CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
STUDENT HANDBOOK

2013-2014
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WELCOME

Welcome to the Associate Degree Nursing Program at Citrus College. We are looking forward to assisting you in meeting your career goal of becoming a registered nurse and providing a foundation for your continuing education in nursing. This ADN Student Handbook is available online for you to download, print and place in a notebook that you keep with you throughout the program. Please find the ADN Student Handbook on the ADN Homepage @ www.citruscollege.edu/academics/programs/adn/Pages/default.aspx. The ADN Handbook is designed to give you important information to assist you in orienting yourself to the program, and to provide a resource as you progress through the program. In addition, students are advised to access the Citrus College Catalog and Schedule of Classes, which are also available online @ www.citruscollege.edu.

The ADN Student Handbook will highlight general college information showing the relationship of the program to the mission of the college. The nursing program philosophy, conceptual framework and procedures are described. The ADN Program Policies are compatible with college policies, the accrediting agency guidelines and requirements of our clinical partners. It is important to thoroughly read this handbook and to ask for clarification of any part you do not understand. Please keep the handbook as a reference throughout the ADN Program. The policies and procedures are reviewed every year, and any changes will be provided to enrolled students electronically. The student is responsible to print and insert updated information into the ADN Handbook notebook in an ongoing basis. Also included in the handbook are curriculum and admission information, procedures for use of the Skills Lab and publications from the Board of Registered Nursing (BRN).

Committed to individual student success, each ADN faculty serves as both a student mentor and resource throughout this professional educational program. Student input is critical to the development of policy, as well as to the implementation of curriculum. Opportunities will be provided to all students to evaluate courses and participate on ADN Committees. We welcome you to the family of the Citrus College ADN Program.
SECTION I:
CITRUS COLLEGE INFORMATION
INTRODUCTION TO CITRUS COLLEGE
Citrus College, celebrating over 90 years of service, is located in Glendora in the foothills of the San Gabriel Mountains, approximately twenty-five miles northeast of metropolitan Los Angeles. The college has the distinction of being the oldest community college in Los Angeles County and the fifth oldest in the state.

Citrus College was founded in 1915 under the leadership of Dr. Floyd S. Hayden, who helped bring the community college movement to California. From 1915 to 1961, Citrus College was operated by the Citrus Union High School District.

In July 1961, the Citrus Community College District was created to include the Azusa and Glendora Unified School Districts. In 1968, the district expanded to include the unified school districts of Claremont, Duarte and Monrovia. Citrus College now occupies a 104-acre campus. The college has undergone a major facilities expansion project that has changed the look of the campus.

The college enrolled 27 students in 1915 and, currently, the college serves more than 14,000 students.

Citrus Community College District’s Mission Statement
Citrus College delivers high quality instruction that empowers students to compete globally and to contribute to the economic growth of today’s society. We are dedicated to fostering a diverse educational community and cultural learning environment that supports student success in pursuit of academic excellence, economic opportunity and personal achievement.

Mission Objectives
Citrus College is a safe, friendly, accessible environment where all students and community members may optimize their academic, career, and cultural development. As Citrus College continues to advance as a dynamic center for life-long learning, it will:

- provide general, lower-division coursework leading to an associate degree in the arts or sciences;
- prepare students to transfer to four-year colleges and universities;
- maintain comprehensive information services to support students and faculty;
- offer technological services and support for students, faculty, and staff;
- deliver programs to increase basic math, reading, communication, and ESL skills;
- grant opportunities for students to develop a global perspective through a curriculum with international and multicultural applications;
- furnish support services for the intellectual and personal development of all Citrus College students, including opportunities to participate in campus governance;
- foster a comprehensive and enriching program of extracurricular activities;
- conduct community education programs that encourage learning at every stage of life;
- award occupational certificates and degrees for career preparation and advancement;
- administer customized training programs for business and industry;
• increase career development support for students, faculty, and staff through career exploration, counseling, job preparation, job opportunities, and academic and classified staff development;
• collaborate with local high schools in articulation and curriculum development;
• advance cultural and personal enrichment programs for the college and community members, and promote inter-collegiate competition opportunities for students.

Vision Statement
Citrus College will provide excellent educational opportunities that are responsive to the needs of the community and help students meet economic, social, and environmental challenges to become active participants in shaping the world of the future.

Values
1. **Student Focus**: Meeting community and student needs by creating an educational environment and culture so students can attain a variety of goals.
2. **Excellence**: Maintain a high standard of integrity and performance leading to the achievement of academic and professional goals.
3. **Collaboration**: Seeking input from all sectors of the college and the community.
4. **Diversity**: Fostering a learning community in which the values, goals, and learning styles of all students are recognized and supported.
5. **Life-Long Learning**: Serving enthusiastic, independent thinkers and learners striving for personal growth.
6. **Integrity**: Behaving ethically in all interactions, at all levels.
7. **Technological Advancement**: Keeping pace with global technology trends and enhancing traditional instruction with technology to prepare students for success in the work place.

Introduction to the Citrus College ADN Program
The Citrus College ADN Program was initiated in fall 2007 with a cohort of Advanced Placement Option (LVN to RN) students. The Generic Option began in fall 2008.

Associate Degree Nursing Program Mission Statement
The Citrus College Associate Degree Program (ADN) strongly supports the College Mission, Vision and Values statements. The ADN curriculum is designed to provide the individual an opportunity to obtain marketable vocational and technical skills in order to advance professionally and personally in a chosen area. The program strives to foster within each graduate a commitment to individual excellence, lifelong learning, and professional development. If desired, graduates may seek transfer to a four year college or university for additional formal education and degrees. At the conclusion of the program, students will:

1. Possess the knowledge and skills necessary to function within the minimum competency requirements of an entry-level registered nurse.
2. Qualify for the state board examination (NCLEX-RN) leading to licensure according to the regulations of the California State Board of Registered Nursing.
3. Satisfy the requirement for an Associate of Science Degree in Registered Nursing, OR qualify for 30-unit Option completion.
Counseling Programs & Services

Admissions & Records Office
(Registration)
SS Building, 1st floor, Room 115
Hours: M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8511

Assessment & Testing Center
ED Building, 2nd floor, Room 215
Hours: M – R 9:00am–8:00pm
Fri 9:00am–4:00pm
Sat 9:00am–1:00pm
Telephone: (626) 857-4035 VM/TDD

Athletic Counseling
PE Building, Room 120 – A
Hours: T & R 8:00am–3:30pm
Telephone: (626) 852-8023

Bridges to Success (Housed in C/T Center)
SS Building 2nd floor, Room 279
Telephone: (626) 914-8639

CalWORKs Office
SS Building, 2nd floor, Room 236
Hours: M – F 8:00am–4:30pm
Telephone: (626) 852-6401

Career, Technical, and Continuing Ed
TE Building, Room 147
Hours: W 11:30am–7:00pm
Telephone: (626) 852-6401

Career/Transfer Center
SS Building, 2nd floor, Room 279
Hours: M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8639

Center for Teacher Excellence
SS Building, 2nd floor, Room 279 Hours:
M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 857-4006

College Success Counseling (Call Counseling & Advisement for an appointment)
Telephone: (626) 914-8530

Counseling & Advisement Center SS Building, 2nd floor, Room 279
Hours: M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8530

Disabled Student Programs & Services
SS Building, 1st floor, Room 133
Hours: M – R 8:00am–5:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8516

Financial Aid
SS Building, 1st floor, Room 112
Hours: M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8592

International Student Office
SS Building, 1st floor, Room 164
Hours: M & R 8:00am–5:00pm
T & W 8:00am–7:00pm
Fri 8:00am–4:30pm
Telephone: (626) 914-8549

Library
LI Building - Hayden Library
Hours: M – R 8:00am–8:00pm
Fri 8:00am–4:00pm
Telephone: (626) 914-8640

Non-credit Counseling (Housed in Counseling)
SS Building, 2nd floor, Room 279
(Call Counseling & Advisement for an appointment)
Telephone: (626) 914-8530

Nursing / Health Science
PC Building, 2nd floor, Room 204
Hours: M 8:00am–12:30pm
T 10:00am–4:00pm
R 9:30am–4:00pm
Telephone: (626) 914-8720

STEM Counseling
(Call Counseling & Advisement for an appointment)
Telephone: (626) 914-8530

Tutorial Services
ED Building, 2nd floor, Room 216
Hours: M – R 8:00am–8:00pm
Fri 8:00am–4:00pm
Telephone: (626) 914-8570

Writing Café
ED Building 2nd floor, Room 224
Hours: M – R 10:00am–7:00pm
citruscollege.edu/academics/bridges/writingcafe/Pages/default.aspx

Veterans Information
HH Building, Room 756
Hours: M – F 8:00am–4:30pm
Telephone: (626) 914-8516
Citrus College Campus Directory

**Buildings**

- AA ...... Automotive Annex (formerly Tech F)
- AC ...... Art Center
- AD ...... Administration
- AN ...... Annex
- AP ...... Adapted Physical Education Center
- AQ ...... Aquatic Center
- BF ...... Baseball Field (FLD 2)
- BK ...... Owl Bookshop
- CC ...... Handy Campus Center
- CDC ... Child Development Center
- CI ...... Center for Innovation
- CP ...... Central Plant
- DT 1 ... Diesel Technology
- DT 2 (formerly Tech G)
- ED ...... Educational Development Center
- ES ...... Earth Science
- FH ...... Field House
- FP ...... Football Practice field (FLD 5)
- GH ...... Gate House
- GI ...... Golf Instruction (FLD 1)
- GR ...... Golf Driving Range
- HH ...... Hayden Hall
- IC ...... Infant Center
- IS ...... Information Services
- (Dan Angel Data Processing Center)
- LB ...... Liberal Arts/Business
- LH ...... Lecture Hall
- LI ...... Hayden Library
- LL ...... Lifelong Learning Center
- LS ...... Life Science
- MA ...... Mathematics/Sciences
- MO ...... Maintenance/Operations
- P1 ...... Portable #1
- P2 ...... Portable #2
- P3 ...... Portable #3
- PA ...... Paugh Performing Arts Center
- PC ...... Professional Center
- PE ...... Physical Education
- (formerly Main Gym)
- PS ...... Vaniman Physical Science
- RA ...... Recording Technology
- RG ...... Reprographics (Printshop)
- SB ...... South Bungalow
- SF ...... Soft Ball field (FLD 3)
- SS ...... Student Services
- ST ...... Stadium (FLD 4)
- TC ...... Technology Center
- TD ...... Technician Development
- TE ...... Technology & Engineering
- TN ...... Tennis Courts VT
- Video Technology
- WA ...... Warehouse/Purchasing
- WS ...... Women's Gym

**Services**

- Admissions and Records
- Associated Students
- Athletics
- Audiovisual
- Auditorium
- Board Room
- Box Office
- Business Services
- Cafeteria
- CalWORKs
- Career/Transfer Center
- College Advancement
- Community Education
- Computer Center
- Cosmetology
- Counseling and Advisement Center
- Dental Assisting
- Disabled Students Center
- Distance Education
- Esthetician
- EOP&S
- External Relations
- Facilities Rental
- Faculty Lounge
- Financial Aid
- Fitness Center
- Food Service
- Foundation
- Health Center
- Health Sciences
- Human Resources
- Information
- Instruction Office
- International Student Center
- Learning Center
- Little Theatre
- Noncredit Education
- Noncredit Matriculation
- Nursing
- Orfalea Family Children's Center
- President's Office
- Printing, Reprographics
- Public Information
- Receiving
- Receiving, Bookstore
- Security Office
- Student Affairs
- Student Employment Services
- Student Services Office
- Swimming Pool
- Testing Center
- Transfer Center
- Vocational Education Office
permit available for $5 from the parking vending machine, the information booth or the Security Office. Handicapped parking is available in every lot. To use handicapped parking, you must have a DMV placard or a handicapped parking permit issued by Disabled Students Programs and Services or the Security Office.
Checklist for Success

• **Go to Counseling** in the SS Building (2nd floor) to make an appointment for a Student Educational Plan (SEP) and find out about graduation and transfer requirements.

• **Go to Financial Aid** in the SS Building (1st floor) to fill out the FAFSA and see if you qualify for the BOG or free grant money. You can also fill out the FAFSA online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

• **Go to EOP&S** in the SS Building (2nd floor). If you qualified for the BOG and are taking 12 or more units you may be eligible for the ---EOP&S program. Someone is available at the front desk to help you with eligibility screening and the application process.

• **Go to the Learning Center** in the ED Building (2nd floor) to sign up for free tutoring.

• **Go to the Career/Transfer Center** in the SS Building (2nd floor) to get help choosing a major or planning a career path! You can also get information about transferring to a four year college or university.
STUDENT HEALTH CENTER

The mission of the Student Health Center is to provide high-quality ambulatory care, mental health counseling, comprehensive disease prevention and healthcare education to Citrus College students.

Health Care Services for Students:

- Treatment of acute illness/ambulatory care
- Immunizations (Tetanus, Hepatitis B series, Measles/Mumps/Rubella, Influenza)
- Tuberculin skin tests
- Over-the-counter (non-prescription medications)
- Condoms and personal hygiene items
- Blood pressure and weight checks
- Commonly used prescription medications at low cost prescribed by campus health care providers (physician and/or nurse practitioner)
- Family Planning Services/Women's Health
- Plan B - Emergency Contraception
- Free Sexually Transmitted Disease testing
- Free Confidential and Anonymous HIV testing
- Hearing and vision screening
- Off-Campus referrals as needed
- Short term personal counseling

Promotion of Positive Health Outcomes for Students:

- Health education materials (audio-visual, brochures, reference files)
- AIDS information, referral resources
- Substance abuse information and referral resources
- Eating disorders information and referral resources
- 12-step program referrals
- Accident and medical insurance information

There is no charge for the college nurse, nurse practitioner, physician or counseling services. Some tests, medications and procedures require a nominal fee.

Students are invited to visit the Student Health Center or call (626) 914-8671 for information and/or appointments. Hours sometimes vary for college health nurses, nurse practitioners, physicians and other health care personnel.

PLEASE NOTE: Due to safety issues, children are NOT allowed in the Student Health Center. Thank you for your cooperation and we apologize for the inconvenience.
HEALTH SCIENCES DEPARTMENT ORGANIZATIONAL CHART

Dean of Mathematics, Business and Health Sciences
James McClain

Health Sciences Director
Maureen Renaghan

Skills Lab Coordinator
Gail Tucker

VN Coordinator
Gail Tucker

ADN Coordinator
Salima Allahbachayo

Dental Coordinator
Claudia Pohl

EMT Coordinator
Cliff Hadsell

Support Staff
Cheryl Hall, Admin. I
Julie Tunno, Admin. I
Student Workers

ADN Nursing Faculty
Salima Allahbachayo
Noemi Barajas
David Greene
Gail Tucker

Adjunct ADN Faculty
Sophie Andaya
Donna Brennan
Ginger Hullings
Kim Porter
Mary Wickman
Sandra Mack
Keening Young

ADN Students

Please note: Blue Arrows denote Lines of communication.
SECTION II:
ADN PROGRAM INFORMATION
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
PHILOSOPHY

The philosophy of the Citrus College ADN Program supports and implements the mission statement of the College. The philosophy is based on the premise that students bring unique learning abilities, life experiences, goals, responsibilities, and support systems to the educational experience. The program and faculty believe that a sound nursing education is built on concepts relating to the individual, health/illness, the environment, and nursing, which includes nursing education and teaching/learning. The purpose of the nursing program is to educate students for entry-level registered nursing positions in a variety of multicultural health care settings within the community.

Beliefs about the Individual

Nursing faculty members recognize the individual as a holistic, unique and complex being who constantly responds to changing environments in physiological, psychological, social, cultural, developmental and spiritual domains. Individuals develop in identifiable stages throughout the life span, and interact within the context of family, community, and social environments. People possess dignity, self-worth and the inherent right to assume responsibility for the development of their own potential. In addition, individuals are entitled to information that allows them to make informed choices regarding their health care and to become active participants in decisions regarding their well-being. Individuals hold diverse values and beliefs and exist in different social and physical environments, all of which may have an impact on an individual’s state of health.

Beliefs about Health/Illness

The Citrus College faculty member believes that health is a changing state along a wellness-illness continuum, in which people are adapting to the internal and the external environment from birth until the end of life. Degrees of health or illness on the continuum may range from optimal wellness to illness and death. An individual’s ability to adapt to stressors in the internal or external environment will affect that person’s health status; and is affected by lifestyle behaviors and stressors. Illness occurs when the adaptive responses of the physiological and/or the psychological systems are actually or potentially impaired resulting in alterations in function. People can experience a lack of health due to a variety of conditions—some of which are acute and self-limiting; others may be long-term, chronic, or permanent. Each person has a personal perception of health, or lack of health, based on knowledge, beliefs, and previous experiences that will influence the choices regarding related health care interventions.

Beliefs about the Environment

The environment/society consists of all interactions, both internal and external, that possess the potential to define or delineate a person’s state of well-being. Both internal and external processes create conditions which require individuals to adapt. Within the community, there must be health services appropriate and
available to provide quality care and maximize adaptation for clients, families, or groups with respect for age, lifestyle, and individual differences.

**Beliefs about Nursing and Nursing Education**

The Citrus College nursing faculty believes nursing is both an art and an applied science that brings together knowledge from the biological, natural and social sciences with the caring skills needed to assist clients to attain an optimal state of wellness. As vital members of the health care team, nurses provide direct, client-oriented care, patient teaching and advocacy, and leadership and management for the client, family, or group, which are guided by professional standards and ethics. The practice of nursing responds to the individualized health care needs of the client. As an evidence-based discipline, nursing requires the use of cognitive, psychomotor, and affective skills in the application of the nursing process to assist clients to promote, maintain, and/or restore wellness and prevent disease or to support the client to experience dignity in death. Within the framework of the nursing process, nurses apply skills of critical thinking and problem solving to decision-making processes that render accurate and effective clinical judgments. This level of knowledge and performance requires proficiency in analytical and communication skills, which allow nurses to function effectively as members of a multidisciplinary team in a variety of health care settings within the community. The role of the associate degree graduate is that of provider of care, manager of care and member within the profession of nursing.

Nursing education occurs at various levels within institutions of higher education and involves the students, instructor, and educational environment in an interactive process. Associate degree nursing education represents the entry level of professional nursing.

**Beliefs about the Learner**

Each learner is recognized as having unique experiences and background. Faculty members are alert and sensitive to individual differences due to gender, ethnicity, cultural background, goals, and learning styles. Support services, including counseling, financial aid, and a wide variety of learning resources are an integral part of the system available to accommodate the individual needs and requirements of students. It is also recognized that as adult learners, students have commitments outside the educational program that warrant adaptation of instructional methods, assignments, and scheduling. The student is considered an active and accountable participant in both the educational experience and the evaluation of the experience.

**Beliefs about Faculty Responsibilities**

Faculty members function as motivators, coaches, facilitators, resource persons and role models in the learning process by providing direction for necessary changes in the learner’s perception and behavior. Faculty members promote a learning environment that provides students with opportunities to experience interactive, theoretical and hands-on learning that will allow them to explain, integrate, and interrelate knowledge in preparation for competent nursing practice. Capitalizing on the unique characteristics of each student, faculty assist students to increase control over their own growth, motivating them toward life-long
learning. Faculty members are responsible and accountable for planning and implementing the curriculum, planning the learning experiences, organizing and presenting information in a meaningful and efficient manner, and supervising and evaluating learning outcomes.

The teaching/learning experience is guided by principles of adult education. Learning experiences progress from simple to complex building upon prerequisite knowledge by expanding and adding elements to the cognitive, psychomotor, and affective learning domains. The additional elements provide depth and integration of data, which makes decision-making possible and viable for the registered nurse.
**Introduction**

The nurse provides care using a critical thinking model known as the nursing process. The steps of the process include assessment, diagnosis, planning including outcomes identification, implementation and evaluation. The nursing process guides the clinical decision making of the nurse and all nursing actions taken by nurses in providing care. Knowledge from nursing science, basic social sciences, physical sciences, ethics and health policy are used as the nurse plans and provides care. A conceptual framework provides the nurse with a structure to assess the needs of individual clients and their families and provide care within the nursing process. A conceptual framework describes the role of the nurse, the client or patient who receives care, a description of how nurses see health and illness, and the role of the environment in affecting the health/illness of the client.

**Citrus College ADN Program Conceptual Framework**

The Citrus College Conceptual Framework is founded on four major constructs of nursing theory that incorporate beliefs about: the individual; health and illness; the environment/society; and nursing. The relationships of these elements of the framework are also represented in the ADN Conceptual Framework Diagram. The elements of the Conceptual Framework will be reflected in the assessment and planning tools used in the program as well as in the presentation of content in each class. The faculty expects the student to use the Conceptual Framework with increasing complexity throughout the program. Concept mapping will be used as a visual tool in which ideas or data are enclosed in circles or boxes and relationships between these are indicated by connecting lines or arrows. Concept maps depict the care plan. The concept map will assist the student as a method of learning and demonstrating the linkages among disease processes, laboratory data, medications, signs and symptoms, risk factors, and other relevant data. Traditional care planning tools will also be used to demonstrate the components of the nursing process specific to the individual patient.

**Individuals**

The faculty views the client/patient holistically as a unique and complex being with physiological, psychological, social, cultural, developmental and spiritual dimensions. The nurse seeks to understand how each aspect of the individual affects their need for nursing support. Individuals develop (move along their life continuum) within the context of their families, community and social environments. Individuals possess dignity, self-worth and the inherent right to assume responsibility for the development of their own potential. Inherent responsibility for development of their own potential addresses an inborn obligation to work toward reaching their highest abilities. Individuals hold diverse values and beliefs and exist in different social and physical environments. They are entitled (have the right to) information that allows them to make informed choices regarding health care. The nurse therefore evaluates:

a. The physiological changes that affect the biological functions of the person.

b. The mental and emotional processes that affect the psychological well being of the individual.
c. The social influences that affect the individual as they interact with others.

d. Cultural factors of heritage, genetics, customs and social environment that affect the individual.

e. The developmental stage of the individual as they move across the life span.

f. The spiritual dimension provides a unifying theme for the individual’s life including beliefs about faith, values, meaning of life, inner strength, peace and harmony, relationships with others and energy to maintain health.

**Health/Illness**

Health is a dynamic state that exists on a continuum across the lifespan. Internal and external stressors can alter the state of health. Stressors are any stimulus that produces mental or physical stress in an organism. Internal stressors are associated with physiological, psychological, social, cultural, developmental, or spiritual factors. External stressors originate from physical and socioeconomic factors in the environment in which the individual exists.

The individual seeks optimal wellness within the circumstances with which that individual is faced. Illness results when the stressors adversely alter the biological, psychological or social systems and the individual is unable to make adequate adaptation.

**Environment/Society**

External variables affecting health and state of well being include the physical environment, standards of living, family and cultural beliefs and social support networks. The physical environment may have a significant effect on the individual. The geographic location, pollution and other environmental hazards must be considered. An individual’s standard of living is related to health, morbidity, and mortality. The family passes on patterns of daily living and lifestyles. Emotional health depends on a social environment that is free of excessive tension and does not isolate the person from others. A climate of open communication, sharing and love fosters the fulfillment of the person’s optimum potential. Cultural beliefs and social interactions influence how a person perceives, experiences and copes with health and illness. Support systems may help the individual maintain or restore health as well as have an effect on how illness is experienced.

**Nursing**

Nursing is an art that is an activity skillfully and creatively carried out and a science (a body of knowledge based on observation and study). It incorporates knowledge from nursing theory and evidence based practice, biological, natural and social sciences to determine a plan of care. The nurse expresses a caring attitude while interacting with the client (genuine interest in and concern for the individual). Nursing is guided by professional standards (established measurements of quality) and ethics (codes of conduct). Nursing is an evidence-based discipline meaning that decisions regarding nursing care involve a synthesis of knowledge derived from research, quality improvement data, nursing standards and clinical expertise. Nursing is concerned with assisting the client to promote, maintain, and restore health to the optimal level of wellness attainable in a variety of health care settings including the community. Nurses use cognitive,
psychomotor, and affective skills in the application of the nursing process to assist clients to promote, maintain, and/or restore wellness and prevent disease. Within the framework of the nursing process, nurses apply skills of critical thinking and problem solving to decision making processes that render accurate and effective clinical judgments.

**Terminology Related to the ADN Conceptual Framework**

**Individuals**

- **Physiological domain**: the biological functions and vital processes of the human organism.
- **Psychological domain**: those aspects related to mental and emotional processes especially as they affect behavior and include actions, traits, attitudes, and thoughts.
- **Social domain**: refers to those aspects of the individual as seen in interactions with others.
- **Cultural domain**: those aspects of the individual derived from one's heritage, genetics, customs and social environment.
- **Developmental domain**: includes all the steps and stages of human growth from birth to death.
- **Spiritual domain**: deals with the thinking, motivating and feeling aspects of the individual as distinguished from the biological and separate from matter.
- **Dignity**: means being worthy of self esteem.
- **Values**: are those ideas and properties that one sees as having worth or as being worthy.
- **Beliefs**: are convictions or acceptance that certain things are true.
- **Informed choice**: allows the individual to select from alternatives after receiving accurate and appropriate information regarding all aspects under consideration.

**Health:**

Health is a changing (dynamic) state that exists on a continuum (a thing whose parts cannot be separated or separately discerned) from life to death. Internal and external stressors can alter the state of health.

- **Stress**: the dynamic (changing) force which produces strain or tension within the organism.
- **Stressor**: stimulus (positive or negative) that produces mental or physical stress in an organism.
- **Internal stressors**: stimuli that originate in the cognitive, developmental, physiological, spiritual or psychological dimensions of the individual.
- **Developmental stressor**: stressors that occur at predictable times throughout an individual’s life.
- **Situational stressor**: unpredictable event that may occur at any time during life and may be positive or negative.
- **External Stressor**: stimuli that originates from the physical and socio-cultural environment in which the individual exists and also includes historical, political, and economic conditions.
- **Optimal wellness**: Individuals can seek optimal wellness, which is represented as the highest level of health that can be attained given the circumstances with which the individual is faced. Illness results when stressors in the environment adversely alter biological, psychological, or social systems and the individual is unable to make adequate adaptation.
• **Alteration in stress state:** a change resulting from dealing with the stressor(s) that can have physical, emotional, intellectual, social and spiritual consequences.

• **Coping:** a natural or learned way of responding positively or negatively to the stress state.

• **Adaptation:** represents the process by which an individual changes (copes) in structure, function, or form to seek a more optimal state of being and/or to improve the chance of survival.

• **Maladaptation:** results in increased distress for the person and others associated with the person or stressful event.

**Environment/Society:**
The environment includes all internal and external factors that affect the individual. The individual constantly interacts with physical, social and psychological changes in his environment.

**Nursing:**
- **Cognitive skills** require the ability to think, meditate, and/or ponder.
- **Psychomotor skills** require the ability to use one’s hands and body in response to mental processes.
- **Affective skills** are those arising from attitudes, beliefs, and emotions.
- **Caring** refers to the tenet that the nurse values human caring. It is a moral commitment to protect, enhance and preserve human dignity. Caring is an attitude, a conscious decision to behave in a way that demonstrates that they recognize what matters to the patient (who they are, their strengths and weaknesses) and that they act with the knowledge and intent to care.

**Nursing Process** is a problem-solving process requiring the use of decision-making, clinical judgment, and other critical thinking skills. It involves:

• The steps of the Nursing Process:
  - **Assessment**, which is the process by which the nurse systematically gathers, verifies, and communicates data about a client to establish a database about the client’s health and related information.
  - **Nursing diagnosis**, which is the establishment of a statement that describes the client’s actual or potential response to an alteration in health.
  - **Planning**, which requires the use of deliberate decision making and problem-solving skills to design nursing care for each client, and to establish the priorities and outcomes/goals of care.
  - **Implementation**, which is the carrying out of the plan of care.
  - **Evaluation**, which involves the measuring of the client’s response to nursing interventions and the progress toward established health care goals.

• **Goals of nursing care:**
  - **Promotion**, which involves all the activities including teaching that help prevent an individual from engaging in activities that will create stressors leading to an altered state of wellness.
- **Maintenance**, which involves those behaviors taken by an individual to remain at the state of wellness currently existing.
- **Restoration**, which involves all the activities initiated by a caregiver or by self to regain a previous state of well being that has been altered by illness.

- **Thought processes in nursing:**
  - **Critical thinking** is a systematic way to form and shape one’s thinking that is disciplined, comprehensive, based on intellectual standards and is therefore, well-reasoned. It is the intellectual process of actively and skillfully conceptualizing, applying, analyzing, synthesizing and evaluating information by observation, experience, reflection, reasoning, and communicating as a guide to action.
  
  - **Problem Solving** is a process of reaching a solution by working through details of a problem. An individual must identify the relevant elements that influence the problem and then proceed to the solution by using a series of mental processes. Problem solving may be a gauge of an individual's critical thinking skills.

- **Decision-making** processes are the steps one goes through in reaching a conclusion.

- **Clinical judgments** are conclusions and opinions that are made regarding an approach to client care based on patient data and nursing knowledge.

- **Concept mapping** is a clinical tool that allows the nurse to consider all of the client’s problems holistically then develop a plan to treat the problems. It provides a means to assess what is known and determine what other information is needed.

- **A care plan** is a written or computerized guide that documents the outcomes/goals and interventions for the individual client. Student care plans are learning tools that include the nursing diagnosis, assessment data, goals and outcomes, interventions with rationales for selecting a particular intervention and evaluation of the attainment of outcomes/goals.

- **Evidence Based Practice** is the conscientious, deliberate use of valid research in developing the concept map/care plan to identify the most up-to-date, research tested interventions. The planning process takes into consideration the patient’s desires, the clinical situation and the expertise of the nurse.
At the completion of the program, the graduate will be prepared to function as an entry level registered nurse in a variety of health care settings, in a manner that meets the standards of California Code of Regulation (CCR), 1443.5. Meeting CCR 1443.5 standards will be evident in graduate performance in the clinical setting. The graduate will function competently as an entry level nurse by collaboratively assisting clients to promote, maintain, and restore optimum wellness. The graduate will transfer scientific knowledge from the social, biological and physical sciences in applying the nursing process to:

- demonstrate caring behavior toward the client, significant other/s, peers and other members of the health care team, providing an environment that respects individual human rights, values and cultural and spiritual beliefs.
- apply critical thinking to formulate nursing diagnoses through observation of the client’s physical condition and behavior, and through interpretation of information obtained from the client and others, including the health care team.
- formulate a care plan, from a holistic perspective, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client’s safety, comfort, hygiene, and protection, and for disease prevention and restorative measures, taking into account the health-illness continuum.
- demonstrate safe, ethical care delivery across the lifespan that meets professional standards while performing skills essential to the kind of nursing action to be taken, taking into account client individuality, explaining the health treatment to the client and family and teaching the client and family how to care for the client’s health needs.
- use sound clinical judgment to delegate tasks to subordinates based on both the legal scope of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and then to effectively supervise nursing care being given by subordinates.
- evaluate the effectiveness of the care plan through observation of the client’s physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and then to modify the plan as needed.
- act as the client’s advocate, as circumstances require by initiating action to promote, improve, maintain and restore health or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

Approved: 2007
Reviewed and approved: 11/18/10
ADN ORGANIZATIONAL CHART
*Black arrows denote lines of communication

Director of Health Sciences/Director of Nursing
Maureen Renaghan

Skills Lab Coordinator
Gail Tucker

ADN Coordinator/ Asst. ADN Director
Salima Allahbachayo

Faculty
Salima Allahbachayo F/T
Noemi Barajas F/T
David Greene F/T
Gail Tucker F/T
Sophie Andaya P/T
Donna Brennan P/T
Ginger Hullings P/T
Kim Porter P/T
Sandra Mack P/T
Keening Young P/T

Content Expert: Obstetric Nursing
Noemi Barajas

Content Expert: Psychiatric
David Greene

Content Expert: Geriatric Nursing
Conchita Boquiren

Content Expert: Med/Surg
Salima Allahbachayo

Content Expert: Pediatric Nursing
Donna Brennan
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
ACCREDITING AGENCIES/CLINICAL FACILITIES

The RN Program is approved by the California Board of Registered Nursing. The main office for the BRN is in Sacramento. BRN information may be obtained online at www.rn.ca.gov

Board of Registered Nursing

Physical Location:
1747 North Market Boulevard, Suite 150
Sacramento, CA 95834
Mailing Address
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100
(916) 322-3350

The following clinical facilities have contractual relationships with the College and are used in its nursing programs as clinical practice sites:

Citrus Valley Health Partners:
   Foothill Presbyterian Campus-Glendora
   Inter-Community Hospital-Covina
   Queen of the Valley Campus-West Covina
Emeritus (formerly Brighton Gardens)-San Dimas
Huntington Memorial Hospital-Pasadena
Methodist Hospital of Southern California-Arcadia
Pomona Valley Hospital Medical Center-Pomona
San Antonio Community Hospital-Upland
Olive Vista Psychiatric Facility-Pomona
Visiting Nurse Association & Hospice of Southern California, Claremont
Woods Health Services-La Verne
SECTION III:
DESCRIPTION OF PROGRAM- Citrus College Catalog
ADN CATALOG DESCRIPTION:
ASSOCIATE DEGREE NURSING PROGRAM (RN)

Citrus College Registered Nursing
The Citrus College Associate Degree Nursing (ADN) Program, leading to an Associate in Science Degree with a major in Nursing, is approved by the California Board of Registered Nursing (BRN). The purpose of the nursing program is to educate students for entry level registered nursing positions in a variety of multicultural health care settings within the community. The Program consists of course work in nursing, science, general education and clinical practice at local hospitals and health agencies. The graduate of this two year program is eligible to take the National Council for Licensure Examination (NCLEX), and upon successful completion, become licensed as a Registered Nurse (RN) in the State of California. There are fees for obtaining licensure by examination or endorsement, internment permit, and biennial renewal. California law allows for the denial of registered nursing licensure on the basis of any prior convictions substantially related to nursing practice. More information can be obtained by visiting the BRN website at http://www.m.ca.gov/applicants/lic-faq5.shtml

The Citrus College ADN Program Philosophy is based upon the premise that students bring unique learning abilities, life experiences, goals, responsibilities and support systems to the educational experience. The philosophy of the Citrus College ADN Program supports and implements the Mission Statement of Citrus College. The program and faculty believe that a sound nursing education program is built on concepts relating to the individual, health and illness, the environment, and nursing, which includes nursing education and teaching and learning.

In-depth information about the program prerequisites, which are those requirements that must be completed prior to applying to the ADN Program, can be obtained by visiting the website, through Counseling, or by

ENROLLMENT PROCESS
Separate application must be made into the nursing program. All ADN applicants selected will also be required to apply to Citrus College. Several admission and progression options are available including the Generic Option, the Advanced Placement Option, and the 30-Unit Option. Specific information is available in the application packet, on the website, and at scheduled information workshops held by nursing counselors. Visit the website for application dates.

PLACEMENT OPTIONS
1. Generic Option students are those who will complete the entire ADN Program at Citrus College. The application is submitted, and if qualified, cohort selection is made according to the current enrollment process. Students must also take the Testing of Essential Academic Skills, version five (TEAS V). Only TEAS V tests taken at Citrus College will be accepted. The TEAS V tests the prospective student’s knowledge of basic math, English, reading and applicable science. Prospective students must score a minimum of 62% on the TEAS V.

2. Advanced Placement Option (LVN to RN) students are those documented as Licensed Vocational Nurses in California, with documentation proof of one year of full-time experience. Students choosing this option must apply to the program, complete all program prerequisites and general education, degree and graduation requirements, pass the TEAS V with a minimum of 62%, and complete Role Transition/RNRS 200 with a grade of ‘C’, or better. Placement will then be into the third semester of the ADN Program.

3. 30-Unit Option is available to California Licensed Vocational Nurses (LVN). BRN (Title 15)
licensure. Individuals who become licensed as Registered Nurses using this option may not be eligible for licensure in states other than California and may have difficulty transferring to a BSN program even if degree requirements are completed. They are not eligible to wear the Citrus College ADN Nursing pin nor graduate from the Associate Degree Program. Prospective students must score a minimum of 62% on the TEAS V.

4. Transfer students are those who desire a transfer of nursing units to Citrus College from another college. The education code allows students to transfer only lower division units to a community college. Requests for transfer are evaluated on a case-by-case basis. Transfer placement will be made on a space available basis and is determined by the course content and number of nursing degree units completed. If the prospective student has earned a single non-progression grade (D or F), in a registered nursing program at another school, that non-progression grade will be considered the only allowable failure for that student. A single further non-progression grade will result in dismissal from the program, without the ability to return. Prospective students must score a minimum of 62% on the TEAS V.

5. Challenge Students are those students admitted to the ADN program with previous documented experience who may be allowed to challenge certain, specified content areas (Education Code, Section 5557537), Title 5 of the California Administrative Code.

The TEAS V requirement applies to all entry options.

After all prerequisites have been verified as complete, and there are more applicants than spaces available, selection will be based on the enrollment criteria. The enrollment criteria is based on the recommended Best Practice for Enrollment prepared by the California Community Colleges Chancellor’s Office. Please contact the nursing counselors for further clarification of the enrollment process.

DEGREE AWARDED

Associate in Science, Nursing (ADN) – Requires degree applicable coursework including ADN Nursing Program Pre-requisites, Nursing General Education, ADN General Education for Associate Degree, and Nursing Option-specific coursework. All requirements must be completed with a grade of C or better to progress in the program, graduate with an ADN, and qualify for licensure through NCLEX.

ASSOCIATE DEGREE NURSING PROGRAM (RN)-

Additional Associate Degree Required Courses/Taken Prior to Entry:

(These requirements are waived for students who have a BA or BS from a regionally accredited institution in the United States.)

**History or Political Science 3
**Arts-One Course From Area 3
**Humanities-One Course From Area 3
Kinesiology (P.E.) or Dance Activity 3
**Math (If not satisfied through the mathematics assessment) 0-5

12-17 Units

Completion of Intermediate Algebra (Math 150 or 148
or any higher level math course with a grade of "C" or better and placement at the level of college algebra or higher on the math assessment test).

**See Counselor for applicable courses.

Reading: Satisfactory Score on the reading component of the placement test of ENGL 101 or

Completion of Reading 099 OR English 099 with a grade of "C" or better or passing the reading competency examination.

**ADN FIRST YEAR—MAJOR REQUIREMENTS

**FIRST SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNRS 190</td>
<td>* Foundations of Nursing</td>
<td>4</td>
</tr>
<tr>
<td>RNRS 191</td>
<td>* Introduction to Medical/Surgical Nursing I</td>
<td>5</td>
</tr>
<tr>
<td>RNRS 192</td>
<td>* Pharmacology for Nurses</td>
<td>2</td>
</tr>
</tbody>
</table>

**SECOND SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNRS 193</td>
<td>* Pediatric Nursing</td>
<td>3.5</td>
</tr>
<tr>
<td>RNRS 194</td>
<td>* Obstetrics/Maternity Nursing</td>
<td>3.5</td>
</tr>
<tr>
<td>RNRS 195</td>
<td>* Beginning Medical/Surgical Nursing II</td>
<td>5.0</td>
</tr>
</tbody>
</table>

**ADN SECOND YEAR - MAJOR REQUIREMENTS:**

**THIRD SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNRS 201</td>
<td>* Medical-Surgical Nursing III</td>
<td>5</td>
</tr>
<tr>
<td>RNRS 203</td>
<td>* Mental Health-Psychiatric Nursing</td>
<td>3</td>
</tr>
</tbody>
</table>

Winter Intercession

*RNRS 290 * Gerontological Nursing | 2

**FOURTH SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNRS 251</td>
<td>* Medical-Surgical Nursing IV</td>
<td>6</td>
</tr>
<tr>
<td>RNRS 252</td>
<td>* Leadership for Professional Nursing Practice</td>
<td>2</td>
</tr>
</tbody>
</table>

41 Units

**ADDITIONAL REQUIREMENTS:**

**The BRN requires these courses be completed to be eligible to take the NCLEX. All of these courses must be completed with a grade of "C" or better.

**ADDITIONAL GENERAL EDUCATION REQUIRED FOR ASSOCIATE DEGREE/TAKEN PRIOR TO ENTRY:**

**NURSING PROGRAM PREREQUISITES/TAKEN PRIOR TO ENTRY:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 200</td>
<td>* Human Anatomy</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 201</td>
<td>* Human Physiology</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 220</td>
<td>Microbiology</td>
<td>5</td>
</tr>
<tr>
<td>ENGL 101</td>
<td>* Reading and Composition</td>
<td>3</td>
</tr>
</tbody>
</table>

16 Units

Citrus College has required prerequisites on anatomy, physiology, and microbiology. Students who transfer completed science graduation requirements including anatomy, physiology and microbiology from another school not requiring chemistry and general biology as prerequisites will be granted science credit for graduation—see nursing counselor for additional information.

**ADN NURSING GENERAL EDUCATION COURSES/TAKEN PRIOR TO ENTRY:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 205</td>
<td>* Developmental Psychology</td>
<td>3</td>
</tr>
<tr>
<td>SPCH 100</td>
<td>* Interpersonal Communications</td>
<td>3</td>
</tr>
<tr>
<td>SPCH 101</td>
<td>* Public Address</td>
<td></td>
</tr>
<tr>
<td>SPCH 101H</td>
<td>Public Address - Honors</td>
<td></td>
</tr>
<tr>
<td>ANTH 210</td>
<td>* Cultural Anthropology</td>
<td>3</td>
</tr>
<tr>
<td>ANTH 210H</td>
<td>Cultural Anthropology - Honors</td>
<td></td>
</tr>
<tr>
<td>SOC 201</td>
<td>Introduction to Sociology</td>
<td></td>
</tr>
<tr>
<td>SOC 201H</td>
<td>Introduction to Sociology - Honors</td>
<td></td>
</tr>
</tbody>
</table>

9 Units

Completion of Intermediate Algebra (Math 150 or 148 & 149) or any higher level math course with a grade of "C" or better and placement at the level of college algebra or higher on the math assessment test).

**See Counselor for applicable courses.

Reading: Satisfactory Score on the reading component of the placement test of ENGL 101 or

Completion of Reading 099 OR English 099

**ADDITIONAL DEGREE REQUIREMENTS**: 12-17 units

**ADDITIONAL Licensure REQUIREMENTS**: 9 units

**ADDITIONAL LICENSE REQUIREMENTS**: 12-17 units

**GENERIC OPTION TOTAL UNITS**: 78-83

LVN—ADN: ADVANCED-PLACEMENT (A/P) OPTION:
with a grade of "C" or better or passing the reading competency examination.

**MAJOR REQUIREMENTS LVN TO ADN:**

<table>
<thead>
<tr>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Intersession</td>
</tr>
<tr>
<td>RNRS 200 * Role Transition 3</td>
</tr>
</tbody>
</table>

*Must be completed with a grade of C or better to enter into the third semester*

**THIRD SEMESTER**

| Units | |
|-------|
| RNRS 201 * Medical-Surgical Nursing III 5 |
| RNRS 203 * Mental Health-Psychiatric Nursing 3 |

Winter Intersession
RNRS 290 * Gerontological Nursing 2

**FOURTH SEMESTER**

| Units | |
|-------|
| RNRS 251 * Medical-Surgical Nursing IV 6 |
| RNRS 252 * Leadership for Professional Nursing Practice 2 |

21 Units

*The BRN requires these courses be completed to be eligible to take the NCLEX. All of these courses must be completed with a grade of "C" or better.*

**ADN PROGRAM PRE-REQUIREMENTS:**

| Units | |
|-------|
| NURSING UNITS FOR LICENSURE: 21 |

**ADDITIONAL LICENSURE REQUIREMENTS:**

| Units | |
|-------|
| ADDITIONAL DEGREE REQUIREMENTS: 12-17 |

A/P OPTION TOTAL UNITS: 58-63

**LVN TO RN: 30 UNIT OPTION REQUIREMENTS**

See option description above.

**NURSING PROGRAM PREREQUISITES/TAKEN PRIOR TO ENTRY**

| Units | |
|-------|
| BIOL 201 * Human Physiology 4 |
| BIOL 220 * Human Microbiology 5 |

9 Units

Physiology and Microbiology must be complete at the time of application. No additional science classes will be required for any student applying for the 30 unit option. Students planning to take BIOL 201 and BIOL 220 at Citrus College need to meet prerequisite requirements for those classes. See counselor for details.

**MAJOR REQUIREMENTS LVN TO RN**

| Units | |
|-------|
| RNRS 200 *Role Transition 3 |

*Must be completed with a grade of C or better to enter into the third semester.*

**THIRD SEMESTER**

| Units | |
|-------|
| RNRS 201 * Medical-Surgical Nursing III 5 |
| RNRS 203 * Mental Health Psychiatric Nursing 3 |

Winter Intersession
RNRS 290 * Gerontological Nursing 2

**FOURTH SEMESTER**

| Units | |
|-------|
| RNRS 251 * Medical-Surgical Nursing IV 6 |
| RNRS 252 * Leadership for Professional Nursing Practice 2 |

21 Units

**NURSING UNITS FOR LICENSURE:**

21

**OTHER LICENSURE REQUIREMENTS:**

9

30-UNIT OPTION TOTAL UNITS: 30

*The BRN requires these courses be completed to be eligible to take the NCLEX. All of these courses must be completed with a grade of "C" or better.*

**APPLICATION PROCESS**

The Citrus College ADN Program offers once-a-year entry, in each fall semester. The application period for each fall cohort occurs in the previous winter-spring. During the application period, students applying for admission to the ADN Program will be required to see a nursing counselor to complete the application process. Students must complete all prerequisites prior to requesting an appointment for application.

- Students who have completed coursework at other colleges must bring the following information to the application appointment
  - Official transcripts of all college work completed at all colleges;
  - If the prerequisites courses were completed at another college, a course description and a copy of the course syllabus;
  - Students completing college coursework outside of the United States will need to have their transcripts evaluated by an approved international transcript evaluation agency and must bring the final evaluation to their appointment (students may be able to obtain a list of agencies from the Admissions and Records Office);
  - Self-Addressed Stamped Envelope
  - Social Security Verification
  - In progress General Education coursework
  - Current LVN License (Required for Advanced Placement Option and 30-Unit Option)
  - Documentation of LVN employment for at least 12 consecutive months (Required for Advanced Placement Option only)
- All students will need to bring official proof of high school graduation, GED, or college graduation/degree from an accredited institution in the United States.
Students should also be aware that admission to the ADN Program is contingent upon the student passing a criminal background check, including a screening by the Office of Inspector General for Welfare or Social Security fraud, as well as testing negative for drug use.

**ESSENTIAL FUNCTIONS**
All applicants are required, throughout the program, to meet the following essential functions for entry and continuation in the ADN Program:

- Prior to admission to the ADN Program, students demonstrate physical health as determined by a health history and physical examination;
- Entry and continuation in the program requires the student to submit a history and physical and meet required immunizations, titers, PPD/Chest Xray, and any other testing required by college, program and clinical partner contractual requirements, including drug testing;
- A current Healthcare Provider CPR card, renewed annually while enrolled;
- Current liability insurance;
- The college does not provide transportation to and from required clinical facility rotations.
- Entry and continuation in the ADN Program requires that students must earn a minimum grade of C in all nursing and other required courses.

**Physical Demands:**
- Perform prolonged, extensive, or considerable standing/walking, lifting, positioning, pushing, and/or transferring patients;
- Possess the ability to perform fine motor movements with hands and fingers;
- Possess the ability for extremely heavy effort (lift/carry 50 lbs. or more);
- Perform considerable reaching, stooping, bending, kneeling and crouching.

**Sensory Demands:**
- Color vision: ability to distinguish and identify colors (may be corrected with adaptive devices);
- Distance vision: ability to see clearly 20 feet or more
- Depth perception: ability to judge distance and space relationships
- Near vision: ability to see clearly 20 inches or less;
- Hearing: able to recognize a full range of tones.

**Working Environment:**
- Exposed to infectious and contagious disease, without prior notification;
- Exposed to the risk of blood borne diseases;
- Exposed to hazardous agents, body fluids and wastes;
- Exposed to odorous chemicals and specimens;
- Subject to hazards of flammable, explosive gases;
- Subject to burns/cuts;
- Contact with patients having different religious, culture, ethnicity, race, sexual orientation, psychological and physical disabilities, and under a wide variety of circumstances;
- Handle emergency or crisis;
- Subject to many interruptions;
- Requires judgment/action in life/death situations;
- Exposed to products containing latex.

**English Language Skills:**
Although proficiency in English is not a criterion for admission into the ADN Program, students are encouraged to be able to speak, write, and read English to complete classes successfully and to ensure safety for themselves and for others.
SECTION IV:
POLICIES AND PROCEDURES
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
ACADEMIC INTEGRITY POLICY

Citrus Community College District has established rules of student conduct that are in the best interests of both the student and the College. Procedures guaranteeing due process ensure that students’ rights will be scrupulously guarded. Enforcement procedures will be fair and equal for all. Nursing student conduct within the clinical facilities must be consistent with the American Nurses Association Code of Ethics.

A currently enrolled student may be disciplined for one or more of the following causes, which must be related to District attendance or activity. These categories of behavior are not intended to be an exhaustive list, but are examples of causes, and are good and sufficient causes, for disciplinary action.

Examples include, but are not limited to:

1. Academic dishonesty such as cheating that is defined as obtaining, or attempting to obtain, credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Helping someone commit an act of academic dishonesty is also considered cheating.

2. Unacceptable examination behavior; communicating with fellow students, copying material from another student’s examination, allowing another student to copy from an examination, possessing or using unauthorized materials, or any behavior that defeats the intent of an examination.

3. Plagiarism, taking the work of another and offering it as one’s own without giving credit to that source, whether that material is paraphrased or copied in verbatim or near verbatim form.

4. Unauthorized collaboration on a project, homework, or other assignment where an instructor expressly forbids such collaboration.

5. Documentary falsification, including forgery, altering of campus documents or records, tampering with grading procedures, fabricating lab assignments, or altering medical excuses.

6. Failing to appropriately report medical errors in the clinical facility and/or responding appropriately to maintain patient well-being.

7. Falsifying medical records in the clinical setting.

Academic Integrity Related to Review of Examinations
Test review is at the discretion of the instructor. Faculty may choose to highlight problematic areas of an examination during class. Students may be invited to review their tests during faculty office hours. Such a review is possible any time after test scores are posted (only after all students have taken the examination) and before the next examination is given. No note-taking or audio taping is allowed during any review of examination content unless under specific instructions of the instructor. During any review process it is important for the student to give no cause for suspicion of wrongdoing. An infraction of this policy will be treated as an infraction of the academic honesty policy resulting in a penalty determined by the instructor.

Penalty for Violation of the Academic Integrity Policy
Depending on the severity of the infraction, the instructor penalty may range from reprimand, assigning a grade reduction or a zero grade for the assignment or examination. If the cheating occurs on a major assignment or final, it may result in the student failing the course. Please be advised, that ADN students are also subject to all Citrus College board policies related to student conduct (http://www.citruscollege.edu/stdntsrv/studentaffairs/conduct/Pages/default.aspx).

In cases of serious infractions the student would be referred to the Director of Health Sciences and the Dean of Student Services for further disciplinary action. The Citrus College Standards of Student Conduct Policy states that violations of the Code of Student conduct are subject to any of the following types of disciplinary actions:
1. Reprimand: Records that a student’s conduct in a specific instance does not meet the standards of the College, as defined in Board Policy 5500.

2. Disciplinary Probation: Shall be a trial period during which time the College will impose disciplinary conditions upon the student.

3. Removal by Instructor: An instructor may remove a student from class when the student has interfered with the instructional process.

4. Disciplinary Suspension: the involuntary removal of a student for “good cause”, as that term is defined in Board Policy 5500.

5. Summary Suspension: In cases involving alleged violations of the Penal Code or Federal law, and in which there is either an admission of guilt, plea of no contest, or substantial evidence of guilt.

6. Expulsion: The Board of Trustees may expel a student for “good cause” as that term is defined in Board Policy 5500.

A penalized student will not be permitted to avoid the academic penalty grade by withdrawing from the course with a “W” grade. The student may not be eligible for reentry to the program based on a lack of academic integrity.
MEMBERSHIP:

Members: The membership of the committee includes faculty and at least one student, as determined at the first general faculty meeting of the academic year. The CSNA will appoint the student representative to the committee.

Chairperson: To be selected at first meeting of the academic year

TERMS OF MEMBERSHIP:

Student: One academic year
Faculty: One academic year.

SCHEDULE OF MEETINGS:

Meetings are held monthly, and ad hoc, at a time and place determined by the committee members. Notification of meetings is to be sent to all members 1 week prior to the scheduled time of each meeting, whenever possible.

FUNCTIONS:

1. Development of program policies and procedures
2. Review and revision of policies and procedures according to the program timeline for program evaluation
3. Evaluation of student achievement on NCLEX
4. Evaluation of student achievement post graduation

AREAS OF CONCERN

1. ADN Student Handbook-yearly revisions
2. Recruitment of students
3. Attrition and retention of students
4. Policy for selection and admission of students
5. Transfer/Equivalency/Challenge by Examination Policy
6. Evaluation of Graduates
7. Clinical Policies
8. Program Evaluation Policy
9. Faculty Assignment Policies
10. Faculty orientation procedures
11. Evaluation of time plan for program evaluation
12. Program resources

Adopted: 8/08
Reviewed 7/09
Revised: 6/10
Revised/Approved: 1/21/2011
Faculty prepare clinical and theory classes to assist students to meet clinical objectives and master the course content. Interactive class assignments enhance learning. The student is therefore expected to participate fully in all class sessions. Unannounced quizzes may be used to determine grades in the class. If a student is not in attendance, the points from the quiz will not be available to that student.

1. Students are expected to attend classes and clinical hours for the entire scheduled time. The first day and week of each semester is extremely important because of orientation to the class and/or clinical facilities. Any student not in attendance on the first day of a lecture/lab without prior instructor notification may be dropped from the course/program. Clinical absence is limited to one clinical day per rotation and the time must be made up.

2. The student is expected to attend all scheduled theory classes. Attendance will be taken at the beginning of each class session. If the student enters the class after the scheduled start time they will be considered tardy. Three tardies will be considered an absence. Three absences may result in the student being dropped from the course/program. Leaving before the end of the class will be considered an absence. In case of tardiness/absence the student must refer to the individual course syllabus for the instructor’s classroom expectations. Recorded absences will not be changed at a later date, and the student will be responsible for the material covered in class.
   a. The Associate Degree Nursing student is treated as an adult learner and will therefore be accountable for their own learning. “Pop” quizzes may be given without notice. Ultimately, it is up to the student to ensure that he/she is able to meet the requirements of each course. If a pattern of excessive excused and/or unexcused tardies/absences are noted by the faculty, an evaluation of the student’s attainment of outlined objectives will be completed by the instructor. If the student is not meeting the objectives, the student may be dropped from the course for lack of progress in meeting objectives. According to Citrus College Policy, this drop can be made up to the published drop deadline of a semester or session. After the midpoint, a student may not be dropped and the instructor must assign a grade. Procedures for appeal of the drop are described in the Citrus College Catalog. Exceptions due to extenuating circumstances may be made to this policy at the discretion of the department.
   b. Excused absences are those in which a student is absent from lecture/lab for another duty or assignment connected with the ADN Program and cleared through the Director of Health Sciences. Any court-related absence will also be considered excused, with appropriate documentation. This means that the hours which the student misses from the regular classroom activity will not be recorded, however clinical hours must be made up The student will be responsible for material covered in the lecture missed.

3. It is crucial to learning that the student attends all clinical laboratory sessions in order to apply theory to clinical and practice clinical skills. If a student is unable to attend clinical laboratory, it is the responsibility of the student to notify the instructor and/or appropriate agency staff at least 1 hour before the beginning of the clinical day. If the student does not call to notify the instructor and does not attend the clinical session, the student is considered a “no call/no show” and may be dropped from the course. Hours missed due to absence must be made up through the clinical make-up procedure. The plan for make-up of clinical hours is developed collaboratively with the student and clinical instructor. Excessive absences may interfere with the student’s ability to meet all clinical objectives. If the clinical objectives cannot be met, the student may be dropped from the course and/or achieve an unsatisfactory clinical grade.

4. If a student enters the classroom or clinical site after the scheduled start time, they are considered tardy. Loss of clinical hour credit from clinical laboratory classes must be made up through the clinical make-up procedure. Any situation that will lead to arriving late at the clinical site should be reported as soon as possible to the instructor. If the student arrives more than ½ hour later than the scheduled start of the
clinical day, the instructor will instruct the student that it is too late to join the class and the student will be given an absence for the day.

5. Each course team will identify guidelines for clinical make-up time. Activities may include clinical skill development, use of interactive computer assisted learning programs (example: MedCom modules with testing), research assignment or any other activity approved by the faculty team. Make-up time with CEU articles is limited to a max of 6 hours. If a student has need to make up clinical time in the skills lab, the instructor in consultation with the student will identify the number of hours to make up and the activities appropriate to meet the objectives missed. A clinical make-up form (See Clinical Document section of the Student Handbook) will be completed for the student to take to the skills lab. Any written assignment related to a clinical absence is turned in to the assigned clinical instructor.

6. The student is advised to refrain from attending clinical with signs and symptoms of acute illness. Patient safety and protection of the patient from additional illness is the foremost concern of the Program. The faculty reserves the right to request a medical doctor’s statement regarding satisfactory health status following an illness or injury, prior to a student’s return to the clinical area.

7. The student should come to the clinical assignment rested and ready to carry out the assignment with good physical and psychological preparation. The student will not be allowed to care for clients if they have worked the shift before their Citrus College shift.

8. Due to College liability issues, students may not leave the clinical facility structure, beyond designated outdoor eating areas, during assigned clinical hours.

Adopted 8/08
Revised/Approved 9/10/2013
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
CLASSROOM STANDARDS

These standards are common to all ADN Program classes. Individual faculty may impose additional requirements.

1. Bottled water, with the cap in place, is allowed. Food, coffee or other beverages are to be consumed before class or during the break time outside the classroom.

2. Cell phones should be turned off during class. Students found using their phones during class will be required to turn them in for the duration of the class.

3. Leaving the classroom is allowed only in an emergency. Leaving in the middle of the class for any reason is disruptive and not acceptable. Leaving before the end of the class will be considered an absence.

4. Assignments must be submitted on time. Late assignments may be penalized or not accepted for credit. Please refer to the individual instructor syllabus for procedures and specific penalties for late assignments.

5. In accordance with College Board Policy (BP 5500), disruptive classroom behavior, defined here as sleeping, eating, engaging in side conversations, studying for another class, or any other activity that interferes with learning, is unacceptable and the disruptive student will be asked to leave the classroom. An absence will then be recorded for the entire session. Classroom seating arrangements may be assigned and changed periodically.


7. A positive attitude will always work in your favor.

8. Respect for each other is very important. Students will be responsible to treat fellow students and professors and staff with respect at all times.

9. Please do not hesitate to ask questions if something discussed in class is not clear. The instructor will let you know if you may ask questions at any point or if you are asked to wait until the completion of a section for questions and answers.

10. Since some of the best learning comes from application of theory and critical thinking exercises, you may be working in groups during class time. It is very important to have full participation of each student and recognition of the importance of peer to peer teaching and learning.

11. Utilization of electronic devices in the classroom/clinical setting is at the discretion of the professor. Please refer to the course syllabus for clarification.

12. DSP&S issues will be accommodated upon presentation by the student of the DSP&S documentation. The accommodation will be met specifically as it is stated in the documentation presented by the student. Any adjustment to the accommodation will need to be handled through the DSP&S office. All DSP&S accommodation documentation will need to be presented to the respective professor in the first week of the course, or immediately following DSP&S evaluation and identification of a need for accommodation.

Adopted 6/3/2010
Revised/Approved 9/10/2013
I. Use of Clinical Time
   A. The clinical experience will begin and end at times specified in the class schedule.
   B. Clinical breaks will be determined by clinical partner staffing procedures.
   C. Break patterns i.e. lunch, breaks and ending time will be established at the initial faculty team meeting for the course based on the following criteria: hospital policy, level of student, and the nature of the assignment. Due to college liability issues, students may not leave the clinical facility structure, beyond designated outdoor eating areas, during assigned clinical hours.

II. Clinical Conferences during scheduled clinical time
    A. Clinical conference schedules are determined by faculty at the course team meetings.
    B. Conferences (seminars) may be scheduled on campus or within the hospital setting.
    C. Use of an available conference room will be scheduled by mutual agreement of the instructor and clinical partner.
    D. Topics, objectives, and teaching plans appropriate for clinical conferences will be determined by the lecturer and clinical instructors at team meetings.
       1. Pre-conference time is designed to allow for discussion of preplanning of patient care.
       2. Post-conference provides time to discuss implementation of the nursing process in caring for patients, as well as designated clinical conference topics identified by the instructional team.

III. Instructor expectations of students in the clinical areas:
    A. The student is responsible for the planned care, and use of suitable resources, in implementing care.
    B. In order to maintain patient safety, the student is responsible for informing the instructor if he/she is not prepared for all, or part, of the assignment.
    C. The student is responsible for achieving all clinical objectives of the course. The student is responsible for seeking guidance and assistance to achieve the stated clinical objectives.
    D. The instructor must be consulted before any invasive procedure is performed. For medication/IVs, refer to the Procedure on Supervision of Medication Administration.
    E. To assure that safe care is provided for the patient, students may be prohibited from administering care if planning is not thorough. The student is responsible for reviewing the pathophysiology and developing a preplanning tool with anticipated nursing diagnoses and interventions. The clinical instructor will review the preplanning tool prior to the student initiating patient care. The student must review all medications and complete the medication worksheet on each medication before administration of medication/s.

IV. Faculty Expectations. The student will be:
    A. Treated with respect
    B. Provided with a thorough orientation before clinical begins.
    C. Provided with clear clinical objectives and preparation for clinical procedures.
    D. Given prompt feedback in a professional, private manner.
    E. Provided with feedback on written assignments in a timely manner (usually within a week).
    F. Provided with feedback and supervision from the instructor throughout the clinical day.
G. Provided with clear expectations related to giving medications and providing other care to patients. The assignment should be clear and posted on the hospital unit on the student assignment form.

H. Provided with clear expectations of conference times and topics.

I. Evaluated by the faculty through questioning and referral to resources in the clinical setting to develop the student’s critical thinking skills.

J. Notified of changes in clinical schedules as soon as possible

K. Provided with clear instructions on how to communicate with the instructor for questions and how to notify the instructor of absences/tardiness.

V. Other

A. Students are not permitted to use cell phones while in class or on duty, and should keep their phones off while in the hospital and during classes.
There are specific qualifications, abilities, knowledge, and skills required in professional practice. Nursing employers set minimal physical and mental standards for employees who function as nurses. The curriculum of a registered nursing program must be approved by the appropriate state licensing agency, in the case of ADN programs that agency is the Board of Registered Nursing (BRN). Instruction must be given by the faculty and competency demonstrated by the student in both clinical and theoretical nursing practice in order for the student to be eligible for the licensure examination. Therefore, the student must be able to demonstrate that he/she can perform the basic physical and cognitive job requirements of the entry level staff nurse. The Citrus College ADN Program faculty considers the following to be required for participation in the clinical experiences of the curriculum.

Emotional Requirements- the student must have sufficient emotional stability to perform under stress produced both by academic study and the necessity of performing nursing care in real-time patient situations while being observed by instructors and other health care personnel.

Physical Requirements- in order to participate in the Citrus College ADN Program, students are required to travel independently to agencies and hospitals, with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements would be necessary to participate in the clinical application courses in nursing:

1. **Strength:** sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR which requires sufficient body weight and lung expansion.
2. **Mobility:** sufficient to bend, stoop, and bend down on the floor; a combination of strength, dexterity, mobility and coordination to assist clients; the ability to move around rapidly; and to move in small, confined areas.
3. **Fine Motor Movements:** the ability to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write in charts; to perform sterile procedures and other skilled procedures.
4. **Speech:** the ability to speak clearly in order to communicate with staff, physicians, and patients; the ability to be understood on the telephone.
5. **Communication:** able to communicate in both verbal and written formats such that students can communicate nursing actions, interpret client responses, initiate health teaching, document and understand nursing activities, and interact with clients, staff and faculty supervisors.
6. **Vision:** possess sufficient to make physical assessments of patients and equipment.
7. **Hearing:** possess sufficient to accurately hear on the telephone; to be able to hear through the a stethoscope to discriminate sounds; to hear cries for help; to hear alarms on equipment and emergency signals; and various overhead pages.
8. **Touch:** the ability to palpate both superficially and deeply, and to discriminate tactile sensations.
9. **General Health:** nursing is considered to be a high-risk profession for exposure to Hepatitis B and other contagious diseases. The immunizations required by the Health Sciences Department will reduce this risk for nursing students, but will not eliminate it entirely.

Students must be free from any condition (e.g. communicable diseases, infections, or physical or psychological disorders) that would prevent the safe and successful performance of responsibilities and tasks required as part of the ADN Program. Any condition described which is developed by the student after admission to the ADN Program may be considered sufficient cause for dismissal or suspension from
the Program. The Director of Health Sciences, in collaboration with the nursing faculty, reserves the right to request that a nursing student be examined by a health care provider if there is any evidence that the student is not able to perform as described above. The provider completing the examination must be acceptable to the director and faculty.

If at any time during the semester a student is injured, becomes seriously ill, has surgery, or becomes pregnant, a physician’s clearance must be provided before the student may return to class or clinical. This release must specifically state that the student may participate in both clinical and classroom sessions without restrictions. The note is to be given to the instructor who will put it in the student’s file.

Health Requirements:

Please be advised: It is the responsibility of each student to keep all certifications and health records current. If any item becomes expired/outdated, the student will not be allowed to attend clinical until it is corrected, which may result in not meeting clinical criteria/attendance requirements. This could result in dismissal from the program.

Requirements upon entry:

1. **History and physical:**
The student must have a history and physical completed that verifies the student is in good mental and physical condition in order to participate in the nursing program. The history and physical and immunizations may be completed by the student’s private physician/nurse practitioner or at the Citrus College Health Center. An assessment of general laboratory data will also be required. If the examination and immunizations are completed off campus, please have official Citrus College forms completed. A completed history and physical is required by the college, and the liability insurance carriers.

2. **Immunizations:**
Proof of immunity to varicella, rubella, rubeola, and mumps is essential before entry into the program. Immunity must be shown through titers. If the student is not immune, they must be vaccinated and have a positive titer before having patient contact. Some vaccinations require two doses one month apart or must be spaced so have your immunizations assessed as soon as possible to allow time if vaccination or repetition of vaccination is necessary before the deadline set by the department.

3. **Tuberculosis Screening:**
The program requires Two-Step TB testing showing a negative reaction prior to entry. The testing is scheduled with one week between each test; and each test must be read 48 hours after the administration. **TB testing must be repeated yearly after the initial Two-Step test screening.** If the student has previously tested positive for TB, he/she needs to submit documentation of the skin testing and the most recent chest X-ray. Chest X-rays must be repeated every two years.

4. **Hepatitis:**
The program recommends vaccination against Hepatitis B. If the student declines to be vaccinated, they must sign a declination form. Hepatitis vaccinations are delivered as three injections given at the time of entry, one month, and six months after the first injection. Immunity is then confirmed with a titer.

5. **Cardiopulmonary Resuscitation:**
Students are required to have a current CPR card for the Health Care Provider-Basic Cardiac Life support. Based on clinical partner requirements, the department requires that the card must be renewed yearly; and, that the course be an American Heart Association course. The course must consist of one-man, two-man, child & infant, use of an AED, and hand-held ventilator. The student may take the CPR
course from any authorized CPR instructor. **No online courses will be accepted.** It is mandatory to have a current card with you at all times. The CPR card is to be worn behind the picture name badge at all times.

### 6. Tetanus (T-dap):
The student must have a current Tetanus Immunization (within 10 years of admission).

### 7. Influenza
The Program and our clinical partners recommend vaccination against seasonal and any other strains of influenza that are deemed a risk to health care workers. The student will be required to have the immunizations recommended or sign a declination document. If the student declines, the clinical partner may not allow the student to be in the facility, which may impact the student’s ability to meet clinical objectives.

### Continuing Requirements during the Program:
In addition to the general health requirements that students must meet when they enter the ADN Program, there are requirements that must be validated by the student each semester. The history and physical must be repeated every year. Hepatitis status must be updated as the series of immunizations are completed. A Hepatitis B titer is required at the completion of the series to assure immunity.

On the first day of each clinical rotation, is it the student’s responsibility to present photocopies of the following:

1. **Tuberculin status:** Verifications of ongoing assessment is required on an annual basis, therefore, students who are PPD negative must have an annual PPD and present documentation of results. Students who are PPD positive will fill out an annual TB symptoms screen to meet the expectation of annual assessment. Students who are PPD positive must present a negative chest x-ray examination every two years.

2. **CPR card (Health Care Provider):** This card must be valid for the entire semester and must be verified before the student can begin clinical assignments.

### Other requirements to be completed at the beginning of the program:
1. Background check done online per instructions from department.
2. Signed release for random drug testing at clinical facility.

These are requirements established by contract with our clinical partners. The student is responsible for providing the photocopies for their own files. The department does not provide this service. Students who do not/are not able to comply with the above requirements will not be allowed to participate in clinical experiences. Any clinical time missed for this reason will count in the overall absences for the course (see Attendance Policy) and may be cause for exclusion from the course/s.

Adopted: 8/08
Revised/Approved 1/21/2011
HEALTH SCIENCES PROGRAM PHYSICAL EXAMINATION
(To be filled out by health care provider)

Name: ___________________________________________ DOB: __________________

Health Sciences Program: ___________________________ Projected entry date: _____________
Today’s date: ______________

COPIES OF TUBERCULIN TEST(S) AND TITER RESULTS ARE REQUIRED

The Health Sciences Program requires the baseline communicable disease titers listed below to be performed. Applicants with non immune status will be required to obtain the appropriate vaccine(s) and a follow up titer(s).

<table>
<thead>
<tr>
<th>Titer</th>
<th>Date Drawn</th>
<th>Result</th>
<th>Reference Range</th>
<th>Results of titers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola (Measles) AB (IGG)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps AB (IGG)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rubella AB (IGG)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HepBsAg)*</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HepBsAb)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella AB (IGG)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Persons with positive HepBsAg: Provider must address whether acute hepatitis or chronic hepatitis condition.

IMMUNIZATION DATES

<table>
<thead>
<tr>
<th>MMR</th>
<th>Hepatitis B or Twinrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td (Tetanus)</td>
<td>Tdap (one time only)</td>
</tr>
<tr>
<td>Varicella</td>
<td>Influenza</td>
</tr>
</tbody>
</table>

TB skin test (2 step required):

Mantoux (PPD) Step 1: Date given: __________ Signature __________
Date read: __________ mm induration __________ Signature __________ Title __________

Mantoux (PPD) Step 2: Date given: __________ Signature __________
Date read: __________ mm induration __________ Signature __________ Title __________

Known Positive PPD: Date of positive reaction: __________

Referred for Chest X-Ray: Film Date __________ Impression: □ normal □ abnormal □ Free from communicable tuberculosis

Date of oral assess/screening (DENT only) __________ □ cleared D.D.S. Signature __________

PHYSICAL EXAMINATION

Date of exam: ____________

WNL = Within Normal Limits

Known Allergies: ____________________________________________________________________

HEENT ______ Lungs ______ Cardiac ______ Extremities ______ Spine ______ Abdomen ______

Neuro ______ Height ______ Weight ______ Pulse ______ BP ______

After this examination, I believe this applicant meets wellness criteria for Health Sciences Programs, which includes the ability to perform all the Essential Functions listed in the attached document. There is no evidence of communicable disease or health condition that would prohibit this applicant from undertaking any Health Science Program.

The applicant has been advised of the findings of this examination and has been encouraged to consult with his/her personal physician, if appropriate. Yes ______ No ______

Comments: __________________________________________________________________________
Provider Signature________________________________________  Print Name ____________________________________________
Address _____________________________________________  City _________________________ State ________ Zip ________
Phone ________________________________________________

I verify that the above information is correct and I understand that any falsification of any information may result in my being dropped from the Health Sciences Program. I also give my permission for my health files to be kept in my folder, which is secured within the Health Sciences Department.

Signature __________________________________________  Date ________________________

Revised: 11/2012
ESSENTIAL FUNCTIONS

All applicants are required, throughout the program, to meet the following essential functions for entry and continuation in the ADN Program:

Note:
• Prior to admission to the ADN Program, students demonstrate physical health as determined by a health history and physical examination;
• Entry and continuation in the program requires the student to submit a history and physical and meet required immunizations, titers, PPD/Chest Xray, and any other testing required by college, program and clinical partner contractual requirements, including drug testing;
• A current Healthcare Provider CPR card, renewed annually while enrolled;
• Current liability insurance;
• The college does not provide transportation to and from required clinical facility rotations.
• Entry and continuation in the ADN Program requires that students must earn a minimum grade of C in all nursing and other required courses.

Physical Demands:
• Perform prolonged, extensive, or considerable standing/walking, lifting, positioning, pushing, and/or transferring patients;
• Possess the ability to perform fine motor movements with hands and fingers;
• Possess the ability for extremely heavy effort (lift/carry 50 lbs. or more);
• Perform considerable reaching, stooping, bending, kneeling and crouching.

Sensory Demands:
• Color vision: ability to distinguish and identify colors (may be corrected with adaptive devices);
• Distance vision: ability to see clearly 20 feet or more
• Depth perception: ability to judge distance and space relationships
• Near vision: ability to see clearly 20 inches or less;
• Hearing: able to recognize a full range of tones.

Working Environment:
• Exposed to infectious and contagious disease, without prior notification;
• Exposed to the risk of blood borne diseases;
• Exposed to hazardous agents, body fluids and wastes;
• Exposed to odorous chemicals and specimens;
• Subject to hazards of flammable, explosive gases;
• Subject to burns/cuts;
• Contact with patients having different religious, culture, ethnicity, race, sexual orientation, psychological and physical disabilities, and under a wide variety of circumstances;
• Handle emergency or crisis;
• Subject to many interruptions;
• Requires judgment/action in life/death situations;
• Exposed to products containing latex.

English Language Skills:
Although proficiency in English is not a criterion for admission into the ADN Program, students are encouraged to be able to speak, write, and read English to complete classes successfully and to ensure safety for themselves and for others.
CITRUS COLLEGE HEALTH SCIENCES DEPARTMENT
PROCEDURE FOR DRUG TESTING

The Citrus College Health Sciences clinical partners may require random/mandatory of any/all students drug testing. A release is required by the student to allow this testing. If the student comes to the clinical impaired by drugs or alcohol the student will not be allowed to participate in clinical and will be dropped from the program.

CITRUS COLLEGE HEALTH SCIENCES DEPARTMENT
RELEASE FOR RANDOM/MANDATORY DRUG TESTING

Per a hospital’s request, any student may be requested to undergo a blood test, urinalysis, “Breathalyzer” test or other diagnostic tests under the following circumstances:

1. Where there is reason to believe, in the opinion of the hospital, that a student:
   a. Is under the influence of, or imparted by, alcohol or drugs (prescribed or non prescribed) while on hospital property or during working hours.
   b. Has come to the hospital with a measurable quantity of drugs in blood or urine.
   Both situations described above include, but are not limited to, circumstances where a student is involved in a work related accident/incident involving an employee.
2. Where this is any unusual occurrence, which in the opinion of the hospital indicates a student’s use of alcohol or drugs.
3. As a standard programmatic/clinical partner require.

I give permission for random/mandatory drug testing to be performed by hospital staff in the above circumstances.

Print full name ____________________________________________________________

Signature __________________________ Date __________________________

Adopted: June 17, 2008
Reviewed/Revised: May 11, 2011
Name (please print) ____________________________ Student ID. ____________________________ Entry Date ________

Date of Birth ____________________________  

☐ YES, I wish to participate in the Flu/H1N1 Vaccination Program.

I understand that I will be participating in the program for the prevention of Flu/H1N1. This includes a vaccination. I understand the benefits and the risks of receiving these vaccines. To my knowledge, I am not sensitive to yeast products or molds. I understand that the duration of protection effect is presently unknown. I received the Flu/H1 vaccines on the dates listed below, and have attached documentation for same  

Signature ____________________________________________  

Date ____________________________________________  

☐ NO, I have been informed of the above matter. I do not wish to participate in the Flu/H1N1 Vaccination Program.  

I understand that I will be risking exposure to potentially infectious individuals. I may be at risk of acquiring Flu/H1N1 viral infections. I also understand that by declining vaccination, I become a risk for spreading the infection and may not be able to participate in clinical rotations necessary for completion of program clinical criteria. I have been notified that I need to be vaccinated with Flu/H1N1 vaccines. However, I decline Flu/H1N1 vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Flu/H1N1, a potentially serious illness. If in the future, I want to be vaccinated with Flu/H1N1 vaccine, I can arrange for the vaccinations. Further, I understand that I will not be able to participate in clinical lab rotations without either injections, or a signature below declining to be vaccinated due to agreements/contracts with the clinical partners of Citrus College’s Nursing Programs.  

Signature ____________________________________________  

Date ____________________________________________  

☐ Immunization completed/in progress.  

I have previously completed the series of immunization or am in progress. Enclosed is documentation.  

Date of Flu injection __________ Date of H1N1 injection __________  

Signature ____________________________________________  

Date ____________________________________________  

☐ Immunization unavailable (seasonal).  

I understand that the Flu/H1N1 Vaccine is not available at this time. I agree to obtain the vaccine and provide documentation when available (flu season).  

Signature ____________________________________________  

Date ____________________________________________  

Revised: 4/26/2012  

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CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
HEPATITIS B VACCINE INFORMED CONSENT/REFUSAL POLICY

I MUST SIGN THE ATTACHED FORM WHICH INDICATES I HAVE READ AND UNDERSTAND THE FOLLOWING:

I may choose to take part in the program for the prevention of Hepatitis B. This includes an elective vaccination program for the prevention of Hepatitis B virus.

Hepatitis B is a viral infection of the liver. It usually resolves spontaneously but sometimes persists and occasionally is fatal. There is no known treatment or cure for Hepatitis B.

Hepatitis B vaccine is a relatively new vaccine which has shown 90% effectiveness in preventing Hepatitis B among susceptible persons. The vaccination consists of three injections at time zero, one month and six months. The vaccination provides optimal protection only after the third dose.

Adverse reactions to Hepatitis B vaccine are rare, but have included local inflammation at the injection site, flu-like symptoms, hives, and liver inflammation. Serious reactions such as permanent neurologic disability have been exceedingly rare. There has been no evidence that Acquired Immune Deficiency Syndrome (AIDS) can be acquired from the vaccine. You may wish to discuss the vaccine with your private physician. Please see your own doctor if you wish to receive Hepatitis B vaccine while pregnant.

RECOMBIVAX-HB (Hepatitis B Vaccine [Recombinant] MSD) is contraindicated in the presence of hypersensitivity to yeast or any component of the vaccine.

I understand that my risk of Hepatitis B disease, if I have no direct exposure to patient blood, carries no greater risk than that of the general population. Health care workers with frequent contact with blood or body fluids from infected patients may have the risk increased from 2 to 6 times that of the general population.

To participate in this Hepatitis B vaccine program, I must fill out the attached Informed Consent/Refusal form.

It is my responsibility to fill out this form whether or not I decide to participate in this program.

I have received information and I understand that Student Health Center staff will be available to answer questions. I understand that I have the right to refuse to participate in this program at any time prior to performance of this procedure or during any stage of this procedure. Further, I understand that I will not be able to participate in clinical lab rotations without either the series of injections, or a titer showing immunity due to agreements/contracts with the clinical partners of the Citrus College ADN Program.
NAME ____________________________________________

Date of Birth ___________________ STUDENT ID # _______________

☐ YES I have either seen the Hepatitis B film or listened to the lecture and have had an opportunity to discuss and/or ask questions pertaining to this issue. I wish to participate in the Hepatitis B Vaccination Program.

I understand that I will be participating in the program for the prevention of Hepatitis B. This includes a series of three vaccinations.

I understand the benefits and the risks of receiving this vaccine. To my knowledge, I am neither pregnant nor sensitive to yeast products or molds. I understand that the duration of protection effect is presently unknown. I understand that I may receive the third dose at six months, even if I am not a student at Citrus College at that time, provided I begin the series at Citrus College. Further, I understand that this is the only service I will be able to access at the Student Health Center when I am not a student.

Signature ____________________________________________

Date _________________________________________________

☐ NO I have been informed of the above matter. I have seen the Hepatitis B film/lecture and have had an opportunity to discuss and/or ask questions pertaining to this issue. I do not wish to participate in the Hepatitis B Vaccination Program.

I understand that due to my exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series provided I am registered as a student at that time.

Further, I understand that I will not be able to participate in clinical lab rotations without either the series of injections, or a titer showing immunity due to agreements/contracts with the clinical partners of the Citrus College ADN Program.

Signature ____________________________________________

Date _________________________________________________

Revised: 6/10
Revised and Approved: 9/21/2012
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
CLINICAL PREPARATION POLICY

In order to optimize clinical time, to allow students to meet their individual learning needs and to provide for patient safety, the student may be required to select patients and prepare for clinical lab assignments before the beginning of the clinical shift.

The student may be required to prepare the day before the clinical begins or in the hours before the shift. The choice of patient must be based on the clinical focus identified by the theory instructor. The student should also take into consideration their need to practice clinical skills. A sufficient time must be allowed for the student to prepare for the clinical experience. The student should review the chart, research the pathology, medications and other orders. Anticipated nursing diagnoses and interventions should be identified. Complete the Clinical Preparation Guide and the Concept Map Worksheet as part of the preparation.

During the preconference with the instructor, or informally as the instructor makes rounds, the student will share the preplanning information and clarify any questions or concerns they have about care of the patient. The student is responsible for sharing with the instructor any procedure or part of the assignment they do not feel prepared for in order to receive help or delegate part of the assignment to the staff nurse.

Guidelines for making assignments:

Based on the instruction by the clinical instructor, the student will:

- Visit the unit in full uniform with Citrus ADN Student ID
- Identify herself/himself and the task to the unit charge nurse and other staff as appropriate
- Demonstrate respect for the activity on the unit i.e. physicians, other student groups, nurse need for the chart and unit activity level. (demonstrating patience in gaining access to the patient chart, and being prepared to wait will be necessary)
- Maintain HIPAA guidelines. No materials from the patient chart with patient identifiers may be copied or removed from the unit
- Be responsible for locating the Citrus College ADN Program Assignment Sheet and not selecting a patient another student has already chosen
- Ask for advice on appropriate patient selection from the charge nurse or staff nurse, if available. The student may ask the staff if the patient is going home or will be going for procedures that will make them unavailable for care.
- Make absolutely no contact with patients during this preplanning phase

Adopted: 11/12/09
Revised/Approved: 2/17/2011
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
COMMUNICATION POLICY

The faculty is committed to promoting and maintaining ongoing communication between faculty and students. The faculty believes that open communication between faculty and students is essential to the development, implementation, and evaluation of the program. This goal will be accomplished through student participation in the following ways:

1. **Student Professional Membership**: Students are required to join the Citrus College Chapter of the California Student Nurses Association (CSNA), a division of the American Nurses Association. The Student Nurse Organization is represented by a group of officers who form the Student Council. At least one faculty member will serve as advisor to the ADN Student Council and at least one advisor must be present at any, and all, meetings of the Council.

2. **ADN Program meetings**: All students are invited to attend program meetings. Student officers, or their designated representatives, report on input/concerns from the Student Council and take information or requests from the program to the Student Council for communication to the student body. Students will be excluded from closed door sessions of program meetings involving issues of a confidential nature. Program meeting information is readily available in the Health Sciences Office (626 914 8720).

3. **Faculty committees**: It is the responsibility of the Student Council to select student representatives to serve on department committees. This provides a means for two-way communication between Student Council and the faculty. Students provide representation of the student body by providing input into the decision making process. All committee meetings are open to any interested students.

4. **Monthly, and ad hoc, informal forum between students and the Director/Assistant Director/Coordinator** will be held to discuss progression and to facilitate communication between the students and program administration. Students are welcome to address any suggestions and/or concerns.

5. **The ADN Program’s Philosophy, Conceptual Framework and Program Policies** are provided to the students through the Student Handbook.

6. **Minutes of all faculty meetings and standing committees** shall be posted in a designated area, accessible to all students and faculty, with the exception of closed session items (closed session items will not be posted, but will be included in the meeting record).

7. **Any major changes in policy or procedures** will be provided to the students by email and/or a hard copy. *Students are then responsible for updating their Student Handbook.*

Adopted 5/09
Revised 2/17/2011
Revised/Approved 4/13/11
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
FACULTY/STUDENT COMMITTEE
CURRICULUM COMMITTEE MEMBERSHIP POLICY

MEMBERSHIP:
    Members: The membership of the committee includes faculty and at least one student, as determined
    at the first general faculty meeting of the academic year. The CSNA will appoint the student
    representative to the committee.
    Chairperson: To be selected at the first meeting of the academic year.

TERM OF MEMBERSHIP:
    Student: One academic year
    Faculty: One academic year

SCHEDULE OF MEETINGS:
    Meetings are scheduled monthly, at a time and place determined by the committee members.
    Notification of meetings is to be sent to all members at least 1 week prior to the scheduled time of
    each meeting.

FUNCTIONS:
    1. Curriculum development
    2. Curriculum evaluation
    3. Curriculum revision

AREAS OF CONCERN:
    1. Prerequisite and support courses
    2. Philosophy
    3. Learning objectives
    4. Student learning resources
    5. Curriculum plan
    6. ADN Conceptual Framework

Adopted: 8/08
Reviewed: 7/09
Revised: 6/3/10
Revised/Approved: 1/21/2011
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
GRADING POLICY

Students achieve course grades based on completion requirements described in the syllabus of each course. The grade achieved in clinical courses is a composite of the student performance in the theory, skills lab and clinical learning arenas. A student must achieve a passing grade in each area (theory grade of 75% or higher, satisfactory completion of assignments in skills lab and satisfactory completion of all clinical objectives) to successfully pass each course. Even if a student is successful in the theory portion of the course, if an unsatisfactory grade is achieved in the clinical component, the student will earn a failing grade for the entire course.

If a student does not successfully complete a course for any reason (earns a grade of ‘D’ or ‘F’ in theory or withdraws with grades below ‘C’ in theory or unsatisfactory in clinical), the student may apply to repeat the course. If the student fails a clinical component of a course based on unsafe clinical practice, the student will not be eligible for reentry. Re-entry is dependent on space availability and completion of a reentry plan. Students are allowed to repeat only one course during the program. If the student fails the repeated course, or any other subsequent ADN course, they will be disqualified from continuing in the program.

If a student withdraws once based on illness or family crisis while in good standing related to grades and clinical performance, the withdrawal will not be considered as a failure when determining eligibility for re-entry in the future.

Theory Grade

- Passing the theory portion of a nursing course requires the student to achieve a cumulative theory grade of 75% or higher at the end of the course, as well as 75% on the final exam, according to the criteria set forth by that course syllabus.
- Since it is critical for the student to be able to analyze and correctly answer questions based on the testing model of the National Council of State Boards Nursing Examination (NCLEX) for RN licensure, the student must achieve 75% or higher on the objective tests before grades on written assignments and group projects will be added for calculation of the final grade.
- Students who are unable to take an examination as scheduled must make up the examination before the next class period. The student who makes up an examination may not achieve more than 84% of the total points. The student may take a late examination only once during the course.
- Letter grade computation. Grades are never “rounded” up:
  - Passing: A = 93-100%
  - Not Passing/Failure: D = 63-74%
  - B = 84-92%
  - F = 0-62%
  - C = 75-83%
- By mid-semester (or length of the particular course) and during the college’s week of withdrawal, the theory instructor will analyze the grades and notify both the student, the Coordinator, and the Director if a student is in jeopardy of not meeting the above criteria. The theory instructor will assist the student to develop a plan of remediation (Theory Learning Contract) to assist in meeting the objectives of the course.
Skills Laboratory

The student must develop clinical skill competencies as described in the ADN Skills Checklist in order to meet the objectives of the clinical component of a nursing course. The student is required to attend skills development session/s scheduled in the skills lab, review media/skills procedures described in media/texts related to skills, practice on manikins and demonstrate competency in performing each skill. The student must complete all the assigned skills and learning activities according to the criteria and time frames set forth in the individual course syllabus. The student is responsible for recording skills learned, practiced and performed in the Skills Lab and clinical area in the Skills Checklist.

Clinical Grading

Introduction
Evaluation of clinical performance is a part of the evaluation process in the ADN Program. As a faculty, we believe that effective clinical evaluation facilitates teaching and learning, and promotes student professional and personal growth. It is therefore imperative that students understand the clinical evaluation process used in the Citrus College ADN Program.

The clinical evaluation process is designed to implement the faculty’s belief that learning proceeds from the simple to the complex; and that changes in behavior illustrate that learning has occurred. Since the student-centered Citrus College ADN Program values the experiences the adult learner brings to the educational process, the clinical evaluation process is based on shared behavioral objectives and realistic self-assessment.

Overview of the Clinical Evaluation Process
The student’s ability to master clinical objectives is evaluated by planned and unplanned observations. In addition, the ability of the student to apply the theory learned is evaluated as he/she cares for clients in the clinical setting. Clinical performance is graded on a satisfactory/unsatisfactory basis. If the student earns an unsatisfactory clinical grade in the clinical the highest possible grade for the entire course will be a ‘D’, no matter what the theory grade was at the course conclusion.

As the instructor evaluates the student in an ongoing basis, the student will be informed verbally of their performance status. Written assignments will be assessed and verbal and written feedback will be given in a timely manner, in order for continuous improvement to take place. Formal written evaluations will take place at midterm and at the conclusion of the course. The purpose of the evaluation process is to assist students in identifying learning problems, and in securing appropriate resources to solve such problems. The evaluation will be discussed with the student in a private conference.

If a student is unsatisfactory in meeting objectives at midterm, a Clinical Learning Contract will be developed. The faculty will collaborate with the coordinator/director in the remedial plan, and the coordinator will also clinically evaluate any student in jeopardy of not meeting clinical objectives. The contract will describe specific behaviors that indicated unsatisfactory performance, suggested strategies to remediate the behavior, criteria for completion of the contract and a time-frame for completion of the contract. If the instructor and coordinator collaboratively agree that criteria for the learning contract are not met, an unsatisfactory grade will be earned and the student will earn a ‘D’ for the entire course.
Patient safety and preparation are key aspects of each clinical course. The student is expected to demonstrate proficient and competent nursing care at all times. Students are expected to ask for assistance and clarification as needed during the clinical rotation. In order to pass the clinical component of the course, the student must achieve a rating of satisfactory on each clinical objective by the end of the course.

If the student is determined by the instructor to need additional skill development, a referral for remediation in a particular skill may be completed for the student to take with them to the skills lab. The faculty member in the skills lab will assist the student to remediate and the completed form will be returned to the clinical instructor. Mastery of clinical skills is essential in safely caring for patients and passing the clinical component with a satisfactory grade.

Performance Scale:
The following criteria will be used to evaluate each clinical objective.

Satisfactory (S1)
By the end of the course, the student will demonstrate minimal competence in meeting the clinical objective at the level identified in the course clinical performance evaluation tool, however improvement is needed in meeting this objective.

Satisfactory (S2)
By the end of the course, the student will demonstrate competence in meeting/exceeding the clinical objective at the level identified in the course clinical performance evaluation tool.

Needs Improvement during the clinical course (NI)
During the clinical course, the student demonstrates inconsistent achievement of the clinical objective. The quality of performance is often below the expected level of achievement, and the student often requires more than the expected amount of guidance by the clinical instructor. The student needs more practice or direction to competently achieve the objective.

Unsatisfactory performance during the course (US)
The student demonstrates unsatisfactory performance of the clinical objective. The quality of performance is consistently and substantially below the expected level of achievement, and the student requires more than the expected amount of guidance from the clinical faculty or staff nurse. The student does not progress to a competent level of performance. A Clinical Learning Contract will be developed to assist the student to satisfactorily meet the objective.

Unsatisfactory Performance at the conclusion of the course (US)
If the student is unsatisfactory in one or more objective and/or does not successfully complete their learning contract, they receive a grade of ‘D’ for the course and will not progress to the next nursing course.

Unsafe Clinical Performance:
Unsafe behavior is that which places the client in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means the student creates an environment of anxiety, distress, or uneasiness for the client or family. If, at any time, a student demonstrates behavior jeopardizing patient safety or practices nursing in a grossly negligent or incompetent manner, the student will be required to leave the clinical setting and be subject to faculty and coordinator review. Unsafe behavior may be a single occurrence of a very serious nature or may be a pattern of behavior involving unacceptable risk. Unsafe
behavior could result in the student being excluded from the clinical setting and receiving an unsatisfactory clinical performance evaluation for the course.

**Remediation Policy**

It is the faculty’s belief that students can remediate successfully and not fall behind in courses. This is true as long as the student takes responsibility for their learning, seeks assistance from faculty as soon as they start having difficulties in a course and are willing to complete the remediation plan established in collaboration with the instructor. The instructor will notify and collaborate with the coordinator when any student is in need of remediation.

The faculty will develop the remediation plan in collaboration with the student. The student will be given specific activities for remediation, as appropriate for the portion of the course that is less than the expected level; be it in theory, skills, or in the clinical arena. The plan will describe the objective that is not being met with specific examples of unsatisfactory behaviors or grades, establish a time-frame for completion of the contract, and criteria for successful completion of the plan. The coordinator will be involved in all aspects of the remediation. The learning contract will be filed in the student’s folder in the department.

**Remediation might involve any or all of the following:**

- Documented use of non-proctored testing with improvement in scoring until the student can score at least a 90% on the appropriate test.
- Written assignments designed to master the material (this is in addition to the usual course work. The instructor will determine if credit is to be granted for this work).
- Tutoring by faculty or peer.
- Adequate performance of nursing skills/clinical objectives in the simulation lab under supervision by a faculty member.
- Practicing of nursing skill/s in the skills lab under supervision by a faculty member/lab supervisor until deemed proficient enough to be scheduled for a simulation testing procedure for the skill/s.

Adopted: 8/08
Revised and Approved 9/10/2013
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
GRIEVANCE POLICY

The Health Science Department follows the Citrus College Student Grievance procedures as reflected in the college catalog and schedule of classes. The catalog states that "Citrus College provides every student with a prompt and equitable means of seeking an appropriate resolution for any alleged violation of his or her rights. The rights protected under these procedures include, but are not limited to, those guaranteed by the established rules and regulations of the Citrus Community College District, the Education Code of the State of California, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title VII of the Civil Rights Act of 1964. Students are advised that grievances must be filed within 20 school days of the alleged event. The procedures do not apply to the employment rights of students."

The college catalog states "Citrus College students have the right of protection against capricious, arbitrary, unreasonable, unlawful, false, malicious or professionally inappropriate evaluations or actions by an employee of the college. Information regarding student grievance procedures may be obtained in on the college website or from the Vice President of Student Services, Administration building, first floor, 626-914-8534. Any student at Citrus Community College who feels that his or her rights have been infringed upon has access to due process. The student is expected to attempt, in good faith, to resolve differences with the individual concerned before resorting to grievance proceedings." Issues related to disciplinary actions are covered under separate policies, as are issues related to administrative procedures and parking citations obtained on campus. Sexual harassment or discrimination issues are referred to the Office of Human Resources.

The Health Sciences faculty and staff recommend that students informally address issues of concern related to their nursing education by using the following processes:

1. Most problems can be addressed at the origin and it is suggested that the student meet with his/her instructor, as often as needed, for satisfaction/solution when any problem or concern arises within five academic days of the occurrence. It is the responsibility of the instructor/staff person to expedite the discussion of the problem, and develop and implement a solution. The student may request the Coordinator/Assistant Director be present at the meeting with the instructor/staff person.
2. A student may, by appointment or email, communicate with the Program Coordinator, regarding unresolved problems.
3. If the problem is not resolved through discussion with the faculty, and the Program Coordinator, the student may take the issue to the ADN Director.
4. The ADN Director shall meet with all parties involved to assist with resolving the issue. During that meeting, the director will review the College Policy for Student Grievance with the student, which will include guiding the student to the next step, which is to schedule an appointment with the Division Dean. The student will be guided in initiating the process.

Adopted: 8/08
Reviewed: 6/10
Revised: 3/23
Revised and Approved 3/17/2011
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
HEALTH SCIENCES SKILLS LAB
SAFETY POLICY AND GUIDELINES

I. INTRODUCTION
It is the intent of the faculty and administration in the Health Sciences Department to provide a safe learning experience for all students and to provide guidelines for the development, implementation, and maintenance of a comprehensive school safety program.

The following guidelines are established to provide instructions in maintaining safety for students, staff, and faculty while using the Skills Lab within the Health Sciences Department. These guidelines shall be adhered to by all concerned.

The Skills Lab Coordinator will update the contents of this document every year, or more often, if necessary. All students, staff, and faculty will be advised of these revisions. The Skills Lab Coordinator is responsible for enforcing this policy. The Skills Lab Coordinator is responsible for orienting new students to the Skills Lab.

II. GENERAL GUIDELINES
A. All faculty, staff, and students must know and practice the safety guidelines at all times while using the Skills Lab. Failure to adhere to general guidelines can result in disciplinary action. This policy will be available in the Skills Lab and students will be instructed to review the contents upon admission to the clinical component of the curriculum.
B. All Labs are locked unless occupied by faculty and/or students. Students are supervised by qualified faculty/staff during class or practice. When the Skills Lab is open, an instructor/staff must be available for supervision and assistance. Any break in security must be reported immediately to Campus Security (8611), the Skills Lab Coordinator, Department Director, and/or Dean.
C. The Skills Lab is secured by an alarm system. Any break in the security alarm system in the computer lab should be reported immediately to Campus Security (8611).
D. Students are expected to come to the Skills Lab prepared by having read the scheduled laboratory objectives and assignments prior to the start of the scheduled class. Students should be knowledgeable of the care, handling, and proper use of equipment prior to use.
E. Students should report pregnancies, physical handicaps, recent injuries, illnesses, surgeries, or communicable diseases to their instructors as soon as possible so that necessary precautions may be taken. A medical clearance from a physician is required before a student with the above mentioned conditions will be allowed to practice or perform return demonstration in clinical or Skills Lab.
F. It is the right of the instructor and/or clinical agency to determine whether a student in any of the situations above is capable of safely performing the necessary skills and providing care for patients.

III. INVASIVE PROCEDURES
To ensure the health and safety of students and faculty using the Skills Lab, **NO invasive procedures are to be performed on or by students or faculty in the Skills Lab**, with the exception of finger-stick blood glucose measurement.
IV. SKILLS LAB GUIDELINES
A. There shall be no eating or drinking in the Skills Lab during student use, demonstration or return demonstration.
B. Access to the doorway in the Skills Lab shall be evident at all times. Furniture will not be placed to obstruct the exits.
C. All doors and cabinets shall remain closed and locked when not in actual use.
D. The Skills Lab shall not be used as a health center for ill students, staff, or faculty.
E. Children or unauthorized personnel are not allowed in the Skills Lab at any time. Injury to unauthorized personnel in the Skills Lab shall not be considered the responsibility of Citrus College or the Health Sciences Department.
F. All students shall practice proper hand washing technique while utilizing the Skills Lab.
G. Gloves are worn by students and faculty during any contact with body fluids. Gloves are utilized for practice and demonstration of skills. Gloves are utilized for personnel using harsh disinfectants to clean the Skills Lab. Avoid using petroleum-based hand creams. These can interfere with glove integrity. Latex gloves are used in the Skills Lab. If you have latex allergy, please inform the Skills Lab staff (by providing a physician’s note) so that arrangements can be made to provide non-latex gloves. Do not, under any circumstances, put on latex gloves if you have had a latex reaction previously.
H. The Skills Lab is not to be used as a social area.
I. Any misconduct occurring in the Skills Lab must be reported to the Skills Lab Coordinator/designee immediately.
J. Students will be required to use the equipment from their purchased Nursing Kit for competency check offs. Each student will be expected to bring their Nursing Kit to the Skills Lab for assigned lab classes. Sharps will be stored in the Skills Lab for student use. Equipment for practice must be requested, per protocol, through the instructor/staff in the Skills Lab.

V. STUDENT MEDIA CHECK-OUT PROCEDURE
The student shall:
A. Locate the media call number by utilizing the Media Index located at the supplies check-out window.
B. View media in the audio-visual area, requesting assistance from the Skills Lab faculty/staff as needed.
C. Use earphones while viewing media.
D. Report malfunctioning equipment and damaged media to the faculty/staff as needed.

V. SKILLS LAB SAFETY
A. MEDICATION/FLUID ADMINISTRATION SAFETY
1. Students will be instructed to practice and return demonstrate only those skills for which they have had prior instruction. Students must have had prior content delivery, including proper procedure. Students are expected to come to the Lab prepared according to the prior instruction on the procedure.
2. Students shall demonstrate safe techniques while learning/practicing in the Skills Lab. Standard precautions must be followed at all times.
3. When breaking ampules for practice, students should protect their fingers by using a gauze covering or an alcohol wipe and should break the ampule in the opposite direction of their face.
4. Needles provided for practice of injections are used at the Skills Lab ONLY when faculty is present for assistance.
5. Students must demonstrate safety precautions while utilizing needles during practice as instructed in class. Any irresponsible use of needles will result in disciplinary action.
6. Students are to practice injections ONLY on the manikins provided in the Skills Lab.
7. Students are never to recap needles, and must discard used needles in the sharps disposal container provided in the Skills Lab.
8. Needles and other sharp objects must not be discarded in the trash or left out openly in the Skills Lab at any time.
9. Placebos (candy pieces, commercially prepared practi-med and water) will be used for simulation of oral/topical medications. Expired medication containers are labeled for use when simulating preparation of an actual medication order.
10. I.V. fluids with expired dates may be used for practice and demonstration unless obviously contaminated. These fluids are NOT for internal use, but for practice with manikins only.
11. IV insertion and administration equipment will be stored in the Skills Lab for student use and will be labeled with the student’s name. After use, IV tubing should be drained before storage.
12. Any IV fluids and tubing which have been used will be discarded as needed.

B. ELECTRICAL SAFETY
1. Wet materials may not be used around electrical outlets or equipment.
2. Faculty and students are responsible for reporting to the appropriate faculty/staff any frayed electrical cords, cracked plugs, missing outlet covers, etc., as well as any problems encountered while using electrical equipment.
3. No electrical cords shall be left in the pathway of walking traffic. Extension cords shall be properly taped to the floor if used over a walkway.
4. Electric hospital beds in the Skills Lab will be inspected as needed for repairs.
5. Electric beds shall be maintained in the lowest position.
6. Only three-prong plugs that contain a ground wire shall be used to power equipment in the Skills Lab.

C. PHYSICAL SAFETY
1. Students will be instructed regarding the principles of body mechanics prior to practice and/or demonstration of moving, lifting, and transferring skills.
2. Students should use caution when practicing lifting skills and should not lift another student without assistance.
3. Students practicing lifting techniques will not perform these procedures in a foolish or unsafe manner. Irresponsible behavior will result in the student's failure to pass that particular lab and/or dismissal from the Skills Lab.
4. Equipment used for body mechanics practice (bed, wheelchair, stretcher, etc.) will be kept in good working condition. Any broken part will be reported immediately to Skills Lab Coordinator.
5. The wheels of all equipment (wheelchairs, stretchers and beds) are to be locked during practice and return demonstration.
VI. REPORTING OF AN INJURY
   A. Any incident occurring in the Skills Lab during school hours must be reported to the faculty, Skills Lab Coordinator/designee immediately.
   B. Appropriate incident report form/s must be filled out for the injury. The report must be signed by the faculty member and the student involved as soon as possible after the incident. Incident forms are available in the file cabinet of the Health Sciences Office.
   C. Protocol for a physical injury/occupational exposure:
      1. Report the incident to faculty, Skills Lab Coordinator/designee.
      2. The faculty/staff/student will be assisted to the Student Health Center, depending upon the nature of the injury. Campus security/Health Center may be called to assist in transporting a student to a health center or call 911 depending on the severity of the injury.
      3. The department director/designee will follow up with the student within 3 working days. A copy of the incident report and a written follow up report will be kept in the office of the Health Sciences Department.
      4. The incident will be reported to Risk Management (extension: 8889) per College Policy.

VII. CLEANING OF LABORATORY AND EQUIPMENT
   A. The Skills Lab Coordinator shall be responsible for the disinfection and maintenance of equipment, and monitoring of the Labs at all times. The Skills Lab Coordinator may delegate this task, but will be responsible for the overall performance of these duties.
   B. Students and faculty are responsible for the cleanliness of the Skills Lab during and after use. Time must be configured into each lab session for cleanup by students. The Skills Lab shall be left in perfect order.
   C. Floors, counters and furniture will be cleaned by appropriate personnel at the end of each semester and more frequently if needed.
   D. Equipment located in the Skills Lab will be cleaned each semester and more often as necessary with the appropriate cleaning agent.
   E. Linen on beds will be changed when soiled, after extensive use, and at the end of each semester.
   F. Bedspreads may be used more than once during return demonstration of bathing.
   G. All soiled linen will be sent to the authorized vendor for cleaning and stored in a clean, closed cabinet upon return to Skills Lab.

VIII. HAZARDOUS WASTE DISPOSAL
   A. Potential infectious wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines.
   B. Batteries used in Skills Lab equipment will be disposed of through the Hazardous Waste Office.
   C. Biohazard contaminated supplies used during competency labs are collected and stored in designated area of Skills Lab. All biohazard waste will be picked up by a designated transporter.
IX. FIRE AND EMERGENCY

In case of fire or emergency, the college protocol will be followed:

A. In Case of fire
   1. Alert people in area to evacuate.
   2. Activate nearest fire alarm and/or call 626 914 8611 to notify campus safety.
   3. Close doors to confine fire.
   4. Evacuate to safe area -- Do not use elevators.
   5. Provide emergency personnel with any pertinent information.
   6. Students and faculty should become familiar with the location of the nearest fire extinguishers and pull boxes for fire alarm.
   7. Building diagrams that indicate fire escape routes and locations of fire escapes are located in each room of the Skills Lab and near fire extinguishers.

B. Refer to College Safety Procedures for handling other types of emergency situations on campus.

Adopted 07/07
Reviewed 6/10
Revised/Approved 4/13/11
CITRUS COLLEGE ADN PROGRAM
HIPAA POLICY AND AGREEMENT FORM

In the course of the provision of care for clients in any health care setting, students will abide by the following rules for handling client data, or any other information related to a client:

- Client information will be viewed and/or accessed only when necessary to accomplish the objectives for that course of study.
- Client information will not be shared, other than in the clinical setting, while in the provision of care, or in conference, under the guidance of the clinical instructor.
- Client information will not be discussed in any public areas (i.e. such as the elevator or lunch room).
- Client information will not be removed from the client’s file, or duplicated for use outside of the clinical setting.
- No client identifiers (i.e. name, social security number) will be included on any student paperwork.
- Students will abide by the institutional policies/procedures regarding client confidentiality where they are currently in clinical.

The Use of Technology and Social Media Policy
Courses in the Nursing and Health Sciences programs use online resources as a learning and communication tool between instructors and students. Professional behavior and proper technology etiquette is expected of all students both inside and outside the classroom and during clinical activities. Students are expected to follow all hospital or other clinical sites policies and procedures at all times.

- All students are required to check student email regularly.
- Personal use of electronic devices is not permitted. They must be turned off at all times.
- Students may use devices only when authorized by faculty or hospital personnel.
- Electronic devices can only be used in designated areas of the clinical sites.
- No photos may be taken by students in the clinical agency or lab environments unless authorized by faculty for a course assignment.
- Confidential information related to individuals or agencies must be kept in confidence.
- All students are expected to follow HIPAA guidelines at all times.
- Information concerning clients/clinical rotations cannot be posted in any online forum or webpage.
- Students are legally responsible for anything that may be posted in social media forums.
- If a student violates the Use of Technology and Social Media Policy:
  - The student must meet with the Nursing and Health Sciences Department faculty to determine disciplinary actions and further eligibility in the program.
  - The student is also subject to disciplinary actions by the clinical site.

Note: Nursing students are preparing for a profession which provides services to the public and are expected to maintain high standards of behavior and professional communication. Students should remember that their online presence reflects them as a professional. Many recruiters routinely search the social networks when considering candidates for hire.

I hereby acknowledge having viewed/reviewed the HIPAA Information Overview/ Film and agree to and understand the rules outlined above.

Student (Print): ___________________________________ Date ____________________
Student Signature ____________________________________________________________

Revised 9/21/2012
**Introduction**

Microorganisms such as bacteria, viruses, and fungi are part of the individual’s daily life. They exist everywhere, primarily in peaceful coexistence with each person. Microorganisms which cause illness, infections and disease are called pathogens. Health care settings, which the student will enter, are places where there are higher risks of coming into contact with pathogens. There are important steps and practices to take to maximize the student’s safety, and the safety of others in these settings. Theory related to infection and skills to prevent transmission of disease will be taught in the program classes. It is the responsibility of the student to practice good habits early and take measures to practice in a safe manner at all times.

There are two major concerns related to infection control in health care settings. First, there is the risk of the healthcare worker being exposed to potential pathogens. Policies and procedures are established by the health care agencies to protect the health care worker. There are also many habits and work practices which the nurse must have complete control over that are essential to reduce this risk. Second, there is the risk of microorganisms being transmitted from the nurse to the patient or from one patient to another by healthcare workers who are practicing poor habits such as not washing their hands. With very few exceptions, organisms need an item or other organism to transport them from one area to another. They are usually carried on dirty hands or equipment. Not practicing good infection control places the student, co-workers, and patients at risk because poor work habits contribute to the spread of organisms in the hospital. Patients are susceptible to infections due to their health problems and they need to be protected. Infections acquired in the hospital are considered complications and are called nosocomial infections. These infections impact our clients on many levels, including the physical toll to the client’s health; a possible increased length of stay; and increased financial costs. *It is the responsibility of health care practitioners, including students, to protect the client and not attend clinical when ill including fever, influenza, cold and coughs.*

**Agencies, Standards, and Recommendations**

There are two federal agencies that review research and findings related to infection control. These agencies set standards and make recommendations to reduce the risk of transmission, or spread, of microorganisms. The Occupational Health and Safety Administration (OSHA) establishes rules and regulations intended to promote safety in the workplace. Their goal is to promote safety for employees. Hospitals and healthcare settings must comply with the rules set forth by this agency or they can be fined. The second agency is the Centers for Disease Control and Prevention (CDC&P). This federal agency establishes guidelines and recommendations for the prevention and treatment of diseases. This agency does not have enforcement powers, but rather, sets standards for reducing the risks related to the spread of infections and communicable diseases.

**OSHA Regulations**

The student will learn more about OSHA in nursing courses, but the following is a summary of important information to know.
1. Healthcare settings must notify health care workers of hazardous conditions. This includes signs about hazardous waste, radiation, and special precautions (isolation).

2. It is the responsibility of the health care worker to look for the signs and follow the procedures indicated.

3. Preventing illness by vaccination and immunity is very important. This is why health screening upon entry into the program is so comprehensive. Immunity to diseases provides protection to the student in the workplace. The Hepatitis B vaccine is highly recommended and if the student chooses to refuse it, a written declination form must be completed which will be kept in the student’s school file.

4. Hospitals and healthcare settings use engineering controls to create a workplace environment that is as safe as possible. Examples of engineering controls include putting sharps containers in patient rooms so they will be easily accessible; and using needleless intravenous devices to reduce the risk of sharps injuries. The student must follow the policies and use the controls the facility has put into place to protect the health care workers.

5. Next are recommendations about workplace practices. These are practices which the health care worker has complete control over. They are good work habits that are essential to prevent the spread of microorganisms. Hand washing is the first of these and forms the foundation for infection control. There are many important tips to hand washing which the student will learn about during preparation to enter the clinical setting. Another safe workplace practice is to never recap, bend, break, or remove needles. These activities frequently result in injuries to healthcare workers. If the student must recap a needle, it should be done with a one-handed scooping method so there will not be any risk of injury.

6. Always discard all sharps directly into sharps containers. If a patient hands a sharp object to the nurse (such as a used lancet or insulin syringe), have them place it on a neutral surface for it to be picked up so there will be no risk of them puncturing the nurse in the process.

7. Never eat, drink, apply cosmetics, or handle contact lenses in the work setting. Do not store food or drinks where there is blood or potentially infectious materials.

8. The student will learn in class about personal protection equipment (PPE) such as gloves, masks, goggles, and gowns. The student must always wear these when there is any risk of contact with blood, body fluids, non-intact skin, or mucous membranes.

**Exposures and Sharps Injuries**

While the nurse’s focus should always be to prevent an exposure, it is important to know what to do should an exposure occur. A blood or body fluid exposure is defined as a splashing or spraying of another’s blood or body fluids onto mucous membranes. An example of this is if a body fluid splashed the face and got into the eyes. If an exposure occurs, wash the area well and then contact the instructor immediately. If the student is unsure of whether or not it is an exposure, then wash well and contact the instructor immediately so it can be determined if any follow-up care is indicated.

Sharps injuries are defined as punctures of the skin from a contaminated object. Examples of sharps injuries include needle sticks with contaminated needles, piercing the skin with a contaminated finger lancet, or piercing the skin with broken bloody glass from a vial. If the student experiences a sharps injury, wash the area well and contact the instructor immediately. If the student is unsure of whether or not an injury has occurred, wash the area well and contact the instructor immediately so it can be determined if follow-up is necessary.
Respiratory Protection
There are specific rules and regulations related to respiratory protection in the workplace. Current regulations state that healthcare workers caring for patients with suspect or confirmed TB must wear a special mask. The health care worker must be fit-tested to the mask. The fit-testing process is intended to evaluate if the mask fits the individual well enough to provide the intended protection. Until the student has been fit tested, he/she should not be caring for these patients. Note that although great care is taken in determining which patients provide the most risk, there will be times where the facility and/or school will find out after the student has cared for the patient that they were indeed positive for TB. When notified, the school/facility will make sure that the student is immediately tested. If indicated, he/she will be started on prophylactic treatment for the exposure per state health department protocol.

CDC&P Guidelines

“The single most important means of preventing the spread of infection.”

The Centers for Disease Control & Prevention

The Centers for Disease Control & Prevention (CDC&P) guidelines define practices and activities that will reduce the risk of spreading infections. These guidelines include recommendations regarding the use of personal protective equipment for all patients, all the time, and recommendations to be used with certain patients based on their health problem.

Standard precautions include procedures and steps to take to protect you. They must be used with all patients all the time. If the student has been in a health care setting before this program, he/she may have heard the term universal precautions. The terminology, universal precautions, used in a prior set of CDC&P recommendations, is still commonly used by many health care workers. The basis for both universal and standard precautions is that the health care worker must take measures to assure protection all the time, with all patients, regardless of how healthy or ill someone appears to be. This is based on the fact that carriers of blood borne pathogens may not display any signs or symptoms and may appear to be healthy. The healthiest looking patient may be a carrier of HIV, Hepatitis B, or Hepatitis C, making them a great risk to health care workers. Likewise, the sickest looking patient may not have any blood borne pathogens making them less of a risk. The student cannot look at a patient and decide how to protect him/herself. The health care worker must protect themselves all the time. Within standard precautions, PPE must be worn any time the health care worker may come into contact with blood, body fluids, non-intact skin, or mucous membranes. The student will learn about how, when, and where to use these PPEs in nursing courses.

“If it is wet, warm, and not yours – do not touch it without protection!”

Transmission based precautions are additional protective measures to be taken with certain patients. These recommendations are based on how microorganisms are spread. The 3 sets of transmission-based precautions are airborne precautions, contact precautions, and droplet precautions. The student will learn more about these in nursing courses and readings. Additional measures and PPEs will be required when taking care of patients in transmission-based precautions.
Summary
Most hospitals use the CDC&P guidelines or some modifications of them based on their patient populations. During clinical orientations students will be educated to the specifics of that facility’s policies and procedures. Each hospital has an individual or department in charge of their infection control program who can address questions or concerns. The instructor is the best resource for the student to go to in the clinical setting, but after graduation, remember that there are resources and people who are available to help with questions. It is the student’s responsibility to learn and follow the policies of the facility, and to take precautions to protect themselves and the other patients. **Remember – by developing and practicing good infection control habits, the life you save may be your own!**
Students will administer medications in compliance with current Joint Commission on Accreditation of Health Care Organizations National Patient Safety Requirements for Medication Administration, and the policies and procedures in effect in the clinical agency. The student must at all times demonstrate critical thinking skills regarding pharmacologic interventions.

**DOSAGE PRETEST**

Prior to each clinical rotation, in which medication administration is required, students will be given a dosage calculation quiz. The quiz must be successfully completed with a minimum score of 90% before the student will be allowed to give any medications. If the student is unsuccessful, remediation will be offered to enhance problem-solving skills. A maximum of three quizzes may be given. If a student is unable to pass the quiz at the required level, he or she will not be allowed to continue in the course since the critical competency of medication administration cannot be met. Medication skills competencies will also be evaluated in the skills lab and the clinical setting based on the course skills checklist. A failing clinical evaluation will result in a course failure.

**RNRS 190 Foundations of Nursing:** No medications will be administered by students in this course.

**RNRS 191: Introduction to Medical-Surgical Nursing I:** All medication administration in RNRS 191 shall be under the direct supervision of the instructor.

1. Students must successfully pass skills the competency and dosage calculation quiz prior to administering any medications.
2. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.
3. Medications may be administered through these routes: oral, intramuscular, subcutaneous, sublingual, topical, rectal, vaginal, ear, eye, and through nasogastric or gastrostomy tube.
4. The student may superimpose IV fluids, monitor and care for peripheral IV lines, only under the direct supervision of the instructor.

**INITIATION AND ADMINISTRATION OF INTRAVENOUS THERAPY**

After completion of skill development and competency verification in the Skills Lab, and if within the course objectives and policy of the clinical agency, the student may initiate intravenous therapy and administer intravenous medications (IVPB) under the direct supervision of the instructor. First year nursing students may not administer medication by IV push.

**RNRS 193: Pediatric Nursing:** Under the direct supervision of the instructor, the student may administer medications following correct procedure and according to agency policy for pediatric clients.
1. Students must successfully pass skills competency and a dosage calculation quiz prior to administering any medications.
2. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.
3. Medications may be administered through these routes: oral, intramuscular, subcutaneous, sublingual, topical, rectal, vaginal, ear, eye, and through nasogastric or gastrostomy tube.
4. Under the direct supervision of the instructor, the student will administer IV fluids, medications through the IVPB route via a peripheral line and flush an existing peripheral intermittent infusion device, per hospital policy.

RNRS 194: Obstetrics/Maternity Nursing: Under the direct supervision of the instructor the student may administer medications following correct procedure and according to agency policy for maternal/child clients.
   1. Students must successfully pass skills competency and the dosage calculation quiz prior to administering any medications.
   2. The student will safely monitor and administer IV fluids.
   3. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.
   4. Medications may be administered through these routes: oral, intramuscular, subcutaneous, sublingual, topical, rectal, vaginal, ear, eye, and through nasogastric or gastrostomy tube.
   5. Under direct supervision of the instructor, the student may initiate IV therapy, administer medications through the IVPB route via a peripheral line and flush an existing peripheral intermittent infusion device, per hospital policy.

RNRS 195: Beginning Medical/Surgical Nursing II: All medication administration in RNRS 195 shall be under the direct supervision of the instructor.
   1. Students must successfully pass skills competency and dosage calculation quiz prior to administering any medications.
   2. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.
   3. The student will safely monitor and administer IV fluids.
   4. Medication administration shall include these routes: oral, IM, SQ, eye, ear, vaginal and rectal.
   5. Under the direct supervision of the instructor, the student may initiate IV therapy, administer medications through the IVPB route via a peripheral line and flush an existing peripheral intermittent infusion device, per hospital policy.

RNRS 201: Medical-Surgical Nursing III: All medications administered in RNRS 201 shall be under the direct supervision of the instructor.
1. Students must successfully pass skills competency and the dosage calculation quiz prior to administering any medications.

2. The Instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.

3. The student will safely monitor and administer IV fluids.

4. The student will safely administer medication by oral, parenteral, topical and IVPB routes.

5. Under the direct supervision of the instructor, the student may initiate IV therapy, administer medications through the IVPB route via a peripheral line and flush an existing peripheral intermittent infusion device, per hospital policy.

6. When the instructor has determined that the student has demonstrated competency in medication administration by a determined route, the student will discuss the medication with the clinical instructor and the staff member. The student will then be given permission to administer the identified medications to the patient independently. The instructor shall observe initiation of IV therapy, the administration of all IV medication and IV fluids. The student may flush an existing peripheral intermittent infusion device, per hospital policy with direct supervision of the instructor.

7. Under special circumstances, determined by the instructor, the students may be permitted to administer medication by all routes, except IV, under the direct supervision of a staff RN approved by the instructor. The student must obtain prior approval from the instructor before administering medication under supervision of a staff RN.

8. The student may be permitted to administer blood and blood components, under the direct supervision of the instructor or preceptor, following theory presentation and the demonstration of skill competency.

**RNRS 203: Mental Health-Psychiatric Nursing:** All medications administered in RNRS 203 shall be under the direct supervision of the instructor.

1. Students must successfully pass skills competency and the dosage calculation quiz prior to administering any medications.

2. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered. The instructor shall verify that the student is checking the “6/7 Rights”* before medication is administered.

3. The student may administer psychotherapeutic and other medications by the oral, parenteral or topical routes if allowed by agency policy.

**RNRS 290: Gerontological Nursing:** Students must successfully pass skills competency and the dosage calculation quiz prior to administering any medications.

1. The instructor shall review the medications and discuss the nursing considerations with the student before each medication is administered.

2. When the instructor has determined that the student has demonstrated competency in medication administration by a specified route the student will verify the “6/7 Rights”* with the clinical instructor or preceptor and may then administer all medication to the patient independently. The
instructor shall directly observe initiation of IV therapy, administration of all IV medication and IV fluids.

RNRS 251: Medical-Surgical Nursing IV: Students must successfully pass skills competency and a dosage calculation quiz prior to administering any medications.

1. The instructor or preceptor shall review the medications and discuss the nursing considerations with the student before each medication is administered.

2. When the instructor has determined that the student has demonstrated competency in medication administration by an identified routes except IVPB and IV push, the student will verify the “6/7 Rights”* with the clinical instructor or preceptor and may then administer the medication to the patient independently. The instructor or preceptor shall observe the initiation of IV therapy, administration of all IV medication and IV fluids.

3. Under special circumstances, determined by the instructor, the student may be permitted to administer medications by all routes, with the exception of IV medication, under the direct supervision of a RN approved by the instructor. The student must obtain prior approval from the instructor, before administering medication under supervision of a staff RN.

4. *The patient rights related to medication administration have expanded from 5 to 6 in recent years. Additionally, some facilities include a 7th patient medication right. These rights will be taught in-depth in the first semester courses, and will be implemented throughout the ADN Program.

Adopted: 8/08
Reviewed: 5/09
Revised/Approved 1/21/11
In the matter of nursing students impaired by alcoholism, drug abuse, and emotional illness, the California Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians and the Citrus College Health Science Department faculty recognize that (BRN Impaired Nursing Students Policy/EDP-B-03):

1. These are diseases and should be treated as such.
2. Personal and health problems involving these diseases can affect one’s academic and clinical performance; and that the impaired nursing student is both a danger to himself/herself and a grave danger to the patients in his/her care.
3. Students who develop these diseases can be helped to recover*.
4. It is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness.
5. Confidential handling of the diagnosis and treatment of these diseases is essential.

* Nursing students who develop these diseases will be directed to seek assistance through an appropriate health care provider. It is the student’s responsibility to provide the ADN Program with proof of treatment and fitness for practice before being allowed to return to/continue in the ADN Program.

Therefore, the Citrus College Health Science Department faculty offers appropriate assistance to the student impaired by these diseases, either directly or by referral. Resources available to all nursing students include, but are not limited to, the Student Health Services Office, school psychologist and college physician. Community referrals are available in the Student Health Services Office.

Citrus College Health Science Department faculty has the authority to take immediate corrective action with regard to the student’s conduct and performance in the clinical setting. Unsafe behavior is that which places the client in either physical or emotional jeopardy. If the student is impaired by alcohol, drugs or is emotionally unable to fulfill the responsibilities of the nursing student, the student will be required to leave the clinical facility or the classroom until the student is deemed medically safe to return to classroom/clinical activities. The director of the program will be notified and disciplinary action may be taken through Citrus College Student Discipline Policy (College Handbook). Unsafe behavior shall result in the student being removed from the classroom/clinical setting immediately (see ADN Student Illness and Injury Policy) and may result in an unsatisfactory clinical performance evaluation for the course.

The College prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on college property, and as part of any college sponsored or sanctioned event (College Handbook). Although it is outside of the Health Science Department scope of function to endorse or recommend a particular course of therapy, it is the policy of the Health Science Department to inform students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to
disciplinary action and may prevent them from being licensed to practice nursing in the State of California (Refer to BRN Impaired Student Policy EDP-B-03)

The Board of Registered Nursing requires the applicant for licensure, as a registered nurse, to disclose prior misdemeanor and felony convictions. The applicant must explain the circumstances of the conviction and provide documentation of rehabilitation. The BRN considers the nature and severity of the offense, subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation. Questions concerning this requirement may be directed to the Director of Health Sciences.

Adopted 8/08
Revised 2/17/11
Revised/Approved 4/13/11
This form is to be completed by the student and/or instructor following any incident or error involving a Citrus College nursing student. The instructor will make a copy for the student and will retain the original in the student’s file. If deemed necessary, a copy will also be given to the director and the college’s risk management officer.

Student: ___________________________ Date/Time of incident: ______________
Instructor: __________________________ Course __________________________
Agency/Location: ______________________________________________________

**Description of incident:**
Describe the incident and the reasons for its occurrence. If this was a medication error (indicate if an error of omission or commission), indicate the medication name, dosage, route, frequency of administration, action, side effects, and reason that it is ordered for this particular patient.

**Indicate the actions taken after the incident:**
Describe the response of the patient. Identify the persons notified and their responses.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Please indicate how the incident could have been avoided. If this was a medication error, also indicate which of the “6/7 rights” was violated. How will this incident affect your future practice?

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
Instructor Comments and Plan for Remediation if Indicated:

Signatures:

Student: ____________________________  Date: ______
Instructor: __________________________  Date: ______

Adopted 8/08
Reviewed 5/09
Revised/Approved 1/12/11
PURPOSE OF THE PRECEPTOR PROGRAM
The purpose of the preceptor program is to assist the student to make a smooth transition from the student role to the beginning nurse role by improving skills and reducing the probability of role conflict upon entry into practice. In order to accomplish this purpose it is necessary to provide the student with a realistic clinical staff experience, which will allow the student to:

1. Care for groups of patients in the clinical setting
2. Provide opportunities to implement leadership and management skills
3. Provide opportunities to practice organization, decision-making and priority-setting skills

PRECEPTOR PROGRAM DESCRIPTION
This program is a component of the curriculum in the last semester of the Associate Degree Nursing Program. It includes a concurrent classroom component, a clinical component, and supporting activities. Eighty one clinical laboratory hours are required in the acute care setting under the direct supervision of a registered nurse preceptor.

CLINICAL AGENCY INFORMATION
Goals for the Clinical Agency
1. Contribute to the learning process of last semester students which will help ensure the preparation of competent entry level registered nurses
2. Provide opportunity for selected staff nurses to gain experience in the role of preceptor
3. Provide clinical learning opportunities for students to gain professional growth and accountability
4. Assist in decreasing the role conflict which occurs when new graduates enter the job market

Responsibilities of the Clinical Agency:
1. Provide clinical experience for selected students in the preceptor program. Shift designation will be determined by availability of preceptor
2. Collaborate with Citrus College faculty in appointing the preceptors
3. Stabilize the preceptor’s assignment during the preceptor program to a single unit and specific shift
4. Provide the preceptor with the support necessary to meet his/her responsibilities to the student
5. Appoint an alternate preceptor when needed, (e.g. due to absence of assigned preceptor) who is oriented to the program and objectives
6. The preceptor/student ratio is 1 to 1
7. Preceptorships need not be limited to medical surgical settings and may be scheduled in any area where clinical objectives can be met.
CITRUS COLLEGE ADN PROGRAM INFORMATION

Responsibilities of Citrus College ADN Program:

1. Appoint the instructor(s) for the course who will supervise the preceptor program
2. Provide continuing education units for the preceptor for participation in the preceptor program
3. Update the college-agency contract for the preceptor program if needed
4. Identify and confirm the clinical facilities for the preceptorship program
5. Records to be maintained by the program:
   a. The program policy on preceptorship and all preceptor documents including the Preceptor Handbook shall be kept on file in the department.
   b. A log of names of all preceptors, date of expiration of their license and dates of the preceptorship. The preceptor will complete a BRN faculty appointment form as a clinical teaching assistant.
   c. The plan for the preceptorship program including: roles and function of preceptor, student, and faculty; orientation plan; communication plan; student evaluation plan specifying preceptor’s responsibility in outcome; and ongoing evaluation for the use of preceptors.
6. Through the use of agency and preceptor evaluation tools, collect data and evaluate the effectiveness of the preceptor program. Make changes to improve the effectiveness of the preceptor program when needed.

CITRUS COLLEGE INSTRUCTOR INFORMATION

Responsibilities of the Citrus College Instructor:

1. Manage the preceptor program
2. Collaborate with the course team leaders in orienting students to the preceptor program
3. Collaborate with the clinical agency in the selection of preceptors
4. Collaborate with facility staff to select areas within the agency which are appropriate to the preceptor program objectives
5. Provide appropriate agency personnel with the list of preceptors, students, and schedules
6. Develop and update preceptor program written materials including preceptor manual, objectives and evaluation tools
7. Orient/update the preceptor to his/her role, responsibilities and course requirements prior to the beginning of the preceptor experience
8. Collaborate with the preceptor to develop preceptee’s schedule
9. Maintain contact with the students and the preceptors in the facility:
   a. Provide each student and preceptor with phone or beeper number.
   b. Visit each preceptor/preceptee at least two times during the rotation
   c. Consult with each student ADN preceptor on progress and/or problems. Schedule beginning, midpoint and final conferences with preceptor and student.
   d. Plan for individualized instruction for the student in areas which are identified as weak by the student, preceptor, or Citrus College faculty
10. Evaluate and grade (Satisfactory/Unsatisfactory) student performance on each clinical objective. Evaluation of the student involves input from preceptor and student but final responsibility for course evaluation lies with the Citrus College faculty member
11. Maintain records as required by Citrus College and the Board of Registered Nursing
12. Participate in the evaluation of the preceptor program
Guidelines for student assignments:
1. Preceptees are second-year nursing students in the last semester of the ADN Program and may perform nursing functions documented on their skills checklist.
2. Students may administer medications following the agency guidelines and the Citrus College ADN Program Medication Policy.
3. Students may be assigned to work with a preceptor on the day, evening or night shifts as well as 12 hour shifts day or night
4. The instructor is responsible for visiting the preceptor and student at least two times during the rotation and is available by phone for consultation at any time. The instructor should be available to visit the facility if a situation of concern arises that can’t be dealt with through phone consultation.
5. A maximum of 2 consecutive 12 hour shifts are allowed. This should not exceed 36 hours in seven days.
6. No clinical assignment may be scheduled on the night before or day of the scheduled theory class.

RN STAFF NURSE PRECEPTOR INFORMATION

A preceptor is a staff nurse specially selected and prepared to work with a nursing student during the preceptorship. Preceptor roles include teacher, instructor, tutor, role model, supervisor and guide.

According to the Board of Registered Nursing: Non-faculty preceptor (as defined in CCR Sec. 1420 (Ck) means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach and/or supervise nursing students in designated clinical areas.

Morrow describes a preceptor as “The person, generally a staff nurse, who teaches, counsels, inspires, role models, and supports the growth and development of an individual (the novice) for a fixed and limited amount of time with the specific purpose of socialization into a new role. The careful pairing of a novice with an experienced, precisely chosen staff nurse in the clinical setting provides an environment of nourishment and growth for the novice and of recognition and reward for the preceptor.”

According to Alspach (1998): “(A preceptor is) an experienced and competent employee who serves as a clinical role model and resource person to newly employed staff. The preceptor orients new staff to their roles and responsibilities on their assigned unit and who introduces new staff to the formal and informal rules, customs, culture, and norms of their coworkers and workplace.”
Criteria/Qualifications for Selection of Preceptor and Relief Preceptor:

<table>
<thead>
<tr>
<th>LICENSURE</th>
<th>The RN has an active, clear California license.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYMENT</td>
<td>The RN has been employed by the health care agency for a minimum of one year</td>
</tr>
<tr>
<td>NURSING SKILLS AND EXPERIENCE</td>
<td>The RN demonstrates clinical competence and meets the minimum qualifications specified in section 1425(e): At least one year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years as a registered nurse providing direct patient care.</td>
</tr>
<tr>
<td>PRECEPTOR ORIENTATION PROGRAM</td>
<td>The RN completes a preceptor orientation program prior to serving as a preceptor.</td>
</tr>
<tr>
<td>ATTITUDE</td>
<td>The RN has expressed a desire to work with a student in the preceptor role.</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>The RN has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.</td>
</tr>
<tr>
<td>RELIEF PRECEPTOR</td>
<td>The RN must be fully qualified and oriented to work with the preceptee when the primary preceptor is not available. A relief preceptor may be determined by the instructor only.</td>
</tr>
</tbody>
</table>

Staff RN Preceptor Responsibilities:

1. Attend orientation meeting/update with the Citrus College instructor prior to the beginning of the preceptor experience
2. Read and familiarize yourself with the Citrus College Preceptor Manual.
3. New Preceptors must:
   a. review the Preceptor Manual
   b. complete the checklist
   c. complete the post test
4. The Experienced Preceptor must:
   a. review the Preceptor Manual
   b. complete the checklist
   c. complete the post test (optional for CEU’s)
5. Provide student and instructor with work schedule at the beginning of the preceptor program and updates when needed
6. Obtain current phone number of the student and the instructor
7. Make every effort to be at work when the student is scheduled
8. Notify student as soon as possible if unable to work due to illness or unforeseen circumstance
9. The student may not work in the clinical area if the preceptor is not working
10. The preceptor must be present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship
11. Orient the student to the unit and shift responsibilities
12. Review student’s skills check-list and personal learning objectives
13. Participate in setting mutually agreed upon goals and objectives with the student on a regular basis
14. Assist student to reflect upon their clinical performance
15. Act as a clinical resource person and a role model for the student demonstrating responsible RN behavior
16. Direct student to clinical situations which would provide student with opportunity to meet personal goals and objectives, increase skills and meet objectives as defined in the Citrus College student evaluation tool
17. Provide ongoing feedback to the student regarding performance
18. Participate in midpoint and final evaluation conferences with Citrus College faculty member and the student
19. Consult with the Citrus College instructor at each visit or contact the instructor by the agreed upon communication plan relative to observed student behaviors which indicate any of the following:
   a. Weakness in a given area;
   b. Inability to meet evaluation items;
   c. Lack of knowledge or inability to gain knowledge necessary for the implementation of patient care;
   d. Lack of technical competence; and
   e. Any behavior which is, in the opinion of the preceptor, counter-productive to the nursing process
20. Assist the instructor to develop and implement a remediation plan to address student areas of weakness
21. Complete the Citrus College student evaluation tool based upon direct observation and student input
22. Participate in the evaluation of the preceptor program

STUDENT PRECEPTEE INFORMATION

Goals for the Student
1. Successfully master all theory objectives related to the preceptor program in the Trends and Leadership course.
2. Successfully complete all clinical objectives as reflected in the Preceptor Program Evaluation Tool (included in this manual).
3. Make a smooth role transition from student role to beginning nurse role.

Responsibilities of the Citrus College Student
1. Review preceptor program materials
2. Contact preceptor in person before the rotation begins and obtain schedule
3. Communicate schedule to Citrus College instructor and update as needed
4. Provide preceptor with current phone number and email address.
5. Provide preceptor with the following:
   a. weekly objectives
   b. skills checklist
6. Discuss skills check-list with preceptor and identify skills experiences desired
7. Identify personal learning objectives and discuss with preceptor by the end of your first shift
8. Notify preceptor and the instructor if going to be tardy or absent, before it occurs
9. Notify the instructor if the preceptor, for any reason, becomes unavailable on a scheduled shift, the preceptee must reschedule the shift. **The preceptee must not work with any other staff nurse.**
10. Orient self to clinical unit, policies and procedures
11. Review necessary theory and clinical content to maximize safety and performance
12. Work under the supervision of the preceptor assuming an increasing level of responsibility on a daily basis
13. Administer medication under the guidelines of the agency and ADN Program Medication Policy
14. Maintain all policies and procedures of the ADN Program
15. Consult with the Citrus College instructor during instructor rounds and/or contact the instructor if assistance is needed
16. Keep a daily journal focusing on reflections on the effectiveness of nursing interactions and the overall clinical day
17. Complete self-evaluation using the course student evaluation form at midway and terminal points in the rotation
18. Participate in midpoint and terminal conference with preceptor and instructor
19. Participate in the evaluation of the preceptor program

**Preceptor Records**
The ADN Program shall maintain preceptorship program records that include names of all current preceptors, registered nurse licenses and dates of preceptorships.

**Plan for Ongoing Evaluation of the Preceptorship Program**
The faculty evaluates the preceptor program at the conclusion of each rotation and at the end of the last semester of the program using tools developed as part of the overall Plan for Program Evaluation. Theory presentation related to the preceptorship is evaluated through the Student Evaluation of Theory tool provided to students at the conclusion of RNRS 252 Leadership for Professional Nursing Practice. Specialized preceptorship survey tools are used to evaluate the student’s evaluation of the clinical precepting experience, instructor evaluation of the clinical experience, preceptor evaluation of the clinical experience and the agency evaluation. Data from the surveys are analyzed and presented to faculty through the use of the Course/Semester Evaluation Summary Tool. Faculty make recommendations for program improvement based on the information provided yearly.

**Faculty/Student Ratio for Preceptorship**
The faculty/student ratio for preceptorship shall be evaluated yearly as part of the course evaluation process. It is based on the following criteria:
1. Student/preceptor needs
2. Faculty’s ability to effectively supervise students’ assigned nursing area
3. Agency/facility requirements
4. Citrus College Faculty Contract

Adopted 1/07
Revised/Approved 3/22/11
Progression through the ADN Curriculum

In order to be promoted to the next course, or complete the last course, in the nursing program, a student must meet the following criteria:

1. Theory grades in nursing classes must be passed with a “C” or better (75% of total points or above).
2. All clinical objectives in the nursing course must be passed with a satisfactory evaluation by the instructor. Clinical skill competencies must be demonstrated in full each semester with satisfactory evaluation.
3. An “incomplete” grade may be given if all assigned work is not completed by the end of the semester, which would result in the student not progressing to the next course until the incomplete work is submitted satisfactorily. The clearance of any “incomplete” is the responsibility of the instructor and re-entry in a subsequent semester would be dependent on space availability.

Withdrawal from the Program

If a student withdraws from a course with grades below “C” or unsatisfactory evaluation in the clinical component, the withdrawal is considered a failure in the program. If the student applies for re-entry and is readmitted, this attempt will be considered their second and final opportunity in the program. If a student fails any other course in the program after the reentry, they will not be eligible to re-enter in the future (total of two failed courses). If a student withdraws from a nursing course once based on illness or family crisis, while in good standing related to grades and clinical performance, the withdrawal will not be considered as a failure when determining eligibility for re-entry. Students who enter an ADN course but attend less than two weeks (or not at all) will not be considered re-entry students and must reapply and compete for acceptance into a subsequent nursing class.

Non-Progression

Faculty, in collaboration with the coordinator, will determine if a student is not eligible to progress to the next course based on the student not meeting required academic and clinical performance objectives in the ADN Program as described in the ADN Grading Policy. The student must meet with the director of the ADN Program or designee to discuss the reasons for the failure. Unsafe behavior in the clinical setting or unprofessional behavior may disqualify the student for readmission. A student who fails two nursing courses is not eligible for re-entry.

Re-entry

Any student receiving an incomplete, grade below a “C” in a theory course or a clinical failure will not progress. Any such student must make an appointment with the Director of Health Sciences or designee, for an Exit/Re-entry Interview for the purpose of an academic review and establishment of a re-entry plan. The Citrus College ADN Exit/Re-entry Interview must be completed upon withdrawal or failure and the re-entry plan must be signed by the Director of Health Sciences, or designee, and the student. A student who does not participate in an Exit/Re-entry Interview may forfeit any possible re-entry into the program.
Placement in a course for repetition purposes is based on the nursing program’s policy on entry/re-entry and available space. If the student meets the requirements to re-enter the program at a later date, a request to re-enter must be made in writing in accordance with the terms of the re-entry plan determined at the Exit/Re-entry Interview with the Director of Health Science or designee. The student is responsible for completing the remediation plan determined at the interview and submitting documentation of remediation activities.

Re-entry decisions are based on the documents submitted and space available.
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEXUAL HARASSMENT POLICY

Citrus College is dedicated to fostering an open learning and working environment, which is free from sexual harassment. Sexual harassment is unacceptable behavior and will not be tolerated at Citrus College.

Definition

Sexual harassment is defined as unwelcome sexual advances; requests for sexual favors; and other verbal, visual, or physical conduct of a sexual nature, made by someone from, or in the work or educational setting, under any of the following conditions:

1. Submission to the conduct is explicitly or implicitly made a term or condition of an individual’s employment, academic status, or progress;
2. Submission to, or rejection of, the conduct by the individual is used as a basis of employment or academic decisions affecting the individual;
3. The conduct has the purpose or effect of having a negative impact on the individual’s work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment;
4. Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

The American Council on Education has stated, “Sexual harassment can be verbal, visual, or physical. It can be overt, as in the suggestion that a person could get an “A” if a particular sexual favor is granted. Or, it can be consistent or persistent, unwanted attempts to change a professional relationship into a personal one. Sexual harassment can range from inappropriate put-downs of individual persons, unwelcome sexual flirtations, to serious physical abuses, such as rape. It is coercive and threatening, it creates an atmosphere that is not conductive to teaching, learning and working.”

Citrus College is committed to providing a workplace and study environment free of sexual harassment. All students should be aware that the college strongly disapproves of any conduct that constitutes sexual harassment and will take disciplinary measures to ensure compliance. All formal complaints will be investigated and appropriate action taken. Complaints should be reported to the human resources/staff diversity officer, 626-914-8830.

Adopted 8/08
Reviewed/ Approved 1/21/2011
CITRUS COLLEGE ADN PROGRM
STUDENT DRESS CODE POLICY

The student must report in full uniform when participating in any ADN-related activity, whether on-campus or at an off-campus site. The clinical setting is considered to be any healthcare setting in which a Citrus College nursing student is present in an educational capacity. This includes all areas of any clinical facility, not just those in which direct patient care is provided. The appearance of the student is very important in projecting a professional impression to the patient, the public and clinical partner staff. The student represents themselves, the college and the program. The instructor will refuse to allow a student to participate in the educational activity if he or she does not meet uniform and/or personal appearance expectations. Hospital policy and that of the area to which the student is assigned is to be followed as presented by the instructor. Any student dismissed because of appearance shall be deemed absent for the entire day.

I. Uniform

A. General Uniform Information-Citrus College ADN uniforms are ordered from the Dove Uniform Company
   1. Uniform should fit well, but should not be tight fitting. Alteration of the uniform is limited to hemming only. Undershirts must not be visible below the sleeves or hem. No thermals allowed. Only uniform lab jackets with patch are permitted.
   2. Uniform pants are to be worn with uniform top at all times
   3. Beige or white hose for women, white socks (no logos) are acceptable for both men and women. No textured hose.
   4. Two uniforms are more practical since infection control dictates that a freshly laundered uniform must be worn daily.
   5. Uniform (or other dress specified by faculty) is clean and laundered. Shoes and laces are clean. Overall appearance is neat, pressed, and well-kept. Any additional clothing worn under the uniform must not be visible.
   6. When students are in a rotation (RNRS203:Mental Health Nursing) or event that does not require the official school uniform, business attire is the appropriate level of dress.
   7. Components of the school uniform that identify the student in a nursing student role are not to be worn in non-student roles.

B. Shoes
   1. All white (no color), all leather, and professional in appearance. Any company logo should be able to be covered completely by a U.S. quarter coin. Make sure the shoes offer good support and are comfortable with socks.
   2. No clogs or sling-back shoes are permitted.
   3. Shoes must be clean every day.

C. Accessories
   1. The student may wear a lab coat in the clinical area over the uniform. It must be a white, fingertip length lab jacket without cuffs. The Citrus College ADN patch is required, left upper arm, three fingers below the shoulder seam of the uniform, or lab jacket.
   2. White or black wrist watch with second hand and washable band is required.
3. Jewelry—Only one simple band ring is allowed. For patient safety and infection control, no rings with stones and raised settings are allowed. The only exception to this rule is a bracelet from a recognized company for allergy/health risk alerts only or religious significance. No visible necklaces or chains are to be worn.

4. Stethoscope and BP cuff (sphygmomanometer)

5. Bandage scissors (5 ½ or 6 inch stainless steel)

6. Nurse’s pen light

7. Pocket notebook and black pen

8. Gait belt

9. Name tag (blue print on white background). Purchased at Owl Bookstore.

10. Patch: left arm, three fingers widths below shoulder seam. Order the patch from Dove with the uniform order.

11. Picture I.D. from Citrus College must also be worn (no charge to student at library).

II. Personal Grooming

A. Hair: Hair must be off the collar, neat and worn in a professional manner that does not require constant attention. No extremes in style or color are allowed. No bows, scarves, colored barrettes or flowers are allowed. Hair holders/devices should be approximately the same color as the student’s hair. “Claw” and “banana” clips come loose and present a danger, and therefore, are not acceptable.

1. Religious head coverings
   To ensure patient safety and infection control, religious head coverings worn in clinical must be white, cleaned daily and securely fastened behind the head:

   In accordance with the Citrus Community College District’s Administrative Policy 7102–The District is committed to providing an academic and work environment free of unlawful harassment. Harassment based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation of any person, or the perception that a person has one or more of these characteristics is illegal and violates District policy.

B. Nails: No nail polish. Cuticles trimmed and well groomed. Length should be no longer than the end of the finger. Excessively long nails can be injurious to the patient, while very short (bitten) nails can become jagged and a source of injury and infection. Acrylic nails are not allowed due to infection control issues.

C. Eyelashes: No artificial eyelashes are permitted.

D. Hygiene: Use deodorant daily after shower or bath. The use of scent (i.e., no perfume, body spray etc.) is not accepted because of patient allergies and sensitivities. Daily oral hygiene is imperative. Chewing gum will not be permitted in the classroom or clinical facilities at any time.

E. Make up, if used, is applied lightly.

F. No visible body piercing is allowed. The body piercing must be covered. Tongue piercings are to be removed during the clinical period.

G. Any visible tattoos must be completely covered.
III. Professional Conduct
As an ADN student at Citrus College, you must realize that your professional conduct is extremely important and that you always represent the ADN Program, your college, and yourself. The following statements should assist you in knowing what professional conduct is considered acceptable:
- demonstrating a caring attitude toward patients/families
- accepting assigned duties and responsibilities
- demonstrating initiative and productivity
- demonstrating cultural sensitivity toward patients/families
- demonstrating a cooperative attitude toward fellow students, clinical partner staff, and ADN Program faculty.
- maintaining professional grooming guidelines

Adopted 8/08
Revised/Approved 9/10/2013
CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
STUDENT INJURY/ILLNESS PROCEDURES

Emergencies
If a student is injured as part of their responsibilities as a student nurse in the clinical setting, or they become acutely ill and the instructor and agency staff deem the situation should be treated as an emergency, the student is referred to the emergency services of the agency in which the injury occurred. Appropriate agency staff is notified and the agency incident report is to be completed as soon as possible. The clinical instructor reports the incident immediately to the Director of Health Sciences/designee and to Risk Management at Citrus College. The student and instructor submit a Health Science Department Nursing Student Risk Management Form and the Citrus College Supervisor’s Report of Employee Injury Form. The forms must be submitted within 24 hours to the Director of Health Sciences. The Supervisor’s Report will be forwarded to the Citrus College Office of Risk Management. If the emergency occurs in the community/campus setting, call 911 if appropriate.

Non-emergencies
If the student is injured as they carry out their responsibilities as a student nurse or they become acutely ill and the instructor and agency staff determines the injury/illness to be non-emergent, the incident is reported to the Director of Health Sciences/designee. An agency unusual occurrence report must be completed at the facility and appropriate agency staff should be notified. The student and instructor should complete the Department Nursing Student Risk Management Form and a Citrus College Supervisor’s Report of Employee Injury Form. These forms should be submitted within 24 hours of the injury. In case of injury the student is referred to Workman’s Care, 6520 N. Irwindale Ave Suite 100, Irwindale, CA 91702, (626) 812-0366 for evaluation and treatment. If the injury occurs after “Work Care” hours, the student is advised to seek treatment at “Workman’s Care” during the next business day. If a student becomes ill in the campus setting they may be referred to the Student Health Center.

A student who is injured or becomes ill will not be allowed to drive themselves home. An emergency contact or a family member will be required to come to the agency/campus to drive them.
REQUESTS FOR EQUIVALENCY-GENERAL EDUCATION
Requests for equivalency for general education courses should be directed to the nursing counselor for evaluation. Prerequisite science courses must meet or exceed the 4.0 unit minimum with a laboratory component. If the applicant is uncertain whether a course taken inside or outside the California Community College system is equivalent to the Citrus College course, please attach a catalog description and/or course outline to assist the nursing counselor in processing your request for equivalency.

NURSING PROGRAM TRANSFER PROCEDURE/REQUEST FOR COURSE CREDIT
All transfer students who have taken coursework in nursing at another nursing program will be evaluated on an individual basis, and are admitted only when there is space available. Previous nursing coursework must be no older than three years. The director of the program evaluates the completed nursing courses in relationship to the ADN curriculum at Citrus College. Course to course credit will be granted for equivalent content and units. The student must present a letter from the director of the former nursing program, stating the circumstances necessitating the transfer, and an evaluation of clinical safety. Students who have been deemed unsafe in the clinical area are not eligible for transfer to the Citrus College Associate Degree Nursing Program. Transfer students must demonstrate competence in clinical skills and pass a dosage competency examination with a score of 90%, before admission to the program. Skills to be evaluated will be based on the level the student is applying to enter. Students who have not progressed in two nursing courses at another nursing program will not be eligible for entry. Students who have previously earned one non-progression will be eligible for entry but will not be allowed re-entry if they do not successfully complete all courses in the Citrus program. Transfers are handled case-by-case and are dependent on space availability.

FOREIGN COURSEWORK
Course work completed in another country may be accepted to satisfy requirements for graduation. Foreign transcripts must be evaluated by a recognized foreign evaluation service. Official documentation of foreign evaluation must be submitted with the student application for admission. Consult the counseling department for assistance with foreign course equivalency.

CREDIT BY EXAMINATION (CHALLENGE) POLICY
The Health Science Department follows the policy of Citrus College in allowing students to challenge classes through an examination process for equivalent nursing course content in situations where equivalent credit cannot be granted course for a course. Consult the College Catalog for further information on this option.
SECTION V:
BOARD OF REGISTERED NURSING POLICIES AND PROCEDURES
Inquiries have been received by the Board of Registered Nursing (BRN) regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse's license.

For patient abandonment to occur, the nurse must:

a) Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then

b) Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Failure to notify the employing agency that the nurse will not appear to work an assigned shift is not considered patient abandonment by the BRN, nor is refusal to accept an assignment considered patient abandonment. Once the nurse has accepted responsibility for nursing care of a patient, severing of the nurse-patient relationship without reasonable notice may lead to discipline of a nurse's license.

RNs must exercise critical judgment regarding their individual ability to provide safe patient care. When declining or accepting requests to work overtime, a fatigued and/or sleep deprived RN may have a diminished ability to provide safe, effective patient care. Refusal to work additional hours or shifts would not be considered patient abandonment by the BRN.

The RN who follows the above BRN advisory statement will not be considered to have abandoned the patient for purposes of Board disciplinary action. However, it should be noted that the BRN has no jurisdiction over employment and contract issues.

NPR-B-01 Reaffirmed 4/98
REV. 11/01
ABUSE REPORTING REQUIREMENTS

The prevalence of abuse of children, adults (including spouses), elders, and dependent adults is increasing. Registered nurses are among those health practitioners who must report known or observed instances of abuse to the appropriate authorities. This mandate applies to those situations that occur in the RN’s professional capacity or within the scope of employment. Registered nurses must also be aware that failure to report as required is also considered unprofessional conduct and can result in disciplinary action against the RN’s license.

The Nursing Practice Act contains the text of the abuse reporting statutes. Highlights of these reporting laws are noted below.

**CHILD ABUSE:**
Section 11166 of the Penal Code REQUIRES that any child care custodian, health practitioner, or employee of a child protective agency (in his or her professional capacity or within the scope of his or her employment) who has knowledge of or observes a child whom he or she knows or reasonably suspects has been the victim of child abuse must report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and prepare and send a written report thereof within 36 hours of receiving the information about the incident.

**ELDER AND DEPENDENT ADULT ABUSE:**
Section 15630 of the Welfare and Institutions Code REQUIRES that care custodians, health practitioners, employees of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment) observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse must report this to county adult protective services or a local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two working days. For persons in long-term care facilities, the observed physical abuse or client-described abuse should be reported to the long-term care ombudsman coordinator or local law enforcement agency. State law PERMITS reporting of other types of abuse such as neglect, intimidation, fiduciary abuse, abandonment, isolation, or other treatment that results in physical harm, pain, or mental suffering when the reporter has knowledge of or reasonably suspects one or more of these types of abuse have occurred. Elders are defined as persons 65 years or older, and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves.

**GENERAL ABUSE:**
Section 11160 of the Penal Code REQUIRES health practitioners who, in their professional capacity or within their scope of employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes adults, children and other persons (including spouses).
Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail, by a fine of $1,000, or both.

The telephone numbers and addresses of the various agencies to whom these reports must be made should be available through your employment setting or in the portion of the telephone directory that covers county or city government. Information about contacting the Long Term Care Ombudsman is available through the Area Agency on Aging or by calling the Office of the State Long Term Care Ombudsman at (800) 231-4024. An inability to locate the correct agency for reporting purposes is not an acceptable reason for not reporting abuse! Your local telephone operator can also direct you to the correct agency’s telephone number. Your facility or practice setting may also have reporting requirements to the state Department of Health Services or the state Department of Social Services because of their facility licensing laws. Your administrator or director of nursing would know how to comply with these laws.

The Nursing Practice Act, which contains the abuse reporting statutes cited above, is now available in the following formats:

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<th>Book with CD Rom:</th>
<th>Book Only:</th>
<th>CD Only:</th>
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<td>Publication: 23560</td>
<td>Publication: 23550</td>
<td>Publication: 23555</td>
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<td>Price</td>
<td>Price: $13.50*</td>
<td>Price: $9.00*</td>
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*Plus state and local sales tax and where applicable shipping and handling. Payment in advance will eliminate shipping and handling charges.

Ordering Information:

- On-line at: www.lexisnexis.com/bookstore (search: California Nursing)
- Phone: Toll free at 1-800-533-1637
- Credit Card Orders may be faxed to: 1-800-828-8341
- Pre-paid orders may be mailed to:
  - Attention: Order Fulfillment
  - LexisNexis
  - 1275 Broadway
  - Albany, NY 12214-4070

NPR-I-23 05/1997
ABUSE REPORTING REQUIREMENTS

CHILD ABUSE:
Section 11166 of the Penal Code REQUIRES that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child (in his or her professional capacity or within the scope of his or her employment) whom he or she knows or reasonably suspects has been the victim of child abuse must report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information about the incident.

ELDER AND DEPENDENT ADULT ABUSE:
Section 15630 of the Welfare and Institutions Code REQUIRES that care custodians, health practitioners, employees of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment) observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse must report this to county adult protective services or a local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two working days. For persons in long term care facilities, the observed physical abuse or client described abuse should be reported to the long-term care ombudsman coordinator or local law enforcement agency. State law PERMITS reporting of other types of abuse such as neglect, intimidation, fiduciary abuse, abandonment, isolation, or other treatment that results in physical harm, pain, or mental suffering when the reporter has knowledge of or reasonably suspects one or more of these types of abuse have occurred. Elders are defined as persons 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves.

GENERAL ABUSE
Section 11160 of the Penal Code REQUIRES health practitioners who, in their professional capacity or within their scope employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes adults, children and other persons (including spouses).

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as additional practitioners as defined in Section 11166 of the Penal Code or Section 15632 of the Welfare and Institutions Code. Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars ($1,000) or by both, as well as unprofessional conduct and can result in disciplinary action against the RN’s license.

NPR-I-24 01/04
During the past year the Board of Registered Nursing (BRN) has received numerous questions regarding the issue of background checks on registered nursing students prior to clinical placement. The Board has been asked to assist programs with meeting this major new requirement.

The use of background checks on individuals working in clinical settings is one of the means agencies use to help protect their clients/patients. While obtaining background checks on employees is not new for clinical agencies, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has recently added to their Human Resources standards (HR.1.20) a section related to criminal background checks. The JCAHO standard requires agencies to include nursing students in criminal background checks when required by state law, regulation or hospital policy. (www.jcaho.com)

The BRN does not require prelicensure nursing programs to screen potential students for a history of convictions prior to acceptance into their program. The BRN only requires background checks on criminal convictions at the time of application for licensure. Furthermore, BRN staff reviews all applications with prior convictions on an individual case-by-case basis before issuing or denying licensure. The criteria used by the Board in evaluating an applicant’s present eligibility for licensure are found in the California Code of Regulations (CCR) Section 1445. (www.rn.ca.gov)

Clinical agencies have the right to establish criteria that would exclude a student from placement at their facility. Those clinical agencies that have a policy that include student nurses in their requirement for criminal background checks will need to comply with their own policy to be compliant with the JCAHO Standard. HR 1.20. On the other hand agencies may use different criteria for students than are used for employees or exempt them entirely and still meet JCAHO Standards.

Nursing programs should establish a written policy describing the process for obtaining background checks for those clinical agencies that require them. The Board recommends that the policy on background checks, like all program policies, be published in documents that are available to applicants and students. Examples include admission packets and school catalogs and or nursing student handbooks.

The written policies should include the following:
- Who will perform the search (the college, the agency or an independent service);
- Who will pay for the process;
• Where and by whom the results will be maintained and protected (student confidentiality);
• What criteria will be used to exclude a student from a particular clinical placement; and
• What alternatives if any will be available in the event a student is denied a clinical placement.

The Board encourages clinical agencies and nursing programs to work collaboratively in establishing standardized policies that are the least restrictive possible while also protecting the rights of consumers. A process that allows for a case-by-case review of students with prior convictions is encouraged. However, the burden of proof lies with the student to demonstrate evidence of rehabilitation that is acceptable to the clinical agencies and the nursing program. (See the document “Prior Convictions and Disciplinary Actions” on the Board’s Website.)

Frequently Asked Questions Related to Background Checks:

Question: Does the BRN require student nurses to undergo criminal background checks prior to admission in a prelicensure school of nursing?  
No. The Board has no authority to request a criminal background check except at the time of application for licensure.

Question: Does the Joint Commission on Accreditation of Healthcare Organization (JCAHO) require that student nurses in California have criminal background checks done prior to the students participating in a clinical rotation in a JCAHO approved facility?  
No. JCAHO requires that clinical agencies follow state law/regulation and their own organization’s policy regarding background checks on students. (See JCAHO website www.jcaho.com) There is no state law in California that mandates background checks be completed on nursing students. Some clinical agencies have included student nurses in the category of individuals that need to be screened, therefore, JCAHO would also require that nursing students need background checks done.

Question: If a clinical agency denies a student with a prior conviction from being placed at their facility does the BRN require that the student be dropped from that course or from the program?  
No. The program is encouraged to evaluate such students, in collaboration with their clinical agencies, to find possible alternatives for the student to complete the objectives of the course. All students are expected to meet course objectives as defined by the course syllabi and program policy.

Question: If students have had a criminal background check done as part of clinical placement can they use that information as part of their application packet for licensure?
No. The Board requires a background check on all applicants for licensure by the Department of Justice. As a health care licensing Board, the background check conducted on applicants is more extensive than most employers obtain.

**Question:** If a student is denied access to a clinical site due to a positive criminal background check does the nursing program have to find an alternative site for the student to meet course requirements?

No. The Board encourages programs and agencies to work collaboratively to review students with a prior conviction on an individual basis since the specific conviction may not prevent the student from ultimately being licensed. While the BRN encourages alternative placement ultimately the program would need to follow their published policy regarding the options available to the student in this situation. (See the attached Criteria for Rehabilitation, CCR 1445.)

**Question:** Can the college or university request the Department of Justice to perform a criminal background check on their nursing students in order to meet clinical agency requirements for placement?

No. Only authorized agencies may request the Department of Justice to perform criminal background checks. The nursing program or the agency may utilize private companies that provide background checks for a fee. The Board does not require the use of such a service nor does it endorse any specific company.

**Question:** Should results of criminal background checks be placed in the student’s academic file?

The self-disclosed student information and the results of a background check are confidential information. The nursing program must develop in consultation with their administration and clinical agencies a means to safeguard this information. It is recommended that the process, maintenance and security of student background checks should be described in the program’s contract with those agencies requiring screening of nursing students and in policies provided to students and applicants.

**Question:** Do students need to have a background check done every time they go to a new clinical agency?

The Board encourages nursing programs to work collaboratively with other nursing programs in their geographical area to develop a standardized policy with all clinical agencies requiring background checks on nursing students. Since there is no state law or regulation that mandates background checks on nursing students, individual agency policy is the source of this requirement. Working collaboratively within a geographic area is probably the most efficient way to coordinate requirements in the least disruptive manner.

**Question:** Can a clinical agency refuse to allow a student to do a clinical course at their agency as a result of a prior conviction?

Yes. The Board would encourage the nursing program to work with the agency to clearly identify the types of prior convictions that would exclude a student from clinical rotation. The BRN suggests using CCR 1445 as a guide.
Yes. The Board would encourage the nursing program to work with the agency to clearly identify the types of prior convictions that would exclude a student from clinical rotation. The BRN suggests using CCR 1445 as a guide.

**Question:** Can a nursing program require students to meet clear background checks prior to admission or as a requirement for progression in the program?

Admission and progression policies are the purview of the program & the institution. The nursing program should seek guidance from their institutions legal counsel. The Board regulations require that all policies affecting students be written, available to students, and applicants.
(a) When considering the denial of a license under Section 480 of the code, the board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a license will consider the following criteria:

1. The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
2. Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the code.
3. The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
4. The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
5. Evidence, if any, of rehabilitation submitted by the applicant.

(b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his/her eligibility for a license will consider the following criteria:

1. Nature and severity of the act(s) or offense(s).
2. Total criminal record.
3. The time that has elapsed since commission of the act(s) or offense(s).
4. Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
5. If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
6. Evidence, if any, of rehabilitation submitted by the licensee.
Assembly Bill 791 (Thomson) was signed into law by Governor Gray Davis on September 15, 1999, and is effective January 1, 2000. Section 1254.7 was added to the Health and Safety Code (HSC) as part of this bill. HSC 1254.7 reads:

(a) It is the intent of the Legislature that pain be assessed and treated promptly, effectively, and for as long as pain persists.

(b) Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The health facility shall insure that pain assessment is performed in a consistent manner that is appropriate to the patient. The pain assessment shall be noted in the patient’s chart in a manner consistent with other vital signs.

This legislative mandate is consistent with state and federal concerns regarding appropriate pain management for all persons. The Veterans Administration has adopted similar policies, referring to pain as the fifth vital sign.

In 1994, the BRN adopted a pain management policy for RN practice and pain management Curriculum guidelines for nursing programs. Both of these documents include a standard of care for California RNs of assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report. This new law places a similar requirement on licensed health care facilities. Nursing programs need to integrate pain as the fifth vital sign into their curriculum and health facilities need to educate staff regarding pain management.

It is now required that all health care staff record pain assessment each time that vital signs are recorded for each patient. If the institution is using the zero to ten pain assessment scale, a recording of pain 2/10, fulfills the requirements of this law. The Board reminds RNs that pain assessment is based on patient self-report and that patient’s can be asleep and still experience significant pain; appropriate charting would be to write “asleep” for the pain rating. Registered nurses will continue to be required to monitor all five vital signs and take appropriate action based on deviations from normal. In other words, a competent registered nurse intervenes when the patient’s pain is not being managed according to the agreed upon comfort level.

RNs should remember that prn means in the nurse’s judgment. In regards to pain medications that are ordered prn, registered nurses can choose to give the medication routinely, around-the-clock. In many acute pain situations, such as post-operative or post-trauma, medications ordered q4h prn (every four hours as needed), for example, should be given (or at least offered) q4h (every four hours) routinely for the first 24-48 hours to keep ahead of the patient’s pain. Research shows that when patient’s acute pain is managed around the clock and the pain level is kept from becoming severe, the total amount of opioid needed is reduced.
The Nursing Practice Act, Section 2725(b)(1), states that the registered nurse provides “direct and indirect patient care services that insure the ...comfort ...of patients.” Proper management of patient’s pain is a nursing function incorporated within the registered nurse’s role as a patient advocate [Standards of Competent Performance, Section 1443.5(6) of the Nursing Practice Act]. The Board of Registered Nursing endorses pain management guidelines established by the World Health Organization, the U. S. Department of Health and Human Services - Agency for Health Care Policy and Research, and the American Pain Society.

The nursing function of appropriated pain management includes, but is not limited to:

- ensuring informed consent for pain management.
- assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report.
- educating staff, patients, and families regarding the difference between tolerance, physical dependence, and addiction in relation to pain relieving medications, and the low risk of addiction from long-term use and/or high doses of opiates for pain relief.
- educating patients and families in a culturally competent manner regarding appropriate expectations for pain management.
- recognizing that pain medications may be given around-the-clock.
- intervening to treat pain before the pain becomes severe.
- using non-drug interventions to assist in pain alleviation.
- using knowledge of equianalgesic dosages to maintain both patient safety and pain relief as routes and types of ordered drugs change.
- documenting pain assessment, intervention, and evaluation activities in a clear and concise manner.
- intervening to minimize drug side effects.
- implementing quality assurance/improvement standards to monitor the pain management program.

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REV. 03/1999
The winter 1994 edition of The BRN Report informed RNs of the April 1994 adoption of a pain management policy and curriculum guidelines for pain management content for nursing programs. The following points are based on questions received by the BRN relating to either the pain management policy or the curriculum guidelines:

- Informed consent for pain management means the patient understands the options available for pain relief and actively participates in establishing the treatment plan. Use of placebos for management of pain would not fulfill informed consent parameters.

- Using a standard pain management scale based on patient self-report is acceptable. The BRN believes that pain can only be measured by the person experiencing the pain, and it follows that treatment must be based on patient self-report.

- Intervening to treat pain before the pain becomes severe is expected. Appropriate pain management helps the patient avoid periods of excruciating pain as much as possible and establishes a treatment plan for such episodes of acute pain if and when they occur.

- There is a difference between tolerance and physical dependence (normal physiological response to opioids given for relief of pain) and addiction (active drug-seeking behavior for the purpose of an altered level of consciousness).

- Pseudoaddiction is mentioned in the curriculum guidelines. Pseudoaddiction is the appearance of drug-seeking behavior among pain patients who, because of inadequate pain management treatment, end up acting like “addicts” by exhibiting drug-seeking behavior. These patients actually are being forced into such behavior due to denial of care or inadequate management of their pain problem.

PAIN MANAGEMENT RESOURCES

American Society of Pain Management Nurses
7794 Grow Drive
Pensacola, Florida 32514
(850) 473-0233 or (888) 34A-SPMN [(888) 342-7766]
§ 2725. Legislative intent; Practice of nursing defined

(a) In amending this section at the 1973–74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973–74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians’ offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

1. Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

2. Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

3. The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

4. Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) “Standardized procedures,” as used in this section, means either of the following:

1. Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

2. Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.
(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.
(e) No state agency other than the board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. “State agency” includes every state office, officer, department, division, bureau, board, authority, and commission.

§ 2725.1. Dispensation of drugs or devices by registered nurse

Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

§ 2725.3. Functions performed by unlicensed personnel

(a) A health facility licensed pursuant to subdivision (a), (b), or (f), of Section 1250 of the Health and Safety Code shall not assign unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:
   (1) Administration of medication.
   (2) Venipuncture or intravenous therapy.
   (3) Parenteral or tube feedings.
   (4) Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.
   (5) Assessment of patient condition.
   (6) Educating patients and their families concerning the patient’s health care problems, including post discharge care.
   (7) Moderate complexity laboratory tests.
(b) This section shall not preclude any person from performing any act or function that he or she is authorized to perform pursuant to Division 2 (commencing with Section 500) or pursuant to existing statute or regulation as of July 1, 1999.

§ 2725.5. “Advanced practice registered nurse” defined

“Advanced practice registered nurse” means those licensed registered nurses who have met the requirements of Article 2.5 (commencing with Section 2746), Article 7 (commencing with Section 2825), Article 8 (commencing with Section 2834), or Article 9 (commencing with Section 2838).

§ 2726. Unauthorized practices

Except as otherwise provided herein, this chapter confers no authority to practice medicine or surgery.
§ 2727. Practices not prohibited

This chapter does not prohibit:
(a) Gratuitous nursing of the sick by friends or members of the family.
(b) Incidental care of the sick by domestic servants or by persons primarily employed as housekeepers as long as they do not practice nursing within the meaning of this chapter.
(c) Domestic administration of family remedies by any person.
(d) Nursing services in case of an emergency. “Emergency,” as used in this subdivision includes an epidemic or public disaster.
(e) The performance by any person of such duties as required in the physical care of a patient and/or carrying out medical orders prescribed by a licensed physician; provided, such person shall not in any way assume to practice as a professional, registered, graduate or trained nurse.

§ 2727.5. Liability for emergency care

A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person’s employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care.
This section shall not grant immunity from civil damages when the person is grossly negligent.

§ 2728. Services by attendants and psychiatric technicians; Supervised services of unlicensed graduates of accredited psychiatric technician training programs

If adequate medical and nursing supervision by a professional nurse or nurses is provided, nursing service may be given by attendants, psychiatric technicians, or psychiatric technician interim permittees in institutions under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or subject to visitation by the State Department of Health Services or the Department of Corrections. Services so given by a psychiatric technician shall be limited to services which he or she is authorized to perform by his or her license as a psychiatric technician. Services so given by a psychiatric technician interim permittee shall be limited to skills included in his or her basic course of study and performed under the supervision of a licensed psychiatric technician or registered nurse. The Directors of Mental Health, Developmental Services, and Health Services shall determine what shall constitute adequate medical and nursing supervision in any institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or subject to visitation by the State Department of Health Services. Notwithstanding any other provision of law, institutions under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services may utilize graduates of accredited psychiatric technician training programs who are not licensed psychiatric technicians or psychiatric technician interim permittees to perform skills included in their basic course of study when supervised by a licensed psychiatric technician or registered nurse, for a period not to exceed nine months.

§ 2728.5. Utilization of licensed psychiatric technicians and psychiatric technician interim permittees

Except for those provisions of law relating to directors of nursing services, nothing in this chapter or any other provision of law shall prevent the utilization of a licensed psychiatric technician or psychiatric technician interim permittee in performing services used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or developmentally disabled persons within the scope of practice for which he or she is licensed or authorized in facilities under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or licensed by the State Department of Health Services, that he or she is licensed to perform as a psychiatric technician, or authorized to perform as a psychiatric technician interim permittee including any nursing services under Section 2728, in facilities under the...
jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or subject to visitation by the State Department of Health Services.

§ 2729. Services by student nurses

Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:
(a) A student enrolled in a board-approved prelicensure program or school of nursing.
(b) A nurse licensed in another state or country taking a board-approved continuing education course or a postlicensure course.

§ 2730. Services by foreign nurses

If he does not represent or hold himself out as a professional nurse licensed to practice in this State and if he has an engagement, made in another State or country, requiring him to accompany and care for a patient temporarily residing in this State during the period of such engagement, a nurse legally qualified by another State or country may give nursing care to such patient in this State.

§ 2731. Nonprofit religious care

This chapter does not prohibit nursing or the care of the sick, with or without compensation or personal profit, when done by the adherents of and in connection with the practice of the religious tenets of any well recognized church or denomination, so long as they do not otherwise engage in the practice of nursing.

§ 2732. Licensure requirement; Use of “R.N.”

No person shall engage in the practice of nursing, as defined in Section 2725, without holding a license which is in an active status issued under this chapter except as otherwise provided in this act. Every licensee may be known as a registered nurse and may place the letters “R.N.” after his name.

§ 2732.05. Verification of current R.N. status

Every employer of a registered nurse, and every person acting as an agent for such a nurse in obtaining employment, shall ascertain that such nurse is currently authorized to practice as a registered professional nurse within the provisions of this chapter. As used in this section, the term “agent” includes, but is not limited to, a nurses registry. Examination by an employer or agent of evidence satisfactory to the board showing the nurse’s current authority to practice under this chapter, prior to employment, shall constitute a determination of authority to so practice. Nothing in this section shall apply to a patient, or other person acting for a specific patient, who engages the services of a registered nurse to provide nursing care to a single patient.

§ 2732.1. Applications; Interim permits; Waiver of examination; Fees

(a) An applicant for license by examination shall submit a written application in the form prescribed by the board. Upon approval of the application, the board may issue an interim permit authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of his or her nursing course or for a maximum period of six months, whichever occurs first. If the applicant passes the examination, the interim permit shall remain in effect until a regular renewable license is issued by the board. If the applicant fails the examination, the interim permit shall terminate upon notice thereof by first-class mail.
(b) The board upon written application may issue a license without examination to any applicant who is licensed or registered as a nurse in a state, district or territory of the United States or Canada having, in the opinion of the board, requirements for licensing or registration equal to or higher than those in California at
the time the application is filed with the Board of Registered Nursing, if he or she has passed an examination for the license or registration that is, in the board’s opinion, comparable to the board’s examination, and if he or she meets all the other requirements set forth in Section 2736.

(c) Each application shall be accompanied by the fee prescribed by this chapter for the filing of an application for a regular renewable license. The interim permit shall terminate upon notice thereof by first-class mail, if it is issued by mistake or if the application for permanent licensure is denied.

§ 2733. Issuance of temporary license where examination waived

(a) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (k) of Section 2815, the board may issue a temporary license to practice professional nursing, and a temporary certificate to practice as a certified nurse midwife, certified nurse practitioner, certified public health nurse, certified clinical nurse specialist, or certified nurse anesthetist for a period of six months from the date of issuance.

A temporary license or temporary certificate shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.
(b) Upon written application, the board may reissue a temporary license or temporary certificate to any person who has applied for a regular renewable license pursuant to subdivision (b) of Section 2732.1 and who, in the judgment of the board has been excusably delayed in completing his or her application for or the minimum requirements for a regular renewable license, but the board may not reissue a temporary license or temporary certificate more than twice to any one person.

§ 2734. Inactive licenses

Upon application in writing to the board and payment of the biennial renewal fee, a licensee may have his license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status may not practice nursing. However, such a licensee does not have to comply with the continuing education standards of Section 2811.5.

§ 2736. Qualifications generally

(a) An applicant for licensure as a registered nurse shall comply with each of the following:

(1) Have completed such general preliminary education requirements as shall be determined by the board.
(2) Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the Board of Registered Nursing, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.
(3) Not be subject to denial of licensure under Section 480.

(b) An applicant who has received his or her training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

§ 2736.1. Training in detection and treatment of client abuse, and alcohol and chemical substance dependency

(a) The course of instruction for an applicant who matriculates on or after September 1, 1985, shall include training in the detection and treatment of alcohol and chemical substance dependency.

(b) The course of instruction for an applicant who matriculates on or after January 1, 1995, shall include training in the detection and treatment of client abuse, including, but not limited to, spousal or partner abuse. The requirement for coursework in spousal or partner abuse detection and treatment shall be satisfied by,
and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution’s required curriculum for graduation.

§ 2736.5. Qualifications of persons serving in medical corps of armed forces; Records and reports

(a) Any person who has served on active duty in the medical corps of any of the armed forces of the United States and who has successfully completed the course of instruction required to qualify him for rating as a medical service technician— independent duty, or other equivalent rating in his particular branch of the armed forces, and whose service in the armed forces has been under honorable conditions, may submit the record of such training to the board for evaluation.

(b) If such person meets the qualifications of paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his education and experience would give reasonable assurance of competence to practice as a registered nurse in this state, he shall be granted a license upon passing the standard examination for such licensure.

(c) The board shall, by regulation, establish criteria for evaluating the education and experience of applicants under this section.

(d) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination, and the areas of such applicants’ preparation which are the causes of rejection.

(2) Applicants who are qualified by their military education and experience alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education and experience plus supplementary education, and the results of their examinations.

(e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the armed forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

§ 2736.6. Eligibility of vocational nurse to take examination for licensure as registered nurse

The board shall determine by regulation the additional preparation in nursing, in a school approved by the board, which is required for a vocational nurse, licensed under Chapter 6.5 (commencing with Section 2840) of this division, to be eligible to take the examination for licensure under this chapter as a registered nurse. The board shall not require more than 30 units in nursing and related science subjects to satisfy such preparation.

§ 2737. Application fee

An applicant for a license authorizing him to practice nursing in this State under this chapter, upon the filing of his application shall pay the fee required by this chapter.

§ 2738. Holding of examinations

The board shall hold not less than two examinations each year at such times and places as the board may determine.

§ 2740. Conduct of examinations; Finality of decisions

Examinations shall be written, but in the discretion of the board may be supplemented by an oral or practical examination in such subjects as the board determines. All examinations shall be conducted by such persons and in such manner and under such rules and regulations as the board may prescribe.
The board shall finally pass or reject all applicants. Its actions shall be final and conclusive and not subject to review by any court or other authority.

§ 2741. Reexamination

An application for reexamination shall be accompanied by the fees prescribed by this chapter.

§ 2742. Issuance of license

The board shall issue a license to each applicant who passes the examination and meets all other licensing requirements.
The form of the license shall be determined in accordance with Section 164.

STANDARDS OF COMPETENT PERFORMANCE
Excerpt From California Code of Regulations
Title 16 - Chapter 14

1443.5. STANDARDS OF COMPETENT PERFORMANCE

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.
(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.
(6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

Authority Cited: Business and Professions Code, Section 2715. Reference: Business and Professions Code, Section 2725 and 2761 (effective 7/17/85).
Through the years the registered nurse often has been the first to recognize situations which are not in the best interest of the patient and to report these situations to persons who could effect change -- for example, to report a questionable drug order to the physician who wrote the order or to report an incompetent health care provider to a nursing supervisor. Some RNs have not recognized these as instances of patient advocacy and have wondered how it would be possible to be both patient advocate and valued employee. As a rule, the two roles are not incompatible because in most instances the employer, the nursing supervisor and the physician are as anxious as the RN to act in the patient's behalf.

Reporting patient abuse is another example of patient advocacy. In 1985, in response to a request by the California Attorney General, the board adopted the position that failure of an RN to report known or suspected instances of client abuse -- physical, emotional, and sexual -- constitutes unprofessional conduct and is ground for discipline by the BRN.

The Board's policy suggests that procedures may be established within agencies to facilitate reporting. In developing such procedures, it would be important to provide channels both for the reporting of situations requiring nursing decisions and of those requiring medical decisions. Some problems would be handled entirely within the nursing channel; others requiring medical judgment, such as whether an ordered treatment regimen is appropriate for the patient, would be referred for medical decision. Usually a staff nurse would report a situation to an immediate nursing supervisor, who would then have the responsibility to handle the problem appropriately.

If the reporting nurse, after reporting abuse, is not satisfied that the patient's interests are being safeguarded, the nurse must pursue the matter further within the appropriate reporting channel and if still not satisfied, must report outside the agency. The board's policy warns that reporting duties are an individual responsibility and that no supervisor or administrator may impede or inhibit the process or subject the reporting RN to any sanction for making the report. The board has developed guidelines for content of patient abuse courses, which are available without cost upon request.
Most RNs are aware of their responsibility to supervise care provided by subordinates and to use judgment in delegating functions to them; however, at times incidents in which this was not the case are brought to the attention of the Board. Such incidents usually fall into one of three categories: delegation of tasks beyond the competence of a worker, delegation of functions outside the legal scope of practice of a worker, or failure to assume responsibility when a worker questions the appropriateness of care to be provided. Consider your own performance in respect to these categories as they are discussed here.

In delegating tasks to a subordinate it is essential that the RN know the capability of the worker because, although a license authorizes the same scope of practice for all persons so licensed, not all licensees have the same type and amount of education and experience. The number of functions each may be competent to perform therefore, may vary. This means that RNs have an obligation to assure that subordinates are clinically competent to perform the functions delegated to them; otherwise, tragic consequences may ensue. For an example, in a skilled nursing facility a just-hired nursing assistant was assigned to feed a group of patients, one of whom could not swallow and was fed via a gastrostomy tube. No one had determined whether or not the assistant was competent to understand the patient's care plan and to perform the appropriate type of feeding. As a result the patient was fed by mouth and expired in the process. An initial evaluation of this assistant's skill would have shown that she was not yet competent to care for this patient.

Assessment of a worker's skills should take place at the start of the work relationship prior to assigning patients for care. Can the worker perform all areas of the established job description? If not, a remediation plan should be developed, and in the meantime assignments should be made with the worker's limitations in mind.

Delegation of functions outside the legal scope of practice of a worker may occur inadvertently. Many, but not all, nursing functions legally may be performed by certified nursing assistants (CNA), LVNs and RNs, and failure to recognize differences can result in problems. In one case which came to the attention of the Board an inappropriate assignment resulted in legal difficulties for both the involved RN and the subordinate, although fortunately in this case the patient was not harmed.

Failure to assume responsibility when a subordinate questions the appropriateness of care to be provided can lead to very serious consequences. While it is true that LVNs practice on their own licenses, RNs must recognize that by law LVNs practice under the direction of registered nurses (or physicians), and that when an LVN expresses doubt about proceeding with an order the RN must listen and assume responsibility for advising the LVN appropriately. In one case brought to the attention of the Board an LVN had read an insulin order as 150 units instead of 15 units because the abbreviation for units after the number 15 appeared to be a zero instead of a "u". She believed this to be an excessive dose and consulted with her RN team leader, who was busy and simply told her to give whatever the physician had ordered. Later it dawned on the RN also that 150 units was a questionable amount of insulin, but not before the wrong dose had been administered. In each case cited here the RN failed in the responsibility to supervise a subordinate and thereby exposed patients to harm. The RN for whom CNAs, LVNs, RNs or others receive their assignments or to whom they are accountable has supervisory duties; this is true whether the work title is supervisor or something else, such as team leader, charge nurse, or director of nurses, and the supervising RN has responsibility for the nursing care provided.
The BRN becomes involved in incidents such as those discussed here when complaints are communicated to its Law Enforcement Unit, usually by patients or their families, health care providers or health care agencies such as the Department of Health Services. Complaints are investigated to determine whether there is supporting evidence and if so appropriate action is taken to protect consumers of nursing care from harm.
UNLICENSED ASSISTIVE PERSONNEL

The Board of Registered Nursing (BRN) has as its primary focus consumer protection. With increasing frequency, the BRN has been asked to render decision about how the practice of unlicensed assistive personnel relates to registered nursing practice. These unlicensed personnel often assume responsibilities which have historically and legally been within the scope of practice of licensed nurses. Recent examples of expanded activities by unlicensed caregivers include regulation changes related to medical assistants and individuals providing in-home supportive services for clients on Medi-Cal.

The growth of the use of unlicensed health care providers is a trend in our society. Managed care and other models of care delivery systems have brought forward the “universal caregiver” model, which has unlicensed individuals performing functions which heretofore required a license. Many people, especially the elderly, are finding it desirable to seek non-traditional unlicensed health care services in settings such as assisted living, adult day care, and home care. Many of these settings, based on a social model of care and service, provide an improved quality of life over the traditional institutional nursing care setting.

The purpose of this document is to establish guidelines registered nurses (RNs) can use when called upon to make decisions about assigning to and supervision of unlicensed assistive personnel. Unlicensed health care givers should be utilized only to be assistive to licensed nursing personnel.

Legal Scope of Nursing Practice

The Nursing Practice Act defines the practice of registered nursing (Section 2725(a)) as “those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill.” It is the RN’s responsibility to use this knowledge and skill in the implementation of the nursing process: to make a comprehensive assessment (including physiological and psychosocial factors) of the nursing needs of the client, to make a nursing diagnosis, and to develop, implement, and evaluate the plan of care for the client.

The RN’s legal responsibility for using the nursing process is delineated in Section 1443.5 of the California Code of Regulations. These Standards of Competent Performance require the RN to directly observe/assess the patient, stating in 1443.5(1) that the RN “Formulates a nursing diagnosis through observation of the client’s physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.”

The following aspects of the nursing process shall be performed only by registered nurses:

1) performance of a comprehensive assessment;
2) validation of the assessment data;
3) formulation of the nursing diagnosis for the individual client;
4) identification of goals derived from nursing diagnosis;
5) determination of the nursing plan of care, including appropriate nursing interventions derived from the nursing diagnosis; and
6) evaluation of the effectiveness of the nursing care provided.
Unlicensed Assistive Personnel Defined

The term “unlicensed assistive personnel” refers to those health care workers who are not licensed to perform nursing tasks; it also refers to those health care workers who may be trained and certified, but are not licensed. Examples of unlicensed assistive personnel include (but are not limited to) certified nursing assistants, home health aides, and patient care technicians. The term “unlicensed assistive personnel” does not include members of the client’s immediate family, guardians, or friends; these individuals may perform nursing care without specific authority from a licensed nurse [as established in Section 2727(a) of the Nursing Practice Act].

Effective Clinical Supervision

The ability of the RN to assess real or potential harm to the client regarding patient care procedures is seen as integral to determining which tasks may be performed by unlicensed assistive personnel. Section 1443.5(4) speaks to the RN’s ability to “effectively supervise” other health care personnel. Such effective clinical supervision must take into account patient safety, the competency of the unlicensed care giver to perform the task, the number and acuity of patients, the number and complexity of tasks, and the number of staff which the direct care RN is clinically supervising. Staffing patterns must allow the direct care RN to independently make decision regarding assignment of tasks for a client, based upon the direct care RN’s nursing judgment. Policies and procedures within each institution will reflect the above factors in determining the number of care givers an RN will be supervising at any one time.

Clients/Patients For Whom Tasks May and May Not Be Assigned

Tasks may be assigned to unlicensed assistive personnel if the client/patient is not medically fragile and performance of the task does not pose potential harm to the patient. This would include clients/patients with chronic problems who are in stable conditions. Tasks may not be assigned when the patient is medically fragile. Medically fragile is defined as a patient whose condition can no longer be classified as chronic or stable and for whom performance of the assigned task could not be termed routine. Medically fragile includes those patients who are experiencing an acute phase of illness, or are in an unstable state that would require ongoing assessment by an RN. When clients/patients with a chronic problem experience an acute illness routine tasks associated with on-going chronic problems may be assigned to unlicensed assistive personnel, if the task does not pose potential harm to the patient. In this situation, tasks associated with the acute illness may not be assigned to unlicensed assistive personnel.

Assignment of Tasks

Tasks which require a substantial amount of scientific knowledge and technical skill may not be assigned to unlicensed assistive personnel. Examples of restricted tasks requiring a substantial amount of scientific knowledge or technical skill include, but are not limited to: pre-procedure assessment and post-procedure evaluation of the patient; handling of invasive lines, sterile technique or procedure on a patient; parenteral medications or lines; nursing process including patient assessment, monitoring or evaluating; triaging of patients; patient education.

RNs may continue to assign to unlicensed assistive personnel those activities which unlicensed assistive personnel have traditionally performed in the delivery of patient care. These activities of daily living include basic health and hygiene tasks such as those a certified nursing assistant or home health aid is trained to perform. (Examples include but are not limited to: bathing, feeding, ambulating, vital signs,
Tasks which are judged by the direct care RN to not require the professional judgment of an RN may be assigned. Such assigned tasks shall meet all the following conditions:

a) be considered routine care for this patient;
b) pose little potential hazard for the patient;
c) involve little or no modification from one client-care situation to another;
d) be performed with a predictable outcome;
e) not inherently involve ongoing assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.

Examples of tasks which may be assigned include, but are not limited to: clean catheterization technique; simple dressing changes (i.e., clean technique where wound assessment is performed by a licensed nurse and where no wound debridement or packing is involved); suction of chronic tracheotomies (i.e., using clean technique); gastrostomy feedings in established, wound-healed gastrostomies.

Unlicensed assistive personnel may not reassign an assigned task. To reiterate, it is the direct care RN who ultimately decides the appropriateness of assignment of tasks. The registered nurse must be knowledgeable regarding the unlicensed assistive personnel’s education and training, and must have opportunity to periodically verify the individual’s ability to perform the specific tasks.

The activities of individuals such as OR technicians (who function under to supervision of the circulating RN), central supply workers, and medical assistants (who function under the direct supervision of the physician) are excluded from this policy.
SECTION VI:
CLINICAL DOCUMENTS
### ADN PROGRAM

#### PATIENT ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Pt. initials</th>
<th>Age</th>
<th>Gender</th>
<th>Date(s) of care</th>
<th>Date of Admit</th>
</tr>
</thead>
</table>

**Date:**
- **T:**
- **P:**
- **R:**
- **BP:**
- **BMI:**

**Head circ (OB/Peds):**

**Date:**
- **T:**
- **P:**
- **R:**
- **BP:**

**Marital status:**

**Admit Weight:**

**Current Wt.:**

**Height:**

**Code Status:**

**Adv. Directive:**

**Chief Complaint:**

**Current Health History (medical/surgical):**

**Past Health History (medical/surgical):**

**General Appearance (Describe race, gender, general physical development (stature), nutritional status, mental alertness, evidence of pain and restlessness, body position, age vs apparent age, clothing, hygiene and grooming):**

---

### Physiological Assessment

#### Neurosensory

- WNL


<table>
<thead>
<tr>
<th>Mental Status/Sensation/Motor Function</th>
<th>Pain</th>
<th>Glasgow Coma Scale</th>
<th>Pupillary Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered Sensation: Memory Impaired:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of reduced or absent sensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altered Motor Function:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Decreased mass, tone, strength, involuntary movements, postures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Gross movement (intact, absent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Fine movement (intact, absent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Dexterity (uncoordinated, coordinated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altered Cerebellar Function:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Altered posture, gait, balance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Glasgow Coma Scale:**

- **Eyes:**
  - 4 Spontaneous
  - 3 To speech
  - 2 To pain
  - 1 None

- **Motor (adults):**
  - 6 Obey command
  - 5 Localizes pain
  - 4 withdraws to pain
  - 3 Flexion
  - 2 Extension
  - 1 None

- **Verbal:**
  - 5 Oriented
  - 4 Confused
  - 3 Inappropriate words
  - 2 Incomprehensible sounds
  - 1 None

**Location(s):**

- **Scale used:**
  - 1–10
  - FLACC
  - FACES

**Location(s):**

- **Hearing Impairment (R. L. both):**
  - Hearing aide (R. L. both)
  - Smell (normal, abnormal)
  - Visual Disturbances (circle)
  - Blind (R. L. both)
  - Blurred vision
  - Decreased field
  - Corrective lenses or contacts

**Pupil size:**

- **mm**

- **Reactions:**
  - Britsk
  - Fixed
  - Sluggish
  - Nystagmus

**Adult/pediatric/neonatal reflexes:**

- Gag
- Palmar
- Plantar
- Babinski

**Pediatric/neonatal reflexes:**

- Extension
- Moro
- Rooting
- Step

**Tendon reflexes:**

---
Neurosensory Continued

Nursing History/Comments:  
List Nursing Diagnoses

Relevant Lab/diagnostic studies:  

Lifespan considerations:  

Musculoskeletal

○ WNL

Normal: Functional limitations are not evident. Gross deformities and abnormal postures are not present. ROM unrestricted in extremities and spine. Muscle mass symmetric without hypertrophy or atrophy. Muscle tone normal. Joint pain, crepitus, bony overgrowths, and tenderness in the extremities or spine are not evidenced.

? Pre Admission Functional Ability

? Current Functional Ability

? Muscle Strength:  
RU  LU  RL  LL (+1, +2 strength scale, symmetry?)

○ Limited ROM:  
○ Spine  ○ neck  ○ shoulders  ○ elbows  ○ wrists  ○ fingers  ○ hips  ○ knees  ○ ankles  ○ toes

? Pain with ROM

○ Extremities: size, symmetry, muscle mass, deformities

○ Risk for Fall  ○ Yes  ○ No

Activity level:  
○ Ambulatory  ○ Assist  ○ X  ○ BRP  ○ W/C  ○ Crutch  ○ Cane  ○ Walker  ○ Mechanical Lift  ○ BR  ○ Play

Cardiovascular

○ WNL

Heart rate normal with regular rhythm. No JVD or edema. Peripheral pulses palpable 2+ bilaterally. No peripheral ulcerations, numbness or paresthesias. Capillary refill ≤ 3 sec. (≤ 2 sec Ped). Skin pink, warm, dry. Denies chest pain. Oxygen saturation ≥ 95%.

No activity intolerance. No SOB

? SOB  
○ Chest pain* (Pain section)  ○ JVD

? Edema: Location __________________  ○ Non-Pitting  ○ Pitting  ○+1  ○+2  ○+3  ○+4

? Altered rate/rhythm

? Abnormal heart sounds

? Cap refill

? Pacemaker/AICD

? Oxygen saturation %

○ Abnormal pulses

Nursing History/Comments:  
List Nursing Diagnoses

Relevant Lab/diagnostic studies:  

Lifespan considerations:  

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# Respiratory

**Normal:** Effortless respirations with regular rate, rhythm, depth. Clear breath sounds. Able to cough. Clears sputum spontaneously. SpO2 95% or higher on room air. No tracheostomy. No ventilator.

<table>
<thead>
<tr>
<th>COUGH</th>
<th>SPUTUM</th>
<th>AMOUNT</th>
<th>AIRWAY</th>
<th>RESP. CHAR.</th>
<th>BREATH SOUNDS</th>
<th>VENT SETTINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>? Nasal flaring</td>
<td></td>
</tr>
</tbody>
</table>

**O2 ADMIN**

<table>
<thead>
<tr>
<th>O2 ADMIN</th>
<th>ABG/CBG</th>
<th>ANALYSIS OF ABG/CBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Mask</td>
<td>pO2</td>
<td></td>
</tr>
<tr>
<td>? Trach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nursing History/Comments:**
List Nursing Diagnoses

**Relevant Lab/Diagnostic Studies:**

**Lifespan Considerations:**

---

# Urinary

**Normal:** No bladder distension, no tubes, drains, stomas. Urine clear yellow, amber. No dysuria, frequency, retention, urgency, incontinence. No dialysis (Hemo/CAPD). No fluid imbalances.

<table>
<thead>
<tr>
<th>Anuria</th>
<th>Input</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distended</th>
<th>Incontinent</th>
<th>Dysuria</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retention</th>
<th>Frequency</th>
<th>Urgency</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urine:</th>
<th>Cloudy</th>
<th>Concentrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bloody</th>
<th>Discolored</th>
<th>? Fluid Volume Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sediment</th>
<th>Color</th>
<th>? Fluid Volume Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

**Nursing History/Comments:**
List Nursing Diagnoses

**Relevant Lab/Diagnostic Studies:**

**Lifespan Considerations:**

---

125
Gastrointestinal

**WNL**
Normal: Abdomen soft, non-distended, non-tender, no diarrhea, constipation, no tubes, drains, stomas, no changes in chewing, swallowing or appetite, no anal swelling/nodules/pain/lesions/hemorrhoids.

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>? Nausea</th>
<th>? Tube:</th>
<th>Feeding Method</th>
<th>Weight: 30 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Distended</td>
<td>? GT</td>
<td>? Total</td>
<td>Loss 20 lb/kg</td>
<td></td>
</tr>
<tr>
<td>? Firm</td>
<td>? JT</td>
<td>?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

? Diarrhea ? Constipation

? Stool: Description
? Incontinent

? Stoma

? Appetite: ? Increased ? Decreased

Diet %: B L D

? Edentulous

Diet order:

<table>
<thead>
<tr>
<th>Nursing History/Comments: List Nursing Diagnoses</th>
<th>Relevant Lab/diagnostic studies</th>
<th>Lifespan considerations</th>
</tr>
</thead>
</table>

Endocrine

**WNL**
Normal: No hyperglycemia, no hypoglycemia. No anti-diabetic, steroid or thyroid medications. No lethargy or hyperactivity. No sensitivity to heat or cold. Weight WNL. No diagnosis of endocrine disorders.

|-----------------|----------------|-----------------------------|---------------|

<table>
<thead>
<tr>
<th>Nursing History/Comments: List Nursing Diagnoses</th>
<th>Relevant Lab/diagnostic studies</th>
<th>Lifespan considerations</th>
</tr>
</thead>
</table>
## Integumentary

**Normal:** Skin color appropriate to ethnicity. Turgor within normal limits. Skin warm, dry and intact. Oral mucous membranes moist. No bruising or petechiae, no rashes or skin lesions. No dermal ulcers.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>? WNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV site</td>
<td></td>
</tr>
<tr>
<td>? Patent</td>
<td>? None</td>
</tr>
<tr>
<td>? Swollen</td>
<td>? JP</td>
</tr>
<tr>
<td>? Red</td>
<td>? Penrose</td>
</tr>
<tr>
<td>? Infiltrated</td>
<td>? Hemovac</td>
</tr>
<tr>
<td></td>
<td>Location</td>
</tr>
</tbody>
</table>

### Newborn
- Indicate location:
  - ? Milia
  - ? Acrocyanosis
  - ? Nevus
  - ? Vermix
  - ? Molding
  - ? Caput
  - ? Cephalhematoma
  - ? Mongolian spot

**Skin Breakdown:** Note location on diagram with letter.
- S Surgical site
- T Tumor
- E Erythema
- D Dehiscence
- F Fracture/cast
- P Petechiae
- M Edema
- R Rash
- D Dressing

## Reproduction

**Normal:** No abnormal discharge or odor in reproductive organs. No pain, swelling or lumps in reproductive areas. Symmetrical breasts, testes. Normal menstrual periods.

### Chronic or acute sexual performance problems
- **Male Genitalia:**
  - ? Asymmetry
  - ? Abnormal discharge
  - ? Testicular pain
  - ? Testicular swelling
  - ? Prostate problems

- **Female Genitalia:**
  - ? Pain/tenderness
  - ? Lesions/nodules
  - ? Edema

- **Pregnant:**
  - ? Yes
  - ? No

### Menstruation
- **History:**
  - ? Start time
  - ? Last menstrual period (LMP)
  - ? Early period
  - ? Irregular painful
  - ? Hot flashes

### Labor stage
- **Post Delivery:**
  - ? Labor start time
  - ? Time of birth
  - ? Vaginal episiotomy
  - ? C-section
  - ? Fundal height
  - ? Lochia
  - ? Nipples

### Lifespan considerations:
- **Respiratory:**
- **Heart:**
- **Musculoskeletal:**
- **CNS:**
- **Gastrointestinal:**
- **Genitourinary:**
- **Endocrine:**
- **Skin:**
- **Nail:**
- **Lymphatic:**
- **Nervous:**
- **Brain:**
- **Muscle:**
- **Bone:**
- **Joint:**
- **Eyes:**
- **Ear:**
- **Nose:**
- **Throat:**
- **Vagina:**
- **Uterus:**
- **Fallopian tubes:**
- **Ovaries:**
- **Testicles:**
- **Penis:**
- **Mammary glands:**
- **Breasts:**
- **Nipples:**
- **Skin:**
- **Hair:**
- **Nails:**
- **Skin:**
- **Mucous membranes:**
- **Nails:**
- **Hair:**
- **Mucous membranes:**

## Nursing History/Comments
- List Nursing Diagnoses

## Relevant Lab/Diagnostic Studies

## Lifespan Considerations
Psychological Assessment

Patients perceived health status and expectations of care:

How does patient usually manage stressors (coping skills)?

How does patient rate current stress level (0-10):

Has patient suffered from a major loss in the last 6 months? Describe.

History of psychiatric illness (on any psychotropic medications)? Describe.

Patients perception of self-esteem and body image:

Identify actual and potential stressors (internal and external) and strengths:

Developmental:

(Identify where patient is on each developmental theory below as applicable *Piaget and Kohlberg are pediatric assessments)

**Erikson:**
Chronological stage:
Actual stage:

**Maslow:**
Current level:

Developmental factors unique to this patient:

*Kohlberg*
- Punishment/Obedience
- Instrumental Relativist
- Good boy/good girl
- Law and order
- Social contract
- Universal ethical

*Piaget*
- Sensorimotor
- Preoperational
- Concrete Operations
- Formal Operations
Social Assessment

**Occupation:**

**Living arrangements:**

**Highest level of education:**

**Significant relationships (S M W D):**

**Support system:**

**Conflicts at work/school/home or community?**

**Is patient dependent or independent in own care?**

**If patient needs home care after discharge, who will be available as this resource?**

Cultural Assessment

**Primary language:**

**Speak/understand English fluently:**

**Need for translator:**

**Country of birth:**

**Years in USA:**

**What is your ethnic identity:**

**Eye contact during interactions (preference):**

**Preference for use of touch/personal space:**

**Use of cultural/alternative therapies:**

**Does the patient’s culture influence health care decisions in any way?**

**History of noncompliance with health care practices:**

**What are the most important things that keep you healthy (diet, exercise, sleep, rest):**

**Who makes decisions for the client/family:**

Spiritual Assessment

**Does patient have a spiritual belief system that is important to them?**

**Religious preference:**

**Clergy requested:**

**What gives patient purpose:**

**Does patient feel hopeful or hopeless?**

**Does patient feel empowered or powerless?**

**Does the patients’ spiritual system influence health care decisions in any way?**

**Does the patients’ spiritual system help when they feel ill?**
Patient Teaching Assessment

Teaching needs: What need for teaching does your patient perceive? Patient’s Priorities for teaching? Nurse’s perceived needs for patient teaching. Teaching plan?

Discharge Assessment

Discharge Needs: The nurse begins planning for discharge from the moment of the patient’s admission. What teaching do you anticipate the patient (and/or family) requiring? What referrals are in place? Does the patient have sufficient resources once discharged?
The Conceptual Framework guides the student in assessing the patient and developing nursing care plans that consider the impact of health and illness on the whole person and their family. The following guidelines may assist the student in considering the factors that should be assessed to identify the client’s stressors and recognize their level of stress, strengths and weaknesses and ability to adapt.

**Physiological Assessment:**
Use the Patient Assessment Form to document your physical assessment of the patient. In each of the physiological system sections you will find a box with an example of a normal assessment of the system. In most cases you will be able to check a box or circle the data you observe on your patient. There is also a comment section for you to describe additional observations and subjective information related by the patient and/or family including the health history related to the system. The comments section should also be used to identify actual or potential nursing diagnoses that you identified, and that you will consider in developing your care plan/concept map. Some assessment data in each section is specific to the area of obstetrics and pediatrics. Identify laboratory and diagnostic data that relates to that body system especially if there are abnormalities. If gerontologic considerations are important, they may also be noted in the box.

The faculty expects the student to use appropriate techniques of inspection, palpation, auscultation and percussion during assessment. The expectation for completing the assessment will be leveled as the student progresses through the program.

**Psychological Assessment:**
The assessment tool includes concepts with suggested questions that will help you to assess the patient’s psychological strengths and weaknesses based on the ADN Conceptual Framework. Much of a psychological assessment is performed as you care for the patient and get to know them as an individual. Their level of anxiety with illness and their coping ability will be critical in the plan of care. You do not need to ask all the questions listed to assess the concepts under a psychological assessment. You may get additional insight into your patient by talking to their family and significant others.

**Sociological Assessment:**
The assessment tool also focuses on concepts from the ADN Conceptual Framework that relate to the socioeconomic/cultural and spiritual aspects of the patient’s life. You may gather your subjective data from the patient and his/her family/significant others. The suggested questions may be used, but most information may be gathered as the student talks to the patient during implementation of care.

**Spiritual Assessment:**
Usually the patient is asked about religious affiliation upon admission. He/she may be asked if they would like their spiritual advisor called or would they like to see the hospital chaplain. The patient may share their beliefs about faith, meaning of life, inner strength, peace and harmony, and their energy to maintain health.
and relationships with others. The nurse may perceive the patient needs spiritual support but should refer them to an authorized spiritual advisor.

**Developmental Assessment**
The ADN Conceptual Framework directs the student to assess the expected developmental stage based on the patient’s chronologic age according to Erikson and in the case of pediatrics other developmental theories described in class, including Piaget and Kohlberg. The actual behaviors observed may indicate the patient is in another developmental stage from the expected one. The nurse would use this information to plan care to assist the patient to deal with the issues of the actual stage.

**Identification of Nursing Diagnoses and Outcomes**
Any actual, risk for, or readiness for wellness information found in the assessment should lead the student to identify a nursing diagnosis/es. Prioritization of nursing diagnoses will be reflected in the care plan/concept map. Remember to validate all your assessments with the patient, or family member when possible. You will also identify the short and long-term goals and outcomes for patient care related to each nursing diagnosis. Short term outcomes and long term goals must be developed for each nursing diagnosis.

**Care Planning Based on the Patient Assessment:**
The care plan/concept map must flow from an accurate and complete assessment. The outcomes/goals will drive the development of interventions appropriate to the needs of the individual patient and family. The assessment and subsequent implementation of care will include further continuous assessment, therapeutic interventions and teaching.

The nurse continuously reassesses if the care plan is leading toward meeting the identified outcomes. If not, the plan is modified using the nursing process While the care plan is implemented and evaluated, keep in mind that the patient needs discharge preparation and teaching from the time of admission since most patients have as short a stay as possible.

Adopted 2008
Revised/Approved: 4/28/2011
INDEPENDENT ACTIVITIES

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

MEDICATION ADMINISTRATION

Following discussion of the medications with the instructor, the student may administer the following medication by specified routes with ____/without_____direct supervision of the instructor.

Oral  ____  Topical  ____  Eye  ____  Ear  ____  Vaginal  ____  Rectal  ____  Subcutaneous  ____  IM  ____

With __direct supervision__ of the instructor, the student may administer medication by the following routes:

IV fluids  ____  IV medications  ____  IVPB  ____  IV push  ____  Saline lock flushes  ____

Blood and blood products  ____

ACTIVITIES PERFORMED UNDER DIRECT SUPERVISION OF THE INSTRUCTOR:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

COMMENTS:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Adopted: 2009
Revised/Approved: 2/17/2011
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<tr>
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<th>Date:</th>
<th>Chief Complaint:</th>
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<tbody>
<tr>
<td>Pt. RM#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td>Sex:</td>
<td>Medical dx:</td>
</tr>
<tr>
<td>Allergies:</td>
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<td>Date of Birth</td>
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<tr>
<td>Ambulation:</td>
<td>Feed:</td>
<td>Assist:</td>
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<td>BRP:</td>
<td>BSC:</td>
<td>NPO:</td>
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<tr>
<td>Chair:</td>
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<td>Bedrest:</td>
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<td>Strict I/O:</td>
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<td>Turn/position:</td>
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<td>Code:</td>
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<tr>
<td>Elimination:</td>
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<td>Yes:</td>
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<td>Foley:</td>
<td>Date Ins:</td>
<td>TPR:</td>
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<td>PRN:</td>
<td>BP:</td>
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<td>Last BM:</td>
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<td>Personal Hygiene</td>
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<td>Restraints:</td>
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<td>Bath:</td>
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<td>O2:</td>
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<td>Vital Signs:</td>
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<tr>
<td>IV Therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solution:</td>
<td>Rate/min(or Rate/hr):</td>
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</tr>
<tr>
<td>IV Type:</td>
<td>Site:</td>
<td>Site Condition:</td>
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<tr>
<td>Treatments:</td>
<td></td>
<td></td>
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<tr>
<td>Labs:</td>
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<td>Family:</td>
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<tr>
<td>Work:</td>
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<td>Insurance:</td>
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Developed 2010
Approved 2/17/11
### Concept Map (CM) Grading Criteria

#### Components of Concept Map & Grading Criteria

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head-To-Toe Assessment:</strong> Complete, asset/deficit indicated</td>
<td>/15</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Information:</strong> Complete</td>
<td>/2.5</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Diagnosis:</strong> Complete diagnosis mentioned</td>
<td>/2.5</td>
<td></td>
</tr>
<tr>
<td><strong>Pathophysiology:</strong> Written in terms as it would be told to the patient, cause and not definition of the diagnosis</td>
<td>/3</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Treatment:</strong> Name, type and frequency must be mentioned</td>
<td>/4</td>
<td></td>
</tr>
<tr>
<td><strong>Lab/Diagnostic Tests Form:</strong> Complete, Abnormal to be marked with arrows, abnormal tests explained with references</td>
<td>/5</td>
<td></td>
</tr>
<tr>
<td><strong>Medication Form:</strong> Complete (must include 5 rights), correct purpose explained</td>
<td>/5</td>
<td></td>
</tr>
<tr>
<td><strong>Sign &amp; Symptoms:</strong> Thorough, complete and relevant subjective and Objective data of the patient for both the nursing diagnosis</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td><strong>Environmental Factors:</strong> Completely assessed, relevant to the diagnosis/problem(s) identified</td>
<td>/4</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Diagnosis:</strong> Lists at least 5 Nursing Diagnosis statements written in NANDA approved format for the client from head to toe assessment; Prioritize the identified nursing diagnosis using Maslow. List rationales on prioritization. Diagnosis statements are complete and written appropriately with “related to” and “as manifested by”.</td>
<td>/10</td>
<td>/10</td>
</tr>
<tr>
<td><strong>Goal:</strong> One short term and one long term goal per diagnosis. Must have SMART components</td>
<td>/8</td>
<td></td>
</tr>
<tr>
<td><strong>Monitor/Manage/Teach:</strong> One intervention for each. Must be relevant, specific, realistic, complete with rationales and references included. E.g. of reference: (Ackley &amp; Ladwig, 2011, p.231)</td>
<td>/12</td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation/Contributing Factors/Modification:</strong> Complete and realistic. Adjusted goals if any</td>
<td>/4</td>
<td></td>
</tr>
<tr>
<td><strong>Linking Lines:</strong> Accurate, complete</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>Complete references at the end/APA Format/Submission on time</td>
<td>/3</td>
<td></td>
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<tr>
<td><strong>Total Points</strong></td>
<td>/100</td>
<td>Satisfactory(75% or higher) Unsatisfactory</td>
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---

**Instructor’s Signature:**

Adopted: 2009
Revised/Approved: 9/10/2013
# Nursing Care Plan (NCP) Grading Criteria

**Student______________________________**   **Submission # _______   _____________________**

<table>
<thead>
<tr>
<th>Components of Care Plan &amp; Grading Criteria</th>
<th>Point</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Must have thorough, relevant and complete objective and subjective data</td>
<td>/20</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Lists at least 5 Nursing Diagnosis statements written in NANDA approved format for the client from head to toe assessment; at least 3/5 areas are covered: biological, psychological, cultural, social and spiritual.</td>
<td>/5</td>
<td></td>
</tr>
<tr>
<td>B. Prioritizes the nursing diagnosis statements using Maslow</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td>C. Lists rationale on prioritization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Diagnosis statements are complete and written appropriately with “related to” and “as manifested by” as appropriate</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td><strong>Goals/Planning/Outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops one client outcome per nursing diagnosis. The outcomes must be specific, measurable, action oriented, realistic and timed (SMART). Must have one short term and one long term goal.</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Relevant to the problem, specific and realistic</td>
<td>/30</td>
<td></td>
</tr>
<tr>
<td>B. Develops at least three nursing intervention per client outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Each intervention has listed rationale and reference included. E.g. of Reference: (Ackley &amp; Ladwig, 2011,p.231)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realistic evaluation of client outcomes presented</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td>Complete references at the end</td>
<td>/5</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td>/100</td>
<td>Satisfactory(75% or higher) Unsatisfactory</td>
</tr>
</tbody>
</table>

**Instructor’s Signature _________________________________**

Adopted: 7/2011
Revised/Approved: 9/10/2013
CITRUS COLLEGE
ADN PROGRAM
DEVELOPMENTAL THEORISTS INFORMATION GUIDE

<table>
<thead>
<tr>
<th>Stage</th>
<th>Erikson</th>
<th>Freud</th>
<th>Piaget</th>
<th>Kohlberg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Trust vs. Mistrust</td>
<td>Oral</td>
<td>Sensorimotor (birth to 2 years)</td>
<td></td>
</tr>
<tr>
<td>(birth to 1 year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddlerhood</td>
<td>Autonomy vs. Shame and Doubt</td>
<td>Anal</td>
<td>Sensorimotor (1 to 2 years); preoperational (preconceptual) (2-4 years)</td>
<td>Preconventional</td>
</tr>
<tr>
<td>(1-3 years old)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool</td>
<td>Initiative vs. guilt</td>
<td>Phallic</td>
<td>Preoperational (preconceptual) (2-4 years) Preoperational (intuitive) (4-7 years old)</td>
<td>Preconventional</td>
</tr>
<tr>
<td>(3-6 years old)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>School Age</td>
<td>Industry vs. Inferiority</td>
<td>Latency</td>
<td>Concrete operations (7-11 years old)</td>
<td>Conventional</td>
</tr>
<tr>
<td>(6-12 years old)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescence</td>
<td>Identity vs. role confusion (diffusion)</td>
<td>Genital</td>
<td>Formal operations (11-15 years old)</td>
<td>Postconventional</td>
</tr>
<tr>
<td>(12-18 years old)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Erik Erikson: Theory of Psychosocial Development

<table>
<thead>
<tr>
<th>Stages</th>
<th>Developmental Task or Conflict to be Resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral-Sensory (birth to 1 year)</td>
<td>Trust vs. Mistrust Babies learn either to trust or to mistrust that others will care for their basic needs, including nourishment, sucking, warmth, cleanliness and physical contact. The major emphasis is on the mother's positive and loving care for the child, with a big emphasis on visual contact and touch. If we pass successfully through this period of life, we will learn to trust that life is basically okay</td>
</tr>
<tr>
<td>Muscular- anal (1-3 years)</td>
<td>Autonomy vs. Shame and Doubt Children learn either to be self-sufficient in many activities, including toileting, feeding, walking and talking, or to doubt their own abilities. Here we have the opportunity to build self-esteem and</td>
</tr>
<tr>
<td>Stage</td>
<td>Stages</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Autonomy</td>
</tr>
<tr>
<td>Locomotor-Genital (3-5 years)</td>
<td>Initiative vs. Guilt</td>
</tr>
<tr>
<td>Latency (6-12 years)</td>
<td>Industry vs. Inferiority</td>
</tr>
<tr>
<td>Adolescence (12-18 years)</td>
<td>Identity vs. Role Confusion</td>
</tr>
<tr>
<td>Young Adulthood (19-35 years)</td>
<td>Intimacy vs. Isolation</td>
</tr>
<tr>
<td>Adulthood (35-55 to 65 years)</td>
<td>Generativity vs, Stagnation</td>
</tr>
<tr>
<td>Maturity (55to 65 to 85)</td>
<td>Integrity vs. Despair</td>
</tr>
</tbody>
</table>
meaning and we've made a contribution to life, a feeling Erikson calls **integrity**. Our strength comes from a wisdom that the world is very large and we now have a detached concern for the whole of life, accepting death as the completion of life.

On the other hand, some adults may reach this stage and **despair** at their experiences and perceived failures. They may fear death as they struggle to find a purpose to their lives.

---

Jean Piaget’s Theory of Cognitive Development

<table>
<thead>
<tr>
<th>Stages</th>
<th>Cognitive Developmental Task to be Accomplished</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensorimotor (birth- 2 years)</td>
<td>a child has relatively little competence in representing the environment using images, language, or symbols. An infant has no awareness of objects or people that are not immediately present at a given moment. Piaget called this a lack of object permanence. Object permanence is the awareness that objects and people continue to exist even if they are out of sight. In infants, when a person hides, the infant has no knowledge that they are just out of sight. According to Piaget, this person or object that has disappeared is gone forever to the infant.</td>
</tr>
<tr>
<td>Preoperational (2-7 years)</td>
<td>The most important development at this time is language. Children develop an internal representation of the world that allows them to describe people, events, and feelings. Children at this time use symbols, they can pretend when driving their toy car across the couch that the couch is actually a bridge. Children in the preoperational stage are characterized by what Piaget called egocentric thoughts. The world at this stage is viewed entirely from the child’s own perspective.</td>
</tr>
<tr>
<td>Concrete Operational (7-11 years)</td>
<td>The beginning of this stage is marked by the mastery of the principal of conservation. Children develop the ability to think in a more logical manner and they begin to overcome some of the egocentric characteristics of the preoperational period. One of the major ideas learned in this stage is the idea of reversibility. This is the idea that some changes can be undone by reversing an earlier action. An example is the ball of clay that is rolled out into a snake piece of clay. Children at this stage understand that you can regain the ball of clay formation by rolling the piece of clay the other way. Children can even conceptualize the stage in their heads without having to see the action performed. Children in the concrete operational stage have a better understanding of time and space. Children at this stage have limits to their abstract thinking</td>
</tr>
<tr>
<td>Formal Operational (11 years to adulthood)</td>
<td>The formal operational stage begins in most people at age twelve and continues into adulthood. This stage produces a new kind of thinking that is abstract, formal, and logical. Thinking is no longer tied to events that can be observed. A child at this stage can think hypothetically and use logic to solve</td>
</tr>
</tbody>
</table>
problems. It is thought that not all individuals reach this level of thinking. Most studies show only forty to sixty percent of American college students and adults fully achieve it. In developing countries where the technology is not as advanced as the United States, almost no one reaches the formal operational stage.

### Lawrence Kohlberg: Theory of Moral Development

<table>
<thead>
<tr>
<th>Moral Development</th>
<th>Stage of Reasoning</th>
<th>Approximate Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preconventional</strong></td>
<td><strong>Stage 1 (Punishment and Obedience orientation)</strong> Right is obedience to power and avoidance of punishment. <em>(I must follow the rules; otherwise I will be punished)</em></td>
<td>&lt; 11</td>
</tr>
<tr>
<td></td>
<td><strong>Stage 2 (Instrumental Relativist Orientation)</strong> Right is taking responsibility and leaving others to be responsible for themselves. <em>(I must follow the rules for the reward or favor it gives)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Conventional</strong></td>
<td><strong>Stage 3 (Good Boy- Nice Girl Orientation)</strong> Right is being considerate: uphold the values of other adolescents and adults’ rules of society <em>(I must follow the rules so I will be accepted)</em></td>
<td>Adolescence and adulthood</td>
</tr>
<tr>
<td></td>
<td><strong>Stage 4: (Society Maintaining Orientation)</strong> Right is being good, with the values and norms of family and society at large <em>(I must follow rules so there is order in the society)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Postconventional</strong></td>
<td><strong>Stage 5 (Social Contract Reorientation)</strong> Right is finding inner universal rights; balance between self rights and societal rules – a social contract <em>(I must follow rules as there are reasonable laws for it)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Stage 6 (Universal Ethical Principle Orientation)</strong> Right is based on a higher order of applying principles to all human kind: being nonjudgmental and respecting all human life <em>(I must follow rules because my conscience tells me)</em></td>
<td></td>
</tr>
</tbody>
</table>

Adopted: 2009  
Revised/Approved: 2/17/2011
# Laboratory Values Worksheet

## CITRUS COLLEGE
ASSOCIATE DEGREE NURSING
LABORATORY VALUES WORKSHEET

<table>
<thead>
<tr>
<th>UA</th>
<th>Reference Values</th>
<th>Patient’s Values</th>
<th>Patient’s Values</th>
<th>Clinical Implication</th>
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</thead>
<tbody>
<tr>
<td>Color</td>
<td>yellow</td>
<td>______________</td>
<td>______________</td>
<td></td>
</tr>
<tr>
<td>Character</td>
<td>clear</td>
<td>______________</td>
<td>______________</td>
<td></td>
</tr>
<tr>
<td>WBC esterase</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
<td></td>
</tr>
<tr>
<td>Nitrite</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>Urobilinogen</td>
<td>0.5 – 4.0mg/day</td>
<td>______________</td>
<td>______________</td>
<td></td>
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<tr>
<td>Protein</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>PH</td>
<td>4 – 8</td>
<td>______________</td>
<td>______________</td>
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</tr>
<tr>
<td>Blood</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>Specific gravity</td>
<td>1.003 – 1.030</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>Ketones</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>Bilirubin</td>
<td>negative</td>
<td>______________</td>
<td>______________</td>
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</tr>
<tr>
<td>Glucose</td>
<td>negative</td>
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<td>______________</td>
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<tr>
<td>WBC</td>
<td>0 - 3</td>
<td>______________</td>
<td>______________</td>
<td></td>
</tr>
<tr>
<td>RBC</td>
<td>0 – 3</td>
<td>______________</td>
<td>______________</td>
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<td>Epithelial cells</td>
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<tbody>
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<td>Glucose Fasting</td>
<td>70 – 115</td>
<td>______________</td>
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<tr>
<td>BUN</td>
<td>10 – 30mg/dl</td>
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<td>Creatinine</td>
<td>0.2 – 1.0mg/dl</td>
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<tr>
<td>NA</td>
<td>135 – 145mEq/L</td>
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<tr>
<td>K</td>
<td>3.5 – 5.0mEq/L</td>
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<td>CL</td>
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<td>Calcium</td>
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<td>RBC</td>
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<td></td>
<td>Female 3.8-5.1</td>
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<td>HGB Male</td>
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<tr>
<td>Female</td>
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<td>HCT Male</td>
<td>40% – 54%</td>
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<tr>
<td>Female</td>
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<td>Platelets</td>
<td>150 – 400</td>
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<td>Neutrophils</td>
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<td>Segmented Neutrophils 50%-70%</td>
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<td>Lymphocytes</td>
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<td>Monocytes</td>
<td>4% – 8%</td>
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<tr>
<td>Eosinophils</td>
<td>0% – 4%</td>
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<tr>
<td>Basophils</td>
<td>0% – 2%</td>
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<td>Liver Function Reference Values</td>
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<td>Total bilirubin</td>
<td>0.2 – 1.3mg/dl</td>
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<td>Direct bilirubin</td>
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<td>Indirect bilirubin</td>
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<tr>
<td>Alkaline phosphatase</td>
<td>26 – 110</td>
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<tr>
<td>AST (SGOT)</td>
<td>7 – 40 U/L</td>
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<td>ALT (SGPT)</td>
<td>5 – 36 U/L</td>
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<tr>
<td>Total protein</td>
<td>6 – 8 g/dl</td>
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<tr>
<td>Albumin</td>
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<tr>
<td>Cholesterol</td>
<td>140 –200 mg/dl</td>
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<tr>
<td>HDL Male</td>
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<td>HDL Female</td>
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<td>LDL</td>
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<td>Triglyceride</td>
<td>40-150mg/dl</td>
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<td>ABG’S Reference Values</td>
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<td>Bicarbonate</td>
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The normal values have been taken from following textbook. You may find the variances from these normal values at different hospital facility. Lewis, S., Heitkemyer, M., Dirksen, S. (2007). *Medical-Surgical Nursing: Assessment and management of clinical problems* (7th ed). St. Louis: Mosby.

**Adopted:** 2009  
**Revised:** 5/4/2010  
**Revised/Approved:** 2/17/2011
<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>SPECIFIC PATIENT DATA</th>
<th>DOCTOR'S ORDERS</th>
<th>CLASSIFICATION MODE OF ACTION</th>
<th>COMMON SIDE EFFECTS</th>
<th>PERTINENT LABS</th>
<th>REASON FOR MEDICATION</th>
<th>EVIDENCE OF EFFECTIVENESS</th>
<th>NURSING IMPLICATIONS</th>
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</tr>
<tr>
<td>Safe dose</td>
<td>(From Drug Book)</td>
<td>Times Daily</td>
<td></td>
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<td>Safe dose</td>
<td>(From Drug Book)</td>
<td>Times Daily</td>
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<td>Safe dose</td>
<td>(From Drug Book)</td>
<td>Times Daily</td>
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<td>Schedule</td>
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Revised: 5/4/2010

Revised/Approved: 2/17/11
Patient’s initial _______________ Room # ___________________ Medical Diagnosis __________________________________________
Nursing Diagnosis ______________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Assessment (Subjective &amp; Objective)</th>
<th>Planning/ Outcome</th>
<th>Interventions &amp; Rationales</th>
<th>Evaluation</th>
</tr>
</thead>
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Adopted 2009

Revised/Approved 2/17/2011
Citrus College
ADN Program
SKILLS CHECKLIST

_________________________________________  _______________________________________
Student Name                          Program Entry Date
<table>
<thead>
<tr>
<th>Lab practice/ Simulation Date/Instructor Initials</th>
<th>Competency Check-off Date/Instructor Initials</th>
<th>Clinical Experience Date/Instructor Initials</th>
<th>Comments</th>
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<tr>
<td>Basic Care</td>
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<tr>
<td>Hand Washing</td>
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<tr>
<td>Gown, mask, gloves (PPE)</td>
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<tr>
<td>Body mechanics-lifting/turning</td>
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<tr>
<td>Positioning (supine, prone, Fowler’s, Sims, etc)</td>
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</tr>
<tr>
<td>Bed making/Occupied Bed</td>
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<tr>
<td>Ambulation with gait belt</td>
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<tr>
<td>Canes, walkers, crutches, wheelchair, gurney, BSC</td>
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<td>Transfer Client 1 assist with gait belt</td>
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<td>Transfer Client 2 person assist</td>
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<tr>
<td>Use of Hydraulic Lift</td>
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<td>Bed scale, stand up scale (ht and wt)</td>
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<tr>
<td>Oral Hygiene/dental care</td>
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<tr>
<td>Bathing with back rub</td>
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<tr>
<td>Perineal care (male and female)</td>
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<td>Hair care/shampoo</td>
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<td>Bed pan/fracture pan</td>
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<tr>
<td>Shaving</td>
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<tr>
<td>Range of Motion</td>
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<tr>
<td>Care of the client with an IV-monitoring, bathing, ambulation</td>
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<tr>
<td><strong>Urinary</strong></td>
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<td>Urinary catheter care</td>
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<td>Specimen Collection-UA, from catheter</td>
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<td>Clean Catch UA (CCMS)</td>
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<td>24 hour urine specimen</td>
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<tr>
<td>Care of a condom catheter</td>
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<tr>
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<th>Topic</th>
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<tbody>
<tr>
<td>Feeding a client</td>
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<tr>
<td>Assessing nutritional intake</td>
</tr>
<tr>
<td>Blood glucose monitoring</td>
</tr>
<tr>
<td>Techniques to assist with bowel elimination</td>
</tr>
<tr>
<td>Enemas</td>
</tr>
<tr>
<td>Harris Flush</td>
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<tr>
<td>Stool specimens</td>
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<tr>
<td>Care of client with an G-tube</td>
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<tr>
<td><strong>Integumentary</strong></td>
</tr>
<tr>
<td>Identification and documentation of pressure ulcers</td>
</tr>
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<td>Dry dressing change</td>
</tr>
<tr>
<td>Wet to damp</td>
</tr>
<tr>
<td>Wet to dry</td>
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<tr>
<td>Packing a wound</td>
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<tr>
<td><strong>Assessment Skills</strong></td>
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<tr>
<td>Taking a nursing history</td>
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<tr>
<td>Basic head to toe physical assessment</td>
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<td>Temperature</td>
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<td>Pulse</td>
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<td>Respiration</td>
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<td>Blood Pressure</td>
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<td>Pain assessment</td>
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<td>Pulse oximetry</td>
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<td>I &amp; O</td>
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<tr>
<td>Monitoring IV fluids</td>
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<tr>
<td><strong>Patient Safety Skills</strong></td>
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<tr>
<td>Isolation techniques - contact, airborne, droplet</td>
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<tr>
<td>Sterile gloves (donning and doffing)</td>
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<td>Use of restraints</td>
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<tr>
<td><strong>Respiratory</strong></td>
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<td>Oxygen administration - nasal cannula, mask</td>
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<tr>
<td>Techniques to assist with pulmonary function</td>
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<tr>
<td>Positioning</td>
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<td>Coughing and deep breathing</td>
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<td>Chest Percussion/Postural drainage</td>
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<tr>
<td>Pulse oximetry-reporting oxygen saturation levels</td>
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<td>Sputum specimen</td>
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<td>Incentive spirometer</td>
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**Admission and Discharge**

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<td>Transfer</td>
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<tr>
<td>Discharge</td>
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<tr>
<td>Post-mortem care</td>
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**Care of the client undergoing surgery: pre-op and post-op**

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<tr>
<th>Pre-op teaching</th>
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<tr>
<td>Surgical bed making</td>
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**RNRS 191: INTRODUCTION TO MEDICAL/SURGICAL NURSING I**

**Assessment Skills Competency**

**Medication Skills**

<table>
<thead>
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<th>Preparation before Med. Administration</th>
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<tr>
<td>Medication dosage calculation-complete test with 90% accuracy</td>
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| Oral |
| Optic |
| Otic |
| Sublingual |
| Topical |
| Vaginal |
| Rectal |
| Inhalants (nebulizer, nasal, MDI’s) |
| Administering meds through a GI tube |

**Parenteral Fluids**

| Care of the client with a continuous IV or saline lock/IV pump |
| Calculating rate of flow |

**Subcutaneous Medication**

| Administering insulin |
| Administering anticoagulants |

**Intramuscular Medication**

| Pre-op meds-Z-track |
**Intradermal**

**Gastrointestinal System Skills**
- Insertion of a nasogastric tube (NGT)
- Irrigation of a nasogastric tube (NGT)
  - *Continuing care of a client with an NGT intermittent, feeding access*
  - Assessment of Nasogastric tube placement-check residual
  - Removal of a nasogastric tube
  - Administration of nutrition through a G-tube:
    - bolus
    - Gravity
    - Infusion pump
  - Aspiration precautions

**Integumentary System**
- Care of client with wound drains and suction
- Pressure ulcer care
  - *Care of the client with altered sensation-hearing, vision, smell, touch*

**Respiratory System Skills**
- Suctioning-oral, nasopharyngeal, oropharyngeal
- Care of the client with a non-emergent tracheostomy
  - Tracheostomy care
  - Tracheostomy suctioning

**Alteration in Activity, Rest and Sleep**
- Care of the client with fractures and joint immobility-log rolling, care of patient with traction
- Range of Motion (ROM)

**Urinary System**
- Insertion of a urinary catheter
  - Indwelling
  - Straight catheter
  - Catheter irrigation
- Removal of an indwelling catheter
### RNRS 193: PEDIATRIC NURSING

**Pediatric assessment**
- Vital signs-BP, RR, Temp by po/axillary/temporal artery

**Height, weight, length measurement for the child age 2 and under**

**Infant/toddler feeding**
- Basic care of the infant, toddler, child-bathing, assisting with mobility

**Gavage/gastrostomy feedings**

**Urinary catheter insertion**

**Use of U-bag in newborns and pediatrics**

**Assessment of fluid balance-I & O, diaper weight**

**Weight, height measurement of infant, toddler, child**

### Medication Administration

**Preparation before Medication administration**

**Medication dosage calculation-complete test with 90% accuracy**

**Pediatric drug administration**

**Complete pediatric drug calculation test with 90% accuracy**

**Intramuscular injections and site selection**

**Oral medications**

**Medication administration through GI tubes**

**Subcutaneous medications**

**Parenteral infusions through pumps**

**IVPB medications**

**Care of the pediatric client with an IV**

### RNRS 194: OBSTETRIC/MATERNITY NURSING

**Medication competencies**

**Preparation before medication administration**

**Medication dosage calculation-complete test with 90% accuracy**

### Skills during labor/pre-op period

**Determination of Estimated Date of Confinement**

**Assessment of OB client-uterine measurement**

**Techniques to assist with management of labor-breathing techniques, pain management**

**Assessment of labor stages-uterine contractions**

**Leopold’s maneuvers**
| Perineal preparation                      |  |  |
| Assessment of fetal heart rate and status of fetus |  |  |
| Application of external fetal monitor      |  |  |
| Assist with epidural anesthetic            |  |  |
| Titration of Drugs: magnesium sulfate, pitocin |  |  |
| Assessing reflexes for patients on magnesium sulfate |  |  |
| Nitrazine/Fern test for amniotic fluid     |  |  |

**Skills during delivery**

| Nurse’s role during vaginal birth          |  |  |
| Nurse’s role during C-Section delivery     |  |  |
| Initial stabilization of newborn           |  |  |
| Assignment of Apgar scores                 |  |  |
| Administration of prophylactic agent to eyes of the newborn |  |  |
| Administration of vitamin K in labor and delivery |  |  |
| Thermoregulation of newborn                |  |  |
| Weighing newborn in labor and delivery     |  |  |
| Assessing TPR of newborn in labor and delivery |  |  |
| Banding newborn in labor and delivery      |  |  |
| Use of bulb syringe                        |  |  |
| Use of suction                             |  |  |
| Blood sugar assessment on newborn          |  |  |
| Umbilical cord care                        |  |  |
| Assessment of phenolketonuria (PKU)        |  |  |

**Postpartum Maternal Care**

| Postpartum assessment                      |  |  |
| Fundus                                     |  |  |
| Lochia                                     |  |  |
| Breast                                     |  |  |
| Perineum                                   |  |  |
| Teach Feeding                              |  |  |
| breast                                     |  |  |
| Formula                                    |  |  |

**Newborn care**

<p>| Use of bilimeter                          |  |  |
| Initial bath in nursery                   |  |  |</p>
<table>
<thead>
<tr>
<th>Wrapping</th>
<th>Positioning newborn</th>
<th>Phototherapy</th>
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<tbody>
<tr>
<td>Circumcision Care</td>
<td>Hepatitis B injection for the newborn</td>
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</tbody>
</table>

**RNRS 195: MEDICAL SURGICAL NURSING II**

**Assessment Skills Competency**

**Medication/fluid administration skills**
- Preparation before medication administration
- Medication dosage calculation-complete test with 90% accuracy
- Preparing an infusion system, changing bags and tubing
- Insertion of an intravenous catheter
- Intravenous medication administration-IVPB
- Management of IVs by gravity and pump
- Discontinuing an IV
- Converting IV to saline lock
- Administration of parenteral nutrition-TPN/PPN

**Care of the patient in pain**
- Care of the client with a PCA pump
- Non-pharmacological interventions for pain management

**Musculoskeletal and Neurosensory Skills**
- Immobilization device care
- Care of client with seizures
- Neurological assessment
- Care of the client with a hip fracture-positioning, moving
- Care of the client with traction/trapeze

**Urinary system skills**
- Care of the patient with a continuous bladder irrigation
- Intermittent Bladder irrigation

**RNRS 201: MEDICAL SURGICAL NURSING III**

**Review and practice of cardiopulmonary resuscitation skills**

**Assessment skills competency**

**Respiratory System Skills**
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<th>Airway management</th>
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<tr>
<td>Chest tube management</td>
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<tr>
<td><strong>Medication skills</strong></td>
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<tr>
<td>Preparation before medication administration</td>
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<td>Medication dosage calculation-complete test with 90% accuracy</td>
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<tr>
<td>Administration of blood and blood products</td>
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<td>Administration of IV push medications</td>
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<tr>
<td><strong>GI Skills</strong></td>
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<tr>
<td>Insertion of nasogastric tube</td>
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<tr>
<td><strong>Urinary System</strong></td>
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<tr>
<td>Insertion of foley catheter</td>
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<tr>
<td>Care of dialysis patient with vascular access device</td>
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<tr>
<td><strong>RNRS 203: PSYCHIATRIC/MENTAL HEALTH NURSING</strong></td>
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<tr>
<td>Medication administration techniques with psychiatric patients</td>
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<tr>
<td>Preparation before medication administration</td>
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<td>Medication dosage calculation-complete test with 90% accuracy</td>
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<tr>
<td>Management of assaultive behavior</td>
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<td>Communication skills-therapeutic communication with psychiatric clients</td>
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<td><strong>IPR-Interpersonal Reports</strong></td>
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<td><strong>RNRS 251: MEDICAL SURGICAL NURSING IV</strong></td>
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<td>Assessment skills competency</td>
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<tr>
<td>Care of client with central vascular access devices (tunneled catheters, PICCs and implanted infusion ports)</td>
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<tr>
<td><strong>Cardiorespiratory System Skills</strong></td>
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<tr>
<td>Care of the client on a ventilator</td>
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<td>Care of the client on a cardiac monitor</td>
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</tbody>
</table>
Care of the client with cardiac dysrhythmias
Care of the client in cardiac/respiratory arrest
Care of the client with acute renal failure
Care of the client with intraperitoneal, hemodialysis, continuous renal replacement therapy
Care of the client with increased intracranial pressure
Care of the client with diabetic emergencies-hypoglycemia, diabetic ketoacidosis, hyperosmolar hyperglycemic syndrome
Care of the client in shock
Care of the client with burns
First aid care
**Respiratory System Skills**
Care of the client with an endotracheal or tracheostomy tube
**RNRS 290: GERONTOLOGY**
Assessment skills in caring for the geriatric patient
**Medication skills**
Preparation before medication administration
Medication dosage calculation-complete test with 90% accuracy
Medication administration techniques in caring for the elderly
Safety techniques in caring for the elderly
Rehabilitative care for the elderly
Care of the elderly client in long term care-documentation

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<thead>
<tr>
<th>Name of Instructor</th>
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