## Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Health and Human Services</td>
<td>Division of Nursing</td>
<td>February 22, 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
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<tbody>
<tr>
<td>New <strong>X</strong> Change ____ Deletion ____</td>
<td>Carolynn Goetz</td>
<td>Ann Stoltz</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <strong>X</strong></th>
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<tbody>
<tr>
<td>For Catalog Copy: Yes <strong>X</strong> No ___</td>
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<tr>
<td>CCE (Extension): Yes <strong>X</strong> No ___</td>
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| Semester Effective: Summer 2011 Fall __ Spring __, 2011 |

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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 __X__

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### Change from: New Course

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title: Nursing Care of the Childrearing Family Clinical</th>
<th>Units: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 107</td>
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### 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 138 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 106) and one clinical (NURS 107).

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

Supervised practice in acute care, ambulatory care, and community pediatric settings that reinforce the study of the child from birth through adolescence and the family in the community and acute care settings. Adaptations of the family and appropriate nursing interventions are studied within the context of the well, acutely ill, and chronically ill child. Credit/No Credit: 2 Units/laboratory/ 6 hours

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

Corequisites: NURS 106, NURS 108

Note:

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

Corequisite: NURS 106, NURS 108

Enforced at Registration: Yes __X__ No ____

<table>
<thead>
<tr>
<th>Graded: Letter ____ Credit/No Credit <strong>X</strong></th>
<th>Instructor Approval Required? Yes ____ No <strong>X</strong></th>
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<tbody>
<tr>
<td>Course Classification (e.g., lecture, lab, seminar, discussion): Lab C-17</td>
<td>Title for CMS (not more than 30 characters) NursCareChildrearingFamCl</td>
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Cross Listed? Yes ___ No _X__

If yes, do they meet together and fulfill the same requirement, and what is the other course.
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.html

**Students will be able to:**

1. Integrate knowledge, skills, and aptitudes gained during pre-requisite course work with current research in pediatric nursing to plan, deliver and evaluate nursing care with children and families.
2. Integrate the health-illness values, beliefs, experiences, and goals of the child and family in planning, implementing, and evaluating pediatric nursing care.
3. Demonstrate ability to provide safe and effective nursing care to children and families in predictable situations.
4. Adhere to standards of academic integrity and professional nursing practice.
5. Demonstrate leadership in the coordination of health care for children and families.
6. Demonstrate effective inter- and intraprofessional communication, in all forms

**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. Clinical Prep Sheets,
2. Student Clinical Self-Evaluations,
3. List of patients cared for, Gellert (optional),
4. Outpatient/surgery experience attendance, and
5. Math exam.

**For whom is this course being developed?**

<table>
<thead>
<tr>
<th>Majors in the Dept</th>
<th>Majors of other Depts</th>
<th>Minors in the Dept</th>
<th>General Education</th>
<th>Other</th>
</tr>
</thead>
</table>

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.

**Signatures:**

<table>
<thead>
<tr>
<th>Department Chair:</th>
<th>Date</th>
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<tr>
<td>[Signature]</td>
<td>3/16/11</td>
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<table>
<thead>
<tr>
<th>College Dean or Associate Dean:</th>
<th>Date</th>
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<tbody>
<tr>
<td>[Signature]</td>
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**CPS (for School Personnel Courses ONLY)**

<table>
<thead>
<tr>
<th>Associate Vice President and Dean for Academic Programs</th>
<th>Date</th>
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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.
California State University, Sacramento
Division of Nursing
NURS 107: NURSING THE CHILDLREARING FAMILY CLINICAL
SYLLABUS

Faculty of Record:
Bridget Parsh, RN, CNS, EdD
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Phone: (916) 278-1512
Office: Folsom Hall 2029
Office Hours: TBA

Denise Wall Parilo, RN, MSN, PhDC
Email: walld@csus.edu
Phone: (916) 278-7258
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Office Hours: TBA

Jan Sampson, RN, MSN
Email: sampsonj@csus.edu
Phone: (916) 278-1510
Office: Folsom Hall 2022
Office Hours: TBA

Class Time & Location:
Clinical Hours as assigned.

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

Corequisites:
NURS 106, NURS 108.

Required Texts:
(8th Ed.).* St. Louis, Missouri: Mosby, Inc.
ISBN: 0 3230 5353 X

Dosage Handbook (14th Ed.).* Hudson, OH: Lexi-Comp. *(12-
13th editions OK; may use alternative pediatric drug guide for
your P.D.A or in book form.)* ISBN: 1 5919 5215 8

ATI (Assessment Technologies Institute) Nursing Study Packet
(available online; includes Pediatrics, OB, and Pharmacology
texts/DVDs)
**Recommended Texts:**
Washington, DC: American Psychological Association  
ISBN: 1 5579 8810 2

ISBN: 0 3745 2564 1

Springhouse. ISBN: 1582555613

**Course Description**

Supervised practice in acute care, ambulatory care, and community pediatric settings that reinforce the study of the child from birth through adolescence and the family in the community and acute care settings. Adaptations of the family and appropriate nursing interventions are studied within the context of the well, acutely ill, and chronically ill child. Laboratory six hours. **Units:** 2.0.

NURS 107 uses theories from the physical sciences, behavioral sciences, and humanities and relates them to the family, child and community during the child development years. The focus is on the adaptive responses of children and families in normal and altered environments during health and illness. Alternative solutions to problems are analyzed using the nursing process.

Concepts related to the promotion and maintenance of health of children, illness in children, and needs of children who deviate from normal are presented in the context of effects on parents, caregivers and other family members as well as community groups. The focus of content is on the contribution the professional nurse can make as a member of the health team in maintaining the integrity of the family, in offering anticipatory guidance, in preventing illness, and in providing appropriate nursing intervention when children are well and when they are ill.
Course Objectives and Performance Indicators

The following are the course objectives and performance indicators for NURS 107. Students must meet all course objectives in order to pass NURS 107 clinical. These objectives will be formally evaluated in clinical by the clinical faculty as appropriate.

1. Integrate knowledge, skills, and aptitudes gained during pre-requisite coursework with current research in pediatric nursing to plan, deliver and evaluate nursing care with children and families.

2. Integrate the health-illness values, beliefs, experiences, and goals of the child and family in planning, implementing, and evaluating pediatric nursing care.

3. Demonstrate ability to provide safe and effective nursing care to children and families in predictable situations.

4. Adhere to standards of academic integrity and professional nursing practice.

5. Demonstrate leadership in the coordination of health care for children and families.

6. Demonstrate effective inter- and intraprofessional communication, in all forms.

Method of Instruction

Clinical Lab
There are 90 clinical hours for NURS 107 (45 hours per unit). These hours include time spent in the acute care setting providing direct patient care, in the intensive care units, in the outpatient/surgical areas, and 2 hours of clinical conference each week.

Written Assignments:

Written assignments for NURS 107 are the Clinical Prep Sheets, Student Self-Evaluations, list of patients cared for, Gellert (optional) and outpatient/surgery experience attendance sign-ins. Please see “Written Assignments” section for guidelines and requirements.

Written Examinations:

Math Exam
Each student must pass the NURS 108 math exam with a minimum score of 90% before administering medications in NURS 107 clinical. An online Pediatric Math & Medication Module is provided in SacCT in preparation for this exam. A student unable to pass the math exam in three attempts will be dropped from NURS 106, 107 and NURS 108 and will need to petition to enroll in these courses the following term. A basic calculator
(without text storage capability) will be needed for the math exam; if the exam is given via SacCT, students must still use a basic calculator and **not** the computer’s calculator.

**Grading:**

NURS 107 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.

Clinical Prep Sheets (4 @ 20 points each)  
**Total Possible Points**  
80  
80

**Extra Credit**

**Gellert Assignment**
A student may receive 5 extra credit points for turning in a Gellert Assignment. Instructions for performing a Gellert and the forms to do so are obtained through the Clinical Professor. The Gellert is turned in to the Clinical Professor and 5 points are added to the overall course grade for successful completion on the student’s hospitalized patient.

**Course Policies:**

**Attendance: Clinical/Skills Lab**

*Attendance is mandatory at all clinical/skills experiences.* This includes clinic/surgery experiences and clinical conferences (whether in person or via SacCT). Students will not be excused from clinical to attend experiences for OB projects or other nursing and non-nursing courses.

The Division of Nursing does not provide for make up days in NURS 107 faculty assignments and there are **no make up days** built into the schedule. Student evaluation is based on performance during mandatory clinical hours; students who miss clinical may not be successful in meeting course objectives. If you are ill for an **inpatient** clinical day, leave a message for your Professor at the Pediatric Inpatient Unit. Tardiness will **not** be tolerated and may result in a clinical failure.

**UCDMC Peds: 703-3070**  
**Sutter Memorial Peds: 454-3333 ext. 1600**

If you are ill for an **outpatient** clinic experience, promptly notify the UCDMC pediatric outpatient clinics directly and then phone to leave a voice message for the instructor in charge of scheduling outpatient hours. **Absences must be discussed with instructor, as soon as possible, to determine the makeup experience.**

Students must, in the time allotted for such activities, pass all clinical objectives satisfactorily and complete all clinical requirements satisfactorily to pass the course. Any NURS 107 clinical hours missed due to illness and/or emergency must be made up. Students are advised that due to limitations in clinical agency and faculty availability,
clinical schedules are not flexible. If there is insufficient opportunity to make up missed clinical time during the term, the student may not be successful in completing the clinical requirements in the time allotted and may not receive a passing grade in clinical. Further, students who are unable to meet clinical objectives in the clinical time allotted will not pass clinical.

**University Policies:**

**Academic Honesty:**
Academic honesty is ensured when a student completes academic work on his/her own merit. This concept is violated when a student gains an unfair advantage over other students such as is the case when copying others' assignments, attempting to gain knowledge of exam items or related content, or plagiarizing published works. If any part of your written or verbal work is suspected of academic dishonesty (whether you benefited from or provided an unfair advantage), the BSN Student Handbook requires notification of the University's Student Affairs office. Once academic dishonesty is determined to have taken place, the assignment will not be accepted, will receive a score of zero, and the student(s) will be subject to disciplinary action including, but not limited to, course failure or program dismissal. It is your responsibility to review the university policy and student handbook regarding academic honesty and plagiarism, to understand their definitions, and to consult with faculty if you need assistance. See also academic honesty link(s) on SacCT and the Sacramento State Policy Manual (http://www.csus.edu/umanual/student/UMA00150.htm).

**Student Conduct:**

Participation in NURS 107 obligates students to demonstrate professional behavior at all times, adhering to the Student Code of Conduct found in the Student Handbook (see also the statements in the Division of Nursing Philosophy). Additionally, students are expected to follow the University Student Code of Conduct (http://www.csus.edu/umanual/student/UMS16150.HTM) and to adhere to all policies found within the Division of Nursing BSN Student Handbook.

Proper student conduct will be enforced by the faculty and the Division of Nursing. Violation of any of these principles, whether during class times or course-related activities, may result in one or more of the following: letter of reprimand placed in the student file; notice of jeopardy of failing a course; failure of a course; referral to University Student Affairs; and/or dismissal from the nursing program and/or University.

**Reasonable Accommodation Policy**
Students with special learning needs (extended exam time, special seating, use of assistive devices, etc.) will communicate these during the first week of class according to University policy, with written substantiation, to the Faculty of Record in NURS 107. For more information, contact the Services for Students with Disabilities (SSWD) using one of the
following: website - www.csus.edu/sswd; in person - Room 1008, Lassen Hall; phone - (916) 278-6955; email - sswd@csus.edu.
WRITTEN ASSIGNMENTS – GUIDELINES AND REQUIREMENTS
Turn all assignments into your Clinical Professor unless otherwise noted.

1. CLINICAL ASSIGNMENTS
Objectives:
- To provide the student a format to gather and analyze the appropriate information needed to plan nursing care.
- To analyze the significance of data received from specific diagnostic tests and procedures.
- To recognize the child’s developmental behavioral responses to hospitalization.
- To accurately describe the findings of a thorough physical assessment.

A. CLINICAL PREP SHEET - CONCEPT MAP ASSIGNMENT (40 points total/20 each):

In preparation for your clinical experience, you are to complete three pages: one info sheet, the medication sheet, and a concept map on two patients. Use pencil. In order to demonstrate thoughtful preparation for clinical, you will be ready to show your instructor these three pages before report begins. You will do this for every patient you care for during the semester, whether you plan to submit the sheets for credit or not and regardless of whether the submission is for Concept Map or NCLEX scoring.

During the first half of pediatric clinical, each student is required to submit two complete Clinical Prep Sheet/Concept Map assignments with a passing grade (15). This will require the addition of two additional pages (denoted by * below): the page 2 practical application sheet and the laboratory report sheet. Students are also required to make necessary revisions of their concept map so that it is thorough, accurate, and complete (see concept map instructions handout in SacCT).

The following must be included with this assignment for grading:
- Clinical Prep Info Sheet (pg. 1) 3 points possible
- Clinical Practical Application Sheet (pg. 2)* 5 points possible
- Medication Sheet 2 points possible
- Lab Sheet* 2 points possible
- Concept Map (revised) 8 points possible

Your clinical instructor will grade the complete prep sheets. There are a possible 20 points for each, 15 being the minimum passing score. If you are not pleased with your two scores, you may submit a third prep sheet and take the highest two scores. It is expected that you follow the directions carefully. Children are not little adults. You will need to research the pathophysiology and the nursing care for a pediatric patient.

At the end of week, you will turn in all of your sheets, those with and without the last pages completed. These are due no later than Friday morning at 8am of that clinical week. Late prep sheets will not be accepted and will be reflected in your evaluation.
To clarify: you complete the page one info sheet, the med sheet, and a concept map on all patients you care for. At the end of the week, you turn in prep sheets on all patients you cared for, including complete preps for those you are submitting for grade.

B. CLINICAL PREP SHEET - NCLEX ASSIGNMENT (40 points possible/20 each):

Upon completion of two passing Clinical Prep Sheet/Concept Map assignments, students will be required to complete two Clinical Prep Sheet/NCLEX Assignments as described below. Students are required to turn in two passing (15 pts.) Clinical Prep Sheet/NCLEX Assignments for a passing grade in the course. A third may be turned in to improve grade. In this case the instructor will record the top two grades.

The following must be included with this assignment for grading:

- Clinical Prep Info Sheet (pg. 1) 3 points possible
- Clinical Practical Application Sheet (pg. 2)* 5 points possible
- Medication Sheet 2 points possible
- Lab Sheet* 2 points possible
- Concept Map (basic; not revised) 0 pts, used for reference by faculty
- NCLEX Assignment* 8 points possible

The clinical prep sheets, medication sheet, and lab sheet remain unchanged from the Concept Map assignment in both content and grading – you still complete these. However, in place of a perfected concept map, you will now create two NCLEX style questions related to your clinical experience. Criteria for success in this assignment include:

1) NCLEX questions must reflect the priorities from the perspective of a Registered Nurse in caring for the assigned patients.
2) NCLEX questions must reflect critical thinking, i.e. prioritization of care, anticipation of patient needs, coordination of care.
3) NCLEX questions and answers must include reference to theory using at least two different sources.
4) NCLEX questions must be at the application/analysis level. No simple knowledge questions (e.g. what is the safe dose of a specific medication) will be accepted.

Grading criteria/point assignment for the NCLEX portion of this assignment will be as follows:

<table>
<thead>
<tr>
<th>Points possible</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>2</td>
<td>Questions reflect RN level priorities</td>
</tr>
<tr>
<td>3</td>
<td>Questions written at critical thinking level</td>
</tr>
<tr>
<td>3</td>
<td>Questions/answers referenced; theory cited supports clinical practice</td>
</tr>
</tbody>
</table>

Plagiarism of NCLEX questions from textbooks or review books will result in a score of zero for the entire prep sheet and referral to the University for disciplinary action.
C. SPECIAL CIRCUMSTANCES:

*What if you prepare for a patient, and when you arrive the patient has been discharged?*

If circumstances require that you must select a new patient on your day of care (this is not uncommon in pediatrics due to discharges or changes in patient status), you will still need to complete prep sheets for that new patient, omitting meds not given on your shift (work up only the meds you will be giving that day). Before assuming care, you must be prepared to discuss the major nursing problems and appropriate interventions with your instructor. You will not be permitted to care for a new patient until you meet this requirement.

*Additional guidelines for completing Clinical Prep Sheets and Medication Sheets to be provided during the first two weeks of class and during clinical orientation.*

D. WRITTEN SELF-EVALUATION/PATIENT LOG:

Students will complete a self-evaluation using the Course Objectives/Clinical Performance checklist. These should be turned in on the Friday of the third peds clinical week and again on the Friday of the last peds clinical week. In completing the self-evaluation, please review the clinical objectives and check your achievements thus far (where you stand on meeting them). You may give **specific examples** of how you have met the clinical objectives by writing in comments under each objective in the community, as well as acute care. (Remember that the self-evaluation is a place to evaluate yourself, not the faculty, other students, clients, nor the clinical agency.) Please **use ink**, not pencil. This is a formal evaluation.

Use the patient log to record all of the patients you cared for as well as the skills you performed. Other students have noted that it is best to fill this in each week of clinical so you don’t forget what you have done.

Under the "Self-Evaluation Comments" section, record:

a. *Things that you have done well.* Give specific examples of your achievements, successes, and positive contributions.

b. *Goals.* Identify experiences you would like and/or things that **you** would like to do better during the remainder of the semester.
Pediatric Inpatient Clinical Experiences:

Students come to this experience with a broad range of experience with children, from almost none to having raised several children or having been a nursery school instructor. Your "comfort" in relating to the child will be affected by prior experience. This should not affect your achievement of the objectives of the course, however. It is helpful for the faculty person to know if you have had very limited or unique experience with children and that this is one reason for your initial anxiety in this experience.

As faculty persons in the clinical area, we perceive our roles to be facilitators of your learning. We do not expect you to know everything and to be able to answer all the questions we ask. Rather, we are interested in what you do know based on your pre-clinical preparation and what we can help you to better understand. The only way we are aware of what you know and are doing is if you relate this information to us verbally or in written form, or if we observe you.

Clinical Conference:

Clinical conference includes 1.5 hours of weekly in-person group meetings plus ¼ hour of SacCT time. To receive ¼ hour of SacCT credit, students must post two separate, substantial contributions to SacCT discussion prior to the first day of clinical each week. Each student will be required to attend and actively participate in clinical conference discussions. The format and topic of discussion will vary weekly and will be determined by issues arising in clinical.

Appropriate Dress for Inpatient:

The student uniform should be worn, with name pin visible and clean white shoes. Hair should be pulled back. Do not wear long fingernails, dangly earrings, or perfumes (strong scents can be particularly offensive to children receiving chemotherapy). Students are required to abide by the dress code at all times or they will be sent home.

Preparation for Inpatient Experience:

In preparing for the inpatient lab experience, go to the clinical unit on the day preceding the lab, either dressed professionally (no jeans, sweat suits) and wearing a lab coat or dressed in full uniform. Name pin with student photo ID must be clearly visible. Select two patients for care for the following day, complete the student assignment sheet in PENCIL and post as designated. (Students are not permitted to prep patients between the hours of 8pm and 6:15am).
Patient Selection Guidelines

1. By the end of the semester, each student should be able to demonstrate that he/she has cared for a variety of types of patients, including very ill and convalescing children, children from a variety of age groups and ethnicities, and children whose parents are present as well as absent.

2. Be kind to yourself. Caring for ill children can be very stressful. For your first clinical try to choose children in an age group that you are most comfortable with.

3. Introduce yourself to the charge nurse. If the charge nurse is unavailable, inquire as to a staff nurse who may be available to review patients who should not be selected. Record this information for those students who may come in after you and write this on the assignment sheet. This will minimize the interruptions for the charge nurse.

4. Please be sensitive to the fact that staff may be completely unavailable to you due to patient care priorities/emergency situations. In this instance you will still be able to prepare for your clinical day; it will simply require a bit more of your time.

6. Review the rands. Because you are taking two patients, consider their room locations.

7. Generally, students should not select children who are in strictly for rehab services, who have a new oncology diagnosis (e.g. leukemia), or who are on comfort care (dying). When in doubt, check with the staff nurse and your instructor.

8. Review the charts of the patients you select. Introduce yourself to the staff nurse caring for the patient. Introduce yourself to the patient and family.

9. If you are not the first student to arrive, begin your selection by reviewing the student assignments already posted as well as the list of patients not to be selected. Note: If you fail to note your patient assignment on the list and another student later selects the same patient(s), the student who posted the assignment on the list gets priority.

Organization of Your Day

Students in Pediatrics may have some difficulty organizing their time and setting priorities for care. These suggestions should assist you in this area:

1. Prior to shift report, introduce yourself to the nurse assigned to the patient and inform the nurse what you will be responsible for.

2. Always find out when the child was last fed and how much he/she ate; this will determine when the next feeding should be scheduled.

3. Always check the medication administration record (MAR) as soon as you arrive on the unit, as the times for administering medications are changed frequently (especially i.v. meds). Double check that the dosages you calculated are unchanged.

4. Always do a brief assessment of both children at the beginning of care (to check for the location of the child, safety and current physical status).
A = Airway
Any respiratory distress?

B = Breathing
Are monitors appropriately set & functioning?

C = Circulation
Is color okay?

D = Drugs
Is the IV solution & rate as ordered? Any drugs infusing?

E = Emergency Equipment Are O2, bag, mask & suction at bedside & functioning?

F = Family Any family at bedside?

5. Proceed with care; remember that giving medications on time and providing feedings on time are of high priority. However, the condition of the child will also determine order of care. Tasks which would place the child in danger if not done should be done first.

6. If you get behind, always seek help early from the nurse assigned to the child for assistance in meeting the child's needs.

7. A safe environment of care is essential. Make sure that there are no choking hazards, such as syringe caps, ear plugs, probe covers, et cetera, in the child's bed or within reach. Be sure that your access to the child is unobstructed (furniture, et cetera).

8. Besides your clinical prep sheet you may find it helpful to utilize a worksheet to organize your time (many of you may have created one during 2nd semester).

Some Cardinal Rules When Working on the Inpatient Unit:

1. ALL MEDICATION, PARENTERAL FLUIDS, ETC., OR ANYTHING TO BE GIVEN TO A CHILD MUST BE SUPERVISED AND CHECKED BY YOUR INSTRUCTORS (OR HIS/HER DESIGNEE) EVERY TIME AS TO PREPARATION AND ADMINISTRATION.

2. Medications should be given on time (i.e., within 30 minutes of time ordered). The type of medication will determine how important accurate time of administration is (antibiotics or pre-ops vs. multivitamins).

3. The student is expected to know the rationale for the drug, the pharmacologic action and side effects of the drug or treatment, and prior to the time of administration to have done the calculation of the correct dosage and the calculation for giving the medicine. The student is expected to have thought out a proper way for administering the medicine to the child, mindful of the developmental level, age, medical condition and equipment in use.
4. Students are to keep in mind that the paramount concern in working with children is **safety for that child**. If you need assistance, please **request** it from the instructor or staff nurse.

5. Intakes and outputs: Must record on patient record before leaving unit.
   A. Intake and output records are maintained on all pediatric patients.
   B. Diapers are weighed (1 gram = 1 ml)

6. The initial assessment should be performed and recorded within the first two hours of care, and additional notes recorded at least every hour, per unit policy. Record the time you **made** the observation rather than the time you recorded it.

7. Be prepared to relate to the staff nurse assigned to the patient, and to the instructor, what your goals are for the day. This will enable the staff and/or instructor to assist you with medications, treatments and other aspects of patient care.

8. Communicate frequently with the staff nurse assigned to the patient. Let the staff nurse know if you are "behind" in getting the essentials of care completed, so that the staff nurse can assist you. **Don't** wait until you are ready to leave the unit to tell the staff nurse what you were unable to do. **Never** leave the floor for breaks or procedures before notifying and giving report to the nurse(s) you are working with.

9. Nursing students are encouraged to bathe patients, as this is an excellent opportunity to observe the patient. **Never** leave a child unattended in a bathtub. If you will not be able to bathe the child, notify the RN early.

**Administration of Medications to Pediatric Patients:**

There are several unique problems encountered when IV medications (usually antibiotics) are ordered for infants and small children in the hospital. Many of these patients have restricted fluid intake. One of the following methods will be used:

1. The medication will be diluted in fluid in the volutrol; or
2. The medication will be administered via a syringe pump.

When determining which method will be used, you must consider:

1. The ordered rate of the IV (number of ml per hour);
2. The minimum dilution for the medication (see hospital guidelines);
3. The desired infusion time;
4. The priming volume of the tubing;
5. The age of the child;
6. Whether or not the child is fluid restricted.
7. It is desirable to maintain the ordered infusion rate of the maintenance IV, if possible.
Volutrol Method

Medications given via the volutrol are diluted per manufacturer/hospital guidelines. The IV line from the drip chamber to the site of infusion into the patient contains approximately 10-25 ml of fluid (to be sure, check the priming volume listed on the packaging of the IV tubing in use). Thus, 10-25 ml of fluid must enter the patient before the medication begins to enter the patient. The medication is then followed with 10-25 ml of fluid to "flush" the medication completely out of the line and into the patient.

For example, a 6 kg infant may have IV fluids running at 25 ml/hr. If you put 4 ml of antibiotic into the volutrol and want to give it over 30 minutes, you might want to change the IV rate to 8 ml/hr. This would cause the medication to run into the tubing in 30 minutes but not into the patient (due to the priming volume of the tubing). If you speed up the IV rate to get the medication through the tubing faster, you might fluid overload the infant. Therefore, you should first consider the amount you need to administer, the recommended rate of administration, the priming volume of the tubing, and the maintenance fluid rate for your patient. In general, infants should receive IV antibiotics through a separate medfusion pump with microbore tubing since the priming volume is generally under 2 ml.

You must plan ahead when several meds are given with only one hour between each medication. Blood levels must be maintained and it is essential that you begin the administration of the medication on time.
Pediatric Intensive and Neonatal Intensive Care Experiences (PICU/NICU):

Objectives of Experience:

1. To develop an appreciation of special care facilities as examples of the different levels of graduated management for the high risk infant and pediatric intensive care population.

2. To gain an understanding of the importance of the direct observations made by nurses in the Intensive Care Unit, i.e.:
   A. Acceptance of feedings: course of weight gain.
   B. Early detection of regurgitation to prevent aspiration of vomitus.
   C. Abdominal distention; frequency and character of stools.
   D. Changes in activity (lethargy, convulsive phenomena, hyperactivity).
   E. Jaundice
   F. Pallor and early cyanosis
   G. Skin lesions that indicate infections.
   H. Deviations from the prescribed volume of intravenous infusions.
   I. Edema
   J. Respiratory Distress characterized by tachypnea, retractions, flaring of nares, grunting and duskeness.
   K. Quality of breath sounds.
   L. Character and location of heart sounds.

3. To observe the monitoring equipment utilized in the units.

4. To become aware of the biochemical monitoring utilized for infants and children in the units.

5. To develop an appreciation of how family-centered care in implemented in the intensive care environment.

6. To develop an understanding of how developmental and play needs are addressed in the intensive care environment.

While in the NICU and PICU you will work with a skilled nurse. You may assume responsibility for that part of the care of the patient for which you are fully prepared and capable. You may assist the nurse in specific procedures, under the direct supervision of the nurse. You will not chart unless the nurse requests you to do so. You are not expected to be able to use all of the equipment and perform the many complicated procedures of the unit. Rather, you should improve observation skills of critically ill infants/children, recognizing an appreciation of the effect of a critically ill infant/child on the family by interacting with the parents on the unit.

Staff has sometimes requested that you take your completed skills check list with you to these experiences to provide documentation of previously learned skills. If you are asked to perform a procedure and you have any concerns about your ability or scope of practice, speak with your instructor beforehand!
Pediatric Outpatient Experiences:

Purpose of the Experiences:
The purpose of the outpatient experience is to provide an opportunity for observing and participating in the broader scope of health care for the child and family. Students who are scheduled for the NICU/PICU/SCN experiences for pediatric clinical get priority for that week and are to schedule their clinic or surgical experiences during their week. The rationale for this is that these students do not perform patient prep during the week of the NICU/PICU/SCN activities and therefore can make time to attend the clinics or surgery.

If you are ill or will be late to your chosen clinic, you must first call the clinic directly to let them know and then leave a message at the office phone of the faculty person in charge of scheduling these experiences. Check your calendars carefully. It is your responsibility to schedule make-up experiences through the designated instructor.

Before leaving the clinic, have the contact person verify your hours on the sign-in sheet. (You will be submitting the sign-in sheet to your clinical instructor as proof of hours before the end of the semester.) Please be sure to read the information on the following pages before going to the facility.

The clinic managers have specifically requested that students wear their full school uniform with name badge and photo ID – NOT lab coats or scrubs! If not in compliance with requirements you will be asked to leave. Bring your stethoscope, and pen.

It is extremely important to present a positive image for our program in these areas. The clinic staff have graciously allowed us to learn from their work environment, but as usual, patients come first. Any negative comments, dress, or attitudes are reported directly to the nursing faculty and are considered part of your NURS 107 clinical evaluation.

One week of your clinical rotation schedule is designated for outpatient (OP) experiences at the UCDMC Pediatric Specialty Clinics. Before attending the clinic, see SacCT for a helpful PowerPoint on the experience. Each clinic lasts for 3 hours; some clinics occur in the morning while others occur in the afternoon. A map, directions, and telephone numbers are included in the syllabus. Be sure to allow time for parking at the busy UCDMC site.

As you will come to realize, most pediatric health and illness care takes place in outpatient/ambulatory settings. The outpatient experience will show you how nurses and a multidisciplinary care team deliver care in this setting. Included in the experience is the opportunity to assess and evaluate health maintenance needs and guidance in relation to the management of acute and chronic illnesses. You will get from this experience what you are willing to put into it.

UC Davis Medical Center Pediatric Specialty Clinics
Location (see map): University Children's Health Center
Glassrock Building – 2nd and 3rd floors
2521 Stockton Blvd., Sacramento

Phone: 734-2105
The UCDMC Specialty Clinics see children with specific conditions; e.g., cardiac, endocrine, surgery, etc. The number of patients varies from day-to-day and from clinic to clinic. Most of the clinics utilize a multidisciplinary, team approach to care. Many of the clinics have a clinical nurse specialist, social workers, and/or nutritionist, besides the usual medical students, interns and attending physicians. You will be linked up with a clinical nurse specialist, nurse practitioner, the clinic nurse or a medical student. To enhance your learning, come prepared to ask questions of these experts! Children may be seen for a work-up upon referral, may be chronically ill being seen on a routine check-up or may be seen as a follow-up for an acute illness.

You must wear your **uniform and identification**, as if it were a clinical day. When you arrive at the Pediatric Specialty Clinic registration area you should report to the station desk, identify yourself and ask for the clinic charge nurse. He/She will direct you to the person you will follow. At some point in the day you may follow the clinic nurse to get a feel for the process of rooming clients (VS, ht/wt, identification of chief complaint); however the main emphasis is to observe the delivery of care by a multidisciplinary team. This experience will also provide you with exposure to the role of Advanced Practice Nurses. You should be familiar with the conditions you will see at the clinic (do skim the related reading in your text). You are encouraged to participate in any way that seems appropriate to your designated mentor.

Occasionally there will be unexpected cancellations of clinics. Faculty will attempt to contact you as soon as they are notified of a cancellation. Clinics can be very busy or very slow depending upon the number of DNKA'S (did not keep appointment). This cannot be foreseen, therefore you should be prepared to find learning activities that can be completed without patients (reading and analyzing charts, discussing cases with your preceptor, etc.).
NURS 107 Outpatient Clinic Sign-In Page (Option 1)
(provide to faculty of record upon completion of OP hours)

Student Name: ____________________________

Clinical Section: _______  Clinical Professor: ____________________________

1. Clinic: ____________________________ Date: ______________

3 hours completed? : Yes / No

Contact Person signature: ____________________________________________

2. Clinic: ____________________________ Date: ______________

3 hours completed? : Yes / No

Contact Person signature: ____________________________________________

NURS 107 Pediatric Surgical Experience Sign-In Page (Option 2)
(provide to faculty of record upon completion of Surgery hours)

Student Name: ____________________________

Clinical Section: _______  Clinical Professor: ____________________________

Surgery Type: ____________________________ Date: ______________

6 hours completed? : Yes / No

Contact Person signature: ____________________________________________
Map for location of Glassrock Building and UC Davis Children's Hospital: