# Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>College of Health and Human Services</th>
<th>Academic Organization (Department):</th>
<th>Division of Nursing</th>
<th>Date:</th>
<th>February 22, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Course Proposal:</strong></td>
<td></td>
<td><strong>Department Chair:</strong></td>
<td>Carolyyn Goetze</td>
<td><strong>Submitted by:</strong></td>
<td>Ann Stoltz</td>
</tr>
<tr>
<td>New <strong>X</strong></td>
<td>Change ____</td>
<td>Deletion ____</td>
<td>For Catalog Copy:</td>
<td>Yes <strong>X</strong></td>
<td>No ____</td>
</tr>
<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students?</td>
<td>Yes ____</td>
<td>No ___</td>
<td>CCE (Extension):</td>
<td>Yes <strong>X</strong></td>
<td>No ____</td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number): NA

If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.

Yes ____ | No ___

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## Change from: New Course

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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</thead>
<tbody>
<tr>
<td>NURS 104</td>
<td>Nursing Care of the Childbearing Family Clinical</td>
<td>2</td>
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</table>

## Change to:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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## JUSTIFICATION:

The current approved NURS 137 course includes both theory and clinical components. To accommodate the new Accelerated Second Baccalaureate Nursing Program Collaborative, it is necessary to split the one course into two courses: one being theory (NURS 103) and one clinical (NURS 104).

## NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.eduumanual/acad.htm - Guidelines for Catalog Course Description)

This experiential learning course allows the student to apply theories from the physical, behavioral and social sciences to the health care consumer (HCC) and/family, groups during the reproductive years. Focus is on the HCC and family groups' potential to adapt to the normal outcome of pregnancy and its predictable versus unpredictable health alterations. Credit/No Credit/Laboratory/ 2 Units/Lab/6 hours

Prerequisites: NURS 101, NURS 102, NURS 18, NURS 117, NURS 150, or instructor

Corequisites: NURS 103, NURS 105

## Note:

<table>
<thead>
<tr>
<th>Prerequisite:</th>
<th>Enforced at Registration:</th>
<th>Yes <strong>X</strong></th>
<th>No ____</th>
<th>NURS 101, NURS 102, NURS 18, NURS 117, NURS 150, or instructor permission</th>
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</table>

<table>
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<tr>
<th>Corequisite:</th>
<th>Enforced at Registration:</th>
<th>Yes ____</th>
<th>No <strong>X</strong></th>
<th>NURS 103, NURS 105</th>
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<tr>
<th>Graded:</th>
<th>Letter</th>
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<tr>
<th>Instructor Approval Required?</th>
<th>Yes ____</th>
<th>No <strong>X</strong></th>
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<thead>
<tr>
<th>Course Classification (e.g., lecture, lab, seminar, discussion):</th>
<th>Title for CMS (not more than 30 characters)</th>
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<tbody>
<tr>
<td>lab C-17</td>
<td>NusrCareChildbearingFamCl</td>
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<tr>
<th>Cross Listed?</th>
<th>Yes ____</th>
<th>No <strong>X</strong></th>
<th>If yes, do they meet together and fulfill the same requirement, and what is the other course.</th>
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FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.”
See the example at http://www.csus.edu/acaf/example.htm

Students will be able to:

1. Synthesize didactic content, clinical experiences and current research and integrate into care of the childbearing family.
2. Utilize the nursing process to diagnose and develop solutions to simple and complex health care problems experienced by perinatal families in both predictable and non predictable situations.
3. Demonstrate leadership skills in the coordination of health care for maternal-newborn families.
4. Demonstrate effective inter and intra personal communication in all professional settings.
5. Exhibit competency in the use of patient care technologies and system informatics related to maternal-newborn-family nursing.
6. Demonstrate application of research to clinical practice in the perinatal / maternal-newborn clinical setting.
7. Demonstrate health care advocacy on behalf of the emerging perinatal family in predictable and non predictable situations.
8. Integrate knowledge of health promotion and disease prevention with an understanding of the personal and cultural beliefs, values, and attitudes that influence the health outcomes of individuals and families during the childbearing cycle.
9. Exhibit competence in accessing, utilizing, and evaluation information relevant to the care of individuals, families, and groups.

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above

1. Research Critiques – 2 presented during clinical conference
2. Newborn Assessment
3. Nutritional Assessment – completed for pt. with DM or a pt in high risk antepartum
4. Concept Mapping and Care Plan – completed for each mother/infant couplet
5. Clinical Evaluation

For whom is this course being developed?

Majors in the Dept ___ Majors of other Depts ___ Minors in the Dept ___ General Education ___ Other ___

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___

If yes, identify program(s): Bachelor of Science in Nursing

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ____ No ___

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). None

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Accessibility: Following course approval, and prior to the start of the semester in which the new or revised course will be taught for the first time, an accessibility checklist [available at http://www.csus.edu/accessibility/checklist.html] shall be completed and submitted to the appropriate Dean’s office. An accessible syllabus shall also be made available online, preferably prior to the start of that semester’s open registration period.
**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>3/16/11</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>3-16-11</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
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<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
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</tbody>
</table>

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.

5/20/2010
California State University, Sacramento
College of Health and Human Services
Division of Nursing
NURS 104 Nursing Care of the Childbearing Family Clinical

Theory Faculty:
Dr. Brenda Hanson-Smith, Faculty of Record
hansonb@csus.edu
Office: El Dorado Hall Room 1026
Phone: 916-278-7334 Fax: 916-278-6311
Office Hours by appointment

Professor Roxanne Ferguson
rferguson@csus.edu
Office: El Dorado Hall Room 1029
Phone: 916-278-7264 Fax: 916-278-6311
Office Hours by appointment

Clinical Instructors:
Professor Bonnie Clark, MSN
Professor Carolyn Cook, MSN
Professor Roxanne Ferguson, MSN
Dr. Brenda Hanson-Smith, DNS, OGNP

Class Time & Location:
12 hours per week in 12 hour or 2 day clinical rotations. Exact
times and locations will be announced and posted prior to the
start of classes.
Hospital Clinical Sites: Sutter Memorial, Mercy San Juan,
Kaiser Roseville and selected ambulatory and community
clinical settings

Website:
www.csus.edu
Go to Sac CT and log in to NURS 104 Section 1 for course
information

Prerequisites:
NURS 101, NURS 102, NURS 18, NURS 117, NURS 150 or
instructor permission

Corequisites:
NURS 103, NURS 105

Dress Code:
Students are expected to comply with the Dress Code in the
Division of Nursing Student Handbook.

Required Text:
"Old’s Maternal-Newborn Nursing & Women’s Health
Course Description
This experiential learning course allows the student to apply theories from the physical, behavioral and social sciences to the health care consumer (HCC) and family, groups during the reproductive years. Focus is on the HCC and family groups' potential to adapt to the normal outcome of pregnancy and its predictable versus unpredictable health alterations. Credit/No Credit/Laboratory: 2 units

PROGRAM & COURSE OBJECTIVES

SO I: SYNTHESIZES THEORIES AND CONCEPTS FROM THE SCIENCES, THE ARTS, AND NURSING SCIENCE AND INTEGRATES THESE INTO NURSING PRACTICE.

Level II Analyzes theories and concepts from the sciences, the arts, and nursing and integrates these into nursing practice.

Course Objective: Synthesize didactic content, clinical experiences and current research and integrate into care of the childbearing family.

1.1 Interprets the normal physiological and anatomical adaptive responses occurring within the female and fetus/infant during pregnancy and after birth.

1.2 Provides rationale for adaptive responses to anatomical and physiological alterations and pathological conditions of the female and fetus/infant during the perinatal period.

1.3 Examines the relationship between the concept of preventative health and the concept of healthful reproduction through family planning.

1.4 Compares and contrasts the psychological developmental tasks of men and women during childbearing and parenting with the developmental tasks of adulthood, using the conceptual frameworks of Erickson and Rubin.

1.5 Applies knowledge of adaptive responses to pharmacological agents prescribed for women's health conditions in caring for the childbearing and childbearing patient.

1.6 Relates the basic needs of families throughout the childbearing and childrearing years' using family theory constructs.

SO II: UTILIZES THE NURSING PROCESS TO FACILITATE OPTIMAL HEALTH, INTEGRATING KNOWLEDGE AND SKILLS WITH INDIVIDUALS AND GROUPS ACROSS THE LIFESPAN AND IN A VARIETY OF SETTINGS.

Level II Utilizes the nursing process and clinical reasoning to diagnose and formulate alternative solutions to health problems across increasingly unpredictable and complex health care settings.
**Course Objective:** Utilize the nursing process to diagnose and develop solutions to simple and complex health care problems experienced by perinatal families in both predictable and non-predictable situations.

2.1 Analyzes individual's families' and groups' needs on a health-illness continuum resulting from changes during the conceptual and intra-conceptual years in non-predictable situations.

2.2 Compares and contrasts the crisis of pregnancy and postpartum psycho-social mal-adaptation with normal conditions affecting changes in the reproductive years.

2.3 Interprets the impact of pregnancy, and the perinatal period on family members and their individual adaptive responses in unpredictable situations.

2.4 Examines the health care environment which promotes a positive versus a negative bio-psycho-social-spiritual experience for individuals, families, and groups within the childbearing years.

2.5 Performs critical elements of selected prenatal psychomotor Skills following procedures practiced in skills laboratory.

2.6 Demonstrates knowledge of pharmacological actions when administering medications using correct procedures in the perinatal clinical area.

2.7 Uses the nursing process to plan care for normal perinatal health care consumers, modifies these plans, and adapts them to meet the needs of high risk perinatal health care consumers in non-predictable obstetric situations.

**SO III: SYNTHESIZES LEADERSHIP AND MANAGEMENT THEORIES AND PRINCIPLES OF QUALITY IMPROVEMENT IN THE DELIVERY OF SAFE AND EFFICIENT HEALTH CARE TO INDIVIDUALS, FAMILIES, GROUPS, AND COMMUNITIES.**

**Level II** Coordinates safe, efficient health care for individuals, families, and groups in increasingly complex situations and organizational structures.

**Course Objective:** Demonstrate leadership skills in the coordination of health care for maternal-newborn families.

3.1 Compares and contrasts professional attributes of positive and negative role models in the perinatal clinical setting to determine the impact on delivery of health care.

3.2 Uses hospital policies and procedures when administering treatments, and therapies to women, newborns, families, and groups in the perinatal clinical areas.
3.3 Applies the professional role of the nurse in promoting and maintaining optimal health care for health care consumers during the childbearing and post-childbearing years.

SO IV: EMPLOYS EFFECTIVE INTER- AND INTRA PROFESSIONAL COMMUNICATION AND COLLABORATIVE STRATEGIES FOSTER AN OPTIMAL LEVEL OF HEALTH.

Level II Demonstrates effective inter- and intraprofessional communication techniques with individuals, families, and groups as a collaborative member of the healthcare team to strengthen positive working relationships and patient-centered care.

Course Objective: Consistently demonstrates effective inter and intra personal communication in all professional settings.

4.1 Coordinates nursing care with the health care team members in the clinic, hospital that foster strategies of optimal health care for women during the childbearing and post-childbearing years.

4.2 Articulates the importance of effective communication techniques that strengthen patient care during the childbearing and post-childbearing years.

4.3 Uses appropriate interviewing and counseling concepts in supporting the perinatal health care consumer and/or family.

4.4 Ask appropriate questions of staff regarding patient planning and care, which contributes to patient information to foster quality care with the nursing team.

4.5 Participates actively in class discussions and small group activities.

4.6 Establishes and maintains a professional working relationship with instructors, staff, and peers.

4.7 Participates in student and/or patient care activities which embrace collegiality among peers and positively enhances the image of the nursing profession.

SO V: EXEMPLIFIES THE VALUES AND BELIEFS OF PROFESSIONAL NURSING AND ARTICULATES THE IMPORTANCE OF LIFELONG LEARNING.

Level II Exhibits and promotes professional and academic attitudes and behaviors consistent with the ANA Code of Ethics, professional nursing practice, and Division of Nursing and University policy.

Course Objective: Exhibits standards of academic honesty and professional practice, consistent with the University, Division of Nursing and ANA Code of Ethics.
5.1 Demonstrates respect for the dignity of the person, family and groups while providing quality nursing care.

5.2 Articulates own set of values, beliefs, and societal and cultural attitudes toward others as a health care professional.

5.3 Compares and contrasts self-belief, values and practices relating to human sexuality and reproduction with those of others.

5.4 Demonstrates objectivity in viewing events and situations, and expresses ideas without reacting in a highly personalized manner.

5.5 Discusses the legal/moral/ethical issues that impact nursing care for individuals, families, and groups seeking perinatal care and health care.

5.6 Gives examples of attitudes and behaviors of self, peers and nurses providing care for perinatal and/or GYN health care consumers which are consistent and/or inconsistent with the ANA Code of Ethics and Standards of Practice.

SO VI: SYNTHETIZES KNOWLEDGE AND SKILLS IN THE UTILIZATION OF PATIENT CARE TECHNOLOGIES AND INFORMATION MANAGEMENT SYSTEMS TO SUPPORT ETHICAL NURSING PRACTICE AND PROMOTE SAFE, QUALITY CARE DELIVERY.

Level II Exhibits competency in responsibly accessing, utilizing, and evaluating patient care technologies and information management systems to improve health outcomes across diverse conditions.

Course Objective: Exhibits competency in the use of patient care technologies and system informatics related to maternal-newborn-family nursing.

6.1 Relates current health concepts and trends to the emerging health care needs of the woman and the family during the childbearing and childrearing years.

6.2 Analyzes the nutritional needs of the female and fetus/infant during the perinatal period.

6.3 Implements appropriate teaching strategies based on an in-depth analysis of a pregnant woman's diet using patient care technologies and information systems to promote quality nursing care.

6.4 Interprets specific patient care technologies within the health care setting to support quality nursing care.

6.5 When applicable, utilize the Electronic Medical Systems (EMS) to
appropriately document nursing care and promote quality care delivery.

SO VII: INTEGRATES AND DISSEMINATES THEORY AND RESEARCH TO INFORM AND IMPROVE PATIENT OUTCOMES THROUGH EVIDENCE-BASED PRACTICE.

Level II  Applies the basic elements of research in order to critique and appraise evidence related to practice outcomes.

Course Objective: Demonstrates application of research to clinical practice in the perinatal / maternal-newborn clinical setting.

7.1 Familiarizes self with the most commonly recognized perinatal and GYN nursing journals and uses them as a resource in developing rationales for clinical practice.

7.2 Reviews the literature and inquires into legislation relating to current health practices and trends in the care of women and infants.

7.3 Applies current research findings in planning and/or modifying care for women with health care needs related to the reproductive or pregnancy conditions.

7.4 Analyzes the role of the Perinatal-Gynecological nurse in the health care delivery system (both present and future).

SO VIII: INTEGRATES KNOWLEDGE OF HEALTHCARE POLICY, FINANCE, AND REGULATION TO INFORM AND INFLUENCE PROFESSIONAL NURSING PRACTICE AS AN ADVOCATE AND LEADER PROMOTING EQUITY AND QUALITY IN HEALTHCARE DELIVERY.

Level II  Analyzes, evaluates, and examines the impact of healthcare policy, finance, and regulation on the professional nursing advocacy role.

Course Objective: Practices health care advocacy on behalf of the emerging perinatal family in predictable and non predictable situations.

8.1 Identifies situations that place the perinatal/GYN nurse in the health care consumer advocate role.

8.2 Uses hospital policies and procedures when administering treatments, and therapies to women, newborns, families, and groups in the perinatal clinical areas.

8.3 Identifies situations that increase the liability of the perinatal/GYN nurse.

SO IX: UTILIZES PRINCIPLES OF HEALTH PROMOTION AND DISEASE PREVENTION TO IMPROVE POPULATION HEALTH ACROSS THE LIFESPAN IN INDIVIDUALS, FAMILIES, GROUPS, AND COMMUNITIES.
Level II Integrates knowledge of health promotion and disease prevention with an understanding of the beliefs, values, and attitudes influencing health outcomes of individuals, families, and groups across the lifespan.

Course Objective: Integrates knowledge of health promotion and disease prevention with an understanding of the personal and cultural beliefs, values, and attitudes that influence the health outcomes of individuals and families during the childbearing cycle.

9.1 Analyzes the influence of cultural, ethnic, and religious patterning on the multiple roles evident in individuals, families, and groups.

9.2 Compares and contrasts influences of culture and ethnic origins on human sexuality and reproduction.

9.3 Prepares a nursing care plan that includes the need for acceptance of individual's value systems and the right to quality nursing care.

PRACTICE SO X: DEMONSTRATES INFORMATION COMPETENCE RELEVANT TO NURSING.

Level II Determines the extent of information needed and appropriately accesses, critically evaluates, and efficiently utilizes and communicates information relevant to nursing practice.

Course Objective: Exhibits competence in accessing, utilizing, and evaluation information relevant to the care of individuals, families, and groups.

10.2 Relates how own behaviors as CSUS nursing student and the attributes of individual nurses, impact on the image of the nursing profession by participating in activities which foster cooperation and sharing.

10.5 Implements appropriate teaching strategies based on an in-depth analysis of a pregnant woman's diet using patient care technologies and information systems to promote quality nursing care.

10.6 Interprets specific patient care technologies within the health care setting to support quality nursing care.

10.7 When applicable, utilize the Electronic Medical Systems (EMS) to appropriately document nursing care and promote quality care delivery.

COURSE CONTENT OVERVIEW

Course content is concerned with the life cycle experience of reproduction and the learning of relevant nursing practice. A developmental approach to childbearing as it affects the mother, newborn, and family is used. Family theory is applied in the clinical area as it relates to the family life cycle, with emphasis on family, systems and structural-functional theories.
The course explores the nursing role in promoting healthful reproduction which includes factors of life that determine the quality of reproduction before, during and after conception and throughout the reproductive period. Emphasis is placed on the student's ability to formulate alternative solutions to health problems during the reproductive years.

Legal issues, ethical issues, leadership, stress, systems and change theories, role, grief and bereavement, caring, sexuality, cultural diversity, gerontology, substance abuse and family violence are applied in the clinical setting relative to OB/GYN practice. Research, societal issues and current health trends affecting women and infants are discussed as they relate to nursing practice.

**Method of Instruction:**

**Inpatient and Ambulatory Clinical Experiences**

Clinical experiences are provided in prenatal, labor/delivery, newborn nursery and postpartum units in the hospital setting. Practicum enables the students to apply change theory, developmental theory, and family theory to the care of perinatal HCC's. Pre and/or post conferences are part of the clinical experience. Through dialog and sharing of clinical experiences, recognition and acceptance of perceptions and experiences of individuals, families, groups and others, caring behaviors are fostered in the students.

Students are supervised in clinical by clinical instructors. Clinical experiences are designed to build upon prior knowledge and skills from previous semesters. The focus will be to add breadth and depth to nursing knowledge and skills/assessment abilities.

The student's responsibility and accountability for their nursing actions are fostered as it pertains to health care of the family during the reproductive period. The student is prepared to participate as a member of the health team in providing continuity of care for the family during the reproductive years.

**Course Requirements:**

Each student is held accountable for all required clinical hours and **MUST** make up all absences. This is a BRN requirement. The student **MUST** satisfactorily meet ALL clinical objectives as specified in the CLINICAL EVALUATION TOOL in order to pass the class. The student **MUST** complete ALL course requirements in order to pass the course. Reporting to clinical on time and prepared is required. Late and/or unprepared students will be sent home at the discretion of the instructor and must make up the missed clinical day. The make up day, time and date will be determined by the instructor. **Consistent lateness and/or lack of preparation for clinical will result in failure in the course. Excessive absence from clinical (>1day) may result in a failure in the course.**

Attendance at NURS 104 orientation days and simulation experiences is mandatory. For an absence due to an emergency, the student is expected to notify his/her NURS 104 clinical faculty. The student is responsible for all content covered in orientation and a make-up assignment will be determined.

All students are required to review the HIPPA information on Nursing 901 web page prior to the first day of clinical.
All health clearances must be current and recorded with Administrative support person in the Division of Nursing.

**Clinical Assignments:**

In Appendices A-D you will find the forms and instructions for each of the clinically based assignments.

It is the students responsibility to have the appropriate assessment forms with them at clinical. This will be reinforced during clinical orientation at each of the clinical agencies.

You will be given a copy of the nursing care plan during orientation to your clinical section. It will be your responsibility to duplicate and bring copies to clinical to use when giving patient care. The care plan/ concept map must be brought to clinical each day and must be completed. It is the individualized nursing plan for the mother/infant and family unit cared for during each clinical day. It should reflect nursing care that is prioritized, patient/family specific and holistic. You will utilize concept mapping to create and justify your plan of care. It should reflect your critical thinking and your ability to prioritize. All medications and treatments should be included.

**Nursing Care Assessments and Care Plans:**

<table>
<thead>
<tr>
<th>Research Critiques – 2 presented during clinical conference</th>
<th>Appendix A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn Assessment</td>
<td>Appendix B</td>
</tr>
<tr>
<td>Nutritional Assessment – completed for pt. with DM or a pt in high risk antepartum</td>
<td>Appendix C</td>
</tr>
<tr>
<td>Concept Mapping and Care Plan – completed for each mother/infant couplet</td>
<td>Appendix D</td>
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**Evaluation:**
Evaluation of the student will occur at the mid-rotation and at the end of the clinical rotation. The evaluation form should be completed by the student prior to the mid term and final evaluation meetings with your clinical instructor. Other verbal feedback will be given to students on a weekly basis regarding their daily clinical performance. Any student not passing at the middle of the clinical rotation will be notified by the clinical faculty and Faculty of Record.

**References:**

**Research Journals:**
When searching for journal articles for critique it is preferred that you use nursing journals first. Examples include: JOGNN, MCN, AJN, Birth and the Family, Image, Nursing Research, Pediatric Nursing, & Nurse Practitioner. Use non nursing journals only as a last resort.

**Citation Examples:**
Students are expected to use the APA format for all written critiques.

**On Line Resources:**

- The APA Website (http://www.apa.org/)
Grading:
NURS 104 clinical course is a Credit/No Credit course and students must achieve a minimum score of 75% on all assignments and a satisfactory clinical evaluation.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>POINT VALUE</th>
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<td>Research Critiques – 2 presented during clinical conference</td>
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<td>Newborn Assessment</td>
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Students can access grades via the MyGrades tool in their SacCT course.

**Late Work:**
All clinical assignments are expected to be turned in on time unless otherwise specified by the clinical instructor. Repeated late assignments will affect your clinical evaluation.

**Academic Honesty:**
Students are expected to be familiar with the University's Academic Honesty, Policy & Procedures. The policy on Academic Honesty and other information regarding student conduct can be accessed from the University Policy Manual (http://www.csus.edu/umanual/index.htm).

You should include information about the policy relevant to your course; for example, define what plagiarism is based on the University Policy Manual and the consequences for engaging in this particular behavior. For plagiarism specifically, you may want to include a link to the Library's Plagiarism Website (http://library.csus.edu/content2.asp?gelID=353).

**Plagiarism:**

Plagiarism is a violation of University policy and academic ethical standards. Plagiarism includes cheating on a test, copying another student's written work, or using published written work or Internet sources without appropriate quotes or references. Please refer to the Student Handbook for a complete description. A plagiarism offense will result in failure of NURS 104, and will be reported to the University Academic Affairs office for inclusion on your academic
Reasonable Accommodation Policy

If you have a disability and require accommodations, you need to provide disability documentation to Services for Students with Disabilities (SSWD). For more information please visit the SSWD website (http://www.csus.edu/sswd/). They are located in Lassen Hall 1008 and can be contacted by phone at (916) 278-6955 (Voice) (916) 278-7239 (TDD only) or via email at sswd@csus.edu.

Please discuss your accommodation needs with the Faculty of Record prior to the start of classes or during the first week of classes.

University Resources:

Sac State Library:
As a Sac State student you have access to the various resources offered by the library such as book checkout, study areas, computer labs, online tutorials, research databases, etc. To learn more about available resources visit the Sac State Library website (http://library.csus.edu/).

Student Computing Labs:
Students can use any of the IRT managed student computer labs on campus. Visit the University Labs website (http://www.csus.edu/uccs/labs/generalinfo/about.stm) for information about locations, hours, and resources available.

SacCT:

SacCT is the course management system used on the Sac State campus for online courses or for courses that have some component online. To access a course on SacCT, you must login from the SacCT Login Page (https://online.csus.edu).

To learn more about WebCT visit the Student Resources webpage (http://www.csus.edu/webct/student/) where you can view online Tutorials, FAQ's and other help resources.

Writing Center: http://www.cusu.edu/engl
Testing Center: http://www.csus.edu/testing

APPENDIX A

Research Critique Guidelines and Example

Purpose:

- Research a patient problem/need/concern in the nursing and medical literature.
• Discover solutions to patient problem/need/concern.
• Develop a nursing care plan based on the research findings for a specific patient problem/need/concern.

Guidelines:

1. Select a problem/need/concern of a patient that you cared for in the clinical setting.
2. Search the nursing literature (some medical literature is acceptable with faculty approval) for research studies relating to the patient problem/need/concern within the past 5 years.
3. Select a research study that provides nursing implications for the problem/need/concern.
4. Describe the appropriateness of the research study to the patient’s problem/need/concern.
5. Describe the type of research study (exploratory, experimental, descriptive, etc.)
6. Describe the purpose of the study, methodology (population type, size, method of analyzing the data).
7. Describe how the implications of the study fit the problem/need/concern of your patient.
8. Develop a nursing diagnosis, expected outcome, and nursing actions to resolve the problem/need/concern.
9. Discuss the implications for your practice due to the article.

Clinical Conference Presentation Criteria:

1. Appropriateness of article to the patient problem. Why did you select this problem?
2. Description of type of research study.
3. Description of the Research Questions.
4. Description of the purpose, methodology and implications of the study for your patient. Be sure to summarize the facts.
5. Appropriateness of the nursing diagnosis, expected outcome and nursing actions to resolve the problem.
6. In what ways will this article inform/ change your professional practice?

More Guidelines:

• Two (2) articles are required during the clinical rotation.
• The first article and write-up must be handed in by the end of clinical week three to your clinical instructor. The second article and write-up should be completed by the end of clinical week six. There are no exceptions.
• Articles will be discussed during clinical conferences. You are expected to be able to share what you have learned from the research with your classmates during weekly post conference.
• Submit a copy of the article that you read when you hand in the research critique.
• All research critiques must be typed.
• Articles must not be published prior to 2004. You want to use current information and that is best found in current journals.
• Be sure the article is the original and not a summation of the original article. Sometimes when articles are downloaded from the web they are not the "real thing" but someone's report on the original piece of research.
• Suggested journals include but are not limited to: JOGNN, MCN, AJN, Birth and the Family, Image, Nursing Research, Pediatric Nursing, Nurse Practitioner.
• Be sure the research articles are RESEARCH and not clinical practice articles. Research article have a population that was studied and a methodology, etc.
• If you have a question about your article choice, - ask your clinical instructor.

Types of Research Studies

• Experimental Research design: a scientific investigation where observations are made and data are collected using the principles of control, randomization, and manipulation of variables.

• Quasi-experimental research design: an investigation where random assignment is not used, but the independent variable is manipulated and certain mechanisms of control are used.

• Case Study Research: a type of non-experimental research design that investigated in-depth, one or more subjects, groups, or institutions, for the purpose of gathering a wider range of information pertaining to the sample population not possible in any other type of research design.

• Co relational Research: a type of non-experimental study that examines the relationship between two or more variables.

• Developmental Research: a type of non-experimental research design that is concerned with not only the existing status and interrelationship of phenomena, but also with changes that take place as a function to time.

• Evaluative Research: The use of scientific research methods and procedures for the purpose of making an evaluation.

• Ex post facto Research: a type of non-experimental research study that examines the relationships among the variables after the variations have occurred.

• Historical Research: a type of non-experimental research that is designed to systemically compile data, critically present, evaluate, and interpret facts regarding former people, events, or occurrences.

• Interrelationship Research: a type of non-experimental study that attempts to trace relationships among variables. The four types of interrelationship research are correlational, ex post facto, prediction, and developmental research.

• Longitudinal Research: a type of non-experimental research design where a researcher collects data from the same group at different points in time.

• Methodological Research: a type of controlled investigation and measurement of questionnaires and other assessment forms for the purpose of creating reliable and valid research instruments and tools.

• Prospective Research: non-experimental study that begins with an exploration of assumed causes and then moves forward in time to the presumed effect.
• **Phenomenological Research**: an investigation that describes the events as they are lived by the subjects in the study.

• **Prediction Research**: a type of non-experimental research design that attempts to make a forecast or prediction derived from particular phenomena.

• **Philosophical Research**: a study designed to investigate the truths or principles of existence, knowledge, or behavior.

• **Retrospective Research**: a non-experimental study that begins with the phenomena of interest in the present and examines its relationship to another variable in the past.

• **Survey Research**: a type of non-experimental study that collects descriptions of existing phenomena for the purpose of using the data to justify or assess current conditions or to make plans for improvement of conditions.

• **Qualitative Research**: a type of non-experimental research design that investigates specific phenomena searching for variables, traits, trends, characteristics, etc. that are common to the sample population and can be used as constructs in other research studies.


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**EXAMPLE OF RESEARCH ARTICLE WRITE-UP**

Patient Problem/Need/Concern: V.S. is a 32 year old, married mother of three (G-3, P-3). This delivery of her son was a SAD without need of episiotomy or subsequent lacerations. Her labor and delivery were non-traumatic and she was ready and prepared for the birth of her third and last child. She stated that she had taken a refresher course in Lamaze because it had been five years since the birth of her second child. When I talked to her, she was anxious to be discharged so that she could go home and begin enjoying her family, and for the family to enjoy the new addition. While caring for this patient, I was able to meet her daughter, 7, and her son, 5. They were very excited when I let them listen to the new brother's heart beat and breathing. V.S. was excited that her two children were happy about the birth and wanted to return home for the "taking hold" phase. V.S. is very confident with her ability to care for herself and her infant at home and has a broad and solid support system waiting for them. Early discharge is positive for and wanted by V.S.

Appropriateness of the Research Study to this patient: The study researched the feelings of multipara and primipara women regarding early discharge. Many of the women felt in control of their pregnancy, delivery and early return home to care for themselves and their new infant. These feelings of control and confidence were displayed by V.S., and therefore, I feel this research validates her early discharge.

Type of Research Study: This study was a retrospective, qualitative study using the grounded theory method in order to provide a broad picture of the early discharge experience. This research was done in Vancouver, British Columbia, Canada, in 1992.

Description of Research Question: The Study asked this research questions: How do women describe their experiences with the early discharge program based on their own perception?

Purpose, Methodology and Analysis of Research Study: The purpose of this retrospective, qualitative study was to describe and understand the experiences different women have with the early discharge program based on their own perceptions. The early discharge program in Canada is used for low-risk mothers and infants and is either chosen by the women early in the pregnancy, or by the doctor following the birth of the child.

The sample of women consisted of 8 English-speaking mothers (multipara and primipara) who were living with partners and parenting healthy infants. These women were ages 25-35 and all Caucasian. Five of the women were employed in a variety of jobs and three were home with their children, full-time. The women were chosen late in their pregnancies. The women were then interviewed once during late pregnancy, discharged with 12-24 hours after delivery, visited at home by a nurse on postpartum days 1, 3, 5 and 10, and then interviewed once again after the postpartum visits.

The first question asked of all women was, "What was it like for you to come home early after the birth of your infant?" Further questions were then asked in order to clarify information or understand the full depth of the women's answers.

By use of comparative analysis, categories were established for exploring their feelings. Each category had subcategories as follows: 1. Organizing antenatal requirements - included reading, preparing meals and organizing supports; 2. Meeting expectations during labor and delivery - included being prepared using support and getting involved in decision making; 3. Learning to trust abilities - including feeling ready for responsibility, exploring abilities with
support and establishing family relationships. These three main categories were dependent on underlying conditions of beliefs, aspects of personality and availability of support.

The overlying process, stated by these women, as being the most necessary for a positive experience with the early discharge program was that of taking control. Many of the women felt much more comfortable with the idea of caring for themselves and their infant at home, rather than in the hospital for those first few days. They felt that it was best for the family; father and siblings. In order to have this sense of control, the women who elected the early discharge program spent more time reading and preparing for the birth, attended many classes, and intact and strong support systems, and meals prepared ahead of time for the days directly following the birth, and had positive motivations for a successful and problem-free delivery. The sense of confidence was furthered by the knowledge and ability to take control. For some women, it was important to be able to accept help from others when at home so that they could relax, sleep and tend to the infant's care as well as their own. For the women who could not accept help from others (felt they had to do things on their own) had a harder time with the early discharge program.

It was also felt that a feeling of prepared mastery was important to the women in order to have a satisfying childbirth experience. This feeling of mastery came from being prepared for the birth, having a solid support system, being involved in decision-making and problem solving and having a positive perception of the outcome of labor (feeling of competence).

Postpartum visits from nurses (four visits) were very important to the mothers and fathers because they felt there was professional support and reference which would validate their care and further their levels of confidence. They also felt that the visiting nurse could be their link to the community and services that they may need.

Implications of this Study to this Patient: This study reaffirmed the importance for parents who are ready for early discharge to be discharged. V.S. was ready and confident to go home and care for herself and her infant. She had planned well during the prenatal period, established support, participated in labor decision-making, and was ready to leave the hospital and take control of her family, including the new addition. Not all mothers are ready or suitable for early discharge, but when a mother is, like in this case V.S., it is important to support their ability to take control and foster confidence in their postpartum care.

Nursing Diagnosis: Health-seeking behavior related to postpartum care of self and infant as evidenced by desire and acceptance of early discharge.

Expected Outcome: Mother will be discharged within 12-24 hours after the birth of her infant and return home with a feeling of competence for self and infant care.

Nursing Interventions:

1. Assess mother's readiness for early discharge.
2. Acknowledge accomplishment of non-traumatic labor and delivery.
3. Praise patient for preparation for childbirth and postpartum discharge.
4. Encourage use of support systems, both home and community.
5. Encourage continued healthy behaviors and positive parenting skills.
6. Foster parent and sibling positive interactions with newborn.
7. Compliment mom on sibling preparation.
8. Assess maternal psycho-social adaptation according to Rubin.
9. Assess family life cycle stage according to Duvall and evaluate how family is meeting their developmental tasks.

6. Identify the ways the information in this article will influence your professional practice.

This research study will influence my professional practice through an increased understanding that women are unique in their preparation for labor/delivery and the postpartum period. It is also important to understand where women are in the taking-in, & taking-hold phase in order to assist in the discharge process.

APPENDIX B

NEONATAL ASSESSMENT GUIDELINES AND FORMAT

PURPOSE:
To demonstrate knowledge of the ability to assess a neonate, including physical, behavioral, neurological, and gestational age characteristics.
OBJECTIVES:

1. Prior to discharge, perform a complete physical examination, head to toe, on a term neonate.
2. Assess the neurological characteristics of a term neonate within 24 hours of birth.
3. Using the Ballard Scale, assess the gestational age of a term neonate prior to discharge within 24 hours of birth.
4. Complete a neonatal behavioral assessment on an infant ready to be discharged.

GUIDELINES:

1. PHYSICAL EXAMINATION: Include assessment of vital signs, length and weight, posture, skin, head, hair, face, nose, mouth, ears, neck, chest, heart, abdomen, genitals, buttocks, anus, extremities and trunk.

2. NEUROLOGICAL EXAMINATION: Include assessment of reflexes. Include how the reflex was elicited and the response from the infant. The findings from this part of the assessment will also be applicable to some parts of the Ballard assessment.

3. BEHAVIORAL ASSESSMENT: Should include a description of how the infant responds to various sleep-wake states. Specific areas to be assessed are: habituation, orientation to inanimate and animate visual and auditory stimuli motor activity, variations in state behavior, self-quieting behaviors, cuddliness and sociability. The modified Brazelton scale is included with your NURS 104 syllabus in the neonatal section.

4. GESTATIONAL AGE ASSESSMENT: Should include completion of all parts of the assessment, including the physical characteristics and neuromuscular tone components, calculation of score and corresponding week’s gestation. Complete the Ballard scales for gestational age. The Ballard Scale is included in your packet. It should be handed in as part of the Neonatal Assessment.

THIS ASSIGNMENT IS TO BE SUBMITTED TO YOUR CLINICAL FACULTY ONE WEEK AFTER COMPLETION OF THE NEWBORN ASSESSMENT.

Newborn Assessment Terminology

- Acrocyanosis - A bluish discoloration of the hands and feet due to sluggish peripheral circulation.
- Caput Succedaneum - A collection of fluid in the soft tissues of the scalp that may override the suture lines. Caused by pressure on the presenting part of the head against the cervix during labor.
- Cephalohematoma - A collection of blood between the periosteum and the cranial bone (usually the parietal bone) appearing as unilateral or bilateral and limited to the suture lines of the affected bones*. A result of the extravasation of ruptured blood vessels from the pressure of birth.
- Diastasis recti - Gap between abdominal recti muscles.
- Epstein pearls - Small, white, round epithelial cysts on the hard palate and along the gum margins.
- Erythema neonatorum toximum - "Newborn rash" or flea bite rash. A generalized rash characterized by red, elevated papules appearing around 24-48 hours of age. Resolves without treatment.
- Fontanelle - "Soft spot." An area of fibrous tissue over the juncture of the cranial bones.
- Lanugo - Fine downy hair of varying distribution covering the body with exception of the palms of the hands and soles of the feet.
- Milia - White, pinpoint papules on the chin and/or nose resulting from unopened sebaceous glands.
- Molding - Shaping of the head caused by overriding of the cranial bones to facilitate movement through the birth canal.
- Mongolian spots - "Oriental patches." An area of bluish-black pigmentation over the buttocks and the lower back, commonly seen in non-Caucasian races.
- Mottling - Discoloration of the skin in irregular areas resembling a lace-like pattern.
- Occipital-frontal circumference (OFC) - The greatest circumferences of the head, i.e., over the supraorbital ridges and the occipital prominence.
- Ortolani's Maneuver - A procedure to rule out congenital hip dislocation: flexion of the legs, abduction of the hips to approximately 90° degrees, then forward pressure from behind the greater trochanter while the thigh is abducted. A positive finding is a "click," which is palpable as the dislocation is reduced.
- Pseudomenstruation - White or blood-tinged mucous discharge from the vagina secondary to the withdrawal of maternal hormones.
- Rugua - Folds of tissue over the scrotum that allow for expansion of the tissue.
- Subconjunctival hemorrhage - An area of bleeding on the sclera due to changes in vascular tension during birth.
- Telangiectatic nevi - "Stork bites" or capillary hemangiomas. A flat area of capillary dilation appearing as small clusters of pink-red spots on the nose, nape of the neck, lower occipital bone, and eyelids, which blanch easily.
- Vernix caseosa - A white cheese-like substance covering the body, particularly noticeable in the creases of the skin.

APPENDIX C

NUTRITION ASSESSMENT

PURPOSE:
The nutrition study serves three purposes. First it provides the student nurse with an opportunity to analyze the diet of a woman. Secondly, the nutritional analysis provides an opportunity for the student nurse to evaluate deficiencies in a pregnant woman's
diet and make corrective changes. Thirdly, the nutritional analysis allows the student nurse the ability to apply concepts learned from theory to practice.

**OBJECTIVES:**

At the end of the nutritional study, the nurse will be able to:

a. Analyze a sample diet into its specific amounts of nutrients, trace elements, and minerals.

b. Compare a sample diet of a woman during pregnancy and lactation with the recommended dietary intake (RDA) for these periods.

c. Describe the impact of nutrition on fetal growth and development and the early newborn period.

d. Interpret the findings of the diet analysis to the client.

e. Make dietary suggestions in food choices and behavioral patterns to the diet to better meet the nutritional needs of a pregnant woman.

f. Describe the pathophysiological conditions which may arise during pregnancy due to inadequate dietary intake.

**METHODOLOGY:**

During your antepartum rotation, select a patient with any of the following criteria: diabetes, gestational diabetes, adolescent, a high risk antepartal patient, or a vegetarian.

Supply the patient with the Nutrition Questionnaire and Dietary Recall Form. For the dietary recall, ask the patient to record approximate amounts of all food and drinks consumed during a one day time period.

At home, access www.mypyramidtracker.gov and proceed to "Assess your food intake." You will be prompted to log in, at which time you can create an account so as to access this feature during your practice. Once you are registered, you will be able to input the patient’s food recall into the program and save. Next, select "Calculate nutrient intake from food." This will supply you with a breakdown of the nutrients, trace elements, and minerals supplied by your patient's food choices. Print out a copy of this report and attach it to the Assignment sheet (please clearly identify as "Patient's Dietary Recall"). Alternatively, you can copy and paste the report into the assignment sheet.

Next, compare the nutritional breakdown totals with the recommended dietary allowances listed in your textbook (see Table-18-1 in Chapter 18, Maternal Nutrition). Please note, the on-line report includes acceptable ranges for each nutrient. However, this is not geared to pregnancy; therefore, the textbook is a better source. Identify any nutrient excesses or deficits in the patient’s diet. Develop a revised diet with recommended food changes designed for the woman given her socio-economic-cultural-medical lifestyle. Rerun your recommendations through the web site to
determine whether your dietary recommendations corrected the deficits. Print out a copy of this report and attach it to the Assignment sheet (please clearly identify as "Revised Diet").

Finally, submit the Nutrition Questionnaire and Dietary Recall Form and Nutrition Assignment Sheet with the attached nutrient intake reports from mypyramidtracker.gov to your clinical instructor. This assignment is graded as a pass/fail.

NUTRITION QUESTIONNAIRE

PATIENT INITIALS: _______________________
DATE _______________________

Please answer the following by checking the appropriate box or filling in the blank. Answer only those questions which apply to you. All information is confidential.
Maternal Weight Gain

1. How much did you weigh prior to this pregnancy? _____Pounds

2. Currently, how much do you weigh? _____Pounds

3. How much weight do you think you should gain with this pregnancy? _____Pounds □ No Idea

Common Discomforts of Pregnancy

1. Are you having any of the following problems? (please check all that apply)
   □ Constipation □ Diarrhea □ Nausea/Vomiting □ Heartburn □ Flatulence

2. If yes, please describe any changes you have made to your diet to help these problems:

Specific Food Choices

1. Do you eat any of the following food choices?
   a. swordfish, shark, tilefish, or king mackerel? □ yes □ no
   b. smoked seafood such as salmon, trout, cod, tuna or mackerel? □ yes □ no
   c. soft cheeses such as feta, brie, Camembert, blue veined cheeses, queso fresco, or queso blanco? □ yes □ no
   d. uncooked luncheon meats, deli meats, hot dogs? □ yes □ no
   c. refrigerated pates or meat spreads? □ yes □ no
   c. unpasteurized milk or foods containing unpasteurized milk? □ yes □ no

2. Some women crave non-food items. Do you eat any of these items? (select from list)
   □ starch (laundry or corn) □ plaster □ dirt of clay □ large quantities of ice
   □ freezer frost □ ashes □ chalk □ soil □ paint chips □ other:

3. Are there any foods you don't think you eat enough of? □ yes □ no

If yes, please list

__________________________

22
Other Factors of Nutrition

1. Do you take a prenatal vitamin? □ yes □ no
   If yes, how often? □ daily □ ___times/week □ ___ times/month

2. Do you drink alcoholic beverages? □ yes □ no
   If yes, how much and how often?
   □ ________ per day □ ________ per week □ ________ per month

3. Do you smoke cigarettes? □ yes □ no
   If yes, how much and how often?
   □ ________ per day □ ________ per week □ ________ per month

4. How many glasses of water do you drink a day? ________glasses/day

5. Do you drink caffeinated beverages? □ yes □ no
   If yes, how much and how often?
   □ ________ per day □ ________ per week □ ________ per month

Meal Patterns

1. How many times do you eat? ________ meals per day ________ snacks per day

2. In a typical week, how many times do you eat from a restaurant, including fast food? ________ meals per week

3. Indicate the person who does the following tasks in your household:
   Plans meals__________ Buys food__________ Prepares food__________

4. Are you following a special diet? □ yes □ no
   □ vegetarian □ vegan □ diabetic □ low salt □ low calorie/weight loss
   □ gallbladder □ other__________________________
**Dietary Recall:** Please list all the food items and beverages consumed yesterday.

<table>
<thead>
<tr>
<th>Breakfast: (please list food and drink)</th>
<th>Quantity (cup, oz)</th>
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<tr>
<th>Mid-Morning Snack:</th>
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<tr>
<th>Lunch</th>
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<th>Afternoon Snack</th>
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<tr>
<th>Dinner:</th>
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</table>
NUTRITION ASSIGNMENT SHEET

Student Name: 
Date: 
Patient Initials: 

1. According to the nutrient intake report, what are some of the excesses and deficits in the patient's diet, which need to be addressed?

2. If your patient is taking a multiple vitamin, how does this change the excess or deficits in her diet?

2. What specific changes would you make to the patient's food choices? Remember to take into account diabetic and or other special requirements.

3. Evaluate the patient's answers to the nutrition questionnaire. What other teaching would you provide to this patient? (For example: eating smaller meals more frequently or limiting caffeine or eating out, etc.)
NUTRITION ASSIGNMENT SHEET (Example)

Student Name: Rebecca Smith
Date: 11/8/10
Patient Initials: CT

1. According to the nutrient intake report, what are some of the excesses and deficits in the patient's diet, which need to be addressed?

This patient's vitamin consumption reflects the majority of nutrient deficits. These include Vitamins A, C, B6 and B12. Another concern regarding the patient's intake report is the deficit in iron, which can lead to anemia. Also, the clients potassium, magnesium and folate are under recommended ranges. The client's diet also leads to excess in sodium, cholesterol and fats (saturated, monosaturated and polysaturated).

2. If your patient is taking a multiple vitamin, how does this change the excess or deficits in her diet?

The multiple vitamin taken by the client will help with her folate deficiency, as well as the deficiencies in Vitamin A, B and C.

2. What specific changes would you make to the patient's food choices? Remember to take into account diabetic and or other special requirements.

First of all, I would increase the amount of fruit and vegetables in the clients diet. Fruit juice at breakfast, apples or grapefruit for snacks, and a green leafy salad at dinner would help with Vitamin C, Vitamin A and iron deficits. Substituting bran cereal at breakfast, instead of an omelet, would supply Vitamin B6 and B12 and reduce cholesterol. To maintain calcium levels, low-fat yogurt could also be added to breakfast or as a snack, which would also address her magnesium and zinc needs. Peanut butter on toast is a good snack to increase thiamin and iron. Finally, substituting wheat toast with margarine for garlic bread will help with Magnesium and reduce cholesterol.

3. Evaluate the patient's answers to the nutrition questionnaire. What other teaching would you provide to this patient? (For example: eating smaller meals more frequently or limiting caffeine or eating out, etc.)

The patient requires education regarding appropriate weight gain. The patient should also be taught to include high fiber foods, such as bran cereal and wheat toast to help with the reported constipation. Some useful tips for this patient would
be to eat smaller, frequent meals including snacks and to eat-in more often. This adolescent relies on her mother for meals. Perhaps supplying the mother with specific food requests will help when shopping or preparing food.

Patient's Dietary Recall:

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Your Intake</th>
</tr>
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<tbody>
<tr>
<td>Food Energy/Total Calories (kcals)</td>
<td>1605</td>
</tr>
<tr>
<td>Protein (gm)</td>
<td>84</td>
</tr>
<tr>
<td>Carbohydrate (gm)</td>
<td>183</td>
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<tr>
<td>Total Fiber (gm)</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Alpha Linolenic (omega 3) (gm)</td>
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<tr>
<td>Cholesterol (mg)</td>
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</tr>
<tr>
<td>Vitamin A (mcg RAE)</td>
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<tr>
<td>Vitamin C (mg)</td>
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<tr>
<td>Vitamin E (mg α-TE)</td>
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<tr>
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<tr>
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<td>Niacin (mg)</td>
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<tr>
<td>Folate (mcg, DFE)</td>
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<tr>
<td>Vitamin B6 (mg)</td>
<td>1.2</td>
</tr>
<tr>
<td>Vitamin B12 (mcg)</td>
<td>1.5</td>
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<tr>
<td>Calcium (mg)</td>
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</table>
Phosphorus (mg) 1197.6
Magnesium (mg) 212.4
Iron (mg) 13.6
Zinc (mg) 9.1
Selenium (mcg) 151.7
Potassium (mg) 1955
Sodium (mg) 3520

Revised Diet:

Remove 100% BRAN CEREAL
Remove APPLE (APPLES), FRESH
Remove BAKED LAY’S POTATO CHIPS
Remove BEANS, STRING, GREEN, RAW
Remove BREAD, MULTIGRAIN, TOASTED
Remove COFFEE, GROUND
Remove GRAPEFRUIT, FRESH
Remove LASAGNA, MEATLESS
Remove LETTUCE SALAD W/ ASSORTED VEGETABLES
Remove ORANGE JUICE
Remove PEANUT BUTTER
Remove SNACKWELL’S FAT FREE CEREAL BARS
Remove TURKEY SANDWICH W/ SPREAD
Remove WATER
Remove YOGURT, PLAIN, LOWFAT MILK

Nutrient Your Intake

Food Energy/Total Calories (kcals) 1959
Protein (gm) 92
Carbohydrate (gm) 332
Total Fiber (gm) 53
Total Fat (gm) 45.2
Saturated Fat (gm) 14.4
Monounsaturated Fat (gm) 14
Polyunsaturated Fat (gm) 11
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APPENDIX D

CONCEPT MAP GUIDELINES:

Students will be given a blank Concept Map at the beginning of the semester. Duplicate several copies for use in the clinical setting. During your clinical rotation you will be expected to turn in a Care Plan Worksheet and Concept Map for each patient assigned to you except when you are assigned to the nursery and are caring only for newborns. With the exception of Labor/Delivery, you will be expected to submit one care plan / concept map for each patient or maternal-infant couplet you care for.

All students will be expected to use a Concept Map Worksheet as a part of your care planning and implementation for your patients. Failure to complete a Concept Map on your patients will mean that you have not met the objective for clinical preparation. Lack of preparation may result in being sent home from clinical. This will be at the discretion of the clinical instructor. Any missed clinical days will need to be made up at the end of the semester.

One important purpose of preparing the Concept Map is to help you to analyze patient care needs in a very specific and orderly fashion, using your knowledge of normal and abnormal findings. Do not use a “cookbook” method when planning care, but think about the specific needs and concerns and develop your nursing care plan accordingly. For instance, if the patient is Rh negative or rubella non-immune, she may need to be counseled about the need for postpartum Rhogam or rubella vaccine immunization. As you become more proficient, you may see a labor patient with rising BP, increased edema, complaint of headache, and brisk DTR’s and start thinking about a possible diagnosis of PIH, allowing you to report the change of condition in a timely manner, and implement a nursing plan of care for PIH. Very often uncomplicated labor patients and uncomplicated postpartum patients will have similar needs. Whereas high risk antepartal patients, high risk labor patients and high risk postpartum patients will have more diverse needs with a stronger medical surgical focus to the care. Be sure to individualize the care plans for your patient/family unit.

- Labor & Delivery
  - Reflective log and fetal monitoring assessment
  - Postpartum
    - One for each couplet cared for during the shift
    - High risk antepartum
    - One for each patient cared for during the shift
      - SCN or NICU
    - One for each patient cared for during the shift

(You will be expected to turn in clinical concept maps until you have demonstrated completion at a mastery level)

How to complete the Concept Map Worksheet:
Much of it can be completed by chart review before report is given each day. Add to it any new information obtained during report. Please note that this is a working document which you may need to revise and modify based upon changes in the patient’s condition. It is a critical function of the nurse to be able to recognize changes in patient condition and respond appropriately (change of nursing care plan and/or report to your precepting RN for notification of medical provider, depending upon the seriousness of the change in patient condition.)
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Completed Concept Map Worksheet will be due at clinical conference each week.

All students will be expected to use a Concept Map Worksheet and/or Patient Care Form as a part of your care planning and implementation for your patients. Failure to complete required forms on your patients will mean that you have not met the objective for clinical preparation. Lack of preparation may result in being sent home from clinical. This will be at the discretion of the clinical instructor. Any missed clinical days will need to be made up at the end of the semester.