

**COURSE NUMBER 4333**  
**CRITICAL CARE NURSING**  
**SUMMER II 2021**



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**Instructor: Melissa R. McDowell EdD, MSN, RN, CCRN**

**Email:** melissa.mcdowell@angelo.edu

**Phone:** 325-486-6882

**Office:** Archer College of Health and Human Services 318 J

**Office Hours:** Tuesday 1200-1700

\*Alternate times available by Appointment

Virtual Office via appointment

**Course Information**

**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.

**Course Credits**

Three Semester Credit Hours (2-0-3)

**Prerequisite and Co-requisite Courses**

- Generic BSN: Nursing 3320 Adult Health Nursing I P r a c t i c u m
- Post-Licensure students: none

**Prerequisite 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.

**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

| <b>Student Learning Outcome</b><br><br>By completing all course requirements, students will be able to:   | <b>Assignment(s) or activity(ies) validating outcome achievement:</b>  | <b>Mapping to BSN Program Outcomes</b> | <b>Mapping to BSN Essentials</b> | <b>Mapping to QSEN</b> |
|---|--|--|----------------------------------|------------------------|
| 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. | Case Study Assignment, Clinical Competency Performance /Clinical Assessment Tool, Discussion Board   | 1,2,3,4,6,9                            | III, IV, VI, VII, IX             | PCC, EBP, I, S, TC, QI |
| 2. Integrate principles of safety and quality into research-based interventions for adult patients and families with complex health needs and unpredictable outcomes.   | Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test, Quizzes | 1,2,3,4,6,9                            | II, III, IV, VI, VII, IX         | PCC, EBP, I, TC, S, QI |

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|   |   |                 |                                   |                        |
|---|---|-----------------|-----------------------------------|------------------------|
| 3. Deliver and coordinate compassionate, culturally, ethnically and patient- centered care based on evidence, guidelines, standards, and legal statutes/regulations   | Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test,Quizzes | 1,2,3,4,6,7,8,9 | I, II, III, IV, VI, VII, VIII, IX | PCC, EBP, I, TC, S, QI |
| 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. | Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, American Heart Association NIH Stroke Scale Test,Quizzes | 1,2,3,4,6,7,9   | II, III, IV, VI, VII, IX          | PCC, EBP, I, TC, S, QI |
| 5. Formulate patient and family centered goals that assist toward health promotion, maintenance, and/or restoration.  | Case Study Assignment, Clinical Competency Performance/Clinical Assessment Tool, Discussion Board, Quizzes  | 1,2,3,4,6,7,9   | II, III, IV, VI, VII, IX          | PCC, EBP, I, TC, S, QI |
| 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 |
|--|---|-------|--------------------------|-----------------------|

## Course Delivery

This is a blended course with 20 hours of clinical practicum that involves direct delivery of patient care services. The course will be delivered via the Blackboard Learning Management System. The course site can be accessed at [ASU's Blackboard Learning Management System](#)

## Required Texts and Materials

- Text - Urden, L. D., Stacy, K. M., & Lough, M. E. (2018). *The lan's critical care nursing:Diagnosis and management* (8th ed.). St. Louis: Mosby ISBN-13: 978-0323447522, 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.

## Recommended Texts and Materials

- Text- White, K. (2013) *Fast facts for critical care*. Kathy White Learning Systems ISBN-978-0-9835750-5-4

## Technology Requirements

- Computer with MAC or Windows Operating System
- High Speed Internet Access
- Refer to Angelo State University's Distance Education website for further technology requirements: [Angelo State University's Distance Education Website](#)

## Testing via Respondus™ Monitor

Access to 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 ANGELO STATE UNIVERSITY Department of Nursing Respondus Monitor Help tab in your Blackboard course.

Refer to Angelo State University's Distance Education website for further technology requirements: [Angelo State University's Distance Education Website](#)

## 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

## 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 your emails to faculty, include the course name and section number in your subject line.

**Virtual communication:** Office hours and/or advising may be done with the assistance of the telephone, Collaborate, Skype, etc.

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 for duty.

Notify the **clinical instructor** a minimum of **one hour** before scheduled time to report for duty.

Failure to call in will result in an **UNSATISFACTORY** for that clinical day. Students missing more than **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 emoticons 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.)

## Grading

### Evaluation and Grades

Course grades will be determined as indicated in the table below.

| Assessment   | Percent/Points of Total Grade |
|--|-------------------------------|
| Case Study Assignment                                    | 20                            |
| Clinical Competency Performance/Clinical Assessment Tool | 20                            |
| American Heart Association NIH Stroke Scale Test         | 20                            |

| Assessment       | Percent/Points of Total Grade |
|------------------|-------------------------------|
| Discussion Board | 20                            |
| Quizzes          | 20                            |
| Total            | 100%                          |

## 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 points

B = 80.00-89.99 points

C = 70.00-79.99 points

D = 60.00-69.99 points

F = 0-59.99 points (Grades are not rounded up)

## PRACTICUM HOURS

Students will spend 20 hours in clinical settings.

## Teaching Strategies and Methods

- 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 and 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.

- Chest Tube Care
- Ventilator Management
- Basic and 12 Lead EKG Interpretation
- Management of Temporary Pacemaker
- Basic Hemodynamic Monitoring
- Management of Intra-Aortic Balloon Pump
- NIH Stroke Scale
- 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.

## Assignment Submission

In this class, some assignments may need to be submitted through the Assignments link in the Blackboard site. This is for grading, documenting, and archiving purposes. Other assignments will be submitted to your instructor in the clinical setting. Please review the individual assignment rubrics for submission guidelines. Issues with technology arise from time to time. If a technology issue does occur regarding an assignment submission, email me at [melissa.mcdowell@angelo.edu](mailto:melissa.mcdowell@angelo.edu) and attach a copy of what you are trying to submit. **Please contact the IT Service Center at (325) 942-2911 or go to your Technology Support tab to report the issue.** 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.

## Late Work or Missed Assignments Policy

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. If revisions to the late assignment are deemed necessary, a new submission deadline will be assigned and an automatic 15-point deduction will be taken (i.e. all revised assignments will start at an 85% as the maximum grade). Failure to submit the revised assignment by the deadline will result in a zero. Further revisions are at the discretion of the instructor. If a situation arises, such as a mandatory university sponsored event, that mandates a student to miss class, students should contact course faculty for arrangements.

## General Policies Related to This Course

All students are required to follow the policies and procedures presented in these documents:

- [Angelo State University Student Handbook<sup>i</sup>](#)
- [Angelo State University Catalog<sup>ii</sup>](#)
- [Undergraduate Nursing Student Handbook<sup>iii</sup>](#)

## Important University Dates

|                         |  |
|-------------------------|--|
| July 12th               | Summer II classes officially begin                         |
| August 2 <sup>nd</sup>  | Last Day to drop a class or withdrawal from Summer II term |
| August 13 <sup>th</sup> | Last Day of Summer II Semester                             |

## Student Responsibility and 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 clinical 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.

## **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. See ASU Operating Policy 10.19 Student Absence for [Observance of Religious Holy Day<sup>iv</sup>](#) for more information.

## **Clinical Day Inclement Weather Policy**

In the event of adverse weather conditions, the policies and procedures of the University are the main guide for the Department of Nursing. Information about the University's operating status may be obtained by:

Campus alert email notification (angelo.edu email)

ASU Website

Rampart

ASU Facebook

ASU Twitter

Local news media

If the University is open, class, lab and clinical schedules will be followed to the greatest extent possible.

Individual faculty and students are in the best position to determine whether they can travel safely to campus or a clinical site. Individual judgments about personal circumstances must be made so that no one jeopardizes their safety and health.

University Police will issue a weather warning via ASU Alert in the event of a tornado or other adverse weather system that threatens the safety or welfare of students and employees. Adverse conditions such as a power outage, chemical/gas leak, bomb threat or similar situation would also result in closing the campus. If clinical is canceled, essential learning experiences still need to be met. Faculty may do this in a variety of ways such as adding small blocks of time to future classes or developing alternate student learning activities.

### **What the clinical faculty will do:**

The announcement of cancellation of a clinical rotation or delay in the start time of a clinical rotation will be made by the faculty member responsible for the clinical. Any cancellation or delay will be based on a University announcement.

Faculty will communicate with students the status of the clinical by creating an Announcement posting in Blackboard (which also automatically sends an email to students).

The clinical faculty is also responsible for notifying the following individuals:

Nursing Department Clinical coordinator

GBSN Program lead

The clinical faculty will also be responsible for notifying students of alternative clinical assignments if necessary.

## **Academic Integrity**

Students are expected to maintain complete honesty and integrity in all work. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU.

The College of Health and Human Services adheres to the university's [Statement of Academic Integrity](#).<sup>v</sup>

## **Plagiarism**

Plagiarism is a serious topic covered in ASU's [Academic Integrity policy](#)<sup>vi</sup> in the Student Handbook. 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. 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. Resources to help you understand this policy better are available at the [ASU Writing Center](#).<sup>vii</sup>

## **Accommodations for Students with Disabilities**

ASU is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments of 2008 (ADAAA) and subsequent legislation.

Student Disability Services is located in the Office of Student Affairs, and is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a

disability. It is the student's responsibility to initiate such a request by contacting an employee of the Office of Student Affairs, in the Houston Harte University Center, Room 112, or contacting the department via email at [ADA@angelo.edu](mailto:ADA@angelo.edu). For more information about the application process and requirements, visit the [Student Disability Services website](#).<sup>viii</sup> The employee charged with the responsibility of reviewing and authorizing accommodation requests is:

Dallas Swafford  
Director of Student Disability Services  
Office of Student Affairs  
325-942-2047  
[dallas.swafford@angelo.edu](mailto:dallas.swafford@angelo.edu)  
Houston Harte University Center, Room 112

## **Incomplete Grade Policy**

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. See ASU Operating Policy 10.11 [Grading Procedures](#)<sup>ix</sup> for more information.

## **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.

## **CLINICAL PRACTICUM REQUIREMENTS**

Please see the ASU Nursing Program Undergraduate Student Handbook for a complete list of clinical practicum requirements to include dress code, physical requirements for clinical, behavior in the clinical practicum agencies and student occurrences.

Maintain student liability insurance and current American Heart Association Health Care Professional CPR certification.

Maintain a student file, in the nursing department, with a current and complete immunization record and TB skin test. TB skin tests must be done annually while enrolled in the nursing program.

Provide safe nursing care to clients within level of knowledge and nursing skills.

See UNSATISFACTORY & UNSAFE Clinical Practice in the ASU Nursing Program Undergraduate Student Handbook.

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 "unsatisfactoriness" 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.

4. Satisfactory completion of all clinical assignments

## **Nursing Weblinks**

- [Board of Nursing for the State of Texas<sup>x</sup>](#)
- [BSN Student Resources<sup>xi</sup>](#)

## **Title IX at Angelo State University**

Angelo State University is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from sex discrimination of any kind. In accordance with Title VII, Title IX, the Violence Against Women Act (VAWA), the Campus Sexual Violence Elimination Act (SaVE), and other federal and state laws, the University prohibits discrimination based on sex, which includes pregnancy, and other types of Sexual Misconduct. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual

nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence (domestic violence or dating violence), sexual violence, and any other misconduct based on sex.

You are encouraged to report any incidents involving sexual misconduct to the Office of Title IX Compliance and the Director of Title IX Compliance/Title IX Coordinator, Michelle Boone, J.D. You may submit reports in the following manner:

Online: [www.angelo.edu/incident-form](http://www.angelo.edu/incident-form)

Face to face: Mayer Administration Building, Room 210

Phone: 325-942-2022

Email: [michelle.boone@angelo.edu](mailto:michelle.boone@angelo.edu)

*Note, as a faculty member at Angelo State, I am a mandatory reporter and must report incidents involving sexual misconduct to the Title IX Coordinator. Should you wish to speak to someone in confidence about an issue, you may contact the University Counseling Center (325-942-2371), the 24-Hour Crisis Helpline (325-486-6345), or the University Health Clinic (325-942-2171).*

For more information about resources related to sexual misconduct, Title IX, or Angelo State's policy please visit: [www.angelo.edu/title-ix](http://www.angelo.edu/title-ix).

## **Grading Rubrics**

NUR 4333: Critical Care Nursing  
Clinical Assessment Tool

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

\_\_\_\_ Ventilator settings as ordered and documented

\_\_\_\_ 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

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\_\_\_ 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** \_\_\_\_\_

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NUR 4333: Critical Care Nursing  
Clinical Assessment Tool Grading Rubric

| <b>Grading Criteria and Instructor Comments</b>                                   | <b>Grade</b> |
|---|--------------|
| Assessment Tool   | 40           |
| Quality Improvement   | 20           |
| Patient or Significant Other interview  | 30           |
| BSN level writing, Appropriate Citation of Referenced Information, Reference Page | 10           |
| Total (Must have a 70 for Satisfactory performance)                               | 100          |

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/> to assess for plagiarism. Spelling, punctuation, and grammar needs to be correct.

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Department of Nursing

| Student Comments      | Student Score: | Date of Evaluation | NUR 4333 Skills Evaluation   | Preceptor Score: | Preceptor/ Faculty Comments |
|-----------------------|----------------|--------------------|--|------------------|-----------------------------|
| Chest Tubes           |                |                    |  |                  |                             |
|                       |                |                    | Name three reasons for chest tube insertion.   |                  |                             |
|                       |                |                    | Monitor the security of the connection between chest tube and drainage system.   |                  |                             |
|                       |                |                    | Apply appropriate suction and monitor for kinking and large loops of tubing which impede drainage and air evacuation.  |                  |                             |
|                       |                |                    | Identify appropriate type of dressing.   |                  |                             |
|                       |                |                    | Recognize the significance of subcutaneous emphysema noted after chest tube insertion.   |                  |                             |
|                       |                |                    | Recognize the significance of no fluctuations in the water-seal chamber immediately after insertion.   |                  |                             |
|                       |                |                    | Identify common signs of tension pneumothorax.   |                  |                             |
|                       |                |                    | Correctly state when it would be appropriate to clamp a chest tube.  |                  |                             |
|                       |                |                    | Cite three possible reasons for noting absent drainage and fluctuation and/or continuous bubbling in the water-seal chamber with continued respiratory distress. |                  |                             |
|                       |                |                    | Correctly state when the physician should be notified for excessive bloody drainage.   |                  |                             |
| Ventilator Management |                |                    |  |                  |                             |
|                       |                |                    | Ensure that the ventilator alarms are on.  |                  |                             |
|                       |                |                    | Instruct patient and family about rationale and expected sensations associated with use of mechanical ventilators.   |                  |                             |
|                       |                |                    | Routinely monitor ventilator settings, including temperature and humidification of inspired air.   |                  |                             |
|                       |                |                    | Check all ventilator connections regularly.  |                  |                             |

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|--|--|--|--|--|--|
|  |  |  | 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.  |  |  |

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|--------------------------------------|--|------------------------|--|--|--|
|                                      |  |                        | Monitor effects of ventilation changes on on oxygenation: ABG, SaO <sub>2</sub> , SvO <sub>2</sub> , end-tidal CO <sub>2</sub> , A-aDO <sub>2</sub> , 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.  |  |  |
|                                      |  |                        | 2 <sup>nd</sup> degree AV block: Type I  |  |  |
|                                      |  |                        | 2 <sup>nd</sup> degree AV block: Type ii   |  |  |
|                                      |  |                        | 3 <sup>rd</sup> degree AV block  |  |  |
|                                      |  |                        | Supraventricular Tachycardia   |  |  |
|                                      |  |                        | Atrial Fibrillation  |  |  |
|                                      |  |                        | Atrial Flutter   |  |  |
|                                      |  |                        | Identify reasons for dysrhythmia re: hypoxia, K, Mg, and ischemia  |  |  |

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|-----------------------------------|--|---------------------|---|--|--|
|                                   |  | Intervals/Durations | PR Interval   |  |  |
|                                   |  |                     | QRS Duration  |  |  |
|                                   |  |                     | QT Interval   |  |  |
|                                   |  | 12 Lead             | Correct identification of abnormalities in the cardiac cycle that may signify cardiac disease.  |  |  |
|                                   |  |                     | Correct identification of leads that reflect infarct location.  |  |  |
|                                   |  |                     | Correct identification of the coronary artery responsible for both inferior and anterior MI's.  |  |  |
|                                   |  |                     | Correlation of infarct location with possible conduction defects.   |  |  |
|                                   |  |                     | Distinguish between right and left bundle branch block.   |  |  |
|                                   |  |                     | Correct identification of inferior wall MI.   |  |  |
|                                   |  |                     | Correct identification of anterior MI.  |  |  |
| Management of Temporary Pacemaker |  |                     |   |  |  |
|                                   |  |                     | Identify clinical indications for temporary cardiac pacemaker support.  |  |  |
|                                   |  |                     | Define the following: asynchronous pacing, demand pacing, sensitivity, MA, and capture.   |  |  |
|                                   |  |                     | Identify the routes used for insertion of temporary internal pacemakers.  |  |  |
|                                   |  |                     | Differentiate between atrial and ventricular wires.   |  |  |
|                                   |  |                     | Identify the positive pole (ground) and negative pole (heart).  |  |  |
|                                   |  |                     | Utilize codes for identification of pacer function re: 1 <sup>st</sup> letter stands for chamber paced; 2 <sup>nd</sup> letter stands for the chamber sensed; and 3 <sup>rd</sup> letter stands for the mode of response to the sensed event. |  |  |
|                                   |  |                     | Comply with electrical safety precautions re: wear rubber gloves when handling the electrodes and identify patient as   |  |  |

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Department of Nursing

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|                        |  |  | 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.  |  |  |

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

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Department of Nursing

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|  |  |               | 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                         |  |               |  |  |  |
|  |  | Practicum     | Identify and assess neurological deficits in stroke patients.  |  |  |
|  |  |               | Understand the measurement scale for quantifying neurological deficits in stroke patients.           |  |  |
|  |  |               | Consistently apply appropriate scores for neurological deficits in stroke patients                   |  |  |
|  |  |               | Use the scale to assess changes in neurological deficits in stroke patients over time.               |  |  |
|  |  | Certification | Demonstrate NIH SS competency through NIH SS Certification (Voucher for course issued).              |  |  |
| Nursing Considerations of ICP Monitoring |  |               |  |  |  |
|  |  |               | Able to identify three clinical conditions that may require ICP monitoring.                          |  |  |
|  |  |               | Identify normal ICP.   |  |  |
|  |  |               | Correctly define CPP and Normal CPP.   |  |  |
|  |  |               | State formula for CPP calculation.   |  |  |
|  |  |               | Correctly identify two methods for decreasing ICP.   |  |  |
|  |  |               | Define Cushing's triad and understand the significance.  |  |  |

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 Department of Nursing

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|  |  |  | Knowledgeable of when it is appropriate to withdraw fluid from the ventriculostomy.        |  |  |
|  |  |  | Correctly state when to flush an ICP line.   |  |  |
|  |  |  | Knowledgeable of when to change the pressure tubing fluid; what type of fluid is utilized. |  |  |
|  |  |  | Name 2 contraindications for the use of ventriculostomy.                                   |  |  |
|  |  |  | Correctly identify the landmark used to level the transducer.                              |  |  |
|  |  |  | Cite three signs and symptoms of increased ICP.  |  |  |

Recommendations/Comments:

Preceptor/Faculty Signature: \_\_\_\_\_ Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Action Plan or Remediation Required- \_\_\_\_ Yes \_\_\_\_ No

### Scoring Scale

4 – Accomplished SAFE/ACCURATE Proficient, coordinated, confident. Expedient use of time. Focus on patient. Proficient Skills. Independent, Without direction

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  $\leq 1$  (59 or below = F)

NUR 4333: Critical Care Nursing  
Case Study Assignment

**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.

**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.

NUR 4333: Critical Care Nursing  
Case Study Rubric

| Criteria  | Possible Points  | Points Received |
|---|------------------|-----------------|
| <p>I. <b>Introduction:</b> Section consists of introducing/presenting the patient. Required elements: Patient initials, date of birth, age, race and gender, current ht &amp; wt, BMI, and date of admission.</p> <p><b>Chief complaint:</b> (why the pt came into the hospital) and primary admitting diagnosis.</p> <p><b>HPI:</b> 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).</p> | <p><b>10</b></p> |                 |
| <p>II. <b>Overview of patient:</b> History, bio-psycho-social assessments, diagnostic tests, pharmacological interventions, EKG interpretation, hemodynamics, nutritional measures, and genomic considerations.</p>   | <p><b>20</b></p> |                 |
| <p>III. <b>Pathophysiology:</b> Review pathophysiology of the condition including etiologies, clinical manifestations, expected outcomes, current research, demographics, and relating this information to the assigned patient.</p>  | <p><b>30</b></p> |                 |

|   |                  |  |
|---|------------------|--|
| <p>IV. <b>Plan of Care:</b></p> <p>Part 1: Generate and discuss nursing diagnosis in planning care for the patient.</p> <p>Part 2: Priorities of care, plan, and evaluation of outcomes</p>   | <p><b>20</b></p> |  |
| <p>V. <b>Research-based Interventions:</b> Evaluate the care this patient received related to your research of the condition.</p>   | <p><b>10</b></p> |  |
| <p>VI. <b>References:</b> 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 6<sup>th</sup> edition format.</p> | <p><b>10</b></p> |  |
| <b>Total</b>  | <b>100</b>       |  |

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 7th 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/> 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.

NUR 4333: Critical Care  
Nursing Discussion Board  
Assignment

**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

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Department of Nursing

NUR 4333: Critical Care Nursing  
Discussion Board Rubric

| Category (Points Possible)                                      | Poor  | Fair  | Good  | Excellent  | Score and Comments |
|---|---|---|---|--|--------------------|
|   | <b>0</b>  | <b>6</b>  | <b>8</b>  | <b>10</b>  |                    |
| <b>Met expectation for frequency of contributions (10)</b>      | The student did not post at all.  | Student participated in 1 primary post and 1 response to a peer evenly distributed during the discussion period.                                | Student participated in 1 primary post and 2 responses to peers evenly distributed during the discussion period.  | 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. |                    |
|   | <b>≤ 21</b>   | <b>22–24</b>  | <b>25–27</b>  | <b>28–30</b>   |                    |
| <b>Accuracy of facts and evidence of critical thinking (30)</b> | 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.  |                    |
|   | <b>≤ 14</b>   | <b>15–16</b>  | <b>17–18</b>  | <b>19–20</b>   |                    |
| <b>Sources (20)</b>   | 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.                     |                    |
|   | <b>≤ 14</b>   | <b>15–16</b>  | <b>17–18</b>  | <b>19–20</b>   |                    |

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Department of Nursing

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|----------------------------------|--|---|--|--|
| <b>Voice (20)</b>                | The writer does not provide evidence of understanding the course material and readings and/or has not incorporated them into the discussion.           | The writer provides evidence of questionable understanding of the course material and readings.   | The writer understands the course material and incorporates readings into responses.   | The writer understands the course material and incorporates readings well into responses.  |
|                                  | <b>≤ 14</b>  | <b>15–16</b>  | <b>17–18</b>   | <b>19–20</b>   |
| <b>Grammar and spelling (20)</b> | The writer makes more than four errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content. | The writer makes three or four errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content. | The writer makes one or two errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content. | The writer makes no errors in spelling, word usage, sentence structure, grammar, or punctuation that distract the reader from the content. |
| Total points possible:<br>100    | <b>Score and summary comments:</b>   |   |  |  |

## End of Syllabus

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- i <https://www.angelo.edu/student-handbook/>
- ii <https://www.angelo.edu/catalogs/>
- iii <https://www.angelo.edu/dept/nursing/handbook/index.php>
- iv <https://www.angelo.edu/content/files/14206-op-1019-student-absence-for-observance-of>
- v <https://www.angelo.edu/student-handbook/community-policies/academic-integrity.php>
- vi <https://www.angelo.edu/student-handbook/community-policies/academic-integrity.php>
- vii [https://www.angelo.edu/dept/writing\\_center/academic\\_honesty.php](https://www.angelo.edu/dept/writing_center/academic_honesty.php)
- viii <https://www.angelo.edu/services/disability-services/>
- ix <https://www.angelo.edu/content/files/14197-op-1011-grading-procedures>
- x <https://www.bon.texas.gov/>
- xi [https://www.angelo.edu/dept/nursing/student\\_resources/undergrad\\_info.php](https://www.angelo.edu/dept/nursing/student_resources/undergrad_info.php)