



**Practical Nursing
Clinical Handbook
2023-24**

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EACC-PN Program**Clinical Orientation Handbook**

As a member of the EACC Practical Nurse Program, I have been given a copy of the clinical orientation handbook. I agree to adhere to all policies and objective requirements as stated in this handbook.

Student's Signature: _____

Date: _____

General Information & Policies

Clinical Policies

Clinical performance evaluations will be completed and reviewed with the students for each rotation. Some clinical rotations require written documentation of how you met your objectives. These will be explained by the instructor in the individual courses. Simulation grades are taken from the pre and post sim activities. Clinical grades will include the average of all paperwork plus clinical performance. Preceptors will be involved in determining the clinical grade when preceptors are used.

Procedure Cards:

The student must be checked off in the clinical area on the skills listed on the “Student Practical Nurse Procedure Record”. The instructor/preceptor must sign the card at the time the procedure was done. These cards will be taken up and graded the last clinical day. The grade will be averaged with other Pediatric and Obstetric Nursing clinical grades. **IF YOU LOSE YOUR CARD, YOU WILL HAVE TO START WITH A FRESH NEW BLANK CARD.**

If you are having trouble with any subject, the instructors are here every afternoon until 4:30 p.m. on theory days. Do not get too far behind before seeking help. You must have a passing grade (76%) in each course offered. Courses with a clinical component require a 76% in theory and a 76% in clinical.

Clinical Sites:

1. Clinical runs 6:00 a.m. – 2:00 p.m.; 2:00 p.m.-10:00 p.m.; 7:00 a.m. - 3:00 p.m. Rotations in doctors’ offices the hours are the hours the office is open - at least 8 hours must be worked. Mental Health rotation is from 8a.m. – 2p.m.
2. Formal orientation will be conducted at each facility. Informal orientations may be utilized as well. Which orientation is expected will be communicated with students in a timely manner.
3. Clinical sites also require background checks, drug screens, Covid immunization(s) as well as other immunizations, and other screens at the clinical sites’ discretion. These must be completed for a student to complete a rotation at the facility. See Covid policy in Nursing Student Guidebook.
4. Again, clinical sites may require Covid vaccination or Covid testing at the sites’ discretion. The school does not require this. **However; the student cannot attend clinical without these two vaccinations. Some clinical sites may require the Covid booster. If clinical objectives are not met, the student cannot graduate.**

Maternity:

A student may continue her education in theory and clinical areas provided written permission is brought in from a physician and the student is healthy. Additional permission slips must be submitted following each doctor’s visit. Each slip must state, “may continue in class and clinical.”

After delivery, student may return to program with written permission from physician. Time missed will be handled per attendance policy at the discretion of the chairperson of the practical nursing department.

Inclement Weather Policy:

Listen to the following radio/tv stations:

- KBFC/KXJK Forrest City
- KBRI Brinkley
- KCLT DELTA FORCE 2 Helena
- KWYN Wynne
- CH. 7 Little Rock
- WREG CH. 3 Memphis, TN
- REMIND app

A calling chain will be established according to the clinical groups. Instructors will make the decision regarding clinical absences and initiate the calling chain or send it out on the GroupMe app. or text. Make sure you are signed up on this app. and instructors always have your current phone number.

Care Plans

Anatomy of a Care Plan: (Patient-centered concept maps will be stressed. However, the student must know how to write a care plan for work in the clinical environment, so periodically a care plan will be assigned.)

- Nursing Diagnosis- One of NANDA's accepted diagnoses, based on the data gathered regarding the patient's signs and symptoms. Related to the statement = the cause; As evidenced by = supporting documentation.
- Interventions- Measures taken by the nurse to lessen or alleviate the patient's signs and symptoms. Rationale- explains why the intervention is necessary. The scientific rationale for this measure is taken from the textbooks.
- Implementation- What you actually are able to do for the patient.
- Evaluation- How the patient responded to the intervention. Evaluate each nursing intervention and state whether or not the short-term goal was met.
- Short-term Goal- One short-term goal is set for each nursing diagnosis. This includes the patient's initials, the behavior to be seen, and a time frame.

**East Arkansas Community College
Practical Nursing Program
General Policies for Clinical**

1. Working will not be an acceptable excuse for absences or tardiness.
2. Working at medical facilities will not be considered make-up time for days missed from PN training.
3. Before taking a job, you should consult with your instructors.
4. Students **will not** wear their student uniforms during any employment situation. EACC PN program **will not** be responsible for a student's actions during any employment situation.
5. Students are expected to address all instructors, administrators, and administrative personnel with titles, Mr., Mrs., Miss, Dean, Doctor, etc.
6. **SMART WATCHES AND CELL PHONES ARE NOT** permitted in clinical areas.
7. All students are expected to wear (at all school-related times) their EACC PN identification badge. It must be visible. If you do not have it with you, you will be sent home and get it and you are docked for the time you are gone.
8. Students are not allowed to sit in cars during breaks. **NO** smoking is allowed on any facility grounds (clinical site) used.

Grounds for Disciplinary Action in Clinical:

Appropriate disciplinary action will be determined by the Practical Nursing faculty and school administration.

1. Attendance (previously stated)
2. Grades (previously stated). Early alerts and counseling sessions are completed if not passing.
3. Failing to adhere to safe clinical standards in providing health care. When in doubt about a procedure, contact the instructor.
4. No student will be allowed to take orders concerning a patient by phone or verbally from the physician.
5. Students are not permitted to witness OR permits, birth certificates or legal documents.
6. Not having an excused clinical absence; clinical may only be missed for death in the immediate family, or illness with a doctor's excuse. Eye exams, dental visits, routine checkups cannot be done on clinical time. Unexcused absences will result in probation the first time and dismissal the second time.
7. Giving parenteral medications without an instructor.
8. Not passing lab practicum/ charting of skills.
9. Not passing Quick Med Guide test.
10. Not passing the IV workshop.

Personal Appearance- Clinical

1. Hair: extreme hair styles, hair colors, or ornaments are NOT permitted. Hair must be clean, neat, confined and pulled away from face and off the collar; ponytails must not swing free; hair bow, ribbons, or large combs are NOT allowed.
2. Nails- clean, short, well-manicured. **NO nail polish is allowed.** Nails will be checked. NO artificial nails. **CDC hand hygiene guidelines will be followed.**
3. Good oral and personal hygiene. Perfume/cologne/ scented hair spray should NOT be worn.
4. Make-up must be conservative.
5. Gum chewing is NOT allowed in clinical areas.

6. Tattoos must be covered for clinical. No piercings other than one pair of studs may be worn to clinical. (Discussed with facilities again April 2023)
7. Uniform color is Royal Blue and is available at Medical Technology in Forrest City. Students wear Royal Blue pants and lab coat with a white scrub top and white shoes.
8. The EACC ID badge with a picture must be worn on the scrub top where it can be seen in clinical.

Accident/Injury:

Health services are not available on the campus. All students must provide proof of medical insurance. Student injury in the clinical setting must be immediately reported to the chairperson and the director of nursing or the person in charge at the clinical facility. Students must comply with the required course of treatment and the school's post-exposure protocol as outlined in orientation in the orientation packet.

Clinical Uniform:

1. Student's royal blue pants and lab coat with the white scrub top uniform must be free from wrinkles, tears, and stains.
2. Foundation garments must be adequate; white full slips with dress uniforms (female); nude-colored underwear.
3. Socks - white cotton. Hose- white; free of runs or snags, support hose recommended (worn with dress-style scrubs only).
4. Shoes- white, clean, no cloth or open shoes. Shoes will be checked for cleanliness.
5. Approved valid school picture name tag will be worn on the left side.
6. Jewelry; watch (with second hand), wedding rings (if married), earring -1 pair- studs only in proper placement. No necklaces.

ANY STUDENT REPORTING TO THE CLINICAL AREA NOT IN FULL UNIFORM WILL BE SUBJECT TO BEING SENT HOME AND BEING COUNTED FOR AN UNEXCUSED ABSENCE THAT DAY.

Medication Administration:

See medication administration guidelines.

Attendance Policy for Clinical Hours

We encourage and expect attendance on a regular and prompt basis in the clinical setting. The student only has two (2) excused clinical days (with a doctor's excuse) for the Fall/Spring semesters. The 3rd day or 17th hour is unexcused and will result in termination. The Summer Term you have eight (8) excused hours (with a doctor's excuse). The 9th hour is unexcused and will result in termination. **IN THE EVENT YOU ARE ABSENT OR EXPECT TO BE LATE, YOU ARE TO CALL YOUR CLINICAL INSTRUCTOR BY 6:00 A.M. IF YOU ARE ASSIGNED TO AN AREA SUCH AS A DOCTOR'S OFFICE WHERE THERE IS NO INSTRUCTOR, YOU MUST CALL THE INSTRUCTOR BY 6:00 A.M. AND CALL THE OFFICE YOU ARE ASSIGNED WHEN IT OPENS.** Clinical may only be missed for death in the immediate family (spouse, child, parent, brother, sister, grandparent) or illness with a Doctor's excuse. If a child is sick, you must have a doctor's excuse. Dental visits, eye exams, and routine checkups at the MD's office must be done at a time other than clinical time. Unexcused absences for clinical will result in counseling, being placed on probation, or termination.

Clinical Tardiness:

Same as theory policy. If you are late greater than 1 hour for clinical- don't come. You will be sent home. Any clinical time missed over 1 hour must have a Doctor's excuse or because of death in the immediate family.

Instructor Contact:

Terry Davis: 870-588-7436
 Lynette Campbell: 870-318-0760
 Twila Miller: 870-318-6800
 Debbie Hill: 870-945-0673

NCLEX-PN Review and Graduation Day count as clinical hours and cannot be missed for any reason. IV workshop counts as clinical and cannot be missed.

**East Arkansas Community College
 Practical Nurse Program
 Standards of Progress
 (Clinical)**

- If a clinical institution refuses training site experience to a student, he/she will be unable to meet program requirements and objectives and so will be unable to continue in the program.
- If a student is terminated for disciplinary reasons; he/she **CANNOT** re-enter the program. If due to grades, the student may return the next year, but must go through the admission process.
- Falsifying documentation or being untruthful concerning absences from the classroom/clinical will mean immediate dismissal from the Practical Nursing Program.
- Students must pass the skills check off each week as outlined in the day-by-day.
- Students must pass the IV workshop to progress to the second semester.
- Students must pass the Quick Med Guide test to graduate.

SPECIAL NOTE FOR VETERANS: Veterans receiving VA benefits will be notified of the potential loss of benefits upon missing 1/12 of the total clock hours enrolled regardless of progress. Upon missing 1/8 of the total clock hours enrolled, veteran's benefits will be terminated. Under special/unusual circumstances beyond the student's control, or medical emergencies, the Counselor may excuse excessive absences on an individual basis, if the appropriate documentation is provided.

**East Arkansas Community College
 Practical Nursing Program
 Graduate Competencies**

At the completion of the program the graduate will be able to:

- Communicate with the patient, the patient's family, and other healthcare workers using therapeutic communication skills.
- Utilize the Nursing Process to plan and give care to the patient thought-out his/her lifespan.
- Practice cultural differences when planning care for the patient.
- Demonstrate basic knowledge and basic nursing skills to safely give care to the patients.
- Practice within the framework of the Nurse Practice Act for the Practical Nurse.
- Seek out opportunities for increased knowledge to meet lifelong learning goals in the field of nursing.
- Implement teaching based on identified learning needs of the patient.
- Utilize knowledge gained to meet the community nursing needs.
- Delegate care to the nursing assistant.

○ *Approved by the Arkansas State Board of Nursing; Fall 2002.*

**East Arkansas Community College
Practical Nursing Program
Clinical Grading Policy**

Students will be assigned various paperwork grades during clinical rotations. These paperwork grades account for one-half of your clinical grade. The following policies will be used for grading these assignments:

- If the student misses for a court date, the assignment can be made up the next day with 5 points off for being one day late. The assignment will have 5 points for each day it is not turned in including weekends.
- If the student misses due to illness, the assignment cannot be made up unless there is a doctor's note for the absence.
- If a student is at another location and an assignment is given for the floor, those students will be given an NA grade for the assignment and do not have to be made up and the assignment will not count against the student.

Students should take all assigned paperwork grades seriously in the clinical area. These help you correlate theory with practice. These account for one-half of the clinical grade. If you are unclear on the assignment, talk to the clinical instructor! Assignments turned in late will have 5 points per day deducted including weekends.

Revised Feb. 2021

**East Arkansas Community College
Practical Nurse Program
Clinical Absences**

It is important to develop proper work ethic in regard to clinical attendance, the following will be instituted for Summer/Fall/Spring terms for clinical.

The only reason/s clinical may be missed are for illness (must provide a doctor's excuse); or death in the immediate family (bring in a program from the funeral). This means immediate family-spouse, child, mother, father, grandparent, brother, sister.

You cannot miss clinical for wellness checkups. This includes but is not limited to eye exams, dental exams, and B/P monitoring.

Unexcused absences for clinical will result in counseling, being placed on probation, or termination. **On the first, the student is on probation. On the second the student is terminated.**

If you are going to miss, the instructor must be called by 6:00AM. If you do not get the instructor the first time you try, you must keep trying. Do not leave a message. Do not text. You **MUST** talk to the instructor.

I have read and understood the clinical policy as stated above.

Student's Signature

Date

**East Arkansas Community College
Practical Nurse Program
Policy Regarding Use of Electronic Devices**

I, _____, understand, in addition to HIPPA rules and regulations, I am **NOT**, to post on any social media (Twitter, Facebook, Myspace, Tumblr, personal blog, TikTok, Twitch, etc.) anything related to clinical. This can mean the facility, staff members, patients, patient situations, or any other description of clinical or Sim Lab.

If the Policy is broken- **on the FIRST offense, the student will be terminated.**

Student's Signature

Date

**East Arkansas Community College
Practical Nurse Program
How to Write a Concept Map for Clinical**

A concept map on your patient's diagnosis is due to the instructor the first day that you care for that patient. If your patient changes you must write a new map on the new diagnosis. Your instructor will date and initial these. Keep them in a folder to be reused and should you get another patient with the same diagnosis. These should be neat and colorful; it is preferred that they are typed.

- The main thought or concept of the map should be found in the center.
- Information that is relevant to this concept is connected to it with lines.
- Information in each box must also be relevant to the central concept.
- Concept maps for clinical should contain the following:
 - Patient's diagnosis in the center box with explanation
 - Boxes coming off of this box that contain
 - Nursing care / rational
 - Nursing Diagnosis -with NANDA tag, R/T, and AEB
 - Signs and symptoms with this medical diagnosis
 - Pharmacological treatment
 - Medical treatment or surgical treatment
 - Patient teaching
 - Relevant labs and what is seen in the diagnosis; normal in ()

Developed Spring 2015/ Revised April 2022

Tanner's Model of Critical Thinking

This is handed out in hospital orientation before clinical starts and explained by the instructor.

The four (4) critical thinking questions are answered each week on your patient and are due by 3:00 PM on Wednesday of that week to the clinical instructor.

This is part of your grade on the evaluation tool where it states, "Recognizes the relationship between the patient's admitting diagnosis, lab tests ordered, medications, and nursing care."

The NCLEX exam is based on critical thinking so this is a vital part of your clinical experience.

Developed Jan. 2022

East Arkansas Community College
Practical Nursing Program
Substance/Drug Abuse Policy

The Practical Nursing Department recognized its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of the health care team. Within the profession of nursing there are codes and standards of conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities, whether on campus or in the clinical setting, nursing students are expected to be free from the abusive influence of chemical substances/drugs*. As a condition of enrollment in East Arkansas Community College's Practical nursing Program: **ALL** students must sign a **SUBSTANCE/DRUG ABUSE COMPLIANCE CONTRACT** agreeing to adhere to the Substance Abuse Policy conducting any activity associated with the educational program.

All students will be subject to random drug screening. With random screening, any student may be approached by the immediate instructor and asked for a specimen at any time during educational activities whether on campus or in clinical. **ANY DRUG TEST REQUIRED WILL BE PAID BY STUDENT.**

Due to the level of accountability that nurses have for their action toward others, students demonstrating behavioral changes associated with drug abuse (see attached list) while engaged in course activities, will immediately be asked to submit to testing for drugs in the following manner:

1. The immediate instructor will thoroughly assess the situation and seek confirmation of assessment from another instructor or a second observer. The second observer may be asked to verify the behavior (see attached list.)
2. Once the behavior is verified by the second observer, the immediate supervisor will request that the student participates in a drug screening test. Failure to participate in testing will be grounds for dismissal from the program.
3. Collection of a urine specimen will be under direct observation by an appropriate professional representative of the same sex from another department in Allied Health.
4. If the behaviors are observed in the clinical setting, the student will be removed from participation in activities and will be assisted in seeking transportation home.
5. If the behaviors are observed during theory or on the campus, the student will be assisted in seeking transportation home.
6. If the urine specimen is positive for drugs, the student will be asked to provide a prescription with his/her name on it. If a prescription cannot be provided, or the drug is illegal, the student will be terminated.
7. In order to be considered for re-admission the student must:
 - a. Seek counseling from a substance abuse counselor or facility. Complete with random negative drug screenings.
 - b. Provide documentation that the prescribed treatment program has been completed. Documentation of progress and completion of rehabilitation counseling must be sent directly from the counselor to the school. Students may then submit written requires for readmission.
8. The Department of Nursing may be required by Arkansas State Board of Nursing (ASBN) to submit information regarding the substance abuse history of an individual when he/she applies to take the examination for licensure as a practical nurse. There is no guarantee made by the department of Nursing that the ASBN will permit the individual to take the examination if there is a positive drug use history. Each case is judged individually by ASBN.
9. Students will also be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

*The generic meaning of the term “drug” is defined as any substance which affects living systems. For the purpose of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substance for non-therapeutic purposes. The substance alcohol by its properties and action, is a drug and is used as such in this policy.

Behavioral Changes Associated with Substance/Drug Abuse

The Practical Nursing Department has developed the following list of behaviors that when observed can be used as indices to identify an individual who at the moment of observation could be under the influence of a “drug.”

Attention Deficit/Cognitive Impairment

- ❖ Stupor
- ❖ Drowsiness
- ❖ Diminished ability from the usual for:
 - Calculating math for administering medications
 - Following directions or procedures
 - Organizing activities/setting priorities
 - Solving problems

Motor Impairment

- ❖ Ataxia
- ❖ Tremors, especially of hands
- ❖ Slowed response time in a familiar skill
- ❖ Diminished form- the usual in coordination/dexterity

Social Impairment

- ❖ Inappropriate verbal remarks (subjects/words/expletives)
- ❖ Inappropriate behaviors or those beyond the societal norms such as:
 - Angry outbursts/unrestrained agitation
 - Crying that cannot be explained
 - Euphoria
 - Paranoia
 - Hallucinations
- ❖ Behaviors that are markedly changed for the individual such as:
 - Introversion
 - Extroversion
 - Sullen
 - Giddy
 - Irritable
 - Defensiveness

Somatic Manifestations/Discomforts

- ❖ Odor of alcohol on breath
- ❖ Thirst
- ❖ Nausea/vomiting
- ❖ Frequent trips to bathroom/complaint of urinary frequency or diarrhea
- ❖ Hiccoughs
- ❖ Reddened sclera (bloodshot eyes)

- ❖ Pupil changes
- ❖ Drooping eyelids
- ❖ Complaint of blurred vision or inability to focus

Speech/Communication Impairment

- ❖ Slurred (thick tongue)
- ❖ Rapid/choppy communication pattern
- ❖ Incoherent speech

**East Arkansas Community College
Practical Nursing Program**

Substance/Drug Abuse Compliance Contract

I, _____, have read the Substance/Drug Abuse Policy of East Arkansas Community College- Practical Nursing Program and agree as a student in the Practical Nursing Program to comply with all aspects of the policy as written, including urine testing. Furthermore, I agree that the laboratory performing the testing is authorized to release my drug test results to me and to the Divisional Chair of the Nursing Program. I also agree to abide by the provisions for determining dismissal from the program and to follow the conditions for readmission as outlined. I further understand that failure to adhere to the conditions specified in this policy must result in dismissal from the program. I further release the school/staff from liability to this policy.

Student's Signature

Date

Director's Signature

Date

Nursing Students and Hepatitis B

Hepatitis means “inflammation of the liver.” Hepatitis B virus (HBV) is the major infectious blood-borne hazard you face when taking care of patients. It affects approximately 8,700 healthcare workers a year, resulting in more than 400 hospitalizations and 200 deaths.

If you become infected with HBV you may:

1. Suffer with flu like symptoms becoming so severe that you require hospitalization.
2. You may feel no symptoms at all, feeling as if you were not infected.
3. Your saliva, blood, and other body fluids may be infectious.
4. You may spread the virus to sexual partners, family members, and even unborn infants.
5. HBV may severely damage your liver, leading to cirrhosis and almost certain death.

It is strongly recommended that all nursing students receive the Hepatitis B vaccination. The annual number of occupational infections have decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001 (CDC, unpublished data). It is a series of three vaccinations and should be started before going into the clinical rotations. Please check with your physician about the cost. It is usually about \$75.00 per vaccine. Your insurance may also help cover the cost.

If you at this time feel you cannot afford, or do not wish to take this series of three (3) vaccinations, you must sign the Hepatitis B Declination Form.

I have read and understand the Hepatitis information given to me regarding the risks of Hepatitis and the need for information.

Student's Signature

Date

**East Arkansas Community College
Practical Nursing Program
Key for Clinical Evaluation Tools**

5= Exceptional. Performs each listed clinical criteria as taught every clinical day. Never places a patient at risk for harm. Comes to clinical each day having complete required assignments for patient care prior to starting that care.

4= Very Good. Performs each listed clinical criteria as taught with only 1 exception. Never places the patient at risk for harm. Comes to clinical each day having completed required assignments for patient care prior to starting that care.

3= Satisfactory. Performs each listed clinical criteria as taught with 2 exceptions. Never places the patient at risk for harm. Comes to clinical each day having completed required assignments for patient care prior to starting that care.

2= Poor. Performs each listed clinical criteria as taught with more than 2 exceptions. Depending on the criteria not being met, the student has increased the risk of harm to the patient. Comes to clinical more than 1 day and does not have the required assignments for patient care prior to starting that care.

1= Unacceptable. Performs most of the listed clinical criteria as taught with numerous omissions each day of the clinical rotation and/or is responsible for an act that causes harm to the patient or increases the risk of harm to the patient. Examples might include, but are not limited to, a medication error, poor performance of a skill, or not coming to clinical having completed pre-clinical assignments for patient care. If the infraction is large, the student can be terminated.

The final grade for each criterion is based on the anecdotal notes taken by the instructor, the post-conference assignments, and the patient census for that particular rotation. The grade is determined by dividing the points obtained by the total number of points for the rotation. Signing the evaluation does not mean that the student agrees with the grade; however, it does mean that the student has seen the clinical evaluation grade.

**East Arkansas Community College
Practical Nurse Program
Clinical Bags**

The following items should be brought with you daily to clinical:

- ❖ Stethoscope- label it
- ❖ Blood pressure cuff- label it
- ❖ Pen light and extra batteries- make sure it works
- ❖ Scissors
- ❖ Watch with a second hand
- ❖ Black ink pens
- ❖ Extra paper on your clip board
- ❖ Clipboard with the following: insulin chart, blood raw chart and order of blood draw, patient care worksheets, change of shift templates
- ❖ Extra blank drug cards
- ❖ Drug card box with completed cards
- ❖ Clinical handbook with the objectives etc.
- ❖ Fundamentals book, Foundations/drug book
- ❖ Money for lunch or your lunch. Keep your money in your pocket or it may get stolen.
- ❖ Name badge
- ❖ Tylenol or Advil
- ❖ Females- pads or tampons

PUT THE ITEMS IN YOUR BAG.

Decorate your bag some way so that it is easily identified as yours.

NO cell phones in clinical. We have had them stolen from the bag!

Names on books in bold print or the books may get stolen.

East Arkansas Community College
Practical Nursing Program
IV Policy
Revised 2022

- ❖ The practical nursing student upon successful completion of the LPN IV therapy course **will be allowed to administer the following medications via IV push (IVP) except at FCMC. The student must be accompanied by the instructor or a nurse to whom the instructor has delegated the task of watching the student.**
 - Benadryl Lasix Solu-Cortef
 - Demerol Morphine Solu-Medrol
 - Dilaudid Pepcid Toradol
 - Dramamine Reglan Zofran
 - Heparin Protonix
- ❖ Students should not administer medications that require the substantial specialized skill, judgment, and knowledge required in professional nursing. If in doubt, the student should refer to the Position Statement 98-6, Scope of Practice Decision Making Model included in the IV syllabus.
- ❖ Students may administer IV antibiotics. **The instructor must be with the student to hang them.**
- ❖ Students must refer to their Davis Drug Guide or the IV drug chart found in the IV course syllabus prior to administration. All medications must have a drug card written on them prior to administration. This includes IV pushes and IV piggybacks.
- ❖ Students must correctly chart the patient's IV site and fluids. This includes both the nurse's notes and the intake and output sheet.
- ❖ Students must practice IV therapy within the guideline of the Nurse Practice Act. Please refer to "Guidelines for Teaching Content Related to IV Therapy for Arkansas Licensed Practical Nursing Students." This is found in your IV syllabus.
- ❖ **Please note that this guideline states that the LPN must work with peripheral IVs only and IVs on adults only.** If your employer in the future requires that you work with PICC lines or central lines, they must provide instruction in both theory and practice and provide documentation of both.

**East Arkansas Community College
Practical Nursing Program
IV Policy
Revised 2020**

- ❖ The practical nursing student upon successful completion of the LPN IV therapy course **will be allowed to administer the following medications via IV push (IVP) except at FCMC. The student must be accompanied by the instructor or a nurse to whom the instructor has delegated the task of watching the student.**
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- ❖ **Please note that this guideline states that the LPN must work with peripheral IVs only and IVs on adults only.** If your employer in the future requires that you work with PICC lines or central lines, they must provide instruction in both theory and practice and provide documentation of both.

I have read and understand this policy prior to starting Nursing II clinical.

Student's Signature

Date

Name of Medication	Action of Medication	Rate of Administration	Dilution	Special Precautions
Benadryl	Antagonizes the effects of histamine	Inject 25mg over at least 1 minute	Undiluted	Sedation/ Do not confuse with Beryline
Demerol	Decrease severity of pain	Slowly over 1-2 minutes- preferably over 5 minutes	10mg/ml of NS or sterile water	Rapid infusion may cause respiratory depression & circulatory collapse
Dilaudid	Decrease severity of pain	Do not exceed 2mg over 3-5 minutes	5ml	Rapid infusion may cause respiratory depression & circulatory collapse
Dramamine	Antiemetic/antihistamine	Inject over 2 minutes	50mg in 10ml of NS	Drowsiness
Heparin	Prevention of thrombus formation	Over at least 1 minute	Undiluted	Report signs of bleeding; monitor APTT
Lasix	Loop diuretic	20mg/minute	Undiluted	Monitor for hypokalemia, dehydration, hypotension Giving too fast can cause ototoxicity
Morphine	Decrease dyspnea and pain	2.5 to 15mg over 4-5 minutes	5ml of NS	Rapid infusion may cause respiratory depression & circulatory collapse
Pepcid	Inhibits formation of HCL	Over at least 2 minutes	2ml in 5ml of NS	Hypotension
Reglan	Antiemetic, prevents gastric stasis	Slowly over 1-2 minutes	Undiluted	Rapid administration can cause anxiety, restlessness, drowsiness
Solu-Cortef	Corticosteroid	100mg over at least 30 seconds	2ml bacteriostatic water	Mask S&S of infection, hypertension, elevates BS, GI bleed
Solu-Medrol	Corticosteroid	Over 1 to several minutes	2ml bacteriostatic water	Mask S&S of infection, hypertension, elevates BS, GI bleed
Toradol	NSAID	Over at least 15 seconds	Undiluted	Drowsiness
Zofran	Antiemetic	At least 30 seconds- preferably over 2-5 minutes	Undiluted	May cause extrapyramidal side effects-rigidity, tremors, shuffling gait, headache, constipation, diarrhea
Protonix	Proton pump inhibitor	Over 15 minutes at a rate of <3mg/min	10cc normal saline	Flush IV line before and after- Do not administer in line with other solutions

Source: Davis Drug Guide for Nurses

Revised 2020

**East Arkansas Community College
Practical Nursing Program
Guidelines for Teaching Content Related to IV Therapy for
Arkansas Licensed Practical Nurses and Licensed Practical Nursing Students**

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. The Arkansas State Board of Nursing developed Position Statement 98-6, Scope of Practice Decision Making Model, to enable nurses to determine if a specific task is within their personal scope of practice. It is recommended that this model continue to be used.

The Practice of Practical Nursing:

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

The performance for compensation of act involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel
- the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. **ACA § 17-87-102 (6)**

Over time, it has become generally acceptable practice for the RN to delegate certain tasks related to intravenous therapy to LPNs and LPTNs who have completed training and have validated competencies. RNs are prohibited from delegating tasks that require the substantial specialized skill, judgment, and knowledge required in professional nursing to an LPN or LPTN.

Minimum training for LPN, LPTN, or LPN student who will be delegated IV therapy should include:

Anatomy & Physiology;
Fluid & Electrolyte Balance;
Equipment & procedures in intravenous therapy;
Complications, prevention, and nursing interventions,
Introducing a peripheral intravenous tubing for gravity flow and/or pump infusion;
Perform intravenous infusion calculations and adjust flow rates of intravenous fluids;
Monitoring the administration of blood and blood products
Administration of medications through a peripheral intravenous catheter by intravenous piggyback or intravenous push provided the medication does not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

References: National Council State Boards of Nursing 2003 LPN/VN Practice Analysis
National Council State Boards of Nursing 2001 Detailed Test Plan for the NCLEX-PN Examination
Arkansas Nurse Practice Act
Arkansas State Board of Nursing Position Statement 98-6 Decision Making Model

Medication Administration Policy

Before medications can be given, the instructor and the student must compare the chart to the E-MAR. If there are any discrepancies, these must be worked out before medications can even be given. The MAR may be printed off the computer so that the faculty member/student can it.

This is the first medication check.

- All instructors must check the dosage, route, medication, time, etc. with the student. Dosages are figured at this time. We must now label any syringes with the patient's name, drug name, and dose. Some facilities have labels for this. If medications are crushed for PEG, the clear medicine cups must also be labeled. **This is the second medication check.** The student then places the unopened medication in the pill cup and carried the cup to the patient's room. **The MAR is pulled up on the computer; the patient's armband is scanned if required and the medications are all scanned as they are given. This is the third medication check.** The medications can then be given. The instructor must go with the student to give all medications now, due to the computer. The instructor must be present/or an assigned nurse to ensure they are properly given per computer. **The student would tell the patient what the medication is for as he/she opens it and gives it to the patient.**
- The instructor must drill the student on the action, side effects, patient teaching etc. That is important for that drug and the instructor ensures that there is a drug card made out on each medication. This is a MUST! The student must demonstrate knowledge that she/he knows why the patient is receiving the medication and how to monitor the patient for side effects –this is required by the Nurse Practice Act. Medications are drilled on all three clinical days.
- The student must make sure that blood pressures and apical rates are checked and recorded on the

EACC Covid Policy for Allied Health

EACC does not mandate that students who are enrolled in programs receive a COVID-19 vaccine series (and any recommended boosters), but they are strongly encouraged to do so. However, the clinical facilities that partner with EACC establish their own worksite policies, and they may require that faculty members and students be fully vaccinated for COVID-19 in order to work in the facility or be assigned to specific areas. This may include boosters. Therefore, students electing not to receive the COVID-19 vaccine series or boosters may not be able to complete program requirements, which will result in non-progression through the program. Faculty and students who have received the COVID-19 vaccine should submit a copy for their file as directed by Mrs. Adams.

Quick Medication Guide

Program Resource



Written By: Debbie Hill, RN

Works Cited

Edmunds, Marilyn. Introduction to Clinical Pharmacology. 7th ed. Elsevier, 2016.
Vallerand, April and Cynthia Samoski. Davis Drug Guide for Nurses. 15th ed. FA Davis Company, 2013.

Quick Med Guide Week 1

Anticoagulants

Action: Anticoagulants are given to prevent the formation of blood clots or to prevent the extension of an existing clot.

Uses: Used to prevent blood clots in many patients. Examples include those on bedrest, those who have undergone surgery, in patients with arrhythmia, and dialysis patients.

Adverse Reactions: A patient on any anticoagulant or any medication that can cause bleed should be watched for the following signs of bleeding: confusion or HA, nose bleed, bleeding gums, hemoptysis, hematemesis, abdominal pain that can progress to GI bleed, hematuria, melena, increased menses in women, ecchymosis, and petechiae.

Drug Interactions: Other anticoagulants, other medications that thin the blood like aspirin or ASA and Plavix.

Assessment: INR/PT for Coumadin, APTT for heparin drips, signs of bleeding.

Diagnosis: Risk for injury related to bleeding.

Planning: Avoid Vitamin K foods if on Coumadin – green leafy.

Implementation: **Coumadin** – an oral anticoagulant, it is often given with heparin as the MD tries to wean the patient off the heparin; it is monitored with a PT test and INR. The antidote is Vitamin

K. **Coumadin if ordered daily is not given at 0900 at any facility – most are given at 1700 and note**

the INR on the MAR. Heparin – Heparin/Lovenox are both anticoagulants given Sub Q. They are monitored with the APTT. The patient should be watched for the above signs of bleeding. The

antidote is Protamine Sulfate. **Lovenox** is a low molecular weight heparin. **According to clinical-based practice and**

our new text, the student should count to 15 after injecting the medication before pulling out the needle – this decreases bruising.

Evaluation: PT/INR, APTT, no signs of bleeding.

Patient Teaching: Signs of bleeding to watch for, what food are Vitamin K foods, at discharge safety at home – i.e. regular razor, watch for bruising, use a soft toothbrush, if an IV is discontinued- hold pressure for 10 minutes.

Antiplatelets

Action: Antiplatelets prevent the clumping together of platelets in the vessels.

Uses: To prevent a blood clot.

Adverse Reactions: The same signs of bleeding as noted above. ASA can cause tinnitus – ringing in the ears, GI upset, and bruising.

Drug Interactions: Digoxin and Theophylline

Assessment: Signs of bleeding.

Diagnosis: Risk for injury related to bleeding.

Planning: ASA can cause GI upset so the patient may be prescribed enteric-coated ASA which breaks down in the intestine instead of the stomach. Enteric-coated medications should not be crushed.

Implementation: Core Measure: Give ASA to heart patient as soon as he/she arrives on the floor if not given in the ER.

Evaluation: No signs of bleeding, platelet count is normal.

Patient Teaching: Watch for signs of bleeding, pressure with IVs when discontinued, safety measures – razor and toothbrush.

Week 1 Drugs

Antiplatelets:

<u>Brand</u>	<u>Generic</u>
Plavix	Clopidogrel
Aspirin	Acetylsalicylic acid

Anticoagulants:

<u>Brand</u>	<u>Generic</u>
Heparin	Heparin
Lovenox	Enoxaparin
Warfarin	Coumadin

Quick Med Guide Week 2

Potassium Supplements

Action: Replacement of the electrolyte K+. K+ is necessary for the contraction of muscle – especially the heart muscle, normal kidney function, and transmission of nerve impulses.

Uses: To elevate K+ levels in the blood – may be lost with vomiting, diarrhea, NG suction, diuretic therapy.

Adverse Reactions: irregularity in the rhythm of the heart if it gets too low or high. The normal level is 3.5-5.0

Drug Interactions: Should not be used in patients receiving K+ sparing agents i.e., Aldactone. Overdose may develop.

Assessment: Check the patient's labs – K+ level, make sure you have the correct route – can be PO or IV bag but not IV push. Never send a patient to surgery with a low or high level. Only slight changes can cause irritability of the heart and arrhythmias.

Diagnosis: Risk for injury R/T abnormal heart rhythm if not in normal range.

Planning: Obtain correct route. If PO does it need to be crushed. If IV is IV still in place.

Implementation: Check the patient's labs: listen to the heart rhythm, look at the monitor strip. Liquid KCL must be mixed in juice or it will burn the lining of the stomach. The patient with a NG tube must be given KCL – IV because the NG tube is pulling K+ out of the lining of the stomach. Even if KCL is given per PEG, it must be mixed in juice or water.

Evaluation: Lab work and rhythm strips.

Patient Teaching: Teach to avoid salt substitutes – many are high in K+. Teach the importance of taking this medication if the patient is on a K+ depleting diuretic or Lanoxin. Teach to dilute the medication if it is in liquid form. Report tarry stools, fatigue, tingling of the extremities to the MD. Teach foods high in K+ = bananas, baked potato, cantaloupe, raisins, tuna, oranges, COD fish, salmon, milk.

Iron Supplementation

Action: Given to treat anemia. It is necessary for the formation of the RBC.

Uses: To promote RBC production in the anemic patient.

Adverse Reactions: Abdominal pain if given on an empty stomach; constipation; black tarry stools; permanent discoloration of the skin with IM injections – Z-track and give where it will not be seen.

Drug Interactions: Antacids, milk and eggs inhibit absorption, iron interferes with the absorption of Tetracycline; Vitamin E decreases the response to therapy.

Assessment: RBC count, Hct, Hgb; level of energy

Diagnosis: Activity intolerance or Constipation R/T medication therapy.

Planning: Is best tolerated on an empty stomach. Some patients cannot tolerate it this way, and must take it with meals. Vitamin C helps with absorption of the iron.

Implementation: Use Z-track with IM form; given through straw or liquid form will permanently discolor the teeth.

Evaluation: Level of energy is better, RBC's, Hct and Hgb are within normal limits.

Patient Teaching: Take with Vitamin C to increase absorption, eat a diet high in iron – fish, meat, dried fruits; if not tolerated on an empty stomach, may have to take with food. Can turn stools black.

Week 2 Drugs

Potassium Supplements

Brand	Generic
K-Phos	Potassium Phosphate
K-Lor, K-Chlor	Potassium Chloride

Iron Supplements

Brand	Generic
Feosol	Ferrous Sulfate

Quick Med Guide Week 3

Proton Pump Inhibitors

Action: The proton pump is in the lining of the stomach. These medications act on that pump to decrease the production of hydrochloric acid.

Uses: Treatment of GERD, gastritis.

Adverse Reactions: Headache, diarrhea, abdominal pain and nausea.

Drug Interactions: Oral anti-coagulants, valium, and Dilantin, making overdose a possibility.

Assessment: Obtain a GI history.

Diagnosis: Pain R/T reflux of stomach contents.

Planning: Give ac breakfast.

Implementation: Patients on IV doses should convert to PO doses as soon as possible. Can be given with or without food. Don't break, crush, or chew the tablets.

Evaluation: Decreased abdominal pain, heartburn, gastric irritation, and bleeding in patients with GERD.

H2 Antagonist

Action: They inhibit the release of histamine and thus decrease HCL production

Uses: Healing of ulcers. Given for reflux or GERD.

Adverse Reactions: Side effects are unusual.

Drug Interactions: - Tagamet – interacts with digoxin.

Assessment: GI history

Diagnosis: Pain R/T inflamed stomach lining.

Planning: Give with meals and at bedtime.

Implementation: If given IV, give over 1-2 minutes, IVP or give over IV infusion.

Patient Teaching: Smoking inactivates these medications. Do not take a proton pump inhibitor and an H2 antagonist at the same time. (Tagamet can now be purchased over the counter.)

Calcium Channel Blockers

Action: Inhibit the movement of calcium across the cell wall. This causes both a coronary vasodilation and a peripheral vasodilation.

Uses: Treat angina – coronary vasodilation increases blood flow to the heart. This is also why they are used to lower B/P. Peripheral vasodilation lowers B/P. Treatment of angina and abnormal rhythms of the heart.

Adverse Reactions: Hypotension, and produce other abnormal rhythms and can produce CHF.

Drug Interactions: Interacts with other antihypertensives and other diuretics causing an excessive lowering of B/P.

Assessment: B/P, heart rhythm/telemetry strip.

Diagnosis: Ineffective tissue perfusion R/T abnormal rhythm.

Planning: A current B/P must be on the MAR. If the SBP is <100 the MD should be called to see if he wants the medication given. (If parameters are not already written by the MD.)

Implementation: Current B/P

Evaluation: Normal rhythm to the heart, normal B/P.

Patient Teaching: Nicotine may reduce the effectiveness, should not be taken with alcohol, should not be suddenly stopped because severe angina attacks may result.

Week 3 Drugs

Proton Pump Inhibitors

<u>Brand</u>	<u>Generic</u>
Prevacid	Lansoprazole
Prilosec	Omeprazole
Protonix	Pantoprazole

H2 Antagonist

<u>Brand</u>	<u>Generic</u>
Pepcid	Famotidine

Calcium Channel Blocker

<u>Brand</u>	<u>Generic</u>	//	<u>Brand</u>	<u>Generic</u>
Norvasc	Amlodipine	//	Procardia	Nifedipine
Cardizem	Diltiazem	//	Calan	Verapamil

Quick Med Guide Week 4

Beta Blockers

Action: Block the Beta receptor sites so that the neurotransmitters epinephrine and nor epinephrine cannot attach.

Uses: With these sites blocked the effects are lowering of B/P, decreased heart rate, and correction of certain arrhythmias.

Adverse Reactions: Low apical rate or hypotension, depression, sexual dysfunction, can bring on asthma attack in asthma patients. DO NOT GIVE TO ASTHMA PATIENTS. **Beta blockers should not be given to asthma patients.** Should be given **with caution** in CHF patients because CHF is a side effect.

Drug Interactions: Any other antihypertensive and other diuretics causing and excessive lowering of B/P

Assessment: Apical rate and B/P. A current B/P must be on the MAR. If the Apical Rate is <50 or SBP is <100 the MD should be called to see if he wants the medication given. (If parameters are not already written by the MD.)

Diagnosis: Impaired tissue perfusion.

Planning: The end in lol. Never abruptly stop a beta blocker – this can result in death. Therefore – call the MD with low rates. He may go on and give them or lower the dosages. Less effective in African Americas and elderly population. MAKE SURE PATIENT DOES NOT HAVE ASTHMA.

Implementation: Note apical rate and B/P on the MAR.

Evaluation: Is B/P and HR down? Is rhythm normal?

Patient Teaching: Should not miss a dose, plan ahead for holidays and trips. If sexual dysfunction occurs in men they should see a doctor and abruptly stop medication.

Nitroglycerine Compounds

Action: These medications cause coronary vasodilation to increase blood flow to the heart.

Uses: Chest pain

Adverse Reactions: Their main side effects are headache and lowered B/P. headache and hypotension.

Drug Interactions: Other antihypertensive, antihistamines, Viagra.

Assessment: A B/P must be on the MAR and the doctor must be called if the SBP is <100.

Diagnosis: Decreased tissue perfusion.

Planning: With the paste the nurse must wear glove to apply it so that she/he does not get it on his/her hands.

Implementation: Nitrostat is given for chest pain episodes. The usual order is one tablet sublingual every 5 minutes x3. A B/P must be checked before each tablet. The MD is called if the pain is not relieved after the 3rd tablet.

Evaluation: Decreased chest pain.

Patient Teaching: Nitrostat should be replaced every 3 months because it loses its effectiveness. The patient can tell if the supply is still good if it burns under the tongue when it is placed there. Tolerance can develop to Nitroglycerine. Sunlight with break down Nitroglycerine. Nitroglycerine should be kept in a brown bottle.

Week 4 Drugs

Beta Blocker

<u>Brand</u>	<u>Generic</u>
Coreg	Carvedilol
Inderal	Propranolol
Lopressor	Metoprolol Tartrate
Tenormin	Atenolol

Nitroglycerine Compounds

<u>Brand</u>	<u>Generic</u>
Nitro-BID Ointment	Nitroglycerine
Nitro Stat Sublingual	Nitroglycerine

Quick Med Guide Week 5

ACE Inhibitors/Angiotensin Related Agents

Action: They prevent the conversion of Angiotensin I to Angiotensin II in the liver. Angiotensin II is a naturally occurring vasoconstrictor that elevates B/P. **ACE Inhibitors end in –pril, Angiotensin Agents end in –sartin.**

Uses: These medications are given to lower B/P.

Adverse Reactions: Hypotension, hyperkalemia, non-productive cough, angioedema-swollen tongue

Drug Interactions: Other diuretics, antihypertensives, lithium, and herb-Hawthorne.

Assessment: A B/P must be checked and put on the MAR and the doctor called if the SBP is <100; if other parameters are not written.

Diagnosis: Ineffective tissue perfusion, fluid volume excess (with –sartins)

Planning: B/P, potassium level

Implementation: Explain that continuing the medication is important even if the symptoms are gone.

Evaluation: Decreased edema (-sartin), decreased B/P.

Patient Teaching: If they develop a cough, inform the doctor (ACE inhibitors), should not use salt substitutes with –sartins (they contain potassium.)

Cardiac Glycoside

Action: It causes the heart to beat slower and stronger

Uses: CHF, treatment of rapid heartbeats such as atrial fibrillation and atrial flutter.

Adverse Reactions: The signs of Digitalis toxicity include anorexia, nausea, vomiting, diarrhea, and abdominal pain, halos around light, yellow-green vision, malaise or lethargy, confusion in the elderly, and sometimes fatal arrhythmias.

Drug Interactions: Beta blockers, any medications that change the electrolyte balance.

Assessment: The medication is monitored with a Dig level. An apical rate must be checked and documented on the MAR. It is held when the rate is <60.

Diagnosis: Decreased cardiac output.

Planning: If indicated check digoxin level. Normal level is 1.5-2.0

Implementation: Patients who are also on Lanoxin cannot become hypokalemic. The state of hypokalemia makes the patient more susceptible to the Lanoxin and the patients is more prone to Digitalis toxicity. Students must know this concept. This is why CHF patients on Lasix and Lanoxin are frequently given a K+ supplement.

Evaluation: Normal digoxin and potassium level. Regular heart rhythm.

Patient Teaching: Teach to check heart rate before taking Digoxin. the patient should be taught foods high in K+ such as bananas, orange juice, baked potatoes, and cantaloupe. Teach the signs of digitalis toxicity. Keep medication away from children.

Week 5 Drugs

ACE Inhibitors/Angiotensin Related Agents

<u>Brand</u>	<u>Generic</u>
Altace	Ramipril
Captoen	Captopril
Diovan	Valsartan
Vasotec	Enalapril

Cardiac Glycosides

<u>Brand</u>	<u>Generic</u>
Lanoxin	Digoxin

Quick Med Guide Week 6

Diuretics

Action: Indirectly reduce B/P by producing sodium and water loss. **This results in a decrease in circulating blood volume which causes a decrease in B/P.**

Uses: Lasix/Furosemide is a diuretic and is frequently given to CHF. Reduces B/P, remove excess fluids. increase fluid loss from body.

Adverse Reaction: Depend on the drug (some are potassium sparing, some deplete potassium), hypotension, dehydration, dizziness. Hypokalemia for Lasix.

Drug Interactions: Lanoxin, Lithium, other antihypertensives.

Assessment: Check B/P and hold if SBP <100 or DBP <60, areas of edema, fluid in lungs.

Diagnosis: Fluid overload

Planning: Determine route, maybe given PO or IV

Implementation: Note B/P on Mar

Evaluation: B/P within normal limits, fluid gone, lungs clear.

Patient Teaching: If potassium depleting, teach foods high in K+= bananas, orange juice, baked potatoes, and cantaloupe.

Narcotics

Action: Alters the brain's perception of pain

Uses: To treat moderate to severe acute pain.

Adverse Reaction: Sedation, constipation, decreased B/P, decreased respirations, Bradycardia, confusion, dry mouth, blurred vision and urinary retention.

Overdose: Respiratory rate <12, coma, cyanosis, severe drop in B/P, clammy skin, low body temperature

Drug Interactions: Interact with any other CNS depressants, alcohol, skeletal muscle relaxants, anti-anxiety agents.

Assessment: Pain scale, respirations, B/P

Diagnosis: Pain.

Planning: Route (IM, IV, PO, PCA)

Implementation: Verify count, two licensed nurses witness wastes. Narcan (Narcotic Antagonist) for overdose.

Evaluation: Pain relief, VS within normal range.

Week 6 Drugs

Diuretics

<u>Brand</u>	<u>Generic</u>
Diamox	Acetazolamide
Dyazide	Triamterene/HCTZ
Lasix	Furosemide
Aldactone	Spirolactone

Narcotics

<u>Brand</u>	<u>Generic</u>
Morphine	Morphine
Demerol	Meperidine
Lortab/Norco	Hydrocodone/APAP
Percocet	Oxycodone

Quick Med Guide Week 7

Bronchodilators

Action: These medications open the airways so the patient can breathe better.

Uses: Asthma, COPD

Adverse Reactions: Tremors, Tachycardia

Drug Interactions: Beta Blockers, Amphetamines, Ephedrine, Atropine, Digoxin

Assessment: Lung sounds, heart rate.

Diagnosis: Ineffective breathing pattern

Planning: Because every patient can get those two side effects, these medications are usually not stopped because of them. They are viewed as “acceptable side effects”, unless the heart rate is already fast.

Implementation: These medications may be given PO, injection, or by inhalation.

Evaluation: Lung sounds

Patient Teaching: Advair contains two medications – a bronchodilator and a steroid. Patients on Advair should be taught to rinse their mouth after they take to prevent thrush. Teach that these medications will speed up heart rate and give them tremors.

Steroids

Action: They are given to decrease inflammation.

Uses: Given to reduce inflammation whatever the cause (bronchitis, poison ivy, etc.)

Adverse Reactions: These include but are not limited to: Sodium retention, which causes water retention and hypertension, edema, mood swings – depression and euphoria, elevated blood sugar, delayed wound healing, mask the subtle signs of infection, osteoporosis in women, abdominal pain that can progress to GI bleed, acne, slows growth in children.

Drug Interactions: Systemic – reacts with any drugs.

Assessment: Area of inflammation (lung-sounds, rash-description)

Diagnosis: Risk for infection

Planning: Route, monitor blood glucose even if not diabetic

Implementation: Does patient need spacer if inhaled. If several ordered, give bronchodilator first then wait 1 minute before giving next. Can be given PO, IV, or SQ.

Evaluation: Decreased inflammation

Patient Teaching: Re-emphasize that Advair contains a steroid and mouth should be rinsed to prevent thrush. Teach if bronchodilator and steroid inhaler to take bronchodilator first. If PO take with food because of GI distress.

Week 7 Drugs

Steroids

<u>Brand</u>	<u>Generic</u>
Decadron	Dexamethasone
Deltasone	Prednisone
Solumedrol	Methylprednisolone

Bronchodilators

<u>Brands</u>	<u>Generic</u>
Brethine	Terbutaline
Theodur	Theophylline
Ventolin	Albuterol

Quick Med Guide Week 8

Anticonvulsants: A seizure is a sudden muscle contraction that happens without control.

Barbiturates, Benzodiazepines, Hydantoins, Succinimides: Are all classes of medications used as anticonvulsants.

Action: Depress or slows the abnormal electrical discharges in the CNS.

Uses: Control Seizures

Adverse Reactions by Subclass:

Barbiturates: Drowsiness, excessive dreaming, dependence or addiction. Death with overdose. Restlessness, excitement, lethargy, photosensitivity, muscle and joint pain. Gangrene can result if it infiltrates into the tissue.

Benzodiazepines: Highly addictive, lowers B/P, decreased respirations, blurred vision, flushing, slurred speech, rash, joint pains, burning eyes.

Hydantoins: Gingival hyperplasia if <23 years old, coarse facial features, excessive body hair growth, impair physical and mental growth.

Succinimides: Can make the urine look pink, red, or brownish red.

Drug Interactions: Can interact with numerous medications and the interaction can be substantial.

Assessment: When a seizure occurs provide for privacy, look to see where the seizure starts, what parts of the body are involved, how long each phase lasts if there are tonic, clonic phases, is the patient oriented afterwards and did the patient lose bowel and bladder control. This careful assessment can help the doctor determine where the seizures are coming from.

Nursing Diagnosis: Risk for injury R/T seizure activity.

Planning: Know the route. If Dilantin is given IV must connect the patient to telemetry and run a strip before, during, and, after administration of the Dilantin. Check Dilantin level to make sure OK to give dose. Some classes – Barbiturates, Benzodiazepines – are controlled substances.

Implementation: Make sure the IV is in the vein or can cause gangrene. Give on time or the blood level can drop and the patient can have a seizure.

Evaluation: Have the number of seizures declined. Is Dilantin level in the therapeutic range.

Patient Teaching: Should not drink alcohol with Benzodiazepines. Also, smoking decreases their effectiveness. With Hydantoins must be sure to have dentist checkups 2x year. Teach

the side effects of the class the patient is on. Teach to wear a Medic-Alert bracelet. Liver function and kidney tests should be monitored. Call MD for rash, fever, unusual bleeding, bruising, sore throat, jaundice, or abdominal pain. These medications place the older adult at risk for hip fracture. If serum protein levels get low, must watch the Dilantin and Depakene levels.

Week 8 Drugs

Anticonvulsants

Barbiturates

<u>Brand</u>	<u>Generic</u>
Nembutal	Pentobarbital
Phenobarbital	Phenobarbital
Seconal	Secobarbital

Succinimides

<u>Brand</u>	<u>Generic</u>
Zarontin	Ethosuximide

Benzodiazepines

<u>Brand</u>	<u>Generic</u>
Klonopin	Clonazepam
Tranxene	Clorazepate
Valium	Diazepam
Ativan	Lorazepam

Other Drugs

<u>Brand</u>	<u>Generic</u>
Tegretol	Carbamazepine
Neurontin	Gabapentin
Depakene	Valproic Acid

Hydantoins

<u>Brand</u>	<u>Generic</u>
Dilantin	Phenytoin

Quick Med Guide Week 9

Thyroid Supplements

Action: These medications are used to treat hypothyroid disorder. They do this by increasing metabolic rate. This results in increase in O₂ consumption, increase in heart rate, cardiac output, increase CHO, fat, protein metabolism. These medications speed all systems back up. (Hypothyroidism slows them all down.) These medications are necessary for life.

Uses: Treat hypothyroidism

Adverse Reactions: Dysrhythmia, hypertension, tachycardia, hand tremors, HA, insomnia, nervousness, diarrhea, hyperglycemia. Overdose produces the S&S of hyperthyroidism.

Drug Interactions: May need antidiabetic medications, may exaggerate anticoagulant factors, corticosteroid needs are increased. Effects of tricyclic antidepressants are increased.

Assessment: Assess skin for non-pitting edema, puffy face, large tongue, decreased body hair, cool dry skin, and enlarged thyroid gland. (All these occur with hypothyroidism.)

Nursing Diagnosis: Disturbed body image R/T decrease function of the thyroid gland.

Planning: Patients over 50 are very sensitive to this medication so should be given with small doses. Observe for S&S of cardiovascular disease before the dose is increased.

Implementation: Plan to give as a single dose before breakfast.

Evaluation: Serum T₄ and TSH levels return to normal. Monitored every 2 weeks until thyroid function is normal.

Patient Teaching: Take before breakfast because if taken late in the day it will keep you up at night. Response to it, is not immediate – should improve in about 2 weeks. If diabetic, may need to increase in Diabetic medications, if on anticoagulants, should report excessive bruising, report any cardiovascular changes – rapid pulse, palpitations.

Week 9 Drugs

Thyroid Supplements or Replacements

Brand	Generic
Levothroid or Synthroid	Levothyroxine

Quick Med Guide Week 10

Antiparkinsonian Medications: Parkinson's Disease is due to a lack of Dopamine in the brain and too much acetylcholine. These are neurotransmitters that help impulses travel in the nervous system. This class of medications replaces the Dopamine.

Action: Replace Dopamine in the brain. The main medication, Sinemet, has two components – carbidopa and levodopa. The carbidopa prevents levodopa from breaking down in the body. Thus, levodopa crosses into the brain where it is converted to Dopamine. Also blocks the uptake of acetylcholine.

Uses: Treat Parkinson's Disease.

Adverse Reactions: 1. Dopamine agents: Dysrhythmias, muscle twitching, psychotic reactions, rigidity, diarrhea, N/V, alopecia, bitter taste, hot flashes, rash, urinary retention. 2. Anticholinergic agents: Postural hypotension, tachycardia, agitation, confusion, depression, HA, memory loss constipation, double vision, dry mouth, decreased sweating, skin rash.

Drug Interactions: Interact with many medications. Antipsychotics, two herbs- ginkgo and grape seed.

Assessment: Does patient drool, have difficulty with coordination and walking.

Nursing Diagnosis: Risk for falls R/T lack of coordination and tremors

Planning: Must wean the patient on and off these medications.

Implementation: Can be given as a tablet, sustained release capsule, and elixir – note form ordered.

Evaluation: Are the symptoms under control.

Patient Teaching: Take after meals to prevent GI upset, do not ever exert in hot weather, urine, sweat, and saliva may all darken on exposure to air. Teach about orthostatic hypotension.

Week 10 Drugs

Antiparkinsonian Medications

Anticholinergic

<u>Brand</u>	<u>Generic</u>
Cogentin	Benzotropine
Artane	Trihexyphenidyl

Dopaminergic

<u>Brand</u>	<u>Generic</u>
Carbidopa-levodopa	Sinemet – 10/100; 25/250; 50/200

Quick Med Guide Week 11

Antidiabetic Medications

Action: Lower the blood sugar

Insulin: Is a hormone normally produced by the Beta cells of the pancreas. When the pancreas stops producing insulin, it must be given in shot form. A person cannot live with elevated blood sugars. Insulin is necessary for life because it is metabolized and helps the body with glucose. Insulin pulls the glucose into the cells for utilization by the body. When the glucose does not get used by the body, it is elevated in the blood. There are numerous forms of insulin available. They come in classes based on length of action:

- Very fast acting; those ending in log
- Fast acting; regular
- intermediate; NPH
- Long acting; Lantus

It is important to know the onset, peak, and duration of each insulin being used. Remember, patients must take insulin because the Beta cells no longer work.

Oral Agents: Some patients can control the blood sugar by taking a pill. These patients still have some functioning beta cells in the pancreas. These agents cause the body to become more sensitive to the insulin being produced or stimulate the beta cells to make more insulin.

Uses: Treatment of elevated blood sugar.

Adverse Reactions: Itching, swelling, erythema at injection site, lipodystrophy, most important is hypoglycemia and is evidenced by: nervousness, hunger, malaise, cold clammy skin, lethargy, pallor, diaphoresis, change in level of consciousness, shallow respirations.

Drug Interactions: Some medications work as insulin antagonists: BCP, corticosteroids, epinephrine, thiazide diuretics, thyroid hormones, can lower K+ levels, Beta Blockers can mask the S&S of hypoglycemia.

Assessment: If poorly controlled the patient will exhibit the 3 P's: Polyuria – increased urination, Polyphagia – uncontrolled eating, and Polydipsia – uncontrolled thirst. These are also the 3 signs used to diagnose Diabetes.

Nursing Diagnosis: Imbalanced nutrition, less than body required R/T improper utilization of glucose by cell.

Planning: Must check the blood sugar prior to meals and at bedtime. Very fast acting insulin is not given until the trays are on the floor.

Implementation: Check the insulin dose and the type of insulin with another nurse prior to giving it. Check accucheck prior to giving insulin. Make sure it is given sub Q and the nurse does not aspirate.

Evaluation: Is blood sugar in the normal range.

Patient Teaching: Have dietician review diet. Teach how to give insulin injections and what to do for hypo and hyper glycemia. Should avoid alcohol – increases the intensity of hypoglycemia, insulin requirements increase when under stress, teach how to check BS, wear a medic alert bracelet, carry extra supplies when traveling.

Week 11 Drugs

Antidiabetic Medications:

Insulins: Very Fast-Acting

<u>Brand</u>	<u>Generic</u>
Humalog	Lispro
Novalog	Aspart

Insulins: Fast-Acting

<u>Brand</u>	<u>Generic</u>
Regular	

Insulins: Intermediate-Acting

<u>Brand</u>	<u>Generic</u>
NPH	

Insulins: Long-Acting

<u>Brand</u>	<u>Generic</u>
Lantus	Glargine

Oral Agents

<u>Brand</u>	<u>Generic</u>
Amaryl	Glimepiride
Glucotrol XL	Glipizide Extended
Glucophage	Metformin

**Mental Health
Mid-South Health
System –
Affiliate of Arisa**

**Brinkley, Marianna, &
Forrest City (or Simulation)**

EACC
Practical Nurse Program
**Mental Health Clinical
Orientation**

Students must arrive in uniform at 8:00 to the assigned conference room. Street clothes can be worn if students participate in an outing. Instructor will discuss what is appropriate.

All students must attend the formal orientation conducted by the facility.

Students will be given codes to enter and exit the building –do not give these out to the clients.

The clients fix their own lunch. However, students at some facilities are allowed to eat this and at others you may have to bring your own lunch. The instructor will let you know.

Students are expected to participate in therapy sessions where allowed and activity sessions. The clinical grade will reflect participation.

Students cannot ask personal questions of the clients or give clients their personal information.

Students must remember confidentiality laws.

Tour the facility –make sure you know the location of the conference room, restrooms.

The psychiatric objectives should be reviewed and the evaluation form.

There is not an RN on staff, instructors will work with the head of the Community Based Rehab program.

NURSING HOME ROTATION

- *Crestpark Wynne*
- *Crestpark Forrest City*
- *Crestpark Marianna*
- *RiverRidge (Wynne)*

EACC
Practical Nurse Program

**Clinical Objectives Nursing I
Nursing Home**

At the completion of this clinical rotation the student will be able to:

With assistance, gather data on the elderly resident that can be used to complete an evaluation of the body systems from head to toe and complete a health history/part of an MDS form

Using knowledge learned in theory; **safely** perform basic nursing skills for the elderly resident. The instructor will sign the procedure card when safely performed. **The instructor must be present for all skills completed!**

With assistance properly document nursing care given to the elderly resident using correct terminology and spelling. Documentation will be on notebook paper only.

Review the resident's MAR and discuss medications common to the elderly resident, including their classification, action, dosage, side effects, and nursing interventions. Refer to your Quick Medication Guide

After looking at the resident's chart, discuss a chronic disease your elderly resident has.

Begin to use therapeutic communication skills to interact with the elderly resident and his/her family.

Begin to use therapeutic communication skills to interact with other members of the health care team.

Begin to use the Nursing Process to **assist the care plan coordinator** in assessing, planning, implementing, and evaluating the care given to their elderly patients.

Discuss cultural differences that affect the care of the elderly resident.

Develop a one-page teaching tool for the elderly resident that is based on an identified learning need. (See teaching project requirements to follow.) This must be taught to the resident.

Recognize the LPN's role in working with the elderly resident based on the Nurse Practice Act.

Discuss procedures that are delegated by the LPN's working with the elderly residents.

Begin to recognize the LPN's role within the health care team in long term care settings.

Begin to recognize community resources that can be utilized to meet the needs of the elderly in long term care settings.

EACC
Practical Nurse Program
Crestpark Wynne Orientation
870-238 -7941

400 Arkansas Ave., Wynne, AR 72396

- Students should arrive and be ready to work by 7:00AM.
- All students should meet in the conference room (Day Room) on New West
- All belongings are left in the conference room on New West.
- The facility will feed you, but you can bring your lunch. Cost of a tray is \$4.00. You must turn your money into the front office early. Students may not leave the facility for lunch. Lunch break is 30 minutes.
- Students go to lunch after the 11:30 accuchecks are completed. You must help with feeding of residents at 12:00 noon.
- There are soiled supply rooms on each hall. Put your dirty linen in a plastic bag (or black trash bag) and put it in the linen can in the soiled linens room/door. If you put a dirty diaper in the trash, tie off the bag and take it to the soiled room. No linen with stool in it can be sent to the laundry-you must wash the stool out of all linen.
- Get your linen early-it goes fast!
- Only ONE glove may be worn in the hall and cannot be used to open/touch any item.
- The code to get out the front door is **913***. No code needed to get in.
- Laura Beth Cullen is the Administrator and Kim Dollar, RN is the DON, and Jessica Huckaba, LPN is the CNA Supervisor & Treatment Nurse.
- The facility is divided into 2 Nurse's Station: East and North
- Keep the supply carts covered in the hall.
- Any supplies or linen must be carried in a trash bag to prevent cross contamination.
- If you have an emergency at home, tell your family to call 870-238-7941 or they can call the school and ask for the nursing secretary.
- Park out on the street or behind the building.

******TWO COVID Vaccinations are required!**

Revised 2023

EACC
Practical Nurse Program
Crestpark Marianna Orientation
870-295-3466

Melisha Dilks is the Administrator and Barbara Belew, RN is the DON.
Located at 700 W. Chestnut Street, Marianna, AR 72360

General Requirements:

- Must bring your own gloves and carry them in a Ziplock bag in your pocket.
- Must wear masks.
- Cannot leave the facility for any reason. If you have an emergency at home, tell your family to call the nursing home.
- Meet in the parking lot. Temps will need to be checked at the door.
- Conference room for our pre- and post-conference meetings are to the left across DON office.
- Lunch must be eaten 11A-11:30 (This may be adjusted to meet your residents' needs.)
- Accuchecks are completed at 11:30 and you should be assisting with feeding at 12 noon.
- Can bring your lunch, but no refrigerator for our use. Eat in conference room.
- Can eat at facility for \$4.00.
- Restrooms for employees are on each Wing (2 & 3). Keys are hanging towards the top of each door.
- Charts are behind each Nurse's Station. Med carts and supply carts are at stations and locked. Med pass is a 7A and 11A.
- Soiled and clean linens rooms are on each Wing across from the Nurse's Station. Whirlpool & shower on Wing 3. Shower room also located on Wing 2.
- No gloves are worn in the hallways.
- WASH HANDS! WASH HANDS! WASH HANDS!

*****TWO COVID Vaccinations are required!**

East Arkansas Community College
Practical Nursing
Crestpark Retirement Inn
Forrest City, AR
Orientation

Melissa Miller is the Administrator and Charlotte McKee, RN is the DON.

Location: 500 Kittle Road, Forrest City, AR

Phone: 870-633-4260 and ask for the nurses' desk on the 100 Hall

General Requirements:

- Can eat at the facility for \$4.00, must turn the money in to Carolyn at the front desk by 9:30
- Must park out front to the right of the building
- Cannot leave the facility to go eat
- Can bring your lunch –no refrigerator for our use-bring it in a small cooler if not buying
- To exit the front glass door, push the lighted button to the right-look up and then push the door open. Cannot hold the door open or an alarm will sound
- The ice scoop must stay covered
- The linen cart in the hall must stay covered
- No gloves can be worn in the halls
- When changing a diaper must carry the dirty one out of the room in a plastic bag and take to soiled utility room. Do not leave wet or dirty diapers in the trash can in the room!
- Each time the diaper is changed, date, time and initial it
- You are responsible for incontinent care of your resident every 2 hours and turning of the resident every 2 hours if indicated.
- The last 3-4 weeks the student will have an opportunity to give medications with the nurse.

******TWO COVID Vaccinations are required!**

Revised 2022

East Arkansas Community College
Practical Nursing Program
RiverRidge Nursing Home
Orientation
870-238-4400

- Students should arrive and be ready to work at 7:00 am
- All students should meet in the conference room designated by the instructor.
- All belongings are left in the conference room. (Do not bring anything valuable inside)
- The facility will not feed you. You will need to bring your lunch because you are not allowed to leave the facility for lunch. There are snack machines if you need to purchase something to eat. Lunch breaks are 30 minutes long.
- Students may take a lunch break after lunch accuchecks have been done. You must assist with feeding the residents at 12:00.
- When you get clean linen, it must be carried in a plastic bag to the room. Soiled linen should also be taken to the soiled utility room in a plastic bag.
- Get linen early- it disappears.
- NO GLOVES MAY BE WORN IN HALLWAYS
- The code to get in/out of the building is on the doors.
- There are keys above door frames to get into interior doors.
- The facility has a main nurses' station which is central to the building.
- There are 4 Hallways referred to as A Hall, B Hall, so on.
- If you have an emergency at home, tell your family to call 870-238-4400.

*****TWO COVID Vaccinations are required!**

Revised 2023

EACC
Practical Nurse Program
Nursing Home Rotation
Teaching Project

During the nursing home rotation, the student must develop a teaching tool for a resident that you have worked with. Requirements for the teaching tool include:

- ❖ The tool should be relevant to an identified teaching need for a resident
- ❖ The tool should be colorful and contain a picture
- ❖ The school name should be on the front
- ❖ The student should write their name on the back
- ❖ The tool should be copied on yellow paper given to you by the school.
 - Please also run one on white paper to be graded.
- ❖ The tool should be theoretically correct
- ❖ The tool should contain correct grammar and spelling
- ❖ The tool must be typed

East Arkansas Community College
Nursing I
**Teaching Tool
Grade Sheet**
(70 Points Possible)

Student's Name: _____ Date: _____ Topic: _____

- | | |
|--|-------|
| 1. Name of the school is on the front of the tool – 5 | _____ |
| 2. The tool is run on yellow paper – 5 | _____ |
| 3. The tool contains pictures and is colorful – 10 | _____ |
| 4. The tool is theoretically accurate – 10 | _____ |
| 5. The student controls the environment to teach and validates learning – 10 | _____ |
| 6. The tool is typed – 10 | _____ |
| 7. The tool is written with correct grammar and spelling – 10 | _____ |
| 8. The tool is relevant to the resident's needs – 10 | _____ |
| | _____ |
| | Total |

Comments:

Crossridge

EACC
Practical Nurse Program
Nursing II, III, IV
**CrossRidge Community Hospital
Orientation**

The students must attend the formal orientation held by the facility.

******TWO COVID Vaccinations are required!**

All students must attend their computer charting workshop. CrossRidge uses Meditec / Expanse Web computer system which is slightly different from HMS. Do not click on the icon that states "Expanse Web – LIVE". Refer to charting handouts included.

AC and HS accuchecks must be scanned using one of the nurses' scan bars. The accucheck machine automatically enters the results into the chart. Check chart for insulin dosage if needed. **If there is an abnormal result/reading, you must enter the intervention you implemented to correct it – otherwise, this is counted against the nurse you are under when chart audits are performed!**

The doctors make rounds at 0700 -0730. Check orders-history to see if you have any new orders to implement.

They use COWs that must be taken to the room to scan the patient's armband and then each medication for medication administration. Once the doctors have completed rounds; students may take any computer not being used. Cannot go into the doctor's computer room until they have finished around 0800. Then, you go in there to chart on any of the computers. Do not sit at the very first desktop computer to the left of the computer room. This is Dr. Burks' computer.

Please look at your order of care to help you organize your time.

You may see their nurses on cell phones but remember you cannot bring your phone into clinical. The instructor will have a phone to allow for communication with other instructors or the chairperson.

Revised 2022

Forrest City Medical Center

EACC-Practical Nursing Program
Forrest City Medical Center
Student Orientation

This is the way the student will organize his/her day:

- After report from the instructor, use your patient care worksheet to obtain VS-temp, apical pulse, respirations, and B/P. Obtain your head to toe assessment – **this includes pedal pulses on all patients**. Chart your head to toe data gathering in the narrative, VS on the nurses' notes.
- **At 0710, check to see if your nurse is out of report – if walking rounds were not made. (The marker board at the nurse's desk will indicate who your nurse is.) Get report on your patient from your nurse. Come tell the instructor anything the nurse tells you that the instructor did not tell you.**
- 0800 am, Medications should be in the patient drawer. Begin medication drills, write any new cards you do not have – all 0900 meds must be given by 1000. We start giving them at 0830! Remember, you cannot give any IV meds, or shots without the instructor with you!
- After you have given medications, check your chart for new orders. If you have new orders, write them down to implement. You will have a red flag show up on the computer. Students cannot acknowledge orders but we are responsible for implementing new orders.
- Complete AM care and linen change.
- **By 1200 have the assigned screens completed and ready to be checked by the instructor; head to toe check narrative, every 2 hour charting on the narrative. Remember, you are expected to teach your patient something every day!** Instructors must sign the medication administration student form!
- After the instructor signs off your orders on the computer, you may use your template to give change of shift report. Write it out if you must.
- All patients are on I & O – this means measure the urine. The patient must have a hat or a urinal if you are going to measure it.
- At the end of the week, if you no longer need your patient care worksheets, place them in the shredder box!
- We do not eat together, half go at a time. Give report to a peer to cover for you.
- Post-conference each day is at 1330 in the conference room on 2nd floor or in the cafeteria. We leave at 1400. We leave if all is charted and done!! Charting seems to make us late, so stay caught up on charting. The instructor does not need to read each entry prior to charting it. Unless you are unsure of how to chart it.
- With these patients, we must chart IV fluids, saline locks on the IV part of the nurse's notes (under wound care). Chart the fluid, where the IV is located, and the rate. For a saline lock, chart saline lock and where it is.
- The telephone number for FCMC is 870-261-0000.
- **Do not ever copy any part of the chart.**

******TWO COVID Vaccinations are required!**

Revised May 2023

Nursing

III

EACC
Practical Nurse Program
Nursing III

Students are to read about Diabetes in your Foundations of Adult Health Nursing textbook. The student is to write a paper on Diabetes. This paper should include:

(10 points per category)

- Definition of Diabetes
- Signs and symptoms
- Classifications
- Insulins used –*those in text*
- Oral agents used–*those in text*
- The difference in oral agents and insulin as far as how they work
- Signs of hypo and hyperglycemia
- Patient teaching: foot care, guidelines for exercise, finger sticks
- Diabetic Ketoacidosis
- Neuropathy

This is worth 100 points for this rotation. It is placed in your concept map folder and reread with each Diabetic patient.

**EACC-PN Program
Hospital Orientation
Orientation/Scavenger Hunt**

Name: _____ **Date:** _____ **Facility:** _____

The student must locate the following supplies/areas before leaving the facility:

Cafeteria _____	Patient nutrition refrigerator _____	Wash basin _____
Bathroom _____	Drinking cups _____	Soap _____ Emesis basin _____
Pre/post conference room _____	Formula for feedings (i.e., Jevity, Ensure) _____	Water pitcher _____
Dialysis _____	Clean linen _____	Gloves _____
Physical therapy _____	Receptacle for dirty linen _____	Syringes for medication administration- Heparin/TB, 3cc syringe, needles _____
Radiology _____	Charge ticket card _____	60cc piston syringe _____
Lab _____	Medicine cups-paper and plastic _____	NG tube irrigation kit _____
ER _____	Toothettes _____	Suction catheters _____
Band-aids _____	Toothbrush/paste _____	Stomach tubes/NG tubes _____
Kerlix _____	Combs _____	Enema bags _____
4x4s _____	Slippers _____	KY jelly _____
tape-paper and clear _____	Thermometer _____	Denture cups _____
Telfa dressing _____	Thermometer covers _____	Specimen cups _____
Abd dressing _____	Catheter kits _____	
Straws _____		
Spoons _____		

EACC
Practical Nurse Program
**Clinical Objectives-Emergency Room
Nursing III**

At the completion of this rotation the student will be able to:

- Define triage and give **examples** of the use of triage in the emergency room.
- Discuss tasks performed by the LPN in the ER-were these within the Nurse Practice Act.
- Discuss one major condition that was treated in the emergency room. (Complete a concept map on the patient's diagnosis and all aspects of nursing care)
- With assistance from the ER nurses, and using correct technique, draw blood or start the ER patient's IV. The instructor is available at Delta Rehab if needed.

When documenting this objective, please tell the number of attempts and the number of successful sticks for both blood draws and IV starts.

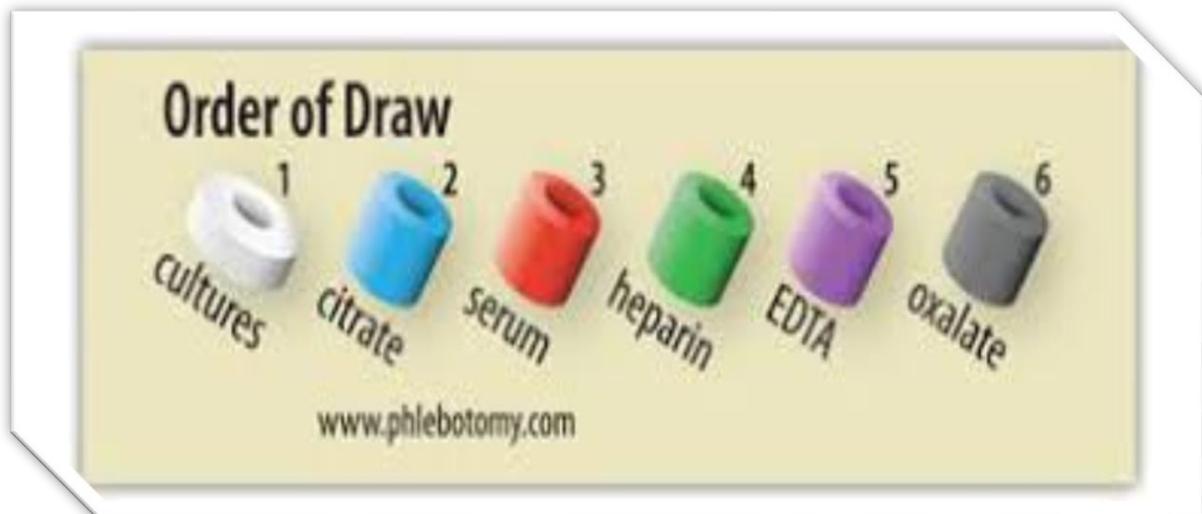
- Perform basic PN-level skills for the ER patient. Please keep a list of all skills performed. This includes admissions, Foleys, medications, weights, etc. **The ER nurse assigned to that room must verify all dosages and accompany the student to give any parenteral medications.**

These objectives are to be completed each time you go to the ER!

**EACC
Practical Nursing Program
Order of Blood Draw**

- ★ **White** - **Blood Cultures**
- ★ **Blue**
- ★ **Red**
- ★ **Green**
- ★ **Purple**
- ★ **Gray**

-per Center for Phlebotomy Education 2011



Developed June 2016

Lab Tests – Tubes to Draw

GREEN	SPECKLED	BLUE	PURPLE	OTHER
Acetamin	Acetone	PT	CBC	Lactic Acid
Acetone	Anemia study	APTT	Sed Rate	Full tube-GRA-on ice
Ammonia (on ice) -Full tube	B12	Fibrinogen	Retic	
Amylase	Cortisol	D-Dimer	Anemia Study	
BMP	Folic AC/Folate	E-Glob	BNP	CD4-yellow & purple
Cardiac Panel	HCG (Quant)	Factor II	HAIC	
CMP	Hepatitis Panel	Factor IX	Lead	
Digoxin	HIV	Factor V	Sickle Cell ST	
Ferr	Ionized Calc- (unopened)	Factor VIII		
Dilantin	Iron	FactorX		
Genta	Lithium	Thrombin		
HCG (Quant)		Anti-Throm III		
Hepatic Panel	Mono Spot	Factor VII		
Lipase	PTH			
Lipid Panel	RA Screen			
Magnesium	RPR			
Phenobarb	Rubella			
Phos	Serum Preg			
Pre-Albumin				
Renal Panel				
Salicylate				
Thyroid Panel				
Tobramycin				
TSH				
Uric Acid				
Vanco				
Alcohol				

Any tests NOT on this list – Call lab for assistance!

Insulin Comparison Chart

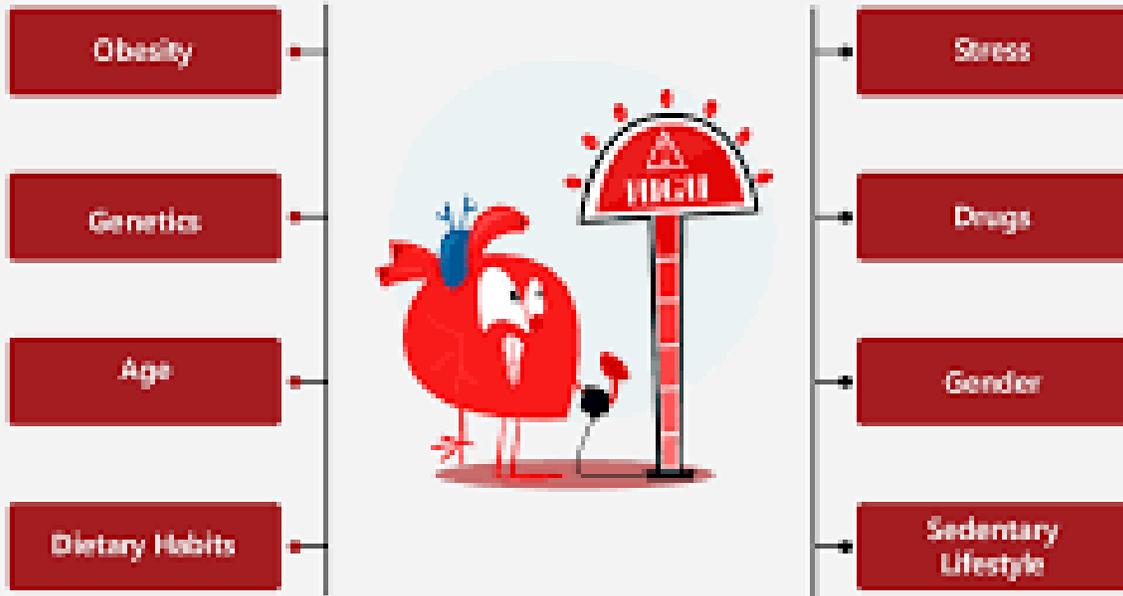
Type of Insulin	Brand Name	Generic Name	Onset	Peak	Duration
Rapid-acting	__ NovoLog	__ Insulin aspart	15 minutes	30 to 90 minutes	3 to 5 hours
	__ Apidra	__ Insulin glulisine	15 minutes	30 to 90 minutes	3 to 5 hours
	__ Humalog	__ Insulin lispro	15 minutes	30 to 90 minutes	3 to 5 hours
Short-acting	__ Humulin R	__ Regular (R)	30 to 60 minutes	2 to 4 hours	5 to 8 hours
	__ Novolin R				
Intermediate-acting	__ Humulin N	__ NPH (N)	1 to 3 hours	8 hours	12 to 16 hours
	__ Novolin N				
Long-acting	__ Levemir	__ Insulin detemir	1 hour	Peakless	20 to 26 hours
	__ Lantus	__ Insulin glargine			
Pre-mixed NPH (intermediate-acting) and regular (short-acting)	__ Humulin 70/30 __ Novolin 70/30	__ 70% NPH and 30% regular	30 to 60 minutes	Varies	10 to 16 hours
	__ Humulin 50/50	__ 50% NPH and 50% regular	30 to 60 minutes	Varies	10 to 16 hours
Pre-mixed insulin lispro protamine suspension (intermediate-acting) and insulin lispro (rapid-acting)	__ Humalog Mix 75/25	__ 75% insulin lispro protamine and 25% insulin lispro	10 to 15 minutes	Varies	10 to 16 hours
	__ Humalog Mix 50/50	__ 50% insulin lispro protamine and 50% insulin lispro	10 to 15 minutes	Varies	10 to 16 hours
Pre-mixed insulin aspart protamine suspension (intermediate-acting) and insulin aspart (rapid-acting)	__ NovoLog Mix 70/30	__ 70% insulin aspart protamine and 30% insulin aspart	5 to 15 minutes	Varies	10 to 16 hours

*Regular Insulin is the ONLY insulin that may be given IV – all others are SQ.

THIS MUST BE ON YOUR CLIPBOARD FOR CLINICAL!

Hint: This is also a great tool to help you study your insulins for exams and even PN-NCLEX!

CAUSES AND RISK FACTORS OF HIGH BLOOD PRESSURE





Learn About Your Medications...

Medication Type	What They May Be Prescribed For	What They Do	Possible Side Effects
<input type="checkbox"/> Nitrates (nitroglycerin) _____	Angina	Widen Blood Vessels; Reduce Heart's Workload	Headache; Other: _____ _____
<input type="checkbox"/> Beta-Blockers _____	Angina, High Blood Pressure, Heart Rhythm Problems	Slow Heart Rate; Reduce Heart's Workload	Tiredness, Shortness of Breath, Trouble Sleeping, Impotence Other: _____
<input type="checkbox"/> Calcium Channel Blockers _____	Angina, High Blood Pressure, Heart Rhythm Problems	Widen Blood Vessels; Reduce Heart's Workload	Headache, Dizziness, Swelling of Ankles, Constipation, Other: _____
<input type="checkbox"/> Diuretics _____	High Blood Pressure, Heart Failure	Reduce Blood Volume by Removing Excess Sodium and Water	Dizziness, Muscle Cramps, Impotence, Raised Blood Sugar, Other: _____
<input type="checkbox"/> ACE Inhibitors & Angiotensin II Blockers _____	High Blood Pressure, Heart Failure	Widen Blood Vessels; Reduce Heart's Workload	Dry Cough Other: _____
<input type="checkbox"/> Digitalis _____	Heart Rhythm Problems, Heart Failure	Slows and Strengthens Heartbeat	Tiredness, Nausea, Loss of Appetite, Headache, Confusion, & Diarrhea, Other: _____
<input type="checkbox"/> Blood-Thinning Agents _____	Angina	Reduce Risk of Blood Clots and Heart Attack	Stomach Irritation Other: _____
Other: _____			

EACC
Practical Nurse Program

Nutrition Tip: Foods High in Sodium

Buttermilk
Canned meats or fish
Canned soups
Canned vegetables
Casserole and pasta mixes
Catsup
Cheese (all kinds)
Delicatessen meats
Dried fruits
Dried soup mixes
Foods containing MSG
Frozen vegetables with sauces
Gravy mixes
Ham

Hot dogs
Olives
Pickles
Prepared mustard
Preserved meats
Processed foods
Salted nuts
Salted popcorn
Salted snack foods
Softened water
Soy sauce
Tomato juice

EACC
Practical Nurse Program

Nutrition Tip: Ways to Decrease Sodium in the Diet

- Shift snacks from cheese to fresh or frozen fruits and vegetables
- Stay away from “convenience” foods: ready-mixed sauces, frozen dinners, cured or smoked meats (including lunch meats), canned soups, and prepared salad dressings- unless the label truly indicates a low sodium content.
- Be aware that regular canned vegetables often contain a large amount of sodium; in some instances, rinsing will greatly decrease the sodium content.
- Check soda pop labels for sodium content; many contain high sodium.
- Check cereal box labels for sodium content; switch to a lower sodium cereal such as shredded wheat.
- Leave the salt shaker off the table.
- Make a salt substitute seasoning. Check with the doctor first.
- When ordering at a restaurant, ask which dishes are low in sodium. Ask the cook to refrain from salting your dishes.
- Ask fast food restaurants to supply you with a list of their available foods showing the sodium content of each item. Research this on line.

PNEUMONIA

Pneumonia is an infection and inflammation of the lung that can be caused by many different organisms. The symptoms can vary considerably, depending on the causative organism.

SIGNS AND SYMPTOMS OF PNEUMONIA

- Fever and chills
- Muscle ache and fatigue
- Shortness of breath and chest pain
- Loss of appetite
- Weakness or tiredness
- Irritation cough that may produce sputum. Sputum could be yellowish or greenish and may contain blood or have a foul odor.

CAUSES OF PNEUMONIA

- Viral pneumonia can occur when upper respiratory viral infections and flu spread to the lungs.
- Bacterial pneumonia is usually caused by Streptococcus, Staphylococcus, or Haemophilus bacteria;
- Mycoplasma pneumoniae, often known as “walking pneumonia” is a contagious lung inflammation caused by the mycoplasma bacteria.

PREVENTIONS

- Get flu vaccination each flu season (September – March);
- Practice good hygiene
 - Wash your hands often, especially before eating;
 - Dispose of tissues immediately after use;
 - Avoid touching your eyes, nose or mouth with your hands;
 - Avoid unnecessary contact with someone who has pneumonia or another respiratory infection.
- If you are in a high-risk group, ask about the pneumonia shot.
- Don't smoke. Smoking increases your risk of pneumonia.
- Take care of yourself by eating a healthy diet, exercise regularly, and get enough sleep.

CALL THE DOCTOR IF:

- You have symptoms of pneumonia;
- The following occur during treatment:
 - Fever
 - Pain that is not relieved by the heat or prescribed medication
 - Increased shortness of breath
 - Dark or bluish fingernails, skin, or toenails
 - Blood in your sputum
 - Nausea, vomiting, or diarrhea
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

The Nursing III Clinical Grade is an Average of All the Performance Evaluation and the Management Objectives.

EACC
Practical Nursing Program
Computerized Charting Nursing III
Grade Sheet

Total Points: 100 points

1. Opening narrative head to toe with all tubing, dressings, etc. (50 points) _____
IV site assessment in narrative (pain, redness, swelling noted at IV site) (10 points) _____
Patient teaching in the narrative (10 points) _____
Every two-hour entry is relevant to the diagnosis (10 points) _____
2. I&O: (Have IV left to count) (5 points) _____
3. Vital signs (5 points) _____
4. Pain assessment (5 points) _____
5. Labs on patient care assignment sheet (5 points) _____

Comments:

Instructor sign "meds given" screen for FCMC _____

Instructor signs entries and corrects all misspelled words
and omitted entries _____

Revised 2023

EACC
Long Term Care Management Rotation
Guidelines for the Rotation
Nursing III

One or two students a week will return to the skilled nursing facility to work directly with the nurses. The students will work 7-3 on their scheduled clinical days. Each student will work two days a week. **This rotation is part of your Nursing III clinical grade.** Dates for each student are on the schedule.

Students should be given assignments by the nurse to complete. This should include care for multiple patients. **One purpose of this rotation is to learn to manage time and set priorities for patient care. Students cannot give medications but should observe medications being given at least one day.**

Assignments can include but not be limited to: skin care assessments (body audits), vital signs, wound care, accuchecks, PEG tube feedings/dressings and verifying placement, obtaining specimens, and blood draws/cultures.

Students are expected to arrive on time and be ready to work. They are to dress in uniform and look professional, have all their needed equipment, and act professionally. **Students cannot leave the facility for lunch.** Students are not to spend the day sitting in the break room. Mrs. Davis will be around to check on you.

Students will have management-related objectives that they will also have to complete during this rotation. These are **10 points each** and are part of your Nursing III clinical grade. Objectives are due to Mrs. Davis on the next classroom day after your management rotation.

Students should participate in the change of shift report.

There are no make-up days for this rotation; therefore, students cannot miss this rotation for any reason!!!

Revised 2023

Pediatric & Obstetric Nursing

The Pediatric & Obstetric Nursing Clinical Grade is
an Average of All Performance Evaluations,
Procedure Card, and any grades accumulated in
Simulation Lab.

EACC
Practical Nurse Program
FCCM Women's Department Orientation

- When entering the Women's Department, enter on the side where the newborn window/Med-Surg is located.
- Your instructor will give you report prior to your shift. Depending on census, you may have as many as 3 patients.
- Introduce yourself to your patient and write your name on the board in the room.
- Your day will start by getting your vital signs and post-partum head-to-toe data gathering on each of your patients. The 8AM data gathering also includes all the parameters you did on a med/Surg patient.
- **You will chart this when completed on paper. Due to the brevity of the rotation, we will not be charting on the computer in this department. You must keep the nurse that has your patient up to date on the patient since you are not charting on the computer.**
- Vital signs are performed once a shift on routine vaginal deliveries and q 4 hours for the C-section patients. You must let your instructor and the nurse caring for the patient know if any parameters are not what they should be.
- We start passing medications at 0800. Most of these patients get the same medications that you will do a drug card on at the beginning of the rotation.
- Medications are given using the EMAR on the computer.
- The code for the med room will be given to you by your instructor.
- Note all meals so the intake can be recorded on the I&O.
- After the medications, have been passed; help your patient with AM care. If not discharged, the bed must be made.
- The code for the supply room, clean and dirty linens, supplies, ice, etc. is 47528.
- Throughout the day you must make sure the mom has been recording the intake and output on the baby. Make sure the baby is eating what the nursery requires and how often they require. Make sure the infant is urinating and having BMs.
- Any time a Foley is removed, **you must give the mother a hat and tell her to urinate in it. The first 3 voids post removal must be measured.**
- When the mother is discharged, this does not mean that the baby has been discharged. You can begin her paperwork, but she cannot go until the baby's order has been written and the baby's paper work is completed. Once both are ready to leave, place the baby in the mother's arms and escort them to the car **by wheelchair.**
- **The infant must have a car seat to leave!! Baby cannot be carried out in the car seat!**

East Arkansas Community College
Practical Nurse Program

Guidelines for the Pediatric Rotation with Use of Preceptors

Role of the student:

- Students should contact the assigned preceptor and arrange for their own orientation to the facility.
- Students are to arrive on time, in uniform, and with all needed equipment.
- If your preceptor does not have a copy of the rotation objectives and evaluation form, the student is to provide them with one the first day.
- The student must work an 8-hour day-lunch is not included in this time.
- The instructor assigned to you must be called by 8:00 if you are going to be late or miss. Also, the office must be called. There are no makeup days for the rotation. Therefore, students should try to not miss any day.
- The assigned instructor will check on you at some point each day. Should a problem arise, call the assigned instructor.
- Students may leave the facility for lunch but must return on time.
- The student cannot miss one of these days, there is no make-up time.
- No cell phone use in clinical.
- Be respectful of the assigned preceptor.
- Remember the preceptor must observe all medication administration.

Role of the Preceptor:

- The preceptor agrees to supervise the student for the 4 days of the rotation. **All medication administration must be supervised.**
- The preceptor agrees to complete a clinical evaluation of the student's performance.
- The preceptor will call the assigned instructor for any concerns.

Role of the Program Director/Instructor:

- The Division Chairperson will contact each office and determine who will be the preceptor.
- The Division Chairperson will ensure all contracts are signed.
- The assigned instructor will check on you each day either by phone or in person. Should a problem arise, call the instructor assigned to you.

Assignment of clinical rotation grade:

- **The Pediatric clinical grade is based on the preceptor's evaluation of you; the Pediatric rotation objectives as written up and turned in, and the Pediatric care plan. Objectives and the care plan are due to the assigned instructor on the assigned date.**

East Arkansas Community College
Practical Nurse Program
Student Evaluation of the Preceptor

Name of Student: _____ Name of Preceptor: _____

Date: _____

5=Excellent 4= Above Average 3= Average 2=Below Average 1=Needs improvement 0=Failing

Using the above scale, please rank the preceptor in each of the following areas:

- | | |
|--|-------------|
| 1. The preceptor is willing to help orient the student to the facility. | 5 4 3 2 1 0 |
| 2. The preceptor is there on time each day to work with the student. | 5 4 3 2 1 0 |
| 3. The preceptor is professionally dressed, clean, and neat. | 5 4 3 2 1 0 |
| 4. The preceptor demonstrates proper attitude and work ethic. | 5 4 3 2 1 0 |
| 5. The preceptor is willing to work with the student on meeting required objectives. | 5 4 3 2 1 0 |
| 6. The preceptor seeks out opportunities to help the student meet the pediatric objectives and skills for check off. | 5 4 3 2 1 0 |
| 7. The preceptor is willing to demonstrate tasks the student has never done. | 5 4 3 2 1 0 |

Comments: _____

East Arkansas Community College
Practical Nurse Program
Pediatric and Obstetric Nursing Clinical Objectives

At the completion of this clinical rotation, the student will be able to:

Gather data on the postpartum patient in order to complete a head-to-toe data gathering entry using the 8 steps of post-partal data gathering.

Properly document the 8-point data gathering. (This is on notebook paper only).

Use therapeutic communication skills to interact with the post-partal patient and family.

Use therapeutic communication skills to interact with the other members of the maternal/child health care team.

Discuss cultural beliefs or values that affect the care of the maternal patient.

Discuss procedures that may be delegated by the LPN when working with the maternal/child patient.

Discuss medications commonly given on postpartum. This includes the classification, action, dosage, side effects, nursing interventions, and patient teaching. (See medication list for postpartum). Drug cards will be made on these medications.

Example of Charting the Data Gathering: 90 Points

2-26-22 0700: Alert, oriented to time, place, and person. Breasts are soft with no areas of hardness, warmth, or redness noted. No cracks or fissures noted to the nipples. Clear discharge noted from the nipples. Informed mother that it is colostrum and its significance for the baby. Advised the mother to put on a well-fitting bra and to wear it 24hrs a day. Fundus soft and at mid-line. Massaged until firm. Tolerated well. Fundus is two fingerbreadths below the umbilicus. Lochia rubra, moderate amount noted with no clots or foul odor. Informed mother of the normal progression of the lochia. 2nd Degree laceration present. Edges are approximated with no redness. Mother states, “very painful” but does not want medication at this time. Pain is 6/10 on pain scale. Had BM this AM. No hemorrhoids present. Denies any pain with voiding. Homan’s sign negative bilaterally. Newborn and mother are bonding – mother holding and talking to newborn. Significant other is present at the bedside. -----DHILLRN

East Arkansas Community College
Practical Nurse Program
Clinical Objectives

Hospital Rotation – Peds & OB

The hospital rotation in Peds/OB allows the student to function independently using the instructor as a resource only. The student will continue to complete the objectives from Nursing III which follow and complete additional requirements for this course which are in bold print.

At the completion of this clinical rotation the student will be able to:

With assistance gather data from the patient in order to complete the head-to-toe narrative entry on the computer for the medical/surgical patient.

Using knowledge learned in theory; **safely** perform basic nursing skills for the medical/surgical patient.

Follow one patient through the admission process for surgery in day surgery, go to surgery, and then observe recovery of that patient in the PACU unit. (This will have to be completed at FCMC)

Properly document nursing care given to the medical/surgical patient on the computer.

Discuss medications common to the medical/surgical patient, including their classification, action, dosage, side effects, and nursing interventions. Drug cards are required for medication administration.

Discuss common recurring diseases seen on the medical/surgical floor.

Begin to use therapeutic communication skills to interact with the medical/surgical patient and his/her family.

Begin to use therapeutic communication skills to interact with the other members of the medical/surgical health care team.

Use Tanner's Critical thinking model to critically think about the care given each week to the student's assigned patient.

Discuss beliefs or values that affect health care when working with medical/surgical patients from different cultural groups.

Implement teaching based on identified learning needs of the medical/surgical patient.

Recognize the LPN's role in working with the medical/surgical patient based on the Nurse Practice Act.

Observe procedures that are delegated by the LPN working with the medical/surgical patient.

Begin to recognize community resources that can be utilized to meet identified patient needs.

Revised 2023

East Arkansas Community College
 Practical Nursing Program
Signs & Symptoms Grading Rubric

Performance	S	NI	U <i>(must be redone)</i>
Data Gathering (chart / report / patient)	Completes data gathering on patient from all 3 sources	Completes data gathering on patient from 2 sources	Completes data gathering from 1 source
Diagnostic Tests	Includes diagnostic tests, pt. results, and normal value for each	Includes diagnostic tests, but leaves off either pt. value <i>or</i> normal value	Only includes name of test
Treatments / Interventions	Includes all treatments and rationales	Leaves off at least 2 treatments	Leaves off more than 2 treatments
Medications	Includes all medications with class/side effects/teachings	Includes only half the medications/side effects/treatments	Includes less than half of the medications/side effects/treatments
Nursing Interventions	List all nursing interventions for patient currently being done and rationale for each	Include only half the nursing interventions and rationales	Includes less than half of the interventions or no rationales
Comparing Data	Compares what was alike in all assigned patients	Compares what was alike in only half of assigned patients	Does not compare what was alike in assigned patients
Signs & Symptoms NOT Being Addressed	Identifies one new sign or symptom and includes its intervention(s)	No new sign or symptom to report	Did not address in assignment turn in

East Arkansas Community College
Practical Nurse Program
Assessing Your Patient's Pulses

Name: _____

Find each of the following pulses on your patient and document the grade of each using the scale below: **Refer to page 346 of Fundamental Concepts and Skills for Nursing text for the sites.**

Carotid: _____

Apical: _____

Brachial: _____

Radial: _____

Popliteal: _____

Posterior Tibial: _____

Dorsalis Pedis: _____

If you cannot find these pulses on your patient, check them on another patient until you do find them!!

Grade: 35 points= 5 points each

Pulse Grading Scale: Foundations and Adult Health Nursing

0 Absent pulse

1+ Thready

2+ weak pulse

3+ normal pulse

4+ bounding pulse



**Sim Lab
2023-24**

East Arkansas Community College
Practical Nursing Department
CONFIDENTIALITY AGREEMENT

As a patron of the Simulations Lab, I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

**I agree to adhere to the following guidelines:
Read, Understand, Sign below.**

1. All patient information (real or fictional) is confidential and an inappropriate viewing, discussion, or disclosure of this information is a violation of policy. DO NOT discuss information to your classmates who are not involved in YOUR simulation lab exercise.
2. This information is privileged and confidential regardless of format: electronic, written, overheard or observed.
3. The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner.
4. In certain scenarios a student will be assigned as the team leader and should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students. **Any student caught humiliating another student will be written up for unprofessional conduct and/or any other related unprofessional conduct that may apply.**
5. Video/audio recording may be utilized during the scenario as an assessment tool for debriefing that will be done at the end of the student scenario. All recording will permanently be erased in the presence of the student at the end of every debriefing. The only exception is if the student and instructor have a verbal agreement to save the recording for future viewing with the student and/or for showing future classes as a learning tool.

Signature: _____

Printed Name: _____

Date: _____

Instructor: _____

East Arkansas Practical Nursing

S	<p><u>Situation: What is happening at the present time?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> State your name and discipline <input type="checkbox"/> Patient Name (room #/ location/ age/ diagnosis/ date admitted/ MD/ consults) <input type="checkbox"/> Problems, concerns, issues <input type="checkbox"/> Current surgical procedures <input type="checkbox"/> Isolation- type <input type="checkbox"/> Equipment needed <input type="checkbox"/> Safety Issues: Fall Risk/ Difficult Airway/ Restraint (type and current order)/ Skin Breakdown <input type="checkbox"/> Belongings/Valuables (dentures/ hearing aid/ eyeglasses/ other) <input type="checkbox"/> Plan of Care 	<u>Comments:</u>
B	<p><u>Background: What are the circumstances leading up to this situation?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief Complaint: what, where, how long, attempted treatment <input type="checkbox"/> History <input type="checkbox"/> Allergies <input type="checkbox"/> Height & Weight <input type="checkbox"/> Pneumococcal vaccine? Influenza vaccine? <input type="checkbox"/> Core measures (CAP, CHF, MI, DVT) <input type="checkbox"/> Advance directive/ Power of Attorney <input type="checkbox"/> Password for patient information <input type="checkbox"/> Code Status: date order written <input type="checkbox"/> Family Involvement/ caregiver present <input type="checkbox"/> Language/ Communication barriers 	<u>Comments</u>
A	<p><u>Assessment: What do you think the problem is?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital signs: BP, P, RR, T, O2 saturation <input type="checkbox"/> Cardiac rhythm/ dysrhythmias/ interventions <input type="checkbox"/> Physical assessment <input type="checkbox"/> Mental status <input type="checkbox"/> Activity level <input type="checkbox"/> Skin Integrity <input type="checkbox"/> Pain score/ comfort goal/ last intervention/ post-intervention score <input type="checkbox"/> PCA: settings/ mode/ breakthrough intervention <input type="checkbox"/> Medications: new orders <input type="checkbox"/> Accu-checks <input type="checkbox"/> IV Access (HL/PICC/Other)/ size/ condition/ date of insertion <input type="checkbox"/> Reconcile all lines to their origin: high risk tubing/ catheters labeled <input type="checkbox"/> IV Fluids/ Drips <input type="checkbox"/> IV connections checked <input type="checkbox"/> Blood Products <input type="checkbox"/> IV tubing: date to be changed <input type="checkbox"/> Intake & Output: bladder/ bowel/ incontinence <input type="checkbox"/> Diet/ NGT/ GT/ Fluid Retention <input type="checkbox"/> Aspiration Precautions <input type="checkbox"/> Foley catheter/ tubes/ drains <input type="checkbox"/> Diagnostic tests/ procedures: current/ significant, critical values 	<u>Comments:</u>
R	<p><u>Recommendation: What should we do to correct the problem?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Plan of care: Discharge destination and recommended support, equipment, follow-up <input type="checkbox"/> Interdisciplinary Involvement: PT/ OT/ ST/ Dietary/ Social Services <input type="checkbox"/> Case Management <input type="checkbox"/> Physician to evaluate patient 	<u>Comments:</u>

East Arkansas Community College
Practical Nurse Program
NCLEX Evaluation of Simulation

The NCLEX evaluation tool should be completed in the following manner:

Column #1:

Using your NCLEX-PN detailed test plan data found in your clinical notebook under Sim lab, decide which standard fits column # 1 and write it in. These are found in the large boxes and have a bullet point before each.

Column #2:

How was this standard observed in the sim lab portrayed today? Write your answer in this middle column.

Column #3

Identify how the inclusion of this standard could be improved upon in the scenario and real life. Write your answer in column #3.

This evaluation is so important to your success on your NCLEX examination. Questions on Boards are written using these criteria!!

SLC Observer Evaluation Rubric

Observe the simulation scenario and assess the participants' management of the situation. Note areas in which participants performed well and areas in which they need improvement. Use these observations to provide feedback and participate in discussion during debriefing.

NCLEX Client Needs Category	Examples observed during scenario	Opportunities for improvement
1. SAFE AND EFFECTIVE CARE ENVIROMENT: COORDINATED CARE		
2. SAFE AND EFFECTIVE CARE ENVIROMENT: SAFETY AND INFECTION CONTROL		
3. HEALTH PROMOTION AND MAINTENANCE		
4. PSYCHOSOCIAL INTEGRITY		

SLC Observer Evaluation Rubric- cont'd

NCLEX Client Needs Category	Examples observed during scenario	Opportunities for improvement
5. PHYSIOLOGICAL INTEGRITY: BASIC CARE AND COMFORT		
6. PHYSIOLOGICAL INTEGRITY: PHARMACOLOGICAL THERAPIES		
7. PHYSIOLOGICAL INTEGRITY: REDUCTION OF RISK POTENTIAL		
8. PHYSIOLOGICAL INTEGRITY: PHYSIOLOGICAL ADAPTATION		

Practical Nursing
Simulation Effectiveness Scale

Date: _____

Instructor: _____

	Do Not Agree	Somewhat Agree	Strongly Agree	Not Applicable
The instructor's questions helped me to think critically.	0	1	2	N/A
I feel better prepared to care for real patients.	0	1	2	N/A
I developed a better understanding of the pathophysiology of the conditions in the scenarios.	0	1	2	N/A
I feel more confident in my decision-making skills.	0	1	2	N/A
I am more confident in determining what to tell the healthcare provider.	0	1	2	N/A
My assessment skills improved.	0	1	2	N/A
I feel more confident that I will be able to recognize changes in my real patient's condition.	0	1	2	N/A
I am able to better predict what changes may occur with my real patients.	0	1	2	N/A
Completing the scenarios helped me understand classroom information better.	0	1	2	N/A
I was challenged in my thinking and decision-making skills.	0	1	2	N/A
I learned as much from observing my peers as I did when I was actively involved in caring for the simulated patient.	0	1	2	N/A
Debriefing and group discussion were valuable.	0	1	2	N/A

Please Add Comments:

EACC - Practical Nurse Program
Change of Shift Template

Name: _____ Patient's Initials: _____ Date: _____

The student should use this template every time a change of shift report is given! May be taken up for a grade any time.

- Patient's name, room number, age, sex: _____
- Admitting Diagnosis-there may be more than 1; also include if the patient is Diabetic:

- Vital signs- always give the B/P and pulse, give respirations and temperature if they are abnormal: _____
- Lab reports done that day- tell any abnormal values; are there any labs still due today i.e. INR or any ordered for tomorrow?

- Nutritional status- What diet is the patient on; is the patient NPO? Is the patient being by PEG, if so what and when?

- Elimination- is the patient continent of bladder and bowel? Does the patient have a Foley catheter? If so what does the urine look like? When was the las BM?

- Report on pain- What is the pain scale? When was the last pain medication given and what was given?

- IV- Where is it located? What size is it? Any redness, swelling, pain at the site? What are the fluids and the rate? Is it infusing by pump? What is the Left to count? (LTC) Is it just a saline lock? If so, when is the next flush due? (0800, 1600, or 2400)

- Treatments- Does the patient have wound care- tell when due next and what to use. Does the patient have PEG care? Accuchecks? Decubitus care?

- O2 status- Is the patient on O2? By what delivery method? What is the flow rate? What is the O2 sat?

- General condition of the patient:

- Any other **pertinent objective information** for continuity of care:

East Arkansas Community College
Practical Nursing Program

Simulations – Debriefing

Debriefing Activities: (Plus Delta Model of Debriefing)

Answer the following questions:

1. What went well in the scenario?
2. What would you like to change?
3. How would you change what occurred?

*Halliwell, David. University senior fellow University of Leicester, United Kingdom.
www.linkedin.com. "Quick and Dirty Debriefing-the Plus Delta System. March 19, 2017*