



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

**NURS 3020**  
**Clinical Techniques 3 — Laboratory**

<b>Start Date:</b>	January 9, 2008	<b>End Date:</b>	May 9, 2008
<b>Total Hours:</b>	34	<b>Total Weeks:</b>	17
<b>Hours/Week:</b>	2	<b>Lecture:</b>	1
		<b>Lab:</b>	1
		<b>Shop:</b>	
		<b>Seminar:</b>	
		<b>Other:</b>	
<b>Prerequisites</b>		<b>NURS 3020 is a Prerequisite for:</b>	
<b>Course No.</b>	<b>Course Name</b>	<b>Course No.</b>	<b>Course Name</b>
NURS 2020	Clinical Techniques 2	NURS 7030	Nursing Practicum

**■ Course Description**

This laboratory course presents nursing skills related to intermittent infusion devices, patient-controlled analgesia and epidural analgesia, complex wound care, gastrointestinal tubes, vascular access devices, enteral and parenteral nutrition, medication administration by IV push, urethral 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.

**■ Detailed Course Description**

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

**■ Evaluation**

Midterm Multiple Choice Exam	50%
Final Multiple Choice Exam	50%
<b>TOTAL</b>	<b>100%</b>

Comments: To successfully complete this course, the student must:

1. participate in weekly practice labs according to the BCIT attendance policy.
2. achieve a final mark of 50%.

■ **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.

■ **Verification**

I verify that the content of this course outline is current.



\_\_\_\_\_  
Authoring Instructor

December 4 / 07

\_\_\_\_\_  
Date

I verify that this course outline has been reviewed.

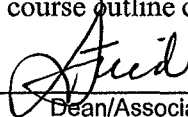


\_\_\_\_\_  
Program Head/Chief Instructor

December 4 / 07

\_\_\_\_\_  
Date

I verify that this course outline complies with BCIT policy.



\_\_\_\_\_  
Dean/Associate Dean

December 7 / 07

\_\_\_\_\_  
Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

## ■ Instructor(s)

Jill Kerrigan

Office Location: SE12-418

Office Phone: 604-456-8072

Office Hrs.: By appointment

E-mail Address: jkerrigan1@my.bcit.ca

Students are encouraged to contact me via e-mail or to set up an in-person meeting.

## ■ Learning Resources

### Required Textbook:

Perry, A.G., & Potter, P.A. (2005). *Clinical nursing skills and techniques* (6th ed.). St. Louis, MO: Mosby, Inc.

BCIT. (2006/2007). *Clinical techniques 3: Laboratory manual*. Burnaby: Author.

A current medical-surgical textbook:

### Required Readings:

See course schedule and reading list.

## ■ Information for Students

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

**Attendance/Illness:** In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. After an illness of three or more consecutive days, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program..

### Cheating, Fabrication, Plagiarism, and/or Dishonesty:

**First Offense:** Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

**Second Offense:** Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

### Attempts:

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: "Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons will not be readmitted to the program."

### ■ Information for Students (cont'd.)

**Accommodation:** Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT's Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

### **Makeup Tests, Exams, or Quizzes:**

There will be **no** makeup tests, exams, or quizzes. If you miss a test, exam, or quiz, you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.

### ■ Learning Process 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
- **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 potential risks to the patient and carry 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.

■ **Assignment Details**

1. **Midterm Multiple Choice Exam**

*Midterm exam is worth 50% of total final grade.*

The multiple choice and short answer exam will be based on the clinical techniques covered in Weeks 1–8.

2. **Final Multiple Choice Exam**

*Final exam is worth 50% of total final grade.*

A multiple choice and short answer exam will be given during examination week. The questions will be based on the skills from midterm to the end of the term (Weeks 10–16).

### Schedule

Week of/ Number	Clinical Technique	Preparation/Learning Activity
January 9 (1)	<p><b>Introduction to NURS 3020</b></p> <ul style="list-style-type: none"> <li>• Review course outline</li> <li>• Discussion of evaluation methods</li> <li>• Required readings</li> <li>• Practice lab schedule</li> <li>• BCIT nursing students policies <a href="http://www.health.bcit.ca/nursing/info.htm">http://www.health.bcit.ca/nursing/info.htm</a></li> </ul> <p><b>NURS 4030</b></p> <ul style="list-style-type: none"> <li>• Capillary blood glucose monitoring – independent study – certification by practicum instructor on ward</li> <li>• Problem-solving activity</li> </ul>	<p><b>NURS 3020 Lab Manual</b></p> <ul style="list-style-type: none"> <li>• Finger-stick Blood Glucose Monitoring</li> </ul> <p><b>Course Textbook</b> <i>Clinical nursing skills and techniques</i>, pp. 1452–1457</p> <p><b>Articles (Library Reserve or online)</b> Seley, J.J. (2003). Giving the fingers a rest. Alternative site testing eases blood glucose monitoring. <i>American Journal of Nursing</i>, 103(3), 73–77. Nobels, F., Beckers, B.E., De Schrijver, P. Sierens, L., &amp; Van Crombrugge, P. (2004). Feasibility of a quality assurance programme of bedside blood glucose testing in a hospital setting: 7 years' experience. <i>Diabetic Medicine</i>, 21(12), 1288–1291. Fleming, D. (1999). Challenging traditional insulin injection practices. <i>American Journal of Nursing</i>, 99(2), 72–74. Greenhalgh, T. (1997). How to read a paper: getting your bearings (and deciding what the paper is about). <i>British Medical Journal</i>, 315, 243–246. Retrieved from <a href="http://www.bmj.com/cgi/content/full/315/7102/243">http://www.bmj.com/cgi/content/full/315/7102/243</a></p>
January 16 (2)	<p><b>Intravenous Therapy – Part 1</b></p> <ul style="list-style-type: none"> <li>• Intermittent infusion devices</li> <li>• Establishing saline locks</li> <li>• Administering medications via saline locks</li> </ul>	<p><b>NURS 3020 Lab Manual</b></p> <ul style="list-style-type: none"> <li>• Intermittent Infusion Devices</li> <li>• Practice Lab Preparation Activities</li> </ul> <p><b>Course Textbook</b> <i>Clinical nursing skills and techniques</i>, pp. 736–745; 899–903</p> <p><b>Articles</b> Dougherty, L. (2002). Delivery of intravenous therapy. <i>Nursing Standard</i>, 16(16), 45–52.</p>

Week of/ Number	Clinical Technique	Preparation/Learning Activity
January 23 (3)	<b>Intravenous Therapy – Part 2</b> <ul style="list-style-type: none"> <li>• Administering medications via IV push</li> <li>• Continuous IV and IV push medications</li> <li>• Intermittent infusion devices and IV push medications</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• IV Push Medications</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 745–751  <b>Articles (Library Reserve)</b> Karch, A. (2003). Not so fast! IV push drugs can be dangerous when given too rapidly. <i>American Journal of Nurses</i> , 103(8), 71. Skokal, W. (2000). IV push @ home. <i>RN</i> , 63(10), 26–30.

Week of/ Number	Clinical Technique	Preparation/Learning Activity
January 30 (4)	<p><b>Intravenous Therapy – Part 3</b></p> <ul style="list-style-type: none"> <li>• Central venous catheters (CVC)</li> <li>• Peripherally inserted central catheters (PICCs)</li> <li>• Assessment and management</li> <li>• Troubleshooting and emergency measures</li> </ul> <p><b>Intravenous Therapy – Part 4</b></p> <ul style="list-style-type: none"> <li>• Total parenteral nutrition</li> </ul>	<p><b>NURS 3020 Lab Manual</b></p> <ul style="list-style-type: none"> <li>• Intravenous Therapy – Part 3</li> <li>• Practice Lab Preparation Activities</li> </ul> <p><b>Course Textbook</b> <i>Clinical nursing skills and techniques</i>, pp. 951–963; 1046–1064</p> <p><b>Articles</b> Hadaway, L. (2006). Keeping central line infection at bay. <i>Nursing 2006</i>, 36(4), 58–63. Halderman, F. (2000). Selecting a vascular access device. <i>Nursing 2000</i>, 30(11), 59–61. Moureau, N. (2001). Preventing complications with vascular access devices. <i>Nursing 2001</i>, 31(7), 52–55. Golway, R., Harrod, M.E., Crisp, J., Donnellan, R., Hardy, J., Harvey, A., Maurice, L., Petty, S., &amp; Senner, A. (2003). <i>Paediatric Nursing</i>, 15(10), 14–18.</p> <p><b>NURS 3020 Lab Manual</b></p> <ul style="list-style-type: none"> <li>• Intravenous Therapy – Part 4</li> <li>• Problem Solving Activities</li> </ul> <p><b>Course Textbook</b> <i>Clinical nursing skills and techniques</i>, pp. 1046–1064</p> <p><b>Articles (Library Reserve and online)</b> Sudakin, T. (2006). Supporting nutrition with TEN or TPN. <i>Nursing 2006</i>, 36(12), 52–55. Gianino, S., Seltzer, R., &amp; Eisenbert, P. (1996, February). The ABCs of TPN. <i>RN</i>, 59(2), 42–48. McConnell, E.A. (2001, November). Clinical do's and don'ts: Administering total parenteral nutrition. <i>Nursing 2001</i>, 17.</p>



Week of/ Number	Clinical Technique	Preparation/Learning Activity
February 6 (5)	<b>Complex Wound Management – Part 1</b> <ul style="list-style-type: none"> <li>• Wound assessment</li> <li>• Wound/sinus irrigation</li> <li>• Moisture retentive dressings</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Complex Wound Management – Part 1</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 1229–1241; 1260–1268  <b>Articles</b> Doughty, D.B. (2004). Wound assessment: Tips and techniques. <i>Advances in Skin and Wound Care</i> , 17(7), 396–372. Griffiths, R.D. (2001). Is tap water a safe alternative to normal saline for wound irrigation in the community setting? <i>Journal of Wound Care</i> , 10(10), 407–411. Ovington, L.G. (2001). Hanging wet-to-dry dressings out to dry. <i>Home Healthcare Nurse</i> , 19(8). Mendez-Eastman, S. (2002). Negative-pressure wound therapy. <i>Nursing 2002</i> , 32(5), 58–64.
February 13 (6)	<b>Complex Wound Management – Part 2</b> <ul style="list-style-type: none"> <li>• Vascular insufficiency wounds</li> <li>• Pressure ulcer staging and treatment</li> <li>• Wound care products</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Complex Wound Management – Part 2</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 431–459  <b>Articles</b> Ayello, E.A. (2001). Why is pressure ulcer risk assessment so important? <i>Nursing 2001</i> , 31(11), 74–79. Ovington, L.G. (2001). Wound care products: How to choose. <i>Advances in Skin and Wound Care: The Journal for Prevention and Healing</i> , 14(5).

Week of/ Number	Clinical Technique	Preparation/Learning Activity
February 20 (7)	<b>Pain Management</b> <ul style="list-style-type: none"> <li>• Patient-controlled analgesia (PCA)</li> <li>• Epidural analgesia</li> <li>• Assessment and management</li> <li>• Problem-solving pain management problems</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Pain Management</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 138–151  <b>Articles</b> Pasero, C. (2003). Epidural analgesia for postoperative pain: Excellent analgesic and improved patient outcomes after major surgery. <i>American Journal of Nursing</i> , 103(10), 62–64. Pasero, C. (2003). Epidural analgesia for postoperative pain. Part 2: Multimodal recovery programs improve patient outcomes. <i>American Journal of Nursing</i> , 103(11), 43–45. Reiff, P.A., & Niziolek, M.M. (2001). Troubleshooting tips for PCA. <i>RN</i> , 64(4), 33–37.
February 27 (8)	<b>NO CLASS — PD DAY</b>	
March 5 (9)	<b>MIDTERM EXAM</b>	
MARCH 19 (10)	<b>Catheterization</b> <ul style="list-style-type: none"> <li>• Urethral catheterization – male and female</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Urethral Catheterization</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 706–715; 1073–1085  <b>Articles</b> Marklew, A. (2004). Urinary catheter care in the intensive care unit. <i>Nursing in Critical Care</i> , 9(1), 21–27. Robinson, J. (2001). Urethral catheter selection. <i>Nursing Standard</i> , 15(25), 39–42.

Week of/ Number	Clinical Technique	Preparation/Learning Activity
<b>March 26 (11)</b>	<b>Intravenous Therapy – Part 5</b> <ul style="list-style-type: none"> <li>• Blood product administration</li> <li>• Transfusion of packed red cells</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Intravenous Therapy – Part 5</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 965–982  <b>Articles</b> Fitzpatrick, L., & Fitzpatrick, T. (1997, August). Blood transfusion: Keeping your patient safe. <i>Nursing</i> 97, 34–42.
<b>April 2 (12)</b>	<b>Neurological Assessments</b> <ul style="list-style-type: none"> <li>• Glasgow coma scale</li> <li>• Neurovital signs</li> <li>• Complex neurological assessments</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Neurological Assessments</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Medical-Surgical Nursing Textbook – Neurological Assessment</i>  <b>Articles</b> Lower, J. (2002). Facing neuro assessment fearlessly. <i>Nursing</i> 2002, 32(2), 58–65. McLeod, A. (2004). Intra- and extracranial causes of alteration in level of consciousness. <i>British Journal of Nursing</i> , 13(7), 354–361.

Week of/ Number	Clinical Technique	Preparation/Learning Activity
<p><b>April 9 (13)</b></p>	<p><b>Gastrointestinal Tubes</b></p> <ul style="list-style-type: none"> <li>Nasogastric tube insertion and irrigation</li> <li>Nasoenteral tubes</li> <li>Gastrostomy (PEG tubes) and jejunostomy tubes</li> </ul> <p><b>Enteral Nutritional Therapy</b></p> <ul style="list-style-type: none"> <li>Tube feedings</li> </ul>	<p><b>NURS 3020 Lab Manual</b></p> <ul style="list-style-type: none"> <li>Gastrointestinal Tubes and Enteral Nutritional Therapy</li> <li>Practice Lab Preparation Activities</li> </ul> <p><b>Course Textbook</b> <i>Clinical nursing skills and techniques</i>, pp. 1012–1042; 1136–1143</p> <p><b>Articles</b> Bowers, S. (2000). All about tubes: Your guide to enteral feeding devices. <i>Nursing 2000</i>, 30(12). Kohn-Keeth, C. (2000, March). How to keep feeding tubes flowing freely. <i>Nursing 2000</i>, 58–59. Morse, J.M., Penrod, J., Kassab, C., &amp; Dellasega, C. (2000). Evaluating the efficiency and effectiveness of approaches to nasogastric tube insertion during trauma care. <i>American Journal of Critical Care</i>, 9(5), 325–333. Watt, R., &amp; Lewis, R. (2001). Improving care for patients with gastrostomy tubes. <i>Canadian Nurse</i>, 97(10), 30–33.</p> <p><b>Review: (TPN reading)</b> Hall, J.C. (1999). Choosing nutrition support: How and when to initiate. <i>Lippincott's Case Management</i> (formerly <i>Nursing Case Management</i>), 4(5).</p>

Week of/ Number	Clinical Technique	Preparation/Learning Activity
April 16 (14)	<b>Tracheostomy Tubes</b> <ul style="list-style-type: none"> <li>• Assessment and nursing management</li> <li>• Suctioning</li> <li>• Changing dressings/ties</li> <li>• Emergency measures</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Tracheostomy Tubes</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 841–848; 833–834  <b>Articles</b> Day, T., Farnell, S., Haynes, S., Wainwright, S., & Wilson-Barnett, J. (2002). Tracheal suctioning: An exploration of nurses' knowledge and competence in acute and high dependency ward areas. <i>Journal of Advanced Nursing</i> , 39(1), 35–45. Kinloch, D. (1999). Instillation of normal saline during endotracheal suctioning: Effects on mixed venous oxygen saturation. <i>American Journal of Critical Care</i> , 8(4), 231–240. McConnell, E. (2000). Suctioning a tracheostomy tube. <i>Nursing 2000</i> , 30(1), 80.
April 23 (15)	<b>Chest Drainage Systems</b> <ul style="list-style-type: none"> <li>• Assessment and nursing management</li> <li>• Troubleshooting and emergency measures</li> </ul>	<b>NURS 3020 Lab Manual</b> <ul style="list-style-type: none"> <li>• Chest Drainage Systems</li> <li>• Practice Lab Preparation Activities</li> </ul> <b>Course Textbook</b> <i>Clinical nursing skills and techniques</i> , pp. 855–876  <b>Articles</b> Blank-Reid, C., & Reid, P. (1999, April). Taking the tension out of traumatic pneumothorax. <i>Nursing 1999</i> , 29(4), 41–46. Lazzara, D. (2002). Eliminate the air of mystery from chest tubes. <i>Nursing 2002</i> , 32(6), 36–43.
April 30 (16)		<b>INDEPENDENT STUDY</b>
Week of May 5–9	<b>EXAM WEEK — FINAL EXAM TBA</b>	

