Kingsborough Community College
The City University of New York
Department of Nursing

Nursing 1000 – LPN to RN Bridge Course
Course Syllabus: Spring 2026

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Credit – Hours: 3 credits, 5 hours.	
Pre-requisites: Active LPN license, PSY 1100; BIO 1100; SCI 2500; ENG 12	
Co-requisites: BIO 1200, ENG 2400, BIO 5100*, PSYCH 3200, SOC 3100 You must have taken BIO 5100 before Nursing2000/Nursing 2200 as per the degree map	

COURSE DESCRIPTION

This course provides a bridge for Licensed Practical Nurses (LPNs) pursuing their RN licensure. Course content will include fundamentals ,medical surgical nursing, pharmacology, and nutrition nursing concepts. The nursing process and informed decision-making are emphasized. Students will develop appropriate nursing plans of care and emphasis will be placed on formulating evidence- based outcomes using shared decision making.

This course is part of an LPN to RN Bridge Program (LRN), which provides a structured opportunity for Licensed Practical Nurses (LPNs) to demonstrate proficiency in Fundamentals, Medical Surgical Nursing, Pharmacology and Nutrition Nursing concepts. These areas of proficiency are embedded in NUR 1700 – Calculations for Medication Administration (1 credit), NUR 1800 – Fundamentals of Nursing (7 credits), and NUR 2100 –Nursing the Ill Adult I (9 credits). Nursing the adult patient with common recurring health problems includes nursing interventions based on physiological and psychological needs of adult patients. This course introduces the students to the nursing care of the adult patient who has common recurring health problems. The physiological and psychological needs of the adult patient are addressed through Quality and Safety for Nurses (QSEN) Initiative incorporating the concepts of patient centered care, teamwork and collaboration, evidence-based practice, safety, quality improvement and informatics; the Nursing Process; and the Categories of Client Needs.

Classroom instruction and laboratory sessions are at the college and are held weekly throughout the semester. Learning is enhanced through synchronous and asynchronous assignments. During the college laboratory, concepts and principles discussed in previous classes are used as the basis for performing therapeutic nursing interventions. Each college lab experience is preceded and followed by a conference where the expected student learning outcomes are discussed and evaluated. Individual and group assignments are utilized for laboratory experiences. Class work for the typical week consists of: three (3) hours of classroom instruction and two (2) hours college laboratory experiences. It is mandatory for students to engage in additional practice for the development of skills. Provisions are available

for additional time in the college laboratory for practice. These hours vary by semester so please read the posted hours on the lab door (M-421).

Students who successfully complete the course with a minimum grade of "C" will receive Credit for Prior Learning (CPL) for NUR 1700, NUR 1800, and NUR 2100, allowing the student to obtain advanced standing within the Nursing program and completing the clinical component of the program within three semesters. This would provide for an earlier transfer to a BSN program, which students are required to do within 10 years of receiving their RN.

Welcome to the Nursing 1000- LPN to RN Bridge Course. Congratulations on selecting Kingsborough Community College for the pursuit of your nursing degree.
The NUR 1000 faculty is committed to serving students from all diverse backgrounds and viewpoints. The diversity of our KCC students is a resource, a strength, and a significant benefit. Therefore, it is expected that we maintain an atmosphere of mutual respect for diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture in class, simulation lab, and in the clinical setting.

The nursing faculty is committed to your success and well-being. This class will cover common health problems in adult patients, as well as aspects of nursing concepts, including fundamentals, nutrition, pharmacology, and medical-surgical nursing. The faculty is aware of the stress and volume of work that lies ahead, and we are here every step of the way to support and guide you. If you encounter any academic difficulties during this course, please reach out. We are here

to offer guidance, support, resources, and develop strategies for effective learning and study habits. In addition, we encourage you to lean on one another for support.
If you experience other hardships and challenges, please take advantage of the available resources at KCC (http://www.kbcc.cuny.edu/arc/Homepage.html).

Together we are better.

Throughout the semester, important information will be shared with you via email and in the announcement section on Brightspace. It will be very beneficial to you to check these frequently, and have your KCC email on your phone to avoid missing any pertinent information.

COURSE STUDENT LEARNING OUTCOMES (SLOs)
The following course SLOs apply when caring for a diverse population of adult patients and family experiencing both chronic and acute long-term health alterations in a variety of health care settings. Upon completion of NUR 1000, using the Nursing Process in a variety of health care settings the student will:

Course SLOs

1.	Demonstrate safe nursing practices while delivering patient centered care to adults with acute and chronic illnesses..
2.	Initiate priority nursing interventions that are specific to the adult patient.
3.	Utilize evidence based practice when providing nursing care.
4.	Integrate critical thinking strategies to guide clinical reasoning when providing patient care.
5.	Define standards of teamwork and collaboration with members of the healthcare team in the provision of care.
6.	Analyze effective leadership and management strategies within the healthcare system.
7.	Apply principles of informatics and technology in the delivery of nursing care.
8.	Demonstrate the principles of ethical and legal standards as related to the practice of a Registered Professional Nurse.

ASSESSMENT MEASURES for COURSE SLOs
Students will perform satisfactorily in the classroom and laboratory/simulation setting as evidenced by achieving 75% or greater on electronic course exams, completion/submission of various course specific asynchronous and written assignments, and demonstration of satisfactory performance on course specific competency and evaluation tools.

ASSESSMENT TECHNOLOGY INSTITUTE (ATI) TESTING
Active participation in ATI assignments is a requirement of this course and will account for a Satisfactory/Unsatisfactory (S/U) of the course grade. Failure to complete all scheduled ATI assignments by the deadline due date will result in a grade of incomplete and will prevent progression in the program.

Kingsborough's Nursing Department uses ATI Nursing Education tutorials, testing and remediation each semester. Active participation in ATI assignments and testing is a requirement of this course and will account for 2% of the course grade. Failure to take the proctored exam as scheduled will result in a grade of incomplete and will prevent progression in the program.

ATI Proctored Assessments with Respondus Lockdown Browser
The Respondus LockDown Browser will be utilized for **all** ATI *Proctored* Assessments given remotely or in person. It will prevent students from copying, printing, visiting another URL, or accessing other applications during a test. When you launch an ATI Proctored Assessment with Respondus through the ATI student portal, Respondus Lockdown browser will open **automatically when you begin a proctored assessment.**

An ATI attestation form is to be submitted to your instructor during the first week of class, for each course you take that administers an ATI Proctored Exam (Nursing 1000, 2100, 2200, 2000, 1900, 2300). This form is located in Brightspace within the Table of Contents. If you fail to sign the form, you will not be able to take your ATI Proctored exam. If the exam is not

rescheduled prior to the end of the semester, you will receive an Incomplete (INC) grade and will not be able to progress in the program.

The Respondus Monitor will record the student using video during the exam. The video record will only be reviewed by ATI if there is a reason to believe test protocol has been breached and the student may have committed an act of academic dishonesty. If a student is found or suspected of an act of academic dishonesty, they will be investigated by ATI and reported to KBCC's Office of Academic Integrity. ***If ATI Test Security has deemed a student has committed any act of academic dishonesty, ATI can permanently suspend the student's ATI account. Without an ATI account, a student will be unable to complete the KBCC Nursing program requirements and therefore be dismissed from the nursing program.***
ATI Proctoring-Student Quick Guide (PDF)
ATI Proctoring-Student Orientation (6 min)

AI usage and Academic integrity policy
Artificial Intelligence (AI) presents exciting opportunities for the workforce and our personal lives; however, its' use in this course can counteract genuine learning and your acquisition of important nursing skills and competencies.

AI in Our Course
For these reasons, the use of generative AI tools such as, but not limited to, ChatGPT is prohibited on all assignments and assessments in this course. Submitting content that has been generated, created, or assisted by a computer application or tool, including artificial intelligence (AI) tools, is a violation of the CUNY Academic Integrity Policy.
The consequences for using AI tools in Nursing 1000 LPN to RN bridge course is a grade of zero for the assignment/assessment and reported to KBCC's Office of Academic Integrity;. Please consult your instructor if you have any questions about this policy.

ATTENDANCE
Complete participation in class is possible only when students can focus attention on the class, therefore entering class after it has begun is disrespectful to Faculty and classmates. Talking out of turn or exhibiting other disruptive behaviors is not tolerated and students will be asked to leave the classroom or lab. All electronic devices that generate sound must be turned off when entering a classroom. Cellular devices are allowed to be on in the classroom only if the owner is using the caller ID, voice messages or a vibrating battery. No texting is allowed at any time during class and/or labs.

If you are unable to attend a class, kindly email your lecture professor prior to class start time..
A student is deemed excessively absent in any course when he or she has been absent 15% of the number of contact hours a class meets during a semester. When a student is excessively absent, a grade of "W" or "WU" will be assigned as described in the college catalog..
Attendance at pre and post conference for laboratory is required.

As per CUNY policy, in the event that an otherwise in-person class is scheduled to be delivered remotely, please be aware that is necessary to have a camera in working order and underlined turned on underlined to ensure student participation and the best possible experience. Failure to turn on the camera

will result in an absence for the day. https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/academics/faculty-affairs/Camera-Use-Guidance-for-Online-and-Hybrid-Courses_FINAL-JUNE-20-2024.pdf

Students who have any change in their health status during the semester (due to injury, illness, pregnancy/childbirth) are required to submit the Health Clearance Form completed, signed and dated by their own health care provider to the Health Services office prior to returning to class..
Pregnancy Report Form
Student Injury/Illness Form

STUDENT WITH DISABILITIES

Access-Ability Services (AAS) serves as a liaison and resource to the KCC community regarding disability issues, promotes equal access to all KCC programs and activities, and makes every reasonable effort to provide appropriate accommodations and assistance to students with disabilities. Your instructor will make the accommodations you need once you provide documentation from the Access-Ability Office (D-205). Please visit the AAS webpage for more information and instructions for applying for accommodations.

EVALUATION

Final letter grades for all nursing courses will be calculated according to college and departmental policy as follows:

A+	97 – 100	B+	87 – 89	C+	78 – 79	D+	66 – 69
A	93 – 96	B	83 – 86	C	75 – 77	D	60 – 65
A-	90 – 92	B-	80 – 82	C-	70 – 74	F	< 60

W	Withdrew without penalty
WU	Unofficial withdrawal (counts as a failure)
INC	Doing passing work but missing an assignment or an examination; changes to a "FIN" if work is not made up by the 10th week of the next 12-week session. FIN Failure as a result of an Incomplete.

EXAM POLICY

All students are required to wear the KCC nursing uniform during all nursing examinations. All course exams are administered electronically via the testing software platform, ExamSoft. The CUNY Policy on Academic Integrity is strictly enforced throughout the exam. Students are not permitted to use the restroom during an exam. There will be no individual exam reviews with faculty members and there will be no group exam review at the end of the exam. Students will review the exam rules prior to each exam.

Please be advised that, pursuant to accreditation requirements, the nursing program requires the mandatory use of remote proctoring tools for exams for all students in all nursing courses, regardless of whether a course is given in person or remotely"

In the event that an otherwise in-person class is scheduled to be delivered remotely, please be aware that is necessary to be situated in a stable internet environment with a camera in working order and on for the duration of the class, to ensure student participation and the best possible experience.

1. Students are required to arrive at least 15 minutes prior to scheduled exam time.
2. All students, including NUR 2000 students, are required to wear the KCC clinical uniform for all examinations, **including approved shoes. Unless granted permission from the nursing department**, no shirts may be worn under or over the uniform, and arms must be visible. Failure to comply with this requirement will result in the student being prohibited from sitting for the examination. A makeup exam will be scheduled on the next designated makeup exam date.
3. All students should have their hair tied back so that their ears are visible. Only medically prescribed hearing devices or devices required for an AAS accommodation are acceptable. Medical documentation needs to be provided at the beginning of the semester to the instructor.
4. The wearing of jewelry of any kind is strictly prohibited during the examination. This includes, but is not limited to earrings, necklaces, bracelets, smart rings, all types of watches and any other item or any other item the faculty proctors deem unacceptable. Failure to comply with this requirement will result in the student being prohibited from sitting for the examination. A makeup exam will be scheduled on the next makeup exam date.
5. All eyeglasses are subject to inspection.
6. Any student who arrives **15 minutes later than the posted exam time** will not be permitted to take the exam that day. A makeup exam will be scheduled on the next makeup exam date. There will be no exceptions to this policy. **Students will be allowed only one make up exam/semester.**
7. Students are required to line up outside of assigned classroom and will be seated at the discretion of the Faculty.
8. All personal items (cell phones, smart watches, earbuds/pods, backpacks, purses, pens, highlighters, pencils, food and drinks etc.) must be placed in the classroom, at a location designated by the proctor before taking assigned seat.
9. Cell phones are to be turned off (not on vibrate) and placed with all personal items in the area designated by the proctor. At no time shall a student have their cell phone on their person once seated for the exam.
10. Students should remove all hats, scarves, sweatshirts, hoodies, prior to the beginning of the exam (The only exceptions are religious head coverings).
11. Prior to the start of the exam, students will be given a pencil and one sheet of paper, if required.
    a. Additional paper can be requested from the proctor as needed.
    b. Students must write their name on the paper.
    c. **No information may be written on the paper before the exam begins.**

      d.   All paper will be collected by the proctor at the conclusion of the exam.

      e.   Returned paper must be intact and may not have any torn portions.

      f.   The paper will not be shared between students.

12. Students are prohibited from talking once the exam starts until the proctor states the exam is over and the students have exited the testing room.

13. Students are not permitted to discuss/record/write down the exam questions in any context on their own or with each other during or after the exam.

14. If the student has any questions once the exam begins, they are required to raise their hand and a proctor will come to them.

15. Questions related to medical terminology are not allowed.

16. Once the student completes the exam, they are to raise their hand after the green check mark is visible on their computer screen. A proctor will come over to them to confirm their exam is uploaded.

17. After exam upload confirmation has occurred, the student will sign out of ExamSoft.

18. Once signed out of ExamSoft, the computer will not be used by the student for any reason. (Assignments, internet searching, personal use etc.).

19. Students will remain silent while they are waiting for the examination to be over.

20. **If a student does not comply with the exam rules, they will be dismissed from the exam, receive a grade of zero for the exam, be reported to the Academic Dishonesty office and have their final course grade withheld until a final resolution of their situation has occurred.**

Students are expected to take all exams when scheduled. Exceptions to this rule will be for emergency situations and the faculty must know in advance. Students who do not take an exam on the scheduled date are required to take a makeup exam. All makeup exams may be given at the end of the semester. Students who fail to take the scheduled exams or makeup exams will receive a grade of zero for that exam.

A conference with the instructor is required after each exam if the grade is below a 75%. at which time the student's progress in the course will be discussed. In addition, students may initiate conferences with the instructor at other times.

Course Expectations

Students are expected to participate fully in all course activities, complete readings before class, and arrive on time for class, laboratory, and clinical sessions. All assignments must be submitted on the required dates.

Written Assignments

All written assignments must comply with college standards for written work. Written assignments are to be turned in during the class period on the date that they are due. All assignments must be handed in by the end of the course to complete the requirements of the course. A late assignment will meet the requirements of the course but will not receive full credit. If written assignments are not submitted by the end of the course, the student will

receive a grade of "INC" for the course. Students must submit all assignments prior to the beginning of the next semester in order to progress in the program.

Dosage Calculation Competency Policy

Students are required to take the ATI: Dosage Calculation RN Adult Medical Surgical Online Practice Assessment 3.2 assessment and quiz at the beginning of each semester to validate drug calculation competency (see instructions in Lecture Schedule). Students must upload the 'Individual Performance Profile' to Brightspace Assignments. A minimum grade of 80% is required. The student will receive a satisfactory/unsatisfactory grade for Dosage Calculation as it is not part of the numerical calculation for your Final Grade in a course. Please note that the passing score for any math exam is a minimum of 80%.
Drug calculation problems may be a part of each unit exam.
Students should read the Test Taking Policy in the Kingsborough Community College Department of Nursing, Nursing Student Handbook.

<u>**Directions for ATI Assignment:**</u>
ATI: Dosage Calculation RN Adult Medical Surgical Online Practice Assessment 3.2
• Sign into ATI
• Go to My ATI
• Go to Assessment Tab
• Scroll down to assigned Practice Assessment
• Upload Individual Performance Profile to Brightspace Assignments.
o Minimal required grade is 80%.

All students are expected to have read and to adhere to the policies pertaining to the following, as outlined in the Nursing Program's Nursing Student Handbook:	
● Attendance ● Malpractice insurance, health clearance, and CPR training ● Evaluation and grading ● Clinical competencies ● College laboratory practice requirements	● Netiquette ● Mandatory skills review ● Criteria for retention in the nursing program ● Civility (including appropriate dress) ● Integrity ● AI usage

Nursing 1000 – Final numeric grades will be calculated as follows:

Lecture examinations (3 exams)	66% as follows: Exam # 1: 22% Exam # 2: 22% Exam # 3: 22%
Final examination	32%
ATI Testing Proctored RN Fundamentals	2%
ATI assignments Coursepoint + assignments Lab Competency Evaluation Written Assignments: ATI Targeted exams	TOTAL 100% Satisfactory or Unsatisfactory Satisfactory or Unsatisfactory Satisfactory or Unsatisfactory Satisfactory or Unsatisfactory Satisfactory or Unsatisfactory
Medical Calculation Competency (ATI Math Module)	Pass/Fail
Case Studies/Concept Maps	Pass/Fail

Repeating a Nursing Course: **Criteria for retention in the Nursing Program mandates the following;**
If you receive less than a passing grade in a clinical nursing course, you will be eligible to repeat the course only one time. The procedure that will follow will vary depending on several outcomes such as:
· Final course grade. · If you have taken the course before. · If you have appealed a grade before.

1.   If you have received a C- in a clinical nursing course (NUR 1000, 1800, 2100, 1900,2000, 2200, 2300) *and it is the first time you have taken this course,* then complete an Intent to Return Form and submit as per the directions on the form.

2.   If you are in a non-clinical nursing course, such as NUR 1700, and receive a grade of less than a B, then complete an Intent to Return Form and submit as per the directions on the form.

3.   If you have received less than a C- in a clinical nursing course and it is the first time you have taken this course, then you must submit an Appeal of the Retention Criteria Form and submit as per the directions on the form.

4.   If you currently failed a nursing course and you have already failed a prior nursing course, you will be dismissed from the nursing program. You are eligible to submit the Appeal of the Retention Criteria Form and follow the directions on the form. You are permitted to do this only if you have never appealed a grade before.

5.   If you are repeating a nursing course and receive a grade of less than a B, you will be dismissed from the nursing program. If you have never appealed the retention criteria before, you are eligible to appeal your grade. Submit an Appeal of the Retention Criteria Form and submit as per the directions on the form.

6.   You are only allowed one appeal while you are enrolled in KCC's Nursing Program.

RETENTION CRITERIA

Criteria for retention in the Nursing Program mandates that students;

1.   Earn a minimum of a "C" grade in every required Nursing and co-requisite course inclusive of BIO 1200, BIO 5100, ENG 2400, and PSY 3200.

2.   Students who achieve a "C-" grade in required clinical nursing courses may apply to repeat the course one time only in the semester immediately following, subject to space availability. The minimum grade for clinical courses that are repeated is a "B." The "Intent to Return to Nursing Course" form can be found on the KCC Website Nursing Department page under "Forms". This must be completed and include a plan of success that demonstrates significant changes in how they will approach the course when repeated. Only one required nursing course may be repeated. A grade of less than a "C" in a second nursing course will cause the student to be dismissed from the program.

3.   Students must achieve a grade of "B" in order to pass NUR 1700. Students in NUR 1700 who achieve a failing grade of no less than "C" may repeat the course one time only after submitting an "Intent to Return Form."

4.   Students who enter Nursing 1700 and Nursing 1800 MUST complete the Nursing Program within four years from the date of entry into this course. Any student who has not attended nursing courses for two or more consecutive semesters cannot be readmitted into the Nursing Program unless qualifying examinations have been passed in the required nursing courses previously successfully completed. Qualifying examinations may be repeated only once.

5.   If a student receives a grade of less than C- or, in the case of a repeated nursing course, a grade of less than B, the student may submit an Appeal of the Retention Criteria form. This form is available on the KCC website. Only one appeal is permitted

during a student's time in the KCC Nursing Program. Additional information regarding the appeal process can be found in the Nursing Student Handbook or obtained from the course instructor.

6. Students in the clinical component can only withdraw once and must be passing to do so.

REQUIRED TEXTBOOKS FOR NUR 1000 (See Course Letter)

Hinkle & Cheever (2022). Brunner & Suddath's medical-surgical nursing (16th ed.). Philadelphia: Lippincott.
There are two ISBNS for CoursePoint+ for Hinkle. The products are the same, it is just the delivery that changes the number, and it is extremely important that you only purchase using either of these ISBNs, as failure to do so will lead to compatibility problems with course resources:
Retail Purchases: 9781975274429
Direct/Microsite Purchase: 9781975274467
ATI Learning and Integrated Testing Resources

REQUIRED RESOURCES:
Assessment Technology Institute (ATI)
CoursePoint + Hinkle & Cheever (2022). Brunner & Suddath's medical-surgical nursing (16th ed.).Philadelphia: Lippincott.

Websites:
Davis' Drug Guide Book- www.drugGuide.com/

National Institute of Health- www.nih.org/

Up-To-Date Resource- https://www.wolterskluwer.com/en/solutions/uptodate

Mayo Clinic Resource- www.mayoclinic.org/

RECOMMENDED TEXTBOOKS FOR NURSING 1000:
- Carpenito, L. (2021). Handbook of Nursing Diagnosis, 16th edition Lippincott
  ISBN-13:**978-1284197976**   ISBN-10: **1284197972**
- Dudek, S.G. (2021). Nutrition Handbook for Nursing Practice, 9th edition Lippincott
  ISBN-13**:** 978-1975161125   ISBN-10**:** 1975161122
- Frandsen G., Pennington S. (2020). Abrams Clinical Drug Therapy, 12th edition Lippincott
  ISBN-13: **978-1975136130**   ISBN-10: **1975136136**
- Gulanik, M., Myers J.L. (2021). Nursing Care Plans: Diagnoses, Interventions, and Outcomes, 10th edition Elsevier
  ISBN-13: 978-0323711180   ISBN-10: 0323711189

- Kee, J. L. (2017). Laboratory and Diagnostic Tests with Nursing Implications 10th edition Prentice Hall
  ISBN-13: 978-0134704463   ISBN-10: 9780134704463
- Vallerand, A.H., Sanoski C.A. (2022). Davis's Drug Guide for Nurses, 18th edition F.A. Davis
  ISBN-13: 978-1719646406   ISBN-10: 1719646406
- Olsen J., Giangrasso, A., & Shrimpton D. (2022). Medical dosage calculations: a dimensional analysis approach (11th ed.). Upper Saddle River: Pearson.

Teaching Strategies
Lecture – Discussion   Multimedia Demonstration/Return Demonstration   Computer Assisted Instruction/ATI Role Playing   Pre and Post Conferences Group Work   CoursePoint/PrepU Case Studies   Study guides Guided learning experiences in laboratory   Self instruction modules Low and high fidelity simulations   Gaming Reflection Paper   Concept Maps Written assignments

TOPICAL OUTLINE

Each unit incorporates the National Council of State Boards for Nursing's (NCSBN) NCLEX-RN Test Plan Categories of Client Needs*: Safe and Effective Care Environment (Management of Care, Safety and Infection Control), Health Promotion and Maintenance, Psychosocial Integrity, Physiological Integrity Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, Physiological Adaptation*.

- **Unit 1 –Introduction to course and the practice of nursing: legal issues, values, ethics, the role of the nurse, priority management and delegation, asepsis, infection control**
- **Unit 2 – Oxygenation, Assessment, Care & Management of the Patient with a Respiratory Disorder**
- **Unit 3 – Introduction to Teaching & Learning**
- **Assessment, Care & Management of the Patient with Pain**
- **Assessment, Care & Management of the Patient with a Fluid & Electrolyte Imbalance**
- **Assessment, Care & Management of the Patient Prescribed Medications**
- **Unit 4 – Assessment, Care & Management of the Patient with a Cardiovascular Disorder.**
- **Unit 5 – Assessment, Care & Management of the Patient with an Immune Response Disorder.**
- **Unit 6 – Assessment, Care & Management of the Patient with an Eye & Vision Disorder.**
- **Unit 7 – Assessment, Care & Management of the Patient with a Nutritional and GI Disorder.**
- **Unit 8 – Assessment, Care & Management of the Patient with an Endocrine Disorder.**

- **Unit 9 – Assessment, Care & Management of the Patient with a Genitourinary Disorder.**
- **Unit 10- Assessment, Care & Management of the Patient with a Musculoskeletal Disorder.**
- **Unit 11- Assessment, Care & Management of the Perioperative Patient.**

UNIT I *Introduction to course and the practice of nursing: legal issues, values, ethics, the role of the nurse, priority management delegation, asepsis & infection control, burns*
Content/Lecture Discussion
- The practice of professional nursing   - The role of evidence in determining best clinical practice.   - Factors that create a culture of safety.   - Continuous quality improvement as an essential part of the daily work of al health professionals.   - The roles of the professional nurse: Caregiver, Case Manager, Change Agent, Patient Advocate, Communicator, and Counselor.   - Delegator/Manager/Leader.   - The nurse's role in functioning as a member of the healthcare team.   - The Nursing Process   - Ethical and legal implications of patient-centered care.   - Legal/Liability Issues in nursing practice: - Nurse Practice Acts/Scope of Practice   – Standards of Practice   – Licensure   – Liability   – HIPPA   - The nurse's ethical responsibilities in caring for an adult patient.   - Priority management delegation   - Asepsis & Infection Control   - Burns (flipped class)
Related Learner Experiences
Required Reading: Brunner: Ch 1 pp 1-18 Ch 2 pp 2-37 Ch 3 pp 39-49 Ch 58 pp 1638-1661   Ch 67 pp 1893-1910   **Asynchronous Assignments & Mandatory Videos:** Refer to Week to Week **Lab/Simulation Experiences** Identify Principles of Standard Precautions, fire and home safety, practice safe hand washing and demonstrate correct application of personal protective equipment (PPE). **Case Study/Concept map** Introduction to the concept map with exemplar Patient Safety in the home environment

Unit II   Assessment & Management of the Patient who has a Respiratory Disorder

Content/Lecture Discussion

- The anatomy and physiology of the Respiratory System
  - Anatomy and Physiology of the respiratory system/cardiorespiratory system
  - Identify factors affecting respiratory system
  - Describe factors affecting oxygenation
- Strategies to involve the adult patient and family in reaching successful outcomes for the patient
  - Patient/family preferences as related to best practice with a focus on the adult
- Applying clinical expertise through physical assessment to the nursing care of patient with varied long-term oxygen related needs
- Patient/family education
- Strategies for identifying and managing care of the adult patient with oxygen related needs utilizing the team approach. Focused Assessment Guide for Oxygen Needs
  - Referral/Community Resources
- Strategies relevant to promoting optimal function for the adult patient with oxygen related needs
  - Follow adult patient care access to identify, improve and ensure the quality of care delivered to the long-term oxygen related patient.
  - Use of Nursing Process throughout the delivery of care.
  - Nursing Actions – Independent/Dependent
  - Health Promotion Activities
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with oxygen related needs
  - Factors that create a culture of safety.
  - Use of Nursing Process throughout the mutually designed plan of care for the patient with oxygen related needs.

- Utilization of technology in the care of the older adult patient with oxygen related needs
  - Access to electronic medical records and other databases.
  - Identify why information and technical skills are essential for safe care of the adult patient.
  - Documentation

Related Learner Experiences

Required Reading: Brunner: Ch 17 pp 395- 399, 403-410, 412-424 Ch 18 pp 441-442
Ch 19 pp 456-471, pp472-478 , pp 489-497
Ch. 20 pp. 500-504 , 508-509 512-513, 742-744 Ch.21 524–531, 550-558

Asynchronous Assignments & Mandatory Videos: Refer to Week to Week

Lab/Simulation Experiences
Case study/Concept map

Assessment of Vital Signs
- Discuss the role of the nurse in assessing vital signs
- Describe factors that affect vital signs and assessment measure of each vital sign
- Identify the normal ranges of each vital sign, and how to measure each vital sign: temperature, pulse, respirations, and blood pressure
- Discuss/practice the procedure and documentation skills for performing a comprehensive health assessment for an adult patient.
- Discuss the role of the nurse in performing a health assessment and in assessing vital signs
- Identify the purpose of a health assessment and in assessing vital signs
- Describe factors that affect findings of a health assessment and vital signs and accurate head – to- toe assessment, assessment measure of each vital sign
- Identify the normal health assessment findings and normal ranges of each vital sign
- Explain how to carry out a head – to – toe health assessment, and how to measure each vital sign: temperature, pulse, respirations, and blood pressure
- Practice a head – to – toe health assessment and measuring of vital signs
- Assume the role of team member or leader based on the situation. Students will identify the risks associated with handoffs and SBAR among providers and across transitions in care

Unit III
  A. An.Introduction to the Teaching/Learning Process

Content/Lecture Discussion

- Aims of teaching
- Steps of the teaching-learning process
- Critical Thinking & Nursing Process for teaching the adult learner
    - Assessment
    - Nursing Diagnosis
    - Planning
    - Implementation
    - Evaluation
- Strategies for identifying and managing overlaps in team member roles and accountabilities
- Strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice
- Benefits and limitations of different communication technologies and their impact on safety and quality
- Protected health information in electronic health records: essential information that must be available in a common database to support patient care
- Valid and invalid reasons for modifying evidence-based clinical expertise and patient/family preferences
- Teaching/Learning: Domains of Learning
    - Cognitive

– Affective
– Psychomotor
● Principles of Learning
– Motivation and Ability/Compliance with plan of care
– Teaching Strategies
– Integrate the Nursing Process and Teaching-Learning Processes

Related Learner Experiences

Required Reading: Brunner Chapter 3, Chapter 4 pp 52-66   **Asynchronous Assignments &Mandatory Videos:** Refer to Week to Week **Lab/Simulation Experiences:** Communication and Documentation ● Describe principles of therapeutic communication. ● Review documentation systems ● Discuss the EHR and the implications to patient centered care ● Reporting (SBAR)

UNIT III *B. Pain and Comfort Management*

Content/Lecture Discussion

● The structure and function of the Neurological System – The pain experience – The pain process – Factors Affecting the pain experience ● Strategies to involve the adult patient and family in reaching successful outcomes for the patient with pain – Nursing history – Components of a pain assessment – Assessment of special population needs: the older adult – Diagnostic studies ● Strategies for identifying and managing care of the adult patient with pain related needs utilizing the team approach – Referrals – Community Resources ● Strategies relevant to outcomes of care for the adult patient with pain related needs – Nursing actions – Managing pain relief – Establishing a trusting nurse-patient relationship – Promoting healthy neurological function

- Application of critical thinking processes when delivering care to the adult patient with pain management needs
  - Utilization of the nursing process throughout the mutually designed plan of care for the adult patient with pain management needs.
- Utilization of technology in the care of the adult patient with pain management needs
  - Documentation

Related Learner Experiences

Required Reading: Brunner: Chapter 9 pp. 167-188 (pain management)

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/Simulation Experiences
- Physical assessment of patient's oxygen status.
- Introduction to technique of measuring oxygen saturation levels

Wound Care
- Discuss the role of the nurse in meeting the complex skin needs of the patient
- Identify factors that influence complex skin needs
- Apply the nursing process when caring for the patient who has complex skin needs
- Demonstrate how to safely meet the complex skin needs of the patient

Completes a concept map, including a health assessment, measurement of vital signs and oxygen saturation and implements an individualized plan of care for a patient with pain & comfort related needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Pain

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UNIT III
*C. **Care of the patient who has fluid and electrolyte imbalance***

- **Content/Lecture Discussion**
- The structure and function of Fluids and Electrolytes in the body
  - Types of fluids and electrolytes
  - Movement and regulation of fluids and electrolytes
  - Types of fluid and electrolyte imbalances
  - Factors that affect fluid and electrolyte balance
- Strategies to involve the patient and family in reaching successful outcomes for the adult patient with a fluid or electrolyte imbalance
  - Coordination of care in meeting the fluid and electrolyte needs of the adult patient
- Strategies for identifying and managing care of the adult patient with a fluid or electrolyte imbalance utilizing a team approach

○ Teamwork focusing on safety and quality of care when meeting the fluid and electrolyte needs of the adult patient ● Strategies relevant to the outcomes of care for the adult patient with a fluid or electrolyte imbalance 　　○ Fluid restriction/hydration 　　　　● Medications 　　　　● Intravenous Therapy 　　　　● Intake and Output ● Application of critical thinking processes when practicing safely in the delivery of care to the patient with a fluid or electrolyte imbalance 　　○ Use of the nursing process throughout the mutually designed plan of care for the adult patient with a fluid and electrolyte imbalance ● Utilization of technology in the care of the adult patient with a fluid or electrolyte imbalance: 　　○ Communication and documentation of care rendered via electronic medical records.
Related Learner Experiences
Required Reading: Brunner: Ch. 10 191-234 F & E **Asynchronous Assignments &Mandatory Videos:** Refer to Week to Week **Lab/Simulation Experiences:** ● Interpret medical orders pertaining to intravenous therapy ● Prime primary and secondary IV lines ● Calculate IV drip rates ● Document on the intake and output record ● Blood Transfusion Completes a concept map, including a health assessment, measurement of vital signs, and focused assessment pertaining to fluid and electrolyte balance including lab data analysis, and implementation of an individualized plan of care for the patient with fluid and electrolyte needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR. Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Fluid & Electrolyte Imbalances

UNIT III *D. Medications*
● **Content/Lecture Discussion**
● Review of the principles of Medication administration

- Knowledgeable and ethical administration of medications in a caring and dignified manner
- Involving the adult patient/family members in the safe delivery of medications
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with pharmacologic needs
- Drug legislation regarding safe and knowledgeable medication administration
  - Federal and State
  - Safe, accountable preparation and administration of prescribed medications.
  - Ensuring correct process of administration of medications
  - Medication Reconciliation
- Medication prescriptions and dispensing systems
- Strategies for identifying and managing care of the adult patient's pharmacologic needs utilizing the team approach
  - Research of medications to be administered to adult patients
  - Follow adult response to the administered medications
  - Adult patient and family education regarding medications prescribed
- Strategies relevant to outcomes of care for the adult patient with pharmacologic needs
- Application of critical thinking processes when delivering care to the adult patient with pain management needs
  - Use of Nursing Process throughout the steps of safe administration of medications with a focus on the adult.
- Utilization of technology in the care of the adult patient with pharmacologic needs
  - Documentation of medications administered
  - Use of electronic medical records/MAR for verification of medication administration

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Required Reading: Brunner: Chapter 5, Chapter 7, Chapter 8

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/ Simulation Experiences: Comfort measures employed to meet pharmacological needs
- Observe and practice the safe preparation and administration of both non-parenteral and parenteral medications
- Follow-up MD/Health Providers orders for administration of medications
- BGM technique

Completes a concept map, including a health assessment, vital signs, pain assessment,and implements an individualized plan for the patient. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individua with pharmacological needs. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

UNIT IV *Assessment ,Care & Management of the patient with Cardiovascular Disorders*
***Unit IV* A Peripheral Vascular Disease**
Content/Lecture Discussion
- The structure and function of the peripheral vascular system & the development of peripheral vascular disease and related complications.   - Peripheral Arterial Disease   - Atherosclerosis/Arteriosclerosis   - Acute Arterial Occlusion   - Aneurysm   - Peripheral Venous Disease   - Venous Thrombosis   - Venous Insufficiency/ Varicose Veins   - Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with peripheral vascular disease   - Health teaching related to preventing peripheral vascular disease   - Strategies for identifying and managing care of the adult patient with peripheral vascular disease utilizing a team approach.   - Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has peripheral vascular disease.   - Use of SBAR   - Team functioning on safety & quality of care when meeting the needs of the adult patient who has peripheral vascular disease   - Strategies relevant to the outcomes of care for the adult patient with peripheral vascular disease.   - Provision of care with sensitivity and respect for the adult patient with peripheral vascular disease.   - Health promotion & discharge planning   - Medications and or surgical interventions   - Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with peripheral vascular disease   - Use of the Nursing Process throughout the mutually designed plan of care for the adult patient with peripheral vascular disease   - Utilization of technology in the care of the adult patient with traumatic respiratory disorders   - Communication & documentation of care rendered via electronic health record (EHR).   - Uses the EHR for medication reconciliation
Related Learner Experiences
Required Reading: Brunner Chapter 22, Chapter 27 **Asynchronous Assignments &Mandatory Videos:** Refer to Week to Week

Lab/ Simulation Experiences

Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for a patient with peripheral vascular disease. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

UNIT IV
Assessment ,Care & Management of the patient with Cardiovascular Disorders

Unit IV **B Hypertension**

Content/Lecture Discussion

- The structure and function of the arterial system and the development of hypertension and related complications.
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with hypertension
    - Health teaching related to preventing hypertension.
- Strategies for identifying and managing care of the adult patient with hypertension utilizing a team approach.
    - Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has hypertension.
        - Use of SBAR
    - Team functioning on safety & quality of care when meeting the needs of the hypertension.
- Strategies relevant to the outcomes of care for the adult patient with hypertension.
    - Provision of care with sensitivity and respect for the adult patient with hypertension.
        o Health promotion & discharge planning
        o Nutritional modifications
        o Medications
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with hypertension
    - Use of the Nursing Process throughout the mutually designed plan of care for the adult patient with hypertension
- Utilization of technology in the care of the adult patient with hypertension
    - Communication & documentation of care rendered via electronic health record (EHR).
        o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading: Brunner: Chapter 28

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/ Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with hypertension. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Coronary Artery Disease

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UNIT IV
Assessment ,Care & Management of the patient with Cardiovascular Disorders

Unit IV **C Coronary Artery Disease (CAD)**

Content/Lecture Discussion

- The structure and function of the cardiovascular system and the development of coronary artery disease (CAD) and related complications
  - Stable Angina
  - Unstable Angina
  - Myocardial Infarction
  - Heart Failure
  - Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with CAD
  - Health teaching related to preventing CAD
  - Strategies for identifying and managing care of the adult patient with CAD utilizing a team approach.
  - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has CAD
    - Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the CAD
  - Strategies relevant to the outcomes of care for the adult patient with CAD
  - Provision of care with sensitivity and respect for the adult patient with CAD o Health promotion & discharge planning
    - Oxygenation
    - Medications
    - Telemetry/EKG
    - Surgical Interventions
      1. PTCA
      2. Stents
      3. CABG

– Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with CAD
– Use of the Nursing Process throughout the mutually designed plan of care for the adult patient with CAD
● Utilization of technology in the care of the adult patient with CAD
– Communication & documentation of care rendered via electronic health record (EHR).
o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading: Brunner: Chapter 24, Chapter 26

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/ Simulation Experiences

Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with coronary artery disease. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Angina
Myocardial Infarction

UNIT IV
Assessment ,Care & Management of the patient with Cardiovascular Disorders

Unit IV D Cardiac Dysrhythmias

Content/Lecture Discussion

- The structure and function of the cardiac electrical system and the development of cardiac dysrhythmias and related complications
  - Atrial Dysrhythmias
  - Ventricular Dysrhythmias
  - Heart Blocks
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with cardiac dysrhythmias
  - Health teaching related to preventing cardiac dysrhythmias
- Strategies for identifying and managing care of the adult patient with cardiac dysrhythmias utilizing a team approach.

- Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has cardiac dysrhythmias.
  - Use of SBAR
- Team functioning on safety & quality of care when meeting the needs of the patient who has cardiac dysrhythmias
- Strategies relevant to the outcomes of care for the adult patient with cardiac dysrhythmias.
  - Provision of care with sensitivity and respect for the adult patient with cardiac dysrhythmias.
    - Health promotion & discharge planning
    - Dysrhythmia recognition
    - Oxygenation
    - Medications
    - Pacemaker/Implantable defibrillator
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with cardiac dysrhythmias
  - Use of the Nursing Process throughout the mutually designed plan of care for the adult patient with cardiac dysrhythmias
- Utilization of technology in the care of the adult patient with cardiac dysrhythmias
  - Communication & documentation of care rendered via electronic health record (EHR).
    - Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading: Brunner: Chapter 23

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/ Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with arrhythmias. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

   Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in
      Medical- Surgical Nursing: Dysrhythmia

Unit V   Assessment, Care, and Management of the Patient who has an Immune Response Disorder

Content/Lecture Discussion

- The structure and function of the immune system and the development of HIV/AIDS and related complications
  - Opportunistic Infections
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with HIV and/or AIDS
  o Health teaching related care of patient who has HIV/AIDS
- Strategies for identifying and managing care of the adult patient with HIV and/or AIDS utilizing a team approach.
  o Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has HIV/AIDS
    o Use of SBAR
  o Team functioning on safety & quality of care when meeting the needs of the patient who has HIV/AIDS.
- Strategies relevant to the outcomes of care for the adult patient with HIV and/or AIDS.
  o Provision of care with sensitivity and respect for the adult patient who has HIV/AIDS.
    o Health promotion & discharge planning
    o Nutritional modifications /TPN/TPN
    o Medications
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with HIV and/or AIDS
  o Use of the Nursing process throughout the mutually designed plan of care for the adult patient with HIV and/or AIDS
- Utilization of technology in the care of the adult patient with HIV and/or AIDS.
  o Communication & documentation of care rendered via electronic health record (ERH).
    o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Ch.33 pp 882-895;898-906 Ch. 34, Chapter 30 (anemia) pp 794-800, Chapter 44 (Hep) pp 1213–1218, (cirrohsis) 1220-1224

Asynchronous Assignments & Mandatory Videos: Refer to Week to Week

Lab/Simulation Experiences:
Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with a immune response needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Unit V Assessment and Management of the Patient who has a Biliary Disorder

Content/Lecture Discussion

- The structure and function of the biliary system and the development of biliary disorders and related complications
  - Cholecystitis
  - Hepatitis
  - Cirrhosis
  - Pancreatitis
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with biliary disorders
  - Health teaching related care of patient who has inflammatory intestinal disorders
- Strategies for identifying and managing care of the adult patient with biliary disorders utilizing a team approach
  - Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has biliary disorders.
    - o Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has biliary disorders
- Strategies relevant to the outcomes of care for the adult patient with biliary disorders
  - Provision of care with sensitivity and respect for the adult patient who has biliary disorders.
    - o Health promotion & discharge planning
    - o Medications
    - o Nutritional modifications
    - o Surgical interventions
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient biliary disorders
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with biliary disorders
- Utilization of technology in the care of the adult patient with biliary disorders
  - Communication & documentation of care rendered via electronic health record (EHR)
    - o Uses the EMR for medication reconciliation

Required Reading
- **Brunner: Chapter 30 (anemia) pp 794-800, Chapter 44 (Hep) pp 1213–1218, (cirrhosis) 1220-1224**
- **Chapter 45 1235-1246 (gallbladder), (pancreas) 1246-1252**

Asynchronous Assignments & Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with a biliary disorder. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical- Surgical Nursing:

        Hepatic Cirrhosis

        Acute Pancreatitis

Unit VI   Assessment, Care, and Management of the Patient who has an Eye and Vision Disorder

Content/Lecture Discussion

- The structure and function of the eye and related vision complications
- Strategies to involve the adult patient and family in reaching successful outcomes for eye and vision disorders
  - Health teaching related care of patient who has eye and vision disorders
- Strategies for identifying and managing care of the adult patient with eye and vision disorders utilizing a team approach.
  - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has eye and vision disorders
    - Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has eye and vision disorders.
- Strategies relevant to the outcomes of care for the adult patient with eye and vision disorders.
  - Provision of care with sensitivity and respect for the adult patient who has eye and vision disorders.
    - Health promotion & discharge planning
    - Activity modifications
    - Medications
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with eye and vision disorders
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with eye and vision disorders
- Utilization of technology in the care of the adult patient with eye and vision disorders.
  - Communication & documentation of care rendered via electronic health record (ERH).
    - Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 59 pp 1663-1688
Asynchronous Assignments & Mandatory Videos: Refer to Week to Week
Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs and pain assessment and implements an individualized plan of care for the patient with visual related needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Glaucoma

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*UNIT V*II
VII A **Assessment, Care & Management of the Patient who has a Nutritional Disorder**

Content/Lecture Discussion

- The structure and function of the Gastrointestinal System
  - Physiology of the Gastrointestinal System
  - Alterations in gastrointestinal function
- Strategies to involve the patient and family in reaching successful outcomes for the adult patient with nutritional needs
  - Factors that affect nutrition
  - Identification of standards of a healthy diet
  - Governmental agencies and standards
  - Essential components and purposes of nutritional screening/assessment
- Strategies for identifying and managing care of the adult patient with nutritional problems using a team approach
  - Coordination of care in managing the adult patient who has nutritional needs
  - Patient teaching to optimize the health of the adult patient who has nutritional needs
- Strategies relevant to the outcomes of care for the adult patient who has nutritional needs
  - Development of plan of care to meet the patient's who has nutritional needs
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with nutritional needs
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with nutritional needs
- Utilization of technology in the care of the adult patient with nutrition needs
  - Access to electronic medical and other databases
  - Identification of information and technical skills essential for care of the adult patient with nutritional needs

Related Learner Experiences

Required Reading: Brunner Chapter 4 pp 66-74: Chapter 43 (obesity)

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Lab/Simulation Experiences:
- Discuss the role of the nurse in meeting the nutritional needs of the adult patient
- Apply the nursing process when providing nursing care to the adult patient who has nutritional needs
- Discuss and demonstrate enteral feedings, correct procedure for passing a nasogastric tube (NG), preparation for a tube feeding, correct method for placement /maintenance of patency of NG and interpretation of medical/lab orders pertaining to nutrition
- Discuss and demonstrate administration of medications via PEG/NG

Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to nutritional needs including physical assessment, lab data analysis and implements an individualized plan of care for the patient with nutritional needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Unit VII B   Assessment and Management of the Patient who has a Gastric Disorder

Content/Lecture Discussion

- The structure and function of gastrointestinal system and the development of gastric disorders and related complications
    - Hiatal Hernia
    - Gastroesophageal Reflux Disease (GERD)
    - Peptic Ulcer Disease (PUD)
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with gastric disorders
    - Health teaching related care of patient who has gastric disorders
- Strategies for identifying and managing care of the adult patient with gastric disorders utilizing a team approach
    - Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has gastric disorders.
        - o   Use of SBAR
    - Team functioning on safety & quality of care when meeting the needs of the patient who has gastric disorders
- Strategies relevant to the outcomes of care for the adult patient with gastric disorders
    - Provision of care with sensitivity and respect for the adult patient who has gastric disorders.
        - o   Health promotion & discharge planning
        - o   Enteral tubes

	o TPN/PPN
	o Medications
	o Surgical interventions

- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with gastric disorders
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with gastric disorders
- Utilization of technology in the care of the adult patient with gastric disorders
  - Communication & documentation of care rendered via electronic health record (EHR).
    - o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 39, Chapter40 pp1099 ,Chapter 41 1106-1116

ATI Nursing Education
- ATI Targeted Medical-Surgical 2013: Gastrointestinal

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to nutritional needs including physical assessment, lab data analysis and implements an individualized plan of care for the patient with a gastric disorder. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical- Surgical Nursing: Peptic Ulcer

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Unit VII – **Assessment and Management of the Patient who has a Gastrointestinal Disorder**

Unit VII C – **Intestinal Disorders**

Content/Lecture Discussion

- The structure and function of gastrointestinal system and the development of intestinal disorders & related complications
  - Irritable Bowel Disease
  - Intestinal Obstruction
  - Inflammatory Bowel Disease
     Crohn's Disease/Ulcerative Colitis
  - Diverticulosis/Diverticulitis/Peritonitis
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with inflammatory intestinal disorders
  - Health teaching related care of patient who has inflammatory intestinal disorders

- Strategies for identifying and managing care of the adult patient with inflammatory intestinal disorders utilizing a team approach
  - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has gastric disorders
    - o Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has inflammatory intestinal disorders
- Strategies relevant to the outcomes of care for the adult patient with inflammatory intestinal disorders
  - Provision of care with sensitivity and respect for the adult patient who has inflammatory intestinal disorders.
    - o Health promotion & discharge planning
    - o Nutritional modification
    - o Medications and/or surgical interventions
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with inflammatory intestinal disorders
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with inflammatory intestinal disorders
- Utilization of technology in the care of the adult patient with inflammatory intestinal disorders
  - Communication & documentation of care rendered via electronic health record (EHR).
    - o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 42 pp 1124-1132, 1137-1149

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to nutritional needs including physical assessment, lab data analysis and implements an individualized plan of care for the patient with an gastrointestinal disorder. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Inflammatory Bowel Disease

UNIT VIII
Assessment, Care & Management of the patient with an Endocrine Disorder
VIII A Diabetes Mellitus

Content/Lecture Discussion

- The structure and function of endocrine system and the development of diabetes mellitus and related complications
- Microvascular/Macrovascular changes
- Complications
  - Hypoglycemia
  - Hyperglycemia
    - DKA/HHS
    - Diabetic Neuropathy/Nephropathy/Retinopathy
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with diabetes mellitus.
  - Health teaching related care of patient who has diabetes mellitus
- Strategies for identifying and managing care of the adult patient with diabetes mellitus utilizing a team approach.
  - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has diabetes mellitus
    - Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has diabetes mellitus
- Strategies relevant to the outcomes of care for the adult patient with diabetes mellitus
  - Provision of care with sensitivity and respect for the adult patient who is scheduled for has diabetes mellitus.
    - Health promotion & discharge planning
    - Nutritional modifications
    - Medication
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with diabetes mellitus
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with diabetes mellitus
- Utilization of technology in the care of the adult patient with diabetes mellitus
  - Communication & documentation of care rendered via electronic health record (EHR).
    - Uses the EHR for medication reconciliation

Required Reading: Brunner Chapter 47 1294-1336

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to nutritional needs including physical assessment, lab data analysis and implements an individualized plan of care for the patient with an endocrine disorder. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Diabetes Mellitus

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Unit VIII   Assessment, Care, & Management of the Patient with an Endocrine Disorder

Unit VIII B Other Endocrine Disorders

Content/Lecture Discussion

- The structure and function of endocrine system and the development of endocrine disorders and related complications
  - Pituitary Disorders
  - Thyroid Disorders
  - Parathyroid Disorders
  - Adrenal Cortex Disorders
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with endocrine disorders
  - Health teaching related care of patient who has endocrine disorders
- Strategies for identifying and managing care of the adult patient with endocrine disorders utilizing a team approach.
  - Coordination of care, utilizing collaboration and priority setting in meeting the needs of the adult patient who has endocrine disorders. o Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has endocrine disorders
- Strategies relevant to the outcomes of care for the adult patient with endocrine disorders
  - Provision of care with sensitivity and respect for the adult patient who has endocrine disorders.
    - o Health promotion & discharge planning
    - o Nutritional modifications
    - o Medication
    - o Radiation/Surgical interventions
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient who has diabetes mellitus.
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with endocrine disorders
- Utilization of technology in the care of the adult patient with endocrine disorders
  - Communication & documentation of care rendered via electronic health record. (EHR)
    - o Uses the EHR for medication reconciliation
    - o

Related Learner Experiences

Review: Bio 11&12, related to topic content
Required Reading Brunner Chapter 46 1258-1275, 1278-1279 1285-1289

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to nutritional needs including physical assessment, lab data analysis and implements an individualized plan of care for the patient with an endocrine disorder. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing :Hypothyroidism
                      Hyperthyroidism

Unit IX   **Assessment, Care & Management of the Patient with a Genitourinary Disorder**

Unit IX A   *Genitourinary Disorders*

Content/Lecture Discussion

- The structure and function of genitourinary system and the development of genitourinary disorders and related complications
    - Urinary Tract Infections
    - Renal Calculi
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with genitourinary disorders
    - Health teaching related care of patient who has genitourinary disorders
- Strategies for identifying and managing care of the adult patient with genitourinary disorders utilizing a team approach.
    - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has genitourinary disorders
        o   SBAR
    - Team functioning on safety & quality of care when meeting the needs of the patient who has genitourinary disorders.
        o   Prevention of CAUTI
- Strategies relevant to the outcomes of care for the adult patient with genitourinary disorders
    - Provision of care with sensitivity and respect for the adult patient who has genitourinary disorders
        o   Heath promotion & discharge planning
        o   Nutritional modification
        o   Medications

	o Surgical interventions
	● Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with genitourinary disorders
	    - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with genitourinary disorders
	● Utilization of technology in the care of the adult patient with genitourinary disorders
	    - Communication & documentation of care rendered via electronic health record (EHR).
	        o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 48, Chapter 50 1404-1422
Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Observation and return demonstration of using straight, double lumen, triple lumen and Texas catheters, clean catch sets, urinary drainage bags, continuous bladder irrigation set, urinometer and spectrometer.
● Practice performing straight/retention catheterization
● Discuss documentation
● Discuss interpretation and significance of diagnostic tests and lab data
● Demonstrate correct patient positioning and use of equipment

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Lower UTI

Unit IX   Assessment and Management of the Patient who has a Genitourinary Disorder

Unit IX B – Renal Disorders

Content/Lecture Discussion

● The structure and function of the renal system and the development of renal failure or nephrotic syndrome and related complications
    - Acute Renal Failure
    - Chronic Renal Failure
● Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with renal failure or nephrotic syndrome
    - Health teaching related care of patient who has renal failure and/or nephrotic syndrome
● Strategies for identifying and managing care of the adult patient with renal failure or nephrotic syndrome utilizing a team approach
    - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has renal failure or nephrotic syndrome
        o   SBAR

- Team functioning on safety & quality of care when meeting the needs of the patient who has renal failure or nephrotic syndrome
- Strategies relevant to the outcomes of care for the adult patient with renal failure or nephrotic syndrome
  - Provision of care with sensitivity and respect for the adult patient who has renal failure or nephrotic syndrome
    o Health promotions & discharge planning
    o Nutritional modification
    o Medication
    o Dialysis
    o Surgical intervention/Transplantation
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with renal failure or nephrotic syndrome
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with renal failure or nephrotic syndrome
- Utilization of technology in the care of the adult patient with renal failure or nephrotic syndrome
  - Communication & documentation of care rendered via electronic medical record
    o Uses the EMR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 49 PP 1358-1360, 1368-1390
 Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to urinary elimination including lab data analysis, and implements an individualized plan of care for the patient with urinary elimination needs. Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing:
Acute Kidney Injury (AKI)
Chronic Kidney Disease (CKD)

Unit X   Assessment and Management of the Patient who has a Musculoskeletal Disorder

Content/Lecture Discussion

- The structure and function of musculoskeletal system and the development of musculoskeletal disorders and related complications
  - Osteoporosis
  - Fractures

- o Compartment Syndrome
- o Fat Embolism
- o Infections
- o Venous Thrombosis/Pulmonary Embolism
- Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient with musculoskeletal disorders
  - Health teaching related care of patient who has musculoskeletal disorders
- Strategies for identifying and managing care of the adult patient with musculoskeletal disorders utilizing a team approach.
  - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who has musculoskeletal disorders
    - o Use of SBAR
  - Team functioning on safety & quality of care when meeting the needs of the patient who has musculoskeletal disorders o Implementation of fall prevention strategies
- Strategies relevant to the outcomes of care for the adult patient with musculoskeletal disorders.
  - Provision of care with sensitivity and respect for the adult patient who has musculoskeletal disorder
    - o Health promotion & discharge planning
    - o Medications/cast/traction
    - o Surgical intervention/rehabilitation
- Application of critical thinking processes when practicing safely in the delivery of care to the adult patient with musculoskeletal disorders
  - Use of the Nursing process throughout the mutually designed plan of care for the adult patient with musculoskeletal disorders
- Utilization of technology in the care of the adult patient with musculoskeletal disorders
  - Communication & documentation of care rendered via electronic health record (EHR)
    - o Uses the EHR for medication reconciliation

Related Learner Experiences

Required Reading Brunner Chapter 36, Chapter 37: pp 986-995, Chapter 38: pp 1011-1017, 1019-1030, 1036-1039, 1043-1048 Chapter 68 pp: 1921-1954

Asynchronous Assignments &Mandatory Videos: Refer to Week to Week

Laboratory/Simulation Experiences
- Simulation on Fractured Femur
- Case study
- Computer Assisted Instruction

Practice and Learn Interactive Case Studies: From Lippincott's Interactive Studies in Medical-Surgical Nursing: Fracture

Unit XI – Assessment and Management of the Perioperative Patient
Content/Lecture Discussion
- The structure and function of the perioperative experience   - Preoperative   - Intraoperative   - Postoperative   - Strategies to involve the adult patient and family in reaching successful outcomes for the adult patient undergoing surgery   - Health teaching related care of patient who is scheduled for surgery   - Strategies for identifying and managing care of the adult patient undergoing surgery utilizing a team approach   - Coordination of care utilizing collaboration and priority setting in meeting the needs of the adult patient who is scheduled for surgery   - Use of SBAR   - Team functioning on safety & quality of care when meeting the needs of the patient who is scheduled for surgery   - Use of side-site verification   - Strategies relevant to the outcomes of care for the adult patient undergoing surgery   - Provision of care with sensitivity and respect for the adult patient who is scheduled for surgery.   - Health promotion & discharge planning   - Pre-op/post-op teaching   - Medications/anesthesia/conscious sedation   - Pain management   - Tubes/drains   - Application of critical thinking processes when practicing safely in the delivery of care to the adult patient undergoing surgery   - Use of the Nursing process throughout the mutually designed plan of care for the patient undergoing surgery   - Utilization of technology in the care of the adult patient undergoing surgery   - Communication & documentation of care rendered via electronic health record (EHR)   - Uses the EHR for medication reconciliation
Related Learner Experiences
Required Reading : Brunner Chapter 14, Chapter 15, Chapter 16 **Asynchronous Assignments &Mandatory Videos:** Refer to Week to Week **Laboratory/Simulation Experiences** Completes a concept map, including a health assessment, measurement of vital signs, pain assessment and focused assessment pertaining to urinary elimination including lab data analysis, and implements an individualized plan of care for the patient with a musculoskeletal disorder . Provides patient-centered care based on evidence with sensitivity, respect, and awareness for the safety of the individual. Identifies the role of the nurse as member of the healthcare team, communicating the patient's needs using standard communication such as SBAR and the EHR.