ANGELO STATE UNIVERSITY

BACHELOR of SCIENCE in NURSING

NUR 4333
Critical Care Nursing
Summer 2018
Melissa McDowell, EdD, MSN, RN, CCRN
COURSE NUMBER
NUR 4333

COURSE TITLE
Critical Care Nursing

CREDITS
Three Semester Credit Hours (3-0-0)

PREREQUISITE COURSES
- Generic BSN: Nursing 3320 Adult Health Nursing I Practice
- Post-Licensure students: none

CO-REQUISITES
None

PRE-REQUISITE SKILLS
Accessing internet web sites, use of ASU Library resources, and proficiency with Microsoft Word and/or PowerPoint are an expectation of the BSN programs. Computer requirements are further delineated in the Undergraduate Handbook. Tutorials for ASU Library and for Blackboard are available through RamPort. The ASU Nursing Program Undergraduate Student Handbook should be reviewed before taking this course (http://www.angelo.edu/dept/nursing/handbook/index.html).

COURSE DELIVERY
This is an online course offering with 20 hours of practicum. The course will be delivered via the Blackboard Learning Management System. The course site can be accessed at http://blackboard.angelo.edu. For support on the Blackboard System, students should contact the ASU IT Helpdesk at (325) 942-2911 extension 1.

BROWSER COMPATIBILITY CHECK
It is the student’s responsibility to ensure that the browser used to access course material on his/her computer is compatible with ASU’s Blackboard Learning System. The faculty reserve the right to deny additional access to course assignments lost due to compatibility issues. Students are responsible for reviewing the guidelines posted in this course regarding accessing Blackboard assignments. Problems in this area need to be discussed with faculty at the time of occurrence, either via a phone call (preferred) during posted acceptable hours for calling, or via email notification during times outside those posted for calls.

Be sure to perform a browser test. Select the “Support” tab from the Blackboard homepage (http://www.blackboard.angelo.edu). Then select “Test your Browser” option.

Please see computer requirements for BSN classes at this link:
http://www.angelo.edu/dept/nursing/student_resources/computer_requirements.php
FACULTY

Melissa McDowell, EdD, MSN, RN, CCRN
Office: Archer College of Health and Human Services 318 J
Phone: 325-942-2224
Fax: 325-942-2236
melissa.mcdowell@angelo.edu

OFFICE HOURS
Tuesday 1200-1700
*Alternate times available by appointment
Virtual Office via appointment

TIME ZONE
ASU and the nursing faculty are on a Central Standard Time (CST). All due dates and times in this syllabus are CST.

COURSE DESCRIPTION
Explores the interrelationship of human bio psychosocial dimensions of critical care nursing and examines the theoretical basis and nursing process for alterations in human functioning as consequences of critical illness and care.

BSN PROGRAM OUTCOMES
Upon completion of the program of study for the Generic BSN, the graduate will be prepared to:
1. Integrate nursing and related theories into the planning and/or delivery of safe nursing care.
2. Engage leadership concepts, skills and decision-making in the planning and/or implementation of patient safety and quality improvement initiatives.
3. Identify and appraise best research evidence to improve and promote quality patient outcomes.
4. Utilize technology to access information, evaluate patient data and/or document care.
5. Participate in political/legislative processes to influence healthcare policy.
6. Engage in effective collaboration and communication within interdisciplinary teams.
7. Design and/or implement health promotion & disease prevention strategies for culturally competent care.
8. Demonstrate standards of professional, ethical, and legal conduct.
9. Practice and/or coordinate, at the level of the baccalaureate prepared nurse, to plan and/or implement patient centered care.
## Student Learning Outcomes

<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Assignment(s) or activity(ies) validating outcome achievement:</th>
<th>Mapping to BSN Program Outcomes</th>
<th>Mapping to BSN Essentials</th>
<th>Mapping to QSEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prioritize, plan, and evaluate outcomes of care for the critically ill patient with multiple complex, and/or life threatening stressors using health data, evidence, clinical judgment, and patient preferences.</td>
<td>Case Study Assignment, Clinical Competency Performance /Clinical Assessment Tool, Discussion Board</td>
<td>1,2,3,4,6,9</td>
<td>III, IV, VI, VII, IX</td>
<td>PCC, EBP, I, S, TC, QI</td>
</tr>
<tr>
<td>2. Integrate principles of safety and quality into research-based interventions for adult patients and families with complex health needs and unpredictable outcomes.</td>
<td>Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test, Quizzes</td>
<td>1,2,3,4,6,9</td>
<td>II, III, IV, VI, VII, IX</td>
<td>PCC, EBP, I, TC, S, QI</td>
</tr>
<tr>
<td>3. Deliver and coordinate compassionate, culturally, ethnically and patient- centered care based on evidence, guidelines, standards, and legal statutes/regulations</td>
<td>Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test, Quizzes</td>
<td>1,2,3,4,6,7,8,9</td>
<td>I, II, III, IV, VI, VII, VIII, IX</td>
<td>PCC, EBP, I, TC, S, QI</td>
</tr>
<tr>
<td>4. Analyze acute and critical illness or injury for the interrelationship of the following factors: epidemiology, demographics, pathophysiology, physical assessment, diagnostic tests, pharmacological interventions, EKG interpretation, basic hemodynamic monitoring, nutritional measures, and genomic competencies for clinical decision making.</td>
<td>Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test, Quizzes</td>
<td>1,2,3,4,6,7,9</td>
<td>II, III, IV, VI, VII, IX</td>
<td>PCC, EBP, I, TC, S, QI</td>
</tr>
<tr>
<td>5. Formulate patient and family centered goals that assist toward health promotion, maintenance, and/or restoration.</td>
<td>Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, Quizzes</td>
<td>1,2,3,4,6,7,9</td>
<td>II, III, IV, VI, VII, IX</td>
<td>PCC, EBP, I, TC, S, QI</td>
</tr>
</tbody>
</table>
6. Demonstrate collaboration and communication skills in advocacy actions including improvements in quality, safety and error prevention.  

| Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test | 1,2,3,4,6,8 | II, III, IV, VI, VII, VIII, IX | PCC, EBP, I, TC, S, QI |

7. Interact with peers, colleagues and interdisciplinary health team members to facilitate positive patient outcomes and a professional clinical environment.  

| Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test | 1,2,3,4,6,7,8,9 | II, III, IV, VI, VII, VIII, IX | PCC, EBP, I, TC, S, QI |

8. Demonstrate standards of moral, ethical, professional and legal conduct in the critical care setting.  

| Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test | 1,6,8 | I, III, IV, VI, VIII, IX | PCC, EBP, I, TC, S, QI |

**CLINICAL REQUIREMENTS**

1. Maintain student liability insurance and current American Heart Association Health Care Professional CPR certification.
2. Provide safe nursing care to adult clients within level of knowledge and nursing skills.
3. Refer to the Angelo State University Undergraduate Nursing Handbook for the following:
   - Clinical Attire – regulations; general appearance
   - Behavior in Clinical Agency
   - Professional Conduct
   - Standards of Nursing Practice
   - Patient Client Confidentiality
   - Student absences
   - Dosage Calculation Testing Policy
   - Policy on Exam Make-Up
   - Policy on Universal Precautions
   - Guidelines or Written Work
   - BON Declaratory Statement
   - All Guidelines for Referencing Materials

**REQUIRED TEXTS AND MATERIALS**

ISBN-10: 032344752X

- Materials – Name tag, bandage scissors, watch, stethoscope, penlight, ASU uniform, appropriate reference books, and appropriate clinical forms.
- We recommend the use of a PDA.

OPTIONAL TEXTBOOKS/MATERIALS:

OTHER REQUIRED MATERIALS
- Computer with MAC or Windows Operating System
- High Speed Internet Access
- Ethernet Cable (for testing in Blackboard)
- Webcam (Built in or stand-alone).
- USB microphone headset or built-in microphone
- Refer to the Angelo State University’s Distance Education website for further technology requirements: http://www.angelo.edu/distance_education/

TECHNICAL ASSISTANCE
- Technical Assistance: If you have any technical problems associated with the quizzes (i.e. webcam problems, lock down browser problems) you should contact the IT Department. The IT Service Department is open Monday-Friday from 8-5 and the number is (325) 942-2911. If you call any time after 5 or on the weekend, most likely you will not be able to get assistance until the following week day, so please plan accordingly.

TOPIC OUTLINE
Week 1
- Pulmonary Assessment, Pulmonary Diagnostic Procedures, Pulmonary Disorders, Ventilator Management, Pulmonary Management

Week 2
- Cardiac Assessment, Cardiac Diagnostic Procedures, Hemodynamic Interpretation, Cardiac Disorders, Cardiac Management

Week 3
- Neurological Assessment, Neurological Diagnostic Procedures, American Heart Association NIH Stroke Scale, Intracranial Pressure Monitoring and Drainage System

Week 4
- Renal Disorders and Management, Onsite Critical Care Skills Practice and Competency Performance

Week 5
- Endocrine Disorders and Management, End of Life Ethical Issues and Management

GRADING SYSTEM
Course grades will be dependent upon completing course requirements and meeting the student learning outcomes.

The following grading scale is in use for this course:
A = 90.00-100 percent  
B = 80.00-89.99 percent  
C = 70.00-79.99 percent  
D = 60.00-69.99 percent  
F = 0-59.99 percent  
NC (No Credit)  
W (Withdrawn)

**EVALUATION AND GRADES**

- Case Study Assignment: 20%
- Clinical Competency Performance/Clinical Assessment Tool: 20%
- American Heart Association NIH Stroke Scale Test: 20%
- Discussion Board: 20%
- Quizzes: 20%

**PRACTICUM HOURS:** Students will spend 20 hours in clinical settings.

**ATTENDANCE:** In the event of extenuating circumstances preventing a student from attending a clinical experience, the student will:

- Notify the agency before scheduled time to report on duty.
- Notify the clinical instructor a minimum of one hour before scheduled time to report on duty.

**UNSATISFACTORY Clinical Performance:** A student will be considered "Unsatisfactory" if clinical experiences reflect negative performances, lack of preparation or absence. Unsatisfactory incidents indicate that students may not be able to meet course requirements. A student whose clinical practice is UNSATISFACTORY will be given (a) counseling, opportunities for improvement, and/or remediation, and (b) a verbal and written warning. Faculty may remove a student from the clinical setting for lack of preparation or other unsatisfactory performance.

*A pattern of three (3) clinical "unsatisfactions" may result in the student failing the clinical portion of the course, and as a result, receive a failing grade for the course.*

**UNSAFE clinical performance:** When direct patient care is part of the learning experience, patient safety and well-being is of paramount concern. If a faculty member evaluates that a student is unable to provide safe nursing care in accordance with Standards of Professional Nursing Practice (BON, Nursing Practice Act, 2001), and if this deficit is such that it cannot be remedied, the student will be removed from the clinical setting and will receive a grade of "F" in the course.

**TEACHING STRATEGIES**

- Web-based and asynchronous didactic modules
- Case studies/clinical reasoning activities
• Discussion forums
• Synchronous peer and/or instructor collaboration via Bb Collaborate
• Clinical practicum
• Written assignments
• Web sites/references/informatics
• Skills Videos

Students are expected to be "active learners." It is a basic assumption of the instructor that students will be involved (beyond the materials and lectures presented in the course) discovering, processing, and applying the course information using peer-review journal articles, researching additional information and examples on the Internet, and discussing course material and clinical experiences with their peers.

ASSIGNMENT/ACTIVITY DESCRIPTIONS
*Please note: Rubrics for all assignments and activities are located at the end of this syllabus.

Case Study Assignment
The purpose of this assignment is for evaluation of meeting course objectives. The focus for this assignment is patient care, data collection, and evaluation of care provided compared to evidence-based research. During the clinical rotations, students will select an assignment, which fits with their interest in completing course objectives. The objectives are to perform patient care, gather assessment data, create a plan of care, and evaluate care delivery.

Clinical Competency Performance
Students will demonstrate competency of skills from the list below. The students will practice the skills during the onsite practicum and then be prepared for evaluation of competency for all of the skills using pocket resources.

1. Chest Tube Care
2. Ventilator Management
3. Basic and 12 Lead EKG Interpretation
4. Management of Temporary Pacemaker
5. Basic Hemodynamic Monitoring
6. Management of Intra-Aortic Balloon Pump
7. NIH Stroke Scale
8. Care of Patient with ICP Monitoring

Clinical Assessment Tool
Short evaluation of ICU experience, safety scan, and patient-centered interview presented in post conference

American Heart Association National Institute of Health Stroke Scale Test
The American Heart Association offers certification in the National Institute of Health (NIH) Stroke Scale Certification via testing online using a voucher. This global program is widely recognized as the industry standard training and certification program globally accepted by healthcare, clinical research organizations, and international regulatory bodies. It is primarily used by healthcare providers to document
proof of competency in the use of the American Heart Association NIH Stroke Scale with regulatory agencies. The students complete Test A which assesses their ability to assess the 15 aspects of acute cerebral infarction including language, visual-field loss, motor strength, ataxia and sensory loss.

**Discussion Board**
Discussion Boards provide an avenue for synthesis of material/information. A discussion board is provided in this course as a way to help students process course materials, express thoughts, and engage other opinions and ideas in a healthy and productive learning environment. Students are expected to respond to all discussion board assignments using the rubric to support individual answers to the assigned case studies throughout this course.

**Quizzes**
Students will have weekly open book quizzes to assess application of course materials. Quizzes are timed (2-3 minutes per question) and will consist of 20 timed, multiple choice questions. Access to quizzes will be through Respondus. The quizzes provide preparation for the NCLEX-RN Exam for GBSN students and critical care certification preparation for all students.

**GENERAL POLICIES RELATED TO THIS COURSE**
All students are required to follow the policies and procedures presented in the following documents:


**IMPORTANT UNIVERSITY DATES**
- July 10th: Summer II classes officially begin
- July 30th: Last Day to drop a class or withdrawal from Summer II term
- August 8th: Last Day of Summer II Semester

**STUDENT RESPONSIBILITY & ATTENDANCE**

- Come to clinical prepared to apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economic,
- Environmental, social, and legal systems associated with the particular occupation and the business/industry.
- Demonstrate legal and ethical behavior, safety practices, communication, interpersonal and teamwork skills
- Participate in clinical opportunities, simulation, pre & post conference discussions and Blackboard discussions (if assigned).
- Ask questions as needed.

*The teaching team reserves the right to make additional or alternative assignments in order to meet the needs of an individual student or a particular class.*

**Attendance:** A week’s worth of cumulative absences in any one course will result in faculty evaluation of
the student’s ability to meet course objectives and may result in failure of the course. This means that if you have one clinical day a week, missing ONE clinical practicum places you in jeopardy of course failure. Three tardies (over five minutes late for lecture, campus laboratory, or clinical) will equal one hour of absence. Students are expected to engage in course activities and submit work by due dates and times. The hope is that students will make substantive contributions which reflect integration of assigned materials as well as outside readings as appropriate. Scholarly contribution is an expectation. For planning purposes, this class will require a minimum of 6-9 study hours per week on average.

COMMUNICATION
Faculty will respond to email and/or telephone messages within 24 hours during working hours Monday through Friday. Weekend messages may not be returned until Monday. Written communication via email: All private communication will be done exclusively through your ASU email address. Check frequently for announcements and policy changes. In the event of extenuating circumstances preventing a student from attending a clinical experience, the student will:

- Notify the agency before scheduled time to report on duty.
- Notify the clinical instructor a minimum of one hour before scheduled time to report on duty.

Failure to call in will result in an UNSATISFACTORY for that clinical day. Students missing one week of clinical will result in reevaluation of a student’s ability to meet course objectives and may result in an unsatisfactory clinical grade. The instructor may assign the student work to supplement the experience.

Use Good "Netiquette":

- Check the discussion frequently and respond appropriately and on subject.
- Focus on one subject per message and use pertinent subject titles.
- Capitalize words only to highlight a point or for titles. Otherwise, capitalizing is generally viewed as SHOUTING!
- Be professional and careful with your online interaction. Proper address for faculty is by formal title such as Dr. or Ms. /Mr. Jones unless invited by faculty to use a less formal approach.
- Cite all quotes, references, and sources.
- When posting a long message, it is generally considered courteous to warn readers at the beginning of the message that it is a lengthy post.
- It is extremely rude to forward someone else’s messages without their permission.
- It is fine to use humor, but use it carefully. The absence of face-to-face cues can cause humor to be misinterpreted as criticism or flaming (angry, antagonistic criticism). Feel free to use emotions such as J or :) to let others know you are being humorous.

(The "netiquette" guidelines were adapted from Arlene H. Rinald's article, The Net User Guidelines and Netiquette, Florida Atlantic University, 1994, available from Netcom.)

ASSIGNMENT SUBMISSION
In this class, some assignments may need to be submitted through the Assignments link in the Blackboard course site. This is for grading purposes. Issues with technology use arise from time to time. If a technology issue does occur regarding an assignment submission, email your clinical instructor and attach a copy of what you are trying to submit. This lets your faculty know you completed the assignment on time and are just having problems with the online submission feature in Blackboard. Once the problem is resolved, submit your
assignment through the appropriate link. This process will document the problem and establish a timeline. Be sure to keep a backup of all work.

**Policy on Late Work, Revisions, or Missed Assignments:** Due dates and times for assignments are posted. Failure to submit an assignment by the deadline will result in a fifteen point deduction per day past the posted deadline unless previous arrangements have been made with the faculty.

**Testing via Respondus™ Monitor**

Access to unit exams will be through Respondus™ Lockdown Browser and will be video recorded via Respondus™ Monitor [See Other Required Materials for a list of needed equipment]. Use of another electronic device is prohibited.

There are two practice quizzes: a) one is a Webcam test and b) a short 10 question practice quiz over ASU trivia that is not graded. These tools will be available to the student to assure accessibility. Students are highly encouraged to go through these practice quizzes in advance of taking a graded quiz. This process will allow you to become familiar with the technology associated with testing and improve the testing environment. These quizzes, instructional videos, and more information regarding Respondus Monitor can be found under the Respondus Monitor Help tab in your Blackboard course.

**OTHER REQUIRED MATERIALS**

- Computer with MAC or Windows Operating System
- High Speed Internet Access
- Ethernet Cable
- Webcam (Please note: a plug-in webcam allows the student to perform thorough environmental scans).

Refer to Angelo State University’s Distance Education website for further technology requirements:

[http://www.angelo.edu/distance_education](http://www.angelo.edu/distance_education)

Technical Assistance: If you have any technical problems as associated with the test (i.e. webcam problems, lock down browser problems) you should contact the IT Department and ask the person who assists you to add my name, Dr. McDowell, Kristin Stanley, and eLearning to the ticket. By doing so, we will receive updates. The IT Service Department is open M-F from 8-5 and the number is (325) 942-2911. If you call any time after 5 or on the weekend, most likely you will not be able to get assistance until the following week day, so please plan accordingly.

**Other Notes:**

- Be sure not to mute your microphone. It is important that the audio be on.
- Be sure to have a light source in front of or next to your computer monitor. If your image is dark and difficult to see on the “Student Photo” step, please add lighting to the front of your computer and retry.
- Make sure that on the “Student Photo” step, you are nicely framed so your face and shoulders can be seen as well as some of the background.
- *****Use an Ethernet cord to “hard wire” your computer to the router helping to ensure you will not lose connection with Blackboard
ACADEMIC INTEGRITY

Academic honesty is expected on all work. Students are expected to maintain complete honesty and integrity in their educational experiences. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU. All codes and policies are set forth in the University Student Handbook of Angelo State University [http://www.angelo.edu/student-handbook/] as well as the Department of Nursing Undergraduate Student Handbook [http://www.angelo.edu/dept/nursing/handbook/index.html].

The University "faculty expects all students to engage in all academic pursuits in a manner that is above reproach and to maintain complete honesty and integrity in the academic experience both in and out of the classroom setting and may initiate disciplinary proceedings against a student accused of any form of academic dishonesty, including but not limited to, cheating on an examination or other academic work, plagiarism, collusion, and the abuse of resource materials."

PLAGIARISM

Plagiarism at ASU is a serious topic. The Angelo State University's Honor Code gives specific details on plagiarism and what it encompasses. Plagiarism is the action or practice of taking someone else's work, idea, etc., and passing it off as one's own. Plagiarism is literary theft.

In your discussions and/or your papers, it is unacceptable to copy word for word without quotation marks and the source of the quotation. We use the APA Style Manual of the American Psychological Association as a guide for all writing assignments. Quotes should be used sparingly. It is expected that you will summarize or paraphrase ideas giving appropriate credit to the source both in the body of your paper and the reference list. Papers are subject to be evaluated for originality via Bb Safe Assignment or Turnitin. Resources to help you understand this policy better are available at the ASU Writing Center [http://www.angelo.edu/dept/writing_center/academic_honesty.php].

PERSONS WITH DISABILITIES AND SPECIAL ACCOMMODATIONS REQUEST

“Disability Services is part of the Office of Student Affairs at Angelo State University. Angelo State’s Office of Student Affairs works to ensure that qualified students with disabilities have equal access to all institutional programs and services. The office advocates responsibly for the needs of students with disabilities and educates the campus community so that others can understand and support students with disabilities."

For more information on learning disabilities and how to apply for accommodations through the ASU Disability Services visit [http://www.angelo.edu/services/disability-services/]

The following includes contact information for Disability Services at ASU:

ada@angelo.edu
Phone: 325-942-2047
Fax: 325-942-2211
Address: Houston Harte University Center, 112, ASU Station #11047, San Angelo, TX 76909
INCOMPLETE GRADE POLICY (OP 10.11 Grading Procedures)
It is policy that incomplete grades be reserved for student illness or personal misfortune. Please contact faculty if you have serious illness or a personal misfortune that would keep you from completing course work. Documentation may be required.

STUDENT ABSENCE FOR OBSERVANCE OF RELIGIOUS HOLY DAYS
“A student who intends to observe a religious holy day should make that intention known in writing to the instructor prior to the absence.” Please see ASU Operating Policy 10.19.

COPYRIGHT POLICY
Students officially enrolled in this course should make only one printed copy of the given articles and/or chapters. You are expressly prohibited from distributing or reproducing any portion of course readings in printed or electronic form without written permission from the copyright holders or publishers.

SYLLABUS CHANGES
The faculty member reserves the option to make changes as necessary to this syllabus and the course content. If changes become necessary during this course, the faculty will notify students of such changes by email, course announcements and/or via a discussion board announcement. It is the student’s responsibility to look for such communications about the course on a daily basis.

WEBLINKS:
Board of Nursing for the State of Texas http://www.bne.state.tx.us/
BSN Student Resources http://www.angelo.edu/dept/nursing/student_resources/

COURSE EVALUATION
Students are provided the opportunity and are strongly encouraged to participate in an end of the semester course evaluation.

“In order to ensure consistent, sufficient student feedback regarding programs and services provided for students by the Department of Nursing, as required by our accreditation requirements, opportunities for students to evaluate both their courses and course instructor will be provided. Student opinions and feedback are valued and are part of each Course and Instructor evaluation process.”

RUBRICS FOR ASSIGNMENTS
Answer with Y, N, or N/A as applicable. Answer questions in complete sentences using proper grammar, spelling, punctuation, references as needed.

**Patient**

_____ Wrist band: Name and DOB verified with patient

_____ Correct names/days/dates on patient room whiteboard

**Tubes and Lines – follow each line from patient to device; observe connections, patient mobility, securement, labels.**

_____ Oxygen

_____ NC _____ NRB mask _____ Bipap _____ Ventilator

_____ Connections intact from source to patient _____ Flow rate as ordered

_____ Free from skin breakdown to nares, ears

_____ Feeding tubes

_____ NGtube _____ Gtube _____ Jtube

_____ Site/s clean/secure _____ Described in chart _____ Free from skin breakdown

_____ Irrigation set-up at bedside _____ Clean _____ Dated within hospital policy

_____ Feeding solution _____ Pump flow rate ordered rate _____ Bag dated within hospital policy _____ Connections intact
Drainage tubes

- Ng tube
- Gtube
- Biliary tube

- Site/s clean/secure
- Free from skin breakdown
- Described in chart

- Drainage collector attached
- Labeled date/time

Chest tube

- Site described in chart
- Dressing dated and intact
- Tubing free of kinks
- System below level of chest

- Suction: Connections intact
- Suction set at ordered rate
  
  Suction chamber: Slow steady bubbling
  Sterile water chamber 20cm
  
  H2O seal chamber: Fluctuation of fluid
  Fluid level
  No bubbling
  
  Collection chamber: Fluid levels marked each shift

Tracheostomy

- Trach and site described in chart
- Size noted chart
- Dressing dated and intact

- Suction catheters available in room
- Extra trach tube available in room

- Obturator in sight
- Sterile water at bedside
- Opened
- Dated/initialed within hospital policy

Foley

- Date of insertion noted in chart
- Tubing dependent and without loops

- Drainage bag below level of bladder
- Bag dated/initialed within hospital policy
_____ Intravenous Access

_____ Peripheral  _____ PICC line  _____ Central line.

_____ Site/s dressed and dated within hospital policy:  _____ Redness  _____ Swelling
       _____ Warmth  _____ Tenderness  _____ Drainage

_____ Solution infusing:  _____ Right solution  _____ Right rate  _____ Connections intact
       _____ Bag dated and timed within hospital policy  _____ Tubing dated and timed within
       hospital policy

_____ Medications infusing:  _____ Right med  _____ Right rate  _____ Right route
       _____ Right dose  _____ Right time  _____ Connections intact  _____ Bag dated and timed within
       hospital policy  _____ Tubing dated and timed within hospital policy

_____ Pump:  _____ Green light  _____ Connected to AC wall socket

Environment

_____ Side rails x  _____  _____ Appropriate for patient

_____ Bed in low lock position

_____ Call light working and within reach

_____ No obstacles/clutter at bedside or in route to bathroom

_____ No obstacles in route to sink

_____ No obstacles at bedside

_____ Patient assistive devices within reach – i.e. glasses, hearing aids

_____ Correct date/nurse name on white board in patient room

_____ Water pitcher or glass available and clean

_____ Urinal at bedside

_____ Bathroom or Bedside commode emptied

_____ Trash receptacle available and within easy reach
Quality Improvement

Discuss any quality improvement issues identified above and any other quality improvement issues from this rotation.

How were these issues corrected?

How might these issues be prevented in the future?

Questions for patient and/or significant other (5 minute sit-down)

What would you like to see happen today?

How would you describe your hospitalization? Is there anything that could be done to make it better?

What should nursing students know about what it’s like being a patient in the intensive care unit?

Assessment Tool completed by ______________________
### Grading Criteria and Instructor Comments

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<thead>
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<tbody>
<tr>
<td>Assessment Tool</td>
</tr>
<tr>
<td>Quality Improvement</td>
</tr>
<tr>
<td>Patient or Significant Other interview</td>
</tr>
<tr>
<td>BSN level writing, Appropriate Citation of Referenced Information, Reference Page</td>
</tr>
<tr>
<td>Total (Must have a 70 for Satisfactory performance)</td>
</tr>
</tbody>
</table>

Please do not plagiarize, as this is grounds for failure. As much as possible one should paraphrase (put into your own words) when referencing sources. Use quotes as appropriate. All papers are subject to submission to [http://safeassign.com/](http://safeassign.com/) to assess for plagiarism. Spelling, punctuation, and grammar needs to be correct.
## Chest Tubes

1. Name three reasons for chest tube insertion.
2. Monitor the security of the connection between chest tube and drainage system.
3. Apply appropriate suction and monitor for kinking and large loops of tubing which impede drainage and air evacuation.
4. Identify appropriate type of dressing.
5. Recognize the significance of subcutaneous emphysema noted after chest tube insertion.
6. Recognize the significance of no fluctuations in the water-seal chamber immediately after insertion.
7. Identify common signs of tension pneumothorax.
8. Correctly state when it would be appropriate to clamp a chest tube.
9. Cite three possible reasons for noting absent drainage and fluctuation and/or continuous bubbling in the water-seal chamber with continued respiratory distress.
10. Correctly state when the physician should be notified for excessive bloody drainage.

## Ventilator Management

1. Ensure that the ventilator alarms are on.
2. Instruct patient and family about rationale and expected sensations associated with use of mechanical ventilators.
3. Routinely monitor ventilator settings, including temperature and humidification of inspired air.
4. Check all ventilator connections regularly.
Monitor for decrease in exhaled volume and increase in inspiratory pressure.

Monitor for effectiveness of mechanical ventilation on patient’s physiologic and psychological status.

Monitor for symptoms that indicate increased work of breathing (increased heart or respiratory rate, increased blood pressure, diaphoresis, changes in mental status).

Provide care to alleviate patient distress (positioning, tracheobronchial toileting, bronchodilator therapy, sedation and/or analgesia, frequent equipment checks).

Use aseptic technique in all suctioning procedures and as appropriate.

Identify key assessment factors that indicate the need for suctioning.

Demonstrate proper method for suctioning and cite two undesired outcomes of suctioning.

Monitor pulmonary secretions for amount, color, and consistency and regularly document findings.

Monitor ventilator pressure readings, patient-ventilator synchronicity and patient breath sounds.

Analyze ABGs and assess need for repeated ABGs.

Monitor patient’s progress on current ventilator settings and make appropriate recommendations.

Monitor for adverse effects of mechanical ventilation.

Use commercial tube holders, rather than tape or strings, to fix artificial airways to prevent unplanned extubations.

Monitor cuff pressure and evaluate ETT positioning via CXR.

Provide routine oral care per facility policy and evidence-based data.

Promote adequate fluid and nutritional intake.

Promote routine assessments for weaning criteria.
Monitor effects of ventilation changes on oxygenation: ABG, SaO2, SvO2, end-tidal CO2, A-aDO2, patient’s subjective response.

Document all changes to ventilator settings with rationale for changes.

Document all patient responses to ventilator and ventilator changes.

Monitor for postextubation complications.

Ensure emergency equipment at bedside at all times (manual resuscitation bag, masks, suction equipment, and preparation for power failures).

### Basic and 12 Lead EKG Interpretation

**Arrhythmia Recognition**

- Ventricular Fibrillation
- Ventricular Tachycardia
- Asystole
- Junctional
- 2nd degree AV block: Type I
- 2nd degree AV block: Type II
- 3rd degree AV block
- Supraventricular Tachycardia
- Atrial Fibrillation
- Atrial Flutter

Identify reasons for dysrhythmia re: hypoxia, K, Mg, and ischemia
<table>
<thead>
<tr>
<th><strong>Intervals/Durations</strong></th>
<th><strong>PR Interval</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>QRS Duration</td>
<td></td>
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<tr>
<td></td>
<td>QT Interval</td>
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<tr>
<td><strong>12 Lead</strong></td>
<td>Correct identification of abnormalities in the cardiac cycle that may signify cardiac disease.</td>
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<td></td>
<td>Correct identification of leads that reflect infarct location.</td>
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<td></td>
<td>Correct identification of the coronary artery responsible for both inferior and anterior MI’s.</td>
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<tr>
<td></td>
<td>Correlation of infarct location with possible conduction defects.</td>
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<tr>
<td></td>
<td>Distinguish between right and left bundle branch block.</td>
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<tr>
<td></td>
<td>Correct identification of inferior wall MI.</td>
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</tr>
<tr>
<td></td>
<td>Correct identification of anterior MI.</td>
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</tbody>
</table>

**Management of Temporary Pacemaker**

<table>
<thead>
<tr>
<th></th>
<th>Identify clinical indications for temporary cardiac pacemaker support.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Define the following: asynchronous pacing, demand pacing, sensitivity, MA, and capture.</td>
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<td></td>
<td>Identify the routes used for insertion of temporary internal pacemakers.</td>
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<td></td>
<td>Differentiate between atrial and ventricular wires.</td>
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<td>Identify the positive pole (ground) and negative pole (heart).</td>
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<td></td>
<td>Utilize codes for identification of pacer function re: 1st letter stands for chamber paced; 2nd letter stands for the chamber sensed; and 3rd letter stands for the mode of response to the sensed event.</td>
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<td></td>
<td>Comply with electrical safety precautions re: wear rubber gloves when handling the electrodes and identify patient as</td>
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</table>
Electrically sensitive per facility policy.

Monitor dressing changes per facility policy with tips of leads covered and secured when not connected to pulse generator. Assess for signs of infection. Date of dressing change and an A on the atrial wires dressing and V on the ventricular wires dressing.

Documentation of pacing mode, MA, sensitivity, intervals, rate, the patients underlying rhythm, appearance of the insertion site, and EKG strip.

### Hemodynamic Monitoring

- Demonstration of correct method for establishing zero-reference line.
- State correct frequency of rezeroing.
- State correct frequency for changing fluid and lines.
- Identification of waveform pattern.
- Identify normal ranges for: CVP, PAS, PAD, PAM, PAOP, CO, CI, SVR. and PVR uses pocket reference.
- Identify pertinent data to document in the EMR.
- Demonstrate correct method for obtaining blood from A-line: Vamp system.
- Correctly state how much air is injected in balloon to accomplish wedge position.
- Cognizant of significance of sensation of meeting no resistance when inflating balloon, or blood backing up.
- Read the PA pressures at correct phase of respiratory cycle.
- State correct definition of PAOP.
- Identify indications for using PAD instead of PAOP.
- Cite three clinical indicators for PA line insertion.
Identify actions necessary when PA catheter becomes wedged.

Identify four complications of PA catheters.

Correlate hemodynamic pressures to potential clinical situations re: Hypovolemia, LV failure, RV failure, Pulmonary emboli, and Cardiac tamponade using pocket reference.

Identify correct procedure for PA catheter removal.

<table>
<thead>
<tr>
<th>Management of IABP</th>
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</thead>
<tbody>
<tr>
<td>Identify three reasons for IABP insertion.</td>
</tr>
<tr>
<td>Name two major contraindications to balloon pump therapy.</td>
</tr>
<tr>
<td>Cite two major goals of IABP therapy.</td>
</tr>
<tr>
<td>Identify catheter insertion site and where it should be located in the aorta.</td>
</tr>
<tr>
<td>Correctly identify triggering mechanisms.</td>
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<tr>
<td>Correlates inflation and deflation with the cardiac cycle.</td>
</tr>
<tr>
<td>Describe the effect of balloon inflation on the diastolic pressure.</td>
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<tr>
<td>Describe the effect of early inflation on the waveform and afterload.</td>
</tr>
<tr>
<td>Describe the effect of late inflation on augmentation.</td>
</tr>
<tr>
<td>Correctly identify the arterial pressure wave landmark that is used to time inflation.</td>
</tr>
<tr>
<td>Knowledgeable of the significance of the dicrotic notch.</td>
</tr>
<tr>
<td>Correctly state the expected mmHg drop when the timing of deflation is optimal.</td>
</tr>
<tr>
<td>Correctly state the frequency of testing the safety chamber.</td>
</tr>
</tbody>
</table>
Correctly identify the longest length of time that the balloon should be allowed to remain inactive.

State the correct interventions to minimize the incidence of thrombus formation.

Knowledgeable of the procedure for defibrillation during pumping.

Names 3 side effects and complications of IABP therapy.

State correct actions to be taken if blood is noted in the balloon catheter.

### NIH Stroke Scale

<table>
<thead>
<tr>
<th>Practicum</th>
<th>NIH Stroke Scale</th>
<th>Practicum</th>
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<th>Practicum</th>
<th>NIH Stroke Scale</th>
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<tbody>
<tr>
<td></td>
<td>Identify and assess neurological deficits in stroke patients.</td>
<td></td>
<td>Understand the measurement scale for quantifying neurological deficits in stroke patients.</td>
<td></td>
<td>Consistently apply appropriate scores for neurological deficits in stroke patients</td>
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<td></td>
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<td></td>
<td>Consistently apply appropriate scores for neurological deficits in stroke patients</td>
<td></td>
<td>Use the scale to assess changes in neurological deficits in stroke patients over time.</td>
</tr>
<tr>
<td>Certification</td>
<td>Demonstrate NIH SS competency through NIH SS Certification (Voucher for course issued).</td>
<td>Certification</td>
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<td>Certification</td>
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</table>

### Nursing Considerations of ICP Monitoring

<table>
<thead>
<tr>
<th>Certification</th>
<th>Nursing Considerations of ICP Monitoring</th>
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<th>Certification</th>
<th>Nursing Considerations of ICP Monitoring</th>
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<tbody>
<tr>
<td></td>
<td>Able to identify three clinical conditions that may require ICP monitoring.</td>
<td></td>
<td>Identify normal ICP.</td>
<td></td>
<td>Correctly define CPP and Normal CPP.</td>
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<tr>
<td></td>
<td>Identify normal ICP.</td>
<td></td>
<td>Correctly define CPP and Normal CPP.</td>
<td></td>
<td>State formula for CPP calculation.</td>
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<tr>
<td></td>
<td>Correctly define CPP and Normal CPP.</td>
<td></td>
<td>State formula for CPP calculation.</td>
<td></td>
<td>Correctly identify two methods for decreasing ICP.</td>
</tr>
<tr>
<td></td>
<td>State formula for CPP calculation.</td>
<td></td>
<td>Correctly identify two methods for decreasing ICP.</td>
<td></td>
<td>Define Cushing’s triad and understand the significance.</td>
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<tr>
<td>Knowledgeable of when it is appropriate to withdraw fluid from the ventriculostomy.</td>
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<td>Correctly state when to flush an ICP line.</td>
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<tr>
<td>Knowledgeable of when to change the pressure tubing fluid; what type of fluid is utilized.</td>
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<tr>
<td>Name 2 contraindications for the use of ventriculostomy.</td>
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<td>Correctly identify the landmark used to level the transducer.</td>
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<td>Cite three signs and symptoms of increased ICP.</td>
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</table>

**Recommendations/Comments:**

Preceptor/Faculty Signature: ___________________________ Students Signature: ___________________________ Date: ___________________________

Student Action Plan or Remediation Required: ____Yes ____No
Scoring Scale


3 – Competent SAFE/ACCURATE Efficient coordinated, confident. Reasonable use of time. Competently skilled. Supervised, with occasional physical or verbal direction

2 – Developing SAFE BUT NOT ALWAYS ACCURATE Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. Assisted, Frequent verbal and/or physical direction

1 - Beginning/Novice QUESTIONABLE SAFE and/or QUESTIONABLE ACCURACY Unskilled and inefficient. Considerable and prolonged time expenditure. Marginal, Requires continuous verbal and/or physical direction

0 – Dependent/ Deficient UNSAFE/INACCURATE Unable to demonstrate procedures. Lacks confidence, coordination, and/or efficiency. Potential harm to self or patient. Dependent, continuous verbal and/or physical direction

Grading System:

Average Scoring Scale of 4.0-3.5 (90 – 100 = A)
Average Scoring Scale of 3.0-3.4 (80 – 89 = B)
Average Scoring Scale of 2-2.9 (70 – 79 = C)
Average Scoring Scale of < 2 > 1 (60 – 69 = D)
Average Scoring Scale of ≤ 1 (59 or below = F)
Purpose: The purpose of this assignment is for evaluation of meeting course objectives.

Focus: The focus for this assignment is patient care, data collection, and evaluation of care provided compared to evidence-based research.

Due Date: August 5, 2018.

Course Objective(s): 1, 2, 3, 4, 5, 6

Instructions – During the clinical rotations, students will select an assignment, which fits with their interest in completing course objectives. The clinical objectives are to perform patient care, gather assessment data, create a plan of care, and evaluate care delivery.

The case study consists of six sections with very specific criteria that the student must include to receive full credit. Required elements are included in each section description. Be thorough in gathering information and document the reason for any missing elements.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Possible Points</th>
<th>Points Received</th>
</tr>
</thead>
</table>
| I. **Introduction:** Section consists of introducing/presenting the patient. Required elements: Patient initials, date of birth, age, race and gender, current ht & wt, BMI, and date of admission.  
**Chief complaint:** (why the pt came into the hospital) and primary admitting diagnosis.  
**HPI:** history of present illness (length of illness and signs and symptoms on admission). Provide a detailed course of illness and his or her present health state (are they better, worse or the same). | 10 | |
| II. **Overview of patient:** History, bio-psycho-social assessments, diagnostic tests, pharmacological interventions, EKG interpretation, hemodynamics, nutritional measures, and genomic considerations. | 20 | |
| III. **Pathophysiology:** Review pathophysiology of the condition including etiologies, clinical manifestations, expected outcomes, current research, demographics, and relating this information to the assigned patient. | 30 | |
### IV. Plan of Care:

| Part 1: Generate and discuss nursing diagnosis in planning care for the patient. | 20 |
| Part 2: Priorities of care, plan, and evaluation of outcomes |  |

### V. Research-based Interventions:

Evaluate the care this patient received related to your research of the condition. | 10 |

### VI. References:

Cite all references used in the paper. The references must include at least one peer-reviewed journal article. The article must be less than 5 years old, and must be longer than 2 printed pages to count. Your other references can be textbooks and internet sites. The reference section must follow APA 6th edition format. | 10 |

| Total | 100 |

Limit your response to no more than 10 double-spaced pages with 1” margins all around. Use 12-point *Times New Roman* font. All of your work, except for the appendices, must be in type written form for this assignment. Follow APA 6th edition for this paper. Please do not plagiarize, as this is grounds for failure. As much as possible one should paraphrase (put into your own words) when referencing sources. One may use quotes as appropriate. All papers are subject to submission to [http://safeassign.com/](http://safeassign.com/) to assess for plagiarism. Spelling, punctuation, and grammar needs to be correct.

Point totals of 70 to 100 points equal “Satisfactory performance” on this assignment. Point totals of 0 to 69.99 points will result in an “Unsatisfactory performance.” Unsatisfactory assignments will be returned to the student for corrections. These assignments will be rescored using the same scoring guidelines. The student may have the assignment rescored once.
**Description:** Online protocols include: - Postings should be evenly distributed during the discussion period (not concentrated all on one day or at the beginning and/or end of the period). - Postings should be a minimum of one short paragraph and a maximum of five paragraphs. - Avoid postings that are limited to 'I agree' or 'great idea', etc. If you agree (or disagree) with a posting then say why you agree by supporting your statement with concepts from the readings or by bringing in a related example or experience. - Address the questions as much as possible (don't let the discussion stray). - Use quotes from the required text or peer reviewed articles to support your postings. Include page numbers for direct quotes. - Build on other responses to create threads. - Bring in related prior knowledge (work experience, prior coursework, readings, etc.) - Use proper etiquette (proper language, typing, etc.)

**Course Objective(s):** 1, 2, 3, 4, 5, 6, 7, 8
### Angelo State University - Department of Nursing

**NUR 4333: Critical Care Nursing**  
**Discussion Board Rubric**

<table>
<thead>
<tr>
<th>Category (Points Possible)</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Score and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met expectation for frequency of contributions (10)</td>
<td>The student did not post at all.</td>
<td>Student participated in 1 primary post and 1 response to a peer evenly distributed during the discussion period.</td>
<td>Student participated in 1 primary post and 2 responses to peers evenly distributed during the discussion period.</td>
<td>Student participated in 1 primary post, 2 responses to peers evenly distributed during the discussion period, and provided a “Final Thoughts” post of how their clinical reasoning has changed based on peer collaboration re: discussion.</td>
<td>Score and Comments</td>
</tr>
<tr>
<td>≤ 21</td>
<td>22–24</td>
<td>25–27</td>
<td>28–30</td>
<td></td>
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</tbody>
</table>

| Accuracy of facts and evidence of critical thinking (30) | No referenced facts are reported or are inaccurately reported. Response contains misinformation and/or inaccurate thinking related to the case. | Most referenced facts are reported accurately. Response demonstrates limited knowledge of content and no critical thinking related to the case. | Almost all referenced facts are reported accurately. Response shows knowledge of content but limited critical thinking to the case. | All referenced facts are reported accurately. Response shows substantive knowledge of content and demonstrates significant critical thinking related to the question or case. | Score and Comments |
| ≤ 14 | 15–16 | 17–18 | 19–20 |

<p>| Sources (20) | Based solely on personal opinion or lay literature. Multiple errors in APA citations and references. | References limited to textbooks or commercial (e.g., .com) websites. Several errors in APA citations and references. | Multiple references including material from professional journals and noncommercial (e.g., .gov, .edu, .org) websites. Only one or two minor errors in APA citations or references. | Multiple references including material from professional journals and noncommercial (e.g., .gov, .edu, .org) websites. At least one research article included in references. No errors in APA citations or references. | Score and Comments |</p>
<table>
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<tr>
<th></th>
<th>≤ 14</th>
<th>15–16</th>
<th>17–18</th>
<th>19–20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice (20)</td>
<td>The writer does not provide evidence of understanding the course material and readings and/or has not incorporated them into the discussion.</td>
<td>The writer provides evidence of questionable understanding of the course material and readings.</td>
<td>The writer understands the course material and incorporates readings into responses.</td>
<td>The writer understands the course material and incorporates readings well into responses.</td>
</tr>
<tr>
<td>Grammar and spelling (20)</td>
<td>The writer makes more than four errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content.</td>
<td>The writer makes three or four errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content.</td>
<td>The writer makes one or two errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content.</td>
<td>The writer makes no errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content.</td>
</tr>
</tbody>
</table>

Total points possible: 100

Score and summary comments:
End of syllabus.