IV

PROJECT GUIDELINES, FORMS, EXAMPLES

COLLEGE OF SAN MATEO
NURSING 231

SAMPLE MEDICATION ADMINISTRATION TEST

Name:____ You will have 14 minutes to take this test. You will need 90% competency to pass. You must have the correct value and label to achieve the complete point (no partial points will be given). Calculate the dosages to the nearest tenth. Good luck and do your best! **Your answer MUST appear on the line following the question.**

1. Thioridazine HCI 0.2 g has been ordered t.i.d. The tablets are 100 mg in strength. How many tablets will you give each time?

   ____

2. Chloral Hydrate syrup contains 0.5 g per 5 mL. Prepare a 1500 mg dosage.

   ____

3. One of the client's discharge medications will be lithium, 900 mg bid. This will be given in elixir form with strength of 300 mg/5 mL. How many teaspoons will you instruct the client to take each time?

   ____

4. An initial dose of Prolixin Decanoate 12.5 mg IM has been ordered. The available strength is 25 mg per mL. Your prepared dose will be?

   ____

5. Thorazine is available as a 25 mg per mL solution for IM injection. Prepare a 15 mg dosage.

   ____

6. Prepare a gr. 1 dosage of Phenobarbital from a solution labeled 120 mg per mL.

____

7. A client has arrived to the Psychiatric Emergency Services department. The physician orders an IV of D5 ½ NS at 100 mL/hr. Calculate the drops per minute if the set calibration is 15 gtts/mL.

____

8. A client has an infection. The physician orders Cefotetan 1 g in 100 mL of D5W over 30 minutes. Determine the mL/hour if using an infusion pump.

____

9. The nurse is caring for a young woman who is severely anorexic and is now in the ICU. The physician orders intralipids 500 mL every 6 h in addition to a hyperalimentation solution that is infusing at 80 mL/hr. Calculate the 24 hour parenteral intake.

____

10. The client labs are drawn and reveal that the client is hyponatremic. The physician order reads, "administer 250 mL of 5% Sodium chloride". The set calibration is a microdrip and the flow rate is 50 gtt/min. Calculate the infusion time.

____

NURSING 231

SAMPLE MEDICATION ADMINISTRATION TEST

Key

1. 2 tablets
2. 15 mL
3. 3 tsp.
4. 0.5 mL*
5. 0.6 mL*
6. 0.5 mL*
7. 25 gtt/min.
8. 200mL/Hr.
9. 3920 mL
10. 5 hours

Reminders **These instructions will not be given to you on the test, so remember the following**

1. When the question is asking you to "calculate the drops per minute", the answer will be in labeled gtts/min. ** "drip rate" refers to drops per minute **

2. When the question is asking you to "calculate the infusion time", it is asking for the time it takes (usually in hours) for the amount of medication or fluid to infuse.

3. A question might refer to setting the IV pump. Remember to adjust the rate because the pump can only "think" in hourly increments, but the infusion time might be a portion of an hour (i.e. 30 minutes)

4. Microdrip = a set calibration of 60 gtt/min.

5. * If your answer is less than 1ml (cc), you will need to demonstrate the amount by placing a 0 before the decimal point. For example 0.5 ml

6. gr = grain Know this conversion – think of "the clock" 1 gr = 60 mg

7. If you are having difficulty with these questions YOU MUST review your Dimensional Analysis text. It would also be beneficial for you to find a classmate or tutor who can help you understand these concepts better.

COLLEGE OF SAN MATEO
NURSING 231

CLINICAL ASSIGNMENTS

Interactions with clients: You will have an opportunity to observe and participate in a wide variety of psychotherapeutic techniques including individual, small group and large group therapy, confrontation, motivation and family groups. You will primarily be in the short-term acute care environment. In the short-term acute care environment you will be expected to select a client(s) on your assigned unit with whom you can:

1. Make a verbal contract with your client each time you establish therapeutic communication
2. Carry out one-to-one therapeutic interaction sessions. Your instructor and staff will provide you with guidelines for selecting a client. You will be given specific instructions, depending on which unit you are assigned, as to where you may carry out your "one-to-ones" (therapeutic communication). You may be able to follow your client to another unit for the purpose of your one-to-one contract. This needs to be arranged with the staff on both units and your instructor to follow your client, if this is permitted. You may interact with other clients as it is deemed appropriate by the staff and your instructor. As you interact with your client, focus on the verbal and non-verbal communication of both you and your client. Maintain staying in the "here and now". Pay attention to the clinical evaluation tool in which you are expected to help your identify strengths and problem solve. Also, try to make a mental note of the sequence of topics discussed. You **do not** take notes during the interaction. Once your one-to one session is completed, try to find a quiet place where you can make notes of your interaction. The notes will be most helpful to you when you write your Process Recording or clinical worksheets.
3. You will be required to complete 2 **clinical worksheets**.
4. One of your clinical worksheets or one of your process recordings needs to be completed on an **elderly client**.
5. The clinical worksheet that represents the elderly client will also include a **spiritual assessment**.

COLLEGE OF SAN MATEO
NURSING 231 CLINICAL WORK SHEET

STUDENT NAME____________________________DATE______________________

PT. INITIALS:________ROOM#______ AGE: ______ M/F
Date of Admission___________________

PRIMARY PSYCH. DX (*Axis I)* ____
*Axis II*____
*Axis III*____
*Axis IV*____
*Axis V*____

Brief explanation for this admission:

Developmental Age (Erikson)__________________________ appropriate?_____ If no, explain:
____
____
____

Maslow's Hierarchy: Describe each stage, where is the client currently? Where has the client been in life? What does the future hold for this client? Is there potential for growth into higher stages?

*Physical*____
*Safety/Security*____
*Love/Belonging*____
*Self Esteem*____
*Self Actualizing*____

Cultural Implications: ____

Teaching Need: ____

Client goal(s): ____

MEDICATIONS: Include the information below for each medication the patient is being administered within a 24 hour period, i.e. **ALL** meds prescribed to the patient. Use a separate sheet for this.

Name **(generic and trade)**
Dose
Time(s)
Indication
Nursing Considerations **(Adverse side effects, pertinent lab values etc..)**

Allergies: ____

LAB DATA: (*Include significance)*

Other important diagnostics, procedures, etc.:

COLLECT THE FOLLOWING DATA: PSYCHIATRIC ASSESSMENT TOOL

I. **General Appearance:** Describe: Appropriate vs. Inappropriate, grooming, posture, gait, mannerisms, body activity/inactivity

II. **Speech:** Describe: Tone (appropriate?), flow, relevance of speech, associated looseness? Clear vs. Slurred

III. **Socialization and Interpersonal Relationships:** Describe: Home vs. Hospitalization. How does the client interact on the unit? Isolates? Instigates? Participates?

IV. Pathological Content of Thought: Describe: Hallucinations and/or Delusions. Thoughts of suicide vs. homicide. Phobias, obsessions, compulsions. Any somatic complaints

V. Intellectual: Describe: Does the client have insight? A&O X ? Able to accept responsibility? Memory? Thinks abstractly?

VI. Mood/Affect: Describe mood and affect

VII. Stress and Coping: Self esteem? Support from others? Describe coping strategies; negative vs. positive. Use of ego defense mechanisms (describe).

VIII. Conclusion: What did you find overall? Describe the significant verbal vs. nonverbal behavior. What are your feelings?

List the Priority Nursing DX:

Goal(s) – one short term goal and one long term goal (realistic, measurable and with a time frame)

Interventions (list all that apply to this patient's goals – list those that pertain to the short term goal and long term goal separately:

Provide a sample 1:1 interaction that you actually had with this patient or one in simulation with a peer (i.e. you are not required to have a 1:1 – however you may record one as if you did for instructor feedback)

Nurse's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis	**Client's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis**	**Evaluate the verbal and nonverbal of the NURSE. Identify the communication technique in parenthesis. Use ALTERNATIVE statement if the communication technique was inappropriate**	**Evaluate and interpret the verbal and nonverbal communication of the CLIENT. Place the communication technique/ego defense in parenthesis**

ELDER SPIRITUAL ASSESSMENT

PURPOSE: The purpose of this experience is to explore an elder's spirituality through conducting a spiritual assessment with a client on the assigned psychiatric unit.

Refer to the article found in Nursing Spectrum (online) Making a Spiritual Assessment http://www.nurse.com/ce/CE249-60/Making-a-Spiritual-Assessment/ It is comprehensive and outlines JCAHO requirements for a spiritual assessment. ***THIS IS A REQUIRED READING!! ** If the link doesn't take you there directly, type in *Spiritual Assessment* in the *search for courses box (left side)*. Take the course to read the content, but not the test, unless you want to pay the fee.**

PROCEDURE: An elder is considered to be an individual who is 60 years of age or older (in limited cases the instructor may opt to reduce this age requirement based upon client census). Each student will complete one of their care worksheets or a process recordings on an elderly client. The student will include a spiritual assessment on one client used for the clinical worksheet or process recording.

OBJECTIVES:

By the end of this experience, the student will:

1. Assess an elderly client on the unit with a diagnosable mental illness in terms of their use of spirituality as a support and coping technique.
2. Use previously learned data collection skills to interview an appropriate client
3. Practice interviewing techniques helpful with elders.
4. Develop a concept map highlighting the client's experiences with spirituality
5. Complete an original map.
6. Submit the concept map with the Process Recording or Clinical worksheet

** If assigned to a unit where there are few or no adults, the student may "visit" another adult unit or work with a patient in the Psychiatric Emergency Department.

ASSESSMENT GUIDES

SPIRITUALITY: This is not an official spiritual assessment tool. It is a guide to help you evaluate the individuals you interview. Remember, spirituality is not limited to one's religious beliefs or practices. Religiosity is not spirituality. Spirituality is about one's faith and hope, especially in times of illness or distress

- Who or what provides the elder with strength and hope?
- Does the elder use prayer in their life?
- How does the elder express their spirituality?
- How would the elder describe their philosophy of life?
- What type of spiritual/religious support does the elder desire?
- What does suffering mean to the elder?
- What does dying mean to the elder?
- Is there a role of church/synagogue in the elder's life?
- How does faith help the elder cope with illness?
- How does the elder keep going day after day?
- What helps the elder get through this health care experience (if elder has a chronic illness)?
- How has illness affected the elder and his/her family?
- What gives the elder meaning and purpose in life?

CONCEPT MAP:

Develop your concept map to include all of the data collected and be sure to include a 2-3 sentence summary of your findings regarding spirituality.

COLLEGE OF SAN MATEO
NURSING 231

PROCESS RECORDING PURPOSE, OBJECTIVES AND HELPFUL HINTS

PURPOSE: The Process Recording is an invaluable tool used to help the nurse evaluate the interrelationships of communication between the message sender, the receiver, and the therapeutic outcome of an interaction. It is a means in which you can apply your therapeutic communication skills to assist clients to deal with here and now issues and where your instructor can evaluate your communication interpersonal competencies. Through the Process Recordings you will develop skills such as recalling and recording interactions, recognizing themes and patterns in both your behavior and that of the client and how to respond appropriately.

OBJECTIVES: At the completion of this assignment the student will:

1. Refine therapeutic communication skills in psychiatric settings through one-to-one interactions.
2. Acquire skills of recalling and recording conversations which include verbal, non-verbal and extraverbal responses.
3. Analyze data collected and formulate a client care plan.
4. Recognize behavioral themes of both the nurse and client.

HELPFUL HINTS:

1. Do your Process Recording as soon after your interaction as possible to enhance your recall
2. Do not be disturbed that you can't remember every word or detail, record as much as you can remember including the feeling tone of the response when exact wording is temporarily forgotten.
3. Record the non verbal communication you observe during silences should they occur. Record what happened immediately before and after the silence as well.
4. You are encouraged to check with your instructor during clinical hours when you are not otherwise involved, for feedback and assistance regarding your process recording, or any other interaction you may have.

COLLEGE OF SAN MATEO

Nursing 231

PROCESS RECORDING

Student Name _____________________________ # ________ PR

Date of 1:1 Interaction ______________ Start time________End time______

Unit/Area where the 1:1 occurred __________________________

Client Initials _________ Male/Female ______ Age of Client _________

List the Client's 5 Axes: I _____________________________ II ____________________________ III ____________________________ IV ____________________________ V _____________________________	List the Client's Medications (use a separate paper if needed)

Identify the Client's Strengths	Identify the Client's Problems or Areas to be Strengthened

Assess the Client's behavior relative to:

- **<u>Maslow's Hierarchy of Needs</u>**

Discuss how the client does or does not meet each level of adaptation. What level is your client presenting at currently? Did the client ever achieve higher levels in the past?

Physical

Safety and Security

Love and Belonging

Self Esteem

Self Actualization

- **<u>Anxiety Continuum</u>**

Place and "C" on the continuum where your client is currently. **Place with an "A"** on the continuum where your client was upon admission. Discuss the findings in detail.

Mild **Moderate** **Severe** **Panic**

Discuss:

- **<u>Evaluate the Client in terms of Erikson's theory</u>**

Align the client's behaviors with Erikson's developmental level. Do the client's behaviors indicate an appropriate developmental level? If it is appropriate, is the client meeting the tasks at hand positively or negatively.

Discuss:

- **Coping Mechanisms – list coping styles and ego defenses. Differentiate Adaptive vs. Maladaptive**

<u>Adaptive</u>	<u>Maladaptive</u>

DOCUMENTATION

Use the Narrative format to briefly describe your client and what led up to your client's admission. Include the client's mental status and evaluate existing goals.

Narrative:

Use the Unit standard documentation (SOAP, APIE, BIOP etc) and document the 1:1 interaction you had with the client.

Unit Standard – Record of 1:1 interaction

NURSING PROCESS

- **#1 Priority Nursing Diagnosis:**
- **Outcome Criteria:**
    - **Short term goal (met by end of 1:1)**
    - **Long term goal (met by discharge)**
- **List 3 nursing interventions to achieve the Short term goal and 3 nursing interventions to reach the long term goal**

Interventions

Short Term Goal	Long Term Goal

NURSING PROCESS

- **#2 Priority Nursing Diagnosis:**

- **Outcome Criteria:**
  - **Short term goal (met by end of 1:1)**

  - **Long term goal (met by discharge)**

- **List 3 nursing interventions to achieve the Short term goal and 3 nursing interventions to reach the long term goal**

Interventions

Short Term Goal	Long Term Goal

- **Evaluate: Did the client reach the goals listed in *Nursing Dx. #1*?**
  - **Yes?**
  - **No? Then discuss what you will need to change in the care plan**

- **Evaluate: Did the client reach the goals listed in *Nursing Dx. #2*?**
  - **Yes?**
  - **No? Then discuss what you will need to change in the care plan**

***Write a summary statement regarding your experience with this client*:**

Record of Actual Patient/Nurse 1:1 Interaction
3 PAGE MINIMUM

Nurse's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis	Client's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis	Evaluate the verbal and nonverbal of the NURSE. Identify the communication technique in parenthesis. Use ALTERNATIVE statement if the communication technique was inappropriate	Evaluate and interpret the verbal and nonverbal communication of the CLIENT. Place the communication technique/ego defense in parenthesis

SAMPLE

PROCESS RECORDING

Student Name ____________JR___________ # ___2_____ PR

Date of 1:1 Interaction ____9/12/06__________ Start time_10:05__End time___10:15___

Unit/Area where 1:1 occurred _____Unit #3 A side Patio___________

Client Initials __XX_______ Male/Female __F__ Age of Client ___41______

List the Client's 5 Axes:	**List the Client's Medications (use a separate paper if needed)**
I _____Major Depression________ **II ______Deferred______________** **III _______Diabetes I___________** **IV Problems with Living Situation__** **V __0/45___________________**	***List all Routine and PRN*** ***Include dose, times, indications of use***

Identify the Client's Strengths	**Identify the Client's Problems or Areas to be Strengthened**
• **Seeks help** • **Supportive family**	• **ETOH abuse** • **Passive Aggressive**

Assess the Client's behavior relative to:

- **<u>Maslow's Hierarchy of Needs</u>**

Discuss how the client does or does not meet each level of adaptation. What level is your client presenting at currently? Did the client ever achieve higher levels in the past?

Physical **-** Meets this, lives at home…..

Safety and Security **–** Is not feeling safe, regarding suicidal thoughts…..

Love and Belonging **–** Has felt love and belonging in family, at work…currently….

Self Esteem **–** Has experienced this….now….

Self Actualization **-** Met this years ago…has not experienced this in 10+ years

- **<u>Anxiety Continuum</u>**

Place and "C" on the continuum where your client is Currently. Place with an "A" on the continuum where your client was upon admission. Discuss the findings.

Mild **C** **Moderate** **Severe** **A** **Panic**

Discuss: Upon admission, XX exhibited suicidal thoughts……. Currently, XX is at the mild level because…

- **<u>Evaluate the Client in terms of Erikson's theory</u>**

Align the client's behaviors with Erikson's developmental level. Do the client's behaviors indicate an appropriate developmental level? If it is appropriate, is the client meeting the tasks at hand positively or negatively.

Discuss: XX should be at the stage of Generativity vs. …. However her behaviors indicate she is at the level of……

- **Coping Mechanisms – list coping styles and ego defenses. Differentiate Adaptive vs. Maladaptive**

<u>Adaptive</u>	**<u>Maladaptive</u>**
• Exercises • Records feelings in a journal	• ETOH abuse – denial and projection Uses passive aggressive behaviors (not showing up for scheduled meetings)

DOCUMENTATION

Use the Narrative format to briefly describe your client and what led up to your client's admission. Include the client's mental status and evaluate existing goals.

Narrative: XX was admitted on …She was brought in by police…distraught, suicidal thoughts with a non lethal plan…..disheveled. Panic level anxiety…Goal is to stay safe, plan for the future, return home

Use the Unit standard documentation (SOAP, APIE, BIOP etc) and document the 1:1 interaction you had with the client.

Unit Standard – Record of 1:1 interaction

B – describe client **behavior**

I – describe the **interventions** used (1:1 discussed….helped to problem solve)

O – describe the **outcome** of the intervention (Pt. created a written plan to…)

P – describe the **plan** (continue with care plan, arrange future 1:1…etc)

NURSING PROCESS

- **#1 Priority Nursing Diagnosis:** A priority is life threatening; involves client safety and well being
- **Outcome Criteria:**
  - **Short term goal (met by end of 1:1)**
  - **Long term goal (met by discharge)**
- **List 3 nursing interventions to achieve the Short term goal and 3 nursing interventions to reach the long term goal**

Interventions

Short Term Goal	**Long Term Goal**
Goals (short and long) must be measurable, realistic and with a time frame. *Wrong way: The client will be less anxious* *Correct way: The client will exhibit a decrease in anxiety from severe to moderate by the end of the 1:1 session today*	

NURSING PROCESS

- **#2 Priority Nursing Diagnosis:**
- **Outcome Criteria:**
  - **Short term goal (met by end of 1:1)**
  - **Long term goal (met by discharge)**
- **List 3 nursing interventions to achieve the Short term goal and 3 nursing interventions to reach the long term goal**

Interventions

Short Term Goal	Long Term Goal

- **Evaluate: Did the client reach the goals listed in *Nursing Dx. #1*?**
  - **Yes?**
  - **No? Then discuss what you will need to change in the care plan**
    Client became more anxious and needed to be redirected to client room.. Continue with care plan. …..
- **Evaluate: Did the client reach the goals listed in *Nursing Dx. #2*?**
  - **Yes?**
  - **No? Then discuss what you will need to change in the care plan**

***Write a summary statement regarding your experience with this client*:**
This was an interesting experience, I have never taken care of a depressed client….

Record of 1:1 Interaction

Nurse's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis	Client's dialogue: Record verbal and nonverbal communication. Place the nonverbal in parenthesis	Evaluate the verbal and nonverbal of the NURSE. Identify the communication technique in parenthesis. Use ALTERNATIVE statement if the communication technique was inappropriate	Evaluate and interpret the verbal and nonverbal communication of the CLIENT. Place the communication technique/ego defense in parenthesis
Hi XX can we talk today? (very anxious, my hands are sweating)	OK, I guess so (no eye contact, slight smile on face, depressed tone of voice)	(Broad Opening) Should have introduced myself and contracted with the client. *Alternative*: "Hi XX, my name is ___ a RN student from CSM. … Could we sit and have a 1:1…. It will take about 10 – 15 minutes…"	(incongruent verbal/nonverbal) XX seems reluctant to do this. I think she is only talking to me because…

COLLEGE OF SAN MATEO
NURSING 231
PROCESS RECORDING
DIRECTIONS AND GRADING CRITERIA

DIRECTIONS: The clinical instructor will correct the process recordings and give points according to the following criteria. two process recordings are required for the psychiatric rotation. The final process recording is worth **five (5) points.**

1. Length indicates an exchange of verbal, nonverbal and extraverbal communication. At least four (4) different communication skills from the clinical check sheet are used in the client and nurse categories. (Three pages is the acceptable length) **(0.5)**

2. Writes and discusses the content of the nurse category logically, correctly, and without undo prompting. Gives verbally other accurate possible alternative responses in this category (i.e., what could you have said). **(1)**

3. Writes and discusses the content of the client category logically, correctly, and without undo prompting. States an interpretation of what the client said both verbal, nonverbal and extraverbal **(0.25)**

4. Relates correctly Maslow's Hierarchy of Needs, Anxiety Continuum, Erikson's Developmental Tasks, and use of Coping mechanisms. **(0.5)**

5. Writes one narrative note stating client's brief history and reason for this admission. Writes a subsequent note about your 1:1 that is within the agency specific documentation standards. **(0.5)**

6. Writes two (2) nursing diagnoses (priority based), two (2) outcome criteria per nursing diagnosis (a short term and long term goal). Writes at least two (2) nursing interventions per outcome, to help reach the goal. Must evaluate the outcomes. **(1.5)**

7. Discusses the medications the medications the client is taking, and links the indication to the client's medical and psychiatric history. **(0.75)**

SEE NEXT PAGE!!

*** Note: Grammar, spelling and punctuation are important. Your process recordings must be legible. **Your final PR MUST BE WORD PROCESSED !!** Errors in composition will be subjected to point reduction. If you quote a resource, please include a reference list as well. Specific criteria include:

- Paper must be typewritten with no "white-out" or "penned in areas".
- Use APA guidelines for in-text and reference page citations.
- For every 8 grammatical, spelling, APA or unprofessional corrections, 1 point will be deducted.
- For every day late after the due date, 1 point will be deducted.

COLLEGE OF SAN MATEO
NURSING 231

PURPOSE AND GUIDELINES FOR CASE STUDY/PRESENTATION

PURPOSE: The Case Study/Presentation assignment gives you the opportunity to use data collected on a single client and develop a written case study and deliver this information using creative presentation techniques. The assignment specifically addresses the dynamics of a psychiatric client including; psychiatric diagnosis, use of the DSM IV, exploration of clinical manifestations and application of the nursing process. It is expected that you use resources that will enable you to access the most current information regarding your client's diagnosis and treatments available. Finally, you will be able to share this information with staff, peers and your instructor through presenting a poster board presentation (any type of poster board may be used) to the clinical group during a post conference.

OBJECTIVES: At the completion of this assignment the student will:

1. Demonstrate data collection skills used to gather knowledge about a psychiatric client.
2. Discuss the relationship between DSM IV diagnostic criteria and the client's clinical symptoms.
3. State all treatment modalities available to the client both current and anticipated. Evaluate the efficacy of each treatment modality by a defined set of criteria:
    - Accessibility - is the client able to easily access mental health help?
    - Feasibility – How realistic is the treatment plan? Is it practical?
    - Appropriateness – Is the treatment plan appropriate for this client?
    - Client acceptability – Does the client agree with the treatment plan?
4. Apply the nursing process in building the case study of a psychiatric client.
5. Present a psychiatric case presentation to a group of colleagues through use of a poster board.
6. Use reliable sources when using web based materials.

7. Cite the all resources used in the **text** of the paper as well as the reference page (refer to APA guidelines in you Student Handbook) ** ***Note: You must adhere to the referencing and citation rules of APA. If not, it will be considered plagiarism and you will be awarded zero points***.

Additional Criteria:

- Paper must be typewritten with no "white-out" or "penned in areas".
- Use APA writing guidelines in your student nurse handbook
- **For every 8 grammatical, spelling, APA or unprofessional corrections, 1 point will be deducted**.
- For every **day late** after the due date, **1 point will be deducted**.

CASE PRESENTATION

GRADING CRITERIA

DIRECTIONS: The following format and point system will be used to grade the written Case Presentation and the Concept Map Presentation.
Total points possible = 5

GRADING CRITERIA: The student:

1. States the client's initials, room number, physician, and date of admission. List all of the five Axes in your introduction. Compares initial admission to the current (or at discharge) mental status of the client.

   (0.25)

2. States the Psychiatric diagnosis; current psychiatric problem. Includes pertinent medical diagnosis. Gives general information about the psychiatric diagnosis as stated in the DSM IV.

   (0.25)

3. Includes pertinent information about family history; do other family members have mental illness? What is the prominent theory regarding the psychiatric diagnosis etiology? Is it biochemical? Genetic? Environmental? Identify resources to support your findings.

   (0.25)

4. Compares and contrasts the DSM IV defining criteria with this client's clinical manifestations that resulted in this hospitalization. For example; if the client is diagnosed with major depression, describe how your client meets the criteria for that diagnosis by stating clinical manifestations.

   (0.25)

5. Describes the medications the client has been prescribed (include dose, route, time, etc). States the pertinent physiological findings (i.e., **necessary assessments** and/or **laboratory values** associated with the medication regime). **List the important teaching needs concerning the medications the client uses.**

   (0.5)

6. Discusses the psychosocial therapies offered to the client while hospitalized. Which theoretical concepts are linked to these therapies? (i.e., level system = behavior modification) Are these therapies efficacious? Discusses at least one alternative therapy that could be used to help the client (i.e., nutritional supplement).

   (0.5)

7. States the primary (priority) nursing diagnosis. Compare your priority with the priority problem discussed in the client's chart.

   (0.25)

8. States the appropriate outcome criteria and appropriate time frames for each criteria. Criteria must be measurable. Must state at least one short term goal and at least one long term goal.

   (0.25)

9. States the critical nursing interventions that are pertinent in helping the client reach his or her goals. Describe how these compare to the interventions used during the client's hospitalization?

   (0.25)

10. Evaluates the outcome criteria. Did the client reach his or her goals? If not, what changes in the care plan would you suggest?

    (0.25)

11. Shares information gathered about the client with a staff member (preferably a R.N.) and discusses the feedback given. (the staff feed back may be hand written)

    (0.25)

12. Displays, creatively, the case presentation information using a poster presentation (discuss options with your instructor)
(1)

13. Presents the material in a logical and orderly fashion, well rehearsed and without hesitation.
(0.5)

14. Delivers the content to the clinical group; discussing the major points highlighted on the poster. The presentation may not exceed 10 minutes.
(0.25)

Total Points:_______

COLLEGE OF SAN MATEO
NURSING 231
GROUP ACTIVITY PURPOSE AND OBJECTIVES

PURPOSE: Nurses care for clients in a variety of settings. In long-term care, psychiatric and community living and social centers, nurses are instrumental in conducting group activities. The purpose of such activities are therapeutic and provide the participants with learning alternative coping methods, outlets to express thoughts and feelings, social networking and community bonding. Through this project, the student nurse will explore interventions that attend to the social, psychological and spiritual domains of individual and group well being. In using knowledge gained in theory about the nurse's role in group process, communication and leadership, the student group will effectively collect the necessary data to plan, to implement and to evaluate a group activity. ** ***Note: You are awarded a single clinical day off for this assignment. It is imperative that you apply a minimum of 5 hours to this project. You may be asked to account for this time.***

OBJECTIVES: By the end of this assigned project the group of student nurses will:

1. Select an appropriate and creative activity for a select group of participants.
2. In a professional manner, meet with the designated staff to propose the group activity.
3. Determine a mutually agreed date and time for the group activity.
4. Outline the activity plan by submitting the Group Activity Approval form to the appropriate staff and instructor for signature approval.
5. Conduct the activity as planned.
6. Divide the project so that each member will contribute a minimum of 6 hours
7. Evaluate the group activity.
8. Submit all evaluations: Participant, staff and group paper.

COLLEGE OF SAN MATEO
NURSING 231
GROUP ACTIVITY GUIDELINE

Complete the following:

1. Select an activity that is creative and appropriate for the abilities of the students and the participants.
2. Meet with the designated staff member(s) in charge of activities at the facility to gain their assistance in making the group activity a success.
3. Submit the Group Activity Approval Form to agency activity coordinator and any other staff member who may be needed for approval.
4. Schedule a day and time that is most conducive to the success of the activity and the involvement of the participants.
5. Communicate with your instructor in such a manner that there is a sign of security and that the activity will be under control and well managed.
6. Submit the completed **Group Activity Approval Form** to your instructor prior to the date and time of the scheduled activity.
7. Effectively seek out resource support (staff, room, supplies or equipment) needed to successfully complete this activity.
8. Utilize staff and resources to effectively provide an activity that is safe, appropriate and in keeping with the intended goal of the activity.
9. Keep the activity within the intended time frame.
10. Return any materials or equipment used.
11. Return the environment back to the original state.
12. Have the participants complete an evaluation of the activity (if appropriate) and submit these to your instructor
13. Elicit feedback from the activity coordinator or staff members through evaluation and submit this to your instructor.
14. Report the participant behaviors, positive or negative, to the responsible persons (if applicable).
15. Submit all evaluations to your instructor in addition to completing a ONE PAGE TYPEWRITTEN evaluation of your activity (this is a GROUP paper). Include:
    a. The goal(s) of the activity
    b. Objectives for meeting the goal(s)
    c. A list of the students and what their responsibilities were
    d. Describe the activity and what the group planned to do
    e. Evaluate the outcome of the activity through reviewing the participant and staff evaluations.
    f. Include your own personal, individual assessments of the activity (no more than two sentences)
16. Submit the written work with the evaluations to your instructor no later than one full week after the project is completed.

GROUP ACTIVITY

GRADING CRITERIA

1. The goal(s) and objectives of the activity are clearly stated. (0.5)

2. A list of the students and what their responsibilities are included (0.25)

3. Describes the group activity and plan (1.5)

4. Evaluates the outcome of the activity through reviewing the participant and staff evaluations. (0.5)

5. Included are individual group members personal evaluation of the activity (no more than two sentences) (0.25)

Total: 3 points

COLLEGE OF SAN MATEO
NURSING 231
GROUP ACTIVITY APPROVAL FORM

When students are able to plan and implement an activity with a group of participants a report of the project must be **submitted for approval** **before the activity is performed**. After completion of the form, it must be submitted to the designated staff at the assigned agency. After the agency approves the activity, the **form will be submitted to your instructor for final approval**. The following questions must be completed preferably word-processed as a contract (or in black or blue ink and legible!) by one group member:

1. Today's date______________________________

2. Activity date ____________________ Time ________________

3. Title of the activity _____________________________________

4. Goal and purpose of the activity _____________________________________

5. Names and contact numbers (email okay)of students involved
   ____
   ____
   ____
   ____

6. Material and resources needed:
   ____
   ____
   ____
   ____

7. Name(s) of the agency activity coordinator and other staff members working with the students:
   ____
   ____

8. Planned number of participants to be involved ______________

9. How will the student group involve the participants?
   ____
   ____

10. How will the student group advertise the activity?________________________
____
____

11. Summarize in a time sequence your activity plan <u>and responsibilities</u>:

____
____
____
____
____
____
____
____

12. List any assistance needed from the staff and or instructor:
____
____
____
____

Group RN Student Representative Signature:______________________________

Date:_______________________

Agency Representative (s) Signature:___________________________________

Date:______________________

Theory Instructor Signature:

____

Date:______________________

COLLEGE OF SAN MATEO
NURSING 231
SERVICE LEARNING PROJECT

WHAT IS SERVICE LEARNING? *"For students to learn effectively, they first need to be engaged. Service-learning helps promote both intellectual and civic engagement by linking the work students do in the classroom to real-world problems and real-world needs. Without compromising academic rigor or discipline-specific objectives, service-learning gives students concrete reasons for doing their personal best"* (Edward Zlotkowski, 2001).

"Service learning combines community service with classroom instruction, focusing on critical, reflective thinking as well as personal and civic responsibility. Service learning programs involve students in activities that address local needs while developing their academic skills and commitment to their community" ***(American Association of Community Colleges Service Learning Clearinghouse, 2001).***

THE COMMUNITY AGENCY: This project is different, challenging, but full of rewards! You will be able to choose your own agency or event (e.g., Relay for Life). Traditionally, students have been required to observe community agencies that provide service to individuals at home, centers or "on the streets". CSM has a program called "CSM Connects". This program is now offered to students college wide in many different areas of study. I am pleased to be an active participant in this program and hope you will find your experience equally rewarding.

THE PROJECT: The health care climate is changing and shifting into more community based programs. This is due, in part, to increasing costs at the acute care level. We have been using the method of taking care of individuals when they become acutely ill. Now, with managed care and the awareness that we are spending extraordinary amounts of money on health care, many agencies are servicing individual's at the community level. This gives great opportunities for nurses to use their talents.

Select an agency or project and determine how you can best arrange your schedule to implement your selection. You will be given two (2) clinical days off to complete your work. You must provide 15 hours of service, or 15 hours toward the selected project. If you have an agency in mind that provides service to individuals who have or are experiencing psychological issues, you may make those arrangements. Please email me, Janis Ryan, at **ryan@smccd.edu** to "okay" the arrangement you have made.

GOALS OF SERVICE LEARNING:

- To enhance student learning by joining theory with experience and thought with action.
- To fill unmet needs in the community through direct service which is meaningful and necessary.
- To enable students to help others, give of themselves, and enter into caring relationships with others.
- To assist students to see the relevance of the academic subject to the real world.
- To enhance the self-esteem and self-confidence of students.
- To develop an environment of collegial participation among students, faculty, and the community.
- To give students the opportunity to do important and necessary work.
- To increase the civic and citizenship skills of students.

- To assist agencies to better serve their clients and benefit from the infusion of enthusiastic volunteers.
- To expose students to societal inadequacies and injustices and empower students to remedy them.
- To develop a richer context for student learning.
- To provide cross-cultural experiences for students.
- To better prepare students for their careers / continuing education.
- To foster a re-affirmation of students' careers choices.
- To give student greater responsibility for their learning.
- To impact local issues and local needs.

OBJECTIVES FOR THIS PROJECT:
By the end of this project, the nursing student will:

- Develop knowledge and skill in using a collaborative approach to assessment by working with peers, faculty, community representatives and participants in the community agencies or with community based projects
- Explore the services the community agency or project provides
- Identify the population served
- Discover and record the stressors experienced by the participants served
- Indicate the levels of anxiety participants of this organization/agency experience
- Determine the coping strategies used to decrease anxiety of the participants
- Discuss the role of the nurse in the agency (if no nurse present, then anticipate the role of the nurse)
- Identify how the nurse can best meet the needs of the community agency participants
- Organize and present the information discovered through this experience in a journal

There are no points awarded for this project

GUIDELINES FOR YOUR EXPERIENCE

WHAT TO DO:

- Select an agency or project
- Make the contact and arrange your hours
- Serve your hours
- Complete the staff person interview (Not needed for Relay for Life)
- Complete the journal
- Discuss your experience with the clinical group (if time permits – during pre or post conference)
- ALWAYS use your manners and present yourself in the most professional way
- Make sure you introduce yourself as a CSM Nursing Student who is volunteering
- Remember, your core clinical objectives. These apply, always, as long as you are a student at CSM.

You must complete the journal that accompanies this assignment… at your request a journal template will be emailed to you if not already done.

Community Teaching Project
San Mateo County Total Wellness Program

Background: The National Association of State Mental Health Program Directors (NASMHPD) found that 3 of 5 persons with serious mental illness (SMI) die due to a preventable health condition. People with SMI have significantly higher rates of diabetes, hypertension, heart disease and asthma, among other chronic health conditions.
Mental health consumers had more medical/surgical hospital admissions and less utilization of primary care, with patterns of utilization that looked like that of a comparison group that is, on average, approximately 20 years older. This means that, on average, a SMI client looks medically like a non-SMI client 20 years his or her senior.
The County of San Mateo, Behavioral Health and Recovery Services was awarded a 2 million dollar grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop the Total Wellness Program which is aimed to reduce preventable physical conditions and improve health outcomes for behavioral care clients. Several strategies are in place to reduce the incidences of impaired physical health amongst these clients. One approach is to enhance learning in the community through teaching presentations at the local Heart and Soul www.heartandsoulinc.org locations throughout San Mateo County. In partnership, the CSM nursing program N231 course manager has coordinated with the executive director of Heart and Soul and the Total Wellness Health Educator & Program Coordinator to offer N231 nursing students the opportunity to teach consumers of the behavioral health services community predetermined health topics to promote wellness.

Purpose: The students enrolled in College of San Mateo Nursing Program will have multiple opportunities to explore experiences in the community that enhance learning and promote personal growth in the role of the professional nurse during their second year. As active participants with the Total Wellness Program, students will achieve meeting objectives in all the major curriculum themes: the Nursing Process, Communication, Teaching-Learning, Leadership/Management, and the Professional Role in Nursing.

Student Learning Objectives:

Through planning, implementation and evaluation of this project the student will:

1. Participate in the group process to develop a teaching topic for the behavioral health consumer community.
2. Coordinate with another student to present the group selected subject matter to the behavioral health consumer community.
3. Present the group selected subject matter to the behavioral health consumer community using creativity and innovation.
4. Encourage participation amongst the learners and engage them in the learning process.

5. Evaluate the learning of the participants from the behavioral health consumer community.
6. Elicit feedback and evaluation regarding the student presentation from the learners and the agency site supervisor using the tool provided.
7. Submit the completed evaluation tools to the N231 course manager (theory instructor).
8. Submit a 2-3 page document chronicling the group process from planning to evaluation to the N231 course manager (theory instructor)

Procedure: There will be 5 groups of students, each with a specific topic to teach in the community:

1. **Nutrition**
2. **Physical Activity**
3. **Oral Hygiene**
4. **Diabetes**
5. **Smoking**

There will be 10 students in each group who will work together as a team in developing the teaching presentation (see teaching plan below). The students will travel in pairs to a Heart and Soul site and present their group topic. Therefore each student will have an opportunity to teach the subject matter their group developed with another student at one of the agency sites. Upon completion, the student pair will pass the presentation materials on to the next pair in the group scheduled to present.

Teaching Plan:

- As a group, **plan** and develop the assigned topic and key items as a teaching presentation.
- Keep the information simple, non-threatening and in "lay person's" language.
- Prepare and **implement** a **30-45 minute presentation**; be creative, you may want to use a poster board or flip chart. If you use a computer/power point presentation you will need a means to project it.
- **Encourage** learner **participation**; make it fun, perhaps with using games, give-a-ways/prizes for participation etc. – look for resources in the community
- Anticipate questions the learners may ask and have prepared responses.
- **Evaluate** the learners; provide a **pre-test** and **post-test** "quiz" that is not intimidating or ask the participants to write down 3 things they learned. A participant evaluation is included on the next page. You may modify this to include your post-test, but make sure you are having them evaluate your performance too.
- Provide the participants and supervisor of the site with the evaluation tools (see below). Collect these and submit them with your summary.

Once the group has completed the presentations at the designated sites, submit all evaluations and a 2-3 page document summarizing the group teaching experiences. The summary should include a chronicle of the process itself from planning the presentation, a list of "who did what" and personal reflections are encouraged as well.

****** NOTE: You must show your work for approval to the course manager (or designated instructor) prior to teaching in the community, so plan ahead!! ******

College of San Mateo Nursing Student

Community Teaching Project

San Mateo County Total Wellness Program

Participant Evaluation

1. Did the students teach the subject in a way that was clear and easy to understand?

YES NO

Add comments if you would like to:

2. What one specific change do you plan to make as a result of what you learned today?

3. What else would you like to say?

College of San Mateo Nursing Student
Community Teaching Project
San Mateo County Total Wellness Program

Site Supervisor Evaluation of the CSM Nursing Students

Please rank the student group performance using a rating scale of 1-5 (**1= poor, 2=needs improvement, 3=satisfactory, 4=very good, 5=outstanding**). If comments are necessary, please provide these as well. Your participation in this evaluation is appreciated!

Agency Site____

Supervisor_____________________________________

Presentation Title ________________________________

1. **The students were well prepared.**

1 2 3 4 5

Comments:____
____
____

2. **The students taught the subject matter effectively.**

1 2 3 4 5

Comments:____
____
____

3. **Students maintained professional behaviors while teaching.**

1 2 3 4 5

Comments:____
____
____

4. **Students encouraged participation amongst the learners.**

1 2 3 4 5

Comments:____

5. **Students used creative methods to teach the subject matter.**

1 2 3 4 5

Comments:____

6. **The students communicated effectively with participants answering questions.**

1 2 3 4 5

Comments:____

7. **The students were respectful of participants.**

1 2 3 4 5

Comments:____

8. **The students demonstrated compassion and caring towards the participants.**

1 2 3 4 5

Comments:____

____

____

Community Teaching Project

San Mateo County Total Wellness Program

TOPICS

Nutrition – Learn tips for eating healthy on a budget; reducing "liquid calories," and eating to maintain a healthy cholesterol.

Physical Activity – Learn about the many benefits of physical activity, including improved mental health; how physical activity helps to lower blood pressure and easy ways to include more physical activity in your life...and you don't need a gym membership!

Oral Health – Learn about how your oral health effects your overall health. ***(coordinate with dental assisting for this one if you would like)***

Diabetes – Learn about diabetes and how it effects your heath; easy ways to avoid complications from diabetes, and get tips on eating healthy with diabetes.

Smoking – Learn about how smoking affects your health and the benefits of decreasing smoking, including how much money you can save by decreasing the amount you smoke.

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SITE NAMES AND LOCATIONS

TRUE HOPE – 375 89th St., Daly City
FRIENDS OF HOPE – 1950 Alameda de las Pulgas, San Mateo
THE SOURCE - 500 A Second St., San Mateo
COASTSIDE CENTER– 225 S. Cabrillo Hwy, Half Moon Bay **
INDUSTRIAL HOTEL – 505 Cypress Dr., South San Francisco
***** Half Moon Bay - Coastside Center has a primarily Spanish speaking population *****

Simulation Exercise - TBA

COLLEGE OF SAN MATEO
NURSING 231
POWER POINT PRESENTATION
N231

OBJECTIVES: By the end of this assignment, the learners will:

1. Create and present a power point presentation by applying the key concepts related to select psychotrophics.
2. Use critical-thinking skills to categorize concepts from the most general to the most specific.
3. Create a crossword puzzle using key terms from the presentation.

Each clinical group will be assigned a psychopharmacological group (Antidepressants, Antipsychotics or Anxiolytics/Antimanics). You will create a Power Point presentation that identifies the links among important concepts. Be as creative as you like. Some key areas to cover include: Common drugs pharmacodynamics, pharmacokinetics, therapeutic effects, side/adverse effects, nursing consideration and client teaching. In each group there are a variety of generic, brand name and alternative (herbal remedies) to explore, please keep it generalized (using larger, core concepts) or you will be finding yourselves needing a prescription yourself! A total of 2 points will be awarded…good luck!

CRITERIA FOR GRADING:

1. Groups and organizes the related concepts in a clear and creative way (1/2 point)
2. Includes key areas; common drugs (herbal too if warranted), pharmacodynamics, pharmacokinetics, therapeutic effects, side/adverse effects, nursing consideration and client teaching. (1/2 point)
3. Presentation is delivered to the class using Power Point. The presentation must be made available to the entire class (internet distribution on email is best) (1/2 point)
4. Creates a crossword puzzle or other type of word puzzle using the key terms from your map to distribute to each class member. (1/2 point)

Total Points: ____________

V
APPENDIX

George's Story

Part I

He can't be here to tell you himself, so I, his daughter-in-law must let you know about his experience as a client. It was January 6th, 2000. George was in the recliner, his favorite and watching television, a favorite past time. George's son was sleeping in his bed, a cancer victim, who was receiving home therapy and awaiting a regime of chemo and radiation therapy. George often used the recliner as his own bed, just so his son could get the sleep and rest he needed while battling cancer. It was about 10:00 AM when the phone rang. George, who had drifted off to sleep, scrambled out of the recliner to answer the phone. In his hurried state to pick-up the phone, George slipped on the area rug in the middle of the hardwood floor and fell. At 74 years old, you can only guess what happened. George screamed out in pain. His son, got out of bed to see what happened and found George on the floor, alert and oriented, but unable to move. Now, imagine this, you have a 225 pound elderly man on the floor and a 120 pound cancer client who is in pain and more frail than an eight year old child. This courageous son maneuvered his father to the bed and was able get him settled while waiting for help. At this time I came home and heard my brother in law call from the back room. He said, "Jan, could you check on my father?" There, I found George in his bed, complaining of excruciating pain to his right hip. Knowing what I do about hip fractures, I called my husband and told him what was happening and summoned him back to the house. After that, I called 911 and requested services. As George often did, he coped with humor and had many "funnies" to exchange with the fire department, police etc.. After he was given a Demerol injection, he continued with the jokes and laughter. It was his nature. George made the trip to a local hospital and was met in the emergency room by his daughter and my husband. There, it was determined that in fact his head of the femur was broken and he

would require a partial hip replacement.   We were all anxious about that, as George had cardiac history and was not the best surgical candidate. However, his mental status was completely intact and he had been totally independent prior to this accident. Above all, George was 100% dedicated to seeing his son survive the cancer treatments and had anticipated getting him to the appointments each day. The surgery was not only physically needed, but George needed his independence to be available for his very sick son. On January 7th, George had a unipolar hip replacement.

What do you know?

What do you want to know?

What conclusions do you draw (Hypothesis)?

George's Story

Part II

Knowing about hospitals and the current situation, we decided, as a family, that George would be closely observed during his hospitalization by his daughter. With limited staffing and client acuities on the rise, we felt better having close and nearly continued access to him. His daughter spent the first night with him. His surgery went well with out any complications. George was brought to the room after several hours in PACU. He had the routine post-op hip replacement precautions in place and was on a PCA of hydromorphone. It was a standard and acceptable dose.

His daughter awoke the next day to George asking her to change the channel on his television. She replied, "There isn't anything on the television, what are you seeing." He said, "It's a Lone Ranger show and the noise is too much." This concerned George's daughter and she placed phone call home. She told me of the concerns she had regarding her father's apparent hallucinations. She said everything else was stable, vital signs, healing process etc., except for this "weird behavior". I said to her, "I think it's the medication (PCA)." I asked, "Is he in that much pain?" She replied, "Well yes, but maybe another pain medication is available." I suggested for the interim, to wrap the push button control to the PCA around the IV pole and keep it away from him. In the meantime, contact the nurse and let her know what is happening.

What do you know?

What do you want to know?

What conclusions do you draw (Hypothesis)?

George's Story

Part III

It was the weekend and the nurse was hesitant to call the MD. He was notorious for yelling at nurses, especially for these kinds of non-emergent calls. There was only Tylenol available for the pain. By this time George had enough hydromorphone in his system and was experiencing wild and frightening hallucinations.

One hallucination involved being on a 50 foot cliff. He knew he was in his bed, but his perception was that the bed was perpendicular to the cliff's edge and he was only inches from falling off, bed and all. He tried to climb out, over the side rails, to get away from the danger. He described this as vivid and totally frightening. He was unable to get out of the bed, due to the abductor pillow and sequential compression devices.

Another hallucination involved him being at the bottom of a garbage shoot, with all sorts of boxes and papers piled up on top of him. His thoughts were, "why did my children put me here? They must really want to get rid of me!" Again, frightening! There were several hallucinations. He was aware these were hallucinations, but nevertheless, these were causing him a great deal of distress.

His family was upset by these accounts. At one time, George reported that while his daughter was not present, he was grimacing in pain. It wasn't intolerable, but noticeable to others. A nurse's aid was in the room and recognized his distress. She said, "are you in pain?" He said, "yes, but not that bad". She proceeded to press the PCA button and gave him a dose of the hydromorphone.

What do you know?

What do you want to know?

What conclusions do you draw (Hypothesis)?

George's Story

Part IV

This was not what George's family wanted to hear. At this time a call to the client advocate was placed. George's PCA was removed and he was ordered an oral pain medication. He continued to hallucinate for 4 days post-op. Eventually, he was transferred to a Skilled Nursing Facility for additional rehabilitation. He returned home one week later and recovered completely.

George came and told his story to the 2002 nursing class. He is unable to speak to you directly because he died on March 15th, 2002 of a sudden cardiac arrest. He did leave a lasting impression on these students, and I hope to leave one for you. His words of wisdom were valuable and I give them to you.

1. **Pay close attention to your clients and what they are telling you.**
2. **Be an advocate! and speak up for the client when he/she is in need.**
3. **Lastly, treat your clients the way you or one of your own would like to be treated.**

It <u>is</u> all up to you.....