

OGLALA LAKOTA COLLEGE
COURSE SYLLABUS & ADMINISTRATION
Spring 2016
Rebuilding the Lakota Nation through Education
Wounspe Ihuniyan Hci Lakota Oyate Kin Akta Ic'icakagapi Kte lo
Pediatric Component

Name of Course: Holistic Maternal and Child Nursing

Course Number: N. 226

Department: Nursing

Credit Hours: Six (6)(Sakpe)

Location: Nursing Building RM 100

Time & Day: Tuesday 10-12; 1-3pm

Instructor's Name: Wendy Jacobson, MSN.RN

Email: wjacobson@Olc.edu

Phones: Home 308-282-0851

Office: 605-867-5856; ext 16

Mobile: 308-360-2715

Course Description (Waunspe Oyakapi): This course will introduce the student to psycho-social-cultural health beginning with the child from neonate to adolescence. Concepts presented include child growth and development, health maintenance, assessment, nursing care, health education and prevention from infancy through late adolescence within the context of the family as a whole. Sub-concepts include nutrition, communication, and pharmacology in these populations. Common childhood illnesses and health imbalances will be introduced. The student will build on skills using the nursing process and critical thinking/clinical judgment to meet child health care needs within the family system in well child and acute care settings. The maternal child unit is viewed as a member of the tiwahe/tiospaye (family) as well as member of the tribe/oyate. Lakota values of respect-wowahola, courage,-woohitika, wisdom-woksape, and generosity-wacantgnaka are integrated into the didactic and clinical components. Facilities utilized include I.H.S.Hospital, Pediatrics Well Child Clinic, Pine Ridge.

Prerequisites: Formal admission to the Nursing Program, Nursing 218, Bio 224/234.

Co-Requisites: Bio 204, N. 223.

Required Text and Materials: Rudd, Kathryn, & Kocisko, Diane (2014), *Pediatric Nursing*, F.A. Davis, Philadelphia.

Holloway, B and Moredich, C. (2011), *OB/GYN Peds Notes*, F.A. Davis, Philadelphia.

RN Nursing Care of Children, Assessment Technologies Institute

Course Goal: At the completion of the course the student will be able to provide safe and competent nursing care at entry level to children from birth to adolescence.

Learning Objectives, both components: (Wounspe Taku Unspepi Kte Kin He Le E): Upon completion of this course students will be able to:

1. Demonstrate an understanding of and application of the nursing process using critical thinking skills to identify client needs in order to provide basic nursing care, promote and maintain maternal-child health and restore balance for the mother or child with acute and chronic imbalances.
2. Identify cultural determinants and caring behaviors essential to the development of values, beliefs, lifestyle, and learning style preference for the maternal child unit as they relate to health promotion, maintenance, and restoration.

3. Identify values, roles, and behaviors of the professional nurse and begin to demonstrate these behaviors when providing care for the maternal-child unit.
4. Identify legal requirement and ethical standards of the professional nurse and demonstrate these behaviors when providing care for the maternal-child unit.
5. Begin to assume the roles of lifelong learner, teacher, advocate, care provider and manager of care.
6. Identify how evidence guides practice and understand the rationale for utilizing EBP in providing care for the maternal-child unit.
7. Assess the role of technology in providing safe and competent nursing care for the maternal-child unit.
8. Utilize therapeutic communication and collaborative techniques when promoting health care for the maternal-child unit, family (tiospaye) and interdisciplinary team members.

Assessment: Student will complete reading, study questions, and or computer/video assignments prior to the beginning of class; self-assess clinical competencies and instructor clinical assessment, exams, clinical paperwork, projects, and ATI exit exams.

Instructional Methodology: The method of instruction will vary at the discretion of the instructor in order to best fit the learner’s knowledge base and level of skill. The methods will include some of all of the following: lecture, discussion, videotapes, computer/internet activities, small group activities, critical-thinking exercises, case, studies, ATI study guides and Real Life Scenarios computer learning, and NCLEX-style questions.

Course Rationale: This course will to assist students in the basic knowledge and skills necessary for care of the maternal-child unit and pediatric client/family and builds on knowledge and skills from Nurs. 218.

Homework: Each student should expect to spend two (nunpa) to three (yamni) hours out of class on reading and homework assignments each week, for every hour of class time (each credit hour), in order to perform satisfactorily. Therefore, if a course is three (yamni) credit hours you should spend approximately six (sakpe) hours outside of the course room on required readings and homework. However, every student differs in their individual skills, educational background, experience, capability and personal goals; so the amount of time you must dedicate to out of class work can vary significantly from this national average.

Reading Load: Reading will include approximately one (wanji) to two (nunpa) chapters per week, plus handouts and homework as assigned.

Type & Amount of Writing Load: Class assignments, clinical paperwork/reports, journaling.

Lakota Perspective Provided Through: This course stresses **Wolakotakiciapi** “learning Lakota ways of life in the community” to enhance health care and health outcomes of individuals and families on the Pine Ridge Reservation and beyond, instructor-student relationships, clinical assignments, transcultural emphasis on balance/imbalance child-rearing practices and principles, family values/beliefs, communications and therapeutic relationships, spirituality, death and dying.

Evaluation and Grading: 1100 total points: Obstetric component 550pts, Pediatric component 550pts

Pediatric Component:

6 (sakpe) exams (60 pts. ea.)	360 pts.
Final exam	85 pts.
ATI exam =	50 pts.
Clinical Paper work =	50 pts.
Class participation	<u>5pts</u>

ATI Plan for Success:

Practice test, create a review, study the review prior to taking the ATI Proctored Test.

Proctored Test Points:

Level 3: 40pts +10pts for 1 hour of remediation =50 pts

Level 2: 30pts + 10pts for 2 hours of remediation=40 pts

Level 1: 20pts + 10 pts for 4 hours of remediation=30 pts

Below Level 1: 10pts + 10 pts for 6 hours of remediation= 20 pts

Bonus points: ATI: Learning Systems practice tests and finals to 100%=5 BP

2 Practice tests to 100% 5 BP

Final point breakdown for both components

A = (1034-1100 pts.) Superior Quality Work = Demonstrated concept mastery by scoring 94% or better.

B = (946-1033 pts.) Good Quality Work = Demonstrated concept mastery by scoring 87-93%.

C = (880-945 pts.) Satisfactory Quality Work = Demonstrated concept mastery by scoring 80-86%.

D = (803-879 pts.) Marginal Quality Work = Demonstrated weak concept mastery by scoring 73-79%

F = (802 and <) Demonstrated concept mastery below the acceptable margin 72% and below

W = Withdrawal = A student may withdraw from a course by filling out a Drop Card to be recorded by the Registrar. The student must sign this form if you drop yourself. A Drop Card may/can be filled out and signed by a counselor/instructor for lack of attendance.

Expectations of Students:

- Class attendance is expected. OLC policy on attendance states the student will be dropped for 5 absences or 10 for classes that meet twice a week. On Tuesdays attendance will be taken in the am and pm. This accounts for two class periods. You are expected to participate in class discussion and student-centered learning activities; this provides evidence of your interest in and preparation for the class. It also helps gauge the effectiveness of the instruction and comprehension of the material presented. Most importantly, fellow class members benefit from your opinions and insights. The questions you ask may be about the same topic with which other students are having difficulty, so by helping yourself you also help them. Students are expected to show respect to peers, instructors, and others. If disrespectful behavior is displayed, the student may be asked to leave the classroom. The student is responsible for getting missed class information. Please **No texting and cell phone calls** during class time.
- ATI Tests: Assessment tests given at the conclusion of the course must be taken and remediated at the designated level. Please utilize the practice the ATI books and the Learning systems modules; Maternal Newborn 1, Maternal Newborn 2, and Nursing Care of Children 1, Nursing Care of Children 2 and Nursing Care of Children Final in addition to the practice exams.
- The student is expected to be up-to-date on CPR and complete math proficiency exams/assignments to be eligible for clinical.

Exams: There will be no retake opportunities on exams. If an exam is missed, (not taken at appointed time), students are expected to schedule a makeup test with the instructor within 3 days of a missed exam. There will be no penalty for 1 missed exam. The second missed exam will incur a 5% penalty. All subsequent missed exams will incur a 10% penalty. Students more than 10 minutes late for an exam 3 times will also receive a 10% reduction in test grade. Students having difficulty with the material are encouraged to seek tutoring. If the exam

average drops below 80% the student will receive an early alert notification and be expected to develop a plan for improvement. **You are required to have an 80% exam average to pass the course. No other written work or participation grades will be counted unless an 80% exam average is achieved. Cheating on exams may result in failure of the test and failure for the course.** Test grade averages less than 80% will result in a “D” or “Failure” in the course. The student will also receive a failing grade for both clinical and theory components of the course. If the course grade is below “C” (80%) in theory or a grade of “unsatisfactory” in clinical, the course must be repeated prior to progression to the next level nursing courses. Your test scores along with an updated exam average will be posted on Jenzabar under coursework. It is your responsibility to check grades frequently and keep updated on your exam average. Cell phones and other electronic devices are to be turned off and not visible during testing.

Clinical Requirements:

The student must perform satisfactorily in the clinical area and complete all the required written assignments as described earlier with a passing grade of 80%.

Attendance to nursing arts labs, hospital, and other clinical sites is MANDATORY. All absences will be made up at the discretion of the instructor. It is the student’s responsibility to inform the instructor of absences BEFORE the scheduled time of clinical. This means the student is responsible for contacting the instructor at home, in the office, or at the clinical site PRIOR to the starting time of the clinical. It is imperative that you be on time (ten minutes early) for clinical. Students arriving more than 15 minutes late for clinical may be sent home and the clinical counted as an absence. Personal emergencies may necessitate being absent. Please keep the faculty informed about the situation if this occurs. Clinical hours may be tightly scheduled. Every effort will be made by the instructor(s) to help the student make up the clinical time, however, if clinical absences are excessive it may not be feasible to make up the time. In this situation, the student will be given a failing grade for clinical and the course.

Dress Code: The student will adhere to the Nursing Department dress code (Nsg. Dept Nursing Student Handbook); student uniform, shoes and nametag will be worn to Indian Health Service clinicals. Visible hickeys are not allowed and must be covered with clothing. For other clinicals you must wear clean modest attire, either pants or dress with name tag. For infection control purposes, no jewelry can be worn except for a wedding band. Nails must be clean, short, and unpolished; no artificial nails are allowed. No sweat pants can be worn to any clinical site and blue jeans are not allowed at most clinical sites. Tattoos must be unobtrusively covered. (see nursing student handbook). The instructor will discuss clinical sites that allow the student to be out of uniform. Acceptable attire and name tag are still required.

Skills: Students must test out on lab skills checklists and pediatric medication calculations at 100%. Lab skills checklists may be repeated once. If there is some doubt about skill performance e.g. a vital sign reading is markedly different from the charge nurse or instructor, the student will be asked to retest on that skill. Fridays are set aside for individual “hands on” lab practice if the student need more practice time. At this point it is the student’s responsibility to keep skills fresh.

Student Discipline or unsatisfactory clinical: Unsatisfactory final clinical evaluation will result in failure of the entire course. Two consecutive unsatisfactory clinical or three total unsatisfactory clinical weeks will result in failure of the course. Events that could result in an unsatisfactory experience are the following; anything that compromises patient safety, medication errors, altercations with or threats to instructors, staff, or other students, drug or alcohol use, disrespect or insubordination, cursing/swearing, abusive or vulgar language, inappropriate relationships with clients, complaints of inappropriate sexual behaviors or harassment, leaving the clinical site without authorization, abuse or neglect of your client, breach of confidentiality, and arriving for the clinical experience late or unprepared. Verbal or physical altercations of any kind with another student, staff or instructor during a clinical will result in an unsatisfactory clinical for the day for both students and you will be asked to leave. In addition, the incident will be reviewed with the faculty and one or both students may be dropped from the program. The nursing program at times utilizes clinical sites that require overnight stays in dorms or motel rooms. During these times good conduct is expected during the day and nights you are

representing OLC. No drug or alcohol use, trashing of motel rooms, inappropriate sexual conduct or harassment, disorderly conduct, or brushes with law enforcement will be tolerated. Excused absences from clinical will be determined at the discretion of the instructor. To be excused from clinical, the student must be ill, have ill children, or have a death in the immediate family. Court dates, non-urgent doctor's appointments, birthday parties, driver's license renewals, are not acceptable reasons for missing clinicals. No appointments, non-emergent doctor's visits and court dates can be scheduled during clinical or lab time. All excused absences will be made up at the discretion of the instructor. If the student misses two clinicals, even if excused, the student may be asked to appear before the faculty before returning to clinicals to discuss the events that have results in missed clinical time. More than 3 missed clinicals will result in the student being dropped from the course. A "no call, no show" missed clinical may be brought before the faculty for review and consideration. Two "no call, no show" experiences may result in failure for the course.

Clinical Paperwork: You must have a passing grade average (80%) on care plan/assessments/logs and other clinical paperwork. A 10% /week penalty will be assessed for later papers. Care plans/assessments are required and unsatisfactory grades may result in failure of entire course. If you have unsatisfactory clinical performance on the floor and/or clinical paperwork below 80%, you will fail the course regardless of your theory/exam grade.

Clinical Time is to be used effectively. Assessments must be done early in a timely manner. There are always things to look up, charts to study, time to be spent with your client, or clinical paperwork to be completed. Please bring you drug book, text book, stethoscope, watch, and clinical paper work. Have your clinical bag packed and ready the night before clinical and beside the door or in your car. The use of the break room is off limits to students except for one 15 minute break every 4 hours. No personal phone calls will be allowed unless there is an emergency. Permission must be obtained from the instructor to make phone calls. If the student receives a call, a message will be taken and the phone call will be returned after clinical. Please turn off your cell phone.

Hazardous Roads: Students are expected to use good judgment in cases of hazardous weather and/or road conditions. The student is not expected to drive during blizzards or extremely treacherous road conditions. However, the student is still responsible for notification of the instructor and the clinical site if unable to attend clinical experiences. In times of severe weather, the instructor will call off clinical and reschedule at a later date. Please have easy access to the instructor's phone numbers.

Personal Calendar: Each student will keep a personal calendar. The student will be expected to keep track of class times, test dates, clinical assignments and deadlines. The student is expected to have access to their calendar at all times and to consult it before making appointments and commitments that are not related to the nursing program. Students with personal problems that affect course work or clinical performance are encouraged to discuss possible solutions with the instructor or counselor. It is important to resolve or find ways to cope with personal issues that affect course work. If personal events or issues are too disruptive and overwhelming, it may be necessary to withdraw from classes and pursue the nursing course at another time.

Problem solving/grievance procedure: All conversations will be kept confidential among the faculty. If the student does not feel comfortable talking to the instructor about an issue, an alternate person from the nursing department's faculty or staff can be secured. The Nursing Chairperson and two additional faculty or staff will mediate conflicts with another student or faculty that remains unresolved. Further unresolved conflict can be addressed through a grievance procedure with the college. We try to be fair in all of our dealings with students. Students often feel that others "get away" with behavior and want to see immediate justice done. There are always consequences for actions even if they are not always readily apparent. Please remember that you do not know all of the circumstances behind a decision in your fellow student's case and we cannot discuss this with you. Refrain from passing judgment on another student for their unfortunate situation.

Failure of Course: Should you fail the nursing course for any reason other than exam failure, you will be asked to meet with the faculty at the end of the semester to discuss ways to remedy the problems interfering with your

success and be asked to develop a plan to address the problems identified. Upon returning, your plan will be updated and utilized as a contract for the semester.

Health Status: It is essential that all immunizations/PPD tests be current to enter clinical settings. We are working with a vulnerable population, and immunizations are required for client protection and your own.

We would like to express our wish for a successful semester. Our office/home/phone is available to students wishing to discuss their concerns. We encourage you to keep the lines of communication open.

Clinical Hour Credit Breakdown: 2 credits@ 3:1 ratio= 6 hr. X 15 week semester = 90 clinical hours
Obstetric Component to be announced

Pediatric Component:

Pediatric Physical assessment lab/Denver Developmental	4 hrs.
Pediatric Medication/med calculation lab	4hrs.
Pediatric Nursing procedures lab	4 hrs.
Lab skills: Fish Bowl	2hrs
I.H.S.Acute Care	15 hrs.
Community Client	4 hrs.
Well Child Clinic	8 hrs.
Real life scenarios	<u>4 hrs</u> 45 hrs.

Pediatric Assignments and Paperwork and due dates

Assignment	Points	Fail
IHS Assessment/care plan and DDII Due: At end clinical	15	Below 80%
Clinical Self Evaluation Due: End of Clinical	5	Below 80%
Community Client Assessment/careplan/ Teaching/DDII project Due Feb. 23rd or earlier	15	Below 80%
ATI Real Life scenarios Due: Mar 1	Satisfactory 10	Unsatisfactory (less than 10)
Reflective Journal Due: Mar 1	5	Below 80%

Pediatric Clinical Experiences:

Labs: Physical Assessment, Immunization, Denver Developmental, Pediatric Medications, Nursing Procedures for Children, Skills review

IHS: Assessment and care of a pediatric client, Pediatric Out Patient Clinic

Community Client: Assessment, ND, Care plan, teaching project, and Denver Developmental exam

ATI Real life scenarios

Academic Freedom: The faculty reserves the right to make changes in the schedule or syllabus as needed and necessary to complete the course objectives.

College Policy on Grading and Change of Grades:

http://www.olc.edu/~wwhitedress/studentservices/Docs/OLC_Handbook.pdf

Attendance and Tardiness

http://www.olc.edu/local_links/registrar/docs/student_handbook.pdf

Policies on Academic Honesty

http://www.olc.edu/local_links/registrar/docs/student_handbook.pdf

Standards of Conduct Policy

http://www.olc.edu/local_links/registrar/docs/student_handbook.pdf

ADA Policy

http://www.olc.edu/local_links/registrar/docs/student_handbook.pdf

Electronic Information Resources Acceptable Use Guidelines

http://www.olc.edu/local_links/registrar/docs/student_handbook.pdf

Topical Outline, Learning Objectives, Reading Assignments and Learning Activities

Pediatric Component			
<p>Oko Napcin-yunka Week 1 Tuesday January 19 10am-12;</p>	<p><i>ATI: Growth and Development, Meds, Pain, Hospitalization</i></p> <p>Rudd and Kocisko:</p>	<p><i>Chap 1-10</i></p> <p>Chapter 1,2,3,6 7</p> <p>Chapter 2: Standards of Practice and Ethical Considerations</p> <p>Chapter 3 Family Dynamics and communicating with Children</p>	<ol style="list-style-type: none"> 1. Define pediatric nursing 2. Describe the difference between nursing care of infants, children, and adolescents versus care of the adult population. 3. Describe the health of America’s children. 4. Identify models of care applied to pediatric nursing 5. Describe the roles of the pediatric nurse. 6. Identify the different fields of nursing and the education required for each. 7. Identify current issues and trends in pediatric nursing practice, education, and research 8. Identify evidence based resources available for pediatric nurses. <ol style="list-style-type: none"> 1. Identify and describe relevant standards of practice. 2. Identify and discuss key themes relating to pediatric nursing standards of practice. 3. List 6 standards of practice and 10 standards of performance highlighted in Pediatric Nursing Scope and Standards of Practice 4. Describe the value and functions of the Code of Ethics for Nurses 5. Describe the nine provisions of the Code of Ethics for Nurses and relate them to practical situations. 6. Identify ethical controversies encountered in the practice of pediatric nursing and discuss relevant principles, duties, rights and virtues. 7. Differentiate “consent,” “permission,” “assent,” and discuss how the process of promoting the test interest of children in the issue of consent differs from obtaining informed consent from a competent adult. <ol style="list-style-type: none"> 1 Define Key terms: 2. Define the process of normal communication. 3. Describe family dynamics. 4. Describe family theories. 5. Identify family function roles. 6. Describe family structures and the approaches to

<p>SLO:1,3,4,5, 6,7,8 PLO: 1,3,4,5 NCLEX Categories: Management of care, Psychosocial Integrity, Health Promotion Health Maintenance, Reduction of Risk Potential</p>		<p>and Families</p> <p>Chapter 6</p> <p>Chapter 7</p>	<p>communication within each structure.</p> <p>7. Explain various influences in communication, including body language, tone, pitch, and environment.</p> <p>8. Describe strategies for incorporating communication into assessments.</p> <p>9. Describe communication with families during periods of emergency care.</p> <p>10. Identify age specific approaches for communicating with parents, families, toddlers, school age children, and adolescents.</p> <p>11. Identify role of family centered care in caring for the hospitalized child.</p> <p>1 Describe general principles of growth and development.</p> <p>2. Discuss cognitive growth and development according to Piaget.</p> <p>3. Discuss psychosocial growth and development according to Erik Erickson.</p> <p>4. Discuss psychosexual development according to Sigmund Freud.</p> <p>5. Discuss social moral growth and development according to Lawrence Kohlberg.</p> <p>6. Discuss nature versus nurture.</p> <p>7. Explain the effects of Family Theory as described by Murray Bowen and Virginia Satyr, on the child who is ill.</p> <p>8. Apply principles of family focused care in approaches toward the child.</p> <p>9. Analyze factors that affect growth and development.</p> <p>10. Understand nursing application of growth and development theories.</p> <p>1. Describe the growth and development that occurs during the newborn and infancy period</p> <p>2. Describe the physical assessment approaches for the newborn and infant.</p> <p>3. Discuss the variation in nursing procedures related to the care of the newborn/infant</p> <p>4. Describe the approaches to medication administration in the newborn and infant.</p> <p>5. Describe the health promotion functions necessary in an infant/newborn's family structure.</p> <p>6. Discuss the emergency care of the newborn/infant.</p> <p>7. Describe the specific characteristics of the care of the hospitalized newborn/infant.</p> <p>8. Discuss the chronic care of the newborn/infant</p> <p>9. Describe the safety measures needed to care for a newborn/infant in the home.</p> <p>10. Describe child abuse considerations in the newborn/infant populations.</p>
---	--	---	--

Learning Activities:

1. Davis Plus Internet Resources
2. Chapter 1,2,3,6,7 : End of Chapter review questions
3. ATI learning systems, Real Life scenarios Well Child
4. Videos

<p>Okon Napi-yunka Week 1 Tuesday Jan 19 1-3pm</p> <p>Jan 20, 21,22, Nursing Arts Labs: Physical assess-ment, Develop-mental, Nursing procedures, Medication calculation and Medica-tion labs</p> <p><u>SLO:</u> 1,5,6,7,8 <u>PLO:</u> 1,3,4,5</p> <p><u>NCLEX:</u> Safety and Infection Control, Health Promotion Health Maintenance, Basic Care and Comfort, Reduction of Risk Potential</p>	<p>Caring for the Family Across Ca</p>	<p>Chapter 8: Toddler to Preschooler</p> <p>Chapter 9 School Age</p> <p>Chapter 10: Adoles-cents</p>	<ol style="list-style-type: none"> 1. Define key terms 2. Identify normal growth and development for toddlers and preschoolers 3. Discuss the nursing assessment for toddlers and preschoolers 4. Identify safety risks for toddler and preschoolers. 5. Discuss safety interventions to minimize risks. 6. Identify and discuss pain scales used with toddlers and preschoolers 7. Identify appropriate nursing interventions and education regarding pain and safety for toddlers and preschoolers and their caregivers 8. Identify and discuss different challenges faced by toddlers and preschoolers. <ol style="list-style-type: none"> 1. Describe growth and development during the school age years. 2. Identify age-specific physical assessment approaches for school age children. 3. Explain medication approaches for school age children 4. Explain variations in nursing procedures for school age patients. 5. Describe strategies for assessing health promotion practices among school-age children 6. Describe emergency care considerations specific to school age patients. 7. Identify strategies to support hospitalized school age adolescents. 8. Recognize child abuse considerations relevant to school-age patients. 9. Recognize and integrate chronic care, home care and complimentary concepts in care of school age . <ol style="list-style-type: none"> 1. Describe growth and development that occurs during adolescence. 2. Identify age specific physical assessment approaches for adolescents. 3. Explain medication approaches for adolescent patients. 4. Explain variations in nursing procedures for adolescent patients. 5. Describe strategies for assessing health promotion practices among adolescents 6. Describe emergency care considerations for adolescent patients. 7. Identify strategies to support hospitalized adolescents.
--	--	--	--

			8. Recognize child abuse considerations relevant to adolescents. 9. Recognize and integrate chronic care, home care and complimentary concepts in care of adolescents.
Learning Activities <ol style="list-style-type: none"> 1. Davis plus on-line resources 2. Case studies 3. Growth and Development Game 4. End of Chapter review questions/videos 5. Videos 			
Okona Wikcem-na Week 2 Tuesday Jan 26 9:am <u>Exam 1</u> Growth and Development, Medications, Nursing procedures, Physical assessment 9am-12 class	<i>ATI: Psychosocial Issues</i> Rudd & Kocisko: Mental Health Disorders, Cultural, spiritual, Environmental <u>SLO: 1,2,5,6,7,8</u> <u>PLO: 1,2,4,5</u> <u>NCLEX:</u> Psychosocial Integrity, Reduction of Risk Potential; Health Promotion Health Maintenance, Basic Care and Comfort, Physiological Adaptation	<i>Chap 43</i> Chapter 4,14	<ol style="list-style-type: none"> 1. Discuss the current trends in Pediatric psychiatry 2. Describe multiaxial diagnoses 3. Describe the influence of ethnicity and culture on the promotion of children's cognitive and psychosocial health. 4. Describe learning disabilities in children as well as recommended treatments. 5. Discuss reactive attachment disorder in children, as well as recommended treatments. 6. Explain mood disorders in children, as well as recommended treatments. 7. Explain anxiety disorders in children and recommended treatments. 8. Identify disruptive disorders in children, and recommended treatments. 9. Discuss an impulse-control disorder diagnosed in children and recommended treatments. 10. Discuss schizophrenia in children as well as recommended treatments. 11. Identify disorders diagnosed in children and recommended treatments 12. Discuss child abuse assessment, diagnoses and recommended treatments
Learning Activities <ol style="list-style-type: none"> 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems, Real Life scenarios Cystic Fibrosis 4. Videos 5. Case studies 			
Okona Wikcem-na Week 2 Tues Jan 26 1-3 pm	ATI: Respiratory Disorders Rudd & Kocisko: Respiratory Disorders <u>SLO: 1,5,6,7,8</u> <u>PLQ: 1,4</u>	Chap: 16,71 7,18.19 Chap 11	<ol style="list-style-type: none"> 1. Define key terms: Ventilation, Work of breathing, Flaring, Retractions, Hypoxia, Crackles, Rhonchi, Stridor, Wheezing, Atelectasis, Dyspnea, Hypoxemia 2. Describe normal assessment findings and the anatomy and physiology of the respiratory system. 2. Identify congenital respiratory conditions and structural anomalies in children that affect respiratory function. 3. Explore clinical presentation and nursing care of upper and lower airway disorders in children.

	<p><u>NCLEX:</u> Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation</p>		<p>4. Examine infectious and noninfectious agents and allergens that affect children, respiratory health. 5. Plan nursing care/education for children with respiratory conditions across care settings.</p>
<p>Learning Activities</p> <ol style="list-style-type: none"> 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems, Real Life scenarios Cystic Fibrosis-community 4. Videos 5. Case studies 			
<p>Oko Ake Wanci Week 3 Tues. Febr 2 9am-12 Exam 2: Respiratory, Psychosocial and Mental health</p>	<p>ATI <i>Gastrointestinal Disorders:</i></p> <p>Rudd & Kocisko <u>SLO:</u> 1,5,6,7,8 <u>PLO:</u> 1,4 <u>NCLEX:</u> Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation</p>	<p>Chapter 22,23</p> <p>Chap 15</p>	<ol style="list-style-type: none"> 1. Define key terms; identify the organs in the gastrointestinal system. 2. Describe the functions (ingestion, digestion, absorption, metabolism and elimination of the gastrointestinal system. 3. Describe the nursing diagnosis, goals, and priority interventions related to children with various gastrointestinal conditions. 4. Plan nursing care for children with gastrointestinal tract conditions. 5. Develop and implement specific teaching plans for parents whose children have various gastrointestinal conditions. 6. Explore treatment and pharmacological options for various gastrointestinal tract conditions.
<p>Learning Activities</p> <ol style="list-style-type: none"> 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems, Real Life scenarios: Dehydration 4. Videos 5. Case studies 			
<p>Oko Ake Wanci Week 3 Tues Feb 2 1-3pm</p>	<p>ATI: Immune and Infectious</p> <p>Rudd & Kocisko: Immune section; Communicable Disease <u>SLO:</u> 1,5,6,7,8 <u>PLO:</u> 1,4 <u>NCLEX:</u> Safety and Infection Control, Basic Care and</p>	<p>Chap 35,36,37, 38</p> <p>Chap: 22.19</p>	<ol style="list-style-type: none"> 1. Discuss why infectious and immune diseases represent a significant pediatric health concern for the child, family and public. 2. Describe the body's first and second lines of defense. 3. Explain the congenital immunodeficiency disorders. 4. Examine the goals of treatment for HIV positive children. 5. Discuss why post –cell-transplant children are placed in a medically induced state of immunosuppression. 6. Explore the autoimmune disorders together with related nursing care. 7. Discuss the three types of infections together with related nursing care.

	Comfort, Reduction of Risk Potential, Physiologic Adaptation		8. Describe the importance of immunization and the role of the nurse. 9. Explain why animals serve as a reservoir for certain infectious diseases. 10. Describe possible solutions for the increase in the incidence of infections with antibiotic-resistant organisms.
Learning Activities 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems 4. Videos 5. Case studies			
Oko Ake Numpa Week 4 Tuesday Feb 9 10am-12pm	ATI: Cardiovascular Disorders Rudd & Kocisko <u>SLO</u> : 1,5,6,7,8 <u>PLO</u> : 1,4 <u>NCLEX</u> : Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation	Chapter 20 Chapter 12	1. Understand the anatomy and physiology of the heart. 2. Discuss congenital heart disease (heart defects) and the effect on children. 3. Recognize major cardiac diseases and conditions together with related nursing care measures. 4. Identify the importance of closure devices in the care of children with cardiac conditions. 5. Describe important surgical interventions and postoperative management used for children with a cardiac condition. 6. Develop a nursing care plan for caring for a child with cardiac condition. 7. Explain nursing care for the child in the Pediatric Intensive Care Unit (PICU) and surgical/medical unit. 8. Describe how to care for children with cardiac conditions across care settings.
Learning Activities 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems 4. Videos 5. Case studies			
Oko Ake Numpa Week 4 Tues Feb 9 1-3pm	ATI: Endocrine Disorders Rudd & Kocisko Endocrine Disorders <u>SLO</u> : 1,5,6,7,8 <u>PLO</u> : 1,4 <u>NCLEX</u> : Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic	Chapter 33,34 Chapter 17	1. Describe the anatomy and normal function of the endocrine system. 2. Recognize pathophysiological conditions of the endocrine system. 3. Identify nursing insight necessary for the holistic care of the child with an endocrine or metabolic condition. 4. Plan collaborative care for a child with an endocrine or metabolic condition. 5. Identify complementary measures to provide alternatives to care within the child's culture. 6. Define pharmacological and therapeutic measures to treat a child with an endocrine condition. 7. Develop family teaching plans to optimize outcomes in a child with a chronic endocrine or metabolic condition.

	Adaptation		8. Use critical thinking measures to evaluate care of a child with an endocrine or metabolic condition.
Learning Activities 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems, Real Life scenarios- Diabetes 4. Videos 5. Case studies			
Oko Ake Yamni Week 5 Tuesday Feb 16 Exam 3: 9am GI, Infectious and Immune, Cardiovascular	ATI: Neurosensory Disorders Rudd and Kocisko: Neurologic and Sensory Disorders <u>SLO</u> : 1,5,6,7,8 <u>PLO</u> : 1,4 <u>NCLEX</u> : Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation	Chap 12,13,14, 15 Chap 13	1. Discuss the physiology and normal function of the nervous system. 2. Discuss the neurological assessment of a pediatric patient. 3. Examine the altered states of consciousness along with the nursing care for a pediatric patient. 4. Explore increased intracranial pressure (ICP) and the impact on the child's life. 5. Identify conditions that cause a dysfunction of the nervous system. 6. Recognize signs and symptoms of life-threatening complications of neurological disorders and sensory disorders. 7. Discuss nursing care for various conditions affecting a child's nervous system and senses. 8. Identify agencies and organizations available to provide support for a child and his or her family. 9. Formulate a plan of care for a child with a neurological and or sensory disorder. 10. Prioritize nursing interventions when planning care for a patient with an alteration in neurological or sensory function.
Learning Activities 1. Davis Plus Internet Resources 2. End of Chapter review questions 3. ATI learning systems, Real Life scenarios Cystic Fibrosis 4. Videos 5. Case studies			
Oko Ake Yamni Week 5 Tues Feb16 1-3pm	ATI: Musculoskeletal Disorders Rudd & Kocisko <u>SLO</u> : 1,5,6,7,8 <u>PLO</u> : 1,4 <u>NCLEX</u> : Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic	Chap 27,28,29 Chap 20	1. Describe the major structural or functional anomalies of the musculoskeletal system. 2. Describe the signs and symptoms for children with different musculoskeletal conditions. 3. Explain diagnostic procedures for children with musculoskeletal conditions. 4. Examine therapeutic communication techniques for children with musculoskeletal conditions. 5. Apply the nursing process in caring for children with musculoskeletal conditions. 6. Teach health promotion strategies to the family for children with musculoskeletal conditions. 7. Identify community resources for the families' with children who have musculoskeletal conditions. 8. Apply teaching learning principles in developing a plan for home care for children with musculoskeletal

	Adaptation		<p>conditions.</p> <p>9. Identify common pharmacological treatments and side effects used in children with musculoskeletal conditions.</p> <p>10. Identify complementary therapies used for children with musculoskeletal conditions.</p> <p>11. Identify across care settings appropriate for children with musculoskeletal conditions.</p>
<p>Learning Activities</p> <p>1. Davis Plus Internet Resources</p> <p>2. End of Chapter review questions</p> <p>3. ATI learning systems, Real Life scenarios Cystic Fibrosis</p> <p>4. Videos</p> <p>5. Case studies</p>			
<p>Oke Ake Topa Week 6 Tuesday Feb 23: 10am-12 Exam 4 Neuro- sensory/ Endocrine</p>	<p>ATI: Integumentary Disorders Rudd & Kocisko</p> <p><u>SLO</u>: 1,5,6,7,8 <u>PLO</u>: 1,4 <u>NCLEX</u>: Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation</p>	<p>Chapter 30,31,32 Chap 21</p>	<p>1. Define key terms</p> <p>2. Identify causes and precipitating factors of skin conditions</p> <p>3. Discuss the pathophysiology and normal function of the skin.</p> <p>4. Identify common pediatric skin diseases and conditions.</p> <p>5. Explore nursing care for various skin conditions and diseases.</p> <p>6. Plan care for a child with skin diseases and conditions.</p> <p>7. Identify types of wounds and wound healing</p> <p>8. Identify common pharmacological treatments for skin disorders.</p> <p>9. Plan care for a pediatric client with a burn injury.</p> <p>10. Discuss pressure formation and treatment in children.</p>
<p>Learning Activities</p> <p>1. Davis Plus Internet Resources</p> <p>2. End of Chapter review questions</p> <p>3. ATI learning systems, Real Life scenarios Cystic Fibrosis</p> <p>4. Videos</p> <p>5. Case studies</p>			
<p>Oke Ake Topa Week 6 Tues Feb 23 1-3pm</p>	<p>ATI: Genitourinary and Reproductive Disorders Rudd & Kocisko: Renal Disorders, Reproductive/G enetic</p> <p><u>SLO</u>: 1,5,6,7,8 <u>PLO</u>: 1,4</p>	<p>Chapter 24, 25, 26 16,18</p>	<p>1. Define key terms</p> <p>2. Review pathophysiology of renal disorders; examine fluid and electrolyte balance in children.</p> <p>3. Discuss four signs and symptoms of a urinary tract infection.</p> <p>4. Compare the differences between acute and chronic glomerulonephritis.</p> <p>5. Examine the most common cause and spread of bacterial infection that can lead to hemolytic-uremic syndrome.</p> <p>6. Describe the nursing care and nursing diagnoses associated with renal transplant and dialysis in children.</p> <p>6. State the pathophysiology and clinical symptoms of</p>

	<p>Death and Dying and Chronic illness</p> <p>Rudd & Kocisko</p> <p><u>SLO</u>: 1,5,6,7,8 <u>PLO</u>: 1,4 <u>NCLEX</u>: Safety and Infection Control, Basic Care and Comfort, Reduction of Risk Potential, Physiologic Adaptation</p>	Chap 5	<p>with the patient and family in end of life care.</p> <p>3. Explore the aspects of the dying process and related nursing care.</p> <p>4. Explore grief and saying good-bye.</p> <p>5. Describe additional nursing aspects related to the death of a child such as preparing a remembrance packet, organ tissue donation and funerals.</p> <p>6. Define what is meant by a chronic condition.</p> <p>7. Explore chronic conditions and the role of technology in their management.</p> <p>8. Discuss the impact of a chronic condition for children</p> <p>9. Recognize the emotional responses to a chronic condition</p> <p>10. Explain important aspects of a chronic condition such as establishing a therapeutic relationship, growth and development, education, and cultural issues.</p> <p>9. Explore what it means to care as a professional caregiver.</p>
<p>Learning Activities</p> <p>1. Davis Plus Internet Resources</p> <p>2. End of Chapter review questions</p> <p>3. ATI learning systems, Real Life scenarios Cystic Fibrosis</p> <p>4. Videos</p> <p>5. Case studies</p>			
<p>Oko Ake Zaptan Week 7 Thursday March 3 1-4 : Renal, Hematology, Cancer, Death and Chronic conditions</p>	<p>Review for Final ATI Practice test and remediation</p>		
<p>Learning Activities</p> <p>1. Study for Test</p>			
<p>Week 8 Tues. March 8 8-12</p>	<p>Final Exam and ATI</p>		

End of Pediatric Component

Spring Break March 14-18