructor Comments

Instructor's Signature _____

Student's Signature _____

Acknowledges having read instructor's remarks & evaluation criteria

S 1	S 2	Evaluative Criteria	S 1	S 2	Evaluative Criteria
		<u>Member of the Profession:</u>			7. Effective use of resources
		1. Professionalism	-	-	*a. Uses appropriate resources to ensure safe, effective care:
-	-	*a. Maintains confidentiality.			Human: faculty, staff, patient, HCP, families
-	-	*b. Seeks appropriate supervision and direction.			Information: medical record, report, current data, policies, references, worksheet
-	-	*c. Adheres to agency policies.			Material: supplies, equipment
-	-	*d. Demonstrates positive, respectful demeanor and approach to others.			
		2. Personal Accountability	-	-	8. Skill Competency
-	-	*a. Demonstrates accountability through insightful self-evaluation.	-	-	*a. Performs skills/ tasks correctly.
-	-	*b. Adheres to ADN program policies.	-	-	*b. Safe Medication Administration:
-	-	*c. Meets requirements for attendance.	-	-	1. Demonstrates knowledge of medications being given.
-	-	*d. Meets requirements for written assignments.	-	-	2. Identifies unsafe &/or inaccurate drug orders.
-	-	*e. Implements instructions from instructor and licensed personnel.	-	-	3. Calculates dosages accurately.
-	-	*f. Assumes responsibility for achievement of learning outcomes.	-	-	4. Demonstrates use of client's rights.
		3. Advocacy	-	-	5. Demonstrates correct administration procedures.
-	-	*a. Identifies situations of concern to assigned patients and families.	-	-	6. Documents medication administration correctly.
-	-	*b. Reports situations of concern in an effective manner.	-	-	*c. Completes skills/tasks in an organized, efficient manner.
-	-	*c. Acts on behalf of patients and families in an effective manner.	-	-	*d. Ensures client comfort and privacy during tasks.
		<u>Provider of Patient-Centered Care:</u>			<u>Patient Safety Advocate:</u>
		4. Clinical decision making in the provision of care			9. Safety
-	-	*a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge.	-	-	*a. Adheres to recognized safety standards.
-	-	*b. Obtains report/gathers needed information before assuming care of patient.			10. Risk Reduction
-	-	*c. Completes focused assessment within one hour of report.	-	-	*a. Implements care to reduce patient risk
-	-	*d. Analyzes assessment data to plan and prioritize care.	-	-	*b. Uses evidence-based guidelines to impact quality of care.
-	-	*e. Reports abnormal findings to instructor and staff.			<u>Member of the Health Care Team</u>
-	-	*f. Completes assigned care according to priorities.			11. Communication
-	-	*g. Evaluates nursing care.	-	-	*a. Manages information using available technology.
-	-	*h. Uses outcomes of care to revise the plan of care.	-	-	*b. Communicates information accurately and in a timely manner: Written and Verbal
-	-	*i. Documents nursing care Accurate, legible, concise, timely.	-	-	*c. Clearly identifies self and student nurse role to patient, family, and healthcare team
-	-	*j. Reports client's condition and summary of care at end of clinical day.			12. Collaboration & Coordination
-	-	*k. Organize and manage time effectively.	-	-	*a. Negotiates mutually agreeable solutions with others.
		5. Patient Teaching	-	-	*b. Elicits participation of patient, family, and HC team members.
-	-	*a. Provides appropriate explanations prior to implementing care.	-	-	*c. Accepts criticism in a constructive manner.
-	-	*b. Implements patient teaching.			13. Demonstrates skill as a team leader.
-	-	*c. Documents effectiveness of patient teaching.	-	-	a. Makes team assignments when team leader.
		6. Caring approach to diverse patients and families	-	-	b. Makes critical client needs assessment during nursing rounds.
-	-	*a. Provides considerate, non-judgmental, and respectful care.	-	-	c. Identifies, assesses team member's activities when team leader.
-	-	*b. Offers self in a therapeutic manner within professional boundaries.	-	-	d. Reviews information documented on client chart & EMR.
			-	-	e. Assist team members when appropriate.
			-	-	f. Accepts accountability for team member actions.

Medication Sheet EXAMPLE

Due weekly for each client

Medication (brand/generic) Dose/route	Classification Information	Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for)	Relevant Supporting Data (Actual Patient Data)
Furosemide/ Lasix 20mg IV BID	Loop Diuretic	May give undiluted 20mg over 1 minute. Check electrolyte level Monitor Urine Output, b/p	Given slowly over 1 minute K level 3.9 UO 900ml for the shift b/p 140/88
Insulin/ Humulin R Sliding scale Subcutaneous	Antidiabetic Agent	Insulin syringe Give 30min before meals Rotate sites Monitor blood glucose Monitor for s/s of hypoglycemia	5 units given subcutaneously in Lt upper arm 30 min before breakfast and 2 units in Rt upper arm 30 min before lunch BSG = 198 0600 BSG = 134 12:00 No s/s hypoglycemia
Digoxin 0.05 mg PO QD	Antiarrhythmic	Check apical rate for 1 minute Monitor rhythm Hold if HR less than 60 Monitor for s/s of bradycardia Monitor dig and K levels Hold if dig level > 2ng/ml Monitor for s/s dig toxicity	HR 86 Atrial Fibrillation Dig level 1.4 K level 4.0 No visual disturbance, n/v
Tenormin/ Atenolol 25mg PO QD	Beta-adrenergic antagonist Antihypertensive	Monitor B/p Monitor for s/s of hypotension after administration Encourage to change positions slowly	b/p 140/88 0700 b/p 128/78 1 hr after administration at 10:00 no s/s of hypotension
Xanax/ Alprazolam 0.5 mg PO q 8 hrs prn	Antianxiety Agent	Assess CNS effects and risk for Falls	pt alert and oriented x 4, fall precautions in place
Zoloft / Sertraline HCL 60 mg PO daily	Antidepressant	Monitor appetite and nutritional intake Monitor mood changes	Ate 90% of breakfast, appetite adequate, pt calm, cooperative and attentive

Client Room # _____

Student _____ Date _____

Medication Sheet (Meds given by student)

Medication (brand/generic) Dose/route	Classification Information	Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for)	Relevant Supporting Data (Actual Patient Data)

Client Room # _____

Student _____ Date _____

Medication Sheet (Meds given by student)

Medication (brand/generic) Dose/route	Classification Information	Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for)	Relevant Supporting Data (Actual Patient Data)

Client Room # _____

Student _____ Date _____

Medication Sheet (Meds given by student)

Medication (brand/generic) Dose/route	Classification Information	Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for)	Relevant Supporting Data (Actual Patient Data)

GRAYSON COUNTY COLLEGE
RNSG 2462 & 2463
Team leader completes
TEAM LEADERS EVALUATION FORM

STUDENT: _____

DATE: _____

1. How did you select the clients you assigned to student members?
2. Summarize your leader activities.
3. What priorities did you set for your activities?
4. Summarize your activities related to the student conference.
(Preparation, organization, conduct of conference)
5. Describe your interactions with health team members.
6. Describe your interactions with student team members.
7. Describe any changes you would like to implement during future leadership assignments.
8. Peer review standards require all unprofessional and/or substandard nursing behaviors to be evaluated. Please document any irregularities or discrepancies occurring in the following areas.
 - a) Medication administration: (include problems with med. Knowledge, preparation and/or administration by yourself or team members.
 - b) Basic patient care: (include any aspect of basic care not done and why)
 - c) Patient relations (include circumstances surrounding difficulties, if any)
 - d) Staff relations (include circumstances surrounding difficulties, if any)

9. Summarize the performance of each of your student team members.

Team Member 1 Name _____

Team Member 2 Name _____

Team Member 3 Name _____

Team Member 4 Name _____

GRAYSON COUNTY COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462 & 2463
Team member completes

TEAM MEMBERS EVALUATION OF TEAM LEADER

TEAM LEADER: _____ DATE: _____

Comment on the following aspects of team leading, based on your experience with the above team leader.

1. Availability / accessibility throughout the shift:

2. Information resource:

3. Quality of report (if applicable)

4. What feedback did the team leader give on student performance:

5. Delegation and / or organizational skills:

6. Strengths or weaknesses as a leader: (include points for improvement)

7. Interactions with staff / peers:

Grayson College
Associate Degree Nursing Program
Clinical Evaluation RNSG 2462

Name: _____ Dates _____ and _____

State today's assigned clinical objective(s) and describe how **you** met it:

Clinical Objective 1: _____

Clinical Objective 2: _____

Please check all skills performed during clinical day:

Comments

Insertion of IV	<input type="checkbox"/>	
Administration of IV Solutions	<input type="checkbox"/>	
Administration of IVP	<input type="checkbox"/>	
Administration of IVPB	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Pt # 1 MDx _____

Pt # 2 MDx _____

Pt # 3 MDx _____

Pt # 4 MDx _____

1. Identify **your** independent decisions/interventions for each day.
2. Describe specifically what you did to implement "look-check-connect"
3. Describe patient teaching **you** did. (include patient's response to teaching, and method of documentation).
4. Describe any clarification **you** need about the clinical experience and/or other comments:

Instructor Comments

Instructor's Signature _____ Student's Signature _____

Acknowledges having read instructor's remarks & evaluation criteria

Revised 8/17

RNSG 2462 – Criteria for Student Clinical Daily Evaluation: 1= Unprofessional/Unsafe ; 2= Unsatisfactory; 3=Satisfactory; 4=Above Average

S 1	S 2	Evaluative Criteria	S 1	S 2	Evaluative Criteria
		<u>Member of the Profession:</u>			7. Effective use of resources
		1. Professionalism	-	-	*a. Uses appropriate resources to ensure safe, effective care: Human: faculty, staff, patient, HCP, families Information: medical record, report, current data, policies, references, worksheet Material: supplies, equipment
-	-	*a. Maintains confidentiality.			
-	-	*b. Seeks appropriate supervision and direction.			
-	-	*c. Adheres to agency policies.			
-	-	*d. Demonstrates positive, respectful demeanor and approach to others.			
		2. Personal Accountability	-	-	8. Skill Competency
-	-	*a. Demonstrates accountability through insightful self-evaluation.	-	-	*a. Performs skills/ tasks correctly.
-	-	*b. Adheres to ADN program policies.	-	-	*b. Safe Medication Administration:
-	-	*c. Meets requirements for attendance.	-	-	1. Demonstrates knowledge of medications being given.
-	-	*d. Meets requirements for written assignments.	-	-	2. Identifies unsafe &/or inaccurate drug orders.
-	-	*e. Implements instructions from instructor and licensed personnel.	-	-	3. Calculates dosages accurately.
-	-	*f. Assumes responsibility for achievement of learning outcomes.	-	-	4. Demonstrates use of client's rights.
		3. Advocacy	-	-	5. Demonstrates correct administration procedures.
-	-	*a. Identifies situations of concern to assigned patients and families.	-	-	6. Documents medication administration correctly.
-	-	*b. Reports situations of concern in an effective manner.	-	-	*c. Completes skills/tasks in an organized, efficient manner.
-	-	*c. Acts on behalf of patients and families in an effective manner.	-	-	*d. Ensures client comfort and privacy during tasks.
		Provider of Patient-Centered Care:			Patient Safety Advocate:
		4. Clinical decision making in the provision of care			9. Safety
-	-	*a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge.	-	-	*a. Adheres to recognized safety standards.
-	-	*b. Obtains report/gathers needed information before assuming care of patient.			10. Risk Reduction
-	-	*c. Completes focused assessment within one hour of report.	-	-	*a. Implements care to reduce patient risk
-	-	*d. Analyzes assessment data to plan and prioritize care.	-	-	*b. Uses evidence-based guidelines to impact quality of care.
-	-	*e. Reports abnormal findings to instructor and staff.			Member of the Health Care Team
-	-	*f. Completes assigned care according to priorities.			11. Communication
-	-	*g. Evaluates nursing care.	-	-	*a. Manages information using available technology.
-	-	*h. Uses outcomes of care to revise the plan of care.	-	-	*b. Communicates information accurately and in a timely manner: Written and Verbal
-	-	*i. Documents nursing care Accurate, legible, concise, timely.	-	-	*c. Clearly identifies self and student nurse role to patient, family, and healthcare team
-	-	*j. Reports client's condition and summary of care at end of clinical day.			12. Collaboration & Coordination
-	-	*k. Organize and manage time effectively.	-	-	*a. Negotiates mutually agreeable solutions with others.
		5. Patient Teaching	-	-	*b. Elicits participation of patient, family, and HC team members.
-	-	*a. Provides appropriate explanations prior to implementing care.	-	-	*c. Accepts criticism in a constructive manner.
-	-	*b. Implements patient teaching.			13. Demonstrates skill as a team leader.
-	-	*c. Documents effectiveness of patient teaching.	-	-	a. Makes team assignments when team leader.
		6. Caring approach to diverse patients and families	-	-	b. Makes critical client needs assessment during nursing rounds.
-	-	*a. Provides considerate, non-judgmental, and respectful care.	-	-	c. Identifies, assesses team member's activities when team leader.
-	-	*b. Offers self in a therapeutic manner within professional boundaries.	-	-	d. Reviews information documented on client chart & EMR.
			-	-	e. Assist team members when appropriate.
			-	-	f. Accepts accountability for team member actions.

Revised 8/

Nursing Admission Assessment

Date: _____ Time: _____

Informant: Patient Other _____ Reason

for Admission (client's own

words): _____

Onset & Duration _____

Rm # _____ Age _____ Date of admission _____

Advanced directive status: Living Will DNR POA None

Current Diagnosis: _____ Other Diagnoses _____ Current

Surgery & Date _____

CODE Status: Full DNR Other _____ Isolation Status: _____ Reason _____

ID band present: No Yes Allergy band present No Yes

<u>Allergies</u>	<u>Reaction</u>

Past Medical History:

- Respiratory Problems _____ Cardiovascular Problems _____
- COPD/Emphysema Pneumonia Hypertension Heart Disease
- Peripheral Vascular Disease Stroke
- GI problems _____ Endocrine Problems _____ GU problems _____
- Liver disease Diabetes Thyroid problems Kidney disease
- Integumentary problems _____ Neurological Problems _____ Cancer _____
- Seizures
- Musculoskeletal problems _____
- Arthritis/Joint Disease

Past Surgical History and dates (if available)

- Family History: Hypertension _____ Diabetes _____ Stroke _____
- Seizures _____ Kidney disease _____ Cancer _____
- Liver disease _____ Thyroid problems _____ Heart Disease _____

Vital signs

Temp: O/R/A/T	Pulse: Reg/Irreg	SpO₂: RA/NC	OO₂₂@___LPM	Respiration:	BP: Lying/ Sitting/ Standing	Wt: Ht:
-------------------------	----------------------------	----------------------------------	-------------------------------	---------------------	--	------------------------------

PsychoSocial

Lives alone Lives with _____ Ethnic Origin: _____
 Marital Status: Single Married Divorced Widowed Primary Language: _____ Religion: _____
 Education: _____
 Immunizations current: Flu Vaccine _____ (last date given) Pneumonia Vaccine _____ (last date given) Nicotine Use: No Yes- How much? _____ How Long? _____ What type? _____
 Hx of Nicotine Use No Yes Date of Cessation _____
 Alcohol Use: No Yes- How much? _____ How Long? _____ Last Drink? _____
 Social Drug Use: No Yes- Type? _____ Frequency? _____ What type? _____ Hx of Drug Use No Yes Date of Cessation _____
 Support Services: No Yes- Type? HHC Hospice Other _____
 Supportive Relationships: No Yes- Type? _____
 Additional Help needed? No Yes- Referral made to _____ Erikson's Developmental Stage _____

Safety

Call System in Reach: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide orientation to unit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wheels Locked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed in lowest position: <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed Alarm on: <input type="checkbox"/> Yes <input type="checkbox"/> No
Offer Toileting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Rails up x2: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fall Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-skid footwear when out of bed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Keep Floor Clear of clutter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Swallow Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No

Circle the numbers that apply under each heading:

Braden Scale					
<u>Sensory Perception</u> <small>(Ability to respond to pressure r/t discomfort)</small>	<u>Moisture</u> <small>(Skin exposed to moisture)</small>	<u>Activity</u> <small>(Degree of physical activity)</small>	<u>Mobility</u> <small>(Ability to change and control body position)</small>	<u>Nutrition</u> <small>(Food intake pattern)</small>	<u>Friction/Shear</u>
No impairment (4)	Rarely Moist (4)	Walk Freq. (4)	No Limitations (4)	Excellent (4)	No Problem (3)
Slightly Limited (3)	Occ. Moist (3)	Walk Occ (3)	Slightly Limited (3)	Adequate (3)	Pot. Problem (2)
Very Limited (2)	Very Moist (2)	Chairfast (2)	Very Limited (2)	Inadequate (2)	Problem (1)
Comp. Limited (1)	Const. Moist (1)	Bedfast (1)	Immobile (1)	Very Poor (1)	

Total Score _____

An adult score <18 is at risk for developing pressure sores.

Review of Systems

Sensory

Eyes:

PERRLA: Yes No

Impaired Vision: Yes No

Glasses/Contacts: Yes No

Double Vision: Yes No

Blurred Vision: Yes No

Pain: Yes No

Inflammation: Yes No Itching: Yes No

Color Blind: Yes No

Pupils Abnormal: Yes No

Drainage: Yes No Color _____ Amount _____

Ophthalmic Medications

Labs/Diagnostic

Tests _____

Comments _____

Ears:

Impaired Hearing: Yes No R/L/Both

Deaf: Yes No R/L/Both

Hearing Aid: Yes No R/L/Both Signs/Symptoms:

Tinnitus: Yes No

↓ sense of balance: Yes No

Pain: Yes No

Drainage: Yes No Color _____ Amount _____

Otic Medications

Labs/Diagnostic

Tests _____

Comments _____

Nose:

Signs/Symptoms:

Congestion: Yes No

Pain: Yes No

Sinus problems: Yes No

Nasal Flaring: Yes No

Alignment: Yes No

Nosebleeds: Yes No -Frequency _____ Drainage:

Yes No Color _____ Amount _____

Nasal Medications

Labs/Diagnostic

Tests _____

Comments _____

Mouth:

Gums: Pink: Yes No

Tongue: Pink: Yes No

White: Yes No

Coated: Yes No

Red: Yes No

Swollen: Yes No

Bleeding: Yes No

Sore: Yes No

Ulcers: Yes No

Signs/Symptoms:

Dentures: Yes No Upper Lower Partial

Poor dentition: Yes No

Halitosis: Yes No Pain: Yes No

↓ sense of taste: Yes No

Medications

Labs/Diagnostic

Tests

Comments

Throat/Neck:

Signs/Symptoms:

Sore Throat: Yes No Hoarseness: Yes No Lumps: Yes No Swollen glands: Yes No

Stiffness Yes No Pain: Yes No Dysphagia: Yes No

Medications

Labs/Diagnostic

Tests

Comments

Neurological:

Oriented: Person Place Time Situation Disoriented

LOC: Alert Forgetful Confused Drowsy Lethargic Comatose

Speech: Clear Slurred Aphasic Dysphasia Non-verbal Other _____

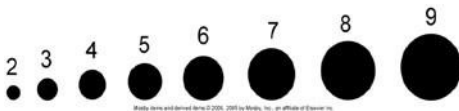
Affect: Pleasant Cooperative Withdrawn Flat Uncooperative Combative

Pupils: Right: Size: _____ PERRLA Fixed Irregular

Reaction Brisk Sluggish No Response

Left: Size: _____ PERRLA Fixed Irregular

Reaction Brisk Sluggish No Response



Grips: Right: Strong Weak Flaccid

Left: Strong Weak Flaccid

Signs/Symptoms:

Cooperative: Yes No Memory Changes: Yes No Dizziness: Yes No

Tingling: Yes No Diminished sensation: Yes No -Location _____ Tremors:

Yes No Numbness: Yes No -Location _____

Seizures: Yes No Syncope: Yes No Neuro

Medications:

Labs/Diagnostic

Tests

Comments

Circle the numbers that apply under each heading:

<u>Glasgow Coma Scale</u>		
Appropriate stimulus for Best Motor Response: verbal command or pain (apply pressure to nail bed)		
Best Verbal Response: verbal questioning with maximum arousal		
Best Eye Response: approach to bedside, verbal command, or pain		
<u>Best Motor Response</u>	<u>Best Verbal Response</u>	<u>Best Eye Response</u>
(Record best upper limb response)	(Record "E" if endotracheal tube in place, "T" if tracheostomy tube in place)	(Record "C" if eyes closed by swelling)
Obeys verbal Command (6)	Oriented x 3 (5)	Spontaneous (4)
Localizes to Pain (5)	Conversation-Confused (4)	On Command (3)
Normal Flexion (withdrawal) (4)	Speech-Inappropriate (3)	To Pain (2)
Abnormal Flexion* (3)	Sounds-incomprehensible (2)	None (1)
Abnormal Extension** (2)	No Response (1)	Unable to test (U)
No Response(1)	Unable to test (U)	
Unable to test (U)		

Total Score _____ (*abnormal flexion-decorticate rigidity) (**abnormal extension-decerebrate rigidity)

Respiratory:

Lung Sounds: Clear _____ Rales _____ Rhonchi _____
 Wheezing _____ Stridor _____ Pleural Rub _____ Decreased _____
 Absent
 Respirations: Regular Irregular Labored Unlabored Shallow Tachypnea
 Orthopnea Bradypnea Cheyne-Stokes Apnea
 Dyspnea: None With activity At rest Lying down Retractions
 Cough: None Non-productive Productive-Color _____ Amount _____ Consistency _____
 Chest Symmetry: Yes No- Barrel Funnel Other _____ Signs/Symptoms:
 Night Sweats: Yes No Hemoptysis: Yes No Clubbing: Yes No Cyanosis: Yes No
 -Location _____ Respiratory Medications: _____

Labs/Diagnostic

Tests _____

Comments _____

Respiratory Equipment:

O2 Device: Yes No Chest Tube: Yes No Tracheostomy: Yes No
 Room Air Location _____ Intact
 Cannula O2 LPM _____ Fluctuates w/ Resp. Care Provided
 Venti-Mask/ Non-Rebreather Air Leak Suction _____
 Trach Collar Crepitus
 CPAP/Bipap Suction _____
 Ventilator Secretions: Color _____ Amt _____
 Home O2

Cardiovascular:

Apical Pulse: Regular Irregular Heart Sounds: S1/S2 Audible Murmur Muffled
 Nail Beds: Normal Pale Cyanotic Clubbing Other _____ Capillary Refill:
 Brisk, < 3 sec Sluggish, >3 sec.
 AV Graft/Fistula: Yes No Bruit: Yes No Thrill: Yes No

Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity
<input type="checkbox"/> Radial	<input type="checkbox"/> Radial	<input type="checkbox"/> Dorsalis Pedis	<input type="checkbox"/> Dorsalis Pedis
<input type="checkbox"/> Brachial	<input type="checkbox"/> Brachial	<input type="checkbox"/> Posterior Tibial	<input type="checkbox"/> Posterior Tibial
<input type="checkbox"/> Normal (2+)	<input type="checkbox"/> Normal (2+)	<input type="checkbox"/> Normal (2+)	<input type="checkbox"/> Normal (2+)
<input type="checkbox"/> Weak (1+)	<input type="checkbox"/> Weak (1+)	<input type="checkbox"/> Weak (1+)	<input type="checkbox"/> Weak (1+)
<input type="checkbox"/> Bounding (3+)	<input type="checkbox"/> Bounding (3+)	<input type="checkbox"/> Bounding (3+)	<input type="checkbox"/> Bounding (3+)
<input type="checkbox"/> Doppler	<input type="checkbox"/> Doppler	<input type="checkbox"/> Doppler	<input type="checkbox"/> Doppler
<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Absent
Edema: <input type="checkbox"/> None	Edema: <input type="checkbox"/> None	Edema: <input type="checkbox"/> None	Edema: <input type="checkbox"/> None
<input type="checkbox"/> Non-pitting	<input type="checkbox"/> Non-pitting	<input type="checkbox"/> Non-pitting	<input type="checkbox"/> Non-pitting
<input type="checkbox"/> Pitting	<input type="checkbox"/> Pitting	<input type="checkbox"/> Pitting	<input type="checkbox"/> Pitting
<input type="checkbox"/> 1+ trace	<input type="checkbox"/> 1+ trace	<input type="checkbox"/> 1+ trace	<input type="checkbox"/> 1+ trace
<input type="checkbox"/> 2+ mild	<input type="checkbox"/> 2+ mild	<input type="checkbox"/> 2+ mild	<input type="checkbox"/> 2+ mild
<input type="checkbox"/> 3+ moderate	<input type="checkbox"/> 3+ moderate	<input type="checkbox"/> 3+ moderate	<input type="checkbox"/> 3+ moderate
<input type="checkbox"/> 4+ severe	<input type="checkbox"/> 4+ severe	<input type="checkbox"/> 4+ severe	<input type="checkbox"/> 4+ severe

Signs/Symptoms:

Calf Tenderness: Yes No Phlebitis: Yes No Jugular Vein Distention: Yes No
 Palpitations: Yes No Syncope: Yes No Dizziness: Yes No
 Chest pain: Yes No - Location _____ Onset _____ Duration _____ Intensity (1-10) _____

Cardiovascular

Medications _____

Labs/Diagnostic

Tests _____

Comments _____

Cardiovascular Equipment/Monitors:

Telemetry: Yes No Rhythm _____
 Pacemaker: Yes No Holter Monitor: Yes No Other: Yes No _____

Gastrointestinal:

Abdomen: Soft Firm Flat Distended Round Ascites
 Tender Rigid Obese

Bowel Sounds: present x _____ quadrants Hyperactive Hypoactive Absent Last BM: _____
 Date _____ Freq _____ Normal Loose Hard Appetite: Good Poor Recent
 Change _____

Diet: Normal (as tolerated) Soft Low Fat Diabetic _____ ADA Full Liquid
 Thin Liquid NPO Other _____

Signs/Symptoms:

Laxative Use Yes No - Type _____ Freq _____ How long _____
 Constipation: Yes No Diarrhea: Yes No Nausea: Yes No
 Vomiting: Yes No Incontinent: Yes No Hemorrhoids: Yes No Heartburn:
 Yes No GERD: Yes No Pain: Yes No
 Rectal bleeding: Yes No Black Stools: Yes No
 Weight gain/loss: Yes No -Amt _____ Rectal Tube: Yes No -Insertion Date _____
 Ostomy: Yes No Colostomy Ileostomy Other _____

GI Medications _____

Labs/Diagnostic

Tests _____

Comments _____

Gastrointestinal Equipment:

- | | | |
|---|--|--|
| NG Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No | Feeding Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type/Rate Feeding _____ |
| <input type="checkbox"/> Placement verified | <input type="checkbox"/> NG Tube | Tube Drainage: <input type="checkbox"/> None |
| <input type="checkbox"/> Low Suction | <input type="checkbox"/> Duotube | <input type="checkbox"/> Green |
| <input type="checkbox"/> Continuous | <input type="checkbox"/> PEG Tube | <input type="checkbox"/> Bloody |
| <input type="checkbox"/> Intermittent Suction | <input type="checkbox"/> Bolus | <input type="checkbox"/> Coffee Ground |
| <input type="checkbox"/> Clamped | <input type="checkbox"/> Continous | <input type="checkbox"/> Other _____ |

Genitourinary:

- Urine: Color _____ Amt _____ Yes No Sediment Signs/Symptoms:
- | | | |
|---|---|--|
| Frequency: <input type="checkbox"/> Yes <input type="checkbox"/> No | Flank pain: <input type="checkbox"/> Yes <input type="checkbox"/> No | Incontinent: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retention: <input type="checkbox"/> Yes <input type="checkbox"/> No | Burning: <input type="checkbox"/> Yes <input type="checkbox"/> No | Stress Incon/Dribbling: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nocturia: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hematuria: <input type="checkbox"/> Yes <input type="checkbox"/> No | Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hx of UTI: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hx of calculi: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GU Medications _____

Labs/Diagnostic _____

Tests _____

Comments _____

Genitourinary Equipment:

- | | |
|--|---|
| Foley Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No | Bladder Irrigation : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Inserted _____ | Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Changed _____ | Urostomy: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reproductive:

Female:

- | | | |
|---|---|---|
| LMP _____ G _____ P _____ | Last Pap _____ | |
| Birth Control: <input type="checkbox"/> Yes <input type="checkbox"/> No | Menopausal: <input type="checkbox"/> Yes <input type="checkbox"/> No -How long? _____ | |
| Vaginal Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hormone Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No | Lesions: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Itching: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dysmenorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No | Amenorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No Hx STD |
| exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hysterectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Breast Do SBE Monthly: <input type="checkbox"/> Yes <input type="checkbox"/> No | Lumps: <input type="checkbox"/> Yes <input type="checkbox"/> No | Breast feeding: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nipple Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dimpling: <input type="checkbox"/> Yes <input type="checkbox"/> No | Symmetry: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nipple inversion: <input type="checkbox"/> Yes <input type="checkbox"/> No | Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Last Dr. Exam _____ | Last Mammogram _____ | |

Male:

- | | | |
|--|--|---|
| Last Prostate Exam _____ | Last PSA _____ | |
| Penile discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hernias: <input type="checkbox"/> Yes <input type="checkbox"/> No | Sores: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do STE Monthly: <input type="checkbox"/> Yes <input type="checkbox"/> No | Testicular lumps: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hx STD exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scrotal Swelling: <input type="checkbox"/> Yes <input type="checkbox"/> No | Scrotal Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Breast Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No | Lumps: <input type="checkbox"/> Yes <input type="checkbox"/> No | Swelling: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> No | | Discharge: <input type="checkbox"/> Yes |
- Medications _____

Labs/Diagnostic

Tests _____

Comments _____

Hematological:

Signs/Symptoms:

Bruising: Yes No

Anemia-Hx: Yes No

Anemia-Current: Yes No

Anticoagulant Use: Yes No

Blood Transfusion-Hx: Yes No

Medications _____

Labs/Diagnostic

Tests _____

Comments _____

Endocrine:

Thyroid: Hypothyroidism Hyperthyroidism Signs/Symptoms:

Polydipsia: Yes No

Polyuria: Yes No

Polyphagia: Yes No

Intolerance to heat or cold: Yes No

Excessive bleeding/bruising: Yes No Diabetes

Mellitus: Type I

Type II - Diet Controlled None

PO meds

Insulin

FSBS Range _____ Frequency checked _____ FSBS checked performed- result _____

Medications _____

Labs/Diagnostic

Tests _____

Comments _____

Musculoskeletal:

Signs/Symptoms:

Fractures: Yes No

Inflammation: Yes No

Swelling: Yes No

Stiffness: Yes No

Tremors: Yes No

Back Problems: Yes No

History DVT: Yes No

Crepitus: Yes No

Joint Replacement: Yes No Location _____ Date _____

Extremities:

Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity
NSF: <input type="checkbox"/> Yes <input type="checkbox"/> No	NSF: <input type="checkbox"/> Yes <input type="checkbox"/> No	NSF: <input type="checkbox"/> Yes <input type="checkbox"/> No	NSF: <input type="checkbox"/> Yes <input type="checkbox"/> No
Weakness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weakness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weakness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weakness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tingling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tingling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tingling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tingling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Numbness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deformity: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deformity: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deformity: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deformity: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contracture: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracture: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracture: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracture: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amputation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amputation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amputation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amputation: <input type="checkbox"/> Yes <input type="checkbox"/> No

Muscle Strength:

Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity
<input type="checkbox"/> Strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Strong
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Paralysis
<input type="checkbox"/> ROM-Normal	<input type="checkbox"/> ROM-Normal	<input type="checkbox"/> ROM-Normal	<input type="checkbox"/> ROM-Normal
<input type="checkbox"/> ROM-Impaired	<input type="checkbox"/> ROM-Impaired	<input type="checkbox"/> ROM-Impaired	<input type="checkbox"/> ROM-Impaired
<input type="checkbox"/> Overcomes Resistance	<input type="checkbox"/> Overcomes Resistance	<input type="checkbox"/> Overcomes Resistance	<input type="checkbox"/> Overcomes Resistance
<input type="checkbox"/> Overcomes Gravity	<input type="checkbox"/> Overcomes Gravity	<input type="checkbox"/> Overcomes Gravity	<input type="checkbox"/> Overcomes Gravity
<input type="checkbox"/> Twitch of Muscle	<input type="checkbox"/> Twitch of Muscle	<input type="checkbox"/> Twitch of Muscle	<input type="checkbox"/> Twitch of Muscle

Current Mobility: Ambulate w/o help Ambulate w/ help Up in Chair Not Ambulatory

Level of Assistance: None needed Amb w/ family/friend Min assist Mod assist
 Max assist Assist x 1 Assist x 2 or more

Gait: Steady Unsteady Balance: Steady Unsteady

Medications _____

Labs/Diagnostic _____

Tests _____

Comments _____

Musculoskeletal

Equipment:

Ambulatory Device: Yes No
 Cane
 Walker
 Wheelchair
 Mobilized Scooter

Shower Chair: Yes No
Traction: Yes No
Crutches: Yes No
Prosthesis: Yes No
Trapeze Bar: Yes No
CPM: Yes No
Ice Pack: Yes No

Bedside Commode: Yes No
Immobilizer: Yes No
Brace: Yes No
Cervical Collar: Yes No
TED Hose: Yes No
SCDs: Yes No
Abduction Pillow: Yes No

ADLS:

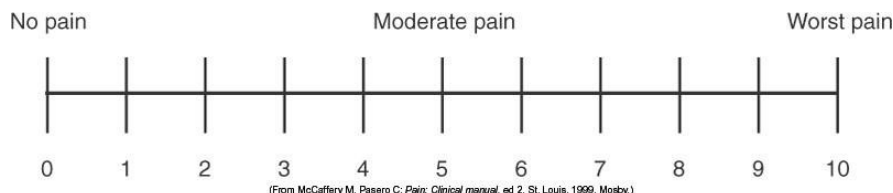
Bathing: Self-care Supervise Assist Total Shower Tub Bed bath

Toileting: Self-care Supervise Assist Total Bedside Comm Bedpan

Urinal Bathroom Privileges

Feeding: Self-feed Assist Total

Pain:



Stated Pain level _____ Pain stated location _____ Pain Frequency: Constant Intermittent

Pain Descriptors: Aching Burning Dull Numb Pressure Radiating
 Sharp Throbbing Stabbing

Pain Intervention: Medication _____ Repositioning Other _____

Other Nonverbal Pain indicators: Grimacing Guarding Splinting Changes in VS

Medications _____

Labs/Diagnostic

Tests

Comments

Intravenous Therapy (IV): none present

IV Site #1	IV Site #2	IV Site #3
Location:	Location:	Location:
IV Type: <input type="checkbox"/> Venous <input type="checkbox"/> Central Line <input type="checkbox"/> Arterial Line <input type="checkbox"/> Porta Cath <input type="checkbox"/> PICC Line <input type="checkbox"/> Dialysis Catheter	IV Type: <input type="checkbox"/> Venous <input type="checkbox"/> Central Line <input type="checkbox"/> Arterial Line <input type="checkbox"/> Porta Cath <input type="checkbox"/> PICC Line <input type="checkbox"/> Dialysis Catheter	IV Type: <input type="checkbox"/> Venous <input type="checkbox"/> Central Line <input type="checkbox"/> Arterial Line <input type="checkbox"/> Porta Cath <input type="checkbox"/> PICC Line <input type="checkbox"/> Dialysis Catheter
IV Gauge:	IV Gauge:	IV Gauge:
Date Started:	Date Started:	Date Started:
Patent, Fluids Infusing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Patent, Fluids Infusing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Patent, Fluids Infusing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patent, Saline Lock <input type="checkbox"/> Yes <input type="checkbox"/> No	Patent, Saline Lock <input type="checkbox"/> Yes <input type="checkbox"/> No	Patent, Saline Lock <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Site Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Site Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Site Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No
Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No	Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No	Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Infiltrated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Infiltrated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Infiltrated: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Line Flushed: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Line Flushed: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Line Flushed: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Dressing Changed: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Dressing Changed: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Dressing Changed: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Fluid Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Fluid Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Fluid Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Tube Change: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Tube Change: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Tube Change: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Tubing Labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Tubing Labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Tubing Labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No
IV Site Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Site Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No	IV Site Discontinued: <input type="checkbox"/> Yes <input type="checkbox"/> No

Medications

Labs/Diagnostic

Tests

Comments

Integumentary:

Skin: Dry Intact Moist Diaphoretic Clammy Fragile Warm
 Hot Cool Other _____

Skin Color: Pink Pale Dusky Cyanotic Jaundice Mottled Other _____ Turgor:

Elastic Non-Elastic Mucosa: Moist Dry Intact Other Signs/Symptoms:

S/s of Infection: Yes No Bruises: Yes No Change in Mole: Yes No

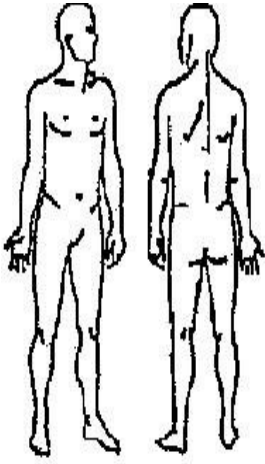
Erythema: Yes No Petechiae: Yes No Pruritis: Yes No

Rash: Yes No Scar: Yes No

Medications

Labs/Diagnostic Tests

Comments



Wounds: none present

Please mark an "X" indicating the locations of any wounds or skin problems. Number them as necessary

Wound #1	Wound #2	Wound #3
Location:	Location:	Location:
Measurements: ____cm L x ____cm W x ____cmD	Measurements: ____cm L x ____cm W x ____cmD	Measurements: ____cm L x ____cm W x ____cmD
Drainage Amt: <input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Drainage Amt: <input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Drainage Amt: <input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Purulent	Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Purulent	Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Purulent
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dehiscid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dehiscid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dehiscid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
S/S of Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No	S/S of Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No	S/S of Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Redness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No	Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No	Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry: <input type="checkbox"/> Yes <input type="checkbox"/> No

- Drain Present: Yes No
- none
 - Penrose
 - Hemovac
 - Jackson-Pratt (JP)
 - T-tube
 - Other _____

- Wound Action Taken:
- Dressing Change performed
 - Wound Med applied _____
 - Drain Device Removed
 - Drain Emptied
 - Other _____

Notes:

—
Nurse Signature: _____

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462

Client Teaching Plan Form

Turn this form in to the assignment link in your clinical course in Canvas. The grading rubric is attached.

Student's Name: [Click or tap here to enter text.](#) Date: [Click or tap here to enter text.](#)

Instructions:

1. Must be related to actual clinical assignment and preferably covering a topic related to theory for this semester.
2. At least one reference must be included. If using an Internet based content, provide documentation of professional validity.
3. Any written information given to the client must be from a hospital approved source.

Client's Primary Problem: [Click or tap here to enter text.](#)

Subject Taught: [Click or tap here to enter text.](#)

Client Behavioral Objectives: As a result of this teaching, the client will: (Include action verb and expected learning.)

[Click or tap here to enter text.](#)

Content of Presentation: (Write out a summary including the main points and terms you taught or covered with your client.)

[Click or tap here to enter text.](#)

Unanticipated Questions/Challenges: (Where there any questions the client asked during the teaching that you were not prepared to answer or had to look up additional information to complete the teaching? What challenges did you face in preparing and performing the teaching?)

[Click or tap here to enter text.](#)

Evaluation: (Of each objective)

What statements or behaviors made by the client indicate teaching was either effective or ineffective?

[Click or tap here to enter text.](#)

How would you alter your teaching plan to meet the needs of other client populations?
List at least 3 strategies you could use to address the needs of the population. (Select one situation from the following list or come up with one of your own.)

4 year old patient

11 year old patient

16 year old patient

88 year old patient

Visually impaired patient

Hearing impaired patient

Asian-American with traditional cultural beliefs

Non-English speaking patient

Patient with expressive aphasia

Native-American with traditional cultural beliefs

Patient who is developmentally delayed

[Click or tap here to enter text.](#)

List the teaching resources used. (Remember to attach documents.)

[Click or tap here to enter text.](#)

Client Teaching Plan Evaluation – Grading Rubric

Grading Criteria:	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1) Teaching plan form completed		
A. Behavioral Objectives		
B. Eval. Criteria for each objective		
2) Summary of teaching with main points and terms are provided		
3) Three strategies are listed for teaching another client population		
4) Appropriate references attached and include documentation of professional validity		

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
Grand Rounds Presentation

Student Learning Objectives

1. Analyze a clinical situation in which additional nursing knowledge might have impacted the outcome of patient care.
2. Analyze the relationship between the assessment findings, diagnostic test results, and prescribed treatments for your assigned patients.
3. Describe how collaboration with peers and other IDT members impacted the outcome of care for your assigned patients.
4. Analyze the impact of professionalism, ethical, and legal principles impact the care for your assigned patients.

Criteria that must be included in presentation to achieve a “Satisfactory” grade:

Client Demographics: gender, age race, cultural background

Primary Medical Diagnosis:

Definition

Etiology

Pathophysiology

Expected prognosis

Client's course of hospitalization:

Client's actual clinical manifestations:

Identify 4 Priority nursing concerns:

1 problem addressing learning needs

1 problem addressing psychosocial needs

2 additional priority problem

Nursing care implemented related to the nursing concerns:

Critical thinking skills needed to plan, implement and evaluate care.

Clinical skills needed in the implementation of care.

Communication skills needed in the implementation of care.

Caring interventions incorporated in the implementation of care.

Correlation of client's prescribed medications to diagnosis and manifestations:

Correlation of client's diagnostic test results (lab, radiology & others) to diagnosis & manifestations:

Client teaching that was implemented, or that needs to be implemented:

Content

2 Objectives

Evaluation of teaching

Collaboration with health care team Tasks which were/could be delegated in the implementation of nursing care (and to whom) Examples of collaboration with professional members of the health care team (MD, RD, PT)

Ethical-legal issues related to client's plan of care

Components for a successful presentation:

Professional presentation; approximately 20- 30 minutes in length

Audiovisuals aids; such as posters or overheads may be used (handouts are not required)

Utilize evidence based peer reviewed journal with at least one article from GC library database

Student Name _____

Date _____

Grading Sheet for Grand Rounds Presentation
(Turn in to instructor when presenting Grand Rounds)

Criteria that must be included in presentation to achieve a "Satisfactory"	Satisfactory	Unsatisfactory
Client Demographics: gender, age race, cultural background		
Primary Medical Diagnosis:		
<ul style="list-style-type: none"> Definition Etiology Pathophysiology Expected prognosis 		
Client's course of hospitalization		
Client's actual clinical manifestations:		
Priority nursing concern: 1 problem addressing learning needs 1 problem addressing psychosocial needs 2 additional priority problem		
Nursing care implemented related to the four nursing concerns listed above: Critical thinking skills needed to plan, implement and evaluate care. Clinical skills needed in the implementation of care. Communication skills needed in the implementation of care. Caring interventions incorporated in the implementation of care.		
Correlation of client's prescribed medications to diagnosis and manifestations:		
Correlation of client's diagnostic test results (lab, radiology & others) to diagnosis & manifestations		
Client teaching that was implemented, or that needs to be implemented: <ul style="list-style-type: none"> Content 2 Objectives Evaluation of teaching 		
Collaboration with health care team: <ul style="list-style-type: none"> Tasks which were/could be delegated in the implementation of nursing care (and to whom) Examples of collaboration with professional members of the health care team (MD, RD, PT) 		
Ethical-legal issues related to client's plan of care		
Professional presentation; approximately 20- 30 minutes in length		
Audiovisuals aids; such as posters or overheads may be used (handouts are not required)		
Utilize evidence based peer reviewed journal with at least one article from GC library database		

GRAYSON COLLEGE
Associate Degree Nursing
RNSG 2462

Team Leader Rounds/Checklist: Day Shift

The goal is to make rounds with each team member immediately after getting report from the night shift, or as soon as 7:30 meds are given. Make rounds alone if team member is unavailable. Communicate with team members often!!!!

Team member:

Room #:									
First rounds:									
Basic homeostasis intact/ no acute distress									
IV: Correct solution, rate, additives IV site ok/ type of site identified									
Oxygen as ordered									
Dressings, drains, suction, therapies as ordered & intact									
Dialysis access intact (Tessio, fistula, graft, etc.)									
Safety: siderails, call bell, restraints, Bed in low position, look, check, connect Client ID bands: ID, allergy, DNR									
Special signs needed: NPO, No BP, isolation									
Mid-morning checks:									
0800 VS charted									
0730, 0800, 0900 meds given									
Needed flow sheets in use (Blood sugars, restraints, decub, etc.)									

New orders completed (meds, etc.)									
Look, check, connect									
End of shift rounds w TM &/or Instructor									
Basic homeostasis intact/ no acute distress									
IV: Correct solution, rate, additives IV site ok									
Oxygen as ordered									
Dressings, drains, suction, therapies as ordered & intact									
Dialysis access intact (Tessio, fistula, graft, etc.)									
Safety: siderails, call bell, restraints, Bed in low position, look, check, connect Client ID bands: ID, allergy, DNR									
Special signs needed: NPO, No BP, isolation									
End of shift checks									
1600 VS charted									
Care plans updated/revised									
All meds given, MARs signed									
All new orders completed									
All nsg notes completed, given to staff nurse									
Report given to staff nurse									

Grayson College
Associate Degree Nursing
RNSG 2462

Team Leader Rounds/Checklist: Evening Shift

The goal is to make rounds with each team member immediately after getting report from the primary RN, or as soon as 3:00 meds are given. Make rounds alone if team member is unavailable. Communicate with team members often!!!!

Team member:

Room #:									
First rounds:									
Basic homeostasis intact/ no acute distress									
IV: Correct solution, rate, additives IV site ok/ type of site identified									
Oxygen as ordered									
Dressings, drains, suction, therapies as ordered & intact									
Dialysis access intact (Tessio, fistula, graft, etc.)									
Safety: siderails, call bell, restraints, Bed in low position, look, check, connect Client ID bands: ID, allergy, DNR									
Special signs needed: NPO, No BP, isolation									
Mid-afternoon checks:									
VS charted									
1500, 1600, 1700, meds given									
Needed flow sheets in use (Blood sugars, restraints, decub, etc.)									
New orders completed (meds, etc.)									

Look, check, connect									
Late afternoon-evening checks:									
VS charted I&O as required									
1800 meds given									
Care plans updated/revised									
End of shift rounds w TM &/or Instructor									
Basic homeostasis intact/ no acute distress									
IV: Correct solution, rate, additives IV site ok									
Oxygen as ordered									
Dressings, drains, suction, therapies as ordered & intact									
Dialysis access intact (Tessio, fistula, graft, etc.)									
Safety: siderails, call bell, restraints, Bed in low position, look, check, connect Client ID bands: ID, allergy, DNR									
Special signs needed: NPO, No BP, isolation									
End of shift checks									
All meds given, MARs signed, Nsg notes ck.									
All new orders completed									
All I & O recorded, IV pumps cleared									
Report given to staff nurse & oncoming SN									

Team Leader: Unit:

Date:

Team Member	Rm #	Client initials Age/Gender CPR status, Dr.	Medical Diagnoses & Significant Labs	IV Fluids, Tubes, Treatments	Parenteral Meds (IV, IM, SC)	Parenteral Med Times

Grayson College
Associate Degree Nursing Program
Clinical Objectives May include any of the objectives for previous
clinical courses, as well as those listed for each course.

	RNSG 1460	RNSG 1461	RNSG 2462	RNSG 2463
<i>Member of the Profession</i>				
Professionalism	<p>Describe professional behaviors and attitudes observed on your assigned unit.</p> <p>Describe a clinical situation you observed which involved an ethical issue.</p> <p>Describe a clinical situation you observed which involved a legal issue</p>	<p>Describe how you demonstrated professional behaviors in the provision of care to your assigned patients.</p> <p>Describe how you used an ethical principle to in planning and implementing care for your assigned patients.</p> <p>Describe how you used a legal principle in planning and implementing care for your assigned patients.</p>	<ol style="list-style-type: none"> 1. Analyze the impact of professionalism on the outcome of care for your assigned patients. 2. Analyze the impact of ethical principles in the outcome of care for your assigned patients. 3. Analyze the impact of legal principles in the outcome of care for your assigned patients. 	<p>Analyze the impact of professionalism on patient care outcomes on your assigned unit.</p> <p>Analyze a clinical situation that involved an ethical dilemma.</p> <p>Analyze legal considerations that impact the outcome of care for patients on your assigned unit.</p>

Personal Accountability	Describe a situation where you took personal accountability for your actions within the clinical setting.	Analyze the outcome of a situation in which you assumed personal accountability for your actions in the clinical setting.	4. Implement a plan to address your personal learning needs in the clinical setting.	Evaluate strategies you implemented to address your personal learning needs in the clinical setting.
-------------------------	---	---	--	--

Advocacy	Describe a specific clinical situation which involved advocacy.	Describe how you acted as an advocate for your assigned patient.	5. Analyze how patient advocacy impacted the outcome of patient care in a clinical situation.	Analyze how you independently advocated on behalf of your patients, families, self, or the profession.
<i>Provider of Patient-Centered Care</i>				

<p>Clinical Decision Making</p>	<p>Describe the nursing knowledge needed to plan safe, effective care for your assigned patient.</p>	<p>Describe how your assigned patient's plan of care relates to your assessment findings.</p> <p>Describe a patient care situation in which clinical decision making skills impacted the outcome of patient care.</p>	<p>6. Analyze a clinical situation in which additional nursing knowledge might have impacted the outcome of patient care.</p> <p>7. Analyze a clinical situation in which decision making skills impacted the outcome of patient care.</p>	<p>Discuss how the nurse manager on your assigned unit uses nursing knowledge in the management of care for the patients on the unit.</p> <p>Analyze how your use of decision making skills impacted the outcome of patient care for a group of patients.</p>
<p>Patient Teaching</p>	<p>Describe your assigned patient's response to the teaching you provided</p>	<p>Discuss the principles underlying your approach to patient teaching for your assigned patients.</p>	<p>8. Analyze a clinical situation in which the strategies used to provide patient teaching impacted the outcome of patient care.</p>	<p>Analyze how your approach to patient teaching impacted the outcome of patient care.</p>
<p>Caring Approach</p>	<p>Describe caring interventions you used in the care of your assigned patient.</p>	<p>Describe a patient care situation in which the implementation of a caring approach impacted the outcome of patient care.</p>	<p>9. Analyze how a caring approach impacted the outcome of patient care in a clinical situation.</p>	<p>Analyze the utilization of a caring approach to meet the needs of a diverse patient population</p>

Resource management	Identify resources available to you in the provision of care for your assigned patient.	Describe how your use of resources impacted the outcome of your patient care.	10. Discuss the role of the nurse in ensuring adequate resources for patient care.	Analyze how availability of adequate resources impacts outcomes of care on your assigned unit.
Skill Competency	Describe skills used to ensure safe, effective care. Discuss the importance of the rights of medication administration. Identify factors that may impact safe medication administration on your assigned unit.	Analyze the effectiveness of the skills you used in the care of your patients. Analyze the effectiveness of the strategies you used to organize medication administration for your assigned patients.	11. Analyze a clinical situation in which effective time management skills impacted the outcome of patient care. 12. Evaluate a clinical situation in which the approach to medication administration impacted the outcome of patient care.	Analyze the effectiveness of the strategies you used to care for a group of patients. Discuss alternate approaches to promote safe medication administration.
Patient Safety Advocate				
Safety	Describe measures you used to promote a safe environment for your patient, self, and others.	Discuss measures you used to promote a safe environment for your patients, self, and others.	13. Analyze measures used to promote a safe environment for patients, self, and others.	Evaluate measures to promote a safe environment for patients, self, and others.

Risk Reduction	Describe how abnormal values (vital signs; diagnostic test findings) reflect increased risk for your assigned patient.	Describe the diagnostic test results, prescribed medications and/or treatments for your assigned patients.	14. Analyze the relationship between the assessment findings, diagnostic test results, and prescribed treatments for your assigned patients. 15. Analyze how the implementation of	Analyze the impact of evidence-based practice on the outcomes of care on your assigned unit. Describe a clinical situation where failure to rescue could lead to potential harm.
			risk reduction strategies impacted the outcome of care for your assigned patients.	
Member of the Health Care Team				
Communication	Identify communication skills used in the care of your assigned patient.	Describe a patient care situation in which therapeutic communication skills impacted the outcome of patient care.	16. Analyze a clinical situation in which therapeutic communication skills impacted the outcome of patient care.	Analyze how your use of therapeutic communication skills impacted the outcome of patient care.

<p>Collaboration & Coordination</p>	<p>Describe activities you used to encourage participation of the patient, family, and/or health care team to meet patient needs.</p> <p>Describe the role of a nonnurse member of the interdisciplinary healthcare team.</p>	<p>Describe how varying members of the IDT healthcare team impacted the outcome of care for your assigned patient.</p>	<p>17. Describe how your collaboration with other IDT members impacted the outcome of care for your assigned patients.</p>	<p>Analyze strategies you used to promote effective collaboration.</p>
---	---	--	--	--

SBAR Communication with a Health Care Provider

(Always follow appropriate Chain of Command)

S	<p><u>Situation</u></p> <p>This is: <i>identify self and agency / location</i></p> <p>I am calling about: <i>Patient name and location, Physician's name</i></p> <p>The problem I am calling about is: <i>briefly state the situation, what it is, when it happened or started, and how severe the problem is.</i></p>
B	<p><u>Background</u></p> <p>Have available any pertinent background information/ past medical history related to the situation. Might include:</p> <ul style="list-style-type: none"> Admitting diagnosis / date of admission Review of most recent progress notes / nurses notes Current medications, allergies, IV fluids, restrictions Special directives (code status, isolation, restraints, etc.) Most recent vital signs Lab results: significant / appropriate and compare to previous results Current / previous treatments used & how pt. responded Brief systems review: (specific to problem) <ul style="list-style-type: none"> Cardiac status Respiratory status Neurological / mental status
A	<p><u>Assessment</u></p> <p>This is what I think the situation is: <i>say what you think the problem is.</i></p> <p>If unsure of the problem: <i>"I do not know what is going on; but the patient is _____"</i></p> <p style="padding-left: 100px;"><i>"I thought you would want to know about this situation _____"</i></p> <p><i>deteriorating.</i></p> <p><i>/ lab value / change in _____</i></p> <p style="text-align: center;"><i>condition / etc."</i></p>
R	<p><u>Recommendation</u></p> <p>What is the nurse's recommendation; or what does the nurse need / want from the health care provider?</p> <p>Are any tests needed?</p> <p>Is a change in treatment needed?</p> <p>Does the patient need to be seen immediately?</p>

Documentation should include:

- 1) **Date and time healthcare provider notified, or report given. If multiple attempts were made; document time of each attempt.**
- 2) **Healthcare providers response to communication, orders received, and that "read back" of orders was completed.**

ASSOCIATE DEGREE NURSING
 CLINICAL PERFORMANCE EVALUATION TOOL
 Nursing 3 - RNSG 2462

STUDENT _____

Term _____

Instructor _

Clinical
 Facility _

I have read this evaluation tool and understand that my clinical performance will be evaluated according to these criteria.

Date: _____

Signature: _

1. The student shares the responsibility for seeking opportunities for evaluation.
2. Definition for criteria for clinical evaluation:
 S - (Satisfactory) Student demonstrates an average score of 3.0 (75%) on expected behaviors.
 U - (Unsatisfactory) Student demonstrates an average score below 3.0 (75%) on expected behaviors.
3. In order to pass clinical, the student must achieve Satisfactory on all items identified with an asterisk at the time of final evaluation.

RNSG 2462 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
<u>I. MEMBER OF THE PROFESSION</u>					
1. Professionalism					
*a. Maintains confidentiality					
*b. Seeks appropriate supervision and direction.					
*c. Adheres to agency policies					
*d. Demonstrates positive, respectful demeanor and approach to others.					
2. Personal Accountability					
*a. Demonstrates accountability through insightful self-evaluation.					
*b. Adheres to ADN program policies.					
*c. Meets requirements for attendance.					
*d. Meets requirements for written assignments.					
*e. Implements instructions from instructor and licensed personnel.					
*f. Assumes responsibility for achievement of learning outcomes.					

RNSG 2462 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS	
	S	U	S	U		
3. Advocacy						
*a. Identifies situations of concern to assigned patients and families.						
*b. Reports situations of concern in an effective manner.						
*c. Acts on behalf of patients and families in an effective manner.						
II. PROVIDER OF PATIENT CENTERED CARE						
4. Clinical decision making in the provision of Care						
*a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge.						
*b. Obtains report/gathers needed information before assuming care of the patient.						
*c. Completes focused assessment within one hour of report.						
*d. Analyzes assessment data to plan and prioritize care.						
*e. Report abnormal findings to instructor and staff.						
*f. Completes assigned care according to priorities.						
*g. Evaluates nursing care.						
*h. Uses outcomes of care to revise the plan of care.						
*i. Documents nursing care: Accurate, legible, concise, Timely.						
*j. Reports patient's condition and summary of care at the end of clinical day.						
*k. Organize and manage time effectively.						
5. Patient Teaching						
*a. Provides appropriate explanations prior to implementing care.						
*b. Implements teaching plans.						
*c. Documents effectiveness of patient teaching.						

RNSG 2462 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
6. Caring approach to diverse patients and Families					
*a. Provides considerate, non-judgmental, and respectful care.					
*b. Offers self in a therapeutic manner within professional boundaries.					
7. Effective use of Resources					
*a. Uses appropriate resources to ensure safe, effective care:					
Human: faculty, staff, patient, HCP, families					
Information: medical record, report, current data, policies, references, worksheets					
8. Skill Competency					
*a. Performs skills/tasks correctly.					
*b. Safe Medication Administration:					
1. Demonstrates knowledge of medications being given.					
2. Identifies unsafe/or inaccurate drug orders and practices.					
3. Calculates dosages accurately.					
4. Demonstrates use of patient's rights.					
5. Demonstrates correct administration procedures.					
6. Documents medication administration correctly.					
*c. Completes skills/tasks in an organized, efficient manner.					
*d. Ensures patient comfort and privacy during tasks.					
*e. Evaluates and reports patient outcomes following skills.					
III. PATIENT SAFETY ADVOCATE					

RNSG 2462 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
9. Safety					
*a. Adheres to recognized safety standards.					
10. Risk Reduction					
*a. Implements care to reduce patient risk.					
*b. Uses evidence-based guidelines to impact quality of care.					
<u>IV MEMBER OF THE HEALTH CARE TEAM</u>					
11. Communication					
*a. Manages information using available technology.					
*b. Communicates information accurately an in a timely manner: Written and Verbal					
*c. Clearly identifies self and student nurse role to patient, family, and healthcare team.					
12. Collaboration & Coordination					
*a. Negotiates mutually agreeable solutions with others.					
*b. Elicits participation of patient, family, and HC team members.					
*c. Accepts criticism in a constructive manner.					
13. Demonstrates skill as a team leader					
a. Makes team assignments when team leader.					
b. Makes critical patient needs assessments during nursing rounds.					
c. Identifies, assesses team member's activities when team leader.					
d. Reviews information documented on patient chart and kardex.					
e. Assist team members when appropriate.					
f. Accepts accountability for team member actions.					

RNSG 2462

Date _____ Mid-Rotation Grade _____ Absences _____

Instructor Comments:

Instructor Signature: _____ Student Signature: _____

Date _____ Final Grade _____ Absences _____

Specialty Rotations satisfactorily completed	Mental Health	Simulation	OR
Required paperwork/presentations satisfactorily completed		Yes	No

Instructor Comments:

IV Start	_____
IVP	_____
IVPB	_____
Other	_____

Instructor Signature: _____ Student Signature: _____

Shadow Health

- 1) Make sure you are enrolled in Shadow Health. The instructor will provide you with the PIN you will need to enroll.

RNSG 2414 Spring 2020

RNSG 2414

PIN: 4050-9438-7828-3875

If you have used Shadow Health before:

- You will need to complete the complex patient case, the complex medication math, and make sure you have completed the anti -asthmatics, anti-hypertensives, and the anti-diabetic concept labs.

- 3) The assignment will be due on Friday the week of your SIM.