Associate Degree
Registered Nursing Program
ADN 35B/BL
Pediatric Nursing

Fall 2013

EDITED BY:
Maricela Arnaud, RN, MSN, FNP
Brenda Harrell, RN, MSN, EdD
Ronda Wood, RN-BC, MN, EdD

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# ADN 35B: PEDIATRIC NURSING SYLLABUS

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Course Description

This course emphasizes Orem's Self-Care Theory of developmental self-care requisites, health deviations, and universal self-care requisites as it relates to ill children. The content involves the study of illness in children.

Time Allotment, Sequencing and Enrollment

1.5 Semester Units (based upon an 18 week course)
ADN 35B Class Lecture: 6 hours per week, Total of 27 hours
This course is offered twice during the third semester with enrollment as space and resources allow. Concurrent enrollments with ADN 35BL and ADN 600 are required.

Required Texts:

8. LBCC Staff, *ADN 35B/BL Course Syllabus*
9. LBCC ADN Student Handbook appropriate to the year admitted to the nursing program.

Teaching Methods

Lecture and class discussion
Reading assignments from textbooks and journal articles
Independent CD-Rom (recommended) and DVD assignments
Student Evaluation

<table>
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<tr>
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<th>Possible Points</th>
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<tbody>
<tr>
<td>Quizzes</td>
<td>70</td>
</tr>
<tr>
<td>Final Exam</td>
<td>55</td>
</tr>
<tr>
<td>Total Points</td>
<td>125</td>
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Student Course Grade

Students must be concurrently enrolled in ADN 35B and ADN 35BL. When the student achieves a satisfactory clinical performance evaluation in ADN 35BL, the percentage of the theory grade in ADN 35B will also be the course grade for ADN 35BL. If the student’s clinical performance is less than satisfactory, the grading policy in the Student Handbook will be followed.

<table>
<thead>
<tr>
<th>Course Instructors</th>
<th>Office</th>
<th>Telephone</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricela Arnaud, RN, MSN, FNP</td>
<td>M-232</td>
<td>(562) 938-4140</td>
<td><a href="mailto:marnaud@lbcc.edu">marnaud@lbcc.edu</a></td>
</tr>
<tr>
<td>Brenda Harrell, RN, MSN,EdD</td>
<td>M-228</td>
<td>(562) 938-4172</td>
<td><a href="mailto:bharrell@lbcc.edu">bharrell@lbcc.edu</a></td>
</tr>
<tr>
<td>Ronda Wood, RN-BC, MN,EdD</td>
<td>M-228</td>
<td>(562) 938-4615</td>
<td><a href="mailto:rwood@lbcc.edu">rwood@lbcc.edu</a></td>
</tr>
</tbody>
</table>

Office hours for faculty are posted on individual office doors. Instructors are also available by email. Other hours may be arranged. Part-time teachers may be reached by special arrangement with the individual student.
ADN 35B Pediatric Nursing

COURSE OUTLINE

Outline of all concepts/topics to be covered in the class.

Concept/Topic:

I. Introduction

II. Childhood Gastrointestinal Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with GI disorders
   B. Fluid and electrolyte imbalance
   C. Gastroenteritis
   D. Gastro-esophageal reflux
   E. Pyloric stenosis
   F. Volvulus
   G. Intussusception
   H. Hirschsprung's disease
   I. Appendicitis
   J. Necrotizing enterocolitis
   K. Inflammatory bowel disease
   L. Cystic fibrosis
   M. Celiac disease
   N. Cleft lip and palate
   O. Diabetes

III. Childhood Cardiac Disorders
   A. Review of fetal circulation
   B. Application of Orem's Self-Care Theory and the nursing process to children with cardiac disorders
   C. Infectious and inflammatory heart disease
      1. Rheumatic fever
      2. Bacterial endocarditis
      3. Pericarditis
   D. Chronic valve problems
   E. Cyanotic and acyanotic cardiac defects
   F. Kawasaki's Disease

IV. Childhood immunological and communicable diseases
   A. Application of Orem's Self-Care Theory and the nursing process to children with immunological disorders and communicable diseases
   B. Allergies
   C. Immunological functioning and alterations
   D. Communicable diseases
   E. Parasitic and skin infections
V. Childhood Hematological Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with hematological disorders
   B. Leukemia
   C. Iron Deficiency Anemia
   D. Sickle Cell Anemia
   E. Hemophilia
   F. Blood transfusions

VI. Childhood Neurological Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with urological disorders
   B. Meningitis
   C. Congenital anomalies
   D. Reye's syndrome
   E. Cerebral palsy
   F. Mental retardation
   G. Seizure disorders

VII. Childhood Musculoskeletal Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with musculoskeletal disorders
   B. Fractures
   C. Congenital ankle and hip disorders
   D. Scoliosis
   E. Leg-calve perthes disease
   F. Slipped femoral epiphysis
   G. Osteomyelitis
   H. Other congenital deviations
   I. Nutritional needs

VIII. Childhood Genitourinary Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with GU disorders
   B. Nephritis and nephrosis
   C. Genitourinary anomalies
   D. Infections
   E. Reflux
   F. Wilm's tumor
   G. Testicular torsion

IX. Childhood Respiratory Disorders
   A. Application of Orem's Self-Care Theory and the nursing process to children with respiratory disorders
   B. Child versus the adult respiratory system
   C. Tracheal-esophageal fistula/atresia
   D. Croup
   E. Laryngotracheobronchitis
   F. Bronchoilitis and bronchitis
   G. Pneumonia
   H. Cystic fibrosis
   I. Otitis media
   J. Asthma
   K. Sudden Infant Death Syndrome
   L. Nasopharyngitis
M. Tonsilitis
N. Laryngomalagia
O. Tuberculosis
P. Oxygen administration.

X. Growth and development
A. Infant
B. Toddler
C. Preschooler
D. School age
E. Adolescent
### Conceptual Framework: Curriculum Implementation

<table>
<thead>
<tr>
<th>SELF CARE MODEL</th>
<th>THEORY IMPLEMENTATION</th>
<th>CLINICAL IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Universal Self Care Requisites are common to all persons regardless of health status.</td>
<td>The Universal Self Care Requisites serve as an outline for learning. Those Universal Self Care Requisites dealing with promotion of normalcy are highlighted throughout the course.</td>
<td>Students continue to apply all previously learned skills to the clinical setting to the Universal Self Care Requisites.</td>
</tr>
<tr>
<td>Health Deviation Self Care Requisites are needs generated by illness and the medical diagnostic procedures and treatments associated with disease.</td>
<td>The concept of Health Deviation Self Care Requisites is discussed as it relates to pediatric patients.</td>
<td>During campus lab, students observe, practice and demonstrate competence in a wide variety of old as well as new skills related to caring for pediatric patients.</td>
</tr>
<tr>
<td>Developmental Self Care Requisites are needs associated with development throughout the life cycle.</td>
<td>The promotion of Developmental Self Care Requisites and patient teaching are also highlighted throughout the course.</td>
<td>Students utilize the nursing process (assess, plan, set goals, intervene, and evaluate) to develop plans of care based on patient needs. This plan can provide individualized nursing care in the wholly, partially compensatory and educative supportive mode.</td>
</tr>
</tbody>
</table>
Course Requirements

During this course the student will:

1. Apply expectations from previous courses and be able to integrate.
2. Examine the syllabus, highlighting important dates.
3. Review and be able to demonstrate proficiency in previously learned as well as new skills learned as the need arises.
4. Analyze the need to be able to demonstrate second level functioning (ie. Increased responsibility, self-direction, confidence building, showing initiative, setting priorities, thinking critically, and making clinical decisions as it relates to the administration of safe care).
5. Demonstrate the responsibility for meeting the objectives for:
   a. Computer Programs
6. Explain the rationale for taking the computerized ATI Pediatric Nursing.
7. Initial the attendance roster to demonstrate attendance at lecture; otherwise the student will be considered absent.
8. Come to class on time. Do not walk into class late.
9. Achieve 75% overall on all scored materials at the completion of the course.
10. Complete all required assignments.
11. Take exams when scheduled. The exam booklet number and the student’s identification (ID) number must be written on each Scranton. Scores will be posted on the course website using the students ID number. If you miss a scheduled test, see the ADN Student Handbook under “Evaluation, Tests”. Please TELEPHONE the Lead Teacher and leave a message that you will miss the scheduled test.
12. TELEPHONE the Lead Teacher and leave a message of your absence for all Theory and campus laboratory absences
13. Actively participate in class health deviation discussions. You will be asked questions in class, so come prepared.
14. Assume responsibility for meeting the behavioral objectives when absent from class.
15. Satisfactorily complete the third semester math exam as outlined on the weekly schedule and in the Student Handbook.
Student Learning Objectives

Upon completion of the course the student will be able to:

1. Explain Orem’s Self-Care Theory using the nursing process as framework in applying evidence based data to the pediatric patients. (QSEN competency evidence based practice).

2. Summarize the role of the registered nurse as a collaborating member of the multidisciplinary health care team in a pediatric setting. (QSEN competency teamwork and collaboration)

3. Critique the use of technology and quality improvement data to improve communication and safety in guiding patient centered care. (QSEN competency informatics, quality improvement, safety, and patient centered care)

4. Relate previous nursing knowledge utilizing critical thinking skills as it relates to the integration of new information to the pediatric patients.

5. Devise effective teaching strategies for a culturally and ethically diverse pediatric patient population.

Objectives:

Orem’s Self Care Theory as it Applies to the Nursing Process
1. Anticipate the use of the nursing process to meet the needs of pediatric patients.

Collaborative Management of Care
2. Distinguish the various roles of nurses in the pediatric setting and appreciate their contributions as valued members of the interdisciplinary health care team.

Critical Thinking
3. Synthesize previous nursing knowledge and prepare to apply this data to pediatric patients.

Communication; Teaching and Learning
4. Propose a variety of communication strategies and use technology to support patient and family preferences for various teaching and learning styles to promote positive outcomes.

Safety
5. Consider a safe environment by predicting actual and potential hazards in the pediatric population.

Professional Role
6. Begin to consider leadership skills, evidence based findings, and critical thinking as a third semester student.
ADN 35B Challenge Option-Credit by Examination

1. The challenge option for each course consists of three parts:
   1st: Theory portion
   2nd: Campus lab content
   3rd: Clinical content

2. An announcement regarding the challenge option will be made on the first day of class.

3. The student must have evidence on file in their Cumulative Folder of formal instruction regarding course content.

4. Formal instruction in the content of the course being challenged must have taken place within 3 years previous to the challenge request.

5. A student interested in challenging must let the lead teacher know by the last day of the first week of the class. The form must be completed. An appointment will be made to take the theory test in the Learning Center at the beginning of the second week of the class.

6. A 150 point comprehensive multiple choice test will be given.

7. The student must pass the theory exam with a score of 75% to continue with the challenge.

8. The score earned on this test becomes the theory grade.

9. The student must take and pass the third semester math exam by the deadlines outlined in the Student Handbook.

10. The components of the challenge are to be completed by the end of the fourth week of the class.

11. For details, refer to the LBCC Catalog Statement of Policies for Credit by Examination.
APPLICATION FOR CHALLENGE BY EXAMINATION
ADN 35B – Pediatric Nursing

Student Name ___________________________________________ Date ____________________

________________________________________________________________________________

Student complete section A below:
A. Justification of this request:

________________________________________________________________________________

Student Signature ____________________________

________________________________________________________________________________

Teaching team complete section B below:
B. Decision: yes _________ If yes, write contract below.
   No ___________ If no, state reason for denial.

________________________________________________________________________________

C. Contract
Written test completed by ____________

________________________________________________________________________________

Signatures:
Lead Teacher: _______________________________ Teacher _______________________________
            Date __________________          Date __________________

Teacher _______________________________ Teacher _______________________________
            Date __________________          Date __________________

Student _______________________________ Date __________________

________________________________________________________________________________

D. Disposition of Challenge _______________________________
<table>
<thead>
<tr>
<th>Week</th>
<th>Mon</th>
<th>Lecture C-102</th>
<th>Dr. Wood/Debbie Jones, Tue/Wed</th>
<th>Dr. Harrell Wednesday &amp; Clinic</th>
<th>Thur 8-11:35 Lecture C-208</th>
<th>Thur 12:30-3:30 Lab C-208</th>
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<tbody>
<tr>
<td>1</td>
<td>9/23/13</td>
<td>9/24-25/13</td>
<td>Hospital Orientation for Pediatrics</td>
<td>Hospital Orientation for Pediatrics</td>
<td>Childhood Respiratory Disorders I</td>
<td>Physical Assessment &amp; Procedure Preparation</td>
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<tr>
<td></td>
<td>9/26/13</td>
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<tr>
<td>2</td>
<td>9/30/13</td>
<td>10/1-2/13</td>
<td>Quiz 1B (45 points)</td>
<td>10/1/Flex Day</td>
<td>Hospital</td>
<td>Childhood Cardiac Disorders</td>
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<tr>
<td></td>
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<td>Childhood Neurological Disorders</td>
<td>10/2 Hospital</td>
<td>Hospital</td>
<td>Childhood Hazards</td>
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<td>3</td>
<td>10/7/13</td>
<td>10/8-9/13</td>
<td>Quiz 2B (25 points)</td>
<td>10/10/13</td>
<td>Hospital</td>
<td>Death &amp; Dying</td>
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<tr>
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<td>Childhood Musculoskeletal Disorders</td>
<td></td>
<td>Hospital</td>
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<td></td>
<td>Childhood Hematologic Disorders</td>
<td>10/10/13</td>
<td>Hospital</td>
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<td>4</td>
<td>10/14/13</td>
<td>10/15-16/13</td>
<td>Childhood Communicable Diseases/Immunological Disorders</td>
<td>10/17/13</td>
<td>Hospital</td>
<td>Pediatric Simulated Hospital Scenarios</td>
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<tr>
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<td>Pediatric ATI</td>
<td></td>
<td>Hospital</td>
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</tbody>
</table>

** A 4 hour pediatric clinic day will be scheduled for Dr. Harrell’s group**
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 35B/BL Pediatric Nursing
Due Dates for Assignments and Quizzes

**Quiz Grades**

<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Points Made</th>
<th>Percent</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Quiz #1 = 45</td>
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<tr>
<td>Quiz #2 = 25</td>
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<tr>
<td>Final = 55</td>
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<tr>
<td><strong>Total Points = 125</strong></td>
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LETTER GRADE:

A = 90 – 100    C = 75 – 79
B = 80 – 89      D = 74 – 68
F = 67 – below Failing Nursing

**DUE DATES FOR ASSIGNMENTS**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Math for Meds Testing in Learning Center by Appointment (Re-entry students only)</td>
<td></td>
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<tr>
<td>2. First Testing due:</td>
<td></td>
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<td>3. 2nd Testing due:</td>
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<tr>
<td>Case Study due:</td>
<td></td>
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<tr>
<td>Provide up to date Health &amp; Safety documents to Lead Instructor on First week. A failure may jeopardize clinical participation. Your identified clinical agency will be announced.</td>
<td></td>
</tr>
<tr>
<td>Final Exam</td>
<td>Must achieve 75% overall to be able to continue in the nursing program.</td>
</tr>
<tr>
<td>Course Evaluation</td>
<td></td>
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</tbody>
</table>

1.11
PEDiatrics Theory Behavioral Objectives

Optional: Computer Program Assignment ......................................................... 2.0
Theory Content: Respiratory Health Deviations of Childhood .......................... 3.0
  Common Pediatric Respiratory Disorders Worksheet ..................................... 3.1
  Respiratory Drugs Worksheet ....................................................................... 3.3

Theory Content: GI and Metabolic Health Deviations of Childhood .................. 4.0
  Acute Gastroenteritis Study Guide .................................................................. 4.2
  GI Disorders Study Guide ............................................................................. 4.3
  CF/Celiac Disease Study Guide ...................................................................... 4.4
  Cleft Lip-Cleft Palate Worksheet ................................................................... 4.5
  Adult vs Childhood Diabetes Mellitus Study Guide ....................................... 4.6
  Hypoglycemia vs Hyperglycemia .................................................................. 4.7
  Types of Insulin ............................................................................................. 4.8

Theory Content: Cardiac Health Deviations of Childhood ................................. 5.0
  Rheumatic Fever and Infectious Heart Diseases Worksheet ......................... 5.1
  Congenital Cardiac Anomalies Worksheet ...................................................... 5.3
  Kawasaki Disease Worksheet ........................................................................ 5.4

Theory Content: Neurological Health Deviations of Childhood ......................... 6.0
  Meningitis/Meningococcemia Study Guide ..................................................... 6.2
  Hydrocephalus Study Guide ......................................................................... 6.4
  Spina Bifida Study Guide .............................................................................. 6.5
  Reye’s Syndrome Worksheet ......................................................................... 6.6
  Cerebral Palsy Study Guide .......................................................................... 6.7
  Mental Retardation Study Guide .................................................................... 6.8

Theory Content: Hematological Health Deviations of Childhood ....................... 7.0
  Leukemia in Children Study Guide ............................................................... 7.1
  Iron Deficiency Anemia Study Guide ................................................................ 7.2
  Sickle Cell Anemia Study Guide ..................................................................... 7.3
  Hemophilia Study Guide ................................................................................ 7.5

Theory Content: Immunological and CD Health Deviations of Childhood .......... 8.0
  Immunological Alterations Study Guide ......................................................... 8.1
  Immunologic Functioning Study Guide ......................................................... 8.2
  Communicable Diseases Study Guide ............................................................. 8.3
  Common Childhood Parasitic Conditions Study Guide .................................... 8.5

Theory Content: Musculoskeletal Health Deviations of Childhood ....................... 9.0
  Traction and Cast Care Study Guide ............................................................... 9.1
  Congenital Orthopedic Anomalies Study Guide ............................................. 9.2
  Common Orthopedic Problems in Children Study Guide .............................. 9.3

Theory Content: Genitourinary Health Deviations of Childhood ........................ 10.0
  Nephritis/Nephrosis Worksheet ..................................................................... 10.1
  Common Genitourinary Disorders Worksheet ................................................ 10.2

Lab Content: Developmental Self Care Requisites ............................................. 11.0
  Infant Growth and Development Study Guide ................................................. 11.1
  Toddler Growth and Development Study Guide ............................................ 11.2
  Preschooler Growth and Development Study Guide ...................................... 11.3
  School Age Growth and Development Study Guide ...................................... 11.4
  Adolescent Growth and Development Study Guide ...................................... 11.5
OPTIONAL COMPUTER PROGRAMS ASSIGNMENT

I. PURPOSE:
These interactive computer programs are designed to serve as an adjunct to enhance theory of pediatric nursing. Format for the computer interactive programs is similar to that of the NCLEX.

II. METHOD:
The student must go to the Learning Center and complete a pediatric CD-ROM assignment by the date specified on the weekly schedule for the course.
There are 2 pediatric CD-ROM programs. The student may choose 2 scenarios off of each CD-Rom (for a total to 4) to complete and turn in. Each score must be at least 95%.
The following verification must be signed and turned in to receive credit for the completed programs.

Verification of Pediatric CD-ROM Completion

Student Name:
Scenario #1:
Name of the scenario:
Scores: Signature of Learning Center representative:

Scenario #2:
Name of the scenario:
Scores: Signature of Learning Center representative:

Scenario #3:
Name of the scenario:
Scores: Signature of Learning Center representative:

Scenario #4:
Name of the scenario:
Scores: Signature of Learning Center representative:
Theory Content: **RESPIRATORY HEALTH DEVIATIONS OF CHILDHOOD**

1. Independently identify similarities and differences between adult and child respiratory health deviations. Describe how these deviations affect the self-care requisites.

2. Using the worksheet "Common Respiratory Disorders/Otitis Media," describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   - A. Tracheal-Esophageal Fistula/Atresia (TEF)
   - B. Croup: Spasmodic Croup & Epiglotitis
   - C. Bronchiolitis (RSV) & Bronchitis
   - D. Pneumonia
   - E. Cystic Fibrosis (respiratory aspects only)
   - F. Otitis Media
   - G. Asthma & Acute asthmatic episodes
   - H. Sudden Infant Death Syndrome (SIDS)
   - I. Pharyngitis & Laryngitis
   - J. Tonsilitis
   - K. Laryngomalacia
   - L. Tuberculosis
   - M. Foreign body aspiration

3. Compare and contrast the 4 methods of administering oxygen to children.

4. Using the "Respiratory Drugs" worksheet:
   - A. Independently review respiratory medications from previous courses.
   - B. Briefly define the subclasses of respiratory drugs, classify the drugs listed, and differentiate between alpha, beta 1 and beta 2 adrenergic drugs.

5. Review the administration of ear drops, nose drops, and inhaled medications to children.

Assignment:
1. Ricci, Kyle, & Carman Chapters 24, 39 & 40 as needed to answer the objectives.
2. Worksheets: Common Pediatric Respiratory Disorders & Respiratory Drugs
<table>
<thead>
<tr>
<th>Health Deviation</th>
<th>Pathophysiology/ Age of Incidence</th>
<th>Nursing Assessment</th>
<th>Nursing Diagnoses/PC</th>
<th>Patient Goals</th>
<th>Nursing Interventions</th>
<th>Medical Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEF/TEA</td>
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<tr>
<td>Spasmodic Croup</td>
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<td>Epiglottitis</td>
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<td>Bronchiolitis/ Bronchitis</td>
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<tr>
<td>Pneumonia (Bacterial/Viral)</td>
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3.1
<table>
<thead>
<tr>
<th>Health Deviation</th>
<th>Pathophysiology/ Age of Incidence</th>
<th>Nursing Assessment</th>
<th>Nursing Diagnoses/PC</th>
<th>Patient Goals</th>
<th>Nursing Interventions</th>
<th>Medical Management</th>
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</thead>
<tbody>
<tr>
<td>Cystic Fibrosis</td>
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<td>Otitis Media</td>
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<td>Tonsilitis</td>
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</tr>
<tr>
<td>Laryngomalacia</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Foreign Body Aspiration</td>
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</tbody>
</table>
## WORKSHEET: RESPIRATORY DRUGS

List the class, method of action, route(s) of administration, common uses, side effects and nursing responsibilities for the following respiratory drugs:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Method of Action</th>
<th>Route(s) of Administration</th>
<th>Common Uses</th>
<th>Side Effects</th>
<th>Nursing Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol (Ventolin, Proventil)</td>
<td></td>
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<tr>
<td>Aminophylline</td>
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<tr>
<td>Beclomethasone (Vanceril)</td>
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<tr>
<td>Cromolyn sodium (Intal)</td>
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<tr>
<td>Diphenhydramine (Benadryl)</td>
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<tr>
<td>Epinephrine (Adrenaline)</td>
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<tr>
<td>Ephedrine sulfate</td>
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<tr>
<td>Flonase (fluticasone propionate)</td>
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<tr>
<td>Guaiifenesin (Robitussin and others)</td>
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<tr>
<td>Hydrocortisone (Solucortef)</td>
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<tr>
<td>Isoetharin (Brokosol)</td>
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<tr>
<td>Isoproterenol (Isuprel)</td>
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<tr>
<td>Metaproterenol (Alupent)</td>
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<tr>
<td>Methylprednisone (SoluMedrol)</td>
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<tr>
<td>Nasonex (mometasone furoate monohydrate)</td>
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<tr>
<td>Prednisone</td>
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<td>Pseudoephedrine (Sudafed)</td>
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<td>Ribavirin (Virazole)</td>
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<td>Terbutaline (Brethine, Bricayl)</td>
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<td>Theophylline (Slophyllin, Theodur)</td>
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<tr>
<td>Triaminic DM, Expectorant, Expectorant DH</td>
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</table>
1. **Fluid and Electrolyte Imbalances:**
   A. Compare and contrast the differences between infants and adults in regard to fluid and electrolytes.
   B. Discuss health deviations that affect fluid and electrolyte balance in infants and children: diarrhea, hyperthermia, dehydration, and vomiting.
   C. Discuss the hazards of diarrhea, hyperthermia, dehydration, and vomiting.

2. **Common Gastrointestinal Health Deviations:** Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   A. Acute Gastroenteritis
   B. Gastro-Esophageal Reflux (GER)
   C. Pyloric Stenosis
   D. Volvulus
   E. Intussusception
   F. Hirschsprung’s Disease
   G. Acute Appendicitis/Ruptured Appendix
   H. Necrotizing Enterocolitis (NEC)
   I. Inflammatory Bowel Disease (Crohn’s Disease, Ulcerative Colitis)

3. **Malabsorption Health Deviations:** Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   A. Cystic Fibrosis
   B. Celiac Disease

4. **Cleft Lip/Palate**
   A. Using the worksheet, compare and contrast cleft lip and cleft palate.
   B. Discuss the specific feeding problems related to the health deviations of cleft lip and cleft palate.
5. Childhood Diabetes

A. Independently review the major concepts of diabetes, including signs symptoms of hypoglycemia and hyperglycemia from ADN 12B.
B. Independently review the three types of insulin.
C. Compare and contrast health deviations of adult versus childhood diabetes using the study guide.
D. Discuss the medical and nursing management of the diabetic child (specifically the educative/supportive role emphasizing nutritional hazards related to the stages for growth and development).
E. Define and discuss diabetic ketoacidosis, including pathophysiology, clinical manifestations, medical management and nursing interventions.

Assignment:
2. Ricci, Kyle and Carman Chapters 42, 49
3. Study Guides: Acute Gastroenteritis & G.I. Disorders, Cystic Fibrosis/Celiac Disease, Adult versus Childhood Diabetes Mellitus, Hypoglycemia versus Hyperglycemia, Types of Insulins
4. Worksheet: Cleft Lip/Cleft Palate
<table>
<thead>
<tr>
<th>Pathophysiology</th>
<th>Etiology/Prognosis</th>
<th>Diagnostic Tests</th>
<th>Medical Management</th>
</tr>
</thead>
<tbody>
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</table>

**Nursing Assessment**

**Nursing Diagnosis**

**Nursing Interventions**
<table>
<thead>
<tr>
<th>Disorders</th>
<th>Pathophysiology/ Etiology</th>
<th>Assessment</th>
<th>Medical/ Surgical Treatment</th>
<th>Nursing Dx Interventions</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastro-Esophageal Reflux (GER)</td>
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<tr>
<td>Pyloric Stenosis</td>
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<tr>
<td>(Bowel Obstruction)</td>
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<tr>
<td>Volvulus</td>
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<tr>
<td>Intussuseption</td>
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<tr>
<td>Hirschsprung’s Disease</td>
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<tr>
<td>Acute Appendicitis/ Ruptured Appendix</td>
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<tr>
<td>Necrotizing Enterocolitis (NEC)</td>
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</tr>
<tr>
<td>Etiology/Prognosis/Pathophysiology</td>
<td>Nursing Diagnoses</td>
<td>Assessment/Diagnostic Tests</td>
<td>Medical Management</td>
<td>Nursing Interventions</td>
<td>Diet</td>
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<tr>
<td><strong>Cystic Fibrosis</strong></td>
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<tr>
<td>1. Pancreas/GI tract</td>
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<td>2. Respiratory system</td>
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<td>3. Skin</td>
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<td>4. Other</td>
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<td><strong>Celiac Disease</strong></td>
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</table>
## WORKSHEET: CLEFT LIP-CLEFT PALATE

<table>
<thead>
<tr>
<th>CLEFT LIP</th>
<th>CLEFT PALATE</th>
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</thead>
<tbody>
<tr>
<td>Definition:</td>
<td></td>
</tr>
<tr>
<td>Surgical Reconstruction:</td>
<td></td>
</tr>
<tr>
<td>Immediate Post-Op Care:</td>
<td></td>
</tr>
<tr>
<td>Care of Suture Line &amp; Feeding:</td>
<td></td>
</tr>
<tr>
<td>Nursing Care Priorities:</td>
<td></td>
</tr>
<tr>
<td>Discharge/Teaching:</td>
<td></td>
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<tr>
<td>Follow-Up Care:</td>
<td></td>
</tr>
<tr>
<td>ADULT</td>
<td>CHILD</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
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<tr>
<td>Age of Incidence:</td>
<td></td>
</tr>
<tr>
<td>Pathophysiology:</td>
<td></td>
</tr>
<tr>
<td>Signs &amp; Symptoms:</td>
<td></td>
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<tr>
<td>Diagnostic Tests:</td>
<td></td>
</tr>
<tr>
<td>Insulin Needs:</td>
<td></td>
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<tr>
<td>Diet:</td>
<td></td>
</tr>
<tr>
<td>Activity:</td>
<td></td>
</tr>
<tr>
<td>Course of the Disease:</td>
<td></td>
</tr>
<tr>
<td>Teaching:</td>
<td></td>
</tr>
</tbody>
</table>
## Hypoglycemia versus Hyperglycemia

<table>
<thead>
<tr>
<th>HYPOGLYCEMIA</th>
<th>HYPERGLYCEMIA</th>
</tr>
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<tbody>
<tr>
<td><strong>CAUSE</strong></td>
<td></td>
</tr>
<tr>
<td>Excessive insulin injections</td>
<td>Inadequate insulin injection</td>
</tr>
<tr>
<td>Limited food intake</td>
<td>Excessive food intake</td>
</tr>
<tr>
<td>Excessive exercise</td>
<td>Infection</td>
</tr>
<tr>
<td></td>
<td>Stress</td>
</tr>
<tr>
<td><strong>GI SYMPTOMS</strong></td>
<td><strong>CNS SYMPTOMS</strong></td>
</tr>
<tr>
<td>HUNGER</td>
<td>Polydipsia</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>(Quick changes) Irritability</td>
<td>(Slow changes)</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Drowsy</td>
</tr>
<tr>
<td>Coma</td>
<td>Coma</td>
</tr>
<tr>
<td><strong>RESPIRATORY SYMPTOMS</strong></td>
<td><strong>SKIN SYMPTOMS</strong></td>
</tr>
<tr>
<td></td>
<td>Sweet, acetone breath</td>
</tr>
<tr>
<td></td>
<td>Kussmaul breathing</td>
</tr>
<tr>
<td><strong>SKIN SYMPTOMS</strong></td>
<td><strong>MUSCULOSKELETAL SYMPTOMS</strong></td>
</tr>
<tr>
<td>Pale</td>
<td>Weakness</td>
</tr>
<tr>
<td>Cool</td>
<td>Trembling</td>
</tr>
<tr>
<td>Clammy</td>
<td>Shaking</td>
</tr>
<tr>
<td></td>
<td><strong>GU SYMPTOMS</strong></td>
</tr>
<tr>
<td>Dehydration</td>
<td>Negative testing</td>
</tr>
<tr>
<td>Warm</td>
<td>Glycosuria</td>
</tr>
<tr>
<td>Dry</td>
<td>Ketonuria</td>
</tr>
<tr>
<td>Flushed</td>
<td>Polyuria</td>
</tr>
<tr>
<td><strong>DANGER</strong></td>
<td><strong>KEY NURSING INTERVENTIONS</strong></td>
</tr>
<tr>
<td>Brain cells need glucose for function and survival</td>
<td>Fatty acids form acidosis develops (decreased Na, K, Cl, Bicarb P)</td>
</tr>
<tr>
<td></td>
<td><strong>KEY NURSING INTERVENTIONS</strong></td>
</tr>
<tr>
<td>Give insulin</td>
<td>Administer a quick source of glucose (oral, rectal or IV), followed by a serving of quickly metabolized protein (8oz. milk)</td>
</tr>
<tr>
<td>Correct F &amp; E deficits</td>
<td></td>
</tr>
</tbody>
</table>

4.7
Subcutaneous insulin is available in rapid, fast, intermediate and long-acting forms. Examples of all four forms and their effects on blood glucose levels are listed below. A fast-acting IV insulin that begins to work within 5 minutes as also available for emergencies. It peaks after 15-30 minutes and continues for lower blood glucose levels for an hour.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid-acting (Lispro/Humalog, Aspart/Novolog)</td>
<td>Less than 15 minutes</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Fast-acting (Regular, Semilente, IletinII)</td>
<td>30-60 minutes</td>
<td>2-3 hours</td>
<td>3-6 hours</td>
</tr>
<tr>
<td>Intermediate-acting (NPH, Lente)</td>
<td>2-4 hours</td>
<td>4-10 hours</td>
<td>10-16 hours</td>
</tr>
<tr>
<td>Long-acting (Lantus, Ultralente, IletinI)</td>
<td>2-4 hours</td>
<td>No peak</td>
<td>20-24 hours</td>
</tr>
</tbody>
</table>
Theory Content: **CARDIAC HEALTH DEVIATIONS OF CHILDHOOD**

1. Review fetal circulation and the adaptation from intra to extra-uterine life from previous courses.
2. Rheumatic Fever, Infectious and Inflammatory Heart Disease:
   Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations: Rheumatic Endocarditis, Bacterial Endocarditis, Pericarditis and Chronic valve Problems (include surgical interventions)
3. Congenital Cardiac Anomalies: Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   B. Cyanotic: Tetrology of Fallot, Transposition of the Great Vessels, Truncus Arteriosus.
4. Kawasaki Disease: Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with Kawasaki Disease.

**Assignment:**
1. Ricci, Kyle and Carman, Chapter 41
2. Worksheets: Rheumatic Fever/Infections and Inflammatory Heart Disorders, Congenital Cardiac Anomalies, Kawasaki Disease

5.0
## WORKSHEET: RHEUMATIC FEVER AND INFLAMMATORY/INFECTIOUS HEART DISEASES

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Pathophysiology</th>
<th>Jones Criteria (Signs/Symptoms)</th>
<th>Diagnostic Tests</th>
<th>Medical Management</th>
<th>Nursing Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td>Major</td>
<td>Minor</td>
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<td></td>
<td>Age:</td>
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<td>Incidence:</td>
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<td>Sex:</td>
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</table>

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Pathophysiology</th>
<th>General S/S</th>
<th>Specific S/S</th>
<th>Diagnostic Tests</th>
<th>Medical Management</th>
<th>Nursing Responsibilities</th>
</tr>
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<tbody>
<tr>
<td>Rheumatic Endocarditis</td>
<td></td>
<td>Valves Involved:</td>
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<tr>
<td>Age:</td>
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<td>Acute Period:</td>
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<td>Acute/Chronic Complications:</td>
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<tr>
<td>Disorder</td>
<td>Pathophysiology</td>
<td>General S/S</td>
<td>Specific S/S</td>
<td>Diagnostic Tests</td>
<td>Medical Management</td>
<td>Nursing Responsibilities</td>
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<td>Bacterial Endocarditis</td>
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<td>Acute:</td>
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<td>Age:</td>
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<td>Subacute:</td>
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<td>Age:</td>
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<tr>
<td>Pericarditis</td>
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<td>Chronic Valves</td>
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<tr>
<td>Disorder &amp; Pathophysiology</td>
<td>Assessments</td>
<td>Nursing Dx &amp; Interventions</td>
<td>Treatments</td>
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<tr>
<td><strong>Incr Pulmonary Flow</strong></td>
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<tr>
<td>Atrial Septal Defect</td>
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<tr>
<td>Ventral Septal Defect</td>
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<tr>
<td>Patent Ductus Arteriosus</td>
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<td><strong>Decreased Pulmonary Flow</strong></td>
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<tr>
<td>Tetralogy of Fallot</td>
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<td>Tricuspid Arteriosus</td>
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<tr>
<td><strong>Obstructive</strong></td>
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<tr>
<td>Coarctation of Aorta</td>
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WORKSHEET: **KAWASAKI DISEASE**

(Acute Febrile Mucocutaneous Lymph Node Syndrome)

Incidence/Etiology:

Clinical Manifestations:

Therapeutic Management:

Nursing Considerations:
1. Meningitis, Aseptic and Bacterial
   A. Define and describe the pathophysiology of both types of meningitis.
   B. Discuss the age of incidence, nursing assessments, diagnostic tests, nursing diagnoses, patient goals, nursing interventions including educative/supportive role, patient/family teaching, safety, and hygiene, and medical management of meningitis and meningococcemia.
   C. Discuss the hazards of meningitis, such as hydrocephalus and encephalopathy.
2. Congenital Anomalies: Using the study guide, identify the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the following health deviations:
   A. Hydrocephalus
   B. Spina Bifida, occulta
   C. Spina Bifida, cystica
      i. Meningocele
      ii. Meningomyelocele
   D. Discuss the implications that meningomyelocele has on the self care requisites.
   E. Discuss the role of the nurse in regards to the promotion of normalcy in families that have a child with meningomyelocele.
3. Reye's Syndrome
   A. Define and identify the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for this health deviation.
   B. Identify the cultural group and high risk group with the highest incident of this health deviation.
   C. Discuss the role of the nurse in regards to the promotion of normalcy and prevention of hazards such as Reye's Syndrome in families with young children.
4. Cerebral Palsy
   A. Using the study guide, Cerebral Palsy, Discuss the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) this health deviation.
   B. Discuss the implications that cerebral palsy has on self care requisites associated with mobility.
5. Mental Retardation: Using the study guide, identify the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) of the following health deviations:
   A. Phenylketonuria (PKU)
   B. Down's Syndrome
   C. Developmental Delay
   D. Discuss the diet therapy for phenylketonuria

6. Seizure Disorders
   A. Independently review content from previous courses: classification, assessments, interventions, drug therapy, teaching.
   B. Identify incidence, cause & treatment of febrile seizures.

Assignment:
1. Ricci, Kyle & Carman Chapters 38, 44 & 51 as needed to answer the objectives.
2. Study Guides: Meningitis/Meningococcemia, Mental Retardation
### Etiology: Causative Organisms and Modes of Entry

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### Assessment Findings

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### CSF Results:
- **Color**
- **Pressure**
- **Cells**
- **Protein**
- **Glucose**

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### Nursing Diagnoses/CP

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### Goals

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6.2
## STUDY GUIDE: MENINGITIS/MENINGOCOCCEMIA

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<td>Early Signs &amp; Symptoms (by age)</td>
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<td>Late Signs &amp; Symptoms (by age)</td>
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Definition:

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IMMEDIATE MANAGEMENT:

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<td>B. Post-Operative Care:</td>
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LONG TERM IMPLICATIONS AND MANAGEMENT:
WORKSHEET: REYE’S SYNDROME
(Acute Toxic Encephalopathy)

Incidence/Etiology:

Pathology:

Assessment:
  Early Warning Signs (Stages I & II):

Later Symptoms (Stages iii, IV & V):

Therapeutic/Nursing Management:
### STUDY GUIDE: CEREBRAL PALSY

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<th>Management</th>
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### STUDY GUIDE: CAUSES OF MENTAL RETARDATION

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</table>
Theory Content: **HEMATOLOGICAL HEALTH DEVIATIONS OF CHILDHOOD**

1. Using the study guide: describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   A. Leukemia
   B. Iron Deficiency Anemia
   C. Sickle Cell Anemia
   D. Hemophilia

2. Pediatric Blood Transfusions
   A. Types
   B. Amount/calculations
   C. Procedures
   D. Nursing interventions

Assignment:
1. Ricci, Kyle & Carman Chapters 47 & 50 as needed to answer the objectives.
2. Study Guide: Leukemia in Children
3. Study Guide: Iron Deficiency Anemia
4. Study Guide: Sickle Cell Anemia
5. Study Guide: Hemophilia
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<td>Hemophilia</td>
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7.1
Theory Content: **IMMUNOLOGICAL AND COMMUNICABLE DISEASE HEALTH DEVIATIONS OF CHILDHOOD**

1. Immunological Health Deviations  
   A. Independently review from 12B and biology courses factors and disorders related to immunopathology.  
   B. Complete the all syllabus study guides.

2. Allergic Reactions/Health Deviations  
   A. Identify nursing assessment, diagnoses, goals and interventions for Atropic Dermatitis or Eczema.  
   B. Describe the educative/supportive (patient/family teaching) role of the nurse in assisting families with children who have allergies.  
   C. Identify specific nutritional modifications often needed for the child with allergies.  
   D. Discuss the role of cultural diversity in modifying the response of families to children with allergic disorders.

3. Communicable Diseases Health Deviations in Childhood  
   A. Describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations: Roseola, Rubella, Rubeola, Scarlet Fever, Chicken Pox, Pertussis, Mumps and the “TORCH” diseases.  
   B. List the current recommended childhood immunizations, discuss the side effects and contraindications.  
   C. Discuss the role of cultural, ethnic, and economic factors in affecting family decisions regarding routine immunizations of infants and children.

4. Common Childhood Parasitic and Integumentary Health Deviations  
   Describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations: Ringworm, Impetigo, Pediculosis, and Pinworms.

Assignment:  
1. Ricci, Kyle & Carman Chapters 31, 37 & 46 as needed to answer the objectives.  
STUDY GUIDE: IMMUNOLOGICAL ALTERATIONS/
ALLERGIES IN CHILDREN/INFECTIOUS DISEASES

**Vocabulary**

allergy:

antigen:

antibody:

autoimmune disease:

auto antibodies:

anaphylaxis:

histamine:

complement reaction:

urticaria:

erythema:

pruritus:

macule

papule:

vesicle:

pustule:
STUDY GUIDE: IMMUNOLOGIC FUNCTIONING

1. **Altered Immune System Functions:**
   - **Hyperfunction**
     - Defend against non-self antigen
   - **Hypofunction**
     - Immunologic Deficiency Diseases - *Allergies*
     - Immunologic Deficiency Diseases (antibodies-bacteria)
     - Phagocytosis (Kill/Remove Enemy) Hyperfunction - *Auto Immune Disease*

   Constant Watch For Antigens Hypofunction - *Cancer*

2. **Immune Cells - Functions**
   - **a. Neutrophils**
     - PMNs - Granulocytes Phagocytosis Bacteria Fungi
     - Bands - immature cells
   - **b. Eosinophils**
     - Inactivates Heparin Phagocytosis - Parasites
     - Increased during allergic reactions
   - **c. Basophils**
     - Releases histamine, et al (Mast cells in tissue)
   - **d. Monocytes**
     - (in tissue) Macrophages: "monster" cells that patrol and seize antigens and signal their presence
     - Phagocytosis - sets markers

3. **Assessments:**
   - **Local Inflammatory Responses:**
     1. 
     2. 
     3. 
     4. 
     5. 

   8.2
STUDY GUIDE: COMMUNICABLE DISEASES

Vocabulary, define the following terms:

1. Macule-
2. Papule-
3. Vesicle-
4. Pustule-

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<th>KEY CHARACTERISTICS</th>
<th>TREATMENT</th>
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<td>Rubella</td>
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<td>Rubeola</td>
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<td>Scarlet Fever</td>
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<td>Ringworm (Tena Capitis/Corporis)</td>
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<td>Fungus (Athlete’s Foot/Jock Itch)</td>
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<td>Impetigo (Beta II Strept/Staph Skin)</td>
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<td>Pediculosis Capitis Corpus Pubes</td>
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Theory Content: **MUSCULOSKELETAL HEALTH DEVIATIONS OF CHILDHOOD**

1. Independently review fractures and casts behavioral objectives from previous courses.
2. Use the study guide to review types, purposes, and principles of traction and cast care.
3. Using the study guide, describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and therapeutic management (including medications and nutritional considerations) for the patient with the following health deviations:
   A. Congenital Talipes Equinovarus (club foot)
   B. Congenital Metatarsus Adductus (toeing in)
   C. Developmental Dysplasia of the hip (hip joint subluxation/dislocation/dysplasia)
   D. Scoliosis
   E. Legg-Calve-Perthes Disease
   F. Slipped Femoral Epiphysis
   G. Osteomyelitis
   H. Other congenital health deviations
      a. Genu valgum (knock knees)
      b. Genu varum (bow legs)
4. State the gender and ethnic/racial characteristics of the various musculoskeletal disorders.

Assignment:
1. Ricci, Kyle and Carman Chapter 45 as needed to answer the objectives.
2. Study Guides
STUDY GUIDE: TRACTION AND CAST CARE

Traction:
A. General Principles:

B. Nursing Interventions:

Types:

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Cast Care:
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<td>Osteolyelitis</td>
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Theory Content: **GENITO-URINARY SYSTEM HEALTH DEVIATIONS OF CHILDHOOD**

1. Independently review the anatomy and physiology of the genito-urinary system from previous courses.
2. Describe the pathophysiology, age of incidence, nursing assessments (including diagnostic tests), nursing diagnoses, patient goals, nursing interventions (including educative/supportive role, patient/family teaching, safety, and hygiene), and medical management (including medications and nutritional considerations) for the patient with the following health deviations:
   A. Acute glomerular nephritis
   B. Nephrosis and Nephrotic syndrome
   C. Hypospadius
   D. Cryptorchidism
   E. Urinary tract infections: Cystitis, Pyelitis, and Pyelonephritis
   F. Vesic-Ureteral-Reflux
   G. Wilm’s tumor
   H. Testicular torsion
3. Discuss the importance or promotion of normalcy in children with health deviations associated with sexuality.
4. Discuss the educative/supportive role of the nurse for families with children who have gender and sexual function health deviations.

**Assignment:**

1. Ricci, Kyle and Carman Chapter 43
2. Worksheets: Nephritis-Nephrosis, Common Genito-urinary disorders
# WORKSHEET: NEPHRITIS/NEPHROSIS

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<td><strong>Assessment:</strong></td>
<td><strong>Assessment:</strong></td>
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<tr>
<td><strong>UA findings:</strong></td>
<td><strong>UA findings:</strong></td>
</tr>
<tr>
<td><strong>Blood:</strong></td>
<td><strong>Blood:</strong></td>
</tr>
<tr>
<td><strong>Nursing Interventions/Medical Management:</strong></td>
<td><strong>Nursing Interventions/Medical Management:</strong></td>
</tr>
<tr>
<td>PROBLEM</td>
<td>DESCRIPTION</td>
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<tr>
<td>Hypospadius:</td>
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<tr>
<td>Cryptorchidism:</td>
<td></td>
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<tr>
<td>Urinary Tract Infections- Cystitis:</td>
<td></td>
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<tr>
<td>Pyelitis:</td>
<td></td>
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<tr>
<td>Pyelonephritis:</td>
<td></td>
</tr>
<tr>
<td>Vesico-Ureteral Reflux:</td>
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</tbody>
</table>
LAB CONTENT: DEVELOPMENTAL SELF-CARE REQUISITES OF CHILDREN (INFANT TO ADOLESCENT)

Childhood Developmental Self-Care Requisites
A. Identify at least 2 developmental milestones in the areas of gross motor, fine motor, speech/language, and social development for the infant (age 1-12 months).
B. Identify at least 2 developmental milestones in the areas of gross motor, fine motor, speech/language, and social development for the toddler (age 12-36 months).
C. Identify at least 2 developmental milestones in the areas of gross motor, fine motor, speech/language, and social development for the preschooler/early childhood (age 3-5 years).
D. Identify at least 2 developmental milestones in the areas of gross motor, fine motor, speech/language, and social development for the school age child/middle childhood (age 6-12 years).
E. Identify at least 2 developmental milestones in the areas of gross motor, fine motor, speech/language, and social development for the adolescent (age 12 years and above).
F. Identify and discuss Erikson’s psychosocial developmental stages for the infant to adolescent.
G. Identify and discuss Piaget’s cognitive developmental stages for the infant to adolescent.
H. Identify and discuss Kohlberg’s moral developmental stages for the infant to adolescent.
I. Identify and discuss Robertson’s three stages of separation anxiety and describe behavior observed in each stage.
J. View “Growth and Development-Part One” DVD in class.

Assignment:
1. Ricci, Kyle & Carman Chapter 25-29 as needed to answer the objectives.
3. Milestones growth and development guide (Maxishare)
4. Growth and Development Study Guides
5. DVD: “Growth and Development-Part One.”
### DEVELOPMENTAL MILESTONES:

<table>
<thead>
<tr>
<th>Physical Development:</th>
<th>An infant doubles his/her birth weight and triples his/her birth length by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teeth begin to erupt by:</td>
</tr>
<tr>
<td></td>
<td>Anterior fontanel closes at:</td>
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<tr>
<td></td>
<td>Posterior fontanel closes at:</td>
</tr>
<tr>
<td>Fine &amp; gross motor development:</td>
<td>Lifts head and chest up at:</td>
</tr>
<tr>
<td></td>
<td>Rolls over at will:</td>
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<tr>
<td></td>
<td>Sits alone steadily at:</td>
</tr>
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<td></td>
<td>Pulls self to standing at:</td>
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<td></td>
<td>Crawls/creeps at:</td>
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<td></td>
<td>Walks 3 steps at:</td>
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<td></td>
<td>Reaches for object overhead at:</td>
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<td></td>
<td>Grasps with thumb and 3 fingers at:</td>
</tr>
<tr>
<td></td>
<td>Pincer grasp/action at:</td>
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<tr>
<td>Speech and language development:</td>
<td></td>
</tr>
<tr>
<td>Social development:</td>
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</tbody>
</table>

### ERIKSON’S STAGE OF PSYCHOSOCIAL DEVELOPMENT AND DESCRIPTION:

### PAIGET’S STAGE OF COGNITIVE DEVELOPMENT AND DESCRIPTION:

### KOHLBERG’S STAGE OF MORAL DEVELOPMENT AND DESCRIPTION:

### ROBERTSON’S 3 STAGES OF SEPARATION ANXIETY AND DESCRIPTION OF EACH:
<table>
<thead>
<tr>
<th>DEVELOPMENTAL MILESTONES:</th>
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<tbody>
<tr>
<td>Physical Development:</td>
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<tr>
<td>Fine &amp; gross motor development:</td>
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<tr>
<td>Speech and language development:</td>
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<tr>
<td>Social development:</td>
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</tbody>
</table>

**ERIKSON'S STAGE OF PSYCHOSOCIAL DEVELOPMENT AND DESCRIPTION:**

**PAIGET'S STAGE OF COGNITIVE DEVELOPMENT AND DESCRIPTION:**
### DEVELOPMENTAL MILESTONES:

#### Physical Development:

#### Fine & gross motor development:

#### Speech and language development:

#### Social development:

### ERIKSON'S STAGE OF PSYCHOSOCIAL DEVELOPMENT AND DESCRIPTION:

### PIAGET'S STAGE OF COGNITIVE DEVELOPMENT AND DESCRIPTION:

11.3
<table>
<thead>
<tr>
<th>DEVELOPMENTAL MILESTONES:</th>
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<tr>
<td>Physical Development:</td>
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<tr>
<td>Fine &amp; gross motor development:</td>
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<td>Speech and language development:</td>
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<td>Social development:</td>
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<tr>
<th>KOHLBERG’S STAGE OF MORAL DEVELOPMENT AND DESCRIPTION:</th>
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<tr>
<td>DEVELOPMENTAL MILESTONES:</td>
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<tr>
<td>Physical Development:</td>
<td></td>
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<tr>
<td>Fine &amp; gross motor development:</td>
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<tr>
<td>Speech and language development:</td>
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<td>Social development:</td>
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</table>

| KOHLBERG’S STAGE OF MORAL DEVELOPMENT AND DESCRIPTION: |  |
LONG BEACH CITY COLLEGE

Associate Degree Nursing Program

ADN 35BL
Pediatric Nursing

COURSE SYLLABUS

for

PEDIATRICS LABORATORY

Edited by:
Maricela Arnaud, RN, MSN, FNP
Brenda Harrell, RN, MSN, EdD
Ronda Wood, RN-BC, MN, EdD

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Long Beach CA 90808
# ADN 35BL: PEDIATRIC NURSING SYLLABUS

## PEDIATRICS LABORATORY BEHAVIORAL OBJECTIVES

- **Course Student Learning Outcomes/Objectives**: 20.0
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  - Stressors of Hospitalization Worksheet: 21.1
  - Developmental Relationships Study Guide: 21.3
  - Areas of Special Concern Study Guide: 21.4
  - FLACC Tool: 21.7
- **Lab Content: MEDICATION ADMINISTRATION TO CHILDREN**: 22.0
  - Medications for Children Worksheet: 22.1
  - IV Therapy-Volume Control Device: 22.3
  - Pediatric IV Fluids and Medications Study Guide: 22.6
  - Pediatric Fluid and Medications Guidelines: 22.7
  - Pediatric IV Med-Flush Formula Study Guide: 22.8
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  - Team Leader Worksheet: 31.1
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  - Behavioral Objectives: Specialty Clinics and Sedation Room: 34.0
  - Behavioral Objectives: PICU/NICU/Hem-Onc: 34.1
  - Behavioral Objectives: Pediatric Emergency Room: 34.2
  - Behavioral Objectives: Pediatric Operating Room: 34.3
  - Guidelines for Case Study: 35.0
  - Case Study Rubric: 36.0
  - Behavioral Objectives Long Beach City College Child Care Centers: 37.0
  - Clinical Evaluation: 38.0
35BL Student Learning Outcomes

Upon completion of the course the student should be able to:

1. Apply Orem’s Self-Care Theory and the nursing process using evidence based practice in coordinating the care for the pediatric patient in the clinical setting. (QSEN competency—evidence based practice)

2. Develop the role of the Registered Nurse by integrating therapeutic communication, patient advocacy, and critical thinking in prioritizing patient centered care. (QSEN competency—patient centered care)

3. Collaborate with members of the multidisciplinary health care team in communicating and managing a plan of care. (QSEN competency—teamwork and collaboration)

4. Integrate informatics into clinical practice to support a safe environment. (QSEN competency quality improvement and informatics)

5. Devise a plan to ensure patient safety and effective teaching and learning strategies for a culturally and ethnically diverse pediatric patient population. (QSEN competency safety)

Objectives:

Orem’s Self-Care Theory as it Applies to the Nursing Process

1. Adapt Orem’s Self-Care Theory and the nursing process to meet the health care deficits of the hospitalized pediatric patient.
2. Formulate effective nursing interventions based upon current evidence to support positive patient outcomes.

Collaborative Management of Care and Communication

3. Collaborate with members of the multidisciplinary health care team to develop a comprehensive plan of care.
4. Foster open communication with the health care team, patient, and patient’s family.

Critical Thinking

5. Anticipate the physiologic and psychosocial needs of the pediatric patient and intervene to avoid potential complications associated with hospitalization.
6. Modify the plan of care based on each patient’s unique needs and actual reassessment data.

Teaching and Learning

7. Design opportunities to teach patients and families about health promotion and maintenance with special focus on the pediatric population.
8. Seek out opportunities to expand knowledge base and self-reflection to improve clinical practice.

Safety

9. Manage the maternal/newborn setting to insure a safe and effective care environment.
10. Evaluate and revise the care of a multi-patient assignment by prioritizing, and organizing aspects of care to insure safety of pediatric patients.

Professional Role

11. Integrate leadership skills, evidence based findings, and critical thinking as a third semester student.
LAB CONTENT: HOSPITALIZED CHILD

1. Developmental Self-Care Requisites/Stressors of Hospitalization
   A. Identify key priority needs in relation to the developmental self-care requisites of each age group:
      infant, toddler, preschooler, school age, adolescent.
   B. Identify appropriate nursing interventions and the educative-supportive role of the nurse in reducing the
      stress of hospitalization for the child and family.
   C. Identify and discuss Robertson's three stages of separation anxiety and describe behavior observed in
      each stage.
   D. Identify the most critical periods for the child to be separated from parents and discuss nursing
      interventions to reduce this stressor.

2. Areas of Special Concern: Be prepared to discuss the significance and appropriate nursing responsibilities for
   each of the following:
   A. Parent interview/specific cultural diversities
   B. Vital signs and procedures
   C. Skin and hygiene
   D. Behavior, LOC
   E. Pain or the fifth vital sign
   F. Febrile responses
   G. Play
   H. Daily weights, I & O
   I. Obtaining specimens
   J. Postural drainage and percussion (PD & P)
   K. Safety measure/restraints

Assignment:
1. Ricci, Kyle & Carman Chapters 30, 31, 3 & 36 to answer the objectives.
2. Worksheet: Stressors of Hospitalization
   Needs
WORKSHEET: STRESSORS OF HOSPITALIZATION

1. Separation Anxiety  
a. Robertson’s Three Stages  
b. Critical Periods  

2. Stressors to the Child  

3. Child’s Behavioral/Emotional Responses  

4. Helping the Child Cope  

5. Helping the Parents Cope  

21.1
<table>
<thead>
<tr>
<th>Age</th>
<th>Needs &amp; Fears</th>
<th>Response to Pain</th>
<th>Nursing Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Difficult to assess needs &amp; pain. Wants Primary Caretaker.</td>
<td>Localizes and withdraws part.</td>
<td>Close Observation, need to look at behavior. Rooming In/Primary Nurse- follow home routines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cries vigorously.</td>
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</tr>
<tr>
<td>School Age</td>
<td>Cooperative. Quiet, may withdraw. May complain of being &quot;bored.&quot; Fears loss of control. Competitive-afraid of &quot;failing.&quot;</td>
<td>Passively resistive (9+). Clenched fist &amp; teeth (9+). Verbalizes a good description.</td>
<td>Use &quot;diagrams&quot; and &quot;models&quot; to teach. Indirect interview: tell story, draw picture. Involve in competitive game with peer. Provide privacy; allow to make some decisions. Provide tutor pm; get books and homework.</td>
</tr>
</tbody>
</table>
Study Guide: Developmental Relationships/Priority Needs

**Infancy:**
- Stable, caring relationships
- Verbal, auditory, visual and tactile stimulation
- Reduction and control of negative stimuli
- Satisfaction through pleasurable stimuli (sucking, stroking)
- Opportunities for motor development and neuromuscular control
- Recognition of the individuality of the infant's responses
- Appreciation of individuality of the infant's responses
- Consistency in care
- Support, preparation and teaching for parents

**Toddler:**
- Continuing relationship with parent(s)
- Space for mobility and exploration
- Opportunity to play
- Consistency in daily routine
- Continuity of familiar routines of eating, toileting and sleeping
- Acceptance of regression under the stress of hospitalization
- Continued contact with special security objects
- Opportunity to express independence
- Detailed preparation for parents and brief preparation for the child
- Reassurance and brief explanations of procedures or treatments

**Pre-School:**
- Identification of fears, misconceptions, fantasies
- Offer appropriate support and clarifications. (i.e. castration fear, sexual curiosity/exploration)
- Recognition of the importance of parental involvement
- Opportunity for play and mobility
- Continuation of normal patterns for daily living
- More detailed explanations and preparation for procedures
- Recognition of individuality
- Continued contacts with security objects

**School Age:**
- Use of intellectualization as a coping mechanism
- More detailed preparation and explanation of procedures
- Increased participation in self care and treatment
- Continuation of school and age appropriate educational activities
- Opportunity for play and mobility and to continue with interests and hobbies
- Involvement with peers (same sex)
- Continuing need for parent's presence

**Adolescence:**
- Contact and involvement with peers (like-sex cliques, heterosexual relationships)
- Opportunities for increasing independence and responsibility
- Recognition of concerns about body image (i.e., breast development, acne)
- Need for privacy
- Continuation of activities such as schooling, music, telephoning, eating and sleeping patterns
- Detailed preparation and explanations
- Participation and responsibility in decision making
- Opportunity to talk about concerns with staff and with peers
- Appropriate parental involvement

21.3
STUDY GUIDE: AREAS OF SPECIAL CONCERN

Briefly discuss the significance and appropriate nursing responsibilities for each of the following:

1. Parent Interview:
   Specific cultural diversities (including nutrition)

2. Vital Signs:
   Sequence:
   Implications:
   BP cuff size:
   Method of taking temperature:

3. Skin:
   (turgor, bruises, rashes)

4. Behavior, LOC:

5. Pain:

6. Febrile responses:

7. Play Therapy:
8. **Weights/I & O:**
   Scales:
   - Metric to apothecary:
   - I & O:
   - Diaper weighing:

9. **Obtaining Specimens:**
   Bagging for urine (regular or clean catch):
   - Specific gravity: (cotton balls in the diaper)
   - Stool: (sterile versus unsterile)

10. **Postural Drainage and Percussion:** (PD & P)

11. **Safety Measures:**
    Identify unsafe potentials for the hospitalized child of each age group:
    - Identify precaution measure to be used when bathing an infant:
    - Identify measure to take when putting a small child in a high chair:
    - Identify measures to provide for child safety while in a mist tent:
Identify the common usage and appropriate way to apply the following restraints:
Mummy:

Wrist & ankle:
This tool has been validated for children ages 2 months to 7 years. It may also be used for developmentally delayed patients.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SCORING (x/10)</th>
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<tr>
<td></td>
<td>0</td>
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<tr>
<td><strong>FACE</strong></td>
<td>Smile or no particular expression</td>
</tr>
<tr>
<td><strong>LEGS</strong></td>
<td>Relaxed, normal position</td>
</tr>
<tr>
<td><strong>ACTIVITY</strong></td>
<td>Lying quietly, normal position, moves easily</td>
</tr>
<tr>
<td><strong>CRY</strong></td>
<td>No cry, awake or asleep</td>
</tr>
<tr>
<td><strong>CONSOLABILITY</strong></td>
<td>Content, relaxed</td>
</tr>
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</table>
LAB CONTENT: MEDICATION ADMINISTRATION TO CHILDREN

1. Compare and contrast the differences in the physiological response to medications of the infant, child and adult.
2. Identify similarities and differences in administering medications to adults and children.
   A. Safety (procedures/medication administration not allowed in pediatrics)
   B. Type of preparations: tablet, capsule, liquid
   C. Techniques
   D. Routes: (such as: rectal, IM, SQ, eye, ear, G-tube/NG tube, I.V.P.B./volume control device)
   E. The educative-role of the nurse during medication administration.
3. Discuss the importance of coordinating developmental self-care requisites with nursing approach when administering medication to children.
4. Discuss and demonstrate the mg/kilo/day method for appropriate pediatric medication dose calculation.
5. Discuss and demonstrate the pediatric IV medication drip rate calculation.
6. Discuss and demonstrate the pediatric maintenance IV fluid requirement calculation.
7. Complete all study guides, worksheets and practice problems.
8. View “Medication Administration to Children” DVD in class.

ASSIGNMENT:
1. Study Guide: Pediatric IV Fluids and Medications
2. Worksheets: Gastrostomy tube vs. Nasogastric tube, Medications for Children
3. Curren Math for meds (7th ed): See Index
4. Ricci, Kyle and Carman Chapter 35
5. DVD: Medication Administration to Children
I. Six rights:

II. Pediatric versus adult dosages:

III. Oral medications:
   A. Forms:
   B. Calculate to the 100th and round to the 10th
   C. Helpful hints:
IV. Intramuscular injections:
   A. Sites:

   B. Needle sizes:

   C. Quantity of solution per injection site:

   D. Calculate to the 100th and round to the 10th

V. Rectal:

VI. Nose and eye drops:

VII. Tube medications (see study guide):

VIII. Patient and parent teaching:

IX. In pediatrics, students may NOT:
   A. ADMINISTER ANY MEDICATION WITHOUT THE DIRECT SUPERVISION OF THE INSTRUCTOR OR CO-ASSIGNED RN.
   B. Administer insulin or any type of heparin without it being checked by 2 RNs.
   C. Administer digoxin.
   D. Administer IV push medications (NOT including normal saline flushes to peripheral lines).
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 35BL – Pediatric Nursing

SKILL LAB: INTRAVENOUS THERAPY - VOLUME-CONTROLLED INFUSION

BEHAVIORAL OBJECTIVES
1. Identify the purposes of the Intravenous Volume Controlled Infusion set.
2. Recognize the various names used to identify a volume control set.
3. Demonstrate priming of the volume control set with IV fluids.
4. Demonstrate the addition of medication to the volume control set. Demonstrate infusion of the medication to a patient including correct adjustment of the rate.
5. Identify the correct site for insertion of the volume control set into a primary line.
6. Demonstrate correction of common problems with volume control sets including:
   a. Too much/little fluid in chamber.
   b. Air in tubing below drip chamber.
   c. Too much/little fluid in drip chamber.

CRITICAL ELEMENTS:

A. Setting Up a Volume Control Administration Set
   A. Obtain volume control administration set and close clamps. Spike the IV fluid bag.
   B. Establish an air vent to the chamber.
   C. Drop 30 mL into the volume controlled chamber and flush the tubing, leaving not more than 10 ml of fluid in the chamber.
   D. Connect the volume control set to the correct port in the primary line if required.

B. Adding Medication to a Volume-Control Device
   A. Set up the volume control administration set.
   B. Observe the five rights when preparing the medication.
   C. Add the medication to the volume-control chamber aseptically and label the container.
   D. Administer the fluid in the correct period of time, adjusting the drip rate as needed.
   E. Record the medication on medication sheet.

C. Correcting for too Much Fluid in the Chamber of a Volume-Control Device
   A. Keeping the air vent filter dry by closing it, displace the fluid back into the IV container.
   B. Reopen the air vent and readjust the drip rate as needed.

22.3
STUDENT RESPONSIBILITIES

1. Prior to lab, review all assigned materials on IV therapy from ADN 12AL and 12BL. Study/view the assigned materials regarding volume controlled IV tubing sets.
2. Working with a partner and the intravenous equipment provided in the lab setting, follow the procedures for setting up a primary line, a secondary line using back-flow method, setting up a volume controlled “piggy back” line, and addition of medication to volume controlled chamber. Perform the steps in the lab procedure at least twice.
3. Observe and critique your partner while he/she performs the procedures.
4. Practice independently, or with requested teacher supervision, in preparation for assessment of IV skills.

TEACHER RESPONSIBILITIES

1. Demonstrate the equipment and each step of the procedure.
2. Provide equipment for practice as needed by students.
3. Observe the return demonstrations of the students.
4. Be available for assistance and questions.

ASSIGNMENTS

On-line nursing skills:
- Preparation of a Primary IV Line
  http://itdc.lbcc.edu/cps/nursing
- Changing an IV Bag and Tubing
  http://itdc.lbcc.edu/cps/nursing
- Intravenous Saline Lock
  http://itdc.lbcc.edu/cps/nursing
- Adding Secondary IVPB Line
  http://itdc.lbcc.edu/cps/nursing
- Managing Intravenous (IV) Therapy
  http://itdc.lbcc.edu/cps/nursing
- Adding a Volume Control set tubing for IV Medication Administration
  http://itdc.lbcc.edu/cps/nursing

ADN 12A Syllabus:
- Critical Elements for Setting Up and Maintaining IV Therapy
- Parenteral Infusion Guidelines

TESTING:
Intravenous therapy skills will be tested in an on-campus, return demonstration format. The student will be tested according to the critical elements with 100 % accuracy expected. Associate Degree Nursing Program policy for skill testing will be followed.
**SKILL ASSESSMENT:**  **IV THERAPY: Volume Control Infusion**

Student Name: ________________________________________________ Date: _________

Evaluator: ________________________________________________

<table>
<thead>
<tr>
<th>CRITICAL ELEMENTS</th>
<th>Pass</th>
<th>Fail</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Set up a volume control line and IV bag.</td>
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<tr>
<td>Label tubing and bag</td>
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<tr>
<td>Add medication to volume control set and label chamber.</td>
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<td>Solve common problems:</td>
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<tr>
<td>IV not infusing</td>
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<td></td>
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<tr>
<td>Too little fluid in drip chamber</td>
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<tr>
<td>Too much fluid in drip chamber</td>
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<tr>
<td>Too much fluid in volume control set</td>
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<tr>
<td>Too little fluid in volume control set</td>
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<tr>
<td>Air in line</td>
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<tr>
<td>Correctly calculate the IV rate</td>
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<tr>
<td>Attach tubing to an IV Pump to infuse as ordered</td>
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<tr>
<td>Complete IV skills reassessment in 15 minutes.</td>
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</table>

**RETEST:**

22.5
I. Independently review and practice with a volume control device and IV pump (this will be demonstrated in class).
   A. Only 2 hours of IV fluid may be in the volume control device at any time.
   B. Correct common problems such as: too much fluid in the volume control device, too much fluid in the drip chamber, troubleshooting alarms on the IV pump.

II. Identify techniques of administering IV medication to children:
   A. Prepare the required math.
   B. Know the amount of total fluid to be in the volume control device and the rate to run the medication.
   C. Utilize the 6 rights of medication administration.

III. Identify the technique and guidelines for performing a saline flush on a peripheral IV utilizing 1.5cc of saline.
GUIDELINES: PEDIATRIC IV FLUID AND MEDICATION ADMINISTRATION

I. ALL IV medications must be given under the direct supervision of the instructor or co-assigned RN.

II. Some IV medications come in a powder that must be diluted prior to administration. When diluting powder medications agitate the vial until all of the powder is completely dissolved.

III. ALL IV medications will require several math calculations, therefore it is recommended that these be completed at home prior to coming to clinical whenever possible. If you require assistance with calculations please see your instructor early.

IV. When diluting a medication in the volume control device keep in mind that you may dilute it in more fluid (taking care to not fluid overload the patient) but you may not dilute it in less than the maximum concentration given on the guidelines.

V. Some medications can be given IV push by the RN to decrease the total amount of fluid that the child is receiving.

VI. If the child has any solution other than dextrose, saline or potassium running you must check ahead of time if it is compatible with the medication that you will administer.

VII. All volume control devices should be labeled with the name of the medication that is running and labeled “flush” after the medication.

VIII. In pediatrics TKO rate for peripheral lines is 5cc/hr for infants and 10cc/hr for older children.

IX. The procedure for IV medication administration via volume control device is as follows:

   A. Follow the 6 rights of medication administration.
   B. Prepare the ordered medication and the required math.
   C. Place the medication in the recommended amount of solution in the volume control device.
   D. Label the volume control device with the name of the medication.
   E. Set the IV pump to the calculated rate.
   F. When the medication infusion is complete drop the 20cc flush and leave the IV rate as set.
   G. When the flush is complete return the IV to the ordered maintenance rate or saline lock the IV.
STUDY GUIDE: **PEDIATRIC IV MED-FLUSH FORMULA**

<table>
<thead>
<tr>
<th>Amount med. diluted in volume control device/B port (from protocol)</th>
<th>+</th>
<th>Flush (always 20 in peds)</th>
<th>divide by</th>
<th>Time (from protocol)</th>
<th>[\text{Multiple by Drip factor (always 60 on a pump)}]</th>
<th>[\text{= Delivery rate of med and flush}]</th>
</tr>
</thead>
</table>

The Pediatric/Neonatal Medication Administration Manual (found in EPIC) specifies the dilution and time for each medication. Judgment will guide according to patient age, patient size, medication, location of the IV and IV needle/catheter size.

Example 1:
Ampicillen guideline states in 15cc over 20 minutes.

\[
\frac{15 \text{ + } 20}{20} \times 60 = 105 \text{ cc/hour for the rate}
\]

Example 2:
Gentamycin guideline states 1mg/cc over 30 minutes (the MD order is for 30mg, 30 X 1=30cc)

\[
\frac{30 \text{ + } 20}{30} \times 60 = 100 \text{ cc/hour for the rate}
\]
WORKSHEET: IV MED-FLUSH PRACTICE

1. 15cc over 25 minutes

2. 20cc over 20 minutes

3. 60cc over 60 minutes

4. 10cc over 30 minutes

5. 20cc over 45 minutes

<table>
<thead>
<tr>
<th>KEY</th>
<th>ANSWER</th>
</tr>
</thead>
</table>
| 1.  \(\frac{15 + 20}{25} \times 60\)  
| 2.  \(\frac{20 + 20}{20} \times 60\)  
| 3.  \(\frac{60 + 20}{60} \times 60\)  
| 4.  \(\frac{10 + 20}{30} \times 60\)  
| 5.  \(\frac{20 + 20}{45} \times 60\)  | 84cc/hr  
| | 120cc/hr  
| | 80cc/hr  
| | 60cc/hr  
| | 53cc/hr  

22.9
Pediatric Practice Math #1

1) Doctor’s order is Ampicillin 225 mg IV every 4 hours. The patient weighs 16.6 kg. The recommended dose is 50-100 mg/kg/day. The guideline states 10-15ml over 20-30 minutes. The pharmacy sends a vial with 250mg Ampicillin in the vial (Hint: after dilution you pull up 5cc of fluid).
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

2) Doctor’s order is Gentamicin 78 mg IV every 8 hours. The patient weighs 26.4 kg. The recommended dose is 6-7.5mg/kg/day. The guideline states 1mg/ml over 30 minutes. The pharmacy sends a vial with 100 mg/2ml.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?
3) Doctor’s order is Cefotaxime 2100 mg IV every 6 hours. The patient weighs 48.2 kg. The recommended dose is 50-180mg/kg/day. The guideline states 25-50 mg/ml in 20-30 minutes. The pharmacy sends a syringe with 2.5 grams in 10cc of NS.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the syringe?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

4) Doctor’s order is Flagyl 145 mg IV every 6 hours. The patient weighs 15.7 kg. The recommended dose is 7.5mg/kg/dose. The guideline states 1-8mg/ml over 1 hour. The pharmacy sends a bag with 500 mg in 100 cc.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the bag?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

5) What is the maintenance fluid requirement of a child weighing 11.7kg?
   (Hint: see text page 495 box 18-1)
Pediatric Practice Math #2

1) Doctor’s order is Ampicillin 1300 mg IV every 6 hours. The patient weighs 27.27 kg. The recommended dose is 100-200 mg/kg/day. The guideline states 10-15ml over 20-30 minutes. The pharmacy sends two vials with 1000mg Ampicillin in each vial (Hint: after dilution you pull up 2.5cc of fluid from each vial).
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vials?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

2) Doctor’s order is Benadryl 25 mg IV every 8 hours. The patient weighs 9.1 kg. The recommended dose is 5mg/kg/day. The guideline states in 10-30 ml over 10-15 minutes. The pharmacy sends a vial with 25 mg/1ml.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?
3) Doctor’s order is Fluconazole 180 mg IV every day. The patient weighs 15.8 kg. The recommended dose is 6-12 mg/kg/day. The guideline states 2 mg/ml in 60 minutes. The pharmacy sends a syringe with 250 mg in 20 cc of NS.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the syringe?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

4) Doctor’s order is Zantac 48 mg IV every 12 hours. The patient weighs 14.27 kg. The recommended dose is 2-4 mg/kg/day. The guideline states 0.5 mg/ml over 20 minutes. The pharmacy sends a vial with 50 mg in 2 cc.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

5) Doctor’s order is Vancomycin 280 mg IV every 8 hours. The patient weighs 21.2 kg. The recommended dose is 40 mg/kg/day. The guideline states 2.5 mg/ml over 60 minutes. The pharmacy sends a vial with 500 mg in 5 cc.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

6) What is the maintenance fluid requirement of a child weighing 26.8 kg?
Pediatric Practice Math #3

1) Doctor’s order is Zosyn 850 mg IV every 6 hours. The patient weighs 7.27 kg. The recommended dose is 300-400 mg/kg/day. The guideline states 90mg/ml over 30 minutes. The pharmacy sends a vial with 950mg of Zosyn in the vial (Hint: after dilution you pull up 10cc of fluid).
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

2) Doctor’s order is Reglan 5 mg IV every 6 hours. The patient weighs 24.1 kg. The recommended dose is 0.2-0.8mg/kg/day. The guideline states 0.2mg/ml over 20-30 minutes. The pharmacy sends a vial with 10mg/2ml.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

3) Doctor’s order is Cefepime 790 mg IV every 12 hours. The patient weighs 15.8 kg. The recommended dose is 50mg/kg/dose. The guideline states 20mg/ml in 20-30 minutes. The pharmacy sends a syringe with 1 gram in 10cc of NS.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the syringe?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?
4) Doctor’s order is Lasix 35 mg IV every 12 hours. The patient weighs 12.7 kg. The recommended dose is 1-2 mg/kg/dose. The guideline states 1-2 mg/ml over 10-15 minutes. The pharmacy sends a vial with 50 mg/2 cc.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

5) Doctor’s order is Toradol 15 mg IV every 6 hours. The patient weighs 21.2 kg. The recommended dose is 0.5 mg/kg/dose every 6 hours. The guideline states 30 mg/ml over 10-20 minutes. The pharmacy sends a vial with 20 mg/2 cc.
   a) Is this the appropriate dose for the patient?
   b) How much will you prepare from the vial?
   c) How much fluid will you have in the volume control device/B port?
   d) What rate will you set the pump for the medication and flush?

6) What is the maintenance fluid requirement of a child weighing 5.9 kg?
## STUDY GUIDE: GASTROSTOMY vs NASOGASTRIC TUBES

<table>
<thead>
<tr>
<th>TYPES</th>
<th>GASTROSTOMY TUBES</th>
<th>NASOGASTRIC TUBES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peg</td>
<td></td>
<td>1. Salem Sump</td>
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<tr>
<td>2. Buttons (MiKey)</td>
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<td>2. Feeding Tubes</td>
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<td>3. Gastric vs Jejunostomy</td>
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<td>3. Combinations</td>
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<td>4. Combinations</td>
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### PURPOSES

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<th>Placement Checks</th>
<th>GASTROSTOMY TUBES</th>
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<td>Residual Checks</td>
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<th>Venting</th>
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<td>Feedings</td>
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<tr>
<th>Medication Administration</th>
<th>GASTROSTOMY TUBES</th>
<th>NASOGASTRIC TUBES</th>
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<tr>
<td>Skin Care</td>
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LAB CONTENT: **AGE-APPROPRIATE PROCEDURE PREPARATION**

1. Discuss the needs, responses, and interventions for the hospitalized child according to each developmental self-care requisite.
   a. Infant
   b. Toddler
   c. Preschooler
   d. School age
   e. Adolescent

2. Demonstrate age-appropriate preparation of a child for the following procedures:
   Surgery (such as: T & A surgery)
   IV starting/phlebotomy
   Catheterization
   Diagnostic tests (such as: x-ray, CT, MRI)

**ASSIGNMENT:**
1. Ricci, Kyle & Carman Chapter 30 as needed to answer the objectives.
2. Study guide: Care of Children Having Surgery.
STUDY GUIDE: CARE OF CHILDREN HAVING SURGERY

Preoperative Care
1. Teaching:
   
2. General Care/Preparation:
   
Postoperative Care
1. Vital signs/Monitoring:
   
2. Positioning/Activity:
   
3. Fluids/Diet:
   
4. Pain management:
   
5. Teaching/Discharge planning:
LAB CONTENT: PEDIATRIC PHYSICAL, NUTRITIONAL, AND GROWTH ASSESSMENT

1. List four therapeutic interview techniques to use in conjunction with pediatric physical assessment.
2. Describe a systematic approach for pediatric assessment of each universal self-care requisite.
3. Obtain a growth anthropometrics and accurately plot these measurements on a growth curve.
4. List 6 childhood disorders that negatively affect growth.
5. Define and list 5 potential causes of Failure to Thrive.
6. List 5 nursing interventions in caring for a child receiving parenteral nutrition.
7. Differentiate between breast milk, regular, soy, and predigested formulas.

ASSIGNMENT:
1. Dudek see index.
2. Ricci, Kyle & Carman Chapter 32 as needed to answer the objectives.
LAB CONTENT: DEVELOPMENTAL SELF-CARE REQUISITES OF CHILDHOOD IN RELATIONSHIP TO HAZARDS TO LIFE AND WELL-BEING

1. Accidents/Poisoning in children: using the study guide, complete the following:
   a. Identify incidence and types of hazards to life and well-being typical of each age group (see worksheet).
   b. Identify incidence and causes of poisoning typical in early childhood
   c. Discuss the management of poisoning.
   d. Describe plumbism or lead poisoning.
      1. Etiology
      2. Clinical manifestations
      3. Screening methods
      4. Medical management
      5. Nursing diagnoses
      6. Goals
      7. Nursing interventions, including the educative/supportive role to the family.
   e. Discuss the nursing management of common pediatric emergencies. Such as: burns, fractures, anaphylaxis, drowning, and insect & snake bites.

Assignment:
2. Ricci, Kyle & Carman Chapters 31 & 53 as needed to answer the objectives.

2. Non-accidental trauma
   a. Battered child syndrome: be prepared to discuss the following:
      1. Incidence and types of child abuse
      2. Characteristics and behaviors of abusive parents and abused children
      3. Clinical manifestations of abuse
      4. Legal responsibilities of physicians and nurses
      5. Medical management of child abuse
      6. Educative/supportive role of the nurse to the parents, children, community and other health care providers
      7. Munchausen Syndrome by proxy
   b. Be prepared to discuss some of the high risk behaviors of children. Such as: gang violence, self-mutilation, vampirism, gothic lifestyle, internet activities and text messaging.

Assignment:
1. Study Guide: Battered Child Syndrome
2. Ricci, Kyle & Carman Chapters 28 & 53 as needed to answer the objectives.
STUDY GUIDE: POISONING/ACCIDENTS IN CHILDREN

1. List the 3 leading types of fatal and non-fatal injuries/accidents in infants below age 1 and appropriate preventative measures:

<table>
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<tr>
<th>FATAL</th>
<th>NON-FATAL</th>
<th>PREVENTIVE MEASURES</th>
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2. List the 3 leading types of fatal and non-fatal injuries/accidents in children ages 1-4 and appropriate preventative measures:

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<th>FATAL</th>
<th>NON-FATAL</th>
<th>PREVENTIVE MEASURES</th>
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3. List the 3 leading types of fatal and non-fatal injuries/accidents in children ages 5-12 and appropriate preventative measures:

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<th>FATAL</th>
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<th>PREVENTIVE MEASURES</th>
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4. List the 3 leading types of fatal and non-fatal injuries/accidents in children ages 13-15 and appropriate preventative measures:

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<tr>
<th>FATAL</th>
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<th>PREVENTIVE MEASURES</th>
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26.1
5. List the 3 leading types of fatal and non-fatal injuries/accidents in young adults ages 16-20 and appropriate preventative measures:

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<tr>
<th>FATAL</th>
<th>NON-FATAL</th>
<th>PREVENTIVE MEASURES</th>
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6. The most common agents ingested when poisoning occurs are:

7. Discuss why poisoning occurs:

8. The general principles of management of poisoning are:

9. State when vomiting should not be induced:

10. Lead poisoning etiology, signs/symptoms and treatment:

11. Salicylate poisoning signs/symptoms and treatment:

12. Acetaminophen poisoning signs/symptoms and treatment:
STUDY GUIDE: BATTERED CHILD SYNDROME

Incidence:

Types of Abuse:

Characteristics of Abusive Parents:

Characteristics of Abused Children:

Physical Signs of Abuse:

Psychological Signs of Abuse:

Legal Responsibilities of the Medical Team:

Treatment/Prevention:
LAB CONTENT: DEATH AND DYING

Be prepared to discuss the following:
1. Developmental self-care requisites and emotional meanings of death to a child as related to Piaget’s Theory of Cognitive Development
   a. Infants and toddlers
   b. Early childhood
   c. Middle childhood
   d. Adolescence
2. The educative-supportive role and nursing care of the dying child.
3. Elisabeth Kubler-Ross’ stages of grief.
4. The response to death and dying of: the child, parent(s), sibling(s) and grandparents.
5. Communication needs and patterns of the dying child.
6. Various cultural and spiritual beliefs about the dying child.

Assignment:
1. Ricci, Kyle & Carman Chapter 34 as needed to answer the objectives.
2. Study guide: The Terminally Ill Child.
LAB CONTENT: CLINICAL ORIENTATION BEHAVIORAL OBJECTIVES FOR PEDIATRICS

1. Identify the physical arrangement of the clinical units.
2. Identify the names and roles of staff members.
3. Locate patient medications and review the medication procedures and legal checks.
4. Locate patient care supplies.
5. Locate emergency equipment (crash cart, oxygen, suction, fire alarms and extinguishers).
6. Familiarize yourself with the types of infant formulas that are available, types of feeding equipment (bottles, nipples, tube feeding equipment), and types of foods that are available.
7. Familiarize yourself with the pediatric IV equipment, IV pump, enteral feeding pump, vital sign equipment, apnea monitor and pulse oximeter.
8. Select one patient to perform a complete assessment and care plan.
9. Locate the patient’s computerized medical record in the EPIC system.
10. Review the documentation procedures used at the assigned agency.
11. Identify the parts of the electronic medical record (EPIC system) that must be completed each clinical day as part of patient care.
12. Identify where the following information is in the electronic medical record: assessment, flow sheet, medication administration record, history & physical, progress notes, lab and diagnostic test results.
LONG BEACH CITY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM
ADN-35BL PEDIATRIC NURSING CARE PLAN

Student: ___________________ Date: ___________ Pt. Initials _______ Rm#/Bed _______ Admitted: _______
Co-Assigned _______ MD: ___________ Pt ID Band Location: ____________

BASIC CONDITIONING FACTORS:
Age: ______ Sex: M F Ethnicity: __________ Religion: ___________ Family Role: ______ Code Status: _______
Allergies: __________________ Care Giver: ____________ Reason for Nsg. Care: _______________
Med. DX: ________________________________________________________________
Define Med DX in own words: ______________________________________________________________________________________
Brief HX R/T Illness: _______________________________________________________________________________________________
Surgery date and description: _______________________________________________________________________________________

<table>
<thead>
<tr>
<th>Universal Self Care Requisites</th>
<th>Structural &amp; Functional Status Assessment</th>
<th>Self Care Deficits Nsg. DX/CP</th>
<th>Specific Goals</th>
<th>Nsg. Actions, Therapeutic Self Care Demands</th>
<th>Nsg. Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of Balance between Solitude &amp; Social Interaction (Neuro/CNS)</td>
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<td>Maintenance of Sufficient intake of Air (CV, Resp)</td>
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<tr>
<td>Maintenance of Sufficient Intake of Food &amp; Water (GI, F &amp; E, Metab)</td>
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<td>Provision of Care Associated with the Elimination Process (GI, GU, &amp; Skin)</td>
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<tr>
<td>Maintenance of Balance between Activity &amp; Rest (MS)</td>
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*Priority Problem 29.0
**PSYCHOSOCIAL:**

<table>
<thead>
<tr>
<th>BRIEFLY DESCRIBE THE SOCIAL INTERACTION BETWEEN:</th>
<th>LIST ANY PROBLEMS THAT OCCURRED DURING YOUR CARE:</th>
<th>HOW DID YOU HANDLE ANY PROBLEMS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT &amp;/OR CAREGIVER AND CHILD</td>
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<td></td>
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<tr>
<td>PARENT &amp;/OR CAREGIVER AND YOU</td>
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<tr>
<td>CHILD AND YOU</td>
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<td>STAFF AND YOU</td>
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**GROWTH AND DEVELOPMENT MILESTONE AREA:**

<table>
<thead>
<tr>
<th>LIST THE EXPECTED MILESTONES FOR THE CHILD'S AGE:</th>
<th>MILESTONES OBSERVED IN THE CHILD:</th>
<th>MILESTONES NORMAL OR DELAYED (IF DELAYED, WHY):</th>
<th>DEVELOPMENTALLY APPROPRIATE TOYS/ACTIVITIES FOR THE CHILD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS MOTOR</td>
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<tr>
<td>FINE MOTOR</td>
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<td>SPEECH</td>
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<td>PSYCHOSOCIAL</td>
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</table>

List Eriksen's developmental level for age & circle which task the child is at: 29.1
Long Beach City College Associate Degree Nursing Program  
ADN 35BL Pediatric Nursing

<table>
<thead>
<tr>
<th>DRUG (Include all drugs for the pt in 24 hours)</th>
<th>CLASS</th>
<th>Nursing Responsibilities/ Side Effects</th>
<th>Why is THIS patient receiving this drug?</th>
<th>Calculations (Normal dosage range, Correct dose to prepare, IV drip rate)</th>
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30.0
# Diagnostic Tests

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<tr>
<th>Test</th>
<th>Normal Range</th>
<th>Patient Results</th>
<th>Implications</th>
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30.1
BEHAVIORAL OBJECTIVES FOR GROUP LEADER (PEDIATRICS)

A. Preparation for the Group Leader role the day prior:
   1. Arrange to call each student or have her/him call you to get each student’s assignment.
   2. Prepare Group Leader Worksheet.

B. At the start of shift (arrive at least 30 minutes prior to the start of the shift):
   1. Identify yourself as to Group Leader and explain the role to the staff and wear tape or badge identifying yourself as the Group Leader.
   2. Check that the assignment sheets are posted in the designated areas and that all assigned patients are still on the unit.
   3. In the event a patient is no longer on the unit, and/or the student has not made her/his own assignment by the designated time, make the assignment.
   4. Determine the presence of each peer in the assigned clinical areas.
   5. Identify the names of staff who are responsible for the students’ patients.

C. During the shift:
   1. Listen to report as able or receive report on the assigned patients from each student.
   2. Organize leadership tasks on the Group Leader Worksheet.
   3. Meet with the instructor to make plans for the day and review medication times.
   4. Perform a brief baseline assessment on each patient, identify a priority nursing diagnosis, and set priorities. You may obtain vital signs from your peers.
   5. Check that morning assessments and flow sheets are completed by 1 ½ hours after the start of the shift.
   6. Collect care plans 2 hours after the start of the shift. Write comments on each care plan and grade each care plan as satisfactory or unsatisfactory.
   7. Meet with the instructor to review care plans.
   8. Alert group members to special procedures and learning experiences on the unit.
   9. Assist group members with patient care only if the student has notified the instructor and she/he has asked you to assist.
   10. Act as a liaison for the instructor:
       a. Alert the instructor to the group members’ supervision/instruction needs.
       b. Alert the instructor to problems as soon as possible.
   11. Perform a mid-day check of peers charting (assessments, flow sheets).
   12. Assure that all medications are administered on time and check periodically during the shift that they are charted.
   13. Make rounds on the assigned patients frequently.
   14. Check on students’ self-assigned breaks and if necessary make adjustments to ensure patient coverage.
   15. Evaluate each peer’s organization, nursing care and communication skills.

D. End of shift responsibilities:
   1. Check peers’ assignments for completeness:
       patient care, medications, and charting, patients rooms are tidy and re-stocked PRN, IV tubing and/or bags have been changed PRN. Assure that each group member has reported off to her/his co-assigned RN.
   2. Complete peers’ evaluation and obtain their signatures
   3. Report any problems to the instructor.
   4. Check off each group member from the unit.

31.0
<table>
<thead>
<tr>
<th>Student:</th>
<th>Brief Assessment</th>
<th>08 VS</th>
<th>Priority Problem</th>
<th>Interventions</th>
<th>Charting: MAR Assessment Flow Sheet Outcome Note</th>
<th>IV or SL Med Times</th>
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Guidelines For Miller Children’s Core

Schedule: See weekly course schedule

IF YOU WILL BE ABSENT OR TARDY PLEASE CALL THE CORE (562) 933-8200 or Miller Children’s West (562) 933-9200 AT LEAST 1 ½ HOURS BEFORE YOUR ASSIGNED CLINICAL TIME.

Read these guidelines prior to your clinical orientation day and bring them with you each clinical day.

I. Organization and sequence of patient care
   A. Assignment
      1. Your assignment must be posted in the designated area the day before your clinical day.
      2. Check your assignment before your designated start time and make changes as needed.
      3. Check for the names of your co-assigned RN.
   B. Report
      1. Before report you may print a medication administration record (MAR).
      2. Receive report with or from your co-assigned RN before beginning patient care.
      3. Clarify any questions that you may have about your assignment during report.
   C. Total patient care (TPC)
      1. TPC includes vital signs, assessment, hygiene needs, feeding, all treatments, medication administration, and maintaining IV fluids.
      2. ALL medications will be checked by and administered with your instructor or co-assigned RN.
      3. Perform a head-to-toe assessment and document it in EPIC within 1 hour of beginning care.
      4. Check for the patient ID band. ALL children must have an ID band. If it is missing ask the unit secretary to print you ID band. Have a staff person or parent identify the patient before placing the ID band on the patient.
   D. Children, parents and play
      1. Be alert to the psychosocial needs of the child and family.
      2. Involve the parent as much as possible in the care of their child.
      3. Be a well-tuned listener and alert for teaching opportunities with both patient and family.
      4. Diversional activities are important.
   E. Do not get behind with the care of your patients.
      1. Feeding of infants MUST be close to the scheduled time. Omitting an infant feeding or administering the wrong formula are medication errors.
      2. Notify your group leader if you need assistance.
F. Students may not take off physician orders or complete patient acuity reports.

G. End of shift responsibilities (1 hour prior to leaving the unit)
   1. Complete all charting
   2. Restock supplies (diapers, shirts/pajamas, linen, bottles, formula, etc.)
   3. Tidy rooms (remove dirty bottles and trays, and unneeded equipment)
   4. Report off to co-assigned nurse
      a. Review with her/him your charting (flow sheet and DAR note).
      b. Identify any changes in the child during your shift.

II. Charting
A. You must chart in EPIC EACH SHIFT.
   1. The pediatric assessment.
   2. The pediatric flowsheet.
   3. You must complete one Outcome Assessment Note per shift on each patient, unless the
      patient’s condition requires more than one entry or the RN directs you otherwise.

III. Intake and Output
A. ALL patients are on STRICT intake and output.
B. In pediatric patients fluid intake is a PRIORITY.
   1. Offer fluids frequently, at least every 1-2 hours.
   2. Inform your co-assigned nurse of the I & O periodically during your shift.
   3. ALL pediatric patients must have I & O entries completed hourly in EPIC.
PEDIATRIC DIETS-MILLER CHILDREN’S HOSPITAL

FOOD AVAILABLE ON THE UNIT:
- Formulas (DO NOT WARM IN THE MICROWAVE)
- Rice cereal
- Baby food (DO NOT WARM IN THE MICROWAVE)
- Milk
- Juices
- Cold cereal
- Soda and graham crackers
- Popsicles
- Ice cream

INFANT FORMULAS:
- Milk based examples: Similac, Enfamil, Goodstart
- Soybean based examples: Isomil, Prosobee
- Partially digested examples: Progestimil, Nutramigen
- **Many formulas come with and without iron so know the order**
- **Special formulas come from dietary and are kept in the refrigerator.**
- **Two RNs must verify frozen breast milk prior to giving it to the infant.**

TRAYS FOR TODDLERS AND OLDER CHILDREN COME ON THE FOOD CART:
Make sure that all of your patients receive the appropriate diet. Bring the tray to the patient and feed her/him or assist with the tray as needed. You may check the “favorite foods list” for other available options if your patient does not like what is provided on her/his tray.

INFANT LIQUIDS: (NO CARBONATED BEVERAGES UNDER 1 YEAR OF AGE)
- Sterile water, glucose water, jello water, ½ strength juices or formula, pedialyte.

CLEAR LIQUIDS:
- Water, glucose water, jello, ½ strength juices, pedialyte, popsicle.

FULL LIQUIDS:
- Same as above plus formula or milk, thin cooked cereal, soup broth, ice cream.

LIQUIDS FOR DIARRHEA:
- Water, glucose water, jello water, pedialyte.

“DFA”:
Diet For Age=according to what parents have feed the child at home or MD specific order.
Behavioral Objectives ADN 35BL for:
Miller Children’s Pediatric Specialty Clinics
Pediatric Sedation Room

On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor by the Monday after the experience.

1) Describe the role of the outpatient clinic or pediatric sedation nurse.

2) Discuss how the role of the outpatient clinic or pediatric sedation nurse differs from that of the nurse on the general pediatric unit.

3) Identify routine baseline assessments, laboratory studies, medications administered (include drug class, desired effect, nursing responsibility and side effects), referrals and follow-up care performed at each clinic visit or prior to, during and after a procedure.

4) Identify several teaching needs in at least 3 patients and/or families in which you assisted with their care.

5) Discuss teachings that you accomplished during your experience (such as nutrition, follow-up care/appointments, treatments, immunization scheduling, pre/post-procedure care).

6) Summarize the procedures that you performed and/or observed.

7) State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives.

Name of the clinic/unit you attended

Print the name of co-assigned nurse

Signature of co-assigned nurse/Date
Behavioral Objectives ADN 35BL for:
**Pediatric PICU/NICU/Hem-Onc Experience**

On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor by the Monday after the experience.

1) For at least one patient cared for with the co-assigned nurse:
   A) Complete and attach a nursing care plan.
   B) Describe why that patient must be cared for in the PICU, NICU, or Hem-Onc area.
   C) Describe the pathophysiology of the patient's primary medical condition.
   D) List all medications ordered for the patient with: drug name, class, dosage, route, frequency, major side effects, nursing implications, and why the drug is ordered for that patient.
   E) List actual patient care performed (such as: hygiene, medication administration, suctioning, positioning, feeding, etc.).

2) Describe any procedures observed.

3) Discuss how the role of the PICU, NICU, or Hem-Onc nurse differs from that of the nurse on the pediatric core unit.

4) State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives.

________________________________________________________________________
Print name of co-assigned nurse

________________________
Signature of co-assigned nurse/Date
On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor by the Monday after the experience.

1) Describe the role of the ER nurse.

2) Describe the role of the triage nurse.

3) Describe the critical thinking observed in the triage area.

4) Briefly describe each patient that was observed/cared for with the co-assigned nurse.

5) List any actual patient care that you performed (such as: medication administration, assessment, catheterization, NG tube insertion, etc.).

6) State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives.

Print name of co-assigned nurse

Signature of co-assigned nurse/Date
Behavioral Objectives for ADN 35BL Pediatric OR Experience

Student Name:

On a separate sheet of paper, answer the following objectives and submit them to your clinical instructor the next clinical day after the experience.

1) Describe the procedures/surgeries that were observed.
2) Identify the reason(s) for performing the procedures/surgeries that were observed.
3) Describe the types of anesthesia that were used.
4) Discuss any pre-operative or post-operative teaching that was performed.
4) State if the experience was valuable or not and why.

At the end of the day have this sheet signed by the co-assigned nurse and attach it to the answered objectives.

_______________________________________________________________________
Print name of co-assigned nurse

_______________________________________________________________________
Signature of co-assigned nurse/Date
GUIDELINES AND FORMAT FOR THE PEDIATRIC CASE STUDY

A. Policy for written work in the nursing program:
   1. All case studies are to be typed.
   2. APA format is to be used for all written work. Please see 235A/AL syllabus for APA format information.

B. Select one of your assigned patients to present in the case study. Discuss the selection with your clinical instructor. The patient must be approved by your instructor.

C. The typed case study will be submitted to your clinical instructor on the assigned date (see weekly schedule). The case study will be orally presented to your clinical group on an assigned date. Please limit your presentation to 10 minutes. A VISUAL AID MUST BE USED FOR YOUR ORAL PRESENTATION. See your clinical instructor for suggestions.

D. Format for the case study.

   1. Basic Conditioning Factors
      Include all information from the top of your nursing care plan.

   2. Physiology Of The Involved Organs
      Include a brief statement, in your own words, about the structure and function of each of the involved organs. An outline format is preferred.

   3. Pathophysiology
      You must include: pathophysiology, statistics regarding the incidence of the condition, predisposing factors and/or precipitating factors, and the most common causes of each of the conditions diagnosed in your selected patient. Describe what went wrong for your patient, the cause (if known), and signs and symptoms that your patient exhibited. Discuss the treatment plan for your patient. Include a description of the surgery if appropriate.

   4. Medical Orders
      List all of the orders in effect for your patient when you cared for her/him: activity order (play, toys), diet, all ordered medications (including drug, dosage, route, frequency and desired effect for your patient), IV fluid replacement, drains, treatments, etc. Include diagnostic tests, lab values (with normal values) and the significance of each finding to your patient.
5. **Health Deviations**
   Describe how the identified health deviations affected your patient. Use your nursing care plan as a guide in describing the abnormal findings in each Universal Self Care Requisite area, and classify each deviation as:
   a. Health deviations brought about by the illness OR
   b. Health deviations brought about by diagnostic tests and/or treatments.

6. **Priority Problems**
   You must list two or three priority problem(s) for your patient. State a goal and interventions for each problem. Attach your original care plan for the patient. Revise the care plan if it was unsatisfactory.

7. **Teaching Assignment**
   Describe a teaching plan for the patient and/or the patient’s family. Include an educative/supportive nursing diagnosis, goal, and interventions utilized in your care. If appropriate, provide the discharge instructions with the teaching interventions.

8. **Growth & Developmental Assessment**
   a. Include the developmental level per Erikson, and provide a rationale for why you think the patient has achieved or failed to achieve resolution of the Erikson developmental level.
   b. State the chronological age of the child and the approximate developmental age. Discuss why you think the chronological age and developmental age are the same or different.

9. **References**
   Include a reference list, in APA format (use the APA examples in your ADN 21A syllabus as a guideline), with all publication dates within the last five years. Include and attach a copy of one related nursing research article that helped you write your case study. The article must be cited in your paper and listed on your reference list, and you must highlight areas used in the article. **You must have this article approved by your clinical instructor prior to submitting your written case study.**

35.1
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 35BL Pediatric Nursing
GRADING CRITERIA FOR PEDIATRIC CASE STUDY
Attach this page to the back of your case study.

<table>
<thead>
<tr>
<th>ITEM TO BE EVALUATED</th>
<th>Correct</th>
<th>Not Correct</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Assignment is typed or word processed on one side of clean 8 1/2” by 11” white paper. The font and spacing are APA style.</td>
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</tbody>
</table>
| 2. A title page is present.  
  √ Title, student name, course, clinical instructor name and data are on first page  
  √ All pages are numbered following APA style  
  √ Pages are bound together by staples or in a folder  
  √ Each section of the case study is identified by using italics                                                                                         |         |             |          |
| 3. The format and content are college level.  
  √ Documentation style is APA  
  √ Paragraphs are organized and logical  
  √ No plagiarism is present, information is paraphrased rather than copied directly from sources, correct citations are present  
  √ Sentences are complete and grammatically correct  
  √ Style is appropriate for a documented essay  
  √ Spelling is correct                                                                                                                                   |         |             |          |
| 4. The client selected was approved by the clinical teacher.                                                                                                                                                    |         |             |          |
| 5. The oral presentation was organized and a visual aid was utilized.                                                                                                                                            |         |             |          |
| 6. Basic Conditioning Factors included all information.                                                                                                                                                         |         |             |          |
| 6. The rationale for the selected Erikson’s developmental level AND chronological versus developmental age are present, and thorough.                                                                                        |         |             |          |
| 8. Physiology of ALL involved organs is accurate, and properly referenced and cited. It includes BOTH structure and function of each involved organs.                                                                 |         |             |          |
| 9. Pathophysiology for EACH medical diagnosis:  
  √ Statistics regarding incidence and predisposing and/or precipitating factors are listed  
  √ Reference source(s) of the information is/are cited  
  √ The cause and precipitating factors for this particular patient’s pathology are listed  
  √ Clinical manifestations associated with the disease process are listed                                                                                                                                   |         |             |          |

36.0
## ITEM TO BE EVALUATED

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<td>10. All medical orders in effect are listed:</td>
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<td>√ Medications are listed along with: drug name, dosage, route, frequency, and expected therapeutic effects for this patient</td>
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<td>therapeutic affect</td>
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<td>√ Lab and diagnostic tests are listed with an explanation of implications of any abnormal findings</td>
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<td>11. Health deviations are formatted by Universal Self-Care Requisites and listed as:</td>
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<tr>
<td>a) Health deviations caused or associated with the illness</td>
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<td>b) Health deviations associated with the diagnostic tests or treatments</td>
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<tr>
<td>c) The effect of the health deviations upon universal self-care requisites is thoroughly analyzed and explained.</td>
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<td>12. The listed nursing diagnoses and collaborative problems are priority problems.</td>
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<td>√ Goals are specific for the client and the nursing diagnosis or collaborative problem.</td>
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<td>√ Interventions are specific for the client and the nursing diagnosis or collaborative problem.</td>
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<td>nursing diagnosis or collaborative problem</td>
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<td>13. The original nursing care plan is attached. If the original care plan was unsatisfactory, the care plan is rewritten.</td>
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<td>14. The teaching plan is relevant to the client’s problems:</td>
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<tr>
<td>√ The teaching plan is appropriate to the client and client’s family or support system. The source(s) is/are cited.</td>
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<td>√ The teaching plan includes an educative/supportive diagnosis, goal, and interventions. If the patient is too incapacitated to learn, the family members or nurses on the unit are included in the teaching plan</td>
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<td>15. The reference list is:</td>
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<td>√ On a separate page and is in APA style</td>
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<td>16. A copy of a nursing article is attached and was approved by the instructor:</td>
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<td>√ The article is related to the client’s problems</td>
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<tr>
<td>√ The article is based on or reporting on professional research</td>
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<tr>
<td>√ The article is from a refereed professional journal</td>
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<tr>
<td>√ The article was cited at least once in the body of the paper and area(s) used are highlighted in the article.</td>
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ADN 35BL Pediatric Nursing

THEORY CONTENT:  Long Beach City College Child Care Centers

BEHAVIORAL OBJECTIVES:  Please see the objectives on the worksheet

ASSIGNMENT:

1. You must spend a total of **5 hours** at the LAC and/or PCC Child Care Center by the date specified on the weekly schedule.
2. You must contact the Child Care Center at least the day before your intended visit. If you go to the Child Care Center without contacting them you will be sent home.
   LAC: Contact Trish Johnson (562) 938-4253 between 0900 and 1730
   Hours available: Tue/Thurs & Friday mornings 0700-1130 and very limited space in the afternoon from 1-3pm daily.
   Report to the main office at 4630 Clark, Long Beach
   PCC: Contact Stacey Smith-Clark (562) 938-3079
   Hours available: Mondays, Wednesdays and Fridays 0700-1730, Tuesdays and Thursdays Noon-1730
   Report to the main office at 1305 East Pacific Coast Hwy, Long Beach
3. You must wear appropriate street clothes (as stated in your student handbook) with your LBCC ID pin.
   Bring the worksheet to the Child Care Center to obtain the signature of a staff member.
4. Please see the guidelines below for further comments about behavior and dress while observing at the Child Care Center.
5. Type out the objectives listed on the worksheet and attach them to it.
6. Turn in the worksheet by the date specified on the weekly schedule.
LONG BEACH CITY COLLEGE
Associate Degree Nursing Program
ADN 35BL Pediatric Nursing
Child Care Center

BEHAVIORAL OBJECTIVES

At the completion of this assignment the student will:

1. Describe services provided by the Child Care Center.
2. Select two specific children to observe (one toddler and one preschooler).
3. List the child’s age.
4. List at least 5 milestones for that age group.
5. List at least 3 milestones observed in the child.

Student Name:___________________________________________________________

LAC or PCC Center:_______________________________________________________

Date:______________ Time:______________ Total Hours:______________________

Print Name of Center Staff:_______________________________________________

Signature of Center Staff:_________________________________________________
LONG BEACH CITY COLLEGE  
Associate Degree Program  
ADN 235 BL Pediatric Nursing  
STUDENT CLINICAL EVALUATION  

Student Name _______________________________________________ Dates of Course ______________________________

Theory: _______%, Course Letter Grade: _______

Overall Clinical Rating: ( ) Satisfactory, ( ) Marginal, ( ) Unsatisfactory

Dates of clinical:________________________
Clinical Agency: ____________________________
Clinical/Lab Absences: __________/___________
Clinical/Lab Tardies: __________/___________

Introduction:
The student is expected to satisfactorily participate as a member of the clinical team; to complete all assigned course outcomes while safely, effectively, and consistently using acceptable principles of client care.

Directions:
Both the student and instructor will evaluate each student’s performance. The student evaluates self in the indicated column. If the instructor agrees, no additional mark will be made. If the instructor’s evaluation differs with that of the student, the instructor will circle the student’s mark and initial. The instructor will then mark the column indicating the evaluation of the student.

Criteria:
--Overall Satisfactory Rating
At the end of the course, each student is expected to receive a satisfactory rating on 75% or more of the clinical days to receive a passing grade.

--Overall Clinical Marginal Rating
An overall clinical marginal rating may be based on one overriding area of safety or on a group of behaviors that have been identified as “Marginal” (Must Improve) in 50% to 74% of the behavioral objectives for the course.

--Unsatisfactory Clinical Rating
An unsatisfactory clinical rating will be given for clinical practice whenever the student receives a second Overall Clinical Marginal Evaluation, or whenever the student demonstrates unsafe clinical practice, i.e., patient safety or welfare is compromised, or meets less than 50% of the behavioral objectives for the course. See Student Handbook for explanation of process and options.

Criteria Definition:
-A check in the S (Satisfactory) column indicates that 75% or more of the time, the student demonstrated appropriate behavior, knowledge, and skills consistent with the current level of student experience.
-A check in the M (Marginal) column indicates that 50% to 74% of the time, student behavior does not meet the expected objective(s). Documented comments should clarify the problem area(s).
-A check in the U (Unsatisfactory) column indicates that the student met their objectives less than 50% of the time, and that behavior is below the acceptable level of performance. A behavior compromising the safety of the client will result in an Unsatisfactory evaluation. Unsatisfactory areas will be documented in the appropriate section(s) on the evaluation.
-A check in the N (Not Applicable, or not observed) column indicates that the behavior was not evaluated.

38.0
Clinical Outcomes for Pediatric Rotation

At the completion of this course the student will satisfactorily complete the following clinical outcomes for the pediatric patient.

<table>
<thead>
<tr>
<th>I. Professional Role</th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice in the pediatric rotation of the Advanced Nursing Critical Care Lifespan course.</td>
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<tr>
<td>2. Demonstrates accountability for nursing care.</td>
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<td>3. Independently advocates for patient rights.</td>
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<td>4. Maintains organizational and patient confidentiality by abiding the HIPAA standards.</td>
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<td>5. Practices within the parameters of individual knowledge and experience based upon entry level theory of the pediatric patient.</td>
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<td>6. Serves as a positive role model to peers.</td>
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<td>7. Independently develops and implements a plan to identify and meet self learning needs.</td>
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<td>8. Delineates and maintains appropriate professional boundaries in nurse-patient relationships.</td>
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</table>

<table>
<thead>
<tr>
<th>II. Communication</th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates therapeutic communication skills when interacting with patients and their families.</td>
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<tr>
<td>2. Communicates relevant, accurate, and complete information in a concise and clear manner. to members of the health care team and group leader.</td>
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<td>3. Reports and documents assessments and interventions.</td>
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<td>4. Utilizes appropriate channels of communication.</td>
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<td>6. Utilizes information technology to support and communicate the planning and provision of patient care.</td>
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<td>7. Applies communication skills in oral presentations in the clinical group.</td>
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</table>

<table>
<thead>
<tr>
<th>III. Orem and the Nursing Process</th>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes Orem's Model to establish each patient's database.</td>
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<tr>
<td>2. Nursing Process:</td>
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<tr>
<td>a. Assessment:</td>
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<tr>
<td>i. Completes a thorough physical assessment prior to patient care.</td>
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<tr>
<td>ii. Collects and validates additional data pertinent to the patient.</td>
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<td>iii. Assesses the patient's health status by completing or reviewing a health history</td>
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<tr>
<td>iv. Recognizes the educational needs of the patient and family.</td>
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<tr>
<td>v. Recognizes changes in the patients status.</td>
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<tr>
<td>b. Diagnosis</td>
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<tr>
<td>i. Selects appropriate nursing diagnoses and collaborative problems for each patient.</td>
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<tr>
<td>ii. Accurately prioritizes nursing diagnoses and collaborative problems.</td>
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<tr>
<td>c. Planning/Outcomes: Formulates SMART goals.</td>
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<td>d. Implementation:</td>
<td>38.1</td>
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</tr>
</tbody>
</table>
i. Identifies interventions appropriate to achieve goals for each nursing diagnosis and collaborative problem.

e. Evaluation:
   i. Re-Assesses the patient's response to interventions.
   ii. Evaluate outcomes/goals

3. Submits completed plan of care 1-1/2 hours after receiving report or as designated by instructor

### IV. Critical thinking

<table>
<thead>
<tr>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
</table>
1. Makes timely and accurate clinical judgments.
2. Utilizes critical thinking throughout the nursing process in providing care.
3. Recognizes and responds to changes in the patient's condition.
4. Utilizes evidence-based information to support clinical decision-making.
5. Formulates a Case Study on the pediatric patient as per grading criteria.

### V. Safety

<table>
<thead>
<tr>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
</tr>
</thead>
</table>
1. Provides accurate and safe performance of nursing skills.
   a. Demonstrates competency in all previously learned skills.
   b. Performs newly learned skills safely with minimal verbal cues.
2. Troubleshoots potential/actual unsafe practices.
   a. Manages a safe physical and psychosocial environment.
3. Safely administers medications to assigned patient.
   a. Prepares for safe drug administration by completing the drug/intravenous worksheet.
   b. Administers medications with 100% accuracy and monitors drug regimen.
   c. Manages intravenous fluid therapy and administers medications with supervision of Nurse or instructor.

### VI. Teaching and Learning

<table>
<thead>
<tr>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
</table>
1. Develops an individualized teaching plan for the patient and family.
3. Teaches the patient and family using accurate information and skills needed to achieve desired goals/outcomes.
4. Evaluates the progress of the patient and family toward achievement of desired goals/outcome.
5. Revises the teaching plan based on evaluation of progress toward meeting identified learning outcomes for the patient and family.

### VII. Collaborative Management of Care

<table>
<thead>
<tr>
<th>S &gt; 75%</th>
<th>M 50-74%</th>
<th>U &lt; 50%</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
</table>
1. Collaborates with the healthcare team to achieve patient and organizational outcomes.
2. Competently provides leadership and support to peers as a group leader.
   a. Completes all the functions of the group leader as per syllabus guidelines.
3. Establishes priorities in the care of the patient.
4. Manages and prioritizes nursing care of one patient.
SUMMARY COMMENTS

Rotation One – Student Comments

Strengths:

Areas Needing Improvement:

Instructor Comments:

Problem Areas:

Student____________________________
Date     ____________________________
Instructor __________________________