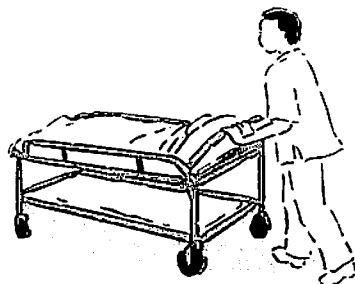


Lewis & Clark Career Center

Curriculum Guide

Health Related Occupations



Curriculum Guide For Health Related Occupations

Course Rationale, Course Description, Units of Study

Competencies

Crosswalk to Show Me Standards

Articulation Agreements

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Program Brochures/Enrollment Packet

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ESSENTIAL SKILLS FOR HEALTH RELATED OCCUPATION AND HEALTH OCCUPATION

Take oral temperature using glass thermometer and electronic
Take rectal temperature using glass thermometer and electronic
Take axillary temperature using glass thermometer and electronic
Count radial pulse
Count apical pulse
Count respirations
Measure blood pressure
Wash hands
Put on and remove daily care nonsterile gloves
Put on and remove mask
Put on and remove nonsterile gown
Feed resident who is helpless
Serve a food tray
Clear airway obstruction in resident who is conscious and unconscious
Thicken liquids
Distribute drinking water
Measure fluid intake and output
Assist with oral hygiene
Administer oral hygiene to resident who is helpless or unconscious
Give fingernail and toenail care
Comb/Brush hair
Give shampoo during tub bath/shower bath
Give bed shampoo
Give perineal care to male and female resident and with a catheter
Assist resident to dress and undress
Apply elastic stocking
Give complete bed , shower, tub bath
Make an unoccupied , occupied bed
Give a backrub
Give stage I pressure ulcer care
Change and empty urinary drainage bag
Assist resident in using urinal, bedpan,
Turn resident to side ($\frac{3}{4}$ turn)
Demonstrate one-person pivot transfer from bed to chair
Demonstrate one-person pivot transfer from chair to bed
Demonstrate two-person pivot transfer from chair to bed
Demonstrate two-person transfer to chair with mechanical lift
Ambulate resident with a walker, cane
Give range of motion
Measure weight and height of resident
Give postmortem care

RATIONALES

The rationale for Health Related Occupation in the School District of St. Charles is to prepared students from St. Charles County to be able to obtain a job or continue in their education in a Health Related field. Through instruction in Health Related Occupation the student learns disciplines which will prepare them for an entry level job such as technician, nurse assistant. Also they will have a sound bases for continuing their education in the medical field through knowledge of terminology and instructions in procedures used in medical field. The program places them on rotation second semester to demonstrate the knowledge learn during first semester.

HEALTH RELATED OCCUPATIONS

1 and/or 2 year program; 3 units of credit per year

The Health Related Occupations program at Lewis & Clark is either a one- or two-year course. This course is taught at a pace that allows repetition in order to successfully complete the course requirements. The purpose of the program is for the student to learn and develop beginning skills and understanding in the health related fields. These skills include handwashing, isolation techniques, bed making, bathing a patient, taking vital signs, oral hygiene, operating equipment such as wheelchairs and stretchers. Other areas of study included in the program are 1,000 word medical terminology, abbreviations, anatomy, nutrition, CPR, first aid, safety, body mechanics, work ethics, communication skills, and job readiness skills.

During the first two thirds of the class, students are in the classroom to learn theory, observe demonstrations and practice. Students must maintain a 75% average, 90% attendance, and pass a drug test and a criminal background check to remain in the program second semester and to be placed on clinical rotation. During the final third of the class the students are placed at rotation sites such as nursing, ambulatory care, radiology, physical therapy, materials management, central sterile, dentist office, and animal care facilities. Once the rotations begin the students spend Monday-Thursday at their rotation site. On Fridays the students are at Lewis & Clark Career Center for additional training and classroom reinforcement.

Students who are chosen to become an aide/assistant in any of the other specified areas will receive appropriate classroom instruction until they are prepared to work in a community setting.

LEWIS & CLARK CAREER CENTER

HEALTH RELATED OCCUPATIONS UNITS OF STUDY

- Orientation to Program
- Safety
- Body Mechanics
- Use of Equipment
- Vital Signs
- Personal Care of Patients
- Professional Grooming
- Basic Nursing Procedures
- Nutrition
- 1,000 Word Terminology
- Anatomy
- CPR
- First Aid
- Infection Control
- Abbreviations
- Employability Skills
- SkillsUSA
- Articulated with: Vatterott College

HEALTH RELATED OCCUPATIONS

Employment Skills	30%
Extra Assignments	10%
Final tests	5%
Homework/anatomy	20%
Procedures	5%
Terminology	20 %
Tests	10 %

MISSION STATEMENT

It is our mission to provide quality career and vocational training programs, in partnership with area hospitals and health occupations related businesses, which will equip our students with the appropriate technical and academic skills needed to enter the workforce and/or post-secondary programs and to be successful

The Health Related Occupations program goal is to prepare students to function in role as assistants in various health related occupations in hospitals, medical facilities that have similar job opportunities and/or prepare them for post secondary education in the field of their choice.

1. Student will be aware of and understand their work environment and the individuals in that environment including work ethics, personal health, hygiene and appearance.
2. Student will know how to safely function within the legal limits of any health related field and be able to do so when placed on rotation
3. Students will know and explain the purposes of health care agencies and know federal and state laws and agency policies combine to define the roles and functions of each health team member
4. Student will identify the structures and know the functions of each body system, plus understand how the body structure works.
5. Student will know what infection control is and how to practice medical asepsis and carry out the Standard Precautions and Transmission-Based precautions.
6. Student will know the importance of good body mechanics and the procedures in being able to do so on rotation.
7. Students will know how to safely transport a patient, the principles of bed making, and how to assist a person with bathing.
8. Students will know medical terminology and abbreviations relating to the health related field.
9. Students will be able to perform efficiently when placed on rotation.

LEWIS AND CLARK CAREER CENTER



HEALTH RELATED OCCUPATIONS COMPETENCIES

STUDENT:

ID NO:

Rating Scale:	4	Mastered skill
	3	Performance Demonstrated
	2	Knowledge Mastered
	1	Knowledge Demonstrated
	0	Unsuccessful attempt

4	3	2	1	0	A. INTRODUCTION TO HEALTH CARE AGENCIES
					1. Describe the key terms listed for health care
					2. Explain the purposes and services of health care agencies
					3. Identify the members of the health team and the nursing team
					4. Know the difference between RN's, LPN's and nursing assistants
					5. Identify the rights of delegation

4	3	2	1	0	B. COMMUNICATION AND OBSERVATION SKILLS
					1. Define the key terms in understanding communications skills with the health team
					2. Describe the rules for effective communications
					3. Describe the rules for answering the telephone
					4. Explain and understand HIPPA
					5. Explain and understand the purpose of confidentiality
					6. Utilize medical terminology (Dean Vaughn 350 terminology)
					7. Explain how to protect the person's right to privacy when using computers

4	3	2	1	0	C. SAFETY
					1. Define the key terms related to safety
					2. Describe accident risk factors
					3. Describe the safety measurements for preventing falls, burns, poisoning and suffocation
					4. Explain why a person is identified before receiving care and how to accurately identify a person
					5. Explain how to prevent equipment accidents
					6. Describe the general rules of emergency care and first aid
					7. Explain the purpose and complications of restraints and how to use them safely
					8. Identify restraint alternatives
					9. Explain how to handle hazardous substances
					10. Describe the safety measures related to fire prevention and the use of oxygen
					11. Know what RACE is
					12. Explain what to do if a fire occurs
					13. Describe the safety measures related to fire prevention and the use of oxygen
					14. Know how to correctly use a fire extinguisher -pass
					15. Define the terms related to body mechanics
					16. Explain the purpose and rules of good body mechanics
					17. Identify comfort and safety measures for lifting, turning and moving persons in bed
					18. Know the basic body positions
					19. Explain the purpose of transfer belt
					20. Identify the comfort and safety measures for positioning persons in bed
					21. Position persons in the basic bed positions and in a chair
					22. Demonstrate how to move the person to the side of bed
					23. Demonstrate how to turn, logroll, dangle a person
					24. Demonstrate how to transfer using wheelchair and stretcher
					25. Explain why good body alignments and position changes are important

**Lewis and Clark Career Center
Health Related Occupations Competencies**



4	3	2	1	0	D. CONCEPTS OF INFECTION CONTROL
					1. Define the key terms related to infection control
					2. Identify what microbes need to live and grow
					3. List the sign and symptoms of infection
					4. Explain the chain of infection
					5. Describe nosocomial infection and the persons at risk
					6. Describe the practices of medical asepsis
					7. Know the importance of Standard Precautions and Transmission-Based precautions
					8. Explain the Bloodborne Pathogen Standard
					9. Explain the principles and practices of surgical asepsis
					10. Explain and understand infection diseases, hepatitis and tuberculosis
					11. Explain and understand aids
					12. Demonstrate handwashing
					13. Demonstrate donning and removing gown, gloves and mask
					14. Demonstrate double bagging

4	3	2	1	0	E. ANATOMY AND PHYSIOLOGY
					1. Describe the body anatomically
					2. Identify the structure of the skin and its appendages
					3. Explain the functions of the skin and its appendages
					4. Identify the structures of the digestive system
					5. Explain the functions of the digestive system
					6. Identify the structures of the musculoskeletal system
					7. Explain the functions of the musculoskeletal system
					8. Identify the structures of the cardiovascular system
					9. Explain the functions of the cardiovascular system
					10. Identify the structures of the respiratory system
					11. Explain the functions of the respiratory system
					12. Identify the structures of the nervous system
					13. Explain the functions of the nervous system
					14. Identify the structures of the sensory system
					15. Explain the functions of the sensory system
					16. Identify the structures of the endocrine system
					17. Explain the functions of the endocrine system
					18. Identify the structures of the urinary system
					19. Explain the functions of the urinary system
					20. Identify the structures of integumentary system
					21. Explain the functions of the integumentary system
					22. Explain the function of the immune system
					23. Identify the structures of lymphatic system
					24. Explain The function of the lymphatic
					25. Explain the function of the immune system
					26. Explain the function of the cells
					27. Identify the structures of the reproductive system
					28. Explain the functions of the reproductive system

**Lewis and Clark Career Center
Health Related Occupations Competencies**



4	3	2	1	N	F. PERSONAL HYGIENE, CARE AND GROOMING
					1. Define terms related to personal hygiene, care and grooming
					2. Explain the importance of cleanliness and skin care
					3. Describe the routine care given before and after breakfast, after lunch, and in the evening
					4. Describe the importance of oral hygiene and the observations to report
					5. Demonstrate mouth care on a unconscious person
					6. Identify the safety precautions for persons taking tub baths or shower
					8. Explain the purpose of back massage
					8. Identify the purposes of peri care
					9. Describe and understand how to give peri care with a catheter
					10. Explain the importance of hair care and shaving
					11. Explain how to care for and shampoo hair
					12. Describe the measures that are practiced when shaving a person
					13. Explain why nail and foot care are important
					14. Describe the rules for changing hospital gowns and clothing
					15. Demonstrate how to change a hospital gown
					16. Measure weight of client
					17. Measure height of client

4	3	2	1	0	G. MEASURING VITAL SIGNS
					1. Define the key terms related to vital signs
					2. Explain why vital signs are measured
					3. List the factors affecting vital signs
					4. Identify the normal ranges of oral, rectal, axillary and tympanic membrane temperatures
					5. Demonstrate how to take a oral temperature oral and tympanic membrane
					6. Know when to take oral, rectal, axillary and tympanic membrane temperatures
					7. Identify the sites for taking a pulse
					8. Demonstrate how to take a pulse
					9. Describe normal respirations
					10. Demonstrate how to count a person's respiration
					11. Describe the factors affecting blood pressure
					12. Describe the practices that are followed when measuring blood pressure
					13. Demonstrate how to take a blood pressure correctly
					14. Administer cardiopulmonary resuscitation (CPR) techniques and Heimlich maneuver
					15. Clear airway in conscious patient
					16. Clear airway in unconscious patient

4	3	2	1	0	H. EXERCISE AND ACTIVITY
					1. Define terms related to exercise and activity
					2. Describe bedrest
					3. Describe the complications of bedrest and how to prevent them
					4. Describe the devices used to support and maintain body alignment
					5. Describe range-of-motion exercises
					6. Demonstrate range-of-motion in classroom on manikin
					7. Explain how to help a falling person
					8. Demonstrate how to assist a person with walking
					9. Describe four walking aids
					10. Ambulate resident using a gait belt
					11. Ambulate resident using a walker
					12. Ambulate resident using a cane

**Lewis and Clark Career Center
Health Related Occupations Competencies**



4	3	2	1	0	I. BEDMAKING
					1. Define key terms related to bedmaking
					2. Describe the difference between open, closed, occupied, and surgical beds
					3. Explain the purpose of plastic drawsheet and cotton drawsheet
					4. Handle linens according to the rules of medical asepsis
					5. Demonstrate making a close bed
					6. Demonstrate making an open bed
					7. Demonstrate how to make a surgical bed
					8. Demonstrate making an occupied bed
4	3	2	1	0	J. NUTRITION AND FLUIDS – INTAKE AND OUTPUT
					1. Feed helpless patient
					2. Serve a food tray
					4. Distribute drinking water
					5. Measure fluid intake
					6. Measure fluid output
					7. Describe the special diets and between meal nourishment
					8. Describe the purpose, methods and comfort measures for enteral nutrition and IV therapy
					10. Empty a drainage bag
					11. Define terms relating to urinary elimination
					12. Assist patient in using bedpan
					13. Describe how to care for a person with an ostomy

4	3	2	1	0	K. PERSONAL PROFESSIONAL CHARACTERISTICS (see below)
					1. Relations with others
					2. Dependability –Reports to work on time
					3. Work attitudes
					4. Maintains confidentiality
					5. Communication
					6. Obeys regulations on appropriate accessories
					7. Wears clean uniform, wears name tag and is free of body odor
					8. Uses facility's procedure for absenteeism
					9. Shows interest in job, take initiative
					10. Uses appropriate body mechanics
					11. Applies knowledge from classroom on rotation site
					12. Completes assignments

4 Excellent

3 Good

2 Satisfactory

1 Fair

0 Unsatisfactory

4	3	2	1	0	M. LEADERSHIP COMPETENCIES
					1. Demonstrate an understanding of SKILL USA, its structure and activities
					2. Perform tasks related to effective personal management skills
					3. Demonstrate interpersonal skills
					4. Demonstrate etiquette and courtesy
					5. Develop and maintain a code of professional ethics

*Highlighted items indicate essential skills.

Nurse Assistant (51.2601)**Cross Reference to Show-Me standards (main report)**

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
A. Identify & demonstrate professional behavior and roles and functions of nursing professionals	HP 2	2.6, 3.4, 4.3, 4.4, 4.5, 4.8	3.31, 4.12, 4.13, 4.31, 4.32, 4.33, 5.24, 6.13, 6.21, 6.22, 8.13, 8.26
1. Define the role of a nurse assistant in acute, long-term and home health care			
2. Identify health care team members and each of their roles			
3. Organize workload and prioritize tasks			
4. Follow a chain of command			
5. Exhibit professionalism			
B. Demonstrate career management skills	HP 2	1.10, 4.3	4.14
1. Practice within the Job Description and Training of the Nurse Assistant			
2. Implement techniques to manage stress			
C. Demonstrate professional interpersonal & communication skills	CA 1, CA 4, SS 6	2.6, 2.7, 3.1, 4.4, 4.6	4.14, 4.15, 4.16, 4.17, 4.21, 4.22, 4.23, 5.14, 5.15, 5.16, 6.31, 6.32, 8.11, 8.12, 8.21, 8.22, 8.23, 8.24, 8.25, 8.27, 8.29
1. Participate as a team member			
2. Provide quality health care			
3. Exhibit sensitivity to the diversity of others			
4. Exhibit tolerance to challenging clients and/or families			
5. Exhibit sensitivity to clients' and/families' pain and loss			
6. Communicate pertinent information at the shift change			

CA = Communication Arts
MA = Math
HP = Health/Physical Education

SS = Social Studies
SC = Science
FA = Fine Arts

Measurable Learner Objective are bold font.

Nurse Assistant (51.2601)*Cross Reference to Show-Me standards (main report)*

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
7. Chart observations and procedures			
8. Recognize and report incidents			
9. Complete incident reports			
10. Reinforce client teaching identified on the care plan			
11. Maintain client confidentiality			
D. Identify and demonstrate safety and sanitation procedures	HP 3, HP 6, HP 7	3.2, 3.3, 4.7	5.21, 5.27, 7.11, 7.12, 7.32, 7.51, 7.53, 7.54, 7.55
1. Follow OSHA guidelines			
2. Respond appropriately to emergencies in a health care delivery setting (e.g., hospital, long-term care, home, office)			
3. Wash hands			
4. Put on and remove daily care non-sterile gloves			
5. Put on and remove mask			
6. Put on and remove non-sterile gown			
E. Demonstrate providing personal care and comfort measures	N/A	1.10	5.21
1. Maintain hearing aids			
2. Maintain eyeglasses			
3. Place and remove eyeglasses			
4. Assist clients to dress			
5. Assist clients to undress			

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Measurable Learner Objective are bold font.

Nurse Assistant (51.2601)*Cross Reference to Show-Me standards (main report)*

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
6. Give a complete bed bath			
7. Give a tub bath			
8. Give a shower bath			
9. Shave client with a disposable razor			
10. Shave the client with an electric razor			
11. Comb or brush hair			
12. Give a shampoo during a tub bath or shower bath			
13. Give a bed shampoo			
14. Assist with oral hygiene for a conscious client			
15. Administer oral hygiene to helpless or unconscious clients			
16. Provide denture care			
17. Give fingernail care			
18. Give toenail care			
19. Give perineal care to a female client			
20. Give perineal care to a male client			
21. Give perineal care to a client with a catheter			
22. Give backrub			
23. Apply and remove elastic stockings			
24. Make an unoccupied bed			

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Measurable Learner Objective are bold font.

Nurse Assistant (51.2601)*Cross Reference to Show-Me standards (main report)*

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
25. Make an occupied bed			
F. Demonstrate restorative nursing care	HP 4, HP 5	1.10	5.21, 7.23
1. Move a client to head of bed (two-person assist)			
2. Turn a client to one side (3/4 turn)			
3. Demonstrate one-person pivot transfer from bed to chair			
4. Demonstrate one-person pivot transfer from chair to bed			
5. Demonstrate two-person transfer with a mechanical lift			
6. Demonstrate two-person pivot transfer from chair to bed			
7. Transfer a client from bed to stretcher			
8. Ambulate client with a gait belt			
9. Ambulate client who is using a walker			
10. Ambulate a client who is using a cane			
11. Ambulate a client who is using crutches			
12. Perform passive range of motion exercises			
13. Assist with active range of motion exercises			
14. Give stage one pressure ulcer care			

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Measurable Learner Objective are bold font.

Nurse Assistant (51.2601)***Cross Reference to Show-Me standards (main report)***

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
G. Demonstrate assisting with feeding and nutrition-related tasks	MA 1	1.10, 3.2, 3.3	5.21
1. Prepare a client for a meal			
2. Distribute trays, assisting with tray set-up			
3. Feed a helpless client			
4. Modify feeding techniques as appropriately for a client's condition			
5. Distribute drinking water			
6. Measure and record intake and output			
7. Convert household measurements to metric equivalents			
8. Convert between pounds and kilograms			
9. Convert inches to feet and inches			
10. Measure client's weight and height			
11. Measure weight and length of infant			
12. Thicken liquids			
H. Demonstrate assisting with special care procedures	N/A	1.10	5.21
1. Assist client with a urinal			
2. Assist client with bedpan			
3. Change urinary drainage bag			
4. Change adult incontinent brief			

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Measurable Learner Objective are bold font.

Nurse Assistant (51.2601)*Cross Reference to Show-Me standards (main report)*

Measurable Learner Objective and Task Statement	Knowledge (Content)	Performance (Goals)	National Standards
5. Empty urinary drainage bag			
6. Give care of an uncomplicated established colostomy			
7. Collect a midstream clean-catch urine specimen			
8. Collect a 24-hour urine specimen			
9. Collect a sterile urine specimen from a catheter			
10. Collect a stool specimen			
11. Collect a sputum specimen			
12. Apply warm, moist compress			
13. Apply aquathermia pad			
14. Apply ice bag or ice cap			
15. Perform post-mortem care			

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Measurable Learner Objective are bold font.

Lewis and Clark Career Center Student Agreement for Health Occupations/ Health Related Occupations

This agreement is to be strictly observed at all times.

1. I will maintain a minimum of 75 % academic average and a 90% attendance record in order to remain in the program. Those students who do not meet these standards will return to their home school second semester for a full schedule.
2. During the first semester a parent or guardian must call the attendance secretary of student absence the day of absence. Student must bring a note to school the day he/she returns in order to be excused. Grade deductions occur with each absence.
3. During second semester, I will notify **BOTH** the rotation and my instructor immediately if I will be unavoidably tardy or absent for my assigned rotation. A no call, no show will result in letter grade deduction. I understand that repeated absences will result in probation and ultimate dismissal from the program. The school policy on tardiness will apply.
4. I will comply with the requirements for immunizations, urine drug screen and criminal background check necessary for second semester placement on rotation site.
5. I will comply with the rules and regulations of the program including dress standards as set by Lewis and Clark and the work rotation. The rules are as follows:
 - a) Scrubs will be worn to class everyday. A plain white shirt may be worn under the scrub top. No other street cloths will be accepted under scrubs.
 - b) Nametags will be provided for rotations and must be worn at all times while at the facility.
 - c) Kaiki scrub pants and school shirt will be worn to rotations. These will be provided by the student.
 - d) Solid white athletic shoes with white socks should be worn at all times. Canvas shoes are not acceptable.
 - e) Students will provide their own watches. A second hand is preferred: however, a digital watch with a stop watch function is acceptable. Since the watch is likely to get wet, water resistance is suggested.
 - f) Students should have a black pen with them at all times.
 - g) Jewelry should be kept to a minimum to assure your safety and professional appearance. A watch must be worn. Bracelets are not allowed. Necklaces should be worn under the shirt so they cannot be touched by the client. Earrings should be small, conservative posts. Only one earring per ear will be accepted. Multiple earrings are unsafe and unprofessional. Students are responsible for the security of their jewelry.
 - h) No visible piercing or tattoos allowed.
 - i) Hair should be styled so that it is off the collar and will not fall forward onto the client. It should be pinned out of the student's face with conservatively styled clips, bands, or barrettes.

- j) Cosmetics should be used in moderation.
 - k) Nails should be clean, neatly trimmed, short in length. No finger nail polish will be allowed. Absolutely no false nails allowed.
 - l) If a clinical area requires specific apparel (scrub Suits), I will comply with clinic policy.
 - m) No cell phones permitted in classroom or rotation area. Cell phones are to be turned off and kept in the locker. In case of an emergency the office can contact the student.
 - n) Undergarments should be solid white or flesh colored. Undergarments should not be visible at anytime.
 - o) Perfume or cologne should not be worn when working with clients as they may cause allergic or other reactions.
 - p) All purses, hats, coats, book bags, and material not need for class or clinical should be kept in your locker or car.
 - q) No food or drinks will be allowed in the classroom during class time.
6. I will report any accident that occurs in the lab or clinical area to my instructor and file the required incident report.
 7. I will respect and properly care for all equipment and supplies. Students will be responsible for any damages that occur when not treated properly. No equipment should be used until instructed to do so and after proper demonstration has been given. No sitting or lying on beds unless instructed to do so. For your safety sitting only in chairs is permitted.
 8. I will observe strict body mechanics, infection control, and safety measures and policies at all times
 9. I will treat everyone with utmost respect and kindness at all times. Poor character will not be accepted.
 10. **In addition, during second semester :**
 - a) I will make it my responsibility to know, understand, and adhere to the guidelines and procedures of each clinical rotation. This protects the patients, co-workers and me.
 - b) I will make every effort to be courteous, efficient, and accurate in all the tasks to which I am assigned and seek work when not assigned specific tasks when I am in contact with patients and staff.
 - c) I will not discuss any information about any patient, including disease diagnosis, prognosis, history, or treatment, with anyone not authorized to receive such information. I will maintain total confidentiality of all professional information.
 - d) I will perform all duties on rotation in a manner that will reflect honorably on my school, my instructor, and myself.
 - e) I will provide documentation of rotation hours worked each week to my instructor. These hours will be documented on time sheet supplied by school in order to receive credit. Falsification of hours will result in possible termination from the program.

- f) I will not visit other units, nor will I leave the unit I am assigned until scheduled to do so or prior approval from instructor has been given.
 - g) I will report off to the unit care team coordinator prior to leaving a rotation area.
 - h) I will conform to any direction from the instructor or unit care team coordinator immediately and without question. Any questions will be discussed later and in private.
 - i) I will not discuss my private life in the presence of patients.
 - j) I will not make personal telephone calls, or answer the telephone in the clinical area unless directed to do so. No cell phones permitted at any time.
 - k) I will follow all facility safety rules.
 - l) I will not eat, drink, or chew gum while in the clinical area.
 - m) I will not use tobacco in any form while on rotation.
11. I understand that any violation of this agreement will result in grade point deductions a may result in termination from program. If this occurs, I realize that I will lose credits.
12. I understand that while on rotations the St. Charles City School District student code conduct will apply.

Parent Signature

Date

Student Signature

Date

Fall 2008 Advisory Committee Meeting

Due to the difference in schedules we have not been able to have an official meeting. Each member has given us suggestion on improving our program

1. We are able to have our students challenge the CNA exam once by going through the state. Two students from HRO class of 2007 did this. One passed all areas and the other did make 100% on written but had trouble with the equipment during skills part.
2. There are new changes with the CPR and First Aide material. Recommendation is for us to be sure our books are up to date. Kelly keeps updated through AHA and Michael through American Red Cross.
3. CNA is for students who want to work in long-term care. A student can become certified and it will help them in obtaining a job at the hospital.
4. Our hospitals prefer that the students apply for jobs in dietary and housekeeping and then will be available to apply for techs in hospital. They must be 18 years of age.
5. Students need to understand they must take pre-requisite classes before enrolling in a Nursing Program. They should check with the school they are interested in to find out what these classes are.
6. Those interested in Fire Fighting, EMT or Paramedic programs should check with district they are interested in before applying to a class to see if there will be an opening and what the requirements should be.
7. Students are doing well with behavior on rotation sites. Need to remind students that no cell phones are allowed in the facilities and proper uniform should be worn (clean and pressed). Students must have proper ID and must be visible.

Thanks,
Gerry Barter, HRO
Kelly Allman HO

Advisory Committee for Health Occupations and Health Related Occupations

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Crystal Fortman

Course: Health Related Occupations

Teacher: Barter

Instructional Methods Used:

Textbook: Mosby's textbook for Nursing Assistants Fifth Edition by Sheila A. Sorrentino

On each unit the student is responsible for reading the material and answering review questions at end of chapter and in their workbook

Lecture

A lecture is then presented on the material they have studied and questions and answer periods

Video

A video (if available) is shown that relates to procedures covered in chapter. Also other videos relating to subject are used during the time of study

Demonstration

A demonstration by instructor is done on each procedure covered in chapter

Practice

Each student is allotted enough time to practice procedure and receive help from instructor in the lab setting

Dean Vaughn's Terminology

Students completed the Dean's Vaughns' course of medical terminology.

Anatomy & Physiology

Students learns terms relating to each system of body through a Dean Vaughn program and how each system functions through study, lecture and discussion from material in textbook

Grading

A written is given over the review questions and workbook questions a day or so after discussion period.

Students have check off students on each procedure and are graded at check off time on how they can perform that procedure.

Students are also graded weekly on their attendance, behavior in classroom and whether or not they follow classroom guidelines.

Second Semester

Students go to rotation sites at Barnes Jewish Hospital, St. Peters, United Services and Humane Society. They are in classroom on Friday's. They may choose one to three areas to do their rotation.

Grading Second Semester

Graded daily on performance at rotation site. Evaluation by immediate supervisor and their attendance.

Guest Speakers

Guest speakers are brought in throughout the year to talk about topics related to area of study.

CPR Certification and First Aide Certification

The certification is through American Red Cross and taught by a certified instructor from ST. Charles County Fire Protection District.

CURRICULUM FOR HEALTH RELATED OCCUPATIONS

- I. Introduction to Health Care Agencies
 - a. Health Care Agencies
 - b. The Nursing Team
 - c. Nursing Care Patterns
 - d. Paying for Health Care
- II. The Nursing Assistant
 - a. History and Current Trends
 - b. State and Federal Laws
 - c. Roles and Responsibilities
 - d. Delegation
 - e. Ethical Aspects
 - f. Legal Aspects
 - g. Reporting Abuse
- III. Preventing infection
 - a. Immune system
 - b. Microorganisms
 - c. Handwashing
 - d. Isolation precautions
 - e. Wearing gloves, gowns, masks
 - f. Bagging
 - g. Bloodborne Pathogen standards
 - h. Respiratory system
 - i. Hepatitis
- IV. Body Mechanics
 - a. Lifting and moving persons in bed
 - b. Raising the Person's Head and shoulder
 - c. Moving the person up in bed
 - d. Moving the person up in bed with lift sheet
 - e. Moving the person to the side of bed
 - f. Turning persons
 - g. Logrolling the Person
 - h. Helping the person sit on the side of the bed
 - i. Applying a transfer belt
 - j. Transferring a person to chair or wheelchair
 - k. Transferring a person to a wheelchair with assistance
 - l. Transferring a person using a mechanical lift
 - m. Moving a person to stretcher
 - n. Transferring a person with a stretcher
 - o. Positioning
 - p. Muscle System
 - q. Skeletal System
 - r. Decubitus ulcer

V. Safety

- a. Accident Risk Factors
- b. Safety Measures
- c. Applying restraints
- d. Wrist Restraints and Ankle Restraints
- e. Mitt Restraints
- f. Vest and Jacket Restraints
- g. Belt Restraints
- h. Elbow Restraints
- i. Handling Hazardous Substance
- j. Fire Safety
- k. Using Fire Extinguisher
- l. Disasters
- m. Workplace Violence
- n. Risk Management

VI. Exercise and Activity

- a. Bedrest
- b. Range-of-motion exercises
- c. Ambulation
- d. Helping the person to walk
- e. The Falling Patient

VII. Personal Hygiene, Care and Grooming

- a. Daily care
- b. Oral hygiene
- c. Brushing teeth
- d. Flossing teeth
- e. Mouth care for unconscious person
- f. Denture care
- g. Complete bed bath
- h. Partial bath
- i. Shower and tub baths
- j. Back Massage
- k. Perineal Care
- l. Integumentary System
- m. Brushing and combing hair
- n. Shampooing hair
- o. Shaving
- p. Care of Nails and Feet
- q. Changing hospital gowns and clothing
- r. Dressing and undressing a person
- s. Nervous system

VIII. Person's Unit

- a. Comfort
- b. Room Furniture and Equipment

- IX. Measuring Vital signs
- a. Measuring and Reporting Vital Signs
 - b. Body temperature
 - c. Taking Oral Temperatures
 - d. Taking Rectal Temperatures
 - e. Taking Axillary Temperatures
 - f. Electronic Thermometers
 - g. Tympanic Membrane Thermometer
 - h. Pulse
 - i. Taking a Radial Pulse
 - j. Taking a Apical Pulse
 - k. Taking a Apical-Radial Pulse
 - l. Respirations
 - m. Counting Respirations
 - n. Blood Pressure
 - o. Measuring Blood Pressure
 - p. Respiratory System
 - q. Circulatory System

- X. Bedmaking
- a. Linens
 - b. General Rules
 - c. Closed Bed
 - d. Open Bed
 - e. Occupied Bed
 - f. Surgical Bed

- XI. Nutrition and fluids
- a. Basic Nutrition
 - b. Special diets
 - c. Serving meal trays
 - d. Feeding a person
 - e. Measuring intake and output
 - f. IV therapy
 - g. Urinary tract
 - h. Digestive tract

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related
B. TITLE OF UNIT: Introduction to Health Care Agencies
C. TITLE OF LESSON: (tab for next field...)
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION: (tab for next field...)
G. INSTRUCTOR:

II. OBJECTIVES:*Psychomotor:*

(Explain how nursing assistants are members of the nursing team"....)

Affective:

(understand the importance of being in health related field....)

Cognitive:

Identify the key terms relating to health care agencies

Explain the purposes and services of health care agencies

Identify the members of the health team and nursing team

Describe four nursing care patterns

Describe the programs that pay for health care

III. TEACHING METHODS AND TECHNIQUES:

Discussion
Lecture

Visual Illustration

Other:

IV. RESOURCES REQUIRED:

VCR/Tape
Text Book

Overhead Projector

Other:

- I. Introduction
 - A. There are many types of health care agencies
 - 1. People working in these agencies have special talents, knowledge and skills
- II. Health care agencies
 - A. Purpose
 - 1. Health promotion
 - a. Includes physical and mental health
 - b. The goal is to reduce the risk of illness
 - c. Health is promoted by teaching and counseling
 - 2. Disease prevention
 - a. Involves identifying risk factors and early warning signs of disease
 - b. Measures are taken to reduce risk factors and prevent disease
 - 3. Detection and treatment of disease
 - a. Done by diagnostic testing, physical examinations, surgery emergency care, drugs and therapies
 - 4. Rehabilitation
 - a. Helps persons return to their highest possible level of physical and psychological function
 - b. Start when the person seeks health care
 - c. Helps persons learn or relearn skills needed to live, work and enjoy life
 - B. Types of agencies
 - 1. Hospitals
 - a. Services include:
 - (1) Emergency care
 - (2) Surgery
 - (3) Nursing care
 - (4) X-ray
 - (5) Laboratory
 - (6) Therapy
 - b. Treat persons with acute, terminal or chronic illnesses
 - (1) Acute illness begins suddenly: recovery is expected
 - (2) Chronic illness is on going, develops slowly, and has no cure
 - (3) Terminal illness results in death
 - c. Out patient services are common
 - 2. Subacute care agencies
 - a. Provide medical care or rehabilitation when hospital care is no longer needed
 - b. Subacute care has a strong force on

- rehabilitation
- c. Common programs include
 - (1) Ventilator weaning
 - (2) Pulmonary rehabilitation
 - (3) Wound management
 - (4) Neurological rehabilitation
 - (5) Orthopedic rehabilitation
 - (6) Complex medical care
- d. Are found in hospitals and long-term care settings
- 3. Long-term care centers
 - a. Provide services to persons who cannot care for themselves at home but do not need hospital care
 - b. Persons in long-term care centers are called residents
 - c. Some persons recover and return home; others need nursing care until death
- 4. Mental health agencies
 - a. provide services to persons with mental illness
 - b. Outpatient treatment is common
- 5. Home-care agencies
 - a. Provide services in the person's home
 - b. Public health departments, private businesses and hospitals provide home-care services
- 6. Hospices
 - a. Hospices is an agency or program for the dying person
 - b. The person and family are given as much control as possible over the person's quality of life
 - c. Care is provided by hospitals, long-term care centers, and home care agencies
- 7. Health care systems
 - a. Involve health care agencies joining together as one provider of care
 - b. A health care system intends to serve all health care needs
- C. Organization
 - 1. An agency has a governing body called the board of trustees
 - 2. An administrator manages the agency and reports to the board
 - 3. Directors and department heads are responsible for specific areas
 - 4. The health team

- 4. The health team
 - a. The goal is to provide quality care
 - b. The person is the focus of the health team
 - c. Members see page 5-6 table 1-1 textbook
- III. The nursing team
 - A. All members are concerned with the physical, social, emotional, and spiritual needs of patients, residents and families
 - B. Registered nurses
 - 1. Studies in a two- or three-year community college program, two or three-year hospital based diploma program, or four year college or university program
 - 2. Must pass state board licensing exam
 - 3. RNs assess, making nursing diagnoses and plan, implement and evaluate nursing care
 - 4. Delegate nursing care to LPNs/LVNs and nursing assistants
 - 5. The person is helped to become independent and taught ways to stay or become healthy
 - 6. Family teaching is provided
 - 7. Carry out doctor's orders; may delegate to LPNs/LVNs or nursing assistants
 - 8. RNs can study to become clinical nurse specialists or nurse practitioners
 - 9. Job opportunities depend on education, professional abilities
 - C. Licensed practical nurse and licensed vocational nurses
 - 1. Complete a one-year or 18-month hospital-based, community college, vocational or technical school program
 - 2. Must pass state board licensing exam
 - 3. Work under the supervision of RNs, licensed doctors and licensed dentists
 - 4. Responsibilities and functions are more limited than that of the RN
 - 5. Assist RNs in providing care
 - D. Nursing assistants
 - 1. Give basic care under the direct supervision of RNs
 - a. In some states LPNs/LVNs
 - b. Assistive personnel is a broad term for nursing staff who assist nurses
 - a. Certified nursing assistant
 - b. Clinical Technician
 - c. Health care Assistant
 - d. Health care Technician
 - e. Licensed Nursing Assistant
 - f. Nurse's aide
 - g. Nurse extender
 - h. Nurse Technician
 - i. Nursing Support Technician
 - j. Patient care assistant
 - k. Patient care Attendant
 - l. Patient care Monitor
 - m. Patient care Technician
 - n. Patient care worker
 - o. Support partner

IV. Nursing Care Patterns

- A. Functional nursing
 - 1. Focuses on tasks and jobs
- B. Team nursing
 - 1. Involves a team of nursing staff led by an RN
 - 2. The team leader delegates according to the person's needs and the team member's abilities
 - 3. Team members report to the team leader
- C. Primary nursing
 - 1. An RN is responsible for the person's total care
 - 2. Other RNs LPNs/LVNs or nursing assistants are involved as needed
- D. Case management
 - 1. An RN coordinates the person's care from admission through discharge and into the home setting
- E. Patient-focused care
 - 1. Moves hospital services from departments to the bedside
 - 2. Personnel are cross-trained

V. Paying for Health Care

- A. Private insurance
 - 1. Is purchased by individuals and families
 - 2. Insurance pays for some or all health care costs
- B. Group insurance
 - 1. Covers individuals belonging to a group
 - 2. Many employers provide group coverage
- C. Medicaid
 - 1. Is sponsored by federal and state governments
 - 2. Benefits rules and eligibility requirements vary from state to state
 - 3. Older, blind, and disabled people and those with low incomes are usually eligible
 - 4. There is no insurance premium
- D. Medicare
 - 1. Administered by the Social Security Administration of the federal government
 - 2. Covers persons 65 and older: younger, disabled persons may be eligible
 - 3. Part A is for hospital costs
 - 4. Part B helps pay for doctor, ambulance, laboratory equipment, and supplies
 - a. Part B is voluntary
 - b. Monthly premiums are paid by insured
- E. Managed care
 - 1. Deals with delivery and payment of health care
 - 2. Insurance companies contract with doctors and hospitals for reduced rates
 - 3. Insured person uses doctors and hospitals who provide lower rates
 - 4. Managed care as pre-approval for services
 - a. Pre-approval is required before the insurance company pays for service
 - b. The insurance company decides what to pay
 - c. The purpose is to reduce unneeded services and

procedures

- F. Health maintenance organizations (HMO)
 - 1. Provides health care services for a pre-paid fee
 - 2. Emphasizes preventing disease and maintaining health
- G. Preferred provider organization
 - 1. A group of doctors or hospitals provide health care at reduced rates
 - 2. The person can choose any doctor or hospital in the PPO
- H. Prospective payment system
 - 1. DRGs help reduce Medicare and Medicaid costs
 - 2. The amount of payment is determined before the person receives hospital care
 - 3. Length of stay and treatment costs are determined for each diagnosis
 - 4. Early hospital discharges are common

VIDEO COMMUNITY HEALTH CARE CAREERS

Community Health Care Career are employed:

1. Large cities
2. Rural areas
3. Small cities

The emphasis of community health care is health maintenance

Regulating Health Aspects of local industry

Free clinics

Opportunities for employment:

- I. Animal Care Professionals
 - a. Veterinarians
 1. Private
 2. Public
 3. Zoo
 4. College graduate
 5. School is 4 year programs
 - b. Veterinary Technician
 1. Specialize in different areas
 2. 2 year community college
- II. Environmental Personnel
 - a. Food
 - b. Water
 - c. Sewage
 - d. Garbage Disposal
 - e. Housing
 - f. Disease investigation
 - g. Disasters
 - h. Health agencies
 - i. Environmental engineer
 1. 4 year college or master
 2. safety of water
 - j. Technician
 1. 2 year college
 2. Do testing
 - k. Aide
 1. Train on job
- III. Home Health Care
 - a. Nurse
 1. Newborn care
 2. Education
 3. Proper diet
 4. Older people good health practice
 - b. Aide
 1. Bathing
 2. Exercise
 3. Meals
 4. House keeping
- IV. Education
 - a. Promote health care information
 - b. 4 year usually master degree
 - c. Multiple Health Information Campaign

MOSBY'S LEGAL AND ETHICAL ISSUES IN NURSING

- I. Ethics**
 - a. The study of ethics examines theories and assumptions what is right and wrong
 - b. Determine by:
 - 1. Culture
 - 2. Religion
 - 3. Personal beliefs

- II. Bioethics**
 - a. Looks at a culture's dominate ethical theories

- III. Deontology**
 - a. Actions based on duty, obligation rather than consequences
 - b. Based on religious beliefs, moral duty, loyalty to authority
 - c. Importance placed on truth
 - d. Chooses to tell truth no matter what

- IV. Teleology**
 - a. Actions based on consequences
 - b. Usefulness brings good.

- V. Utilitoreanism**
 - a. The greatest good for the greatest number of people
 - b. May choice wishes of family

- VI. Bioethical Standards**
 - a. Autonomy
 - 1. People are in charge of their own destiny
 - 2. Right to own decisions
 - 3. Nothing done without patient's consent
 - 4. Heart of nursing
 - b. Freedom
 - ! Legal right of person
 - 2. Someone in family can make decision if unable to
 - c. Beneficence
 - 1. Nurse makes the decision for best of patient
 - 2. Conflicts with autonomy
 - d. Veracity
 - 1. Truthfulness
 - 2. Truth must be guided by concern of patient
 - e. Privacy
 - 1. The right to be free of reaction & relationship
 - 2. Whether families are told truth

I. PRELIMINARY INFORMATION:

- A. CLASS: HRo
 B. TITLE OF UNIT: The Nursing assistant
 C. TITLE OF LESSON:
 D. COMPETENCIES ADDRESSED:
 E. DATE & TIME: - AM PM Classes
 F. WEEK OF INSTRUCTION:
 G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Explain the functions, roles, responsibilities, role limits of nurse assistant

Affective:

Understand and appreciate the medical field

Cognitive:

Define the terms, Describe practice act and how they affect nursing assistants, Explain why a job description is important, Describe the delegation process and the " five rights of delegation, Explain your responsibilities when accepting or not accepting a delegated task, Explain how to prevent negligent acts, Give examples of false imprisonments, defamation assault, battery and fraud, Explain how to protect the right of privacy,

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
 Visual Illustration

Other:

IV. RESOURCES REQUIRED:

Text Book VCR/Tape
 Overhead Projector

Other:

- I. Introduction
 - A. Federal and state laws and agency policies define the roles and functions of each health team member
 - B. To protect patients and residents from harm, you must understand your roles and responsibility
 - C. Laws, job descriptions, and the person's condition influence how you function
 - D. Protecting patients and residents involves a complex set of rules and standards of conduct
- II. History and current trends
 - A. Until the 1980's, no training or experience was required for nursing assistants
 - 1. RNs gave on-the-job training
 - B. Prior to the 1980's team nursing was a common nursing care pattern
 - C. In the 1980s primary nursing became popular
 - 1. Often, only RNs were hired to give care
 - D. In 1987, the Omnibus Budget Reconciliation Act set minimum training and competency evaluation requirements for nursing assistants working in nursing centers
 - E. Home care increased during the 1980's
 - 1. Prospective payment systems impacted this trend
 - 2. To reduce costs, hospital lengths of stay are shortened
 - a. Home care is often required
 - F. The rising costs of health care became a major political issue in the early 1990s
 - 1. Efforts to reduce cost include:
 - a. Hospital closings
 - b. Hospital merges
 - c. Health care systems
 - d. Managed care
 - e. Return to a nursing staff mix
 - f. Patient-focused care and cross training
 - (1) Moves services from departments to the bedside.
- III. State and Federal Laws
 - A. You must know the laws that affect your work
 - B. Nurse practice acts
 - 1. Intended to protect the public's welfare and safety
 - 2. Regulate nursing practice in a particular state
 - 3. Define the scope of practice, education and licensing requirements of RNs and LPNs/LVNs
 - 4. Reasons for revoking or suspending a nurse's license to practice
 - a. Being convicted of a crime in any state
 - b. Selling or distributing drugs
 - c. Using a patient's or residents drugs for

- oneself
 - d. Placing patients or residents in danger from excessive use of alcohol or drugs
 - e. Demonstrating grossly negligent nursing practice
 - f. Being convicted of abusing or neglecting children or elderly person
 - g. Violating the act and its rules and regulations
 - h. Demonstrating incompetent behaviors
 - i. Aiding or assisting another person to violate the act and its rules and regulations
 - j. Making medical diagnoses or prescribing drugs and treatments
- C. The Omnibus Budget Reconciliation Act of 1987 (a federal law)
- 1. Applies to all states
 - 2. Addresses training for nursing assistants in long-term care
 - 3. Written competency and skills competency evaluations are required
 - 4. The training program
 - a. State requirements vary
 - (1) OBRA requires at least 75 hours of instruction
 - (2) Sixteen hours in supervised practical training
 - (3) Areas of study include
 - (a) Communications
 - (b) Infection control
 - (c) Safety and emergency procedures
 - (d) Resident's rights
 - (e) Basic nursing skills
 - (f) Personal care skills
 - (g) Feeding techniques
 - (h) Elimination procedures
 - (i) Skin care
 - (j) Transferring, positioning, and turning techniques
 - (k) Dressing
 - (l) Ambulating residents
 - (m) Range-of-motion exercises
 - (n) Signs and symptoms of common diseases and conditions
 - (o) How to care for cognitively impaired residents
 - 5. Competency evaluation
 - a. Includes a written test and skills test
 - (1) Taken after you complete your training program
 - (2) Y

the test and helps you complete your application form

- (3) A fee must be sent with your application

IV. Roles and Responsibilities

- A. Nurse practice acts, OBRA, state laws, and legal advisory opinions give direction
- B. To protect patients and residents from harm you must understand what you can do, what you cannot do, and the legal limits of your role
- C. Work under the supervision of RNs
- D. Rules for assistive personnel
 - 1. You are an assistant to the nurse
 - 2. A nurse determines and supervises your work
 - 3. You do not decide what you should or should not be done for a person
 - 4. Review directions or instructions with the nurse before going to the person
 - 5. Perform no function or task that you have not been prepared to do. Also, perform no function or task that you do not feel comfortable performing without a nurse's supervision
 - 6. Perform only those functions and task that are allowed by your state and that are in your job description
- E. Functions and responsibilities vary among state and agencies
 - 1. Before you perform a procedure, make sure that:
 - a. Your state allows nursing assistants to perform the procedure
 - b. The procedure is in your job description
 - c. You have the necessary training and education
 - d. A nurse is available to answer questions and to supervise you
- F. You will assist the nurse in meeting the following needs
 - 1. Hygiene
 - 2. Safety
 - 3. Nutrition and exercise
 - 4. Elimination
 - 5. Oxygen and comfort
- G. Related functions include
 - 1. Lifting and moving patients and residents
 - 2. Making observations
 - 3. Assisting with admissions and discharges
 - 4. Measuring temperatures, pulses, respiration and blood pressures
- H. Role limits for Nursing assistants
 - 1. Never give medications
 - 2. Never insert tubes or objects into body openings or remove them from the body unless allowed by your

Lesson Plan unit two Lesson Plan

- state and job description
3. Never take oral or telephone orders from doctors
 4. Never perform procedure that require sterile technique
 5. Never tell the patient, resident, or family the person's diagnosis or medical or surgical treatment plans
 6. Never diagnose or prescribe treatments or drugs to anyone
 7. Never supervise other nursing assistants or assistive personnel
 8. Never ignore an order or request to do something that you cannot do or that is beyond your legal limits

I. Job description

1. Responsibilities and functions page 18-21 textbook
2. Always request a written job description when you apply for a job
3. Tell your employer about functions you do not know how to do
4. Advise your employer of functions you are opposed to doing for moral or religious reasons
5. Do not take a job that requires you to:
 - a. Act beyond the legal limits of your role
 - b. Function beyond your educational limits
 - c. Perform acts that are against your moral and religious principles

V. Delegation

A. Nurse practice acts give RNs and LPNs certain responsibilities and the authority to perform nursing tasks

1. A responsibility is a duty or obligation to person some act or function
2. A task is a function, procedure, activity, or work that does not require an RN's professional knowledge or judgement
3. To delegate means to authorize another person to perform a task

B. Who can delegate?

1. RNs delegate to LPNs and assistive personnel
2. Assistive personnel cannot delegate

C. Delegation process

1. Tasks must be within the legal limits of what assistive personnel can do
2. Before delegation the nurse must know:
 - a. What the state allows
 - b. The tasks included in your job description
 - c. What you were taught in your training program
 - d. What skills you learned and how they are evaluated

- e. About your work experience
- 3. It is wise for the nurse to know you and you to know the nurse
- 4. Agency policies, guidelines and your job description state what task nurses can delegate
- 5. Factors affecting delegation decisions
 - a. What is the person's condition? Is it stable or likely to change
 - b. What are the person's basic needs
 - c. What is the person's mental function at the time?
 - d. What are the person's emotional and spiritual needs at the time?
 - e. Can the person assist with his or her care? Does the person depend on others for care
 - f. Is the task something the nurse can delegate
 - g. For this person does the task require the knowledge, judgment, and skill of an RN or LPN?
 - h. How often will the nurse have to assess the person
 - i. Can the task harm the person? If yes, how?
 - j. What effect will the task have on the person?
 - k. Is it safe for the person if the task is delegated to you?
 - l. Do you have the training and experience to perform the task, given to the person's current status? Is your training documented? How were your training and skills evaluated?
 - m. How often have you performed the task?
 - n. What other tasks were delegated to you?
 - o. Do you have the time to perform the task safely?
 - p. Is a nurse available to supervise you?
 - q. How much supervision will you need?
 - r. Will you need more directions as you perform the task
 - s. Is a nurse available to help or take over if the person's condition changes or problems arise?
- 6. The nurse decides whether to delegate or not
- 7. Do not be offended if not allowed to perform a task that is part of your job description
- 8. The nurse makes the decision that is best for person
- 9. The five rights of delegation
 - a. The right task
 - b. The right circumstance
 - c. The right person
 - d. The right directions and communications
 - e. The right supervision

- e. The right supervision
- 10. The person's circumstances are central factors in making delegation decisions
- D. Your role in delegation
 - 1. Delegation tasks are performed for or on a person
 - 2. There are two choices: agree or refuse to do the task
 - a. Use the "five rights" of delegation to make your choice
 - 3. Before accepting a task answer the following questions
 - a. Right task
 - (1) Does your state allow you to perform the task?
 - (2) Were you trained to do the task?
 - (3) Do you have experience performing the task?
 - (4) Is the task in your job description?
 - b. The Right Circumstance
 - (1) Do you have experience performing the task, given the person's condition and needs?
 - (2) Do you understand the purpose of the task for the person?
 - (3) Can you perform the task safely under the current circumstances?
 - (4) Do you have the right equipment and supplies to safely complete the task?
 - (5) Do you know how to use the equipment and supplies?
 - c. The Right Person
 - (1) Are you comfortable performing the task?
 - (2) Do you have concerns about performing the task?
 - d. The Right Directions and Communications
 - (1) Did the nurse give clear directions and instructions?
 - (2) Did you review the task with the nurse?
 - (3) Do you understand what the nurse expects?
 - e. The Right Supervision
 - (1) Is a nurse available to answer questions?
 - (2) Is a nurse available if the person's condition changes or if problems occur?
 - 4. Accepting a task
 - a. When you agree to perform a task you are responsible for your actions
 - b. The task must be completed safely
 - c. Report to the nurse what you did and your observations

5. Refusing a task

- a. You have the right to say no
- b. Refuse to perform a task when
 - (1) The task is beyond the legal limits of your role
 - (2) The task is not in your job description
 - (3) You are not prepared to perform the task safely
 - (4) The task could harm the person
 - (5) The person's condition has changed
 - (6) You do not know how to use supplies or equipment
 - (7) Directions are unethical, illegal, or against agency policies
 - (8) Directions are unclear or incomplete
 - (9) A nurse is not available for supervision
- c. Use common sense
- d. Do not ignore an order or request
- e. You must communicate your concerns to the nurse
- f. You must have sound reasons for your refusal

VI. Ethical Aspects

- A. Ethics is concerned with what is right and wrong conduct
- B. Ethical behavior involves not being prejudiced or biased
- C. Ethical dilemmas involve making choices
- D. Professional groups have codes of ethics
 - 1. They involve rules and standards of conduct
 - a. No formal code of ethics exists for nursing assistants
 - b. Rules of conduct
 - (1) Respect each other as an individual
 - (2) Perform no act that is not within the legal limits of your role
 - (3) Perform no act for which you have not been adequately prepared
 - (4) Take no drug without prescription and supervision of a doctor
 - (5) Carry out directions and instructions of the nurse to your best possible ability
 - (6) Complete each task safely
 - (7) Be loyal to your employers and co-workers
 - (8) Act as a responsible citizen at all times
 - (9) Recognize the limits of your role and knowledge
 - (10) Keep patients and residents information confidential
 - (11) Consider the person's needs to be more important than your own

VII. Legal Aspects

- A. Laws tell you what you can and cannot do

1. Law is a rule of conduct made by a government body
 2. Criminal laws are concerned with offenses against the public and against society
 - a. Violation is called a crime
 3. Civil laws deal with relationships between people
- B. Torts are part of civil law
1. Unintentional torts
 - a. Negligence means the person did not mean or intend to cause harm
 - (1) The negligent person failed to act in a reasonable and careful manner
 - b. Malpractice is negligence by professionals
 - c. Common negligent acts
 - (1) The nursing assistant leaves the bed in the raised positions. The residents falls out of bed and breaks a hip
 - (2) A nursing assistant applied a warm water bottle that is too hot. The patient is burned
 - (3) A nursing assistant drops a patients dentures. The dentures breaks
 - (4) A resident complains to the nursing assistant of chest pain and difficulty breathing. The complaints are not reported to the nurse. The person has a heart attack and dies
 - (5) A resident puts on the signal light. The nursing assistant goes past the room several times but does not answer the light. The resident goes into shock because of sudden, severe bleeding
 - d. Remember
 - (1) You are legally responsible for your own actions
 - (2) Sometimes refusing to follow a nurse's directions is your right and duty
 2. Intentional torts are acts meant to be harmful
 - a. Defamation is injuring the name and reputation of a person by making false statements to a third person
 - b. Libel is making false statements in print, writing, pictures, or drawings
 - c. Slander is making false statements orally
 - d. Assault is intentionally attempting or threatening to touch a person's body without consent
 - e. Battery is touching a person's body without the person's consent
 - (1) The person must consent to any

- a. Battery is touching a person's body without the person's consent
 - (1) The person must consent to any procedure, treatment or other act that involves touching the body
 - (2) The person has the right to withdraw consent at any time
 - (3) Consent must be informed to be valid
 - (4) Consent can be verbal or a gesture
- a. False imprisonment is unlawful restraint or restriction of a person's freedom of movement
 - (1) Threat of restraint or actual physical restraint is false imprisonment
- b. Invasion of privacy is exposing a person's name, photographs, private affairs without the person's permission
 - (1) Keep all patients or resident information confidential
 - (2) Make sure the person is covered when being moved in corridors
 - (3) Screen the person and close the door when give care. Also close drapes and window shades
 - (4) Expose only the body part involved in a treatment or procedure
 - (5) Do not discuss the person or the person's treatment with anyone except the nurse supervising your work
 - (6) Ask the visitors to leave when giving care
 - (7) Do not open the person's mail
 - (8) Allow the person to visit with others and to use the telephone in private
- c. Fraud is saying or doing something to trick fool or deceive another person
 - (1) Giving inaccurate or incomplete information

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

IX. Relevance to Future Lessons:

(type text here...)

C. Informed consent recognizes the person's right to decide what will and will not be done to his or her body and who can touch his or her body

1. **Consent is informed when a person clearly understands:**
 - a. **The reason for treatment**
 - b. **What will be done**
 - c. **How it will be done**
 - d. **Who will do it**
 - e. **The expected outcomes**
 - f. **Other treatment options**
 - g. **The effects of not having the treatment**
2. **A parent or legal guardian gives consent for persons under the age of 18**
3. **A responsible party gives consent for:**
 - a. **A mentally incompetent person**
 - b. **Persons who are unconscious, sedated or confused**
 - c. **Persons with certain mental health disorders**
4. **A form is signed giving general consent to treatment when the person enters the agency**
5. **Special consent forms are required for surgery and other complex and invasive procedures**
6. **The doctor is responsible for informing the person about all aspects to treatment**
7. **You are never responsible for obtaining written consent**

D. Wills

1. **A will is a legal statement of how a person wants to have property distributed after death**
2. **Do not help a person prepare a will**
 - a. **Ask a nurse to speak to the person about contacting a lawyer**
3. **Do not witness a person's will if you are named in the will**
4. **Always tell your supervisor that you were a witness to a person's will**
 - a. **Many agencies have policies about staff members witnessing will: know the policy of your agency**

VIII. Reporting abuse

- A. Abuse has one or more of the following elements
 - 1. Willful causing of injury
 - 2. Unreasonable confinement
 - 3. Intimidation (making one afraid with threats of force or violence)
 - 4. Punishment
 - 5. Deprivation of goods or services needed for physical, mental, or psychosocial well-being
- B. Physical harm, pain or mental anguish result from abuse
- C. Protection against abuse extends to persons in a coma
- D. All states require reporting of child abuse and elderly abuse
- E. In domestic abuse, the abuser is a partner
 - 1. The victim is responsible for reporting and filling criminal charges
- F. Elderly abuse
 - 1. Physical abuse involves hitting, slapping, kicking, pinching and beating
 - a. Corporal punishment
 - b. Neglect is also physical abuse
 - (1) Depriving the person of medical services or treatment
 - (2) Failure to provide food, clothing, hygiene, and other basic needs
 - 2. Verbal abuse is the use of oral or written words that speak badly or, sneer at criticize, or condemn the person
 - a. Also unkind gestures
 - 3. Involuntary seclusion is confining a person to a specific area
 - 4. Financial abuse is when the person's money is used by another person
 - 5. Mental abuse includes humiliation, harassment, and threats of being punished or deprived of needs
 - 6. Sexual abuse is when a person is harassed about sex or is attacked sexually
- G. If abuse is suspected, it must be reported
- H. Focus on long-term care
 - 1. OBRA requires that nursing centers not employ persons who were convicted of abuse, neglect or mistreatment
 - a. Past work history is needed
 - b. References and criminal backgrounds are checked
 - c. The nursing assistant registry is checked for nursing assistant applicants

2. The center must take action is abuse is suspected
 - a. The incident must be immediately reported to the administrator and other officials
 - b. All claims of abuse must be thoroughly investigated
 - c. Further potential for abuse must be prevented
 - d. Investigation results must be reported as required by federal and state laws
 - e. Corrective action must be taken if the claim is found to be true

J. Child abuse

1. Occurs at every social level
2. The abuser is usually a household member or someone known by the family
3. Risks factors include:
 - a. Stress
 - b. Family crisis
 - c. Drug or alcohol abuse
 - d. Abuser history of being abused as a child
 - e. Discipline beliefs that include physical punishment
 - f. Lack of emotional attachment to the child
 - g. A child with birth defects or chronic illness
 - h. A child with personality or behaviors
 - i. Unrealistic expectations for the child's behavior
 - j. Families that move frequently
4. Types of child abuse
 - a. Abuse differs from neglect
 - (1) Physical neglect involves depriving a child of food, clothing, shelter, and medical care
 - (2) Emotional neglect involves not meeting a child's need for affection and attention
 - b. Physical abuse is intentionally injuring a child
 - (1) Death can occur
 - c. Sexual abuse is using, persuading , or forcing a child to engage in sexual conduct
 - (1) Rape is forced sexual intercourse
 - (2) Molestation is sexual advances, such as kissing, touching and fondling
 - (3) Incest is sexual activity between family members
 - (4) Child pornography is photographing or videotaping a child involved in sexual acts
 - (5) Child prostitution is forcing a child to engage in sexual activity for money

- d. Signs of physical and sexual abuse
 - (1) Bruises on the face (lips, mouth, cheeks), buttocks, abdomen, chest and inner thighs
 - (2) Welts on the face (lips, mouth, cheeks) back, buttocks, abdomen, chest and inner thighs
 - (3) Burns and scalds on the feet, hands, back or buttocks
 - (4) Fractures of the nose, skull, arms or legs
 - (5) Bite marks
 - (6) Bleeding, cuts, and bruises of the genitalia, anus or mouth
 - (7) Stains or blood on underclothing
 - (8) Painful urination
 - (9) Vaginal discharge
 - (10) Genital odor
 - (11) Difficulty walking or sitting
 - (12) Pregnancy
 - (13) The child may be quiet and withdrawn and fear adults
 - (14) The child may be afraid to go home
 - (15) Sudden behavior changes are common
 - (16) Parents give different stories about what happen
 - (17) Frequent emergency room visits are common
- e. State law require that suspected child abuse be reported
 - (1) It is important not to falsely accuse someone
 - (2) Report any concerns to a nurse

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

K. Domestic abuse

1. Occurs in relationships
2. One partner has power and control over the other
3. Types of abuse physical, sexual, verbal, economic or social
 - a. Physical abuse is unwanted punching, slapping, biting, hair pulling, or kicking
 - b. Sexual abuse is unwanted sexual contact
 - c. Verbal abuse involves unkind and hurtful remarks
 - d. Economic abuse involves controlling money
 - e. Social abuse is controlling friendships and relationships
4. The victim often hides the abuse and protects the abusive partner
5. State law do not require reporting of suspected domestic abuse
6. If you suspect domestic abuse, share your concerns with the RN

FIVE RIGHTS OF DELEGATION FOR ASSISTIVE PERSONNEL LEWIS & CLARK STUDENTS

THE RIGHT TASK

- Does your state allow you to perform the task?
- Were you trained to do the task?
- Do you have experience performing the task?
- Is the task in your job description

THE RIGHT CIRCUMSTANCES

- Do you have experience performing the task, given the person's condition and needs?
- Do you understand the purpose of the task for the person?
- Can you perform the task safely under the current circumstances?
- Do you have the equipment and supplies to safely complete the task?
- Do you know how to use the equipment and supplies?

THE RIGHT PERSON

- Are you comfortable performing the task?
- Do you have concerns about performing the task?

THE RIGHT DIRECTIONS AND COMMUNICATIONS

- Did the nurse give clear directions and instructions?
- Did you review the task with the nurse?
- Do you understand what the nurse expects?

THE RIGHT SUPERVISION

- Is a nurse available to answer questions?
- Is a nurse available if the person's condition changes or if problems occur?

**RULES OF CONDUCT FOR NURSING ASSISTANTS
LEWIS AND CLARK STUDENT**

- ❖ Respect each other as an individual
- ❖ Perform no act that is not within the legal limits of your role.
- ❖ Perform no act for which you have not been adequately prepared.
- ❖ Take no drug without the prescription and supervision of a doctor
- ❖ Carry out the directions and instructions of the nurse(your instructor or person supervising on rotation) to your best possible ability
- ❖ Complete each task safely.
- ❖ Be loyal to Lewis & Clark, employer, classmates and co-workers.
- ❖ Act as a responsible citizen at all times
- ❖ Recognize the limits of your role and knowledge.
- ❖ Keep classroom, patient, children and resident information confidential
- ❖ Consider the person's needs to be more important than your own.

Lessonplanchapt10 Lesson Plan**I. PRELIMINARY INFORMATION:**

- A. CLASS: Health related
 B. TITLE OF UNIT: Preventing Infection
 C. TITLE OF LESSON: Microbes & Aseptic practices
 D. COMPETENCIES ADDRESSED: (tab for next field...)
 E. DATE & TIME: - AM PM Classes
 F. WEEK OF INSTRUCTION: (tab for next field...)
 G. INSTRUCTOR:

II. OBJECTIVES:*Psychomotor:*

Identify what microbes need to live, chain of infection and practices medical asepsis

Affective:

Appreciate the importance of infection control

Cognitive:

Explain the chain of infection, Identify microbes, and describe medical asepsis and practice infection control

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Lecture

Visual Illustration

Other:

IV. RESOURCES REQUIRED:

Text Book

Overhead Projector

VCR/Tape

V. INTRODUCTION:

(When my step-mother in law was in hospital after hip replacement, a nurse was emptying trash and filling water pitchers at same time,

Have overheads →
 Chain of infection +
 Methods of transmitting
 microbes

Videos
 Masby's Medical
 asepsis & infection
 prevention video

Medication Standards
 for infection
 Hepatitis A B & C

- I. Introduction
 - A.. Infection is a major safety and health hazard
 - B. The health team protects patients, residents, visitors and themselves from infection
- II. Microorganisms
 - A. A Microbe is a small living plant or animal seen only in a microscope
 - B. Microbes are everywhere
 - C. Pathogen are microbes that are harmful and cause infection
 - D. Nonpathogens are microbes that do not usually cause infection
 - E. Types of microbes
 - 1. Bacteria
 - a. multiple rapidly
 - b. often called germs
 - 2. Viruses
 - a. extremely small
 - b. grow in living cells
 - 3. Fungi
 - a. Live on other plants or animals
 - F. Requirements of microbes
 - 1. A reservoir or host is the environment where a microbe lives and grows
 - a. Microbes get water and nourishment from the reservoir
 - b. A warm, dark environment is needed
 - c. Most microbes are destroyed by heat
 - G. Normal Flora
 - 1. Microbes that usually live and grow in a certain area
 - 2. When a nonpathogen is transmitted from its natural site to another site or host, it becomes a pathogen
- III. INFECTION
 - A. A disease state resulting from the invasion and growth of microbes in the body.
 - B. A local infection is in a part of the body
 - C. A systemic infection involves the whole body
 - D. Signs and systems of infection
 - 1. Fever
 - 2. Increased pulse and respiratory rates
 - 3. Pain or tenderness
 - 4. Fatigue and loss of energy
 - 5. Loss of appetite

6. Nausea, vomiting
7. Diarrhea
8. Rash
9. Sores on mucous membranes
10. Redness and swelling of a body part
11. Discharge or drainage from the infection

IV Nosocomial infection

- A. An infection acquired during a stay in a health care agency
- B. Caused by normal flora or by pathogens transmitted from another source
- C. Microbes can enter the body through equipment used in treatments, therapies, and diagnostic tests
- D. Staff can transfer microbes
- E. The health team must prevent the spread of nosocomial infection by practicing:
 1. Medical and surgical asepsis
 2. Isolation precautions
 3. The Blood pathogen standard

IV. Medical asepsis

- A. Asepsis is being free of disease-producing microbes
- B. Medical asepsis (clean technique)
 1. Practices used to remove or destroy pathogens and prevent their spread
 2. The number of pathogens are reduces
- C. Surgical asepsis (sterile technique)
 1. Practices that keep equipment and supplies free of all microbes
 2. Sterile means the absence of all microbes
 3. Sterilization is the process that destroys all microbes
 4. Both pathogens and nonpathogens are destroyed
- D. Contamination is the process of becoming unclean
 1. An item or area is clean when it is free of pathogens
- E. Common aseptic practices
 1. Aseptic practices break the chain of infection
 2. Common aseptic practices
 - aa. Wash your hand after urinating or having a bowel movement.
 - bb. Wash your hands after contact with your own or another person's blood, body fluids, secretions or excretions
 - cc. Provide all persons with their own toothbrush, drinking glass , towels, washcloths and other personal care items

6. Nausea, vomiting
7. Diarrhea
8. Rash
9. Sores on mucous membranes
10. Redness and swelling of a body part
11. Discharge or drainage from the infection

VI. SUMMARY:

- IV. Chain of infection (plan done separately)
- V. Nosocomial infection
 1. An infection acquired during a stay a health care agency
 2. Caused by normal flora of by pathogens transmitted from another source
 3. Microbes can enter the body through equipment used in treatment, therapies and diagnostic tests
 4. Staff can transfer microbes
 5. The health team must prevent the spread of nosocomial infection by practicing
 - a. Medical and surgical asepsis
 - b. Isolation precaution
 - c. The bloodborne Pathogen standards

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(Will be able to perform handwashing, isolation techniques, gown gloves mask & double bagging and removing specimen from room)

Cognitive:

(know chain of infection, microbes, medical asepsis)

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Infection Control
C. TITLE OF LESSON: Immune System
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION: (tab for next field...)
G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor: Understand how the immune system functions and the parts

Affective:

Appreciate the immune system in relationship with infection control

Cognitive:

Define the terms related to immune system
Know the purpose
Know how the immune system works

III. TEACHING METHODS AND TECHNIQUES:

Video Internal Defenses
Textbook page 127

Other:

IV. RESOURCES REQUIRED:

Other:

V. INTRODUCTION:

(Video shows how a cold is spread & how our body fights against the germs) What did you think about how the man didn't cover his mouth etc.

V. CONTENT:

- A. Protects the body from disease and infection
- B. Defends against threats inside and outside the body
- C. Functions to provide the body with immunity
 - 1. Specific immunity is the body's reaction to a specific threat.
 - 2. Non-specific immunity is the body's reaction to anything it does not recognize as normal
- D. Special cells and substances function to produce immunity
 - 1. Antibodies are normal body substances that recognize and attack abnormal or unwanted substances
 - 2. Antigens are abnormal or unwanted substances
 - 3. Phagocytes are white blood cells that digest and destroy unwanted substances
 - 4. Lymphocytes are white blood cells that produce antibodies
 - 5. B Lymphocytes (B cells) cause the production of antibodies that circulates in plasma
 - 6. T lymphocytes (T cells) function to destroy invading cells
- E. When the body senses an antigen, the immune system is activated

VI. SUMMARY:

Immune system is our body's defense to fighting diseases as we start on Infection control you will be able to see how important handwashing, gloving etc. is.

VII. EVALUATION:

Psychomotor:

Test to demonstrate understanding of immune system

Cognitive:

Define the terms and tell purpose & working of immune system

Affective:

Demonstration understanding during unit on infection control

HEPATITIS A VIDEO

Hepatitis A, a viral infection of the liver, was once thought to be a plight of developing countries, where water supplies are often contaminated and sewage facilities may be inadequate. But in the past fifteen-year, more than thirty outbreaks have occurred in the United States.

- I. 5 major viruses
- II. ABC most common
- III. Liver
 - a. Non complaining organ
 - b. Can be seriously damages without warning signs
- IV. Hepatitis B & C known as "quiet killers"
- V. Hepatitis A most recover completely
- VI. Spread primarily by person to person contact
 - a. Day care workers
 - b. Food service workers
- VII. Up to 45% of patients report no knowledge of how they may have contracted the disease
- VIII. One-third occurs in children
- IX. Spread
 - a. water
 - b. salads
 - c. fruits
 - d. fruit juices
 - e. iced drinks
 - f. shellfish
- X. Can be prevent if cooked at 85 degrees C. but can be re-contaminated by handling of people
- XI. Symptoms
 - a. Fever
 - b. Nausea
 - c. Loss of appetite
 - d. Vomiting
 - e. Jaundice
 - f. Fatigue
- XII. Treat symptoms
- XIII. There is a vaccination now
 - a. Two injections 6 months apart
 - b. All travelers, food workers should obtain

HEPATITIS B VIDEO

- I. Function of liver
 - a. Removes the poison in the air we breath
 - b. Stores vitamins and minerals
 - c. Stores and releases energy
- II. All forms of viral hepatitis causes liver inflammation
- III. Inflammation kills healthy liver cells leading to cirrhosis of liver
- IV. Most show no symptoms
- V. Symptoms
 - a. Weakness
 - b. Fatigue
 - c. Flu-like symptoms
 - d. Dark urine
 - e. Light color stools
 - f. Jaundice or yellowing of the skin
- VI. Hepatitis C
 - a. Discovered in 1988\
 - b. Spread when come in contact with infected blood
 - c. 35 million carriers or chronically ill
 - d. Spread by IV's, family members, blood transfusions
 - e. Drug Intron A
 - f. No vaccine
- VII. Hepatitis B
 - a. Found in blood
 - b. Travels to blood by cuts, scraps and needles
 - c. Mucous membrane eyes and noses
 - d. Those who need to be careful
 - 1. Health care workers
 - 2. EMT's
 - e. Symptoms
 - 1. Jaundice
 - 2. Anorexia
 - 3. Malice
 - 4. Nausea
 - 5. Vomiting
 - 6. Abdominal pain
 - f. No drug treatment
 - g. Vaccine (3 doses)
 - h. How spread
 - 1. IV drug users
 - 2. Multiple sexual partners
 - i. If children, young pcople and those at risk are vaccinated it will soon be done away with

HEPATITIS C VIDEO

- I. Liver
 - a. Chemical power plant
 - b. Stores and releases energy
 - c. Filters everything we eat drink, breathe, or absorb through skin
 - d. Manufactures protein, blood clotting factor and immune factor
- II. All forms of hepatitis causes liver inflammation
- III. Inflammation kills healthy cells, replaces them with scar tissue called cirrhosis
- IV. Cirrhosis may lead to hepatic failure and death
- V. Symptoms:
 - a. Low tolerance to exercise
 - b. Fatigue
 - c. Flu-like symptoms
 - d. Dark urine
 - e. Light colored stools
 - f. Jaundice
- VI. Hepatitis A
 - a. Carriers
 - 1. Food handlers
 - 2. Day Care Workers
 - 3. Improper hand washing after changing diapers or going to bathroom
 - b. 99% cured
 - c. Vaccination to prevent (two injections)
- VII. Hepatitis B
 - a. Transmitted by infected blood and other body fluids
 - b. Health care workers and emergency care workers need to be careful
 - c. Intron A can be given
 - d. Vaccination to prevent (3 Injections)
- VIII. Hepatitis C
 - a. Symptoms
 - 1. Nausea
 - 2. Fatigue
 - 3. Loss of appetite
 - 4. Fever
 - 5. Headaches
 - 6. Abdominal pain
 - 7. Jaundice
 - 8. Dark urine
 - b. Cannot be spread
 - 1. airborne
 - 2. by food

- c. At Risk
 - 1. IV drug users
 - 2. Health care workers
 - 3. Hemodialysis
 - 4. People who receive blood transfusions
 - 5. People who have multiple sex partners
- d. Silent killer
- e. Intron A
 - 1. side effects
 - aa. decrease white blood cells
 - bb. headaches
 - cc. fever
 - dd. fatigue
 - ee. loss of appetite
 - ff. nausea
 - gg. vomiting
- f. Final option liver transplant
- g. Patients are depressed and angry because of there being no cure.

**MOSBY'S MEDICAL ASEPSIS
AND INFECTION PREVENTION
VIDEO**

- I. Infection control procedures are performed to reduce or prevent transmitted disease causing organisms
- II. Chain of infections
 - 1. Infectious agent
 - a. Bacterium
 - b. Virus
 - c. Fungus
 - d. Microorganisms capable of causing disease in humans
 - aa. Pathogen disease causing agent
 - 2. Reservoir
 - a. Standing water
 - b. Body fluids
 - c. Skin
 - d. Bars of soap
 - e. Instruments
 - 3. Portal of exit
 - a. Respiratory secretions or excretions
 - b. Urinary secretions or excretions
 - c. Gastrointestinal secretions or excretions
 - d. Blood or wound drainage
 - 4. Mode of transmission
 - a. Direct contact with another person who has organisms
 - b. Indirect contact with object
 - c. Travel organism through air
 - d. Insects
 - 5. Portal of entry
 - a. Broken skin
 - b. Respiratory system
 - c. Gastrointestinal system
 - d. Urinary Tract
 - e. Surgical wounds
 - f. Mucous membranes
 - 6. Host
 - a. Prevention
 - aa. Good nutrition
 - bb. Careful hygiene
 - cc. Immunizations
- III. Nosocomial Infection
 - 1. Hospital acquired infection
 - 2. Result of health care organisms that don't cause infection in one may in another
 - 3. Most affective method of control handwashing

IV. Handwashing

1. Before handling food or clean linen
2. After arriving on duty
3. After coughing, sneezes, smoking, restroom or handling dirty linen
4. Before preparing medications
5. Directly before & after each contact with clients

V. Types of Isolations

1. Body substance isolation
 - a. Gloves worn with in contact with body fluids, mucous membranes, nonintact skin, moist body areas
 - b. Change gloves between clients or when soiled
2. Universal precautions
 - a. Gown, glove, mask are worn
 - b. Mainly worn when fluids can come in contact with uniform
 - c. Use for airborne contaminants
3. Disease specific isolation precautions
4. Category specific isolation precautions

VI. Order of Isolation Gear

1. Beginning
 - a. Mask
 - b. Gown
 - c. Gloves
2. Leaving room
 1. Untie gown at waist
 2. Gloves
 3. Mask
 4. Gown

**MEDCOM STANDARDS FOR INFECTION CONTROL
AN UPDATE FOR HEALTH CARE WORKERS**

- I. Chain of infection
 - a. Pathogen
 - 1. Bacteria
 - aa. Salmonella
 - 2. Virus
 - aa. HIV –aids
 - bb. Hepatitis
 - 3. Fungus
 - aa. Candia
 - 4. Parasite
 - aa. Tape worm
 - b. Reservoirs
 - 1. Water
 - 2. Food
 - 3. Human
 - 4. Animal
 - c. Portal of exit
 - 1. Respiratory tract
 - 2. Gastrointestinal tract
 - 3. Skin
 - 4. Wounds
 - d. Mode of transmission
 - 1. Direct contact
 - 2. Airborne
 - 3. Common Vehicle
 - aa. Food
 - bb. Water
 - cc. Multiple dose vials
 - e. Portal of entry
 - 1. Respiratory tract
 - 2. Gastrointestinal tract
 - 3. Genitourinary tract
 - 4. Non-intact skin
 - 5. Mucous membrane
 - f. Host
 - 1. Inability to resist
 - 2. Factors
 - aa. age
 - bb. health status
 - cc. immune status
 - dd. elderly
 - ee. children

**VIDEO THE LIVING BODY
MECHANISMS OF DEFENSE
INTERNAL DEFENSES**

- I. Ways germs get into our system
 - a. Skin
 - 1. Openings in our skin for instant a cut
 - b. Food
 - 1. Multiples in warm moist areas of digestive tract
 - c. Bladder
 - 1. Gets in through opening where urine leaves
 - d. Air
 - 1. Through our nose
 - e. Tissue around eyes
 - f. Ears
- II. Virus travels from one person to another person by:
 - a. Air
 - b. Skin
 - c. Cells in ones body makes copies of the virus thus virus spreads to affect other cells
- III. Our defense
 - a. Lymphatic system
 - 1. Has tubes where lymph or tissue fluid is carried to the bloodstream
 - 2. Produces lymphocytes which are white blood cells that produces antibodies which destroy unwanted substances
 - 3. Spleen
 - aa. Lymph node of blood
 - bb. Protects the blood from infection
 - cc. Removes useless and harmful cells
 - dd. Junk yard for old tired red cells
 - ee. Builds new red blood cells
 - 4. White Blood cells
 - aa. Protects the body from infection
 - bb. Multiply rapidly to the site to fight off infection
 - 5. Tetanus vaccination
 - aa. Makes antibodies
 - bb. Tricks our bodies to believe we have had the disease

IMMUNE SYSTEM
PAGE 127

Define the following:

- I. Immunity
- II. Specific Immunity
- III. Non-specific Immunity
- IV. Antibodies
- V. Antigens
- VI. Phagocytes
- VII. Lymphocytes
- VIII. What is the purpose of the immune system?
- IX. How does the immune system work?

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Infection control
C. TITLE OF LESSON: Respiratory system
D. COMPETENCIES ADDRESSED:
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Identify the parts of respiratory system

Affective:

Students will gain understanding how the respiratory system works

Cognitive:

Define the terms relating to respiratory system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture

Discussion

Independent Study

Other:

IV. RESOURCES REQUIRED:

VCR/Tape

Text Book

Other:

V. CONTENT:

- I. The Circulatory System-made up of the blood, heart, and the blood vessels

- I. The Respiratory System
 - A. Oxygen is needed for survival
 - B. The respiratory system brings oxygen into the lungs and eliminates carbon dioxide
 1. The process is called respiration
 - a. Inhalation (inspirations) is breathing in
 - b. Exhalation (expiration) is breathing out
 2. The process of respiration
 - a. Air enters the body through the nose
 - b. Air then passes into the pharynx (throat)
 - c. Air passes from the pharynx into the larynx (voice box)
 - d. A piece of cartilage called the epiglottis acts like a lid over the larynx : prevents food from entering the airway
 - e. Air passes from the larynx into the trachea (windpipe)
 - f. The trachea divides into the right and left bronchus; each bronchus enters a lung
 - g. Upon entering the lungs, the bronchi divides into bronchioles
 - h. Eventually bronchioles subdivide into tiny air sacs call alveoli
 - i. Alveoli are supported by capillaries
 - j. Oxygen and carbon dioxide are exchanged between alveoli and capillaries
 - C. The right lung has three lobes and the left lung has two lobes
 - D. The lungs are separated from the abdominal cavity by a muscle called the diaphragm
 - E. Each lung is covered by a two-layered sac called the pleura
 1. The pleura secrets a fluid that prevents the layers from rubbing together
 - F. A bony framework consisting of the ribs, sternum, and vertebrae protects the lungs

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related
B. TITLE OF UNIT: Body Mechanics
C. TITLE OF LESSON: Body Mechanics
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: 9/23/ 02 - AM PM Classes
F. WEEK OF INSTRUCTION: same
G. INSTRUCTOR: Barter

II. OBJECTIVES:*Psychomotor:*

Demonstrate good body mechanics, be able to do all procedures related to body mechanic, lifting, turning & ambulating, position persons in the basic bed positions and in a chair

Affective:

Understand the importance of good body mechanics

Cognitive:

Explain the purpose and rules of using good body mechanics, identify comfort and safety measures for lifting, and moving persons in bed, Know the basic bed positions

III. TEACHING METHODS AND TECHNIQUES:

Demonstration

Discussion

Lecture

Visual Illustration

Other: Textbook and workbook

IV. RESOURCES REQUIRED:

Text Book

VCR/Tape

Overhead Projector

Other: Workbook

v. INTRODUCTION:

VI. CONTENT:

A. Introduction

1. Good body mechanics protects you and the person from injury

B. Body Mechanics

1. Using the body in an efficient and careful way
2. It involves using good posture and balance, and using the body's strongest and largest muscles for work
3. Posture is the way body parts are aligned with one another
 - a. Good alignment lets the body move and function with strength and efficiency
4. Base of support is the area on which an object rests
 - a. When standing, your feet are your base of support
 - b. A wider base of support provides more balance
 - c. Use the strongest and largest muscles to lift and move heavy objects
 - aa. Shoulders, upper arms, hips and thighs
 - d. Good body mechanics involve:
 - aa. Bending your knees and squatting to lift heavy objects; do not bend from waist
 - bb. Holding items close to your body and base of support
 - e. All activities require good body mechanics
 - f. Rules of good body mechanics

C. Lifting and Moving persons in bed**1. Comfort and safety**

- a. The person's skin is protected during lifting and moving
- b. Friction and shearing injure the skin, causing infection and pressure ulcers
 - aa. Friction is the rubbing of one surface against another
 - bb. Shearing is when the skin sticks to a surface and muscles slide in the direction the body is moving —occurs when the person slides down or is moved in bed
 - cc. Reduce friction and shearing by rolling or lifting the person—lift sheets are used

c. Focus on older persons

- aa. Skin is fragile and easily torn
 - bb. Use a lift sheet or turning sheet
- d. The following comfort and safety measures are considered before moving the persons in bed:**
- aa. Ask the nurse about limits or restrictions in positioning or moving the person
 - bb. Decide how to move the person and how much help you will need
 - cc. Ask co-workers to help before starting the procedure
 - dd. Cover and screen the person
 - ee. Protect any tubes or drainage containers
 - ff. Use caution when moving persons with severe arthritis or osteoporosis
 - gg. Avoid causing pain or injury

2. Raising the person's head and shoulders
 - a. Raise the person's shoulder's easily and safely by locking arms with the person
 - b. Procedure page 249
3. Moving the person up in bed
 - a. At least tow caregivers are needed to move heavy, weak, or very old persons up in bed
 - b. You can usually move children up in bed alone
 - c. Procedure 253
4. Moving the person up in bed with a lift sheet
 - a. A co-worker helps
 - b. Friction and shearing are reduced
 - c. The person is lifted more evenly
 - d. Use lift sheets for persons who are unconscious, paralyzed or recovering from spinal cord surgery or who have spinal cord injuries
 - e. Also use for older persons
 - f. Procedure page 255

5. Moving the person to the side of bed
 - a. Required for repositioning and care procedures
 - b. Procedure page 257
6. Turning persons
 - a. Turning persons onto their sides help prevent complications from bedrest
 - b. Certain medical and nursing procedures require the side-lying position
 - c. Procedure page 258
7. Logrolling
 - a. Turning the person as a unit, in alignment with one motion
 - b. The spine is kept straight
 - c. Two or three staff members are needed
 - d. Sometimes a turning sheet is used
 - e. Procedure 261

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

Proform procedures decribed in textbook
Proform good body mechanics

Cognitive:

In all areas of practicing they will be able to
demonstrate good body mechanics in
classroom and at job site at all times

Affective:

Define the key terms
Know the purpose and rules of using good body
mechanics

VIII. ASSIGNMENTS:

(select)

(type text here...)

I. PRELIMINARY INFORMATION:

- A. **CLASS:** Health Related Occupations
- B. **TITLE OF UNIT:** Body Mechanics
- C. **TITLE OF LESSON:** Skeletal & Muscle Systems
- D. **COMPETENCIES ADDRESSED:** (tab for next field...)
- E. **DATE & TIME:** 10/03 - AM PM Classes
- F. **WEEK OF INSTRUCTION:** (tab for next field...)
- G. **INSTRUCTOR:**

II. OBJECTIVES:

Psychomotor:

(Identify parts of skeletal and muscular system..)

Affective:

(Have an understanding of the skeletal and muscular system...)

Cognitive:

Define terms related to skeletal and muscular sytem
 Describe the five structures of skeletal system
 Describe five disorders of the skeletal system
 Be able to do terminology according to Dean Vaughn
 Describe the six functions of the muscular system
 Describe at least five disorders of muscular sytem

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Lecture

Other: Video and workbooks

IV. RESOURCES REQUIRED:

Text Book

VCR/Tape

Other:

VIII. ASSIGNMENTS:

(select)	(type text here...)
(select)	(type text here...)
(select)	(type text here...)

IX. Relevance to Future Lessons:

(Dean Vaughn videos	
Textbook Chapter 6, page 110-113	Chapter 30
Health Career today Book	pages 690-693
Video Moving parts	

D. Musculoskeletal disorders

1. Affect the ability to move about
2. A result of injury or aging
3. Arthritis means joint inflammation
 - a. The most common joint disease
 - b. Osteoarthritis
 - aa. Occurs with aging, joint injury and obesity
 - bb. Hips, knees and spine are commonly affected
 - cc. Symptoms are joint stiffness and pain
 - dd. Severe pain can interfere with rest and sleep
 - ee. Cold weather and dampness seem to increase symptoms
 - ff. Bony growths call Heberden's nodes are common in the fingers
 - gg. Osteoarthritis has no cure
 - hh. Treatment involves relieving pain and stiffness
 - (1). Aspirin given for pain
 - (2). Local heat or cold applications are used
 - (3). Weight loss is stressed for obese persons -low fat low calorie diet is often ordered
 - ii. A cane or walker may be needed
 - ii. Measures to prevent falls are Important
 - jj. Assistance with daily activities is given as needed
 - kk. Joint replacement surgery may be necessary
- c. Rheumatoid arthritis
 - aa. A Chronic disease
 - bb. Occurs at any age; more common in women
 - cc. Connective tissue throughout the body is affective
 - dd. Small joints in the fingers, hands and feet are affected first
 - ee. Also affects the heart, lungs, eyes, kidneys, and skin
 - ff. Severe inflammation causes very painful and swollen joints
 - gg. As the disease progresses, more joints become involved, changes in other organs eventually occur
 - hh. Signs and symptoms include:

- (1). Pain, redness, warmth and swelling in the joint area
 - (2) Joint stiffness upon awakening and after inactivity
 - (3) Limited joint motion
 - (4) Fever
 - (5) Fatigue
 - (6) Loss of appetite and weight loss
 - (7) Muscle aches
- ii. Treatment goals are to maintain joint motion, control pain, and prevent deformities
 - (1) Rest is balanced with exercised
 - (2) If bedrest is needed, turning and repositioning are done every 2 hours
 - (3) Good body alignment is essential
 - (4) Adequate sleep is needed each night
 - (5) Morning and afternoon rest periods are necessary
 - (6) Range-of-motion exercises are done
 - (7) Walking aids may be needed: also splints
 - (8) Safety measures to prevent falls are practiced
 - (9) Drugs for pain are ordered
 - (10) Local heat or cold applications may help
 - (11) Back massages are relaxing
 - (12) Joint replacement surgery may be necessary
- ii. Emotional support and reassurance are needed
- jj. The more the persons can do for themselves is better
- kk. Focus on children
 - (1) Junior rheumatoid arthritis can affect growth and development
 - (2) Eye inflammation can occur
 - (3) Total joint replacement-arthroplasty is the surgical replacement of a joint

IX. Relevance to Future Lessons:

MUSCULAR SYSTEM

The human body has more than 600 muscles. The three types of muscle tissue are skeletal, visceral, and cardiac. The function of muscles are to:

- Aid in movement
- Provide and maintain posture
- Protect internal organs
- Provide movement of blood, food, and waste products through the body
- Open and close body openings
- Produce heat

Muscle contraction is the movement of muscles when stimulated. Tonus is the muscle's ability to maintain slight, continuous contraction. Muscles can be stimulated electrically, mechanically, or chemically. Muscles are flaccid, or soft, when not contracted. Muscle tissue has several unique characteristics:

- Irritability or excitability is the muscle's ability to respond to a stimulus such as a nerve or hormone
- Contractility is the muscle's ability to shorten forcefully when stimulated
- Extensibility is the muscle's ability to stretch and lengthen
- Elasticity is the muscle's ability to recoil to its resting length when relaxed

V. CONTENT:

- A. Provides the frame work for the body and allows the body to move
- B. Protects and gives the body shape
- C. Bones
 - 1. Four types of bones:
 - a. Long bones bear the weight of the body
 - b. Short bones allow skill and ease in the movement
 - c. Flat bones protect the organs
 - d. Irregular bones are the vertebrae in the spinal column
 - 2. Bones are hard, rigid structures covered by a membrane called periosteum
 - 3. Blood cells are manufactured in bone marrow
 - 4. Human body has 200 bones
 - 5. Skeletal system functions
 - a. Provides shape and support
 - b. Protects internal organs
 - c. Stores minerals and fats
 - d. Produces blood cells and platelets
 - e. Assist in movements
 - 6. Skull
 - a. includes the bones of the cranium, face and ears
 - b. Do dean Vaughn videos

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be "assessed" in the workplace...real world)

I. PRELIMINARY INFORMATION:

- A. CLASS:**(tab for next field...)
- B. TITLE OF UNIT:**(tab for next field...)
- C. TITLE OF LESSON:**(tab for next field...)
- D. COMPETENCIES ADDRESSED:**(tab for next field...)
- E. DATE & TIME:** 1/1/99 - 1/1/99 AM PM Classes
- F. WEEK OF INSTRUCTION:**(tab for next field...)
- G. INSTRUCTOR:**(tab for next field...)

4. Osteoporosis

- a. A bone disorder in which the bone becomes porous and brittle; bone break easily
- b. Spine, hips and wrists are affected most often
- c. Common in older persons and in women after menopause
- d. Lack of estrogen results in bone changes
- e. Lack of dietary calcium is also a major cause
- f. Smoking, high alcohol intake and lack of exercise are risk factors
- g. Bedrest and immobility are other causes
- h. If bones do not bear weight, calcium is not absorbed and bones become porous and brittle
- i. Sign and symptoms include:
 - (1) Low back pain
 - (2) Gradual loss of height
 - (3) Stooped posture
- j. Fractures are a major threat
 - (1) Turning in bed or getting up from a chair can cause a fracture
 - (2) Fractures are a great risk if the person falls or has an accident
- k. Prevention is important
 - (1) Calcium, estrogen replacement therapy, and exercise that involves weight bearing are the key
- l. Protect the person from falls turn and reposition the person gently

5. Fractures

- a. A fracture is a broken bone
 - (1) Tissues around the fracture are usually injured
- b. A closed fracture (simple fracture) means the bone is broken but the skin is intact
- c. An open fracture (compound fracture) means broken bone come through skin
- d. Causes include falls, accidents, bone tumors, metastatic cancer and osteoporosis

STRUCTURE AND FUNCTION OF THE SKELETAL SYSTEM

The human body has more than 200 bones. The skeletal system works directly with the muscular system to perform many functions including:

- Providing shape and support
- Protecting internal organs
- Stores minerals and fats
- Producing blood cells and platelets
- Assisting in movements

Bone tissue is composed of inorganic salts, particularly calcium phosphate, water and organic material such as bone cells, blood vessels, nerves, and elastic material (collagen). Like other body cells, bone cells must continually receive food and oxygen. However, bones and their adjoining structures, ligaments and tendons, have fewer nerves and blood vessels than other body structures.

Bones continue to grow for the first 18 to 20 years of life. Even after growth stops, bone cells die and are replaced with new cells throughout life. Osteoblasts are cells in the bone tissue that produce new cells. Osteoclasts are cells that break down bone cells (resorption).

Bones may have cartilage, a fibrous connective tissue, on some surfaces to prevent friction. Bones are attached to other bones by ligaments. A sheet of fibrous tissue connecting bone to bone is called an aponeurosis. Bones are joined to muscles by tendons. Fascia is a variable fibrous connective tissue that joins organs. The two major types of bone tissue are dense (compact) and loosely packed or spongy (cancellous).

DISORDERS OF BONES AND JOINTS

A. Osteoporosis

1. Osteoporosis is due to loss of minerals of the bones
2. It is caused by a deficiency in male or female hormones
3. Hormones and minerals may slow the process
 - a. Lack of estrogen results in bone changes
 - b. Lack of calcium is a major cause
4. Smoking, high alcohol intake and lack of exercise are risk factors
5. Bedrest and immobility are other causes
 - a. If bones do not bear weight, calcium is not absorbed and bones become porous and brittle
 - b. Bones fracture easily
6. Bones become porous and brittle; bones break easily
 - a. Spine, hips, and wrists are affected most often
 - b. Turning in bed or getting up from a chair can cause a fracture
 - c. Fractures are at risk if the person falls or has an accident
7. Signs and symptoms
 - a. Low back pain
 - b. Gradual loss of height
 - c. Stooped posture
8. Prevention is important
 - a. Calcium, estrogen replacement therapy, and exercise involves weight bearing are the key
9. Protect the person from falls, turn and reposition the person gently

B. Arthritis

- 1. Inflammatory condition of one or more joints, accompanied by pain and deformity**
- 2. Types**
 - a. Osteoarthritis**
 - (1) The most common type of arthritis**
 - (2) Often called degenerative joint disease**
 - (3) Affects joints that receive a great deal of wear and tear, usually the lower extremity joints and the spine**
 - (4) Usually occurs after 45 years of age**
 - (5) Occurs with aging, joint injury, and obesity**
 - (6) Hips, knees, and spine are commonly affected**
 - (7) Symptoms are joint stiffness and pain**
 - (8) Severe pain can interfere with rest and sleep**
 - (9) Has no cure**
 - (10) Treatment involves relieving pain and stiffness**
 - 1. Aspirin given for pain**
 - 2. Local heat or cold application are used**
 - 3. Weight loss is stress of obese persons**
 - 4. A cane or walker may be needed**
 - 5. Measures to prevent falls are important**
 - 6. Assistance with daily activities is given - elevated toilet seats**
 - 7. Joint replacement surgery may be necessary**
 - b. Rheumatoid**
 - (1) Chronic systemic disease affecting the connective tissues and joints**
 - (2) Most crippling causing multiple deformities**
 - (3) Joints are very swollen and painful**
 - (4) Affects three times more women than men**
 - (5) Unknown cause**
 - (6) Connective tissue throughout body is affected**
 - (7) Small joints in the fingers, hands and feet are affected first**

- (8) Also affects the heart, lungs eyes, kidneys and skin
- c. Gout
 - (1) Usually involves but is not limited to inflammation of the great toe
 - (2) Caused by faulty uric acid metabolism
- d. Signs & symptoms
 - (1) Pain, redness, warmth, and swelling in the joint area
 - (2) Joint stiffness upon waking and after inactivity
 - (3) Limited joint motion
 - (4) Fever
 - (5) Fatigue
 - (6) Loss of appetite and weight loss
 - (7) Muscle aches
- e. Treatment goals are to maintain joint motion, control pain, and prevent deformities
 - (1) Rest is balanced with exercise
 - (2) If bedrest is needed, turning and repositioning are done every 2 hours
 - (3) Good body alignment is essential
 - (4) Adequate sleep is needed each night
 - (5) Morning and afternoon rest periods are necessary
 - (6) Range-of-motion exercises are done
 - (7) Walking aids may be needed; also splints
 - (8) Safety measures to prevent falls are practiced
 - (9) Drugs for pain are ordered
 - (10) Local heat or cold applications may help
 - (11) Back massages are relaxing
 - (12) Joint replacement surgery may be necessary
- f. Emotional support and reassurance are needed
- g. The more the persons can do for themselves the better
- h. Focus on children
 - (1) Junior rheumatoid arthritis can affect growth and development
 - (2) Eye inflammation can occur

- i. Total joint replacement
 - (1) Arthroplasty is the surgical replacement of a joint
 - (2) It relieves pain and restores joint motion

C. Malformation caused by injury

- 1. Sprain- injury to a ligament which usually causes swelling and pain
- 2. Dislocation – usually of the hip or shoulder; involves a disruption of the joint which results in the bones being in an abnormal position
- 3. Fractures
 - a. A fracture is a broken bone -tissues around the fracture are usually injured
 - b. Simple (closed) fractures are of several types including
 - (1) Complete most common; results in two or more separate fragments of the bone
 - (2) Incomplete or greenstick-splitting or splintering of the bone
 - (3) The bone is broken but skin is intact
 - c. Compound (open) fracture – skin being broken as well as the bone
 - d. Causes include falls, accidents, bone tumors, metastatic cancer, and osteoporosis
 - e. Signs and symptoms are:
 - (1) Pain
 - (2) Swelling
 - (3) Limited movement and loss of function
 - (4) Bruising and color changes of the skin
 - (5) Bleeding (external and internal)
 - f. Healing
 - (1) The bone ends are brought into normal position (reduction)
 - (2) Closed reduction-moving the bone back into place: the skin is not opened
 - (3) Open reduction involves surgery; nails, rods, pins, screws, plates, or wires are used to keep the bone in place

(4) After reduction the bone is immobilized with a cast or traction

g. Focus on children

(1) Falls and accidents are common causes of fractures in children

(2) Fractures in infants may be a sign of child abuse

Cast care Box 30-2 page 695 Textbook

Traction care Box 30-3 page 698 Textbook

Hip Fracture Box 30-4 Hip Fracture

DISORDERS OF MUSCLE SYSTEM

- I. **Back Pain**
 - A. Usually results from weakened muscles around the spine in the lower back
 - B. Causes
 - 1. Sedentary lifestyle
 - 2. Obesity
 - 3. Poor posture
 - 4. Muscle tone
 - 5. Muscle strain
 - 6. Pressure on the sciatic nerve of the leg
 - C. Treatment
 - 1. Bracing the back for support
 - 2. Heat applications
 - 3. Exercises to strength the muscles
 - 4. Medication for pain or muscle spasms
- II. **Contracture**
 - A. Muscles remain contracted as a joint loses flexibility and ligaments and tendons shorten
 - B. Result from gradual muscle wasting called atrophy because of a lack of movement of the muscles
 - C. May be prevented with range of motion exercises.
 - D. Treatment may involve surgical cutting of ligaments
- III. **Muscle cramp**
 - A. Sudden involuntary contraction of a muscle producing pain
 - B. Usually occur in legs or feet
 - C. May result from exertion or unknown causes
 - D. Treatment includes stretching and gentle pressure to relieve pain
- IV. **Muscular dystrophy**
 - A. Group of genetic diseases involving painless gradual atrophy of muscle tissue
 - B. Duchenne muscular dystrophy
 - 1. Occurs in one out of every 3000 to 5000 boys
 - C. Becker muscular dystrophy is milder form
 - D. Severe forms can cause total disability
 - E. No cure
 - F. Treatment
 - 1. Medication to slow down the progression of the disease
 - 2. Braces
 - 3. Corrective surgery
- V. **Fibromyositis**
 - A. Inflammation of the muscle tissue in lower spine
 - B. Person feels pain and tenderness after being exposed to cold, dampness, or minor trauma
 - C. Treatment
 - 1. Rest
 - 2. Heat
 - 3. Massage therapy to stretch the muscles
 - 4. Medication for pain

- VI. Gangrene
 - A. Caused by Clostridium Bacteria that kills muscle tissue
 - B. Begins when the bacteria enter an area of muscle tissue that has died
 - C. Bacteria destroy the surrounding living tissue
 - D. Extremities most affected
 - E. Treatment
 - 1. Removal of dead tissue
 - 2. Antibodies
 - 3. Medication against the toxins produced by the bacteria
- VII. Hernia
 - A. Abnormal protrusion of a body part into another body part
 - B. Example – intestine through abdominal muscles in the groin area
 - C. May result from weakness in the muscles of the abdomen
 - D. Treatment
 - 1. Bracing
 - 2. Surgical procedure to restore proper positioning
 - 3. Medication
- VIII. Myasthenia Gravis
 - A. Nerve impulses are not transmitted normally from the brain to the muscles
 - B. Cause unknown
 - C. Muscle weakness in different body areas eventually becomes severe, although remission may occur
 - D. No cure
 - E. Treatment maintaining life support
- IX. Poliomyelitis
 - A. Viral infection that results in paralysis of muscles
 - B. Can be prevented by vaccine
 - C. No cure has been found
 - D. Treatment is directed toward relieving symptoms
- X. Muscle sprain
 - A. Traumatic injury to the tendons, muscles, or ligaments of a joint
 - B. It causes pain and swelling
 - C. Treatment
 - 1. Alternating application of heat and cold
 - 2. Rest
 - 3. Ultrasound
- XI. Pes planus “flatfoot”
 - A. May be congenital
 - B. Results from weakened foot muscles
 - C. Causes extreme pain
 - D. Treatment
 - 1. Corrective shoes
 - 2. Massage
 - 3. Special exercises
- XII. Tetanus
 - A. Lockjaw
 - B. Caused by bacterial infection
 - C. Muscle spasms may be severe and can result in death

- D. Treatment I
 - 1. Prevention complications of muscle spasm and life support
- E. No cure
- F. Prevention tetanus shot
- XIII. Trichinosis
 - A. Parasitic infection caused by eating uncooked pork
 - B. Parasites from cysts in muscle tissues, especially the diaphragm and chest muscles
 - C. Infection causes pain tenderness and fatigue
 - D. Can be fatal if it affect the brain or heart
 - E. Treatment
 - 1. Fluids
 - 2. Nutritional support
 - 3. Medication to relieve pain
 - 4. Reduce fever
 - 5. Kill the parasites

MUSCULAR SYSTEM

The human body has more than 600 muscles. The three types of muscle tissue are skeletal, visceral, and cardiac. The function of muscles are to:

- Aid in movement
- Provide and maintain posture
- Protect internal organs
- Provide movement of blood, food, and waste products through the body
- Open and close body openings
- Produce heat

Muscle contraction is the movement of muscles when stimulated. Tonus is the muscle's ability to maintain slight, continuous contraction. Muscles can be stimulated electrically, mechanically, or chemically. Muscles are flaccid, or soft, when not contracted. Muscle tissue has several unique characteristics:

- Irritability or excitability is the muscle's ability to respond to a stimulus such as a nerve or hormone
- Contractility is the muscle's ability to shorten forcefully when stimulated
- Extensibility is the muscle's ability to stretch and lengthen
- Elasticity is the muscle's ability to recoil to its resting length when relaxed

I. PRELIMINARY INFORMATION:	
A. CLASS:	Health Related Occupations
B. TITLE OF UNIT:	Safety
C. TITLE OF LESSON:	Restraints
D. COMPETENCIES ADDRESSED:	(tab for next field...)
E. DATE & TIME:	10/22/02- - AM PM Classes
F. WEEK OF INSTRUCTION:	'tab for next field...)
G. INSTRUCTOR:	-

II. OBJECTIVES:

Psychomotor:

Be able to apply restraints correctly
Identify restraints alternates

Affective:

Know when & how to use restraints

Cognitive:

(what do we want our students to "know"....)

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Demonstration

Other:

V. CONTENT:

I. Applying Restraints

- A. A restraint is any item, object, device, garment, material or chemical that restricts a person's freedom of movement or access to one's body**
- B. Freedom from restraint is a resident right under OBRA**
 - 1. Restraints are used only as a last resort**
- C. Reasons for restraints**
 - 1. Restraints can cause serious injury and even death**
 - 2. OBRA, JCAHo, and FDA have guidelines for restraints**
 - 3. Restraints are not used for discipline or staff convenience**
 - a. Discipline is any action that punishes or penalizes a person**
 - b. Staff convenience is any action that :**
 - (1) Controls the person's behavior**
 - (2) Requires less effort by the agency**
 - (3) Is not in the person's best interest**
 - 4. Restraints are used only when necessary to treat a person's medical symptoms**
 - 5. Restraints may be needed for safety**
 - 6. Research shows that restraints cause falls and more serious injuries occur**
 - 7. All other alternatives must be tried before using restraints**
- D. Physical and chemical restraints**
 - 1. OBRA's legal definition of physical restraints includes these key points**
 - a. Any manual method, physical or mechanical device, material or equipment**
 - b. Is attached to or next to the person's body**
 - c. Cannot be easily removed by the person**
 - d. Restricts freedom of movement or access to one's body**
 - 2. Drugs are chemical restraints if:**
 - a. Not required for the person's medical treatment**
 - b. They affect the person's physical function**
 - c. They affect the person's mental function**

E. Complications of restraint use.

1. Agitation
2. Anal incontinence
3. Anger
4. Bruises
5. Cuts
6. Dehydration
7. Depression
8. Embarrassment
9. Fractures
10. Humiliation
11. Mistrust
12. Nerve injuries
13. Nosocomial infections
14. Pneumonia
15. Pressure ulcers
16. Strangulation
17. Urinary incontinence
18. Urinary Tract infection
19. Most serious risk is death from strangulation
20. The Safe Medical Devices Act applies if a restraint causes injury or death

F. Restraint alternatives

1. See page 176 textbook Box 9-8

G. Safety guidelines

1. Remember the following about using restraints:
 - a. Restraints are used to protect the person, not for staff convenience
 - b. Restraints require a doctor's order
 - c. You need to know the laws and policies about where your work
 - d. The least restrictive method is used
 - (1) An active physical restraint attaches to the person's body and to a stationary object
 - (2) A passive physical restraint is near but not directly attached to the person's body
 - e. Restraints are used only after trying other methods to protect the person
 - f. Unnecessary restraint is false imprisonment
 - g. The person's quality of life is protected
 - h. Restraints require informed consent
 - i. The manufacturers instructions are followed
 - j. The restrained person's basic needs are met by the nursing and health teams
 - k. Restraints are applied with enough help to protect the person and staff from injury
 - l. Restraints can increase a person's confusion

2. Restraints are dangerous
 - a. The person is observed at least every 15 minutes
 - b. Complications are prevented
3. Safety measures page 178 box 9-9
- H. Reporting and recordings
 1. Report and record the following
 - a. Type of restraint applied
 - b. Reason for application
 - c. Safety measures taken
 - d. Time applied
 - e. Time removed
 - f. Care given when the restraint is removed
 - g. Color and condition of the person's skin
 - h. Pulse felt in the restrained extremity
 - i. Any complaints
 2. Recording care given and your observation is very important
 - a. If a person dies or suffers as a result of restraint use, malpractice or criminal charges are possible
 - b. Your charting protects you and the person

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be
"assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be
"assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be
"assessed" in the workplace...real world)

VIII. ASSIGNMENTS:

(select)	(type text here...)
(select)	(type text here...)
(select)	(type text here...)

IX. Relevance to Future Lessons:

(type text here...)

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupation
 B. TITLE OF UNIT: exercise and activity
 C. TITLE OF LESSON: (tab for next field...)
 D. COMPETENCIES ADDRESSED: (tab for next field...)
 E. DATE & TIME: 11/06 - AM PM Classes
 F. WEEK OF INSTRUCTION:
 G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Define key terms listed in chapter. Be able to do
 range of motion , help the person to walk,
 help a falling patient

Affective:

To have understanding how it feels to be on
 bedrest and using walking aids

Cognitive:

Describe the complications of bedrest and maintain
 body alignment

III. TEACHING METHODS AND TECHNIQUES:

Discussion Demonstration
 Lecture

Other:

IV. RESOURCES REQUIRED:

Text Book VCR/Tape

Other:

V. INTRODUCTION:

Have any of you have to be on crutches, on bedrest or in
 a wheel chair. How did it make you feel?

V. CONTENT:

- I. Introduction
 - A. Being active is important for physical and mental well-being
 - B. To assist in promoting exercises and activity you need to understand
 - 1. Bedrest
 - 2. How to prevent complications from bedrest
 - 3. How to help persons exercise
- II. Bedrest
 - A. Ordered by the doctor to:
 - 1. Reduce physical activity
 - 2. Reduce pain
 - 3. Encourage rest
 - 4. Regain strength
 - 5. Promote healing
 - B. Common types of bedrest
 - 1. Bedrest – the person stays in bed; some ADL are allowed
 - 2. Strict bedrest – everything is done for the person; not ADL are allowed
 - 3. Bedrest with commode privileges-the person can use the bedside commode for elimination
 - 4. Bedrest with bathroom privileges- the person can use the bathroom for elimination needs
 - C. The nursing care plan and your assignment sheet tell you the activities for each person
 - D. Complications of bedrest
 - 1. Every body system is affected; the following can occur
 - a. Pressure ulcers
 - b. Constipation and fecal impaction
 - c. Urinary tract infection and renal calculi
 - d. Pneumonia
 - e. Contractures and muscle atrophy
 - (1) A contracture is the lack of joint mobility caused by abnormal shortening of a muscle
 - (2) Muscle atrophy is a decrease to the size of the muscle
 - f. Ostostatic hypotension is a drop in blood pressure when the person stands
 - (1) measure blood pressure when the person is supine. Also count the person's pulse and respirations
 - (2) Raise the head of the bed so the person is in Fowler's position. Raise the head slowly
 - (a) ask the person about weakness,

dizziness, or spots before eyes.

Lower the head of bed if symptoms occur

- (b) Measure blood pressure, pulse and respirations when the person is in Fowler's position

- (3) Assist the person to sit on side of bed-check the same as above

- (4) Assist the person to stand

- (5) Help the person sit in a chair or walk as directed by the nurse-check same as above

g. Blood clots

- 2. Complications from bedrest are prevented by good nursing care

- a. Positioning in good alignment

- b. Range-of-motion exercises

E. Positioning

- 1. Supportive devices are often used to support and maintain the person in a certain position

- a. Bed boards are placed under the mattress to prevent sagging

- b. Footboards are placed at the foot of the mattress

- (1) Prevent plantar flexion (foot drop)

- (2) Keep top linen off the feet

- c. Trochanter rolls prevent the hips and legs from turning outward (external rotation)

- d. Hip abduction wedges keep the hips abducted; placed between the persons legs

- e. Hand rolls or hand grips prevent contractures of the thumb, fingers and wrist

- f. Splints keep the elbows, wrists, thumbs, fingers, ankles and knees in normal position

- g. Bed cradle keep the weight of top linens off the feet

F. Exercise

- 1. Helps prevent contractures, muscle atrophy and other complications

- 2. A trapeze is used for exercises to strengthen arm muscles

- a. Also used to move up and turn in bed

- 3. Range of motion exercises

- a. The movement of a joint to the extent possible without causing pain

- b. Usually done at least twice a day

- c. Active ROM exercises are done by the person

- d. Passive ROM exercises involve another person move the joints through their range

of motion

- e. Active-assistance range-of-motion is when the person does the exercise with help
- f. ROM exercises occur naturally during activities of daily living
- g. Persons on bedrest have little activity ROM exercises are done
- h. The nurse tells you which joints to exercise and type of ROM exercises to be done
- i. Joint movements
 - (1) Abduction –moving a part away from midline of the body
 - (2) Adduction-moving a part away toward midline of the body
 - (3) Extension –straightening a body part
 - (4) Hypertension- excessive straightening of a body part
 - (5) Dorsiflexion- bending backward
 - (6) Rotation- turning the joint
 - (7) Internal rotation- turning the joint inward
 - (8) External rotation- Turning the joint outward
 - (9) Plantar flexion bending the foot down at the ankle
 - (10) Pronation-turning downward
 - (11) Supination- turning upward
 - (12) Injury can occur if not done properly
- j. Rules for performing range of motion
 - (1) Exercise only the joints the nurses tell you to exercise
 - (2) Expose only the body part being exercised
 - (3) Use good body mechanics
 - (4) Move the joint slowly, smoothly and gently
 - (5) Do not force the joint beyond its present range of motion or to the point of pain
 - (6) Perform range of motion to the neck only if allowed by agency policy

III. Ambulation

- A. For most persons on bedrest, activity is increased slowly and in steps
 - 1. First the person dangles (sits on side of the bed)
 - 2. Walking about the room and in the hallway are the next steps
- B. Ambulation is the act of walking
 - 1. Some patients are weak and unsteady from bedrest, illness, surgery or injury

- a. You need to help these persons walk use a gait belt if the person is weak or unsteady
- C. The falling person
 - 1. Persons may
 - a. Be weak lightheaded, or dizzy
 - b. Faint
 - c. Slip or slide on spills, waxed floors, throw rugs, or improper shoes
 - 2. Trying to prevent falls can cause greater harm
 - 3. If a person starts to fall ease him or her to the floor – be sure to protect the person's head
 - 4. Do not move or allow the person to get up after the fall
- D. Walking aids
 - 1. Walking aids support the body
 - 2. Crutches
 - a. Used when the person cannot use one leg
 - b. Used when one or both legs need to gain strength
 - c. Some persons with permanent weakness can use crutches
 - d. The person learns to crutch walk, climb up and down stairs, and sit and stand
 - e. The following safety measures are followed
 - (1) The crutches must fit
 - (2) Crutch tips must be attached to the crutches, replace worn crutch tips, dry wet tips
 - (3) Crutches are checked for flaws
 - (4) Street shoes are worn; should be flat with non-skid soles
 - (5) Clothes must fit well; no loose clothing
 - (6) Safety rules (Chapter 9) page 169 box 9-3
 - (7) Crutches are kept where the person can reach them
 - (8) Know which gait the person uses (page 525)
 - (a) Four-point alternating gait
 - (b) Three-point alternating gait
 - (c) Two-point alternating gait
 - (d) Swing-to gait
 - (e) Swing-through gait
 - 3. Canes
 - a. Used for weakness on one side of the body
 - b. Help provide balance and support
 - c. There are single-tipped and four-point (quad) canes
 - d. A cane is held on the strong side of the body

- e. The cane tip is about 6 to 10 inches to the side of the foot and about 6 to 10 inches in front of the foot on the strong side
- f. The grip is level with the hip
- g. The person walks as follows
 - (1) The cane is moved forward 6 to 10 inches
 - (2) The weak leg is moved forward even with the cane
 - (3) The strong leg is brought forward and ahead of the cane and the weak leg
- 4. Walkers
 - a. A four-point walking aid
 - b. Gives more support than a cane
 - c. The standard walker is picked up and moved forward 6 to 8 inches in front of the person, then the person moves forward
 - d. The wheeled walker has wheels on the front legs and rubber tips on the back legs
 - e. Baskets, pouches and trays are attached to walkers and used to carry items
- 5. Braces
 - a. Support weak body parts
 - b. Used to prevent or correct deformities
 - c. Used to prevent joint movement
 - d. Metal, plastic, or leather are used
 - e. A brace is applied over the ankle
 - f. An ankle-foot orthosis is positioned in the shoe
 - g. Bony points under braces are protected
 - (1) The skin is kept clean and dry
 - (2) Report any signs of redness or skin breakdown
 - (3) Report complaints of pain or discomfort

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

I. PRELIMINARY INFORMATION:

- A. CLASS: HRO
B. TITLE OF UNIT: Personal Hygiene
C. TITLE OF LESSON: (tab for next field...)
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: 11/18/02 - AM PM Classes
F. WEEK OF INSTRUCTION: (tab for next field...)
G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Preform the procedures, bathing, brushing
teeth, mouth care, denture care

Affective:

Know the importance of cleanliness and skin care

Cognitive:

Define the key terms, describe the routine care
given before and after breakfast, after lunch,
and in the evening

Describe the importance of oral hygiene and the
observations to report

Describe the rules for bathing and observations to
make

Identify the safety precautions for persons taking
tub baths and showers

Identify the purposes of perineal care

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Demonstration Independent Study

Other:

IV. RESOURCES REQUIRED:

Text Book VCR/Tape
Overhead Projector

Other:

V. INTRODUCTION:

(GRAB their attention by tying to previous lessons, occupational experiences, "stories," etc...)

V. CONTENT:

- I. Introduction
 - A. Cleanliness and skin care promote comfort, safety, and health
 - B. The skin is the body's first line of defense against disease
 - C. Good hygiene promotes cleanliness, prevents, body and breath odor, promotes relaxation, and increases circulation
 - D. Culture and personal choice affect hygiene
 1. See page 314 textbook (caring about culture)
 - E. Bathing frequency varies
 - F. Illness, age and the changes of aging, affect the ability to practice hygiene
 - G. Many factors affect hygiene and skin care needs (perspiration, vomiting, urine and bowel elimination, wound drainage, bedrest and activity)
- II. Body structures and functions
 - A. Tooth
 1. Cut, chop, and grind food into small bits for digestion and swallowing
 2. Crown
 - a. Outer part
 - b. Covered by enamel
 3. Neck
 - a. Surrounded by gums
 4. Root
 - a. Fits into the bone of the lower or upper jaw
 - B. Skin
 1. Largest system of the body
 2. Epidermis
 - a. Outer layer
 - b. Contains living and dead cells
 - c. Has no blood vessels and few nerve endings
 3. Dermis
 - a. Inner layer
 - b. Made of connective tissue
 - c. Blood vessels, nerves, sweat and oil glands and hair roots are found
 4. Sweat glands
 - a. Help regulate body temperature
 - b. Sweat is secreted through the skin's pore

5. Oil glands
 - a. Secrete an oil substance into the space near the hair shaft.
 - b. Helps keep the hair and skin soft and shiny
6. Functions
 - a. Protective covering of the body
 - b. Prevents excessive amounts of water from leaving the body
 - c. Protects organs from injury
 - d. Nerve endings sense both pleasant and unpleasant stimulation
 - e. Cold, pain, touch and pressure can be sensed
 - f. Helps regulate body temperature
 - g. Blood vessels dilate when temperature outside the body is high
 - h. When blood vessels constrict the body retains heat because less blood reaches the skin

III. Daily care

- A. Routine care is given at specific times
- B. You assist with personal hygiene whenever necessary
- C. Before breakfast
 1. Early morning or am. Care
 2. Assisting persons to the bathroom or offering commodes, bedpans or urinals
 3. Cleaning incontinent persons and changing any wet or soiled linens
 4. Helping persons wash their faces and hands
 5. Assisting with oral hygiene
 6. Positioning person's in Fowler's position or in chairs for breakfast
 7. Brushing and combing hair
 8. Straightening bed linens
 9. Straightening person's unit
- D. After breakfast
 1. Assisting person to the bathroom or offering commodes, bedpans or urinals
 2. Cleaning incontinent persons and changing any wet or soiled linens
 3. Helping persons wash their faces and hands
 4. Assisting with oral hygiene
 5. Shaving patients and residents
 6. Providing showers, tub baths, or bed baths
 7. Giving perineal care
 8. Giving back massages
 9. Performing range of motion exercises

10. Changing gowns or pajamas or helping the person dress
11. Changing bed linens
12. Straightening the person's unit

E. Afternoon care

1. Assisting persons to the bathroom or offering commodes, bedpans, or urinals
2. Helping persons wash their faces and hands
3. Assisting with oral hygiene
4. Changing gown, pajamas, or clothe
5. Brushing or combing hair if needed
6. Changing damp or soiled linens
7. Straightening the person's unit

F. Evening care

1. Assisting persons to the bathroom or offering commodes, bedpans, or urinals
2. Cleaning incontinent persons and changing wet or soiled linens
3. Helping persons wash their faces and hands
4. Assisting with oral hygiene
5. Changing damp or soiled linens and straightening all other linens
6. Changing gowns or pajamas if needed or assisting the person to undress and put on a gown or pajamas
7. Giving back massages
8. Straightening the person's unit

IV. Oral hygiene

- A. Keeps the mouth and teeth clean
- B. Prevents mouth odors and infection
- C. Increases comfort and makes food taste better
- D. Cavities are prevented
- E. Periodontal disease is prevented
- F. Poor oral hygiene allows the build up of plaque and tartar
 1. Plaque and tartar build-up lead to periodontal disease ; tooth loss is common
- G. Oral hygiene is given on awakening, after each meal, and at bedtime
- H. Equipment
 1. Toothbrush, toothpaste, dental floss, and mouthwash are needed
 2. The toothbrush should have soft bristles
 3. Persons with dentures need denture cleaner, a denture cup and brush
 4. Sponge swabs are used for person with sore mouth and for unconscious persons
 - a. Always check the foam pad to make sure it is tight on the stick
 5. Observations

- a. report the following to the nurse
 - (1) Dry cracked, swollen, or blistered lips
 - (2) Redness, swelling irritation, sores or white patches in the mouth or on the tongue
 - (3) Bleeding, swelling or redness of the gums
 - (4) Loose teeth
- I. Brushing teeth
 - 1. Many people perform by themselves
 - 2. Others need help
 - 3. Procedure Assisting the person to brush teeth (page 318 textbook)
 - 4. Brushing the person's teeth (page 319 textbook)
 - 5. Flossing (page 321 textbook)
- J. Mouth care for the unconscious person
 - 1. Unconscious persons cannot eat or drink; they breathe with their mouths open and usually receive oxygen
 - 2. The mouth, tongue, and mucous membrane are often dry and crusted
 - 3. Good mouth care is important
 - 4. The care plan tells you what cleaning agent to use
 - a. Use sponge swabs to apply the cleaning agent
 - b. Apply lubricant to the lips after cleaning
 - 5. Unconscious persons usually cannot swallow
 - a. To prevent aspirations, position the person on one side with head turned to the side
 - b. Use only a small amount of fluid
 - 6. The person's mouth is kept open with a padded tongue blade
 - a. Do not use your fingers
 - 7. Mouth care given every two hours
 - 8. Procedure (page 324 textbook)
- K. Denture care
 - 1. Dentures are cleaned for persons who cannot do so themselves
 - 2. Mouth care is given and dentures are cleaned as often as natural teeth
 - 3. Dentures are the person's property; losing or damaging dentures is negligent conduct
 - 4. Dentures are slippery when wet
 - a. When cleaning hold them firmly; over a basin of water lined with a paper towel
 - 5. Hot water warps dentures; do not use hot water to clean or store dentures

6. If not worn, store dentures in a container of cool water
7. Remind people not to wrap dentures in tissues or napkins; then can be discarded
8. Denture Care
 - a. Procedure (page 325 textbook)

V. Bathing

- A. Cleans the skin
- B. Cleans the mucous membranes of the genital and anal areas
- C. Is refreshing and relaxing
- D. Stimulates circulation
- E. Provides exercise
- F. Gives you the opportunity to make important observations
- G. Gives you time to get to know the person
- H. The person gets a complete bath, partial bath, tub bath or a shower
- I. Bathing time and frequency is a personal matter
- J. Rules for bathing
 1. Follow standard precautions and the bloodborne pathogen standard. Wear gloves whenever contact with blood, body fluids, secretions or excretions is likely
 2. Ask the nurse what type of bath a person is to have
 3. Find out which skin products to use. Allow personal choice when possible
 4. Assist the person to the bathroom, or off the commode bedpan or urinal. Bathing stimulates the need to urinate. Comfort and relaxation increase if urination needs are met
 5. Collect equipment before starting
 6. Protect the person's privacy. Properly screen the person and close the doors
 7. Cover the person for warmth and privacy
 8. Reduce drafts by closing doors and windows
 9. Protect the person from falling
 10. Use good body mechanic at all times
 11. Make sure water temperature is not too hot
 12. Keep soap in the soap dish between latherings, This prevents soapy water. If a tub bath or shower is taken the person will not slip on the soap
 13. Wash from the cleanest to dirtiest areas
 14. Encourage the person to help as much as is safely possible
 15. Rinse the skin thoroughly to remove all soap
 16. Pat the skin dry to avoid irritating or breaking the skin. Remember to dry under the breasts,

I. PRELIMINARY INFORMATION:

- A. CLASS: HRO
B. TITLE OF UNIT: Nutrition & Fluids
C. TITLE OF LESSON: Nutrition & Fluids
D. COMPETENCIES ADDRESSED:.....(tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR:.....

II. OBJECTIVES:

Psychomotor:

Student will be able to feed a patient and assist a patient with their try

Affective:

Have an appreciation of the importance of good nutrition, have understanding why intake and output records are important

Cognitive:

Define the key terms relating to nutrition and fluids, Explain the purpose and use of the Food Guide Pyramid, describe factors that affect eating and nutrition, Explain how to prevent aspiration and regurgitation, describe the normal fluid requirements and the common causes of dehydration Explain the safety measures necessary for IV therapy and their role in maintaining the flow rate

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Independent Study

Other:

IV. RESOURCES REQUIRED:

Text Book VCR/Tape

Other:

V. CONTENT

I. Introduction

- A. The need for food and water is a basic physical need necessary for life and health
- B. The amount and quality of foods are important
- C. Poor diet and eating habits increase a person's risk for infection and acute or chronic illness, healing problems and abnormal physical and mental functions
- D. Eating and drinking provide pleasure; they are a part of social activities
- E. Factors that affect dietary practices include:
 - 1. Culture
 - a. Many cultural groups have their main meal at midday
 - 2. Finances
 - 3. Personal choice
 - 4. Practices also include selecting preparing and serving food
- F. The RN uses the nursing process to meet the person's nutritional needs
 - 1. The dietician is also involved

II. Basic Nutrition

- A. Nutrition is the many processes involved in the ingestion, digestion, absorption, and use of foods and fluids by the body
 - 1. Good nutrition is needed for growth, healing and maintaining body functions
- B. Select foods to provide a well balanced diet and correct calorie intake
 - 1. High fat, high calories = weight gain
 - 2. Not enough calories = weight loss
- C. Foods and fluids contain nutrients
 - 1. A nutrient is a substance that is ingested, digested, absorbed, and used by the body
 - 2. Nutrients are grouped into fats, proteins, carbohydrates, vitamins and minerals
 - 3. Fats protein and carbohydrates give the body fuel for energy
 - 4. A calorie is the amount of energy produced from burning of food by the body
 - a. 1 gram of fat supplies 9 calories
 - b. 1 gram of protein supplies 4 calories
 - c. 1 gram of carbohydrate supplies 4 calories
- D. Food Guide Pyramid
 - 1. Promotes wise food choices
 - 2. There are six food groups
 - a. Bread, cereal, rice and pasta
 - b. Vegetables

between skin folds, in the perineal area, and between the toes

17. Bathe the skin whenever feces or urine is on the skin. This prevents skin breakdown and odors

K. Observations

1. Report the following observations to the nurse
 - a. Color of the skin, lips, nail beds and sclera
 - b. Location and description of rashes
 - c. Dry skin
 - d. Bruises or open skin care
 - e. Pale or reddened areas
 - f. Drainage or bleeding
 - g. Skin temperature
 - h. Complaints of pain or discomfort

L. Complete bed bath

1. Involves washing the person's entire body in bed
2. Ask the nurse about the person's ability
3. Ask about any activity or position limits
4. Follow standard precautions and the Bloodborne Pathogen Standard
5. A bedbath is often a new experience for some people
6. Some are embarrassed and fear exposure
7. Explain the procedure
8. Some agencies are now using bag baths
9. Procedure (page 331 textbook)

M. Partial Bed bath

1. Involves bathing the face, hands, axillae, back, buttocks, and perineal area
2. You give partial baths to person who cannot bathe themselves
3. Persons who are able , bathe themselves in bed or bathroom sink
4. Rules for giving a partial bath
 - a. Follow Standard Precautions and the bloodborne pathogen standard. Wear gloves whenever contact with blood, body fluids, secretions, or excretions is likely
 - b. Ask the nurse what type of bath a person is to have
 - c. Find out which skin care products to use. Allow personal choice when possible
 - d. Assist the person to bathroom, or offer the commode, bedpan, or urinal. Bathing stimulates the need to urinate. Comfort and relaxation increase if urination are met
 - e. Collect the equipment before starting the procedure.

- f. Protect the person's privacy. Properly screen the person and close doors
- g. Cover the person for warmth and privacy
- h. Reduce drafts by closing doors and windows
- i. Protect the person from falling
- j. Use good body mechanics at all times
- k. Make sure water temperature is not too hot, particularly in older persons
- l. Keep soap in the soap dish between lathering. This prevents soapy water.
- m. Wash from cleanest to the dirtiest areas
- n. Encourage the person to help as much as is safely possible
- o. Rinse the skin thoroughly to remove soap
- p. Pat the skin dry to avoid irritating or breaking the skin. Remember to dry under the breasts, between skin folds, in the perineal area, and between the toes
- q. Bath the skin whenever feces or urine is on the skin. This prevents skin breakdown and odors

5. Procedure page 337 textbook

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be "assessed" in the workplace...real world)

VIII. ASSIGNMENTS:

(select)	(type text here...)
(select)	(type text here...)
(select)	(type text here...)

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
 B. TITLE OF UNIT: Personal care and grooming
 C. TITLE OF LESSON: (tab for next field...)
 D. COMPETENCIES ADDRESSED: (tab for next field...)
 E. DATE & TIME: 12-01-02 - AM PM Classes
 F. WEEK OF INSTRUCTION: (tab for next field...)
 G. INSTRUCTOR:

II. OBJECTIVES:*Psychomotor:*

Describe and perform the procedure how to
shampoo hair and care for hair

- Describe and perform the procedure dressing and
undressing a patient with or without IV

Describe and perform the procedure for shaving a
person

Affective:

To have an understanding of what personel care is
and how important it is to a person

Cognitive:

Define the key terms listed in the chapter

Identify the factors that affect hair care

Describe the rules for changing hospital gown and
clothing

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Lecture

Supervised Lab Work

Other:

Demonstration

Visual Illustration

IV. RESOURCES REQUIRED:

Text Book

Other:

Overhead Projector

VCR/Tape

V. CONTENT:**I. Introduction**

- A. Cleanliness and skin care meet basic physical and safety and security needs
- B. Clean and intact skin protects against infection
- C. Bathing and back massage promote circulation, exercise, comfort and relaxation
- D. For many, being clean is necessary for love, belonging, and self esteem needs
- E. Hair care, shaving, and nail care are also important
- F. Shaving and beard grooming are important to many men
- G. Many women shave their legs and underarms

II. Hair Care

- A. How the hair looks and feels affects mental well-being
- B. Terms common in nursing care plans
 - 1. Alopecia means hair loss
 - a. Hair loss may be complete or partial
 - b. It can be a result of heredity, aging, cancer treatment, skin disease, stress, poor nutrition, pregnancy, some drugs, and hormone changes
 - 2. Hirsutism is excessive body hair in women and children
 - a. It is due to heredity or abnormal amounts of male hormone
 - 3. Dandruff is excessive amounts of dry, white flakes from the scalp
 - a. Itching often occurs
 - b. Eyebrows and ear canals can be involved
 - c. Medicated shampoos correct the problem
 - 4. Pediculosis means infestation with lice
 - a. Pediculosis capitis is infestation of the scalp
 - b. Pediculosis pubis is infestation of the pubic hair
 - c. Pediculosis corporis is infestation of the body
 - d. Lice eggs attach to clothing and furniture
 - e. Lice easily spread to other persons through clothing, furniture, bed line and sexual contact
 - f. Medicated shampoo, lotions and creams

- O. The back massage
 - A. Relaxes muscles and stimulates circulation
 - B. Normally given after the bath and HS care
 - 1. It should last 3 to 5 minutes
 - C. Observe the skin before starting
 - D. Lotion reduces friction when giving the massage
 - 1. Warm the lotion before applying
 - E. The prone position is best; the side-lying position is often used
 - F. Some persons should not have a back massage
 - 1. Check with the nurse and the nursing care plan before giving a back massage to those with heart disease, back injury, back surgery, skin disease and lung disorders
 - G. Procedure page 343 textbook
- P. Perineal care
 - A. involves cleaning the genital and anal areas
 - B. Given to prevent infection and odors and to promote comfort
 - C. Done at least daily during the bath
 - D. Also done whenever the area is soiled with urine or feces
 - E. Given before and after some surgeries and after childbirth
 - F. Patients and residents do their own perineal care if able
 - G. People may not know the term perineum or perineal
 - 1. Use terms the person understands (privates, private parts, crotch, genitals, or the area between your legs)
 - H. Standard precautions, medical asepsis, and the Bloodborne Pathogen Standard are followed
 - I. Work from the cleanest area to the dirtiest area
 - J. Use warm water, not hot
 - K. Pat dry after rinsing
 - L. Procedures female page 345 textbook
Male page 348 textbook

N. Tub baths and showers

1. Burns from hot water and falls are risks
2. The nurse's approval is needed
3. Safety measures
 - a. Make sure the tub or shower is clean before and after use
 - b. Make sure the floor of the bathroom or shower room is dry
 - c. Check to see that hand rails, grab bars, hydraulic lifts and other safety aids are in working order
 - d. Place a bath mat in the tub or on the shower floor unless there are nonskid surfaces
 - e. Cover the person for warmth and privacy. This includes transport to and from the shower room or tub room
 - f. Place needed items within the person's reach. This includes the signal light
 - g. Show the person how to use the signal light in the shower or tub room
 - h. Drain the tub before the person gets out of the tub. Keep the person covered to protect from exposure and chilling
 - i. Have the person use safety bars when getting into and out of the tub
 - j. Adjust water temperature and pressure before the person gets into the shower. Otherwise you can chill or burn the person. If the person uses a shower chair before adjusting the water. Use the hand-held nozzle to direct the water away from the person. Adjust water temperature and pressure
 - k. Avoid using bath oils. They make tub and shower surfaces slippery
 - l. Do not leave weak or unsteady person unattended
 - m. Stay within hearing distance of the shower or tub is the person can be left alone. Wait outside the shower curtain or door. You will be nearby if the person calls for you or has an accident
 - n. Have the person use safety bars for support when getting into or out of the tub or shower. Do not let the person use towel bars for support
4. Tub baths
 - a. A tub bath can cause a person to feel faint, weak or tired
 - (1) a bath last no more than 20 minutes
5. Clean the tub and shower before use
6. Some agencies have portable tube

7. Some agencies have portable tubs
 - a. The sides are lowered to transfer the person from the bed to the tub
 - b. The person is transported to the tub room
 - c. The tub is filled and the person is bathed in the usual manner
8. Whirlpool tubs
 - a. Have hydraulic lifts
 - b. The person is transferred to a special wheelchair and taken to the tub room
 - c. The chair is attached to the lift and the chair and person are lifted into the tub
 - d. The whirlpool action cleans the person's lower body
 - e. You wash upper body
9. Some tubs have special stretchers for persons who cannot sit up
 - a. The person is lowered into the tub on the stretcher
10. Remember to cover the person with a blanket during transports and transfers
11. Showers
 - a. Some rooms have private baths or showers
 - (1) If not, reserve the room
 - b. Clean the tub and shower before use
 - c. Protect the person from falls and chills (rules are above)
 - d. Shower chairs are used to transport some patients and residents
 - (1) The wheels are locked during the procedure
 - e. Some shower rooms may have more than one stall or cabinet
 - (1) Always protect the person's privacy
 - (2) Properly screen and cover the person

12. Procedure for Tub bath or shower page 341 textbook

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

- F. Changing hospital gowns
 - 1. If there is injury or paralysis, the gown is removed from the good arm first
 - a. support the weak arm
 - b. Put the clean gown on the weak arm first
 - 2. Special gowns may be used for persons receiving IV infusions
- G. Changing gown of a person with IV procedure page 365 textbook
- H. Dressing and undressing
 - 1. Clothing changes are necessary on admission and discharge
 - 2. Follow these rules
 - a. Provide for privacy. Do not expose the patient
 - b. Encourage the person to do as much as possible
 - c. Allow the person to choose what to wear. Make sure the person chooses the right undergarments
 - d. Remove clothing from the strong or "good" side first
 - e. Put clothing on the weak side first
 - f. Support the arm or leg when removing of putting on a garment
- I. Undressing a person procedure page 366 textbook
- J. Dressing the person procedure page 371 textbook

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Personal care
C. TITLE OF LESSON: Nervous system
D. COMPETENCIES ADDRESSED:.....
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR:.....

II. OBJECTIVES:

Psychomotor:

Identify the parts of nervous system

Affective:

Students will gain understanding how the nervous system works

Cognitive:

Define the terms relating to nervous system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture Discussion
 Independent Study
Other:

IV. RESOURCES REQUIRED:

VCR/Tape Text Book

Other:

V. CONTENT:**I. The Nervous System**

**A. Controls, directs, and coordinates body functions,
There are two main divisions: the central nervous system and the peripheral nervous system**

- 1. Some nerve fibers have a protective covering call a myelin sheath.**

B. The central nervous system

- 1. Consists of the brain and the spinal cord**
 - a. The brain is covered by the skull and has three main parts:**
 - (1) The cerebrum**
 - (a) The largest part**
 - (b) The center of thought and intelligence**
 - (c) Right hemisphere controls the left side of the body**
 - (d) Left hemisphere controls the right side of the body**
 - (e) Cerebral cortex is the outside of the cerebrum; it controls the highest function of the brain**
 - (2) The cerebellum regulates and coordinates body movements**
 - (3) The brain stem connects the cerebrum to the spinal cord**
 - (a) Made up of the midbrain, pons, and medulla**
 - b. The spinal cord**
 - (1) Lies within the spinal column**
 - (2) Contains pathways that conduct messages to and from the brain**
 - c. The brain and spinal cord are covered by three layers of connective tissue called meninges**
 - (1) Dura mater is the outer layer; next to the skull**
 - (2) Arachnoid is the middle layer**
 - (3) Pia mater is the inner layer**
 - d. Arachnoid space is the space between the middle and the inner layers; it is filled with cerebrospinal fluid**
 - (1) Cerebrospinal fluid protects the central nervous system**

C. The peripheral nervous system

- 1. Has 12 pairs of cranial nerves and 31 pairs of spinal nerves**

2. Autonomic nervous system controls involuntary muscles and certain body functions that occur automatically; it is divided into the sympathetic and parasympathetic nervous systems
 - a. Sympathetic nervous system tends to speed up function
 - b. Parasympathetic nervous system slows down functions

I. PRELIMINARY INFORMATION:

- A. CLASS: HRO
B. TITLE OF UNIT: the person's unit
C. TITLE OF LESSON:
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION: (tab for next field...)
G. INSTRUCTOR:

II. OBJECTIVES:*Psychomotor:*

Identify the temperature range comfortable for most people, Lists ways to prevent or reduce odors in a person's room, know the basic bed positions

Affective:

To have an understanding why a person's unit must feel comfortable and like they are at home when in long-term care unit

Cognitive:

Describe how to decrease noise in health care agency, describe how the bathroom is equipped

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Independent Study

Other:

IV. RESOURCES REQUIRED:

Text Book

Other:

V. INTRODUCTION:

V. CONTENT:

I. Introduction

- A. Rooms may be private or semiprivate**
- B. Rooms must be comfortable, safe and allow enough space**
- C. The agency must follow health and safety standards**

II. Comfort

A. Temperature and ventilation

- 1. Heating, air conditioning, and ventilation systems maintain a comfortable temperature and provide fresh air**
- 2. A temperature range of 68 degrees F to 74 degrees F is comfortable for most healthy people**
- 3. OBRA requires that nursing centers maintain a temperature range of 71 degrees to 81 degrees F**
- 4. Stale room air and lingering odors can affect comfort and rest**
- 5. To protect persons from drafts:**
 - a. Make sure they wear enough clothing**
 - b. Cover them with blankets**
 - c. Provide lap robes to cover their legs**
 - d. Move them from drafty areas**

B. Odors

- 1. Good nursing care, good ventilation, and good housekeeping practices help eliminate odors**
- 2. To reduce odors**
 - a. empty and clean bedpans, urinals, commodes, and kidney basins promptly**
 - b. Change soiled linens and clothing promptly**
 - c. Dispose of soiled linens and clothing**
 - d. Clean persons who are wet or soiled**
 - e. Dispose of incontinent products promptly**
 - f. Dispose of ostomy product promptly**
 - g. Keep soiled containers closed**
 - h. Provide good personal hygiene for the person**
 - i. Use room deodorizers when necessary and if allowed**
- 3. If you smoke, follow the employer's policy**
 - a. Wash your hands after handling smoking materials and before giving care**

C. Noise

1. Ill people are sensitive to noises and sounds around them
2. Common health care sounds may disturb
 - a. Clanging of equipment
 - b. Clatter of dishes and trays
 - c. Loud talking and laughing in hallways and at the nurses station
 - d. Television, radios, telephones and buzzing intercoms
 - e. Wheels on carts and other equipment
3. Patients and residents may find sounds dangerous, frightening or irritating
4. What is noise to one person may not be noise to another
5. Health care agencies are designed to reduce noise

D. Lighting

1. Good lighting is needed for safety and comfort
2. People usually relax and rest better in dim light
3. A bright room is more cheerful and stimulating
4. Lighting is adjusted to meet the person's changing needs
5. Bright lighting is helpful when giving care
6. Always keep light control within the person's reach

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be "assessed" in the workplace...real world)

III. Room Furniture and Equipment

- A. Rooms are furnished and equipped for the person's basic needs**
 - 1. Comfort
 - 2. Sleep
 - 3. Elimination
 - 4. Nutrition
 - 5. Personal hygiene
 - 6. Activity
 - 7. Communications
- B. The right to privacy is considered**
- C. Focus on long-term care**
 - 1. OBRA requires that nursing center rooms be as homelike as possible
 - 2. The resident is allowed to have and use personal items
- D. The bed**
 - 1. Hospital beds are adjusted electrically or manually
 - a. Raised horizontally to give care
 - b. The lowest horizontally position lets the person get out of bed with ease
 - c. The head of the bed is kept flat or raised to varying degrees
 - d. Controls for electric beds are on a side panel, bed rail, or foot board
 - e. The person is taught how to safely use controls
 - f. Most electric beds can be locked into position by staff (for safety)
 - g. Manually operated bed have hand cranks at the foot of the bed
 - 2. Bed positions
 - a. Flat is the usual sleeping position
 - b. Fowler's position is a semisitting position: the head of bed is elevated 45 to 60 degrees
 - c. Semi-fowlers position is when the head of bed is raised 45 degrees and the knee portion is raised 15 degrees
 - (1) Prevents sliding down in bed
 - (2) Raising the knee portion can interfere with circulation
 - (3) Check with the nurse before positioning a person in this position
 - (4) Know the definitions you employer uses so you give safe care

- d. Trendelenburg's position is when the head of the bed is lowered and the foot of the bed is raised
 - (1) a doctor's order is required for this position
- e. Reverse Trendelenburg's position is when the head of the bed is raised and the foot of the bed is lowered
 - (1) a doctor's order is required for this position
- E. Safety considerations
 - 1. Bed legs have wheels or casters
 - a. Bed wheels are locked when giving bedside care
 - b. Each wheel or caster has a lock
 - c. Wheels are locked when you transfer a person to and from the bed
- F. The overbed table
 - 1. Positioned over the bed by sliding the base under the bed
 - 2. Height is adjusted for the person in bed or in a chair
 - 3. Used for meals, writing reading and other activities
 - 4. Many have moveable tops with storage areas underneath
 - 5. The nursing team uses the overbed table as a work area
 - a. Only clean and sterile items are placed on the table
 - b. The table is cleaned after being used
 - c. Never place bedpans, urinals or soiled linen on the overbed table
- G. The bed side stand
 - 1. Is next to the bed
 - 2. Is a storage area for personal items and personal care equipment
 - 3. The top of the stand is used for tissues, telephones and other personal items
 - 4. Some stands have a rod at the side or back for towels and wash cloths
- H. Chairs
 - 1. The person's unit usually has one or two chairs
 - 2. Nursing centers resident's may bring their own chairs from home
 - 3.
 - 1.

- I. Privacy Curtains
 - 1. Rooms have privacy curtains
 - a. They are pulled completely around the bed while care is given
 - b. They do not block sound or prevent conversations from being heard
- J. Personal care items
 - 1. Items used for hygiene and elimination
 - 2. The agency provides a patient pack
 - a. Usually consists of a wash basin, emesis basin, bedpan urinal, water pitcher and glass, soap and soap dish
 - b. Some provide powder, lotion, toothbrush, toothpaste, mouth wash, tissues, comb and deodorant
 - c. Some person's prefer to use their own; respect the individual's choice of personal care products
- K. The call system
 - 1. Let the person signal when help is needed
 - a. A signal light at the bedside is connected to a light above the door
 - (1) It must always be within the person's reach and vision
 - b. The person presses a button at the end of the signal light
 - c. The signal light at the bedside is connected to a light above the door and a light panel or intercom at the nurse's station
 - d. The staff member shuts off the signal light at the bedside when responding to the call for help
 - 2. An intercom system lets a nursing team member talk with the person from the nurse's station
 - a. Remember confidentiality
 - b. The hearing impaired person may have difficulty using an intercom
 - 3. People with limited mobility in their hands may need a special signal light
 - a. It is turned on by tapping it with a hand or fist
 - b. The signal light must always be on the person's good side
 - 4. Patients are shown how to use the call system when admitted to the agency
 - 5. People in a coma or confused person cannot use the signal light
 - a. Check them often to make sure their needs are met

L. The bathroom

1. Many agencies have a bathroom in each room; some have a bathroom between two rooms
2. A toilet, sink, call system and mirror are standard equipment
3. Handrails are installed by the toilet for the person's safety
4. In some agencies the toilet seat are higher than standard height
 - a. Makes transfer easier
 - b. Helpful for joint problems
5. Towel racks, toilet paper, soap, paper towel dispensers, waste basket and call system are in the bathroom

M. Closet and drawer space

1. Provided for the person's clothing
2. OBRA requires closet space for each nursing center resident
 - a. Closet space must have shelves and a clothes rack
 - b. The resident must have free access to the closet and contents
3. Items in the closet and drawers are the person's private property
 - a. You must not search these areas without the person's permission
4. Some people hoard items
 - a. This can cause safety or health risks
 - b. Agency representatives can inspect closets or drawers if hoarding is suspected
 - (1) The person is informed and is present when the inspection takes place

N. Other equipment

1. Many agencies furnish rooms with other equipment
 - a. For example: television, radio, clock
 - b. Many rooms have telephones
 - c. Some have wall mounted blood pressure equipment, oxygen tanks, portable suction equipment, IV poles, outlets for oxygen and suction

O. General rules

1. Everyone involved in the person's care is responsible for keeping the person's unit clean, neat, and safe
2. OBRA requirements
 - a. Designed for 1 to 4 residents
 - b. Direct access to exit corridor
 - c. Full visual privacy (privacy curtain that extends around the bed, movable screen

- d. At least one window to outside
- e. Individual closet space with racks and shelves
- f. Toilet facilities in the room or nearby (includes bathing facilities)
- g. Call system in the room and in toilet and bathing facilities
- h. Bed of proper height and size
- i. Clean, comfortable mattress with bedding appropriate to the weather and climate
- j. Furniture to accommodate clothing, personal items and a chair for visitor
- k. Clean and orderly room
- l. Odor-free room
- m. Room temperatures between 71 degrees and 81 degrees F
- n. Acceptable noise level
- o. Adequate ventilation and room humidity
- p. Appropriate lighting
- q. No glares from floors, windows and lighting
- r. Clean, orderly drawers, shelves and personal items
- s. Pest-free room
- t. Hand rails in needed area
- u. Clean, dry floor; pathways are free of clutter and furniture
- v. Bed in low position and locked
- w. Personal supplies and items labeled and stored appropriately
- x. Drawers free of unwrapped food
- y. Items within reach for use in bed or bathroom
- z. Space for wheelchair or walker use

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

I. PRELIMINARY INFORMATION:

- A. CLASS: HRO
 B. TITLE OF UNIT: Measuring vital signs
 C. TITLE OF LESSON:
 D. COMPETENCIES ADDRESSED:
 E. DATE & TIME: - AM PM Classes
 F. WEEK OF INSTRUCTION:
 G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Perform correctly taking an oral temperature, taking a rectal temperature, taking axillary temperature, taking a tympanic membrane temperature, taking a radial pulse, taking an apical pulse, taking a apical-radial pulse, counting respirations, measuring blood pressure,

Affective:

Have an understanding of why taking vital signs correctly is important

Cognitive:

Explain why vital signs are measured, list the factors affecting vital signs, identify the normal ranges of oral, rectal, axillary, and tympanic membrane temperatures, identify the sites for taking a pulse, describe normal respirations, describe the factors affecting blood pressure

III. TEACHING METHODS AND TECHNIQUES:

Discussion	Demonstration
Independent Study	Supervised Lab Work

Other:

IV. RESOURCES REQUIRED:

Text Book
 VCR/Tape

Other:

- I. Introduction
 - A. The four vital signs of body function are temperature, pulse, respiration, and blood pressure
- II. Measuring and reporting vital signs
 - A. Vital signs vary within certain limits during 24-hour period
 - B. Factors affecting vital signs include sleep, activity, eating, weather, noise, exercise, drugs, anger, fear, anxiety and illness
 - C. Vital signs
 - 1. Detect changes in normal body function
 - 2. Tell about a person's response to treatment
 - 3. Signal life-threatening events
 - 4. Are part of the assessment step of the nursing process
 - D. Vital signs are measured
 - 1. During physical examinations
 - 2. When a person is admitted to a health care agency
 - 3. Several times a day for hospital and subacute care patients
 - 4. Before and after surgery
 - 5. Before and after complex diagnostic procedures and tests
 - 6. After some nursing procedures
 - 7. When certain drugs are taken
 - 8. When the person complains of pain, fainting, shortness of breath, rapid heart rate, or not feeling well
 - 9. As required by the care plan
 - E. Vital signs show even minor changes is an a person's condition
 - 1. Accuracy is essential in measuring, recording and reporting
 - F. Unless otherwise ordered, take vital signs with the person lying or sitting
 - G. Immediately report to the nurse
 - 1. Any vital sign that is a change from a previous measurement
 - 2. Vital signs above the normal range
 - 3. Vital signs below the normal range
 - H. Follow agency policy for recording vital signs

Other:

III. Body Temperature

- A. The amount of heat in the body
 - 1. A Balance between the amount of heat produced and the amount of heat lost
- B. Body temperature remains fairly stable
- C. Factors affecting body temperature include age, weather, exercise, pregnancy, the menstrual cycle, emotion, stress and illness
- D. Normal body temperature
 - 1. Temperature is measured using the Fahrenheit (F) and Centigrade or Celsius © scales
 - 2. Common sites are the mouth, rectum, axilla, and ear
 - a. Normal temperature depends on the site
 - b. See table 19-1 page 477 textbook for normal body temperatures
 - 3. Thermometers are used to measure temperature
 - a. Types include glass, disposable, electronic, and tympanic
 - 4. Older persons generally have lower body temperatures than younger adults
 - 5. Pacifier, thermometers are available for children under 5
 - a. Temperature is measured in about 5 minutes
 - b. Has four parts: a storage cover, a nipple with a sensor, a digital display, and an on and off switch
 - c. Remove it from the storage case
 - d. Check the pacifier for cracks or holes. These can occur if the child bites or chews on the thermometer. Discard the thermometer if it is not intact
 - e. Turn it on by pressing the on/off switch
 - f. Place the pacifier in the child's mouth. Hold and cuddle the child
 - g. Read the digital display on the front of the pacifier when the thermometer beeps
 - h. Clean the thermometer with a disinfectant such as alcohol. Or wash it with soap and water, the dishwasher or a sterilizer to clean the thermometer
 - i. Wipe the thermometer dry
 - j. Return it to the storage case
 - k. Discard the thermometer when the battery has run out
- E. Glass thermometer
 - 1. The glass thermometer is a hollow tube with a mercury-filled bulb
 - a. When heated, mercury expands and rises in the tube; it contracts and moves down when cooled
 - 2. Types
 - a. Long-tip or slender-tip is used for oral or axillary temperatures
 - b. Stubby and pear-shaped tip are used for oral or axillary temperatures
 - c. Stubby tips that are color-coded in red are used for rectal temperatures
 - 3. Glass thermometers are reusable
 - 4. Disadvantages
 - a. They take a long time to register
 - b. They break easily (broken rectal thermometers can injure the rectum and colon)
 - c. The person can bite down on an oral thermometer and break it, causing cuts to mucous membranes, swallowed mercury can cause poisoning
 - (1) If a glass thermometer breaks, report it to the nurse immediately
 - 5. How to read a glass thermometer
 - a. Fahrenheit thermometers
 - (1) Every other long line is marked in an even degree from 94 degree F to 108 degree F

- (2) The short lines indicate 0.2 (two-tenths) of a degree
- b. Centigrade thermometer
 - (1) Each long line represents one degree from 34 degree C to 42 degree C
 - (2) Each short line represents 0.1 (one-tenth) of a degree
- c. To read a glass thermometer do the following
 - (1) Hold the thermometer at the stem; bring it to eye level
 - (2) Rotate the thermometer until you see the numbers and the long and short line
 - (3) Turn the thermometer back and forth slowly until you see the mercury line
 - (4) Read the thermometer to the nearest degree and tenth of a degree
- 6. Using a glass thermometer
 - a. Insert into the mouth, rectum or axilla
 - b. Each person has a thermometer to prevent spread of microbes and infection
 - c. Practice the following measures:
 - (1) Use only the person's thermometer
 - (2) Rinse the thermometer under cold running water if soaking in disinfectant; use tissue to dry the stem
 - (3) Check the thermometer for breaks and chips
 - (4) Shake the thermometer so that the mercury is below the lines and numbers
 - (a) Hold at the stem
 - (b) Stand away from the walls, table and hard surfaces
 - (c) Flex and snap your wrist
 - (5) Clean and store the thermometer following agency policy
 - (a) Wipe with tissue
 - (b) Do not use hot water for cleaning
 - (6) Use plastic covers following agency policy
 - (a) A cover is used one and discarded
 - (b) The thermometer is inserted into a cover and the temperature is taken
 - (c) The cover is removed to read the thermometer
 - (d) The thermometer never touches the person
 - (7) Practice medical asepsis and standard precautions
- 7. Taking oral temperatures
 - a. Usually taken in older children and adults
 - b. The glass thermometer remains in place 2 to 3 minutes
 - c. Do not take an oral temperature if the person
 - (1) Is an infant or child younger than 4 to 5 years
 - (2) Is unconscious
 - (3) Has had surgery or injury to face, neck, nose, or mouth
 - (4) Is receiving oxygen
 - (5) Breathes through the mouth
 - (6) Has a nasogastric tube
 - (7) Is delirious, restless, confused or disorientated
 - (8) Is paralyzed on one side of the body
 - (9) Has a sore mouth
 - (10) Has a history of convulsive disorders
 - d. See procedure page 481 textbook
- 8. Taking rectal temperatures
 - a. Taken when the oral route cannot be used
 - b. Not take if the person
 - (1) Has diarrhea
 - (2) Has a rectal disorder or injury

- (3) Has had rectal surgery
- c. Dangerous for persons with heart disease
 - (1) Stimulation of the vagus nerve can slow the heart rate to dangerous levels in some persons
- d. The rectal thermometer is lubricated before insertion to prevent injury
- e. The thermometer is held in place so it is not lost in the rectum or broken
- f. It remains in the rectum for 2 minutes
- g. Procedure for taking a rectal temperature page 483 textbook
- 9. Taking axillary temperatures
 - a. Less reliable than oral, rectal or tympanic membrane temperatures
 - b. Used when other routes cannot be used
 - c. The axilla must be dry
 - d. The thermometer is held in place to maintain proper position
 - e. A glass thermometer is held in place 5 to 10 minutes
 - f. Procedure for taking axillary temperatures textbook page 485
- F. Electronic thermometers
 - 1. Battery operated
 - 2. Measure temperature in a few seconds
 - 3. The temperature is displayed on the front of the instrument
 - 4. Have oral and rectal probes
 - a. A disposable cover (sheath) covers the probe
 - b. Probe covers are used once and discarded; helps prevent the spread of microbes and infections
 - c. Medical asepsis and standard precautions are followed
 - d. Procedure for using page 486 textbook
- G. Tympanic membrane thermometer
 - 1. Measure temperature at the tympanic membrane in the ear
 - 2. The covered probe is gently inserted into the ear
 - 3. Temperature is measured in 1 to 3 seconds
 - 4. Battery operated and use disposable probes
 - a. Must be kept charged
 - 5. Comfortable for the person and are not invasive
 - 6. Useful for children because of speed and comfort
 - 7. Risk of spreading infection is reduced (Fewer microbes in the ear than in the mouth or rectum)
 - 8. Procedures for taking temperature in tympanic membrane page 489 textbook
- H. Disposable oral thermometers
 - 1. Small chemical dots change color when heated by the body
 - 2. Used only once
 - 3. Measure temperature in 45 to 60 seconds
- I. Temperature-sensitive tape
 - 1. Changes color in response to body heat
 - 2. Applied to the forehead or abdomen
 - 3. Shows if temperature is normal or abnormal
 - a. Exact temperature is not measured
 - 4. Color change takes about 15 seconds

Other: |

IV. Pulse

A. Heart

1. It is a muscle that pumps blood through the blood vessels to the tissues and cells
2. It lies in the middle to lower part of the chest cavity toward the left side
3. Has four chambers
 - a. Upper chambers receive blood and are called the atria
 - (1) The right atrium receives blood from body tissues
 - (2) The left atrium receives blood from the lungs
 - b. Lower chamber called ventricles which pump blood.
 - (1) Right ventricles pumps blood to lungs for oxygen
 - (2) Left ventricles pumps blood to all parts of the body
 - c. Two phases
 - (1) Diastole - resting phase, heart chambers fill with blood
 - (2) Systole - working phase, heart contracts
 - (a) Blood is pumped through the blood vessels when the heart contracts
 - d. Blood flows to body tissues and cells through the blood vessels
 - e. Arteries - carry blood away from heart
 - (1) Arterial blood is rich in oxygen
 - (2) Aorta is largest artery
 - (a) Receives blood directly from the left ventricle
 - (b) Branches into other arteries that carry blood to all parts of the body
 - f. Veins
 - (1) Return the blood to the heart
- B. The beat of the heart felt at an artery as wave of blood passes through the artery
- C. Sites for taking a pulse
 1. The temporal, carotid, brachial, radial, femoral, popliteal and dorsalis pedis pulses on both sides of body
 2. The radial site is used most often
 - a. It is easy to reach and find
 - b. You do not have to disturb or expose the person
 3. The carotid site is used during cardiopulmonary resuscitation (CPR) and other emergencies
 4. The apical pulse is felt over the apex of the heart
 - a. Taken with a stethoscope
- D. Using a stethoscope
 1. An instrument used to listen to the sounds produced by the heart, lungs and other body organs
 2. Used to take the apical pulse and to measure blood

- pressure
- 3. Amplifies sounds for easy hearing
- 4. Infection control is important
 - a. The earpieces and diaphragm are cleaned before and after use
- 5. The following measures are practiced
 - a. Wipe the earpiece and diaphragm with alcohol wipes between each use
 - b. Warm the diaphragm in your hand
 - c. Place the earpiece tips in your ears so the bend of the tips points forward
 - (1) Should fit snugly
 - (2) Should not cause pain
 - d. Place the diaphragm over the artery; hold it in place
 - e. Prevent noise; nothing should touch the tubing; the person is silent
 - f. Wipe the earpiece tips and diaphragm with alcohol after the procedure
- E. Pulse rate
 - 1. The number of heart beats or pulses felt in one minute
 - 2. The rate varies for different age groups (see Table 19-2 page 494 Textbook)
 - 3. Affected by many factors, such as elevated temperature, exercise, fear, anger, anxiety excitement, heat, position, pain and some drugs
 - 4. The adult rate is between 60 and 100 beats per minute
 - a. Tachycardia—a rapid heart rate, over 100 beats per minute
 - b. Bradycardia—a slow heart rate, less than 60 beats per minute
 - c. Report abnormal rates to the nurse immediately
- F. Rhythm and force of the pulse
 - 1. The pulse should be regular and felt in a pattern
 - a. The same time interval should occur between beats
 - 2. The force of the pulse relates to its strength
 - a. Forceful—easy to feel; described as weak, thready, or feeble
 - b. Hard-to-feel pulses are described as weak, thready or feeble
 - 3. Electronic blood pressure equipment can count pulses
 - a. The pulse rate is displayed along with the blood pressure
 - b. No information is given about rhythm or force; you still need to feel the pulse
- G. Taking a radial pulse
 - 1. used for routine vital signs
 - 2. Placed the first three fingers of one hand against the radial artery
 - a. Do not use your thumb; it is a pulse of its own

3. Count the pulse for 30 seconds, multiply by two to get the number of beats per minute
 - a. If the pulse is irregular count for one full minute
4. Procedure page 495 textbook
- H. Taking an apical pulse
 1. Taken with a stethoscope
 2. Used for infants and children up to about age 3
 3. Taken on adults with heart disease and those who take drugs that affect the heart
 4. Taken on the left side of the chest, slightly below the nipple
 5. Counted for one full minute
 6. Heart beat normally sounds like a lub-dub
 - a. Each lub-dub is one beat
 7. Procedure page 496 textbook
- I. Taking an apical-radial pulse
 1. Apical and radial pulses rates should be equal
 2. Heart contractions may not be strong enough to create a radial pulse
 - a. The radial pulse may be less than the apical pulse
 3. Apical and radial pulses are taken by two staff members at the same time to check the differences in pulse rates
 - a. The pulse deficit is the difference; subtract the radial from the apical rate
 - b. The apical pulse rate is never less than the radial rate
 4. Procedure for apical-Radial pulse page 497 textbook

I. PRELIMINARY INFORMATION:

- A. **CLASS:** Health Related Occupations
 B. **TITLE OF UNIT:** Measuring vital signs -circulatory system
 C. **TITLE OF LESSON:** Circulatory system
 D. **COMPETENCIES ADDRESSED:**.....
 E. **DATE & TIME:** - AM PM Classes
 F. **WEEK OF INSTRUCTION:**
 G. **INSTRUCTOR:**.....

II. OBJECTIVES:

Psychomotor:

Identify the parts of circulatory system

Affective:

Students will gain understanding how the circulatory system works

Cognitive:

Define the terms relating to circulatory system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture Discussion
 Independent Study
 Other:

IV. RESOURCES REQUIRED:

VCR/Tape Text Book
 Other:

V. CONTENT:

- I. The Circulatory System-made up of the blood, heart,

- I. The Circulatory System-made up of the blood, heart, and the blood vessels
 - A. The blood consist of blood cells and a liquid plasma
 1. Plasma
 - a. Carries blood cells to other body cells
 - b. Carries substances needed by cells for proper functioning
 2. Red blood cells are called erythrocytes
 - a. Give the blood its red color
 - b. Pick up hemoglobin in the lungs
 - c. Hemoglobin carries oxygen to the cells
 - d. Hemoglobin picks up carbon dioxide (as waste) from the cells
 - e. Red blood cells are destroyed by the liver and spleen as they wear out
 - f. Bone marrow produces new red blood cells
 3. White blood cells are called leukocytes
 - a. Protect the body against infection
 - b. The number of white blood cells increases when there is an infection in the body
 - c. White blood cells are produced by the bone marrow
 4. Platelets are called thrombocytes
 - a. Necessary for the clotting of blood
 - b. Produced by the bone marrow
 - c. Live about 4 days
 - B. The heart
 1. A muscle that pumps blood through the blood vessels to tissues and cells
 2. Is hollow and has three layers
 - a. Pericardium is the outer layer; a thin sac covering the heart
 - b. Myocardium is the second layer; the thick, muscular portion of the heart
 - c. Endocardium is the inner layer; the membrane lining the inner surface of the heart
 3. The heart has four chambers
 - a. Right atrium receives blood from the body tissues
 - b. Left atrium receives blood from the lungs
 - c. Right ventricle pumps blood to the lungs for oxygen
 - d. Left ventricle pumps blood to all parts of the body
 4. Valves are located between the atria and ventricles
 - a. Valves allow blood to flow in one direction
 - b. Tricuspid valve is between the right atrium and left ventricle
 - c. Mitral valve (bicuspid) is between the left atrium

and the left ventricle

5. There are two phases of heart action
 - a. Diastole is the resting phase; the heart chambers fill with blood
 - b. Systole is the working phase; blood is pumped through the blood vessels when the heart contracts

C. The blood vessels

1. Blood flows to body tissues and cells through blood vessels
2. Three groups of blood vessels (arteries, capillaries, and veins)
 - a. Arteries carry oxygen-rich blood away from the heart
 - (a) The aorta is the largest artery
 - (b) An arteriole is the smallest branch of an artery; arterioles connect with blood vessels called capillaries
 - (c) Food, oxygen, and other substances pass from capillaries into cells
 - (d) Waste products are picked up from cells by capillaries and carried back to the heart by veins
 - b. Veins
 - (a) Return blood to the heart
 - (b) Are connected to capillaries by venules
 - (c) Two main veins empty into the right atrium
 - (1) Inferior vena cave carries blood from the legs and trunk
 - (2) Superior vena cava carries blood from the head and arms
 - (d) Venous blood contains little oxygen and a lot of carbon dioxide

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Bedmaking
C. TITLE OF LESSON: (tab for next field...)
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

To be able to make a closed bed, open, occupied and unoccupied bed and be able to handle linens according to the rules of medical asepsis

Affective:

To appreciate fact that a clean, dry, and wrinkle-free bed helps the person's comfort

Cognitive:

Define terms related to bed making, explain the purpose of plastic and cotton draw sheets,

III. TEACHING METHODS AND TECHNIQUES:

Demonstration
Lecture

Visual Illustration

Other:

IV. RESOURCES REQUIRED:

VCR/Tape
Overhead Projector

Text Book

Other:

V. CONTENT:

- I. Introduction
 - A. Bedmaking is an important function
 - 1. A clean, dry and wrinkle-free bed helps the person's comfort
 - 2. Clean, neat, dry, wrinkle-free beds help prevent skin breakdown and pressure ulcers
 - 3. Beds are usually made in the morning after baths
 - 4. People like their beds made and rooms clean before visitors arrive
 - 5. Straighten linens whenever loose or wrinkled and at bedtime
 - 6. Change linens whenever they are wet, soiled or damp
 - 7. Follow standard precautions and the Bloodborne Standard
 - B. Beds are made in the following ways:
 - 1. A closed bed is not in use: it is ready for a new person
 - 2. An open bed is in use
 - 3. An occupied bed is made with person in it
 - 4. A surgical bed is made to move a person from a stretcher to the bed
- II. Linens
 - A. When handling linens, follow the rules of medical asepsis
 - B. Always hold linens away from your body and uniform
 - C. Never shake linens in the air (this spreads microbes)
 - D. Place clean linen on a clean surface
 - E. Never put clean linens or dirty linen on the floor
 - F. Collect clean linens in order of use
 - 1. The item you will use first is at the bottom
 - G. Do not bring unneeded linens to person's room
 - 1. Extra linen is considered contaminated
 - H. When removing dirty linens, remove each piece separately; roll the piece away from you
 - 1. The side that touched the person is inside the roll
 - I. Top and bottom sheets, drawsheets, and pillowcases are changed daily in hospital
 - 1. The mattress pad, plastic drawsheet, blanket, and bedspread are used for the same person if not soiled, wet or wrinkles
 - J. If a person was discharged remove all linens and make a closed bed
 - K. Remember that wet, damp, and soiled linens are changed right away
 - L. A drawsheet is a small sheet placed over the middle of the bottom sheet
 - 1.

- a. Placed between the bottom sheet and the cotton drawsheet
2. Many agencies use waterproof pads instead of plastic drawsheets
3. Plastic-covered mattresses cause some persons to perspire
 - a. This increases discomfort
 - b. A cotton drawsheet reduces heat retention and absorbs moisture
4. Cotton drawsheets are often used as lifting or turning

III. General rules

- A. Your job description will include making beds
- B. Safety and medical asepsis are important
- C. Standard precautions and the Bloodborne Pathogen Standard are followed
- D. Rules of bedmaking
 1. Use good body mechanics at all times
 2. Follow the rules of medical asepsis
 3. Practice Standard precautions
 4. Wash your hands before handling clean linen and after handling dirty linens
 5. Bring enough linens to the person's room
 6. Do not use torn linens
 7. Never shake linens. Shaking linens spreads microbes
 8. Extra linens in a person's room is considered contaminated. Do not use it for other people. Put it with the dirty laundry
 9. Hold linens away from uniform. Dirty linens and clean linens must not touch your uniform
 10. Never put dirty linens on the floor or on clean linens. Handle and dispose of linen following agency policy.
 11. Keep bottom linens tucked in and wrinkled free
 12. Cover a plastic drawsheet with a cotton drawsheet. A plastic drawsheet must not touch the person's body
 13. Straighten and tighten loose sheets, blankets, and bedspreads whenever necessary
 14. Make as much of one side of the bed as possible before going to the other side. This saves time and energy.

IV. The closed bed

- A. Made after the person is discharged
 1. Made after the frame and mattress are cleaned
- B. Procedure page 299 textbook

V. The Open bed

- A. A closed bed becomes an open bed by folding the top linens back
- B. Made for newly admitted persons

- C. Procedure for making open bed page 304 textbook
- VI. The occupied bed
 - A. Made when the person cannot be out of bed because of illness or injury
 - 1. Keep the person in good body alignment
 - 2. Know about restrictions or limits in the person's movement or positioning
 - 3. Explain each step of the procedure to the person before it is done
 - a. Important even if the person does not respond
 - 4. Procedure for making occupied bed page 305 textbook
- VII. The Surgical Bed
 - A. Recovery bed, postoperative bed. or anesthetic bed
 - B. A form of open bed
 - C. Made so the person can be transferred from a stretcher to the bed
 - D. If the bed is made for a postoperative patient a complete linen change is done
 - E. Procedure for making surgical bed page 309 textbook

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

Cognitive:

(assess our students' "knowing" ability as they'll be "assessed" in the workplace...real world)

Affective:

(assess our students' "feeling/attitudes" as they'll be "assessed" in the workplace...real world)

VIII. ASSIGNMENTS:

(select)	(type text here...)
(select)	(type text here...)
(select)	(type text here...)

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
 B. TITLE OF UNIT: Anatomy & Physiology
 C. TITLE OF LESSON: circulatory, sense organs, respiratory systems
 D. COMPETENCIES ADDRESSED: (tab for next field...)
 E. DATE & TIME: - AM PM Classes
 F. WEEK OF INSTRUCTION: (tab for next field...)
 G. INSTRUCTOR:

II. OBJECTIVES:

Psychomotor:

Identify parts of circulatory, sense organs and
respiratory systems

Affective:

Have an understanding how each work

Cognitive:

Define the terms relating to the above, Identify the
basic structures of the cell and explain how
cells divide

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Independent Study

Other:

IV. RESOURCES REQUIRED:

Text Book

Other: Dean Vaughn's anatomy

V. CONTENT:

- I. Cells, Tissues, and Organs
 - A. A cell is the basic unit of body structure
 - 1. Basic Structure
 - a. The cell membrane is the outer covering that encloses the cell and helps it hold its shape
 - b. The nucleus is the control center of the cell; it directs the cell's activities
 - c. Cytoplasm surrounds the nucleus
 - d. Protoplasm refers to all the structures, substances and water within the cell
 - e. Chromosomes are threadlike structures within the nucleus that contain genes
 - f. Genes are contained within chromosomes; they control the physical and chemical traits inherited by children from their parents
 - g. Cells reproduce by dividing in half (mitosis)
 - 2. Cells are the body's building blocks
 - B. Tissue is groups of cells within similar functions
 - 1. The body has four basic types of tissue
 - a. Epithelial tissue –covers internal and external body surfaces
 - b. Connective tissue – anchors, connects, and supports other body tissues
 - c. Muscle tissue – allows the body to move by stretching and contracting
 - d. Nerve tissue – receives and carries impulses to the brain and back to the body parts
 - C. Organs are formed by groups of tissues
 - 1. An organ performs one or more functions
 - 2. Examples are the heart, brain, liver, lungs and kidneys
 - D. Systems are formed by organs that work together to perform special functions

VI. SUMMARY:

(summarize major points, as well as tie to future lessons...)

VII. EVALUATION:

Psychomotor:

(assess our students' "doing" ability as they'll be "assessed" in the workplace...real world)

II. Sense Organs

A. The sense organs (senses are sight, hearing, taste, smell and touch)

1. Receptors for taste on the tongue are called taste buds
2. Receptors for smell are in the nose
3. Touch receptors are found in the dermis
4. The eye
 - a. Has three layers:
 - (1) The sclera is the white of the eye; the outer layer
 - (2) The choroid is the second layer: contains blood vessels, the ciliary muscle and the iris
 - (a) Iris give the eye color
 - (b) Pupil is the opening in the middle of the iris
 - (3) The retina is the inner layer; contains receptors for vision and nerve fibers of the optic nerve
 - b. Light enters the eye through the cornea and passes to the lens behind the pupil; light is then reflected to the retina and carried to the brain by the optic nerve
 - c. The aqueous chamber separates the cornea from the lens
 - (1) Filled with a fluid called aqueous humor
 - d. The vitreous body is behind the lens: supports the retina and maintains the eye's shape
5. The ear
 - a. Functions in hearing and balance
 - (1) The external ear is the outer part: called the pinna or auricle
 - (a) Sound waves are guided through the external ear to the auditory canal
 - (b) The auditory canal extends about 1 inch to the eardrum
 - (c) The eardrum (tympanic membrane) separates the external ear from the middle ear
 - (2) The middle ear
 - (a) Contains the eustachian tube and three small bones called the ossicles
 - (b) The eustachian tube connects the middle ear and the throat
 - (c) The ossicles amplify sound and transmit sound to the inner ear
 - i. the malleus looks like a hammer
 - ii. the incus resembles an anvil

- iii. The stapes is shaped like a stirrup
- (3) The inner ear
 - (a) Consists of semi-circular canals and the cochlea
 - (b) The cochlea contains fluid; the fluid carries sound waves to the auditory nerve; the auditory nerve carries the message to the brain
 - (c) The three semi-circular canals are involved in balance

- c. Fruits
- d. Milk, yogurt, and cheese
- e. Meat, poultry, fish, dry beans, eggs, and nuts
- f. Fats, oils and sweets
- 3. Suggest eating more foods at the bottom level and lesser amounts at each level moving up
- 4. Encourages a low-fat diet
- 5. No one food or food group contains every nutrient needed by the body
- 6. The pyramid is for everyone over 2 years of age
- 7. Better health is the goal
 - a. Eat a variety of foods
 - b. Maintain a healthy weight
 - c. Choose a diet low in fat, saturated fat, and cholesterol
 - d. Choose a diet with plenty of vegetables, fruits, and grain products
 - e. Use sugars only in moderation
 - f. Use salt and sodium only in moderation
 - g. If you drink alcoholic beverages, do so in moderation
- 8. Breads, cereal, rice and pasta group
 - a. All foods in this group come from grains
 - b. 6 to 11 servings per day
- 9. Vegetable group
 - a. 3 to 5 servings per day
 - b. They are naturally low in fat
 - c. A variety should be eaten
- 10. Fruit group
 - a. 2 to 4 servings per day
 - b. Fruits contain some sugar and low in fat
- 11. Milk, yogurt, and cheese group
 - a. 2 to 3 serving per day
 - b. Children and breast feeding mothers need 3 serving per day
 - c. Skim milk has less fat than whole milk
- 12. Meat, poultry fish, dry beans, eggs and nut group
 - a. 2 to 3 servings per day
 - b. Higher in fat than milk, fruit, vegetable, and bread groups
 - c. Serving size is important
 - d. Food preparation is important
 - e. Nuts and peanut butter have the most fat in this group
- 13. Fat, oils, and sweets group
 - a. Should be used sparingly and as little as possible

- b. Have little nutritional value and high in calories

E. Nutrients

1. A well-balanced diet ensures adequate intake of essential nutrients
 - a. Protein
 - (1) The most important nutrient
 - (2) Is needed for tissue growth and repair
 - (3) Sources include meat, fish, poultry, eggs, milk products, cereals, beans, peas, and nuts
2. Carbohydrates
 - a. Provide energy and fiber for bowel elimination
 - b. Found in fruits, vegetables, breads, cereals and sugar
3. Fats
 - a. Provide energy, add flavor to food, and help the body use certain vitamins
 - b. Sources include meats, lard, butter, shortening, salad and vegetable oils, milk, cheese, egg yolks, and nuts
4. Vitamins
 - a. Do not provide calories but are essential nutrients
 - b. Vitamin C and B complex vitamins are not stored by the body
 - (1) They must be ingested daily
 - c. Each vitamin is needed for a certain body function
 - d. See table 18-2 page 447 for lists of functions and sources

F. Food labels

1. Are useful for planning a healthy diet and the following special diets
2. How a serving fits into the daily diet is called a daily value

VI. SUMMARY:

III. Factors affecting eating and nutrition

- A. Culture** – influences dietary practices, food choices, and food preparation (see page 449 textbook)
- B. Religion**- selecting, preparing, and eating food often involves religious practices (see page 449 textbook)
- C. Finances**- people on limited incomes often lack protein and certain vitamins and minerals
- D. Appetite** – relates to the desire for food
 - 1. Aromas and thoughts of food cant stimulate appetite
 - 2. Loss of appetite (anorexia) can occur
 - a. Causes include illness, drugs, unpleasant thoughts, sights and smells, anxiety, pain and depression
- E. Personal choice** – the like and dislike for foods is a personal matter
 - 1. Food likes begin in childhood
 - 2. Body reactions affect food choice
- F. Illness**
 - 1. Appetite usually decreases during illness and recovery from injury
 - 2. Nutritional needs increase; the body must fight infection, heal tissue, and replace lost blood cells
 - 3. Nutrients lost through vomiting and diarrhea must be replaced
- G. Health**
 - 1. Diseases and drugs that cause sore mouths make eating painful
 - 2. Loss of teeth affects chewing
 - 3. Some illnesses and medication cause loss of appetite
 - 4. Focus on long-term care
 - a. OBRA dietary requirements
 - (1) The nutritional and special dietary needs of each person must be met
 - (2) Residents must receive a well-balanced diet
 - (a) Food must be nourishing and taste good
 - (3) Food must be appetizing
 - (a) It must have an appealing aroma and be attractive
 - (4) Hot food must be served hot and cold food served cold
 - (a) Special food servers are used
 - (b) Food is served promptly
 - (5) Food must be prepared to meet the person's individual needs
 - (a) Some need food cut, ground, or chopped
 - others have special diets

Table 18-1 Functions and Sources of Common Vitamins

Vitamin	Major Functions	Sources
Vitamin A	Growth; vision; healthy hair, skin, and mucous membranes; resistance to infection	Liver, spinach, green leafy and yellow vegetables, yellow fruits, fish liver oils, egg yolk, butter, cream, whole milk
Vitamin B ₁ (thiamin)	Muscle tone; nerve function; digestion; appetite; normal elimination; carbohydrate use	Pork, fish, poultry, eggs, liver, breads, pastas, cereals, oatmeal, potatoes, peas, beans, soybeans, peanuts
Vitamin B ₂ (riboflavin)	Growth; healthy eyes; protein and carbohydrate metabolism; healthy skin and mucous membranes	Milk and milk products, liver, green leafy vegetables, eggs, breads, cereals
Vitamin B ₃ (niacin)	Protein, fat, and carbohydrate metabolism; nervous system function; appetite; digestive system function	Meat, pork, liver, fish, peanuts, breads and cereals, green vegetables, dairy products
Vitamin B ₁₂	Formation of red blood cells; protein metabolism; nervous system functioning	Liver, meats, poultry, fish, eggs, milk, cheese
Folic acid	Formation of red blood cells; functioning of the intestines; protein metabolism	Liver, meats, fish, poultry, green leafy vegetables, whole grains
Vitamin C (ascorbic acid)	Formation of substances that hold tissues together; healthy blood vessels, skin, gums, bones, and teeth; wound healing; prevention of bleeding; resistance to infection	Citrus fruits, tomatoes, potatoes, cabbage, strawberries, green vegetables, melons
Vitamin D	Absorption and metabolism of calcium and phosphorus; healthy bones	Fish liver oils, milk, butter, liver, exposure to sunlight
Vitamin E	Normal reproduction; formation of red blood cells; muscle function	Vegetable oils, milk, eggs, meats, cereals, green leafy vegetables
Vitamin K	Blood clotting	Liver, green leafy vegetables, egg yolk, cheese

Table 18-2 Functions and Sources of Common Minerals

Mineral	Major Functions	Sources
Calcium	Formation of teeth and bones; blood clotting; muscle contraction; heart function; nerve function	Milk and milk products, green leafy vegetables, whole grains, egg yolks, dried peas and beans, nuts
Phosphorus	Formation of bones and teeth; use of proteins, fats, and carbohydrates; nerve and muscle function	Meat, fish, poultry, milk and milk products, nuts, egg yolks, dried peas and beans
Iron	Allows red blood cells to carry oxygen	Liver, meat, eggs, green leafy vegetables, breads and cereals, dried peas and beans, nuts
Iodine	Thyroid gland function; growth; and metabolism	Iodized salt, seafood, and shellfish
Sodium	Fluid balance; nerve and muscle function	Almost all foods
Potassium	Nerve function; muscle contraction; heart function	Fruits, vegetables, cereals, meats, dried peas and beans

IV. Special diets

- A. Ordered by the doctor for a nutritional deficiency or disease, to eliminate or decrease certain substances in the diet or for weight control**
 - 1. See pages 452 –453 or table on next page for description
- B. Special diets are common before and after surgery**
- C. Allergies, obesity, and other disorders also require special diets**
- D. When a special diet is ordered the RN and dietician work together to meet person's needs**
 - 1. The plan includes personal choice, culture, religion, and food allergies
 - 2. They also plan for eating problems
- E. A special diet is ordered for persons with difficulty swallowing (dysphagia)**
 - 1. They often need pureed food
- F. Regular diet, general diet, and house diet have no dietary limitations**
- G. The sodium-restricted diet**
 - 1. The average amount of sodium in the daily diet is 3000 to 5000 mg (the body needs half this amount)
 - 2. Healthy people excrete sodium in the urine
 - 3. Heart and kidney disease, some drugs, and some complications of pregnancy cause the body to retain sodium
 - 4. Sodium causes the body to retain water; this places a greater work load on the heart
 - a. A sodium-restricted diet is need
 - b. The doctor orders the amount of sodium restriction
 - (1) 2000 mg to 3000 mg sodium diet is called a low-salt diet
 - (2) Page 455 textbook and next pages list those foods
 - (3) 1000 mg sodium diet – the sodium restrictions is moderate
 - (4) 500 mg sodium diet – the sodium restriction is severe
- H. Medical nutrition therapy for diabetes mellitus**
 - 1. Necessary for persons with diabetes mellitus
 - a. Diabetes is usually treated with insulin or drugs, diet and exercise
 - 2. The doctor determines the amount of carbohydrates the person should have
 - 3. The dietician develops a consistent-carbohydrate diabetes meal plan
 - a. The plan also specifies a certain amount of

- fat and protein
- b. The person's age, gender, activity and weight are considered
- 4. The person ingests a consistent amount of carbohydrates each day
 - a. Eaten at each breakfast, lunch, and dinner and as part of each snack
 - b. The person must eat only what is allowed and all that is allowed
 - c. Meal and snack times are consistent from day to day
 - d. Check the tray report to the nurse what the person did and did not eat
 - e. The amount of insulin given depends on the person's daily food intake

SPECIAL DIETS

Doctors may order special diets. They are ordered because of a nutritional deficiency or a disease, to eliminate or decrease certain substances in the diet, or for weight control (Table 18-3). Special diets are common

before and after surgery and for persons with diabetes. Persons with diseases of the heart, kidneys, gallbladder, liver, stomach, or intestines may receive special diets. Allergies, obesity, and other disorders also require special diets.

Table 18-3 Special Diets

Diet	Description	Use	Foods Allowed
Clear liquid	Clear liquids that do not leave a residue; nonirritating and non-gas-forming	Postoperatively, acute illness, infection, and nausea and vomiting	Water, tea, and coffee (without milk or cream); carbonated beverages; gelatin; clear fruit juices (apple, grape, and cranberry); fat-free clear broth; hard candy, sugar, and Popsicles
Full liquid	Foods that are liquid at room temperature or that melt at body temperature	Advance from clear liquid diet postoperatively; for stomach irritation, fever, and nausea and vomiting	All foods allowed on a clear liquid diet; custard; egg-nog; strained soups; strained fruit and vegetable juices; milk; creamed cereals; plain ice cream and sherbet
Soft	Semisolid foods that are easily digested	Advance from full liquid diet; chewing difficulties, gastrointestinal disorders, and infections	All liquids; eggs (not fried); broiled, baked, or roasted meat, fish, or poultry that is chopped or shredded; mild cheeses (American, Swiss, cheddar, cream, and cottage); strained fruit juices; refined bread (no crust) and crackers; cooked cereal; cooked or pureed vegetables; cooked or canned fruit without skin or seeds; pudding; plain cakes
Low residue	Food that leaves a small amount of residue in the colon	Diseases of the colon and diarrhea	Coffee, tea, milk, carbonated beverages, strained fruit juices; refined bread and crackers; creamed and refined cereal; rice; cottage and cream cheese; eggs (not fried); plain puddings and cakes; gelatin; custard; sherbet and ice cream; strained vegetable juices; canned or cooked fruit without skin or seeds; potatoes (not fried); strained cooked vegetables; plain pasta; <i>no raw fruits and vegetables</i>
High fiber	Foods that increase the amount of residue in the colon to stimulate peristalsis	Constipation and colon disorders	All fruits and vegetables; whole wheat bread; whole grain cereals; fried foods; whole grain rice; milk, cream, butter, and cheese; meats

- V. Assisting The Person With Eating
 - A. Factors that affect a person's appetite and ability to eat
 - 1. Weakness and illness
 - 2. Odors
 - 3. Unpleasant equipment
 - 4. Uncomfortable position
 - 5. The need for oral hygiene
 - 6. The need to eliminate
 - 7. Pain
 - B. Getting the person ready for meals
 - 1. Assist with oral hygiene; make sure dentures are in place
 - 2. Provide for elimination needs
 - 3. Change clothing and provide clean linens for incontinent persons
 - 4. Make sure dentures, eyeglasses and hearing aids are in place
 - 5. Assist the person with handwashing
 - 6. Position the person for eating
 - a. In bed—raise the person to a comfortable sitting position
 - b. In a chair – assist the person to transfer; position the overhead table in front of the person
 - 7. Assist person to the dining room
 - C. Serving meal trays
 - 1. Persons may eat in their room, dining rooms, the cafeteria or lounges
 - 2. You will serve meal trays after preparing persons for meals
 - 3. Serve trays promptly
 - D. Feeding the person
 - 1. Provide a relaxed mood so the person does not feel rushed
 - 2. Provide time and privacy for prayer if the person wishes
 - 3. Ask the person in what order to offer foods and fluids
 - 4. Spoons are used for safety
 - a. The spoon should be only 1/3 full
 - 5. Remember to offer fluids
 - 6. Persons who cannot feed themselves may feel angry, humiliated or embarrassed
 - a. Some are depressed or resentful
 - b. Be supportive and encouraging
 - 7. The visually impaired person
 - a. When feeding a visually impaired person, identify what you are offering

- b. For persons who feed themselves, identify foods and fluids and their location on the tray
 - 8. Engage the person in pleasant conversation
 - a. Give the person enough time to chew and swallow
 - 9. Sit so that you face the person
 - a. Standing may communicate that you are in a hurry
 - b. Facing the person allows you to observe how will the person is eating
 - 10. See procedure 459
- E. Enteral nutrition
 - A. Often required by person who cannot chew or swallow
 - B. Involves giving nutrients through the GI tract
 - 1. A tube is inserted into the stomach or small intestine
 - 2. A nasogastric tube (NG tube) is inserted through the nose into the stomach
 - 3. A nasointestinal tube is inserted through the nose into the duodenum or the jejunum of the small intestine
 - 4. A gastrostomy is a surgically created opening into the stomach
 - 5. A jejunostomy is surgically created opening into the middle part of the small intestine
 - 6. A percutaneous endoscopic gastrostomy (PEG) tube is inserted with an endoscope
 - a. An endoscope is a lighted instrument that allows the doctor to see into a body cavity or organ
 - b. The tube is inserted through a stab wound
 - C. Feeding tubes are used when food cannot pass normally from the mouth into the esophagus and into the stomach
 - 1. Cancer, trauma, surgery, coma and dysphagia are causes
 - 2. Persons with dementia may require tube feeding
 - 3. The ostomy may be temporary or permanent
- D. Formulas
 - 1. The doctor orders the type of formula and how much to give
 - 2. Commercially prepared or prepared by the dietary department
- E. Scheduled and continuous feedings
 - 1. Scheduled feedings are usually given 4 times per day with a syringe or feeding bag
 - 2. Continuous feedings require electronic feeding pumps

- a. Nasointestinal and jejunostomy feedings are always continuous
- 3. Formula is given a room temperature
- 4. The nurse adds formula to continuous feedings every 3 to 4 hours
- F. Preventing aspiration
 - 1. Aspiration is the breathing of fluid or an object into the lungs
 - a. A major complication of nasogastric and nasointestinal tubes
 - b. It can cause pneumonia and death
 - 2. After insertion, an x-ray film is the best way to determine placement
 - 3. The tube can move after insertion as the result of sneezing, coughing vomiting suctioning and poor positioning
 - 4. Movement into the respiratory tract can cause aspiration
 - a. The RN check the tube placement before every scheduled tube feeding
 - b. With continuous feeding, placement is checked every 4 to 8 hours
 - 5. Aspiration also occurs from regurgitation (backward flow of food from the stomach into the mouth)
 - 6. To prevent regurgitation:
 - a. The person sits or is in a semi-fowler's position for the feeding
 - b. The person remains in this position for at least 1 hour after the feeding
 - c. The left side-lying position is avoided
 - 7. The risk of regurgitation is less with nasointestinal and jejunostomy
 - a. The nurse must be alerted to signs and symptoms of aspiration and other complications
 - b. Report the following to the nurse immediately
 - (1) Nausea & vomiting
 - (2) Discomfort during tube feeding
 - (3) Diarrhea
 - (4) Distended abdomen
 - (5) Coughing
 - (6) Complaints of indigestion or heartburn
 - (7) Redness, swelling, drainage, odor, or pain at the ostomy site
 - (8) Elevated temperature
 - (9) Signs & symptoms of respiratory rate
 - (10) Increased pulse rate
 - (11) Complaints of flatulents

G. Comfort Measures

1. The person is usually NPO (nothing by mouth)
2. Dry mouth, lips, and sore throat are sources of discomfort
 - a. Some person's are allowed hard candy or gum
 - b. Frequent oral hygiene, lip lubricants and mouth rinses are needed
3. The nose and nostrils are cleaned every 4 to 8 hours as directed by the nurse and care plan
4. Tubes can be irritate and cause pressure on the nose
 - a. Securing the tubes helps prevent problems
 - b. Tube holders are helpful

VI. Other methods for meeting Nutritional Needs

- A. IV therapy is common
- B. Hyperalimentation is intravenous administration of a solution highly concentrated with proteins, carbohydrates vitamins, and minerals
 1. Fat can also be added
 2. Used for seriously ill and injured persons
 3. You are never responsible for administering or regulating hyperalimentation solutions

Lesson nutrition Lesson Plan

VIII. Fluid Balance

- A. After oxygen, water is important physical need for survival
- B. Water enters the body through fluids and foods
- C. Water is lost through urine, feces, perspiration, and expiration
- D. The amount of intake and the amount of output must be equal
 - 1. Edema is when fluid intake exceeds output causing body tissue to swell with water
 - a. Common in people with heart and kidney disease
 - 2. Dehydration is a decrease in the amount of fluid in the tissues; occurs when fluid output exceeds intake
 - a. Common causes are inadequate fluid intake, diarrhea, vomiting, bleeding excessive sweating and increased urine production
- E. Normal requirements
 - 1. Adults need 1500 ml of water daily to survive
 - 2. Approximately 2000 ml to 2500 ml of fluid per day is needed for normal fluid balance
 - a. Water requirements increase with hot weather, exercise, fever and illness
 - 3. Focus on children
 - a. Infants and children need more fluids than do adults
 - b. Excessive fluid loss will quickly cause death
 - 4. Focus on older persons
 - a. The amount of body water decreases with age
 - b. Older persons are at risk for diseases that affect fluid balance
- F. Special orders
 - 1. Special orders are noted in the care plan
 - 2. Encourage fluids means the person drinks increased amounts of fluid
 - a. The order may be general or for a specific amount
 - b. Records are kept of intake
 - c. A variety of fluids are offered
 - d. Fluids are within the person's reach and at the correct temperature
 - e. Fluids are offered frequently to persons who cannot feed themselves
 - 3. Restrict fluids means fluids are limited to a certain amount

- a. Fluid is offered in small amounts
- b. The water pitcher is removed from the room or kept out of sight
- c. Accurate intake records are kept
- d. Frequent oral hygiene is provided
- 4. Nothing by mouth (NPO) means the person cannot eat or drink anything
 - a. NPO may be ordered before and after surgery, before some laboratory tests and x-ray procedures and in treatment of certain illnesses
 - b. An NPO sign is posted above the bed
 - c. The water pitcher and glass are removed
 - d. Frequent oral hygiene is needed
 - (1) The person cannot swallow fluid
- G. Intake and Output records (I & O)
 - 1. I & O records are used to evaluate balance and kidney functions
 - 2. Used in planning and evaluating medical treatment
 - 3. Kept when the person has special fluids
 - 4. To measure intake, all fluids are measured
 - a. Those taken by mouth
 - b. Those given in IV fluids and tube feedings
 - 5. Output includes urine, vomitus, diarrhea and wound drainage
 - 6. Measuring intake and output
 - a. Measured in milliliters (ml) or cubic centimeters (cc)
 - (1) These metric measure are equal in amount
 - b. You need to know the size of bowls, dishes, cups, pitchers, glasses and other container used to serve fluids
 - c. A graduate is used to measure fluids
 - (1) Is like a measuring cup
 - d. Plastic urinals and kidney basins often are calibrated
 - e. An I & O record is usually kept at the bedside
 - (1) Amounts are measured and recorded each time fluid is ingested or output
 - (2) Amounts are totaled at the end of the shift
 - f. The purpose of I & O is explained to the person
 - (1) How the person can take part is also explained
 - (2) The toilet is not used
 - (3) Toilet paper is not put into the container
 - g. Medical asepsis, Standard Precautions, and the Blood borne Pathogen Standards are followed

followed

- h. Measuring Intake and Output page 467 textbook

H. Providing drinking water

- 1. Fresh water is usually provided during the day and evening and whenever the pitcher is empty
- 2. You need to know special orders
- 3. Follow the agency procedure

IX. IV Therapy is the Administration of fluids into a vein

- A. A needle or catheter is inserted into a vein
- B. Doctors order IV therapy to
 - 1. Provide needed fluids
 - 2. Replace minerals and vitamins
 - 3. Provide sugar for energy
 - 4. Administer drugs or blood
- C. RNs are responsible for IV therapy
- D. State laws vary regarding the role of LPNs and assistive
- E. Sites

- 1. Peripheral sites are located away from the center of the body
 - a. Scalp and dorsal foot veins are peripheral sites for children
- 2. The subclavian and the internal jugular vein are central venous sites (the cephalic and basilic veins in the arm are also used)
 - a. The sites are close to the heart
 - b. The catheter is called a central venous catheter or a central unit
 - c. Catheters inserted into these sites are called peripherally inserted central catheters (PICC)
 - d. Doctors and specially trained RNS insert PICC

F. Equipment

- 1. Basic equipment includes
 - a. The solution container
 - b. The IV needle or catheter
 - c. The infusion set
 - d. The fluid bag
- 2. The IV pole
 - a. Portable or attached to bed

G. Flow rate

- 1. Measured in drops per minute
- 2. The doctor orders the amount of fluid to be given and the time in which to give it
- 3. The RN set a clamp for the flow rate
- 4. Electronic infusion devices are often used
 - a. An alarm sounds if a problem occurs with the flow rate

- b. Tell the nurse immediately if you hear the alarm
 - 5. Never change the position of the clamp or adjust any controls on infusion pumps
 - 6. Tell the RN immediately
 - a. If no fluid is dropping
 - b. If the rate is too fast or too slow
 - 7. Also check the time tape on the IV bag
 - a. It show how much fluid is to be given over a period of time
 - 8. The person can suffer serious harm if the flow rate is too fast or too slow
- H. Assisting the RN
 - 1. You assist with meeting hygiene and activity needs of persons with IVs
 - 2. You are never responsible for starting or maintaining an IV infusion
 - 3. You do not regulate the flow rate or add IV solution
 - 4. You never administer blood or IV medications
 - 5. Practice safety measures
 - a. Always practice Standard Precautions and follow the Bloodborne Pathogen standard
 - b. Do not move the needle or catheter. The position of the IV needle or catheter must be maintained when assisting a person. If the needle or catheter is moved, it may come of the vein. Then fluid flows into the tissues (infiltration) or the flow stops
 - c. Follow the safety measures for restraints if a restraint is used. Sometime the nurse splints or restrains the extremity to prevent movement of the part. This helps prevent the needle of catheter from moving
 - d. Be careful not to move the needle or catheter from moving
 - e. Protect the IV container, tubing, and needle or catheter when ambulating the person. Portable IV standards are rolled along next to the person
 - f. Assist the person with turning and repositioning. The IV bag is moved to the side of the bed on which the person is lying. Always allow enough slack in the tubing. The needle dislodges if pressure is exerted by the tubing
 - g. Notify the RN immediately if bleeding occurs from the insertion site
- 5. Report any of the signs and symptoms of IV therapy complications

SIGNS AND SYPTOMS OF IV THERAPY COMPLICATIONS

Local --- at the IV site

- a. Bleeding
- b. Puffiness or swelling
- c. Pale or reddened skin
- d. Complaints of pain at or above the IV site
- e. Hot or cold skin near the site

Systemic ----involving the whole body

- a. Fever
- b. Itching
- c. Drop in blood pressure
- d. Tachycardia (pulse rate more than 100 beats per minute
- e. Irregular pulse
- f. Cyanosis
- g. Changes in mental function
- h. Loss of consciousness
- i. Difficulty breathing (dyspnea
- j. Shortness of breath
- k. Decreasing or no urine out put
- l. Chest pain
- m. Nausea
- n. Confusion

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Nutrition and Fluids
C. TITLE OF LESSON: Digestive (Gastrointestinal) system
D. COMPETENCIES ADDRESSED:.....
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR:.....

II. OBJECTIVES:

Psychomotor:

Identify the parts of gastrointestinal system

Affective:

Students will gain understanding how the
gastrointestinal system works

Cognitive:

Define the terms relating to gastrointestinal system,
describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture Discussion
 Independent Study
Other:

IV. RESOURCES REQUIRED:

VCR/Tape Text Book

Other:

V. CONTENT:

- I. Digestive (gastrointestinal) System
 - A. It breaks down food so it can be absorbed for use by the cells
 - B. It also eliminates solid wastes from the body
 - C. The digestive system consists of
 1. Alimentary canal (GI Tract)
 - a. Mouth
 - b. Pharynx
 - c. Esophagus
 - d. Stomach
 - e. Small Intestine
 - f. Large Intestine
 2. Accessory Organs
 - a. Teeth
 - b. Tongue
 - c. Salivary glands
 - d. Liver
 - e. Gallbladder
 - f. Pancreas
 - D. The alimentary canal
 1. A long tube extending from the mouth to anus
 2. Digestion begins in the mouth (oral cavity)
 3. Teeth cut, chop, and grind food
 4. The tongue aids in chewing and swallowing
 5. Taste buds on the tongue sense sweet, sour, bitter, and salty tastes
 6. Salivary glands secrete saliva which moistens food for easier chewing and begins digestion in the mouth
 7. The pharynx is muscular tube that contracts during swallowing and pushes food into the esophagus
 8. Involuntary muscle contractions (peristalsis) move food down the esophagus into the stomach
 - a. The esophagus is a muscular tube about 10 inches long
 9. The stomach is a muscular, pouch-like sac. Stomach muscles stir and churn food to break it into smaller particles
 10. Food is mixed and churned with gastric juices to form chyme
 11. Peristalsis pushes chyme from the stomach into the small intestine
 12. The small intestine is about 20 feet long; the first part is called the duodenum
 13. More digestive juices are added to the chyme in the duodenum

14. Digestive juices chemically break down food so it can be absorbed
15. Peristalsis moves the chyme through the jejunum and ileum; villi, which line the small intestine, absorb digested food into capillaries
16. Undigested chyme passes from the small intestine to the large intestine (large bowel or colon)
17. The colon absorbs most of the water from the chyme
18. The remaining semi-solid material (feces) passes into the rectum and out of the body through the anus as solid waste

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Nutrition and Fluids
C. TITLE OF LESSON: Urinary Tract
D. COMPETENCIES ADDRESSED:
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

Identify the parts of urinary system

Affective:

Students will gain understanding how the urinary system works

Cognitive:

Define the terms relating to urinary system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture Discussion
 Independent Study
Other:

IV. RESOURCES REQUIRED:

VCR/Tape Text Book

Other:

V. CONTENT:

I. The Urinary System

A. Functions

1. To remove waste products from the blood
2. To maintain water balance within the body

B. Structures

1. The kidneys are two bean-shaped organs in the upper abdomen
 - a. Each kidney has over a million tiny nephrons
 - (1) The nephron is the basic working unit of the kidney
 - b. Each nephron has a convoluted tubule (tiny coiled tubes)
 - c. Each convoluted tubule has a Bowman's capsule at one end
 - d. The capsule partially surrounds a cluster of capillaries called a glomerulus
 - e. Blood passes through the glomerulus and is filtered
 - f. The fluid portion of the blood is squeezed into the Bowman's capsule and passes into the tubule
 - g. Most water and other necessary substances are reabsorbed by blood and recirculated
 - h. The rest of the fluid and waste products form urine
 - i. Urine flows through the tubule into a collecting tubules that drains into the renal pelvis within the kidney
 - j. A tube called the ureter is attached to the renal pelvis
 - k. The ureters carry urine to the bladder
 - l. Urine is stored in the bladder until the desire to urinate is felt (usually occurs when there is about 1/2 pint of urine in the bladder)
 - m. Urine passes from the bladder through the urethra
 - n. Urine then passes from the body through the meatus (opening at the end of the urethra)

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Admissions, Transfers and Discharges
C. TITLE OF LESSON: Admissions, Transfers and Discharges
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION: (.)
G. INSTRUCTOR:

II. OBJECTIVES:*Psychomotor:*

Be able to admit and discharge a person

Affective:

Have an understanding what is done both for
admittin and discharging a patient,

Cognitive:

Define the terms relating to admissions transfers
and discharges, prepare the person's room,
know how to discharge, be able to do height
and weight

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Demonstration

Visual Illustration

Lecture

Other:

IV. RESOURCES REQUIRED:

VCR/Tape

Text Book

Other:

V. CONTENT:

- I. Introduction**
 - A. Admission to a health care agency often causes anxiety and fear**
 - 1. The person and family may worry about the need for treatment or surgery and its outcome
 - 2. People admitted to nursing centers have fears about not returning home
 - 3. Many people are unfamiliar with health care agencies
 - B. Transfers cause similar concerns**
 - C. Discharge is usually a happy time**
 - 1. However, the person may need to adapt to other changes
- II. Admissions**
 - A. Admission is the official entry of a person into an agency or nursing unit**
 - B. Except in emergencies, the admission process starts in the admitting office**
 - 1. Identifying information is obtained
 - 2. The person is given an identification number and an ID bracelet
 - 3. Admitting papers and a general consent for treatment are signed at this time
 - 4. The nursing unit is notified of the admission and is told the person's room and bed number
 - C. Preparing the room**
 - 1. This is usually the responsibility of the assistant
 - 2. See page 549 textbook for procedure
 - D. Admitting the person**
 - 1. A nurse usually greets and admits the person
 - 2. It may be your responsibility to greet the person if the person has no serious discomfort or distress
 - a. Greet the person by name
 - b. Introduce yourself by name and title
 - 3. Admission procedure include:
 - a. Completing an admission checklist
 - b. Weighing and measuring the person
 - c. Obtaining a urine specimen
 - d. Orienting the person to the room, nursing unit, and agency
 - 4. Admitting the person
 - a. Page 553 textbook
 - 5. Measuring height and weight
 - a.

5. Measuring height and weight
 - a. Height and weight are measured on admission
 - b. The person wears only a gown or pajamas
 - c. The person urinates before being weighed
 - (1) If a urine specimen is needed, collect it at this time
 - d. Standing, chair, and lift scales are used
 - (1) Follow manufacture's instruction and agency procedures
 - e. Focus on children
 - (1) Birth weight serves as a baseline for measuring growth
 - (a) The RN uses measurement for the nursing process
 - (2) Procedure page 781 textbook
 - (3) Length not height is measured in children under 2 years of age
 - (4) The child lies on a measuring board
 - (5) Two people hold the child
 - (6) The measurements is taken from the top of the head to the heels
 - f. Measuring Height and Weight
 - (1) Page 555 textbook
 - g. Measuring Height The person in Bed or Wheelchair
 - (1) Page 556 textbook

V. CONTENT:

III. Transfers

- A. Moving a person from one room, nursing unit or agency to another
 - 1. Moves are usually related to changes in condition
 - 2. Sometimes the person requests a room change
 - B. Reasons for transfer are explained by the doctor, nurse or social worker
 - C. You may assist with transfers or carry out the entire procedure
 - D. The person is transported by wheelchair, stretcher, or bed
 - 1. Transferring the person to another nursing unit
- (1) Textbook page 558

IV. Discharges

- A. Discharge is the official departure of the person from an agency or nursing unit
 - 1. Usually planned in advance
- B. Persons are discharged to another hospital, a nursing center or home
- C. The health team members plan the person's discharge
 - 1. They teach the person and family about diet, exercise, drugs, and how to perform care procedures or give treatments
 - 2. They arrange for home care and special therapy and equipment
 - 3. Doctor's appointments are made
- D. You will help the person pack belongings and dress
- E. The doctor must write a discharge order
 - 1. The nurse tells you when the person can leave and how to transport him or her
 - 2. If the person leaves by ambulance, ambulance attendants bring the stretcher to the room
- F. The person or family makes arrangements for payment at the business office
- G. Always use good communications skills
 - 1. Wish the person and family well
- H. A resident may want to leave the agency without the doctor's permission

Lessonadm&disc. Lesson Plan

1. Notify the nurse immediately
 2. The nurse handles the situation
- I. Discharging the Person

I. PRELIMINARY INFORMATION:

- A. CLASS: HRO
B. TITLE OF UNIT: Caring for Mothers and Newborns
C. TITLE OF LESSON:
D. COMPETENCIES ADDRESSED:.....
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

Be able to burp a baby, bathe a baby, feed a baby
and weigh a baby

Affective:

Have an understanding of how to care for a mother
and her newborn

Cognitive:

Define the terms relating to care of mother and a
newborn, Describe how to meet an infant's
safety and security need, Identify the signs
and symptoms of illness in infants, explain
how to help mother to breast feed, describe
how to give cord care, Describe the purposes
of circumcision, the necessary observations
and required care, describe the care needed
by mothers during the postpartum period

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Independent Study

Other:

IV. RESOURCES REQUIRED:

Text Book VCR/Tape

Other:

V. CONTENT:

- I. Introduction
 - A. Mothers and newborns usually stay in the hospital for only a short while
 - B. Some need home care
 - C. Focus on home care
 - 1. Common reasons for home care include:
 - a. Complication in the mother before or after childbirth
 - b. Younger children in the home
 - c. Multiple births
 - d. Help with meals and housekeeping
 - D. Babies are helpless; they depend on others for their basic needs
- II. Infant safety and security
 - A. Babies cannot protect themselves
 - B. They need to feel safe and secure
 - C. Babies cry to communicate
 - 1. When wet, hungry, hot or cold, tired, uncomfortable or in pain
 - 2. Responding to their cries promotes safety and security
 - 3. Infant safety
 - a. Keep the baby warm. Check windows for drafts. Close windows securely
 - b. Keep your fingernails short. Do not wear rings or bracelets. Do not wear rings or bracelets. Long nails and jewelry can scratch the baby
 - c. Use both hands to lift a new born
 - d. Hold the baby securely. Use the cradle hold football hold or shoulder hold
 - e. Support the baby's head and neck when lifting or holding the baby. Neck support is necessary for the first 3 months after birth
 - f. Handle the baby with gentle, smooth movements. Avoid sudden or jerking movements. Do not startle the baby
 - g. Talk, sing or play with the baby often. Be sure to talk to the baby during the bath, dressing and diapering
 - h. Responding to the baby's crying. Babies cry when they are hungry,

- uncomfortable, wet frightened or tired or when they want attention. Crying is how they communicate. Responding to their cries helps them feel safe and secure
- i. Tighten all nuts, bolts, and screws on cribs, high-chairs and other infant furniture. Do this periodically
 - j. Check mattress hooks to make sure none are bent or broken
 - k. Do not leave a baby unattended on a table bed sofa highchair, or other high surface. Keep one hand on the baby if you must look away
 - l. Use safety straps for babies in infant seats or high-chairs. Do not use safety straps on changing tables. The baby can roll off the table and strangle on the straps
 - m. Make sure the crib is within hearing distance of the caregivers
 - n. Keep crib rails up at all times
 - o. Do not put a pillow, quilts, or soft toys in the crib. They can cause suffocation
 - p. Do not lay an infant on soft bedding products. This includes fluffy, plush products such as sheepskin, quilts, comforters, pillows, and toys. These soft products can cover the baby's nose and mouth and cause suffocation
 - q. Lay babies on their backs or in a side-lying position for sleep. The back-lying position is preferred. Do not lay babies on their stomachs for sleep. This can interfere with chest expansion and breathing. The baby can suffocate. If the side-lying position is used bring the baby's lower arm forward. This prevents the baby from rolling onto the stomach. Infants can lie on their stomachs when awake
 - r. Keep pins and small objects out of the baby's reach
 - s. Do not shake powders directly over the baby. The powder can get into the baby's eyes and lungs. Shake some on your hand away from the baby
- D. Nursery equipment must be safe and in good repair
- 1. Box 35-2 in textbook pages 763-765

V. CONTENT:

E. Signs and symptoms of illness

1. Your observations are important; babies can become ill quickly
2. The baby has jaundice—a yellowish color to the skin and whites of the eye
3. The baby looks sick
4. The baby has redness or drainage around the cord stump or circumcision
5. The baby has a high temperature
6. The baby is limp and slow to respond
7. The baby cries all the time or does not stop crying
8. The baby is flushed, pale, or perspiring
9. The baby has noisy, rapid, difficult, or slow respirations
10. The baby is coughing or sneezing
11. The baby has reddened or irritated eyes
12. The baby turns his or her head to one side or puts a hand to one ear (signs of an earache)
13. The baby screams for a long time
14. The baby has skipped feedings
15. The baby has vomited most of the feeding or vomits between feedings
16. The baby has hard, formed stools or watery stools
17. The baby has a rash
18. Tell the nurse when a sign or symptom began

III. Helping mothers breast-feed

- A. Breast-fed babies are fed on demand (when hungry, not on a schedule)
- B. At first, babies nurse for a short time, eventually for up to 30 minutes
- C. Nurses help new mothers learn to breast feed
 1. They also teach breast care
- D. If the mother or baby is having a problem, you must tell the nurse
- E. You may help get the mother ready for breast-feeding
- F. You may bring the baby to the mother
 1. When you leave the room, make sure the signal light is within reach
- G. The mother and baby need privacy
- H. Practice standard precautions Remember, HIV can be transmitted through breast milk
- I. Help the mother wash her hands. Handwashing is

- necessary before she handles her breasts
- J. Help the mother to a comfortable position. She may want to nurse sitting up in bed. In a chair, or in the side-lying position
 - K. Change the baby's diaper if necessary. Bring the baby to the mother
 - L. Make sure the mother holds the baby close to her breast
 - M. Have the mother stroke the baby's cheek closest to the breast. This stimulates the rooting reflex. The baby turns his or her head when the cheek or mouth is stroke. The head is turned toward the direction of the stimulus, and the baby starts to suck. If the right cheek is stroked the baby turns the head to the right
 - N. Have the mother keep breast tissue away from the baby's nose with her thumb
 - O. Give her a baby blanket to cover the baby and her breast. This promotes privacy during the feeding
 - P. Encourage nursing from both breasts at each feeding. If the baby finished the last feeding at the right breast, the baby starts the next feeding at the left breast
 - Q. Remind her how to remove the baby from the breast. She needs to break the seal or suction between the baby and the breast. She can press a finger down on her breast close to the baby's mouth. Or she can insert a finger into a corner of the baby's mouth.
 - R. Help the mother burp the baby if necessary. The baby is burped after nursing at each breast
 - S. Have the mother put a diaper pin on the bra strap of the breast last used. This reminds her which breast to use at the next feeding
 - T. Change the baby's diaper after the feeding
 - U. Lay the baby in the crib if he or she has fallen asleep. Remember to lay the baby on his or her back or in the side-lying position. Do not lay the baby on his or her stomach
 - V. Encourage the mother to wear a nursing bra day and night. The bra supports the breasts and promotes comfort
 - W. Encourage the mother to place cotton pads in the bra. The pads absorb leaking milk
 - X. Have the mother apply cream (if prescribed) to her nipples after each feeding. The cream prevents nipples from drying and cracking. Remind her to wash her breasts before a feeding to remove the cream
 - Y. Help the mother straighten clothing after the

feeding if necessary

- Z. Remind the mother to wash her breast with a clean wash cloth and warm water. Soap is not used. It can cause the nipples to dry and crack

AA. Mother needs good nutrition

- (a) Caloric intake may increase
- (b) The mother should have 3 servings a day from the milk group
- (c) Include foods high in calcium
- (d) The mother should avoid spicy and gas-forming foods

V. CONTENT:

IV. Bottle-feeding babies

- A. Formula is given to babies who are not breast-fed
 - 1. It provides essential nutrients needed by the infant
 - 2. Formula comes in three forms:
 - a. Ready-to-feed
 - b. Powdered formula
 - c. Concentrated formula
 - (1) Follow container directions
- B. Bottles are prepared one at a time or in batches for the whole day
 - 1. Extra bottles are capped and stored in the refrigerator (to be used within 24 hours)
- C. Babies must be protected from infection
 - 1. Bottles, caps and nipples must be as clean as possible
 - 2. Disposable equipment is used in the hospital
 - 3. Reusable equipment may be used in the home
 - a. Must be washed in hot, soapy water or in a dishwasher
 - (1) Complete rinsing is needed
 - 4. Some mothers use disposable plastic liners
 - a. They are used once and discarded
- D. Procedure for cleaning bottles page 769 textbook
- E. Feeding the baby
 - 1. Babies want to fed every 3 to 4 hours
 - 2. The amount of formula increase as the baby grows older
 - 3. The baby stops sucking and turns away from the bottle when satisfied
 - 4. Babies are not given cold formula
 - a. Warm the bottle in a pan of warm water
 - b. Test the temperature on the inside of your wrist
 - c. Do not set bottles out to warm at room temperature (microbes grow)
 - d. Do not heat formula in microwave ovens; They can heat unevenly and burn the baby's mouth
 - 5. Guidelines for bottle-feeding babies
 - a. Warm the bottle so the formula warm to your wrist
 - b. Assume a comfortable position for the feeding

- c. Hold the baby close to you. Relax and snuggle the baby
- d. Tilt the bottle so that the neck of the bottle and the nipple are always filled. Otherwise some air is in the neck of the nipple. The baby sucks air into the stomach. The air causes cramping and discomfort
- e. Do not prop the bottle and lay the baby down for the feeding
- f. Burp the baby when he or she has taken half the formula. Also burp the baby at the end of the feeding
- g. Do not leave the baby alone with a bottle
- h. Discard remaining formula
- i. Wash the bottle, cap, and nipple after the feeding

F. Burping the baby

- 1. Babies take in air when they nurse.
 - a. Air in the stomach and intestines causes cramping and discomfort
 - b. Burps help get rid of air
- 2. There are two positions for burping
 - a. Hold the infant over your shoulder
 - (1) Place a clean diaper or towel on your shoulder to protect clothing from spit-ups
 - b. Support the baby in a sitting position on your lap
 - (1) Hold the towel or diaper in front of the baby
- 3. Gently pat or rub the baby's back with circular motion for 2 to 3 minutes

V. Diapering

- A. Babies urinate several times a day
- B. Breast-fed babies usually have bowel movements after feeding
 - 1. Bottle-fed babies may have three bowel movements per day
- C. Stools are usually soft and unformed
 - 1. Report hard, formed stools to the nurse immediately
 - 2. Watery, diarrhea stools are also reported to the nurse immediately
 - a. Diarrhea is very serious in infants
- D. Diapers are changed when wet or soiled: cloth and disposable diapers are available
 - 1. Cloth diapers are washed daily or every 2 days with laundry detergent made especially for babies
 - 2. If possible, hang diapers outside to dry
 - 3. Cloth diapers are available with Velcro

fasteners; this avoids pin sticks

4. Disposable diapers are placed in the trash
 - a. Do not flush down the toilet

- E. Changing diapers often helps prevent diaper rash
 1. Make sure the baby is clean and dry before applying a clean diaper
 2. If diaper rash develops, tell the nurse immediately

- F. Procedure for diapering baby page 772 textbook
- VI. Care of the umbilical cord

- A. The umbilical cord connects the mother and fetus
 1. It carries blood, oxygen, and nutrients from the mother to the fetus
 2. It is not needed after birth, the doctor cuts the cord: a stump is left
 - a. The stump dries up and falls off in 7 to 10 days
- B. The cord provides an area for growth of microbes
 1. You need to keep it clean and dry
- C. Cord care is done with each diaper change: continue for 1 to 2 days after the cord falls off
- D. Care consists of the following
 1. Keep the stump dry
 2. Wipe the base of the stump with alcohol
 3. Keep the diaper below the cord
 4. Report any signs of infection
 5. Give sponge baths until the cord falls off
 6. Do not pull the cord off

V. CONTENT:

VII. Circumcision

- A. Boys are born with foreskin on the penis
 - 1. The surgical removal of the foreskin is called circumcision
- B. The procedure allows for good hygiene and is thought to prevent cancer of the penis
- C. Usually done in the hospital before the baby goes home
- D. It is a religious ceremony in the Jewish faith
- E. After circumcision, check carefully for signs of bleeding or infection
- F. The area should completely heal in 10 to 14 days
- G. Care involves the following
 - 1. The penis is thoroughly cleaned at each diaper change
 - a. Mild soap and water or commercial wipes are used
 - 2. The diaper is loosely applied
 - 3. Some doctors advise applying petroleum jelly to the penis
 - a. Use a cotton swab to apply
 - 4. The nurse tells you if other measures are needed

VIII. Bathing an Infant

- A. Important for cleanliness
- B. Baths comfort and relax
- C. Baths provide time to hold, touch, and talk to babies
 - 1. Helps babies learn safety, security, love, and belonging
- D. Planning is an important part of the bath
 - 1. You cannot leave the baby alone
 - 2. You need to gather equipment and supplies before you start
 - 3. Everything you need must be within your reach
- E. Safety measures
 - 1. Never leave the baby alone
 - 2. Always keep one hand on the baby
 - 3. Hold the baby securely throughout the bath
 - 4. Room temperature should be 75 degrees F to 80 degrees F for the bath
 - 5. Water temperature needs special attention
 - a. Bath water should be 100 degree F to 105 F

(37.7 degree C to 40.5 degree C)

- b. If a thermometer is not available, test the temperature with the inside of your wrist; the water should feel warm and comfortable

F. Giving a sponge bath

- 1. Sponge baths are given until the cord falls off; the cord must not get wet
- 2. Procedure page 777 textbook

G. Giving a tub bath

- 1. Procedure page 779

IX. Nail care

- A. The baby's fingernails and toenails are kept short
 - 1. This prevents the baby from scratching
- B. Nails are best cut when the baby is sleeping
 - 1. The baby is quiet and will not squirm and fuss
- C. Use nail clippers or file with an emery board
 - 1. Clip nails straight across

X. Weighing Infants

- A. Infants are weighed at birth
 - 1. Provides a baseline for measuring the infants growth
- B. The RN uses weight measurements in the assessment step of the nursing process
- C. Also used to evaluate how much breast milk has been taken
 - 1. Weigh the baby before and after breast-feeding
- D. The nurse tells you when to weigh the baby
- E. You must meet the baby's safety needs
 - 1. Protect the baby from chills
 - 2. Keep the room warm and free of drafts
 - 3. Always keep a hand over the baby to prevent falls
- F. Breast-fed babies wear the same diaper, clothes, and blanket for each weight measurement
- G. Procedure for weighing baby page 781 textbook

V. CONTENT:

XI. Care of the Mother

- A. The postpartum period begins with the birth of the baby**
 - 1. Ends 6 weeks later
 - 2. Mother's body returns to its normal state
 - 3. Mother adjusts physically and emotionally to childbirth
 - 4. Uterus returns almost to its prepregnant size
 - 5. If the mother does not breast-feed, menstruation starts 3 to 8 weeks
 - a. She can get pregnant again unless practicing birth control
- B. A vaginal discharge occurs during postpartum: it is called lochia**
 - 1. Lochia changes color and decreases in amount
 - a. Lochia rubra is a dark or bright-red discharge seen during the first 3 to 4 days
 - b. Lochia serosa is a pinkish brown discharge that lasts until about 10 days after birth
 - c. Lochia alba is a whitish drainage that continues for 2 to 6 weeks after birth
 - 2. Lochia increases with breast-feeding and activity
 - 3. Normally it smells like menstrual flow
 - a. Foul-smelling lochia is a sign of infection
- C. Good perineal care is important**
 - 1. Sanitary pads are changed often
 - 2. When wiping after elimination, wipe from front to back
 - 3. Sanitary pads are removed from front to back
 - 4. Good handwashing is essential
 - 5. Standard Precautions and the Bloodborne Pathogen Standard are followed
- D. Episiotomies**
 - 1. An episiotomy is an incision into the perineum
 - a. The doctor performs this procedure to increase the size of the vaginal opening for delivery of the baby
 - 2. The doctor may order sitz baths for comfort and hygiene
 - a. Practice Standard precautions and the bloodborne pathogen standard
 - 3. Complications can develop; infection and dehiscence
 - a. Tell the nurse if the mother complains of pain, discomfort, or discharge
- E. Cesarean section (C-Section)**
 - 1. The baby is delivered through an abdominal incision
 - 2. This is done when
 - a. The baby must be delivered to save the baby's or mother's life
 - b. The baby is too large to pass through the birth canal
 - c. The mother has a vaginal infection that may be transmitted to the baby
 - d. A normal vaginal delivery would be difficult for the baby or mother
 - 3. The C-Section incision needs to heal
- F. The mother has emotional reactions after childbirth**
 - 1. Causes of mood swings include:
 - a. Hormone changes
 - b. Life-style changes

- c. Lack of sleep
- d. Frequent visits from family and friends
- e. Interference and advice from family and friends
- 2. The mother can help herself by:
 - a. Resting when the baby is asleep
 - b. Taking time for herself and her partner
 - c. Pampering herself
- 3. Complications can occur any time during pregnancy, labor, delivery, and during the postpartum period
 - a. Fever of 100.4 degrees or higher
 - b. Abdominal or perineal pain
 - c. Foul-smelling vaginal discharge
 - d. Bleeding from an episiotomy or C-section incision
 - e. Redness, swelling or drainage from an episiotomy or C-section incision
 - f. Saturating a sanitary napkin within 1 hour of application
 - g. Red lochia after lochia has changed color to pinkish-brown or white
 - h. Burning on urination
 - i. Leg pain, tenderness, or swelling
 - j. Sadness or feelings of depression
 - k. Breast pain, tenderness or swelling
 - l. Report any of the above to nurse immediately

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Caring for babies and mothers
C. TITLE OF LESSON: Reproductive System
D. COMPETENCIES ADDRESSED:
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

Identify the parts of reproductive system

Affective:

Students will gain understanding how the reproductive system works

Cognitive:

Define the terms relating to reproductive system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture Discussion
 Independent Study
Other:

IV. RESOURCES REQUIRED:

VCR/Tape Text Book

Other:

V. CONTENT:

I. The Reproductive System

A. the difference between the male and female reproductive systems allows for the process of reproduction

B. The male reproductive system

1. Structures

- a. Testes (testicles) are the male sex glands also called gonads**
 - (1) Male sex cells (sperm) are produced in the testes**
 - (2) The male hormone (testosterone) is also produced in the testes**
 - (3) The testes are suspended between the thighs in a sac called the scrotum**
- b. Sperm travel from the testes to the epididymis (a coiled tube)**
- c. From the epididymis sperm travel through a tube called the vas deferens: each vas deferens joins a seminal vesicle**
- d. The two seminal vesicles store sperm and produce semen (the fluid that carries the sperm from the male reproductive tract)**
- e. The ducts of the seminal vesicles unite to form the ejaculatory ducts**
- f. The ejaculatory duct passes through the prostate gland**
- g. The prostate gland secretes fluid into the semen**
- h. As the ejaculatory ducts leave the prostate, they join the urethra (the urethra is the outlet for urine and semen)**
- i. The urethra is contained in the penis**
- j. The penis is outside the body and has erectile tissue**
- k. When a man is sexually excited, blood fills the erectile tissue, the penis becomes enlarges, hard and erect**
- l. The erect penis can enter the vagina semen is released into the vagina**

C. The female reproductive system

1. Structure

- a. The female gonads are two almond-shaped organs called the ovaries**
 - (1) One on each side of the uterus in the abdominal cavity**
 - (2) Ovaries contain the female sex cells (ova or eggs)**
 - (3) One ovum is released monthly during the reproductive years -called ovulation**

(4) The ovaries also secrete the female hormones estrogen and progesterone

(5) The released ovum travels through a fallopian tube

(a) One is located on each side of the uterus and is attached at one end to the uterus

b. The ovum travel through the fallopian tube to the uterus (a hollow, muscular pear-shaped organ

c. The sex cells from the male and female unite into one cell; that cell implants into the lining of the uterus (endometrium) where it grows into a baby

d. The uterus serves as a place for the unborn baby to grow and receive nourishment

e. The cervix (neck) of the uterus projects into the vagina

f. The vagina opens to the outside of the body and receives the penis during sexual intercourse; it also serves as part of the birth canal

g. Glands in the vaginal wall keep it moist

h. In young girls, the vaginal opening is partially closed by membrane called the hymen

2. External genitalia (vulva)

a. The mons pubis is a fatty pad over a bone called the symphysis pubis (covered with hair in the adult female)

b. The labia majora and labia minora are folds of tissue on each side of the vaginal opening

c. The clitoris is a small organ composed of erectile tissue (becomes hard when sexually stimulated)

d. Mammary glands (breasts) secrete milk after childbirth

(1) Made up of glandular tissue and fat

3. Menstruation

a. The endometrium is rich in blood to nourish an unborn baby (fetus)

b. If pregnancy does not occur, the endometrium breaks up and is discharged through the vagina and outside the body (menstruation)

c. The cycle occurs every 28 days

d. Menstrual flow usually lasts 3 to 7 days

e. Ovulation occurs on or about day 14 of the cycle

f. The female hormones estrogen and progesterone cause the endometrium to thicken for possible pregnancy

g. If pregnancy does not occur, the hormones decrease and the endometrium breaks up and is discharged through the vagina

D. Fertilization

1. For reproduction to occur, a male sex cell (sperm) must unite with a female sex cell (ovum)

I. PRELIMINARY INFORMATION:	
A. CLASS:	Health Related Occupations
B. TITLE OF UNIT:	
C. TITLE OF LESSON:	Endocrine system
D. COMPETENCIES ADDRESSED:.....	
E. DATE & TIME:	- AM PM Classes
F. WEEK OF INSTRUCTION:	
G. INSTRUCTOR:	

II. OBJECTIVES:

Psychomotor:

Identify the parts of endocrine system

Affective:

Students will gain understanding how the endocrine system works

Cognitive:

Define the terms relating to endocrine system, describe the function of each part

III. TEACHING METHODS AND TECHNIQUES:

Lecture	Discussion
	Independent Study

Other:

IV. RESOURCES REQUIRED:

VCR/Tape	Text Book
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Other:

V. CONTENT:

I. The Endocrine System

- A. Made up of glands called the endocrine glands
- B. Endocrine glands secrete chemical substances called hormones into the bloodstream
- C. Hormones regulate the activities of other organs and glands in the body
- D. The pituitary gland (master gland)
 - 1. Located at the base of the brain behind the eyes
 - 2. Divide into two lobes
 - a. The anterior pituitary lobe
 - (1) Secretes growth hormone needed for growth of muscles, bones, and other organs
 - (2) Thyroid stimulating hormone (TSH) is needed for proper functioning of the thyroid gland
 - (3) Adrenocorticotrophic hormone (ACTH) stimulates the adrenal glands
 - (4) Also secretes hormones that regulate growth, development and functions of male and female reproductive systems
 - b. Posterior pituitary lobe
 - (1) Secretes antidiuretic hormone that prevents kidneys from excreting excessive amount of water
 - (2) Oxytocin causes uterine muscles to contract during childbirth
- E. The thyroid gland
 - 1. Located in the neck in front of the larynx
 - 2. Secretes thyroid hormone (TH) -regulates metabolism (burning of food for heat and energy by the cells)
- F. The parathyroid gland
 - 1. Four glands --- two located on each side of the thyroid gland
 - 2. Secrete parathyroid hormone, which regulates the body's use of calcium
 - a. Insufficient calcium causes tetany (a state of severe muscle contraction and spasm)
- G. The adrenal gland
 - 1. One is located on the top of each kidney
 - 2. Has two parts
 - a. The adrenal medulla secretes epinephrine and norepinephrine (stimulates the body for quick energy in emergencies)
 - b.

- c. The adrenal cortex secretes
 - (1) Glucocorticoids, which regulate metabolism of carbohydrates; also control the body's response to stress and inflammation
 - (2) Mineralocorticoids, which regulate the amount of salt and water absorbed and lost by the kidneys
 - (3) Small amounts of male and female sex hormones
- H. The Pancreas
 - 1. Secretes insulin
 - a. Regulates the amount of sugar in the blood available for use by cells
 - b. If sugar cannot enter the cells, excess amounts build up in the blood; this condition is called diabetes mellitus
- I. The gonads
 - 1. Glands of human reproduction
 - a. Male glands (testes) secrete testosterone
 - b. Female glands (ovaries) secrete estrogen and progesterone

CURRICULUM
FOR
SECOND YEAR
STUDENTS

The Health Related Occupations goal for second year students is to continue to help them function in the medical field. As a second year student they will have the responsibility of helping first year students master the procedures and competencies.

The second year student is encouraged to master any competencies not mastered in the first year.

Course objectives:

1. To become aware of the many aspects of health care and opportunities for careers in the health services
2. To observe and participate in activities designed for the introduction to several health service occupations
3. To continue to increase their knowledge of terminology related to various aspects of health care
4. To exhibit attitudes and behaviors which indicate respect for the individual rights of classmates, coworkers, and residents in health care facilities
5. To participate in various rotation sites in order to gain an understanding and knowledge of different areas of the medical field

The Health Related Careers Programs utilizes a variety of community settings in order to adequately prepare each student for successful entry into the world of work.

These facilities include:

1. Barnes St. Peters Health Center
2. United Service for Children with disabilities
3. Emmaus Home
4. Harvester Animal Hospital

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Mosby's Essential for NA
C. TITLE OF LESSON: The Nursing Assistant
D. COMPETENCIES ADDRESSED:
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION:
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

Give examples of false imprisonment, defamation, assault, battery, and fraud

Affective:

Understand what role of nursing assistant is

Cognitive:

Define the key terms of chapter, explain the functions, roles, responsibilities and role limits of nursing assistants, describe the right of privacy

III. TEACHING METHODS AND TECHNIQUES:

Discussion Lecture
Question Answer

Other:

IV. RESOURCES REQUIRED:

Text Book
VCR/Tape

Other:

V. CONTENT:

- I. OBRA Requirements**
 - A. Omnibus Budget Reconciliation Act of 1987
 - B. Requires each state to have a nurse assistant training and competency evaluation program
 - C. State requirements vary
 - D. Must have at least 75 hours of instruction
 - 1. Includes the knowledge and skills needed to give basic nursing care
 - E. 16 hours of supervised practical training in laboratory or clinical setting
 - F. Competency evaluation
 - 1. Involves a written and skills test
 - 2. Test given another site other than where training
 - 3. Allowed three tries
- II. Nursing Assistant Registry**
 - A. Record of those who have meant OBRA requirements
 - B. Contains
 - 1. Full name, including maiden name and married names
 - 2. Last known address
 - 3. Registration number and its expiration date
 - 4. Date the competency evaluation was passed
 - 5. Information about abuse, neglect or dishonest use of property
- III. Rules for Nursing Assistants**
 - A. An Assistant to nurse
 - B. Nurse determines and supervise your work
 - C. Review direction with the nurse before going to the person
 - D. Perform no function or task that you are not trained to do
 - E. Perform no function or task that you are not comfortable doing without a nurse's supervision
 - F. Perform only those functions and tasks that your state and job description allow
- IV. Role Limits**
 - A. Never give medications
 - B. Never insert tubes or objects into body openings or remove them from the body unless allowed by your state and job description
 - C. Never take oral or telephone orders from doctors
 - D. Never perform procedures that require sterile technique
 - E. Never tell the patient, resident , or family the person's diagnosis or medical or surgical plans

- F. Never diagnosis or prescribe treatments or drugs for anyone
- G. Never supervise other nursing assistant or assistive personnel
- H. Never ignore an order or request to do something that you cannot do or that is beyond your legal limits
- V. Delegation
 - A. Means to authorize another person to perform a task
 - B. Person must be competent to perform the task
 - C. RN can delegate tasks to LPNs or nursing assistants
 - D. RN must see that the task is done correctly
 - E. Nursing assistants cannot delegate
 - F. Must be within the legal limits of what you can do
 - G. Nurse must know
 - 1. What tasks your state allows nursing assistants to perform
 - 2. The tasks included in your job description
 - 3. What you were taught in your training program
 - 4. What skills you learned and how they were evaluated
 - 5. About your work experience
 - H. The five rights of delegation
 - A. Right task
 - B. Right circumstance
 - C. Right person
 - D. Right directions and communications
 - E. Right supervision
 - I. Nursing assistant role
 - A. Accepting a task
 - 1. You are responsible for task accepted
 - 2. You must complete the task safely
 - 3. Must ask to help when you are unsure or have questions about the task
 - 4. Must report to the nurse what you did and your observations
 - B. Refusing a task-when
 - 1. The task is beyond the legal limits of your role
 - 2. The task is not in your job description
 - 3. You were not prepared to perform the task safely
 - 4. The task can harm the person
 - 5. The person's condition has changed
 - 6. You do not know how to use the supplies or equipment
 - 7. Directions are unethical, illegal, or

7. Directions are unethical, illegal, or against agency policies
8. Directions are unclear or incomplete
9. A nurse is not available for supervision

J. Ethical Aspects

1. Concern with right conduct and wrong conduct
2. Involves morals and choices or judgements about what should or should not be done
3. Not prejudiced or bias
4. Rules of conduct
 - a. Respect each person as an individual
 - b. Do not perform tasks that are beyond the legal limits of your role
 - c. Perform only those tasks that you were trained to do
 - d. Take no drug without prescription and supervision of a doctor
 - e. Carry out the nurse's direction to you best possible ability
 - f. Complete each task safely
 - g. Be loyal to your employer
 - h. Act as a responsible citizen at all times
 - i. Recognize the limits of your role and knowledge
 - j. Keep the person's information confidential
 - k. Consider the person's needs to be more important than your own

K. Legal Aspects

1. Law rule of conduct made by government body of US Congress or state legislature
2. Criminal laws
 - a. Concern with offenses against the public or society
 - b. Crime, violating the law
3. Civil laws
 - a. Deal with relationship with people
 - b. Tort- committed against another person or the person's property
 - c. Unintentional torts
 - (1) Negligence -Harm was not intended
 - (2) Malpractice- Negligence by professionals
 - d. Intentional torts
 - (1) defamation -injuring the name or reputation of a person
 - (2) Libel- making false statements in print writing or through pictures

- (4) Slander making false statements orally
- (5) Assault intentional threatening to touch a person's body without their consent
- (6) Battery-touching the body without person's consent
- (7) False imprisonment-unlawful restraint or restriction of a person's freedom of movement
- (8) Invasion of privacy-when a person's name, photograph, or private affairs are exposed or made without a person's consent
- (9) Fraud- saying or doing something to trick, fool or deceive another person

L. Informed Consent

- 1. Person has the right to decide what will be done and who will touch his body
- 2. Doctor has responsibility to inform patient

M. Protecting the right to privacy

- 1. Keep all patients and resident information confidential
- 2. Make sure the person is covered when being moved in hallways
- 3. Screen the person and close the door when giving care
- 4. Expose only parts involved in procedure
- 5. Do not discuss the person or the person's treatment with anyone except the nurse supervising your work
- 6. Ask visitors to leave the room when care is given
- 7. Do not open the person's mail
- 8. Allow the person to visit with others and to use the telephone in private

N. Reporting abuse

- 1. Physical abuse-
 - a. hitting
 - b. slapping
 - c. kicking
 - d. pinching
 - e. beating
 - f. whipping
 - g. negligent-failure to provide food clothing, basic needs
- 2. Verbal abuse
- 3. Involuntary seclusion
- 4. Sexual abuse
- 5. Mental abuse

I. PRELIMINARY INFORMATION:

- A. CLASS: Health Related Occupations
B. TITLE OF UNIT: Introduction to Health care
C. TITLE OF LESSON: (Mosby's Essential.)
D. COMPETENCIES ADDRESSED: (tab for next field...)
E. DATE & TIME: - AM PM Classes
F. WEEK OF INSTRUCTION: (1st week...)
G. INSTRUCTOR: Barter

II. OBJECTIVES:

Psychomotor:

(describe hospitals and two types of long-term care centers, describe the requirements of the Omnibus Budget Reconciliations Act of 1987...)

Affective:

(have understanding of health field...)

Cognitive:

(..the key terms of chapter, the difference among members of the nursing team, programs the pay for health care..)

III. TEACHING METHODS AND TECHNIQUES:

Discussion

Lecture

Independent Study

Visual Illustration

Other:

IV. RESOURCES REQUIRED:

Text Book

VCR/Tape

Other:

V. CONTENT:

- I. Hospitals
 - A. Services
 - 1. Emergency care
 - 2. Surgery
 - 3. Nursing care
 - 4. X-ray
 - 5. Laboratory
 - 6. Respiratory therapy
 - 7. Occupational therapy
 - 8. Physical therapy
 - 9. Speech Therapy
 - B. Illnesses
 - 1. Acute
 - a. Begins suddenly
 - b. Person is expected to recover
 - 2. Chronic illness
 - a. Ongoing illness
 - b. Begins slowly
 - c. No cure
 - d. Treatment can be controlled
 - 3. Terminal
 - a. Ends in death
- II. Long-term care centers
 - A. Provide health care to those who are unable to care for self at home
 - B. Residents
 - 1. Term for persons in long care facility
 - C. Meet the needs of older and disabled
 - D. Assisted living facility
 - 1. Can do most of their care
 - E. Nursing center
 - 1. Provides services to residents who need regular or continuous care.
 - 2. Licensed nursing staff is required
 - 3. Services provided
 - a. medical
 - b. nursing
 - c. dietary
 - d. recreational
 - e. rehabilitative
 - f. social services
 - 4. Skilled nursing facilities
 - a. Have severe medical problems
 - b. Short stay until recovery
 - 5. Subacute
 - a. complex medical care
 - b. Persons are called patients

- 6. Hospice
 - a. Agency for those who are dying
 - b. Physical, emotional, social, and spiritual needs of persons are met
- 7. Alzheimer's units (dementia care units)
 - a. Unit for patients with Alzheimer's and dementia
- III. Hospital and Nursing Center Organization
 - A. Board of Trustees
 - 1. Governing body of the hospital
 - B. Administrator
 - 1. Manages the hospital and reports directly to board
 - C. Director or department heads
 - 1. Responsible for specific area
 - D. Nursing service
 - 1. Director of nursing
 - a. Responsible for nursing staff
 - 2. Nurse managers
 - a. Manages and carries out the departments functions
 - b. Responsible for shift work
 - 3. Charge nurse
 - a. Responsible for all patient and resident care
 - b. Responsible for actions of nursing staff
 - 4. Nursing education or staff development
 - a. Provide new and changing information so that current and safe care is given
 - E. Nursing team
 - 1. Registered nurse (RN)
 - a. 2 years of study at a community college, 2 or 3 years in a hospital-based diploma program or 4 years college
 - b. Take licensing exam to become license
 - c. Assess, make nursing diagnoses, plan and implement and evaluate nursing care
 - d. Develops a care plan for the person and makes sure the nursing team follows it
 - e. Delegates work
 - f. Responsible for carrying out doctor's orders
 - 2. Licensed Practical Nurses (LPN)
 - a. completes 1 year of study in a hospital-based nursing program, community college or vocational school
 - b. Take licensing exam to become license
 - c. Have fewer responsibilities than RN

VI. SUMMARY:

- 3. Nursing Assistants
 - A. Give basic nursing care under a nurse's supervision
- IV. Nursing Care Patterns
 - A. Functional Nursing
 - 1. Focuses on tasks and jobs
 - B. Team Nursing
 - 1. Involves team of nursing staff led by RN
 - 2. Delegates the care of certain persons to other nurses
 - C. Primary Nursing
 - 1. Involves total care
 - D. Case management
 - 1. Coordinates the person's care from admission through discharge and into the home setting
- V. Interdisciplinary Health Care Team
 - A. Involves a variety of workers whose skills and knowledge are directed to the person's total care
 - B. Box 1-1 page 5 gives a list and job description
- VI. Paying for Health Care
 - A. Private Insurance
 - a. Bought by individuals and families
 - B. Group Insurance
 - a. Bought by groups for individuals'
 - C. Medicare
 - a. Health insurance plan administered by the Social Security Administration of the federal government
 - b. Benefits for 65 of age and older
 - D. Medicaid
 - a. Health insurance program sponsored by state and federal governments
 - b. For low income, blind and disabled people
 - E. Managed care
 - a. Deals with the delivery and payment of health care
 - b. Insurance companies contract with doctors and hospitals for reduced rate or discounts
 - c. Insured person uses those doctors and agencies providing the lower rates
 - d. Person pays for costs not covered by insurance
 - e. Limits person where to go for health care and the services covered.
 - F. Prospective Payment System
 - a. Limit the amounts paid by insurance companies
 - b. Diagnosis-related groups DRGs determine the amount paid before care

- VII. The Omnibus Budget Reconciliation Act of 1987
 - A. A federal law that requires the nursing centers provide care in a manner and in a setting that maintains or improves each residents quality of life, health and safety
 - B. Resident Rights
 - 1. Nursing centers must protect and promoted resident rights
 - 2. They must informed of their rights
 - C. Refusing Treatment
 - 1. A person has a right to refused treatment
 - D. Privacy and confidentiality
 - 1. Residents must not be exposed unnecessarily
 - 2. Privacy must be maintained for personal care
 - 3. Have right to visit with others in privacy
 - 4. Information about the resident's care, treatment, and condition must be kept confidential
 - E. Personal choice
 - 1. Free to choice own doctor
 - 2. Have the right to take part in planning their own care
 - 3. Personal choices is important for quality of life, dignity, and self-respect
 - F. Disputes and grievances
 - 1. Have the right to voice concerns, questions and complaints about care of treatment
 - G. Work
 - 1. Person does not work to receive care, care items, or other things or privileges
 - H. Participation in resident and family groups
 - 1. Have right to take part in resident and family groups
 - I. Care and Security of personal possessions
 - 1. Have the right to keep and use personal possessions
 - 2. Center must protect the person's property
 - J. Freedom from abuse, mistreatment and neglect
 - 1. Residents have the right to be free from verbal, sexual, physical or mental abuse
 - 2. Have right to be free from involuntary seclusion
 - 3. No one can mistreat a resident
 - K. Freedom from restraint
 - 1. Residents have the right not to have body movements restricted
 - 2. Sometimes a person needs to e restrained to protect them from harming themselves or others

L. Quality of Life

1. Nursing centers must care for residents in a manner that promotes dignity, self esteem and physical psychological, and emotional well-being
2. Protecting residents rights promotes quality of life
3. Shows respect for the person

VIII. Patient's Rights

- A. Consideration and respect
- B. Information
- C. Informed consent
- D. Refuse treatment
- E. Privacy
- F. Confidentiality
- G. Hospital services
- H. Information about the hospital's relationship with other agencies
- I. Information on research and human experimentation
- J. Continuing care
- K. Examine and have information about the hospital bill
- L. Know hospital rules and regulations

GRADING PROCEDURES 2007-2008

I.	Attendance must be present to earn these points	20%
II.	Employment skills	20%
	a. Must have an excused absence within 3 days	
	b. Must be in classroom in assigned seat by second bell	
	c. Must be in scrubs and all dress code policies followed	
	d. Must follow classroom rules	
	e. Must participate in class	
	f. Must be prepared for class on second bell	
III.	Homework and anatomy	20%
IV.	Tests	15%
V.	Terminology	10%
VI.	Procedures	10%
VII.	Extra assignments	5%

GRADING FOR BEHAVIOR ATTITUDE, ETC.

20 pts. Each section worth 5 pts.

Punctual	tardy, absent without calling in
Attitude/ behavior	scrubs wore in class, no piercing, no clothes under scrubs or over Scrubs, do not disturb class
Prepared	homework done, daily work sheets filled out, time cards (second Semester), notebooks brought to class, textbook and workbooks
Participation	Practice procedures, use time wisely in studying if there is not space Available to practice procedure

When absent given 5 points if they call in, also 5 points if absent is excused on return.

STUDENT DAILY CLASSROOM BEHAVIOR AND ATTITUDE

NAME _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK ONE					
WEEK TWO					
WEEK THREE					
WEEK FOUR					
WEEK FIVE					
WEEK SIX					
WEEK SEVEN					
WEEK EIGHT					
WEEK NINE					

**LEWIS & CLARK CAREER CENTER
HEALTH RELATED OCCUPATIONS
STUDENT EVALUATION**

Student: _____

Clinical Rotation & Facility: _____

Date of Clinical Rotation: _____

Please place in a sealed envelope & either give back to student or to instructor.

Scale: 3. Needs Improvement
 2. Satisfactory
 1. Above Average

Rating of Student

1. Appearance

(Neat, polo shirt and khaki pants, hair up off the collar, no artificial nails or colored polish, no piercing)

2. Attitude

(Open minded, friendly, positive, co-operative respectful, accepts authority)

3. Initiative

(Eager to perform tasks, aware of area and assists when needed)

4. Responsible

(Tasks assigned are completed safely as instructed)

5. Knowledgeable

(Asked questions, acquainted with tasks assigned to them, follows instructions)

COMMENTS: _____

Thank you for your time

Signature: _____

Date: _____

EXAMPLES OF CHECK-OFF SHEET
USED WITH EACH PROCEDURE



Donning and Removing a Gown

Name: _____

Date: _____

Procedure

1. Removed watch and all jewelry.
2. Rolled up uniform sleeves.
3. Washed hands.
4. Put on face mask as required.
5. Picked up clean gown. Held out and allowed to unfold. Did not shake gown.
6. Put hands and arms through the sleeves.
7. Made sure the gown covered front of uniform. Made sure it was snug at neck.
8. Tied the strings at the back of the neck.
9. Overlapped the back of the gown. Made sure gown covered uniform snugly.
10. Tied the waist strings at the back.
11. Put on gloves.
12. Provided necessary person care.
13. Removed and discarded gloves.
14. Removed gown as follows:
 - a. Untied the waist strings.
 - b. Washed hands.
 - c. Untied neck strings. Did not touch outside of gown.
 - d. Pulled gown down from the shoulder.
 - e. Turned gown inside out as it was removed.
15. Rolled up the gown away from the body. Kept it inside out.
16. Discarded gown.
17. Washed hands.
18. Removed face mask and discarded.
19. Washed hands.
20. Opened the door using a paper towel. Discarded it when leaving room.

S	U	Comments
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S U

Comments



Wearing a Mask

Name: _____

Date: _____

Procedure

1. Washed hands.
2. Picked up mask by its upper ties. Did not touch part that covers the face.
3. Placed the mask over nose and mouth.
4. Placed upper strings over ears. Tied the strings in the back toward top of head.
5. Tied lower strings at the back of the neck. Lower part of mask was under chin.
6. Pinched the metal band around nose so it was snug and under glasses.
7. Washed hands.
8. Provided necessary care. Avoided coughing, sneezing, and unnecessary talking.
9. Changed mask if moist or contaminated.
10. Removed mask as follows:
 - a. Removed gloves.
 - b. Untied lower strings.
 - c. Untied top strings.
 - d. Held top strings and removed mask.
 - e. Brought strings together, folding mask. Did not touch inside of mask.
11. Discarded mask.
12. Washed hands.

S	U	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____



Assisting the Person to Brush the Teeth

QUALITY OF LIFE

Name: _____

Date: _____

- Remember to:
- ◆ Knock before entering the person's room
 - ◆ Address the person by name
 - ◆ Introduce yourself by name and title

Pre-Procedure

1. Explained the procedure.
2. Washed hands.
3. Collected the following:
 - Toothbrush
 - Toothpaste or dentifrice
 - Mouthwash (or solution specified on the care plan)
 - Dental floss
 - Water glass with cool water
 - Straw
 - Kidney basin
 - Face towel
 - Paper towels
4. Placed the paper towels on the overbed table. Arranged items on top of them.
5. Identified the person.
6. Provided for privacy.
7. Raised the person's head.

S	U	Comments
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S

U

Comments

Procedure

8. Lowered the bed rail, if used.
9. Placed the towel over the person's chest.
10. Placed the overbed table in front of the person. Adjusted table height for the person.
11. Allowed the person to perform oral hygiene.
12. Removed the towel when the person was done.
13. Moved the overbed table next to the bed. Lowered it to a level appropriate for the person.

Post-Procedure

14. Provided for comfort.
15. Placed the signal within reach.
16. Raised or lowered bed rails; followed care plan.
17. Cleaned and returned items to their proper place.
18. Wiped off the overbed table with the paper towels and discarded them.
19. Unscreened the person.
20. Disposed of dirty linen.
21. Washed hands.
22. Reported observations to the nurse.



Logrolling the Person

QUALITY OF LIFE

- Remember to:
- ◆ Knock before entering the person's room
 - ◆ Address the person by name
 - ◆ Introduce yourself by name and title

Name: _____

Date: _____

Pre-Procedure

1. Asked co-worker to help.
2. Washed hands.
3. Identified the person.
4. Explained the procedure.
5. Provided for privacy.
6. Locked bed wheels.
7. Raised the bed to the best level for good body mechanics. Made sure the bed rails were up.

S U Comments

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Procedure

8. Made sure the bed was flat.
9. Stood on the opposite side to which the person was turned.
10. Lowered the bed rail.
11. Moved the person as a unit to the nearest side of the bed. Used the lift sheet.
12. Placed the person's arms across the chest. Placed a pillow between the knees.
13. Raised the bed rail. Went to the other side and lowered the bed rail.
14. Stood near the shoulders and chest. Co-worker stood near the buttocks and thighs.
15. Stood with a broad base of support, one foot in front of the other.
16. Asked the person to hold his/her body rigid.
17. Rolled the person toward workers turning the person as a unit.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Post-Procedure

18. Provided for comfort. Positioned the person in good alignment. Used pillows as directed by the nurse and the care plan. Used:
 - a. One pillow against the back
 - b. One pillow under the head and neck if allowed
 - c. One pillow or folded bath blanket between the legs
 - d. A small pillow under the arm and hand
19. Placed the signal light within reach.
20. Raised or lowered side rails. Followed the care plan.
21. Lowered the bed to its lowest position.
22. Unscreened the person.
23. Washed hands.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
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_____	_____	_____

**EXAMPLES OF DEAN VAUGHN'S
MEDICAL TERMINOLOGY**

LESSON 2 — REVIEW

ELEMENT	AUDIONYM	VISUAL IMAGE	MEANING
-algia	algae	See the algae on the lake with a window pane	pain, painful condition
crani-	crane	See the crane made of a skull	skull
end-	the end	See the end of the motion picture with real people inside or within the screen	inside, within
hemi-	hemisphere	See the hemisphere in half	half
oid-	void	See the voided checks which look alike , resembling each other	like, resembling
hyper-	high purr	See the cat high-purring above a more than normal number of cats on the church roof	above, more than normal
cyst-	sister	See the sister holding a sack on her shoulder filled with fluid	sac containing fluid, bladder
chole-	coal	See the coal pile	bile
hypo-	hippo	See the deficient hippo under , beneath the table	under, beneath, deficient
-scop-	scope	See the telescope with everyone looking at it and observing it	look, observe
hyster-	his stir	See his stir saying, "You turn us"	uterus, womb
-ostomy	Oh stop Tommy!	See Tommy's mother saying, "Oh stop Tommy!" as he runs away after creating a new opening in the wall	to create an opening
para-	parachute	See the parachutes beside each other and the parachute beyond	beside, beyond
-lysis	license	See the license loosening and being destroyed	loosening, destruction, set free
cervic-	serve hic	See the waiter serving hiccups from the bottle with the real neck	neck
chondr-	cone door	See the cone with the door and a cart of leaves coming out	cartilage

ELEMENT	AUDIONYM	VISUAL IMAGE	
cyan-	sign	See the stop sign with the blue paint poured on it	blue
hem(at)-	hem	See the hem with blood all over it.	blood
ost-	ostrich	See the ostrich made of bones	bone
psycho-	cycle	See the people fighting over the cycle saying, "Mine, Mine!"	mind
lip-	lip	See the lip which is very fat	fat
my-	my eye	See my eye with muscles	muscle
lith-	lather	See the lather on the mans face with the stone	stone
ophthalm-opt-	up thumb	See the up thumb (thumbs up) with an eye on top	eye
proct-	Procter & Gamble	See the Procter & Gamble container, it has Anacins pouring out of it.	anus

**EXAMPLES OF DEAN VAUGHN'S
BASIC HUMAN ANATOMY**

LESSON 1 — REVIEW

INTRODUCTION — PART A

ANATOMICAL TERMS AND LOCATIONS

<u>WORD</u>	<u>AUDIONYM</u>	<u>VISUAL IMAGE / ASSOCIATION</u>	<u>MEANING</u>
crani(al)	crane	See the crane made of a skull!	skull (pertaining to the upper portion of the skull)
cephal	sieve fall	See the sieve falling with a head in it!	head
caudal	cod	See the cod with many tails!	tail
superior	soup	See the soup being held above everything!	above
inferior	inn fire (bellows)	See the Inn fire with a gigantic bellows sticking in it!	below
epi	a pea	See a pea with many peas upon it! There are peas all over it!	upon, over
hypo	hippo	See the hippo under the table!	under
proximal	peroxide (knee/rust)	See the bottle of peroxide with the knee/rust sticking out of it!	nearest
distal	distillery (farm)	See the distillery with a farm on it!	far
ventral	vent	See the vent on front of the body!	front
anterior	ant	See the ant with a vent on front of it!	front, ventral
dorsal	doors	See the doors on back of the body!	back
posterior	poster	See the poster with doors on back of the body!	back, dorsal
lateral	ladder	See the ladder on the side of the body!	side
gastr	gas truck	See the gas truck with a stomach for a tank!	stomach
renal	rain	See it raining kidneys!	kidney

LESSON 1 — REVIEW

INTRODUCTION — PART A

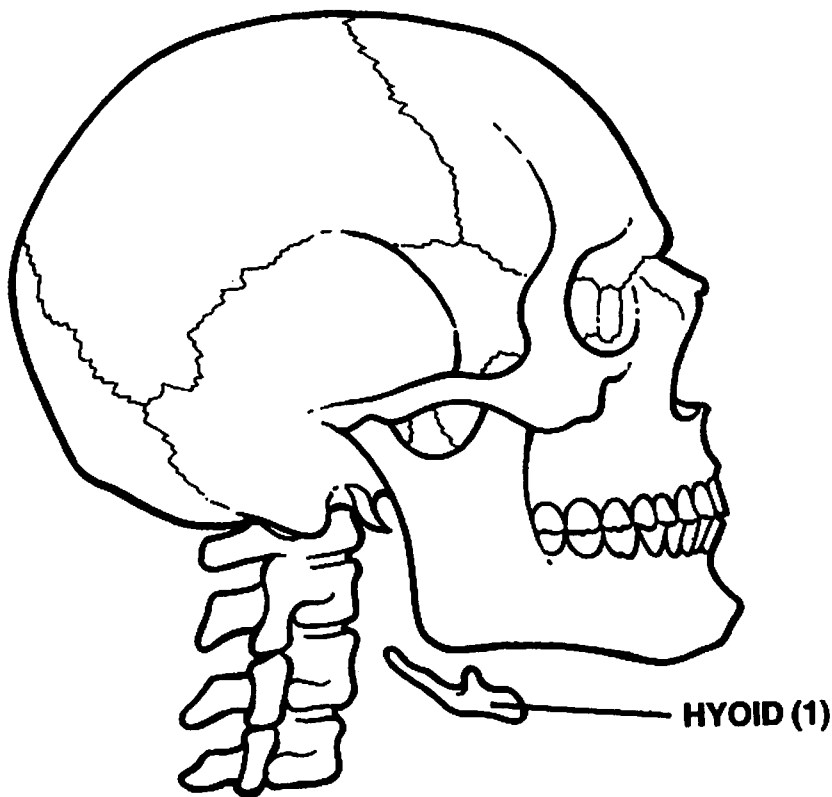
ANATOMICAL TERMS AND LOCATIONS

<u>WORD</u>	<u>AUDIONYM</u>	<u>VISUAL IMAGE / ASSOCIATION</u>	<u>MEANING</u>
chondr	cone/door (cart of leaves)	See the cone/door with a cart of leaves coming out of it!	cartilage
axillary	axle	See the axle in the arm pit!	arm pit
brachial	brake	See the brake on the arm (between the shoulder and elbow)!	arm
inguinal	indian	See the indian between the abdomen and thigh	between the abdomen and thigh
cubital	cube	See the cube in front of the elbow !	front of elbow
popliteal	puppet/tail	See the puppet/tail in back of the knee !	back of knee
pulmonary	pool/moon	See the pool/moon (a pool with the moon in it). The moon has lungs on it!	lung
viscera	visor	See the visor with a vent on it! The vent has organs coming out of it!	ventral organs

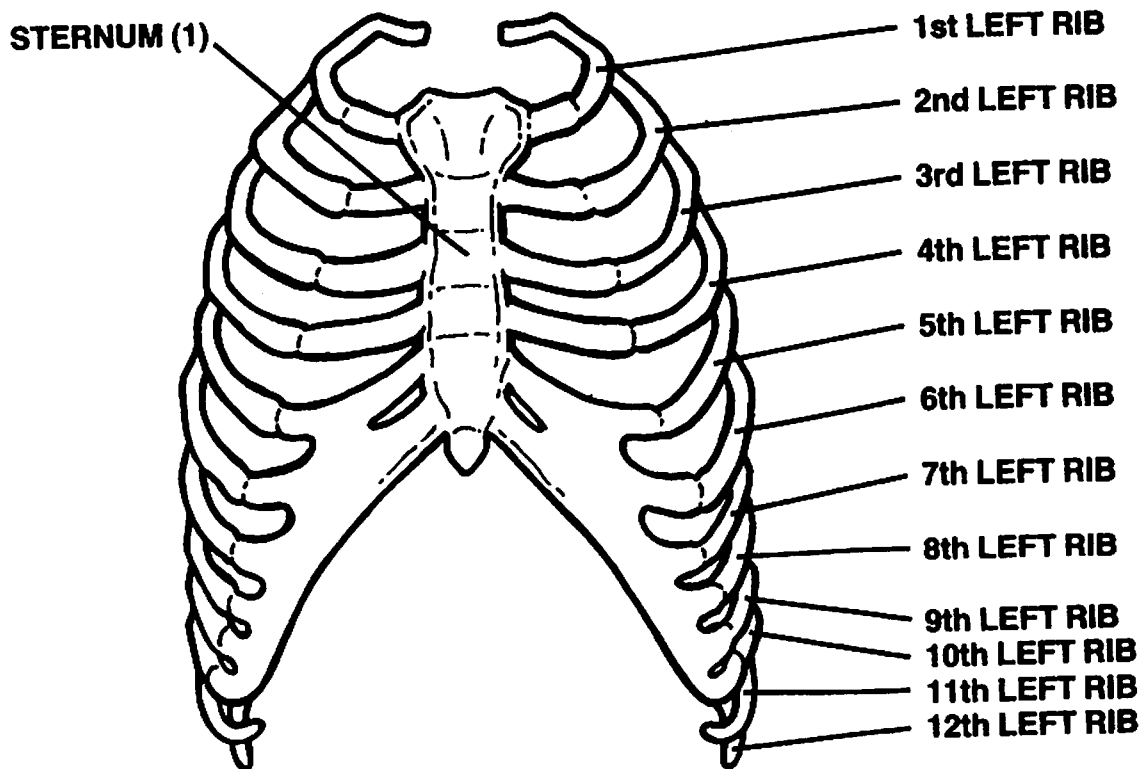
LESSON 3 — REVIEW

THE SKELETAL SYSTEM

BONES OF THE NECK AND TRUNK



RIGHT LATERAL (SIDE) VIEW



ANTERIOR (FRONT) VIEW

LESSON 1 — REVIEW
INTRODUCTION — PART B
REGIONAL SUBDIVISIONS
OF
ABDOMINOPELVIC CAVITY

