

MAR 12 1998

**BRITISH COLUMBIA  
INSTITUTE OF  
TECHNOLOGY**

***BCIT***

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**INDEPENDENT STUDY SCHEDULE**

**CLINICAL TECHNIQUES 1**

**NURSING 1020**



This schedule outlines a guide for you to use when preparing for the laboratory classes. Hopefully the points outlined will assist you to focus and guide your readings. For some of the skills, a more detailed study outline is provided.

Included in the weekly schedule are the videos available for you to view. This will assist you to learn specific skills. The tapes that have (\*) asterisks beside the title are available for loans from the library.

### **WEEK #1 — Thursday, January 8, 1998**

#### **Medical Asepsis**

- Basic concepts of Asepsis, Medical Asepsis, Surgical Asepsis
- Elements in the chain of infection
- Body's normal defenses that protect against infection
- Nosocomial infections
- Practices followed by nurses to prevent and control infections
- Hand washing procedure
- Comparison between body substance precaution and universal precautions and its application

View video on Body Substance Precautions VC4016.

#### **Body Mechanics**

- Manual on Back Talk
- Principles of body mechanics
- Normal physiologic function — alignment, posture, balance, coordinated movements
- Describing the correct body alignment for a person who is standing, sitting and lying
- Exercises that help prevent back injury

#### **Comfort and Safety**

- Common problems resulting from altered safety
- Nursing interventions to promote a safe health care environment

\* A more detailed outline is included.

## WEEK #1

## MEDICAL ASEPSIS

Upon completion of this lab, you will be able to:

1. describe the differences between the concept of asepsis, medical asepsis and surgical asepsis.
2. identify the principles of medical asepsis.
3. describe the characteristics of the six elements involved in the chain of infection.
4. describe three of the body's normal defenses that protect against infection:
  - normal flora.
  - inflammation.
  - specific body system defenses.
5. discuss conditions that place patients at risk for nosocomial infections.
6. describe the factors that increase an individual's susceptibility to infection.
7. describe the practices followed by nurses to prevent and control infections.
8. describe and demonstrate a method of hand washing that follows the principles of medical asepsis.
9. discuss the concept of universal precaution and body substance precaution and identify the key difference(s) between the two practices.

References: Textbook — Fundamentals of Nursing.  
Video — Body Substance Precaution VC4016.

## WEEK #1

## BODY MECHANICS

Upon completion of this lab, you will be able to:

1. identify the principles related to the use of good body mechanics.
2. state the purposes of the back and abdominal muscles and the conditions that are likely to cause damage to the muscles.
3. identify the correct and incorrect usage of body mechanics.
4. describe the correct body alignment for a person who is standing, sitting and lying.
5. demonstrate the use of correct body mechanics when:
  - stooping, bending.
  - carrying a heavy object.
  - turning (pivot turn).
  - pushing or pulling.
  - pelvic tilt.
6. State three exercises that will help prevent back injuries.

References: Textbook — Fundamentals of Nursing.  
Manual — Back Talk (in library), reference shelf.

## CLINICAL TECHNIQUE I (NURS 1020)

Mr. Andrew Jones is a 53 year old who is admitted to hospital with multiple sclerosis. This diagnosis was made 5 years ago and his illness has left him with progressive muscle weakness and degeneration. He is still able to weight bear with assistance but is no longer able to walk. The co-ordination of his upper extremities is poor. He is also having difficulty with speech and has dysphagia. Andrew is unable to carry out the activities of daily living and is dependent on nursing care. He is very depressed and misses his wife and children.

He has been admitted to a medical floor with pneumonia and a urinary tract infection. He has an elevated temperature, a productive cough and episodes of severe dyspnea. He is also incontinent of urine and feces.

In the weeks to come you will be caring for Andrew during your lab practice periods.

**WEEK #2 — Thursday, January 15, 1998**

- Procedure for complete and partial bed bath
- Grooming — involves eyes, hair, nails, and shaving
- \* • Videotape on the complete bed bath and back massage
- \* • View video on occupied bed
- Snyder, Independent Nursing Intervention, pp. 199–205 on back massage

## WEEK #2

## HYGIENE AND GROOMING

Upon completion of this lab, you will be able to:

1. identify the different types of baths available to the patient in a hospital environment.
2. discuss the purpose(s) and the differences between a complete and partial bed bath.
3. state the equipment needed for a complete bed bath.
4. describe the appropriate nursing measures needed to promote safety and comfort during a bed bath.
5. state the observations the nurse must make while giving a patient hygiene care.
6. demonstrate the correct method of giving a complete bed bath and back rub.

References: Snyder — Independent Nursing Intervention, pp. 199–205, on back massage  
Textbook — Fundamentals of Nursing  
Video — Complete Bed Bath and Occupied Bed – VC001

## WEEK #2

## BED MAKING

Upon completion of your readings and viewing of the video, the student will be able to:

1. describe the difference between an occupied, unoccupied and open bed.
2. identify the principles utilized when making a bed.
3. select the appropriate linen and equipment used in bed making.
4. describe the measures which ensure patient comfort and safety during bed making.
5. demonstrate the correct technique for making an occupied and unoccupied bed.
6. state what the patient should be told upon bed making.
7. describe observations to make before, during and after bed making.

References: Textbook — Fundamentals of Nursing.  
Videos — Making an Unoccupied Bed VC0743  
— Making an Occupied Bed VC0742  
— Clinical Skills VC001 – Mouth Care  
Manual — “A Little More” – Reference shelf in library



## WEEK #2

## LEARNING ACTIVITY

*At morning report you learn that Mr. Jones had a very restless evening and night. He is feeling a little better this morning but is quite weak. His temperature, in the last 24 hours, has been elevated and he has been perspiring profusely. His bed linen is quite damp and his skin feels quite sticky. There is a heavy body odor about him. He also has a heavy beard and he looks unkempt. He tells you that he is looking forward to his wife's visit later on this morning. He is missing his family very much and is quite upset about being hospitalized.*

You establish that one of your priorities is to address his hygiene needs.

1. What must be assessed before you begin his bed bath? Why?
2. What would be included in your interaction?
3. What resources would you consult before beginning his care?
4. How often should Mr. Jones be bathed while he remains in hospital? What types of baths would be suitable for him to have during his hospital stay as he begins to feel better?
5. Would you change his bed linen every day?

Come prepared to discuss this situation.

**WEEK #3 — Thursday, January 22, 1998**

**Clinical Techniques Related to Nutrition and EENT/Face/Head and Neck**

- Oral hygiene — routine and special mouth care  
— this technique will be self-taught with a return demonstration in practice lab
- Denture care
- Feeding — manual on “A Little More” ( on reserve shelf)
  - techniques to feed clients with dysphagia
  - nurses’ responsibility related to special diets
  - safety and comfort assessment related to feeding
  - how to deal with anorexia
  - view video on feeding VC4144 (first part only)
  - \* – view video on mouth care, denture care – VC001

## WEEK #3

### MOUTH CARE Hair, Nail, Eye, Ear and Nose Care

1. Discuss the purposes for mouth care.
2. Identify the difference between routine special mouth care and denture care.
3. Identify the equipment needed to perform routine and special mouth care.
4. Describes the nursing measures needed to promote safety and comfort while giving mouth care.
5. Discuss what the nurse needs to assess about the patient's personal preferences and practices of oral hygiene.
6. State the observations the nurse must make before, during and after giving mouth care.
7. Discuss the appropriate nursing interventions necessary to give:
  - hair care.
  - foot and nail care.
  - eye, ear and nose care.
8. Demonstrate a correct procedure of giving mouth, hair, nail, eye, ear and nose care.

References: Textbook — Fundamentals of Nursing.

Video — Clinical Skills Tape: — routine, special mouth care  
VC001 — denture care

## WEEK #3

## FEEDING

After completion of this lab, you will be able to:

1. identify factors that influence eating patterns.
2. identify reasons for anorexia.
3. describe factors that will influence appropriate food choices.
4. describe the technique to use when feeding patients with disabilities such as:
  - dysphagia.
  - deficits such as blindness, deafness.
  - dementia.

References: Manual — “A Little More” (reserve shelf of the library)  
Video — Feeding VC4144 (first part only)

**WEEK #3****ACTIVITY: FEEDING PROBLEM — DYSPHAGIA**

*Mr. Jones, because of his MS, has considerable difficulty with his meals. He experiences dysphagia, and has difficulty using his eating utensils. Mr. Jones requires almost total assistance with his meals. His self-esteem is impacted because of this dependence and he often eats scant quantities of his meals. You are to feed Mr. Jones his meal.*

In your group:

1. Discuss the issues the nurse should explore.
2. What interventions can be implemented to feed Mr. Jones?
3. Select the appropriate food(s) to give Mr. Jones and demonstrate how to feed him.

Come prepared to discuss the situation.

**WEEK #3    ACTIVITY: FEEDING PROBLEM – VISUALLY IMPAIRED**

*I am a 45-year-old female, insulin dependent diabetic since age 4. I have lost vision in both eyes due to complications of my diabetes. I have been admitted to hospital for investigation of my diabetes.*

1. Brainstorm issues you should consider.
2. What nursing measures can you implement to assist Mrs. Jones to meet her need for nutrition?
3. Prepare Mrs. Jones for breakfast.
4. Demonstrate to the group how to feed this patient.

Come prepared to discuss this situation.

### WEEK #3

### ACTIVITY: FEEDING PROBLEM – DEMENTIA

*Mrs. Forgetmenot is a 50-year-old white female recently admitted. She has great difficulty with all of her ADLs (activities of daily living). Due to short-term memory impairment, she experiences periodic difficulty and/or inability to feed herself. Her self esteem has been greatly impacted resulting in labile emotions, frustration, and angry outbursts. Mrs. Forgetmenot is not able to focus on the task at hand. She is easily distracted and often states that she has already eaten. She often hits out if you attempt to feed her.*

In your group:

1. Discuss the issues the nurse should explore (e.g., What requires assessment prior to, during, and after feeding?).
2. What interventions might be implemented to assist her with eating?
3. Select appropriate food(s) to give. Demonstrate how to assist and/or feed Mrs. Forgetmenot.

Come prepared to discuss this situation.

**WEEK #3**

**DYSPHAGIA QUIZ**

1. A person who has an undetected swallowing disorder may be at risk for:

- A. airway obstruction
- B. dehydration
- C. aspiration
- D. malnutrition
- E. all of the above
- F. A, C

2. Define aspiration: \_\_\_\_\_  
\_\_\_\_\_

3. List 3 things that normally occur physiologically once a swallow reflex is triggered.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

4. The signs that someone may have a swallowing disorder are:

- A. coughing and choking.
- B. multiple swallows per 1 tsp of food.
- C. chestier sounds and/or gurgle voice.
- D. throat clearing.
- E. A, B, C.
- F. all of the above.

5. Anytime a person aspirates on their food, the person will cough. True or False

6. The gag reflex must be present before a person can safely eat. True or False



**WEEK #3**

**DYSPHAGIA QUIZ (cont'd.)**

7. As a general rule, most people with a swallowing disorder should be fed in this position:
- A. sitting upright.
  - B. sitting with chin tucked slightly forward.
  - C. sitting with head slightly reclined.
8. If a patient is just resuming intake of thin liquids, small sips from a cup will likely be easier than with a straw. True or False
9. A patient on thickened fluids may have water or coffee at non-meal times. True or False
10. A person on thickened fluid/pureed diet is still allowed to take pills with water. True or False

**Techniques Related to Musculoskeletal Systems**

- Positioning
  - consequences resulting from poor positioning
  - view video on Immobility VC4610
  - how to move and turn clients
  - common positions — prone, supine, Fowler's, lateral, Sim's (semi-prone)
  - \* – view video tape on positionings
- Range of motion exercise ROM
  - types of ROM
    - review this from assessment course
  - general guidelines related to ROM
  - read procedure on how to provide ROM exercise for the major joints
  - \* – view video tape on ROM VC001
- Hazards of immobility

## WEEK #4

## POSITIONING

Upon completion of this lab, you will be able to:

1. discuss the assessment of body alignment.
2. discuss how to assess activity tolerance.
3. identify equipment used to position patients in bed.
4. describe the nursing measures needed to promote safety and comfort when positioning a patient in bed.
5. describe the positions in which a patient can be placed in bed:
  - supine.
  - prone.
  - lateral.
  - semi-prone.
  - Fowler's – semi-Fowler's.  
– high-Fowler's.
6. describe the nursing measures needed to promote safety and comfort when positioning a patient in bed.
7. state what the nurse must document after positioning a patient in bed.
8. discuss the effects of immobility on the skin and the nursing measures that can prevent and/or treat the skin changes.
9. discuss the effects of immobility on other body systems and the nursing measures that can prevent these hazards of immobility.
10. demonstrate the correct method of positioning a patient in bed:
  - supine.
  - prone.
  - lateral.
  - semi-prone.
  - Fowler's – semi-Fowler's.  
– high-Fowler's.

References: Textbook — Fundamentals of Nursing  
Video — Clinical Techniques VC001  
— Impaired Mobility VC4610

## WEEK #4

## LAB ACTIVITY — POSITIONING

1. Listed here are 5 positions that patients often assume. For each of the following positions, identify:
  - a. the potential pressure points and friction areas.
  - b. measures that will help to cushion and alleviate the pressure (e.g., placement of pillows and support).

- (1) Dorsal Recumbent (also called Supine)
- (2) Lateral (left and right)
- (3) Semi-prone (left and lateral)
- (4) Fowler's – semi-Fowler's (45–60° elevation of head)  
– high Fowler's (60° or greater)
- (5) Prone

2. When a dependent patient's position is not changed at least q2h or if we do not provide for active and passive ROM, the client develops problems referred to as the Hazards of Immobility. Virtually every aspect of body function is affected.

Identify:

- a. the common problems that can occur in each of the following systems.
- b. the appropriate nursing interventions used to prevent the problem.

Use the video – VC4610 – and a Fundamentals of Nursing textbook for your reference.

### Effects of immobility on:

### Nursing Interventions

#### 1. Metabolic Changes

- e.g. – fluid and electrolyte changes  
– bone demineralization  
– altered GI function  
– altered exchange of nutrients and gases

- ↑ fluid intake  
↑ calorie to meet demands and replace subcutaneous tissue  
↑ int C & B, protein to ensure skin integrity and wound healing

#### Basic Need(s) Affected

Nutrition

**Effects of immobility on:**

**Nursing Interventions**

**2. Respiratory System**

**Basic Need(s) Affected**

**3. Cardiovascular System**

**Basic Need(s) Affected**

**4. Muscularskeletal System**

**Basic Need(s) Affected**

**Effects of immobility on:**

**Nursing Interventions**

**5. Integumentary System**

**Basic Need(s) Affected**

**6. Elimination (kidney, bowel)**

**Basic Need(s) Affected**

**7. Psychological & Mental Status**

**Basic Need(s) Affected**

3. Decubitus Ulcer (pressure sore, pressure ulcer)

*Definition:* a localized area of tissue necrosis that develops when soft tissue is compressed between a bony prominence and an external surface for a prolonged period (Potter & Perry, 3rd edition, p. 1524).

*Direct Cause:* prolonged pressure over the skin interferes with circulation to the soft tissue. It deprives the area from O<sub>2</sub> and nutrient supply and interferes with the removal of waste products. This leads to tissue necrosis.

*Contributing Factors:* moisture, poor nutrition, anaemia, fever, friction and shearing force.

*Stages of Decubitus Ulcer Formation:* there are four stages. Look this up in a Fundamentals of Nursing textbook and make notes.

*Nursing Interventions:* look up and make notes.

**WEEK #5 — February 5, 1998**

Testing Week for the Assessment Course – NURS 1019 (See Course Outline)



**WEEK #6 — Thursday, February 12, 1998**

**Clinical Techniques Related to Musculoskeletal System**

- Transfer technique
  - review principles of body mechanics
  - criteria to assess in a client before transferring
  - procedure for pivot transfers, use of a sliding board, hydraulic lifts
- Assistive Devices
  - what to teach clients about the use of crutches, canes, and walkers

## WEEK #6

## TRANSFERS — ASSISTIVE DEVICES

Upon completion of this lab, you will be able to:

1. describe patient assessment data that the nurse must collect prior to transferring or assisting a patient to walk.
2. describe the following transfers:
  - 1 person pivot transfer.
  - 2 person front and back transfer also called 1 person pivot with assist.
3. state the purpose of a mechanical lift.
4. state what to teach patients about transfers to facilitate their ability to participate in a transfer.
5. discuss what to teach patients about the use of crutches, canes and walkers.
6. demonstrate the correct technique to perform the following skills:
  - 1 person pivot transfer.
  - front to back transfer.
  - assisting patient to walk.
  - assisting patient to use a cane or walker.
7. demonstrate what to do when a patient begins to fall.

References: Textbook — Fundamentals of Nursing.  
Video — Video on transfers will be shown in class.

**WEEK #7 — February 19, 1998**

Testing Week

Written multiple choice mid term exam  
Testing of skills – practical exam

**WEEK #8****LEARNING ACTIVITY**

Mr. Jones developed complications following his appendectomy. His lung has become congested and he is expectorating and coughing up tenacious sputum. His temperature is 38.4°C. His urine report for C&S indicates a UTI. Since surgery he has developed an atrial fibrillation. His pulse is 96 bpm and irregular. His ankles and fingers are slightly edematous. His doctor orders a new set of medications. Listed below are the medications Mr. Jones is currently receiving.

Tetracycline	250 mg qid × 10 days
Septra	tabs ii bid × 7 days
Digoxin	0.125 mg qam
Furosemide	20 mg 09h
Robaxisal	tabs ii bid
Docusate sodium	100 mg 09h
Liquifilm eye	gtts i to o.u. bid
KCL	30 meq qd
Hydrocortisone	1% ung for facial rash prn
Tylenol #3	i tab for leg pain q4h prn
Ventolin	ii puffs q4h prn
Serax	15 mg qhs prn

**WEEK #8 — Thursday, February 26, 1998**

**Oral and Topical Meds**

- View video on Oral and Topical Meds VC1580  
Medication Error, A Closer Look VC4624
- \* • Routes of drug administration, oral, topical, inhalation, parenteral
- \* • Legal aspects of drug administration, e.g., food and drug control, client's rights, substance abuse, hospital policies, etc.
- Components of a drug order
  - interpretation of a drug order
  - types of medication orders
- Principles related to drug administration
- Correct method of pouring and administering medications
- Documentation
  - assessment before and after drug administration
- Article — Cohen, Senders, "12 Ways to Prevent Medication Errors" Nursing 94, February 1994.

## WEEK #8

## ORAL AND TOPICAL MEDICATION

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

1. describe the purposes of administering medications.
2. describe the general principles which guide medication administration.
3. describe the equipment used when administering oral and topical medications.
4. describe the essential safety guidelines which must be followed when administering medications.
5. describe the measures which ensure patient comfort during medication administration.
6. practice a correct method of administering oral medications.
7. describe the procedure for the administration of eye, nose, ear drops and drugs given through inhalers.
8. state what the patient should be told when given medications.
9. describe factors to consider when adapting medication administration to patient situations.
10. describe observations to make before, during and after medication administration.
11. document medication administration safety.
12. determine the significance of clinical policy/procedure to medication administration.

References: Textbook — Fundamentals of Nursing.  
Videos — Oral and Topical Meds VC1580.  
— Medication Error, A Closer Look VC4624.  
Article — Cohen, Sendels, "12 Ways to Prevent Medication Errors" Nursing 94  
(Feb. 1994) (on reserve shelf in library – B614).

## WEEK #8

## MEDICATION ADMINISTRATION

In this package you will find a guide to assist you with your reference reading. This knowledge is essential for the safe administration of medications. The student is responsible for learning this theory through independent study. The lab class and practice session will focus on the procedure to follow when dispensing medications.

Enclosed in this package is a situation on the continuing saga of Mr. Jones. Students must prepare for this class by following the instructions given below.

1. For the practice session, each Set (A or B) will form 3 groups of eight students **PRIOR** to this class.
2. In your group of eight, decide how you will cover the following activities. Come prepared to discuss:
  - interpretation of the drug order.
  - knowledge of the drugs and the reason why Mr. Jones is prescribed these medications.
  - the safe procedure to follow when pouring and administering the medications.
3. Each student will have the opportunity to pour and administer at least two of the oral medications. You will also discuss with a partner how to administer the topical meds. You will also learn how to document your meds.

\* Unless the prep work is done, you will not have sufficient time for practice. ***Come prepared!***

## WEEK #8

## MEDICATION ADMINISTRATION

1. Physicians prescribe medications by writing orders on a designated form on the patient's chart. No medications are to be administered without a doctor's order! In an emergency the nurse may take a verbal order over the phone but must write it on the patient's chart. The physician will then verify the order according to the institution's policy.
  - a. There are four common types of medication orders based on the frequency of drug administration. Describe what is meant by:
    - Standing Orders.
    - PRN Orders.
    - Single Orders.
    - Stat Orders.
  - b. A medication order is incomplete unless it has seven essential parts. What are the 7 required components of a drug order?
  - c. Some hospitals have a protocol that allows nurses to give certain drugs without a physician's order. It may be referred to as a GOP (general orders protocol). Research the practice that is followed in your clinical agency.
2. What information must you research about a drug before you administer it? Why?
3. Patient and family education about proper drug administration is also the nurse's role.
  - a. What information should the patient be given?
  - b. If the patient refuses to take the medication, what can the nurse do?
4. When preparing and administering medications, the nurses follow guidelines referred to as the five rights. Describe the five rights.
5. All medications given to patients must be documented. How are medications documented in your clinical agency?
6. Narcotics and controlled drugs must be dispensed in a manner that is dictated by legislation. Describe how this is done.
7. The route chosen for administering a drug depends on its properties and desired effect on the patient's physical and mental condition. Describe the routes by which medications are administered.



**WEEK #8****MEDICATION ADMINISTRATION (cont'd.)**

8. Three systems of measurement are used in drug therapy — metric, apothecary, and household. The metric system is the commonly used standard of measurement. Give some examples of measurements used in each of the above systems.
9. Conversion between systems and drug dosage calculations is often done by the nurse before a drug is administered. It is the student's responsibility to review the functions associated with drug calculations. Review Math for Meds. You will be given an opportunity to do practice tests. Medications cannot be administered safely without a sound understanding of these simple math functions.
10. What knowledge must you have about a particular drug before you administer it to your patient?
11. Look up in your Student Policy manual the policies related to medication administration and medication errors.
12. What are the legal implications related to medication administration?

**WEEK #9 — Thursday, March 5, 1998**

- Intake and output — monitoring, measuring, documenting, evaluating and promoting
- Problems related to voiding
- Nursing interventions to promote voiding
- Use of reagent strips for urine testing
- Procedure for the collection of unsterile specimens
  - urine (routine), stool and sputum
- Restraints (legal and ethical implications)

## WEEK #9

## LAB ACTIVITY

*Mr. Jones complained of severe abdominal pain in the lower right quadrant of his abdomen. A diagnosis of acute appendicitis was made and an emergency appendectomy was performed Tuesday at 16:00 hrs.*

*On Thursday at 07:00, you are assigned to take care of Mr. Jones. The night nurse reports that Mr. Jones' IV is running well and 1600 cc of fluid was absorbed since his return from surgery. His urine output is 75 cc.*

*Mr. Jones is in good spirits when you get to assess him and he states he is hungry and thirsty. Breakfast arrives at 08:00. He finishes everything on his tray — 250 cc of grape juice, two 180 cc containers of apple juice and 50 cc of Jello (there's always room for Jello!).*

*At 11:00 hrs, Mr. Jones complains of discomfort and pressure in his lower abdominal region. He asks to use the urinal. His output is a scant 25 cc.*

1. What focussed interview and physical examination should the nurse undertake? What nursing diagnosis can be made?
2. What nursing measures should the nurse implement to assist Mr. Jones with his problem?

*At 13:00 hrs, Mr. Jones complains of nausea and vomits 250 cc of dark brown fluid. His voiding problem persists and a Foley catheter is inserted. A return of 525 cc of urine drains into the catheter bag and Mr. Jones' discomfort is immediately relieved. He experiences no further vomiting episodes and drinks 350 cc of ginger ale and 120 cc of apple juice and 200 cc of grape juice. His catheter bag measures a total of 975 cc. At the end of shift, the IV was discontinued after 450 cc was absorbed.*

*Mr. Jones is placed on an Intake and Output sheet.*

3. Document his input and output on an overhead and explain this to your group.

Student must come to lab prepared to discuss this situation.

## WEEK #9

## RESTRAINTS

Upon completion of this lab, the student will be able to:

1. describe the purpose of restraints.
2. describe types of restraints commonly used.
3. state what the patient should be told about restraints.
4. describe the essential safety factors for the patient and self when applying restraints.
5. describe the measures which ensure patient comfort during application of restraints.
6. practice a correct method of applying restraints.
7. describe factors to consider when adapting application of restraints to patient situations.
8. discuss the negative aspects of using restraints and the legal implications.
9. describe observations to make before, during and after applying restraints.
10. state what to document when using restraints.
11. discuss the policy regarding restraints in your clinical agency.

References: Textbook — Fundamentals of Nursing.  
Video — Application of Restraints. VC1227

**WEEK #10 — Thursday, March 19, 1998**

- Catheter and condom drainage
- Urine testing
- Collection of unsterile specimen

## WEEK #10

## CATHETER AND CONDOM CARE

Catheters and condom drainage are frequently used in the clinical areas. They can help a patient cope with a problem, but they can also cause a number of problems if they are not cared for properly. The nurse and the student nurse must take the proper nursing approaches to prevent complications.

Upon completion of this lab, you will be able to:

1. explain the difference between an intermittent and indwelling catheter.
  2. list the equipment needed to perform catheter care for a patient with an indwelling catheter.
  3. describe the nursing measures and identify the principles needed to maintain a closed urinary drainage system. Include safety and comfort measures and the observations that must be made.
  4. describe nursing measures that will help prevent urinary tract infection in catheterized patients.
  5. state the indications for using condom drainage.
  6. list the equipment needed to apply a condom catheter.
  7. describe the nursing measures needed to change a condom catheter. Include the safety and comfort measures and the observations that must be made.
  8. demonstrate the correct method of caring for an individual with a closed urinary drainage system.
  9. demonstrate a correct method of applying condom drainage.
- \* You are asked to learn these skills on your own and must demonstrate mastery of this skill in the lab.

References: Textbook — Fundamentals of Nursing.  
Video — Clinical Techniques: VC001  
— condom drainage.  
— catheter care.

## WEEK #10

## SPECIMEN COLLECTION

Upon completion of this lab, you will be able to:

1. define selected terminology.
2. state general considerations when collecting specimens.
3. state the purpose for the collection of unsterile specimens.
4. describe the specific considerations, safety and comfort factors when collecting unsterile specimens.
5. state what the patient should be taught regarding specimen collection.
6. describe observations to make prior to the collection of specimens.
7. describe a correct method for collection of the following specimens:
  - a. urine - routine
  - b. stool
  - c. sputum
  - d. throat and nasopharynx
  - e. vaginal
  - f. eye and ear
8. State nursing actions/responsibilities following the collection of a specimen and upon receipt of the laboratory report.

**WEEK #11 — Thursday, March 26, 1998**

- Bowel interventions (cleansing enema, suppository)
- One hour will be devoted for writing math quizzes related to medication administration



## WEEK #11

## RECTAL INTERVENTIONS

Upon completion of this lab, the student will:

1. describe the purposes and actions of the following:
  - cleansing enema.
  - oil retention enema.
  - carminative enema.
  - medicated enema.
  - rectal tube.
  - rectal disimpaction.
  - rectal suppository.
2. explain the principles/guidelines for performance of the above rectal treatments.
3. explain the patient safety and comfort measures to be taken when performing the above rectal treatments.
4. describe five medical asepsis practices associated with the above rectal treatments.
5. describe observations to make before, during and after performing the above rectal treatments.
6. describe a correct method of performing the above rectal treatments.
7. determine appropriate documentation for rectal treatments.
8. determine the significance of clinical policy and procedure for rectal treatments.
9. demonstrate the correct method of performing a cleansing enema.

References: Textbook — Fundamentals of Nursing.  
Video — Will be shown in class.

## WEEK #11

## RECTAL INTERVENTION

Most clinical agencies have a protocol in relation to the monitoring of bowel function. It may be referred to as a Bowel Flow sheet or a Bowel Regime. You must be aware of the protocol that is followed on your ward. Some agencies may in fact require a physician's order for some rectal interventions. It is mandatory that you follow the policy of your clinical agency. A very important aspect of bowel protocol is good assessment on the part of the nurse.

Rectal interventions are considered to be *invasive procedures* and if used inappropriately can be considered to be a form of abuse.

### Examples of Common Rectal Interventions and Purpose(s)

1. Enemas:
  - a. cleansing enema
  - b. oil retention enema
  - c. carminative enema
  - d. micro enema
  - e. fleet enema
  - f. medicated enema
2. Rectal suppository
3. Rectal disimpaction
4. Rectal check
5. Rectal tube

## WEEK #11

## RECTAL INTERVENTION, (cont'd.)

### Cleansing Enema Procedure

- solution
- position of the patient
- safety measures — priming the tubing, insertion of the rectal tube, height of the container
- comfort measures
- documentation
- identify the rationale behind each step of the procedure

### Procedure for Rectal Disimpaction

- outline the procedure with emphasis on the safety and comfort measures
- identify the rationale behind each step of the procedure

### Insertion of a Rectal Suppository

- outline the procedure to follow
- attention to comfort and safety measures
- be able to explain the rationale of each step

**WEEK #12 — Thursday, April 2, 1998**

**Research Process**

- Read section 6 on Research, Chapter 36, Independent Nursing Interventions — Snyder
- Search library for an article that talks about research in nursing
- Search library for an article related to research conducted on a clinical procedure as a preparation for your research project. You must bring this article to the lab for analysis.
- Presentation of Research Findings: The Poster Session, Dorothy L. Sexton, Nursing Research, Nov/Dec, 1994, Vol. 33, No. 6.

**WEEK #13 — Thursday, April 9, 1998**

**Clinical Techniques Related to Respiratory System**

- Oxygen by Cannula and Mask
  - general principles of oxygen administration
  - safety considerations for self and patient
  - patient teaching
  - review the procedure for oxygen delivery by cannula (nasal prongs) and mask
  - rate of flow and nursing consideration when using a cannula, venturi mask, simple mask and reservoir mask
- Oral suctioning
  - purpose
  - potential hazards of suctioning

## WEEK #13

## OXYGEN THERAPY

1. Identify the common causes of oxygen deprivation.
2. Describe the signs and symptoms of oxygen deprivation.
3. Describe the principles of oxygen therapy.
4. Describe nursing interventions to assist patients with respiratory distress.
5. Describe the safety precautions which must be implemented when administering oxygen therapy.
6. Identify the methods of oxygen administration.
7. Describe comfort measures implemented when administering oxygen therapy.
8. Describe the observations made before, during, and after oxygen administration.
9. Demonstrate the safe method of operating a portable oxygen tank, and using an oxygen mask and nasal cannula, and a pulse oximeter.

References: Textbook — Fundamentals of Nursing.  
Articles — Oxygen Therapy. Caliano, Clifford, Titano. Nursing 95,  
December.  
— Pulse Oximetry at Your Fingertips. Pat Carroll. RN, February,  
1997.

## **WEEK #13**

## **RESPIRATORY DISTRESS & OXYGEN THERAPY**

There are a number of respiratory and cardiac problems which could cause respiratory distress. It is important for the nurse to anticipate respiratory distress when patient's present with a diagnosis related to respiratory and cardiac dysfunction.

If there is an interference with any of the following factors respiratory distress will occur.

1. Inadequate oxygen supply
2. Airway obstruction
3. Function of thoracic muscles
4. Oxygen transport

Signs of hypoxia or oxygen deprivation can be divided into early, late and chronic.

**Early signs**

**Late signs**

**Chronic signs**

### **Nursing Interventions**

Make notes using these headings.

1. Positioning
2. Maintain airway
3. Oxygen therapy

## **WEEK #13 RESPIRATORY DISTRESS & OXYGEN THERAPY, (cont'd.)**

4. Suctioning
5. Promoting rest
6. Comfort, warmth, calm environment
7. Dealing with anxiety and fear
8. Assessment prior, during O<sub>2</sub> administration/response to O<sub>2</sub>
9. Documentation

### **Principles Related to Oxygen Therapy**

1. Oxygen is a colorless, odorless, tasteless gas essential to most carbon-based life.
2. Oxygen dries and irritates the mucous membranes.
3. Oxygen supports combustion.
4. Too high a concentration of oxygen may be harmful to a patient.

### **Oxygen Source In the Hospital**

Become familiar with the equipment provided in your clinical area. When you need it, you must do so quickly and efficiently.

### **Modes of Oxygen Application**

1. Cannula
2. Oxygen mask – 3 types
  - a. simple plastic mask
  - b. mask with a partial rebreathing bag
  - c. venturi mask

Oxygen is also delivered via the use of a respirator or an incubator. These units are commonly found in an intensive care unit or an intensive care nursery.



**Introduction**

The accumulation of secretions could contribute to respiratory distress and eventually respiratory failure. Secretions move from the lungs via the bronchi and trachea to the pharynx where they are either swallowed or expectorated. Any impairment in this movement results in the pooling of secretions and the possible obstruction of the airway. When secretions pool it is sometimes necessary to remove the secretions through pharyngeal suctioning.

**Objectives**

On completion of this lab, the student will be able to:

1. define selected terminology.
2. explain the purposes of suctioning.
3. describe when pharyngeal suctioning should be done.
4. explain the guidelines related to pharyngeal suctioning.
5. list the equipment needed to do pharyngeal suctioning.
6. describe the observations made before, during and after the suctioning procedure.
7. demonstrate the correct procedure to perform pharyngeal suctioning by the oral routes.

## WEEK #13

## LEARNING ACTIVITY

*Mr. Andrew Jones has not made a good recovery from his appendectomy and pneumonia. In fact, these events have triggered an acute exacerbation of his multiple sclerosis. He is no longer able to ambulate and has lost the use of his upper and lower extremities. He is now completely dependent on the nurse. He experiences dysphagia, bouts of severe dyspnea, and has difficulty communicating because of this speech involvement.*

*You are assigned to care for Andrew. When you arrive at his bedside, you find him extremely congested. He appears quite lethargic and listless and is having difficulty breathing. He appears very pale and complains of being cold. His respirations are labored and noisy. He tries to cough but is unable to clear his airway.*

1. What would be your immediate response to the situation? Why?
2. Describe the assessment you would carry out.
3. Outline a nursing care plan for Andrew:
  - a. Identify the nursing problems.
  - b. What nursing interventions would you implement? Why?
  - c. Document all findings and actions on the nurse's progress notes.

Be prepared to discuss this situation in the practice lab.

**WEEK #14 — Thursday, April 16, 1998**

**Therapeutic Touch**

- Read one recent article on this subject

**WEEK #15 — Thursday, April 23, 1998**

**Research Project** — presentation of findings

**WEEK #16 — Thursday, April 30, 1998**

**Skill Testing Exam**

**EXAM WEEK — May 4, 1998**

**Final Multiple Choice Exam** (1½ hrs)