



MAY - 2 2002

Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 3020**Clinical Techniques 3 — Laboratory****Start Date:** August, 2001**End Date:** December, 2001**Course Credits:** 2**Term/Level:** 4**Total Hours:** 34**Total Weeks:** 17**Hours/Week:** 2**Lecture:** 1**Lab:** 1**Shop:****Seminar:****Other:****Prerequisites****Course No. Course Name**

NURS 2020 Clinical Techniques 2

Corequisite**Course No. Course Name**

NURS 4030 Nursing Practicum 4

NURS 3020 is a Prerequisite for:**Course No. Course Name**

NURS 4530 Nursing Practicum 5

or

NURS 7030 Nursing Practicum in a Specialty Unit

and

NURS 7070 Nursing Practicum in the Community

Course Calendar Description

This laboratory course presents nursing skills related to intermittent infusion devices, complex wound care, nasogastric tube insertion and care, central venous catheter assessment, enteral and parenteral nutrition, medication administration by IV push, ureteral catheterization, blood glucose monitoring, administration of blood products, chest drainage systems, tracheostomy care and neurological assessment. Emphasis is placed on: student understanding regarding the purpose of the skill, focused assessment related to the skill and safe and confident demonstration of the skill. The communication and research aspects of the skills are also included. Independent and laboratory practice, demonstrations and examinations are part of the course.

Course Goals

This course facilitates student learning of particular hands-on nursing skills used in professional nursing practice.

Evaluation

Midterm multiple choice exam	35%	All evaluation components must be completed to pass the course.
Research paper	30%	
Multiple choice exam	35%	
TOTAL	100%	

Course Learning Outcomes/Competencies

The student will:

1. describe the purpose of skill to the patient.
2. describe the safety principles for all nursing skills.
3. prepare a focused assessment of the patient related to the skill.
4. demonstrate selected skills competently and confidently while maintaining patient comfort.
5. demonstrate the communication aspects of nursing skills.
6. demonstrate responsibility for attaining and maintaining a safe level of skill performance.
7. plan patient teaching related to the skill.
8. think and reflect about nursing skills by:
 - 8.1 demonstrating awareness of the research base associated with the skills.
 - 8.2 recognizing the potential risks associated with the skills.
 - 8.3 making judgements about the skill considering the context.

Process Learning Threads

This course facilitates student growth in relation to these graduate outcomes:

- **Professionalism** — Students recognize the necessity to use sound assessment and clinical judgement in relation to skill performance. Students carry out skills safely while considering contextual and individual needs. They adhere to the standards for nursing practice in BC.
- **Communication** — Students use relevant and appropriate vocabulary when communicating about skills (verbally, in writing, and when using electronic charting). Students dialogue with colleagues and instructors in the process of learning. Students use APA format in writing the research assignment.
- **Systematic Inquiry** — Students have an increased awareness of relevant research related to skill performance. They use a variety of sources to understand what evidence supports skill protocols. They discuss evidence-based practice with health care professionals. Students raise questions about clinical techniques.
- **Professional Growth** — Students have individual responsibility in how skills are learned, practiced and demonstrated. Students value continually updating knowledge to practice safely. Students are responsible and accountable for their actions.

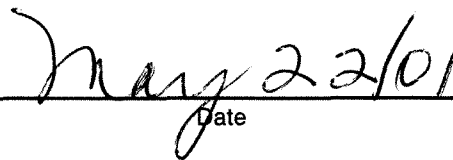
- **Creative Leadership** — Students collaborate with other health professionals about skills. Students recognize the need to make decisions about skills. Students recognize the need to make decisions about skill performance in individual patient situations. Students recognize what potential risks present of the patient and practice carrying out the skills in a manner that would not increase the risk to patients.
- **Technical Skills** — Laboratory class and practice assists the students to develop competency with the skills used in nursing practice.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.



Program Head/Chief Instructor



Date



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 3020

Clinical Techniques 3 — Laboratory

Instructor(s)

Diane Belyk

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Office Hrs.: By appointment

Office Phone: 432-8910

E-mail Address: dbelyk@bcit.ca

Learning Resources

Recommended Textbooks:

One of the following Nursing Fundamental Textbooks:

Craven, R.F. & Hirnle, C.J. (1996). *Fundamentals of nursing: Human health and function* (2nd ed.). Philadelphia: Lippincott Co.

Dugas, B.W. & Knor, E.R. (1995). *Nursing foundations: A Canadian perspective*. Scarborough, Ontario: Appleton & Lange, Canada.

Kerr, J.R. & Sirotnik, M. (Eds.). (1997). *Potter & Perry Canadian fundamentals of nursing*. St. Louis: Mosby.

*A clinical skills textbook is **required**. The following is recommended:*

Ellis, J.R., Nowlis, E.A. & Bentz, P.M. (1996). *Modules for basic nursing skills, Volume II* (6th ed.). Philadelphia: Lippincott Co.

Elkin, M.K., Perry A.G. & Potter, P.A. (1996). *Nursing interventions and clinical skills*. Toronto: Mosby.

One of the following Medical-Surgical Textbooks:

Black, J.M. & Metassarin-Jabos, E. (1997). *Medical-surgical nursing: Clinical management for continuity of care* (5th ed.). Philadelphia, PA: Saunders.

LeMone, P. & Burke, L.M. (1996). *Medical-surgical nursing: Critical thinking in client care*. Menlo Park, CA: Addison Wesley.

Phipps, W.J., Sands, J.K. & Marck, J.F. (1999). *Medical-surgical nursing: Concepts and clinical practice* (6th ed.). St. Louis, MO: Mosby.

Smeltzer, S.C. & Bare, B.C. (1996) *Brunner & Suddarth's textbook of medical-surgical nursing* (8th ed.). Philadelphia: Lippincott.

BCIT Policy Information for Students

1. Course delivery and evaluation methods will be discussed during the first week of the class.
2. Clinical techniques will be practiced during laboratory periods and open lab practice times. Selected techniques will be tested at specific times noted on the class schedule.
3. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing or evaluation. As much as possible, students will be given adequate notice of such changes.

Participation/Attendance

1. Regular attendance in class and practice labs is expected. (Refer to BCIT Policy related to Attendance.) Students may be recommended for a failing grade if absent more than 10% of the time.
2. Students are responsible for content of a missed class.
3. Some labs may require attendance of both sets for all of allocated time.
4. Certain weeks are designated "TBA" on the schedule and information regarding content for that class will be given in advance of that week.

Assignment Details

1. Midterm Multiple Choice Exam

Midterm exam is worth 35% of total final grade.

The multiple choice exam will be based on the clinical techniques covered in weeks 1–7.

2. Research Paper

Assignment is worth 30% of total final grade

This assignment is a 3–4 page, typewritten, double-spaced paper using APA format. It is an individual project designed to provide an opportunity for the student to consider the application of nursing research to his/her own practice.

- Select a current (1990s) research article describing a research study that relates to one of the Level IV Clinical Techniques skills. Critique the study/paper.
- Relate the discussion, findings and implications of the research study to your personal experience in a practicum area.
- Describe how (or if) the nursing research is being applied in clinical practice.
- Base your discussion on an actual hands-on situation or a situation you observed in your practicum area.
- Use resources such as fundamentals and skills textbooks, hospital policy and procedure manuals, and the experience of the nurses and clinicians to support your discussion.
- Identify the strengths and limitations of the application of the research in the practice setting including such topics as cost, effectiveness, practicality, accuracy of application.
- Include a copy of your research article.

Marking Criteria (Follow the criteria to complete the assignment.)

A. Format: 5 Marks

- An introduction clearly defines the topic and intent of the paper and conclusion summarizes paper. (1 mark)
- The body of paper logically presents the discussion. (1 mark)
- Paper is typewritten, within page limit using correct grammar, spelling and sentence structure. (1 mark)
- References and quotations are documented using APA format. (1 mark)
- A copy of the research article is attached to the paper. (1 mark)

B. Contents 10 Marks

- There is a direct relationship between the study chosen and one of the skills included in this course. (2 marks)
- The research study is briefly (one to two paragraphs) summarized. (2 marks)
- Paragraphs are internally logical and have a clear relationship to one another. (2 marks)
- The research findings and implications for nursing practice are applied to a student's personal clinical experience in his/her practicum area. (2 marks)
- This discussion is supported by reference to resources. (2 marks)

C. Strengths &
Limitations/
Critique of
the study
15 Marks

- The strengths and limitations of the research as they apply to nursing practice are discussed including cost/benefit ratio, practicality, effectiveness. (7.5 marks)
- Implications for further research are considered. Possible areas where further research would benefit the study are discussed. (7.5 marks)
- 5% per weekday will be subtracted from late papers.

Total Marks: 30

Due Date: Wednesday, September 26, 2001

3. Final Multiple Choice Exam

Final Exam is worth 35% of total final grade

A multiple choice exam will be given during examination week. The questions will be based on the skills from midterm to the end of the term.

Summarization of Evaluation:

1. Midterm Exam	35%
2. Research Paper	30%
3. Multiple Choice Exam	35%
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Total	100%



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

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Option:

Schedule

NURS 3020

Clinical Techniques 3 — Laboratory

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
1	<p>A. Introduction to NURS 3020</p> <ul style="list-style-type: none"> Review of course outline Discussion of evaluation methods <p>B. Blood Glucose Monitoring</p> <ul style="list-style-type: none"> Independent study <p>C. Problem Solving Activity NURS 4030</p>	<p>Required Readings</p> <p>Supplemental reading material attached. Certification by Practicum instructor.</p> <p>Articles: (library reserve) Fleming, D. (1999). Challenging traditional insulin injection practices. <i>AJN</i>, 99(2), 72-74.</p> <p>Preparation for this activity is required.</p>	
2	<p>IV Therapy Part I</p> <p>A. Intermittent Infusion Devices (Saline Locks)</p> <p>An intermittent infusion device or saline lock is used when a client is to receive solutions or medications intermittently. An intermittent infusion device may be connected to the IV cannula when the IV is initiated or a continuous IV line may be converted to an intermittent infusion device.</p> <p>Focus your reading on the following:</p> <ul style="list-style-type: none"> purposes and uses of intermittent infusion devices equipment required for conversion of IV to intermittent infusion device procedure for conversion safety and comfort measures documentation patient teaching assessment before, during and after procedure 	<p>Required Readings</p> <p>Use your recommended Nursing Fundamentals and Nursing Skills texts.</p> <p>In Class</p> <p>Video — Converting an infusing IV to intermittent infusion device (BCIT 1999)</p> <p>Practice Activity — in lab practice converting a continuous IV line to an intermittent infusion device, and reverse. Practice administering an IV medication using a minibag, an auxiliary unit and an intermittent infusion device.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
2 (cont'd)	<p>IV Therapy Part I</p> <p>B. Medication Administration Through an Intermittent Infusion Device Using an Auxiliary IV Unit</p> <p>An intermittent infusion device may be used to administer medications by minibag.</p> <p>Focus on the following:</p> <ul style="list-style-type: none"> • review medication administration via minibag (Clinical Techniques 2) • procedure for initiating, maintaining and disconnecting the auxiliary flush system and the intermittent infusion device • maintaining the patency of the intermittent infusion device • assessment before, during and after the procedure 		

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
3	<p>IV Therapy Part II</p> <p>Central Venous Catheters/Parenteral Nutrition</p> <p>A. Central Venous Catheters: Increasingly, in acute care settings, patients are receiving intravenous therapies and nutritional solutions through central venous catheters (CVCs) inserted into large central veins.</p> <p>Focus on the following key points to guide your research and preparation prior to class:</p> <ul style="list-style-type: none"> • purposes of CVCs • types of CVCs • assisting with insertion of a CVC* • care and maintenance of a CVC <ul style="list-style-type: none"> – infusions – medication administration – exit site dressing change* – establishing and maintaining a heparin lock on a CVC* • potential complications (septicemia, air embolism, occlusion, hemorrhage, pneumothorax, venous thrombosis, injury to brachial plexus) • prevention of complications • roles and responsibilities of students caring for a patient with CVC <p>* optional and not examinable reading</p>	<p>Required Readings</p> <p>Use your recommended Nursing Fundamentals and Nursing Skills texts to prepare.</p> <p>Articles: (library reserve)</p> <p>Masoorli, Sue. (1999). Air Embolism. <i>RN</i>, Vol. 62, No. 11, 32–34.</p> <p>Viall, C.D. (1990). Your complete guide to central venous catheters. <i>Nursing 90</i>, February, 34–42.</p> <p>Note related policies, procedures and documentation protocols.</p> <p>*Review “Student Guidelines, Policies and Procedures in the Nursing Program.”</p> <p>In Class</p> <p>Video — CVCs</p> <p>Practice Activity — a scenario for assessment and class discussion and demonstration will be set up.</p> <p>In Practicum</p> <p>Explore the types of CVCs that are used in your clinical area.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
3 (cont'd)	<p>B. Total Parenteral Nutrition (TPN)</p> <ul style="list-style-type: none"> • define TPN (NB: How does it differ from enteral nutrition?) • purposes of parenteral nutrition (total/partial) • solutions used for TPN • equipment required to administer TPN • assessment before, during and after infusion of TPN • procedure for administering TPN • possible complications of TPN • safety and comfort considerations • patient teaching • documentation <p>Total Parenteral Nutrition (TPN) is the infusion of nutrients directly into the bloodstream through a <i>central venous catheter</i>.</p> <p>Be sure you understand the differences between <i>enteral</i> and <i>parenteral</i>.</p>	<p>Practice activity — a scenario for assessment and discussion will be available.</p> <p>Articles: <i>Total Parenteral Nutrition:</i> Gianino, S., Seltzer R. & Eisenbert, P. (1996). The ABCs of TPN, <i>RN</i>, February, 42–48.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
4	<p>Complex Wound Management Part I</p> <p>Simple dressings are used when healing is occurring by primary intention. When factors interfere with normal wound healing, a wound must heal by secondary intention. Complex wound management involves strategies that promote healing by secondary intention.</p> <p>Use your readings to research the following:</p> <ul style="list-style-type: none"> • phases of wound healing • secondary vs primary intention healing • factors which impact wound healing <ul style="list-style-type: none"> – systemic – local • wound assessment <ul style="list-style-type: none"> – location, size, depth – color: red, yellow, black – staging: I, II, III, IV, Eschar (V) – type and amount of exudate – condition of surrounding skin – pain • principles of wound management/topical therapies • types of topical dressing and gel therapies • criteria for selection of appropriate therapy • purpose of normal saline compresses, wet-to-dry dressings • procedure for changing dressing using sterile and non-sterile gloving • procedure for obtaining a wound culture • safety and comfort considerations • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Articles: (library reserve)</p> <p>Frantz, R.A. & Gardner, S. (1994). Elderly skin care: Principles of chronic wound care. <i>Journal of Gerontological Nursing</i>, September, 35–45.</p> <p>Motta, G.J. (1993). Dressed for success: How moisture retentive dressings promote healing. <i>Nursing</i> 93, December, 26–34.</p> <p>In Class</p> <p>Video — Complex Wound Care (BCIT 1999)</p> <p>Practice — normal saline compress dressing change using sterile gloves; instruments without sterile gloves; application of hydrocolloid gel.</p> <p>Topical Therapy Exercise — view 4 examples of complex wounds.</p> <p>Identify the stage and characteristics, and determine the appropriate topical therapy for each.</p>	
5	Shinerama — No Lab		
6	<p>Complex Wound Management Part II</p> <p>Use your readings to research the following:</p> <ul style="list-style-type: none"> • purpose of wound irrigations • procedures for performing wound irrigations • safety and comfort considerations • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Fundamentals Nursing Skills texts</p> <p>Handout – “Step-by Step Wound Irrigation”</p> <p>In Class</p> <p>Video — Wound Irrigations (BCIT, 2000)</p> <p>Practice — wound irrigation, application of ribbon tape and packing.</p>	Research Paper Due 0900

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
7	<p>IV Push Medications</p> <p>IV Therapy Part III</p> <p>Medication Administration by IV Push</p> <p>Medications delivered by IV push involve the introduction of a concentrated dose of medication directly into the patients' systemic circulation. IV push medications may be administered via an established intravenous infusion line or via an intermittent infusion device.</p> <p>The IV push procedure is clearly described in your texts; however, important observations and safety aspects of this route of administration are provided for you as supplementary reading.</p> <p>Focus your preparation on the following key points:</p> <ul style="list-style-type: none"> • purposes of medication administration by IV push • assessment before, during and after procedure • equipment required • procedure <ul style="list-style-type: none"> – IV push through an existing IV line – IV push through an intermittent infusion device • organization of the work environment • essential safety features • patient teaching • policies 	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Supplemental Reading — BCIT (1997) (attached)</p> <p>Articles: (library reserve) Konick-McMahan, J. (1996). Full speed ahead — Pushing intravenous medications. <i>Nursing</i> 96, June, 26–32.</p> <p>*Review “Student Guidelines, Policies and Procedures in the Nursing Program” related to administration of IV push medications.</p> <p>In Class</p> <p>Video — IV Push (BCIT 1999)</p> <p>Practice Activities — 4 different clinical scenarios present opportunities to assess, prepare and administer a variety of IV push medications through:</p> <ul style="list-style-type: none"> • an existing IV • an intermittent infusion device 	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
8	<p>A. Nasogastric Intubation and Maintenance B. Enteral Feedings</p> <p>A. Nasogastric Intubation</p> <p>Nasogastric intubation refers to the placement of a flexible tube, through the nares, nasopharynx and esophagus, into the stomach. The nasogastric tube may be used for decompression, nutrition/medications, lavage or diagnosis.</p> <p>Focus your reading on the following:</p> <ul style="list-style-type: none"> • purposes of nasogastric intubation • types of nasogastric tubes (Levin, Salem, feeding, sizing, materials) • equipment required • assessment before, during and after the procedure • procedure for inserting a nasogastric tube <ul style="list-style-type: none"> – methods of checking placement of tube • irrigation of a nasogastric tube <ul style="list-style-type: none"> – purpose – assessment – equipment – procedure • removal of a nasogastric tube • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Article: (library reserve)</p> <p>Viall, C.D. (1996). Location, location, location: When your patient has an NG tube, what's the most important thing? <i>Nursing</i> 96, September, 43–45.</p> <p>In Class</p> <p>Video — NG Intubation (BCIT 1995)</p> <p>Practice — opportunities for you to practice NG intubation, irrigation and removal on lab mannequins.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
8 (cont'd)	<p>B. Enteral Feedings</p> <p>Enteral Nutrition (gavage, tube feeding)</p> <p>Enteral nutrition is the direct delivery of liquid nourishment <i>into the gastrointestinal system</i> through a tube inserted either nasally into the stomach or surgically into the stomach or upper intestine.</p> <p>* Be sure you understand the differences between <i>Enteral</i> and <i>Parenteral</i> nutrition.</p> <p>The following points will guide your study.</p> <p>Enteral Nutrition</p> <ul style="list-style-type: none"> • define enteral nutrition (NB: How does it differ from parenteral nutrition?) • purposes of enteral nutrition • types of feeding tubes, enteral formulas • potential points of entry into the GI system • methods of administration: continuous (via infusion pump), intermittent (via gravity flow), cyclic (intermittent via an infusion pump) • equipment required to administer a tube feeding • assessment before, during and after administering • procedure for administration • safety and comfort considerations (review checking placement of NG tubes) • use of an enteral feeding pump (Kangaroo pump) • possible complications of the tube feedings • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Articles: (library reserve)</p> <p><u>Enteral Nutrition</u> Bockus, S. (1993). When your patient needs tube feeding: Making the right decisions. <i>Nursing 93</i>, July, 34–42.</p> <p>In Class</p> <p>Video — Enteral Feeding Tubes, Part 2, Concept Media, (VC 6255).</p> <p>Practice — opportunities for you to practice intermittent enteral feeding via nasogastric tube and PEG tube.</p>	
9	<p>Midterm Exam (1.5 hr) All skills from weeks 1–8 inclusive</p>		

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
10	<p>IV Therapy Part IV</p> <p>Blood Administration</p> <p>The administration of whole blood or blood components, such as plasma, red blood cells or platelets, into the venous circulation is called a blood transfusion.</p> <p>Focus your reading on the following:</p> <ul style="list-style-type: none"> • purposes of blood transfusions, typing and crossmatching • types of blood products • adverse reactions to blood transfusions • equipment required for administration • assessment of a patient before, during and after a transfusion • procedure for administering a blood transfusion • documentation • patient teaching 	<p>Required Readings</p> <p>Use your recommended Nursing Fundamentals and Nursing Skills texts to prepare.</p> <p>Articles: (library reserve)</p> <p>Fitzpatrick, L. & Fitzpatrick, T. (1997). Blood transfusion: Keeping your patient safe. <i>Nursing 97</i>, August, 34–42.</p> <p>In Class</p> <p>Video — Blood Administration, (VC 2120)</p> <p>Practice Activity — prepare and administer a blood transfusion: check identification, prime Y-set, regulate rate, discuss potential reactions and patient teaching.</p> <p>In Practicum</p> <p>Locate and read a Type and Crossmatch requisition in a patient chart.</p> <p>Note the specific policies and procedures for blood and blood products transfusions in your practicum agency.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments										
11	<p>Pain Management</p> <p>1. Patient Controlled Analgesic 2. Epidural analgesia</p> <p>Preparation for this lab should include:</p> <ul style="list-style-type: none">• readings on types of pain management available to patients• medications used in PCA/Epidural• assessment of patients with PCA/Epidural <p>Medications to review:</p> <table><tr><td>morphine, demerol</td><td>narcan</td></tr><tr><td>fentanyl</td><td>maxeran</td></tr><tr><td>stemetil</td><td>Naprosyn</td></tr><tr><td>gravol</td><td>ibuprofen</td></tr><tr><td>benadryl</td><td>indocid</td></tr></table>	morphine, demerol	narcan	fentanyl	maxeran	stemetil	Naprosyn	gravol	ibuprofen	benadryl	indocid	<p>Required Readings</p> <p>Vancouver General Hospital Patient Care Guidelines — Pain</p> <p>Paseo, C. & McCaffrey, M. Providing epidural analgesia. <i>Nursing</i> 99, August, 34–40.</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Videos (1) PCA – 12 min. (2) Epidural – 12 min.</p>	
morphine, demerol	narcan												
fentanyl	maxeran												
stemetil	Naprosyn												
gravol	ibuprofen												
benadryl	indocid												
12	<p>Catheterization</p> <p>Catheterization of the urinary bladder is the introduction of a catheter tube through the urethra and into the bladder. This provides a means for continuous bladder emptying.</p> <p>Your preparation for this lab should include the following:</p> <ul style="list-style-type: none">• purposes for urinary catheterization• types of catheterization<ul style="list-style-type: none">– intermittent (in and out)– in-dwelling (Foley)• equipment required• assessments before, during and after catheterization• safety and comfort considerations• procedure for catheterization<ul style="list-style-type: none">– organization of the work environment• patient teaching• documentation	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>Articles: (library reserve)</p> <p>McConnell, E. (1995). Clinical do's and don'ts: Inflating an indwelling urinary catheter balloon. <i>Nursing</i> 95, December, 13.</p> <p>McKinney, B. (1995). Cut your patient's risk of nosocomial UTI. <i>RN</i>, November, 20–23.</p> <p>In Class</p> <p>Two Videos — (1) Basic Clinical Skills: Urethral Catheterization (2) Catheterization (BCIT 1995)</p> <p>Practice — male and female catheterization in simulated lab situations.</p>											

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
13	<p>Tracheostomy Care</p> <p>A tracheostomy is a surgical incision into the trachea to insert a tube through which the patient can breathe more easily and secretions can be removed.</p> <p>Preparation for this lab should include reading about the following:</p> <ul style="list-style-type: none"> • purposes of a tracheostomy • types of tracheostomy tubes • assessment of a patient with a tracheostomy • equipment required for tracheostomy care • procedure for tracheostomy care <ul style="list-style-type: none"> – suctioning – removing, cleaning and replacing inner cannula – changing tracheostomy dressing – changing neck ties • safety and comfort considerations • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Fundamentals and Nursing Skills texts.</p> <p>In Class</p> <p>Video — Demonstration in class.</p> <p>Practice — in simulated patient situations practice tracheostomy tube suctioning and tracheostomy care (cleaning inner cannula, changing dressing and ties).</p> <p>Articles</p> <p>Carroll, P. Safe suctioning. <i>RN</i>, 1994, 57(5): 32–38.</p> <p>Gibson, IM Tracheostomy management. <i>Nursing</i> 83, 2(18): 538–540.</p> <p>Fuchs, P. (1983). Providing tracheostomy care. <i>Nursing</i> 83, April.</p> <p>McConnell, Edwina (2000). Suctioning a tracheostomy tube. <i>Nursing</i> 2000, January, Vol. 30. No. 1.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
14	<p>Neuro Vital Signs (N.V.S.)</p> <p>This is an <i>assessment</i> lab. Your goal is to assess and recognize patient responses that indicate a change in level of consciousness.</p> <p>Neuro vital signs (N.V.S.) is a nursing protocol consisting of a specific and abbreviated neurological assessment.</p> <p>The following key points will focus your preparation:</p> <ul style="list-style-type: none"> • purposes of neuro vital signs • pathophysiology of increased intracranial pressure (ICP) • assessment of a patient with ICP <ul style="list-style-type: none"> – Glasgow coma scale • safety and comfort considerations • patient teaching • documentation 	<p>Required Readings</p> <p>Read about neurological assessment in your Medical Surgical text.</p> <p>Supplementary reading to help you to focus on the abbreviated neurological assessment, N.V.S., is attached (BCIT 1997).</p> <p>In Class</p> <p>Video — Neuro Vital Signs — Assessing the Comatose Patient (VC 3998)</p> <p>Practice — two case studies will provide an opportunity for you to role play and practice assessment of neuro vital signs using the Glasgow coma scale.</p>	

Week of/ Number	Clinical Technique	Preparation/Learning Activity	Assignments
15	<p>Chest Drainage Systems</p> <p>Trauma, disease or surgery can interrupt the closed negative pressure system of the lungs, causing lung collapse. A chest tube is inserted and a closed chest drainage system is attached to promote drainage of air and fluid and re-expansion of the lung.</p> <p>The following key points will guide your preparation for this lab:</p> <ul style="list-style-type: none"> • purposes of chest drainage systems • types of chest tubes and chest drainage containers <ul style="list-style-type: none"> – one, two and three bottle systems – water seal systems – wakeless systems • assessment before, during and after insertion of a chest tube • set up of water seal and wakeless systems • procedure for assisting with insertion of a chest tube • procedure for caring for a patient with a chest tube • problems and complications related to chest drainage • safety and comfort considerations • assessment before, during and after removal of a chest tube • procedure for assisting with removal of a chest tube • patient teaching • documentation 	<p>Required Readings</p> <p>Nursing Skills text.</p> <p>In Class</p> <p>Video — Chest Tube Drainage. Concept Media, 1994, (VC 6256)</p> <p>Demonstration, discussion and practice — opportunity to examine equipment, carry out assessments and troubleshoot problems in two simulated practice situations.</p> <p>Articles</p> <p>Piptonychia, T. (1998.) Troubleshooting chest tubes. <i>Nursing</i> 98, March; 58–59.</p> <p>Blank-Reid, C. & Reid, Paul. (1999). Taking the tension out of traumatic pneumo-thorax. <i>Nursing</i> 99, April, 41–46.</p>	
16	TBA		
17	<p>EXAM WEEK</p> <p>Date, time and location of exam — TBA</p> <p>Multiple Choice Exam</p> <p>All skills from midterm to end of term.</p>		