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<tr>
<th>Lecture</th>
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<tr>
<td>Abbreviations/Terminology/Military Time</td>
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<td>Safety Issues: Homeostasis, Adaptation &amp; Stress and</td>
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<td>Cultural Sensitivity: Traditions, Values, &amp; Beliefs</td>
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<td>Communication Skills: Nurse-Client Relationship</td>
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<td>and Moving</td>
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<td>Basic Care: Therapeutic Exercise</td>
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<td>Basic Care: Gastrointestinal Intubation</td>
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<td>Basic Care: Urinary Elimination</td>
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<td>Bowel: Elimination</td>
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<td>Basic Care: Airway Management</td>
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<tr>
<td>Basic Care: Death and Dying</td>
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LECTURE OBJECTIVES:

1. Demonstrate the correct usage of Military Time.
2. Demonstrate the correct usage of Standard Abbreviations.
3. Demonstrate the correct usage of Medical Terminology.

RESOURCES:


LECTURE OUTLINE:

I. Military Time
   A. Defined
   B. Standard Time
   C. Examples

II. Standard Abbreviations
   A. Introduction
   B. Abbreviations
   C. Symbols

III. Medical Terminology
   A. Introduction
   B. Prefixes
   C. Suffixes
   D. Root words

LEARNING EXPERIENCES:
ABBREVIATIONS / TERMINOLOGY

TEXT: Quick and Easy Medical Terminology, 4th ed., Leonard, Peggy C.

ALSO: Packet of Prefixes, Suffixes, Root Words, Selected Abbreviations

The text is a self-study module - you will work through it for practice.

There will also be periods of classroom work - see Basic Nursing Syllabus.

This is a new language for some of you.

The only way to learn this language is by memorization.

Use the text, flash cards, quiz one another - use every available moment to practice and memorize!

Put this into your time management calendar —DON'T FORGET IT!!

Now open your book and become acquainted:

1. There is a CD in the back of the text for use on your home PC ... You cannot install it on the computers here at school.
2. The first three (3) chapters are your orientation.
3. Chapters 4 - 11 are related to terminology for the body systems.
4. Chapters 12 is a challenge chapter.
5. The last section is a review and self-test.

****Do not be concerned with the Spanish terms****

Work through the first three chapters. Then go on to the other chapters as you have time.

You need to Memorize:

- Abbreviations given to you in the packet.
- Symbols given to you in the packet.
- Root Words / Combining Forms given to you in the packet.
- Prefixes and Suffixes given to you in the packet.
- Times associated with abbreviations.
The text is important - it will help you become successful and be able to:

- Understand medical words
- Spell correctly
- Pronounce correctly
- Use the words correctly

A WORD OF CAUTION: DO NOT make up your own abbreviations - they will cause a LOT OF TROUBLE!

The Abbreviation / Terminology Exam will be: August 4, 2006.

The exam will be matching, fill in the blank, and multiple choice format.

You must make 95% or higher to pass (You will have two attempts to pass).

The passing or failing of the examination will also be reflected on your clinical evaluation as an SP (Satisfactory Progress) or UP (Unsatisfactory Progress).

You will be tested of Abbreviations, Root Words, Prefixes, and Suffixes.

The following pages contain the selected Abbreviations, Suffixes, Prefixes, Root Words, and Symbols which you need to memorize.
### Abbreviations / Terminology List

<table>
<thead>
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<th>Meaning</th>
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<td>Abdomen</td>
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<td>Abnormal</td>
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<tr>
<td>ABS</td>
<td>Audible bowel sounds</td>
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<tr>
<td>ac</td>
<td>Before meals (ante cibos)</td>
</tr>
<tr>
<td>AD</td>
<td>Right ear</td>
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<td>ADL</td>
<td>Activities of daily living</td>
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<tr>
<td>ad lib</td>
<td>As desired</td>
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<td>adm</td>
<td>Admit, admission</td>
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<tr>
<td>AKA</td>
<td>Above knee amputation</td>
</tr>
<tr>
<td>AM</td>
<td>Morning</td>
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<tr>
<td>amb</td>
<td>Ambulate, ambulation, ambulatory</td>
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<tr>
<td>A.M.A.</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>AMA</td>
<td>Against medical advise</td>
</tr>
<tr>
<td>amt</td>
<td>Amount</td>
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<tr>
<td>A&amp;OX3</td>
<td>Alert &amp; oriented times 3 (person, place, time)</td>
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<td>ant</td>
<td>Anterior</td>
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<td>Anteroposterior</td>
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<tr>
<td>Ap</td>
<td>Apical pulse</td>
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<tr>
<td>AP &amp; Lat, AP&amp;L</td>
<td>Anterior, posterior, and lateral</td>
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<tr>
<td>aq, aqua</td>
<td>Water, aqueous</td>
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<tr>
<td>AS</td>
<td>Left ear (auris sinistra)</td>
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<td>ASA</td>
<td>Aspirin (acetylsalicylic acid)</td>
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<td>As soon as possible</td>
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<td>Barium enema</td>
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<tr>
<td>BBS</td>
<td>Bilateral breath sounds</td>
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<td>b.i.d., BID</td>
<td>Twice a day (0900 &amp; 2100)</td>
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<tr>
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<td>Bilateral</td>
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<td>Breakfast</td>
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<td>Below knee amputation</td>
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<td>bld</td>
<td>Blood</td>
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<td>BLE</td>
<td>Both lower extremities</td>
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<td>MEANING</td>
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<td>--------------</td>
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</tr>
<tr>
<td>bm</td>
<td>Bowel movement</td>
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<tr>
<td>BH</td>
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</tr>
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<tr>
<td>BHMC-NLR</td>
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<td>BHRI</td>
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<td>BHSPN</td>
<td>Baptist Health School of Practical Nursing</td>
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<td>BP, B/P</td>
<td>Blood pressure</td>
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<td>Bronchoscopy</td>
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<td>Bathroom privileges</td>
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<td>B/S</td>
<td>Bed side</td>
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<tr>
<td>BSC</td>
<td>Bed side commode</td>
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<tr>
<td>BRAT</td>
<td>Bananas, rice, applesauce, toast (dry) diet</td>
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<td>BUE</td>
<td>Both upper extremities</td>
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<td>BUN</td>
<td>Blood urea nitrogen</td>
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<td>Biopsy</td>
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<td>Cancer, carcinoma</td>
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<td>With</td>
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<td>Computerized axial tomography</td>
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<td>C&amp;DB</td>
<td>Cough &amp; deep breathe</td>
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<td>Culture &amp; sensitivity</td>
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<td>DOA</td>
<td>Dead on arrival</td>
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<td>eg</td>
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<td>Extraoccular movement</td>
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<td>etc.</td>
<td>And so forth</td>
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<td>Heart rate</td>
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<td>History</td>
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<td>Identification</td>
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<td>Incision &amp; drainage</td>
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<td>I&amp;O</td>
<td>Intake &amp; output</td>
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<td>Intermittent positive pressure</td>
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<td>Intravenous push</td>
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<td>K</td>
<td>Potassium</td>
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<td>Kg, kg</td>
<td>Kilogram</td>
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<td>Keep vein open</td>
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<td>KUB</td>
<td>Kidney, ureter, bladder</td>
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<td>MEANING</td>
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<tr>
<td>LE</td>
<td>Lower extremity</td>
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<td>Lower Left extremity</td>
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<tr>
<td>LLQ</td>
<td>Left lower quadrant</td>
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<tr>
<td>LOC</td>
<td>Level of consciousness</td>
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<td>loc</td>
<td>Laxative of choice</td>
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<td>LMP</td>
<td>Last menstrual period</td>
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<td>Level of pain</td>
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<td>MAR</td>
<td>Medication administration record</td>
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<td>Myocardial infarction</td>
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<td>med</td>
<td>Medicine, medication</td>
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<td>mEq</td>
<td>Milliequivalent</td>
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<td>Magnesium</td>
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<td>Milk of magnesia</td>
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<td>MRI</td>
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</tr>
<tr>
<td>Noct</td>
<td>At night, nocturnal</td>
</tr>
<tr>
<td>ABBREVIATION</td>
<td>MEANING</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>NPO</td>
<td>Nothing by mouth</td>
</tr>
<tr>
<td>NS</td>
<td>Normal saline</td>
</tr>
<tr>
<td>N&amp;V</td>
<td>Nausea &amp; vomiting</td>
</tr>
<tr>
<td>O2</td>
<td>Oxygen</td>
</tr>
<tr>
<td>OOB</td>
<td>Out of bed</td>
</tr>
<tr>
<td>O.S.</td>
<td>Left eye (oculus sinister)</td>
</tr>
<tr>
<td>O.T.</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>OU</td>
<td>Both eyes (oculus uterque)</td>
</tr>
<tr>
<td>Oz, oz</td>
<td>Ounce</td>
</tr>
<tr>
<td>p</td>
<td>After</td>
</tr>
<tr>
<td>P</td>
<td>Pulse</td>
</tr>
<tr>
<td>pt</td>
<td>Patient</td>
</tr>
<tr>
<td>P.T.</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>Patho</td>
<td>Pathology</td>
</tr>
<tr>
<td>pc</td>
<td>After meals</td>
</tr>
<tr>
<td>PCA</td>
<td>Patient controlled analgesia</td>
</tr>
<tr>
<td>PEG</td>
<td>Percutaneous endoscopic Gastroscopy</td>
</tr>
<tr>
<td>PM</td>
<td>Afternoon, evening</td>
</tr>
<tr>
<td>PO</td>
<td>By mouth (per os)</td>
</tr>
<tr>
<td>post</td>
<td>Posterior</td>
</tr>
<tr>
<td>post-op</td>
<td>After surgery (postoperative)</td>
</tr>
<tr>
<td>Pre-op</td>
<td>Before surgery (preoperative)</td>
</tr>
<tr>
<td>PRN</td>
<td>As necessary (as needed)</td>
</tr>
<tr>
<td>PERRLA</td>
<td>Pupils equal, round, reactive to light &amp; accommodating</td>
</tr>
<tr>
<td>q</td>
<td>Every</td>
</tr>
<tr>
<td>q am</td>
<td>Every morning</td>
</tr>
<tr>
<td>qh</td>
<td>Every hour</td>
</tr>
<tr>
<td>qid, QID, q.i.d.</td>
<td>Four times a day (0900-1300-1700-2100)</td>
</tr>
<tr>
<td>q1h, q2h, q3h, etc.</td>
<td>Every ___ hour</td>
</tr>
<tr>
<td>qt</td>
<td>Quart</td>
</tr>
<tr>
<td>ABBREVIATION</td>
<td>MEANING</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>R, resp</td>
<td>Respiration</td>
</tr>
<tr>
<td>RBC</td>
<td>Red blood cell</td>
</tr>
<tr>
<td>REM</td>
<td>Rapid eye movement (sleep)</td>
</tr>
<tr>
<td>Rt</td>
<td>Right</td>
</tr>
<tr>
<td>RLE</td>
<td>Right lower extremity</td>
</tr>
<tr>
<td>RUE</td>
<td>Right upper extremity</td>
</tr>
<tr>
<td>RLL</td>
<td>Right lower lobe</td>
</tr>
<tr>
<td>ROM</td>
<td>Range of motion</td>
</tr>
<tr>
<td>RLQ</td>
<td>Right lower quadrant</td>
</tr>
<tr>
<td>RUQ</td>
<td>Right upper quadrant</td>
</tr>
<tr>
<td>R/O, r/o</td>
<td>Rule out</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescription, treatment</td>
</tr>
<tr>
<td>s</td>
<td>Without</td>
</tr>
<tr>
<td>SSE</td>
<td>Soap solution enema (soap suds)</td>
</tr>
<tr>
<td>SC, SQ, subq</td>
<td>Subcutaneous</td>
</tr>
<tr>
<td>SOB</td>
<td>Short of breath</td>
</tr>
<tr>
<td>sol</td>
<td>Solution</td>
</tr>
<tr>
<td>spec.</td>
<td>Specimen</td>
</tr>
<tr>
<td>STAT</td>
<td>Immediately, at once</td>
</tr>
<tr>
<td>T, temp</td>
<td>Temperature</td>
</tr>
<tr>
<td>tab</td>
<td>Tablet</td>
</tr>
<tr>
<td>Tbsp, T</td>
<td>Tablespoon</td>
</tr>
<tr>
<td>tsp</td>
<td>Teaspoon</td>
</tr>
<tr>
<td>t.i.d.</td>
<td>Three times a day (0900-1300-1700)</td>
</tr>
<tr>
<td>TO</td>
<td>Telephone order</td>
</tr>
<tr>
<td>TPN</td>
<td>Total parenteral nutrition</td>
</tr>
<tr>
<td>TPR</td>
<td>Temperature, pulse, respiration</td>
</tr>
<tr>
<td>TWE</td>
<td>Tap water enema</td>
</tr>
<tr>
<td>tx</td>
<td>Treatment</td>
</tr>
<tr>
<td>TX</td>
<td>Traction</td>
</tr>
<tr>
<td>UA</td>
<td>Urinalysis</td>
</tr>
<tr>
<td>UE</td>
<td>Upper extremity</td>
</tr>
<tr>
<td>UGI</td>
<td>Upper gastrointestinal</td>
</tr>
<tr>
<td>UTI</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>ABBREVIATION</td>
<td>MEANING</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>via</td>
<td>By way of</td>
</tr>
<tr>
<td>vd</td>
<td>Void</td>
</tr>
<tr>
<td>VO</td>
<td>Verbal order</td>
</tr>
<tr>
<td>V.S.</td>
<td>Vital signs</td>
</tr>
<tr>
<td>WBC</td>
<td>White blood cell</td>
</tr>
<tr>
<td>w/d</td>
<td>Warm and dry</td>
</tr>
<tr>
<td>w/o</td>
<td>Without</td>
</tr>
<tr>
<td>W/C</td>
<td>Wheelchair</td>
</tr>
<tr>
<td>WNL</td>
<td>Within normal limits</td>
</tr>
<tr>
<td>WTD</td>
<td>Wet to dry dressing</td>
</tr>
<tr>
<td>Wt, wt</td>
<td>Weight</td>
</tr>
<tr>
<td>Yrs, yrs</td>
<td>Years</td>
</tr>
</tbody>
</table>
BAPTIST HEALTH Schools Little Rock
School of Practical Nursing
Semester I
PNSG 1111 Basic Nursing

**Medical Combining Forms**

**Prefix:** the combining form placed at the **beginning** of a word.

<table>
<thead>
<tr>
<th>PREFIX</th>
<th>MEANING</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a- or an-</td>
<td>Without</td>
<td>Anaerobe</td>
</tr>
<tr>
<td>ab-</td>
<td>Away from</td>
<td>Abduct</td>
</tr>
<tr>
<td>ad-</td>
<td>To, toward</td>
<td>Addition</td>
</tr>
<tr>
<td>ante-</td>
<td>Before (in front of)</td>
<td>Anteroom</td>
</tr>
<tr>
<td>anti-</td>
<td>Against</td>
<td>Antibiotic</td>
</tr>
<tr>
<td>auto-</td>
<td>Self</td>
<td>Automatic</td>
</tr>
<tr>
<td>bi-</td>
<td>Twice, double</td>
<td>Bifocal</td>
</tr>
<tr>
<td>brady-</td>
<td>Slow</td>
<td>Bradycardia</td>
</tr>
<tr>
<td>circum-</td>
<td>Around</td>
<td>Circumstance</td>
</tr>
<tr>
<td>contra-</td>
<td>Opposed, against</td>
<td>Contraindicate</td>
</tr>
<tr>
<td>co-</td>
<td>With</td>
<td>Cooperate</td>
</tr>
<tr>
<td>cyst-</td>
<td>Bag, bladder, sac</td>
<td>Cystogram</td>
</tr>
<tr>
<td>dys-</td>
<td>Difficult, painful</td>
<td>Dysfunction</td>
</tr>
<tr>
<td>ex-</td>
<td>Without, away from</td>
<td>Excision</td>
</tr>
<tr>
<td>extra-</td>
<td>Outside of</td>
<td>Extracellular</td>
</tr>
<tr>
<td>hemato-</td>
<td>Blood</td>
<td>Hematoma</td>
</tr>
<tr>
<td>hemi-</td>
<td>Half</td>
<td>Hemisphere, hemiplegia</td>
</tr>
<tr>
<td>hydro-</td>
<td>Water</td>
<td>Hydrocephalus</td>
</tr>
<tr>
<td>hyper-</td>
<td>Higher, more</td>
<td>Hypertension</td>
</tr>
<tr>
<td>hypo-</td>
<td>Lower, less</td>
<td>Hypotension</td>
</tr>
<tr>
<td>intra-</td>
<td>Within</td>
<td>Intracellular</td>
</tr>
<tr>
<td>inter-</td>
<td>Between</td>
<td>Intervention</td>
</tr>
<tr>
<td>leuko-</td>
<td>White</td>
<td>Leukocyte</td>
</tr>
<tr>
<td>micro-</td>
<td>Small</td>
<td>Microorganism</td>
</tr>
<tr>
<td>mega- or megal-</td>
<td>Large, great</td>
<td>Megacolon</td>
</tr>
<tr>
<td>multi-</td>
<td>Many</td>
<td>Multicellular</td>
</tr>
<tr>
<td>myo-</td>
<td>Muscle</td>
<td>Myocardial</td>
</tr>
<tr>
<td>neo-</td>
<td>New</td>
<td>Neonate</td>
</tr>
<tr>
<td>nephro-</td>
<td>Kidney</td>
<td>Nephrectomy</td>
</tr>
<tr>
<td>para-</td>
<td>Beside</td>
<td>Paramedic</td>
</tr>
<tr>
<td>peri-</td>
<td>Around</td>
<td>Perimeter</td>
</tr>
<tr>
<td>pneumo-</td>
<td>Air, lung, gas</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>poly-</td>
<td>Much, many</td>
<td>Polydipsia</td>
</tr>
<tr>
<td>post-</td>
<td>After</td>
<td>Postmortem</td>
</tr>
<tr>
<td>pre-</td>
<td>Before</td>
<td>Preoperative</td>
</tr>
<tr>
<td>PREFIX</td>
<td>MEANING</td>
<td>EXAMPLE</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>pseudo-</td>
<td>False</td>
<td>Pseudocyesis</td>
</tr>
<tr>
<td>pyo-</td>
<td>Pus</td>
<td>Pyuria</td>
</tr>
<tr>
<td>pyro-</td>
<td>Fever</td>
<td>Pyrexia</td>
</tr>
<tr>
<td>quadra-</td>
<td>Four</td>
<td>Quadriplegic</td>
</tr>
<tr>
<td>retro-</td>
<td>Behind</td>
<td>Retro peritoneal</td>
</tr>
<tr>
<td>semi-</td>
<td>Half</td>
<td>Semiconscious</td>
</tr>
<tr>
<td>sub-</td>
<td>Under</td>
<td>Substernal</td>
</tr>
<tr>
<td>super-</td>
<td>Above, excess</td>
<td>Supersaturate</td>
</tr>
<tr>
<td>supra-</td>
<td>Above</td>
<td>Supra pubic</td>
</tr>
<tr>
<td>tachy-</td>
<td>Fast</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>trans-</td>
<td>Across, through</td>
<td>Transurethral</td>
</tr>
<tr>
<td>un-</td>
<td>Against</td>
<td>Unusual</td>
</tr>
<tr>
<td>uni-</td>
<td>One</td>
<td>Unilateral</td>
</tr>
<tr>
<td>ultra-</td>
<td>Excess</td>
<td>Ultrasonic</td>
</tr>
<tr>
<td>vaso-</td>
<td>Vessel</td>
<td>Vasoconstriction</td>
</tr>
</tbody>
</table>
**SUFFIX:** The combining form placed at the **end** of the word.

<table>
<thead>
<tr>
<th>SUFFIX</th>
<th>MEANING</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>-algia</td>
<td>Pain</td>
<td>Neuralgia</td>
</tr>
<tr>
<td>-cele</td>
<td>Tumor</td>
<td>Hydrocele</td>
</tr>
<tr>
<td>-cide</td>
<td>Destructive, killing</td>
<td>Bactericide</td>
</tr>
<tr>
<td>-cyte</td>
<td>Cell</td>
<td>Leucocyte</td>
</tr>
<tr>
<td>-desis</td>
<td>Surgical fixation</td>
<td>Arthrodesis</td>
</tr>
<tr>
<td>-ectomy</td>
<td>Surgical removal of</td>
<td>Appendectomy</td>
</tr>
<tr>
<td>-emia</td>
<td>Blood</td>
<td>Anemia</td>
</tr>
<tr>
<td>-gene</td>
<td>Origin</td>
<td>Cytogenic</td>
</tr>
<tr>
<td>-gram</td>
<td>A tracing, a mark</td>
<td>Venogram</td>
</tr>
<tr>
<td>-graphy</td>
<td>A writing, a record</td>
<td>Radiography</td>
</tr>
<tr>
<td>-iasis</td>
<td>Condition, pathological state</td>
<td>Cholelithiasis</td>
</tr>
<tr>
<td>-itis</td>
<td>Inflammation of</td>
<td>Cystitis</td>
</tr>
<tr>
<td>-lithiasis</td>
<td>Presence of stones</td>
<td>Nephrolithiasis</td>
</tr>
<tr>
<td>-lysis</td>
<td>Disintegration of</td>
<td>Hemolysis</td>
</tr>
<tr>
<td>-megaly</td>
<td>Enlargement</td>
<td>Bronchiomegaly</td>
</tr>
<tr>
<td>-oscopy</td>
<td>Look into with an instrument</td>
<td>Lobotomy</td>
</tr>
<tr>
<td>-otomy</td>
<td>To incise</td>
<td>Carcinoma</td>
</tr>
<tr>
<td>-oma</td>
<td>Tumor</td>
<td>Herniorrhaphy</td>
</tr>
<tr>
<td>-orrhaphy</td>
<td>Repair of</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>-osis</td>
<td>Disease, condition of</td>
<td>Colorrhaphy</td>
</tr>
<tr>
<td>-ostomy</td>
<td>To form an opening</td>
<td>Artroscopy</td>
</tr>
<tr>
<td>-pexy</td>
<td>Suspension of fixation of</td>
<td>Photopexy</td>
</tr>
<tr>
<td>-phobia</td>
<td>Fear</td>
<td>Hemophilbia</td>
</tr>
<tr>
<td>-philia</td>
<td>Affinity for</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>-plasty</td>
<td>Reconstruction, plastic surgery</td>
<td>Hemipleagia</td>
</tr>
<tr>
<td>-plegia</td>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td>-rrhea</td>
<td>Excessive discharge</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>-scope</td>
<td>Instrument of visual exam</td>
<td>Otoscope</td>
</tr>
<tr>
<td>-uria</td>
<td>Urine</td>
<td>Pyuria</td>
</tr>
</tbody>
</table>
**ROOT WORDS:** The base to which a prefix or suffix is added. **Note** - they refer to body structures.

<table>
<thead>
<tr>
<th>ROOT</th>
<th>MEANING</th>
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</thead>
<tbody>
<tr>
<td>adeno</td>
<td>Gland</td>
</tr>
<tr>
<td>arthro</td>
<td>Joint</td>
</tr>
<tr>
<td>bucca</td>
<td>Cheek</td>
</tr>
<tr>
<td>cardi</td>
<td>Heart</td>
</tr>
<tr>
<td>chole</td>
<td>Bile, gallbladder</td>
</tr>
<tr>
<td>col</td>
<td>Colon</td>
</tr>
<tr>
<td>cranio</td>
<td>Skull</td>
</tr>
<tr>
<td>cysto</td>
<td>Bladder, cyst, sac</td>
</tr>
<tr>
<td>derma</td>
<td>Skin</td>
</tr>
<tr>
<td>doch</td>
<td>Duct</td>
</tr>
<tr>
<td>duodeno</td>
<td>Duodenum</td>
</tr>
<tr>
<td>entero</td>
<td>Intestine</td>
</tr>
<tr>
<td>gastro</td>
<td>Stomach</td>
</tr>
<tr>
<td>glossa</td>
<td>Tongue</td>
</tr>
<tr>
<td>hepato</td>
<td>Liver</td>
</tr>
<tr>
<td>hystero</td>
<td>Uterus</td>
</tr>
<tr>
<td>jejunon</td>
<td>Jejunum</td>
</tr>
<tr>
<td>lith</td>
<td>Stone</td>
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<tr>
<td>mast</td>
<td>Breast</td>
</tr>
<tr>
<td>myo</td>
<td>Muscle</td>
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<tr>
<td>nephro</td>
<td>Kidney</td>
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<td>Nerve</td>
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<td>Ovary</td>
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<td>ophthalmo</td>
<td>Eye</td>
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<td>orchi</td>
<td>Testicle</td>
</tr>
<tr>
<td>os</td>
<td>Opening, orifice</td>
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<tr>
<td>oto</td>
<td>Ear</td>
</tr>
<tr>
<td>phlebo</td>
<td>Vein</td>
</tr>
<tr>
<td>pneumo</td>
<td>Lung</td>
</tr>
<tr>
<td>procto</td>
<td>Rectum</td>
</tr>
<tr>
<td>psycho</td>
<td>Mind</td>
</tr>
<tr>
<td>rhino</td>
<td>Nose</td>
</tr>
<tr>
<td>salping</td>
<td>Tube</td>
</tr>
<tr>
<td>skeleto</td>
<td>Skeleton</td>
</tr>
<tr>
<td>thoraco</td>
<td>Chest</td>
</tr>
<tr>
<td>uro</td>
<td>Urine</td>
</tr>
<tr>
<td>vaso</td>
<td>Vessel</td>
</tr>
</tbody>
</table>

bn/rootwd/cw/June2004
SYMBOLS

p       After
@
Δ       Change
↑       Increase
↓       Decrease
=       Equal to
ss      Half
%       Percent
X       Times
&       And
a       Before
q       Every
        Dram
        Ounce
R       Right
L       Left
#       Number, pound
°       Degree
LECTURE OBJECTIVES:

1. Discuss nursing origins.
2. Identify Nightingale reforms.
3. Name ways nurses in early history of the United States used their skills.
4. Discuss the changes that have occurred in the definition of nursing.
5. List the types of educational programs available to prepare a student for the beginning level of nursing practice.
6. Name factors that affect a person's choice of nursing program.
7. List examples of current trends affecting health care.
8. State three reasons that support the need for continuing education in nursing.
9. Discuss four skills that all nurses use in clinical practice.

RESOURCES:


LECTURE OUTLINE:

I. Nursing Origins
   A. Youngest profession but one of the oldest arts.
   B. Evolved from roles of nurturing and caring in families.
   C. Roles expanded to include nuns, priests, brothers.
   D. After religious groups care giving went to the state and hospitals became “pest houses.”
II. The Nightingale Reformation
   A. Florence Nightingale
   B. The Crimean War 1854 – 1856
   C. Nightingale’s Contributions

III. Nursing Established in the United States
   A. Changes necessary during the Civil War
   B. Dorothea Lynde Dix (social worker) asked to organize volunteers to care for the wound
   C. Upgraded selection criteria
   D. Required dress of volunteers very strict

IV. United States Nursing Schools
   A. Apprenticeship not formal education in early days
   B. As schools became organized length of study went from 6 months to 3 years

V. Expanding Areas of Practice
   A. Nursing moved into communities - became public health
   B. Volunteered during war time (WWI, II, Korea, Vietnam, and Desert Storm)

VI. Contemporary Nursing
   A. Define term “art”
      1. Ability to perform an act skillfully
   B. Define term “science”
      2. Body of knowledge unique to a particular subject

VII. Integrating Nursing Theory
   A. Define term “theory”
      1. An opinion or belief that explains a process
   B. Nursing theorists of note
      1. Florence Nightingale
      2. Virginia Henderson
   C. Defining Nursing
      1. American Nurses Association (ANA)

VIII. Practical/Vocational Nursing
   A. Began during WWII to fill void left when RN's went to military duty.
   B. Continued after war because not all RN's returned to work.
   C. NAPNES formed to standardize practical nurse education and facilitate licensure of graduates.
IX. Registered Nursing
   A. Hospital based diploma programs
      1. Traditional route of education - hospital based.
      2. Usually 3 years in length.
      3. Have declined in numbers in U.S. since 1970's.
   B. Associate degree programs
      1. Usually 2 year program
      2. Seen in vocational schools, junior or community colleges
      3. Condensed curriculum but pass rates on NCLEX are acceptable.
   C. Baccalaureate programs
      1. Have become more popular over the years
      2. Have been noted by ANA and NLN as entry level into nursing practice but
         not official as yet
      3. Some colleges allowing diploma or associate degree nurses to “challenge”
         some nursing courses to facilitate obtaining BSN.
   D. Graduate nursing programs
      1. Masters and doctoral levels
      2. Masters prepared are clinical specialists, nurse practitioners, administrators,
         educators.
      3. Doctoral level nurses are researchers and educators.
      4. Advanced education outside of nursing

X. Continuing education
   A. Any planned learning experience that takes place beyond the basic nursing program.
   B. Renewal of state licensure often required continuing education.
   C. Ensures competence.
   D. Ensures nurse is legally safe.
   E. Learning is a lifetime experience.

XI. Future Trends
   A. Major Issues
   B. Government Responses
   C. Proactive Strategies

XII. Unique Nursing Skills
    A. Assessment skills
       1. Collection of data to assist in determining patient needs and problems.
       2. Patient is primary source of data.
       3. Patient family, medical record, other healthcare workers also provide.
B. Caring Skills
   1. Nursing interventions intended to restore or maintain a person's health.
   2. May include assisting with ADL’s or using technical equipment.
   3. Traditionally nurses always provide physical care when patients unable to meet own needs.
   4. Caring involves more than physical - involves concern and attachment occurring with close relationships.
   5. Self-reliance expected as end result.

C. Counseling Skills
   1. Counselor is one who listens to a patient's needs.
   2. Counseling skills include intervention such as active listening, health teaching, and providing emotional support.
   3. Empathy defined as intuitive awareness of what patient is experiencing.
   4. Sympathy defined as feeling as emotionally distraught as the patient.

D. Comforting skills
   1. Nightingale and her lamp were a comfort to the injured.
   2. Comforting skills are interventions that provide stability and security during a health crisis.
   3. Nurse is patient's guide, companion, interpreter - a support system to reduce fears and concerns.

LEARNING EXPERIENCES:

Lecture
Independent Study
Study Guide
Handouts
Films
Class Discussion
LECTURE OBJECTIVES:

1. Define nursing diagnosis.
2. List five steps in the nursing process.
3. Discuss the formulation of the nursing diagnosis.
4. Discuss the relationship of critical thinking and nursing process.
5. Describe rationale for setting priorities.
6. Differentiate between long-term and short-term goals.
7. Identify ways to document a plan of care.
8. Discuss outcomes that result from evaluation.

RESOURCES:


LECTURE OUTLINE:

I. Definition of nursing diagnosis
   A. Description of client's actual or potential response to a health problem
   B. Characteristics of the nursing process

II. Relationship of critical thinking and nursing diagnosis development
   A. Incorporate skills of critical thinking and decision making
   B. Analyze data
   C. Interpret data
   D. Identify problems
   E. Formulate nursing diagnosis
III. Formulation of the nursing diagnosis  
A. Based on identified client needs  
B. Must be supported by data base  
C. Problem may be actual or potential  
D. The “related-to” phase indicates that cause can contribute to or be associated with the problem  
E. Use critical thinking skills to individualize interventions  

IV. Difference between nursing diagnosis and medical diagnosis  
A. Nursing diagnosis focuses on nursing needs  
B. Medical diagnosis identifies specific disease state  

V. Accepted nursing diagnosis according to NANDA.  

VI. Assessment  
A. Systematic process  
B. Gathering data  
C. Verifying data  
D. Communicating data  

VII. Types of data  
A. Subjective  
B. Objective  

VIII. Sources of data  
A. Primary source is the patient  
B. Family  
C. Reports  
D. Test Results  
E. Current and past medical records  
F. Other healthcare workers  

IX. Types of Assessment  
A. Database assessment  
B. Focus assessment  

X. Organization of data  
A. Group related information  
B. Organize into small groups  

XI. Diagnosis  
A. Identification of health-related problems  
B. Results from analyzing collected data  
C. NANDA list  
D. Diagnostic statements
XII. Planning
   A. Prioritizing
   B. Establishing goals
      1. Short term
      2. Long term
   B. Selecting interventions
   C. Documentation of plan of care
   D. Communication of the plan

XIII. Implementation
   A. How the plan is to be carried out
   B. Includes medical orders and nursing orders.
      1. Documentation
   C. Legal evidence that plan of care actually carried out.
   D. Also describes patient response.
   E. Maintains communication between healthcare team members.

XIV. Evaluation
   A. Process used to determine whether a goal has been reached.
   B. Final step (#5) in nursing process.
   C. If there is lack of progress the plan may need revising.

LEARNING EXPERIENCES:

Lecture
Class Discussion
Independent Study
Study Guide
LECTURE OBJECTIVES:

1. Identify six types of laws
   A. Differentiate between common and statutory laws
   B. Differentiates between criminal and civil action
2. Discuss the purpose of the nurse practice act and role of the state board of nursing
   A. Define the nursing standard of care
3. Discuss and describe the difference between intentional and unintentional torts
4. Describe the difference between negligence and malpractice
   A. Identify the four elements needed for negligence
5. Describe the focus of the Health Insurance Portability and Accountability Act (HIPAA)
6. Explain the purpose of The Joint Commission (TJC) Patient Safety Goals
7. Discuss the differences among consents
   A. General
   B. Informed
   C. Authorized
8. Identify the difference between a living will and durable power of attorney
9. Identify the difference between physician-assisted suicide and euthanasia
10. Identify what is not included in an incident report.
11. Explain the difference among ethics, morals, and values
12. Explain the purpose for a code of ethics
13. Describe two types of ethical theories
14. Name and explain six ethical principles that apply to healthcare
15. List five ethical issues common in nursing practice
16. Differentiate between ethical and legal responsibility in nursing.

RESOURCES:


LECTURE OUTLINE:

I. Laws
   A. Definition
   B. Types of Laws
      1. Constitutional Law
      2. Statutory Law
         a. Nurse Practice Act
      3. Administrative Law
         a. State Board of Nursing
      4. Common Law
      5. Criminal Law
         a. Misdemeanor
         b. Felony
      6. Civil Law
         a. Intentional Torts
            1. Assault
            2. Battery
            3. False imprisonment
            4. Invasion of privacy
            5. Defamation
               aa. Slander
               bb. Libel
         b. Unintentional Torts
            1. Negligence
            2. Malpractice

II. Professional Liability
   A. Reducing Liability
      1. Good Samaritan Laws
      2. Statute of Limitations
      3. Assumption of Risk
      4. Documentation and Anecdotal Records
      5. Risk Management and Incident Reports
   B. Litigation

III. Ethics
   A. Code of Ethics
      1. ANA
      2. NFLPN
      3. NAPNES
      3. Personal
B. Ethical Dilemmas
   1. Abortion
   2. End of Life
   3. Genetics and Cloning
C. Ethical Theories
   1. Teleologic
   2. Deontologic
D. Ethical Principles
   1. Beneficence and Nonmaleficence
   2. Autonomy
   3. Veracity
   4. Fidelity
   5. Justice
   6. Beneficent Paternalism
E. Values, Morals and Ethical Decision Making
F. Ethical Issues
   1. Truth Telling
   2. Confidentiality
   3. Withholding or Withdrawing Treatment
      a. Advanced Directives
      b. Living Will
      c. Durable power of attorney for healthcare
   4. Code Status
   5. Allocation of Scarce Resources
   6. Whistle Blowing
G. Ethical Responsibilities of Nurses
   1. Patient Advocacy
   2. Accountability
   3. Peer Reporting
LECTURE OBJECTIVES:

1. Discuss year 2010 national health goals.
2. Define health.
3. Define illness.
4. List health beliefs that are common among Americans.
5. Explain the concept of Holism.
6. Identify 5 levels of human needs.
7. Explain the terms used to describe illness: morbidity, mortality, acute, chronic, terminal, primary, secondary, remission, exacerbation, heredity, congenital, idiopathic.
8. Differentiate between primary, secondary, tertiary, extended care.
9. Discuss patterns for giving patient care.

RESOURCES:


LECTURE OUTLINE:

1. Health
   A. Health Values and beliefs
      1. Limited resource
      2. A right
      3. A personal responsibility
II. Wellness
   A. Holism
   B. Hierarchy of Human Needs (A. Maslow) (Fig. 4-3, p. 52)

III. Illness
   A. Morbidity
   B. Mortality
   C. Acute, chronic, terminal illness
   D. Primary and secondary illness
   E. Remission/exacerbation
   F. Heredity/congenital/idiopathic illness

IV. Health Care System
   A. Health care services
      1. Primary
      2. Secondary
      3. Tertiary
      4. Extended
   B. Access to Care
   C. Financing Health Care
      1. Government Funded
         a. Medicare
         b. Medicaid
         c. Managed Care

V. National Health Goals
   A. “Healthy People 2010 Goals & Health Indicators” (Box 4-3, p. 57)
   B. “Components of Healthy People 2010” (Fig. 4-4, p. 57)

VI. Nursing Team
   A. Management patterns
      1. Functional
      2. Case
      3. Team
      4. Primary
      5. Nurse-managed

VII. Continuity of Care
LEARNING EXPERIENCES:

Lecture
Class discussion
Independent Study
Study Guide
LECTURE OBJECTIVES:

1. Explain homeostasis.
2. List four categories of stressors that affect homeostasis.
3. Identify two beliefs about the body and mind based on the concept of holism.
4. Identify the purpose of adaptation and two possible outcomes of unsuccessful adaptation.
5. Trace the structures through which adaptive changes take place.
8. List 10 factors that affect the stress response.
9. Discuss the three stages and consequences of the general adaptation syndrome.
10. Name three levels of prevention that apply to the reduction or management of stress-related disorders.
11. Explain psychological adaptation and two possible outcomes.
12. List eight nursing activities helpful to the care of clients prone to stress.
13. List four approaches to preventing, reducing, or eliminating a stress response.

RESOURCES:


LECTURE OUTLINE:

I. Homeostasis
   A. Holism
   B. Adaptation
II. Physiologic Adaptation
   A. Neurotransmitters
   B. Central nervous system (CNS)
      a. Cortex
      b. Subcortex
      c. Reticular activating system (RAS)
   C. Autonomic nervous system
      a. Sympathetic nervous system
      b. Parasympathetic nervous system
   C. Endocrine system
      a. Neuroendocrine Control
      b. Feedback Loop

III. Stress
   A. Nature of stress
   B. Physiologic Stress Response
   C. Psychological Stress Responses
      a. Coping mechanisms
      b. Coping strategies
   D. Stress-related disorders

IV. Nursing Implications
   A. Assessment of Stressors
   B. Prevention of Stressors
   C. Stress-Reduction Techniques
   D. Stress-Management Techniques
      a. Endorphins
      b. Sensory Manipulation
      c. Adaptive Activities
LECTURE OBJECTIVES:

1. Differentiate culture, race, and ethnicity.
2. Discuss two factors that interfere with perceiving others as individuals.
3. Explain why U.S. culture is described as being anglicized.
4. List at least five characteristics of Anglo-American culture.
5. Define the term subculture and list four major subcultures in the United States.
6. List five ways in which people from subcultural groups differ from Anglo-Americans.
7. Describe four characteristics of culturally sensitive care.
8. List at least five ways to demonstrate cultural sensitivity.

RESOURCES:


LECTURE OUTLINE:

I. Culture
   A. Definition
   B. Components of Cultural

II. Race
   A. Definition
   B. Examples of biological variations used to differentiate races.
   C. Errors related to Race

III. Minority
IV. Ethnicity
   A. Definition
   B. Stereotyping
   C. Generalization
   D. Ethnocentrism

V. Culture of The United States
   A. Early Cultures
   B. Subcultural Group in the United States

V. Transcultural Nursing
   A. Definition
   B. Equal Access
   C. Cultural Assessment
      a. Language and Communication
      b. Eye Contact
      c. Space and Distance
      d. Touch
      e. Emotional Expression
      f. Dietary Customs and Restrictions
      g. Time
      h. Beliefs Concerning Illness
   D. Biologic and Physiologic Variations
      a. Skin Characteristics
      b. Hair Characteristics
      c. Enzymatic Variations
         1. Lactase Deficiency
         2. G-6-Deficiency
         3. ADH Deficiency
   E. Disease Prevalence
   F. Health Beliefs and Practices
   G. Culturally Sensitive Nursing
LECTURE OBJECTIVES:

1. List the principles that are the basis for the nurse-patient relationship.
2. Identify the phases of the nurse-patient relationship.
3. Define terms: social communication and therapeutic verbal communication.
4. List the factors that affect oral communication;
5. Describe the forms of nonverbal communication.
6. Define terms: task-related touch and affective touch
7. Discuss the situations in which affective touch would be appropriate.

RESOURCES:


LECTURE OUTLINE:

I. The Nurse-Client Relationship
   A. Underlying principles
   B. Phases of the nurse-client relationship
      1. Introductory phase
      2. Working phase
      3. Terminating phase
   C. Barriers to a Therapeutic Relationship
II. Communication
   A. Verbal communication
   B. Therapeutic verbal communication
   C. Listening
   D. Silence
   E. Nonverbal communication
      1. Kinesics
      2. Paralanguage
      3. Proxemics
      4. Touch

III. General Gerontological Considerations
   A. Do's & Don't's
LECTURE OBJECTIVES:

1. Describe the 3 domains of learning.
2. Discuss the three age-related categories of learners.
3. Discuss the characteristics unique to elder adult learners.
4. Identify factors to be assessed before teaching patients.

RESOURCES:


LECTURE OUTLINE:

I. Importance of Client Teaching
   A. Promotion of Health
   B. Prevention of Illness/Injury
   C. Restoration of Health
   D. Adapting to Altered Health and Function
   E. Discharge teaching begins at admission

II. Assessing the Learner
   A. Learning styles
   B. Age and developmental differences
      1. Pedagogy
      2. Andrology
      3. Gerogogy
C. Capacity to learn
   1. Literacy
   2. Sensory deficits
   3. Cultural differences
   4. Attention and concentration

D. Motivation

E. Learning readiness

F. Learning needs

III. Informal and Formal Teaching

IV. General Gerontologic Considerations
LECTURE OBJECTIVES:

1. Identify seven uses for medical records.
2. Discuss guidelines for quality documentation.
3. Identify specific principles of documentation.
4. Identify specific divisions of the chart.
5. Identify six methods of charting.
6. Discuss four components of problem oriented medical records.
7. Discuss source records.
8. Discuss common record keeping forms.
9. Discuss other methods of communication about a patient.
10. Demonstrate documentation using the forms provided.

RESOURCES:


LECTURE OUTLINE:

I. Medical Records
   A. Uses
      1. Permanent account
      2. Sharing of information
      3. Quality assurance
      4. Accreditation
      5. Reimbursement
      6. Education / research
7. Legal evidence

II. Access of Records by the Patient

III. Types of Records
   A. Source-oriented
   B. Problem-oriented

IV. Methods of charting
   A. Narrative
   B. SOAP
   C. Focus
   D. PIE
   E. Charting by exception
   F. Computerized

V. Documentation Guidelines
   A. Abbreviations
   B. Use of military time
   C. Making entries on record

VI. Communication Continuity
   A. Written forms
      1. Care Plan
      2. Kardex
      3. Flow Sheet
   B. Interpersonal Communication
      1. Change of shift report
      2. Assignments
      3. Conferences
      4. Patient Rounds
      5. Telephone

LEARNING EXPERIENCES:

Lecture
Handouts
Independent study
Lab demonstration and practice
Clinical application

Revised: Jan. 2005/WM
Revised: Aug. 2004/WM
Ch9/dg/Oct2002
Lecture Objectives:

1. List the steps involved in the admission process.
2. Identify common responses that may occur with the admission of the patient to the healthcare agency.
3. List the steps involved in the discharge process.
4. Explain the difference between transferring and referring patients.
5. Describe the levels of care provided by nursing homes.

Resources:


Lecture Outline:

I. The Admission Process (Types of Admissions, Table 11-1, p. 164)
   A. Medical Authorization
   B. The Admitting Department
   C. Nursing Admission Activities
      1. Preparing the room
      2. Welcoming the patient
      3. Orienting the patient
      4. Safeguarding valuables and clothing
      5. Helping the patient undress
      6. Compiling the nursing data base
   D. Medical Admission Responsibilities
E. Common responses to admission
   1. Anxiety
   2. Loneliness
   3. Decreased privacy
   4. Loss of Identity

II. The Discharge Process
B. Discharge Instructions
   A. Obtaining authorization for Medical Discharge
   C. Notifying the Business Office
   D. Discharging a patient
      1. Gathering belongings
      2. Arranging Transportation
      3. Escorting the patient
   E. Writing the Discharge Summary
   F. Terminal Cleaning of the room

III. Patient Transfer
A. Transfer Activities
   1. Within the facility
   2. To an outside facility

B. Extended Care Facilities
   1. Skilled Nursing Facility (SNiF)
   2. Intermediate Care Facility
   3. Basic Care Facility
   4. Determining Level of Care
   5. Selecting a Facility (Nursing Home)

IV. Client Referral
A. Home Health
B. Other Services

V. General Gerontological Considerations

LEARNING EXPERIENCES

Lecture
Powerpoint
Class discussion
LECTURE OBJECTIVES:

1. Discuss body temperature.
2. Discuss pulse.
3. Discuss respiration.
4. Discuss blood pressure.
5. Describe how to record vital signs.
6. Demonstrate how to obtain vital signs.
7. Discuss measures to obtain vital signs in selected situations.
8. Discuss obtaining vital signs and nursing implications.

RESOURCES:


LECTURE OUTLINE:

I. Temperature
   A. Balance between heat production and loss
   B. Clinical thermometer
   C. Factors influencing body temperature
   D. Normal temperature
   E. Subnormal temperature
F. Obtaining the temperature
   1. Oral
   2. Rectal
   3. Axillary
   4. Tympanic

II. Pulse
   A. Define
   B. Factors influencing the pulse
   C. Normal and abnormal rates
   D. Characteristics
      1. Rate
      2. Volume
      3. Rhythm
   E. Sites to use
   F. Method for obtaining pulse

III. Respiration
   A. Define
   B. Normal and abnormal respiration
   C. Method to obtain respiration

IV. Blood pressure
   A. Define
   B. Factors which influence blood pressure
   C. Normal/abnormal blood pressure
   D. Equipment
   E. Method of obtaining blood pressure

V. Recording vital signs
   A. Graphic sheet
   B. Computer

VI. Obtaining vital signs and nursing implications
LECTURE OBJECTIVES:

1. Discuss the process of gathering information about a patient/client.
2. Discuss the purpose(s) of Physical Assessment.
3. Discuss the methods used during Physical Assessment.
4. List equipment used for physical assessment.
5. Discuss positions for examination.
6. Discuss the technique of performing the Physical Assessment.

RESOURCES:


LECTURE OUTLINE:

I. Overview of Physical Assessment

II. Methods of Physical Assessment
   A. Inspection
      1. Defined
      2. Examples
   B. Percussion
      1. Defined
      2. Examples
   C. Palpation
      1. Defined
      2. Examples
D. Auscultation
   1. Defined
   2. Examples

III. General Data

IV. Equipment used for physical assessment

V. Positions for examination

VI. Performing the Physical Assessment
   A. Mental Status
      1. Defined
      2. Assessed
   B. Vision and Eyes
   C. Hearing and Ears
   D. Touch, Taste, Smell
   E. Skin Assessment
      1. Color
      2. Texture
      3. Turgor
      4. Edema
      5. Temperature
      6. Moisture
   F. Respiratory Assessment
      1. Chest size and shape
      2. Auscultate breath sounds
         a. Normal
         b. Abnormal
      3. Cough
         a. Productive
         b. Nonproductive
   G. Cardiovascular Assessment
      1. Blood Pressure
      2. Radial Pulse
      3. Apical Pulse
      4. Capillary Refill
   H. Neurologic Assessment
      1. PERRLA
      2. Hand Grip
      3. Orientation
I. Gastrointestinal Assessment
  1. Mucous Membranes
  2. Gag Reflex
  3. Bowel Sounds
  4. Tenderness

J. Genitourinary Assessment

K. Musculoskeletal Assessment

LEARNING EXPERIENCES:

Lecture
Handouts
Independent Study
Clinical Application

Revised: May 2002/dg
LECTURE OBJECTIVES:

1. Define terms: examinations, tests
2. Discuss nursing responsibilities for examinations
3. Discuss various diagnostic examinations
4. Discuss nursing implications related to specific groups

RESOURCES:


LECTURE OUTLINE:

I. Nursing Responsibilities for Examinations
   A. Understanding the procedure
   B. Instructing the patient (Client and Family Teaching, p. 254)
   C. Preparing the patient
   D. Preparing supplies
   E. Positioning the patient (Table 14-2, p. 256)
   F. Nurses' role during examination (Box 14-1, p. 253)
   G. Documentation (Elements of Informed Consent, Box 14-2, p. 253)

II. Diagnostic Examinations
   A. Use of x-rays (MRI)
   B. Examination with electrical impulses (ECG, EKG, EEG, EMG)
C. Examination with sound waves (ultrasonography, sonograms, echogram)
D. Use of radionuclides (PET scan)
E. Endoscopies (Box 14-5, p. 260)
F. Examination of body fluids
   1. Paracentesis
   2. Lumbar puncture
   3. Throat culture
G. Review Gerontologic Considerations (pp. 266-267)

LEARNING EXPERIENCES

Lecture
Powerpoint
Demonstration
Class Discussion

Revised: June, 2009
Revised: May, 2002
LECTURE OBJECTIVES:

1. Define nutrition and malnutrition.
2. List six components of basic nutrition.
3. List at least five factors that influence nutritional needs.
4. Discuss the purpose and components of a food pyramid.
5. Describe three facts available on nutritional labels.
7. Identify four objective assessments for determining a person’s nutritional status.
8. Discuss the purpose of a diet history.
9. List five common problems that can be identified from a nutritional assessment.
10. Plan nursing interventions for resolving problems caused or affected by nutrition.
11. List seven common hospital diets.
12. Discuss four nursing responsibilities for meeting clients’ nutritional needs.
13. Identify three facts the nurse must know about a client’s diet.
14. Describe and demonstrate techniques for feeding clients.
15. Explain how to meet the nutritional needs of clients with visual impairment or dementia.
16. Discuss at least three unique aspects of nutrition that apply to older adults.

RESOURCES:


LECTURE OUTLINE:

I. Overview of nutrition
   A. Nutrition
   B. Malnutrition

II. Human Nutritional Needs Influenced by:
   A. Calories

Revised: June, 2009 by HS
B. Proteins
C. Carbohydrates
D. Fats
E. Vitamins

III. Nutritional Standards
A. Food Pyramid
B. Nutritional Labeling

IV. Nutritional patterns and practices
A. Influences on Eating Habits
B. Vegetarianism

V. Nutritional status assessment
A. Subjective data
B. Objective data
   1. Anthropometric Data
   2. Physical Assessment
   3. Laboratory Data

VI. Management of problems interfering with nutrition
A. Obesity
B. Emaciation
C. Anorexia
D. Nausea
E. Vomiting
F. Stomach Gas

VII. Management of nutrition
A. Common Hospital Diets
B. Meal trays
C. Feeding assistance
   1. Feeding the Client with Dysphagia
   2. Feeding the Visually Impaired Client
   3. Assisting the Client with Dementia

VIII. General Gerontological Considerations

IX. Skills at end of chapter
LEARNING EXPERIENCES:

Lecture
Discussion
Classroom activity
Handouts
LECTURE OBJECTIVES:

1. Describe the function of the skin and mucous membranes.
2. Discuss assessment of the skin and related structures.
3. List basic guides to care of the skin and mucous membranes.
4. Discuss the methods of bathing the patient.
5. Describe the care of the mouth and teeth.
6. Discuss additional aspects of personal hygiene.
7. Describe methods to meet hygiene needs in selected situations.
8. Discuss hygiene as related to the nursing process.

RESOURCES:


LECTURE OUTLINE:

I. Functions of the skin and mucous membranes
   A. Protection
   B. Temperature regulation
   C. Fluid and chemical balance
   D. Sensations of pain, temperature, touch, pressure
   E. Vitamin D production

II. Description of integumentary system
   A. Skin
   B. Mucous Membranes
   C. Hair
   D. Nails
   E. Teeth
III. Basic skin care guide
   A. Bathing improves self-image
   B. Unbroken skin and mucous membranes are the body's first line of defense against infection
   C. Good circulation is necessary to help cells healthy and alive

IV. Bathing the patient
   A. Purpose of bathing
   B. Type of baths
   C. General techniques
   D. Back rub

V. Oral Hygiene
   A. Benefits of good hygiene
   B. Brushing
   C. Flossing
   D. Irrigating appliances
   E. Care of dentures and bridges

VI. Additional aspects of personal hygiene.
   A. Care of the eyes and visual aids
   B. Care of the ears and hearing aids
   C. Care of the nose
   D. Care of the fingernails
   E. Care of the feet and toenails
   F. Care of the hair
   G. Perineal care
   H. Shaving
   I. Mustache and beard care

VII. Suggested measures for hygiene in selected situations
   A. When the patient is elderly

VIII. Hygiene and the nursing process
   A. Applicable nursing diagnosis
   B. Construction of a care plan dealing with bathing/ self care deficit

LEARNING EXPERIENCES:

Lecture
Independent Study
Films
Skills Lab Practice

Revised: May 2002/dg
LECTURE OBJECTIVES:

1. Define terms related to comfort, rest and sleep.
2. Describe ways to promote comfort, rest and sleep.
3. Describe the patient's standard room.
4. List functions of sleep.
5. Name the phases of sleep.
6. Discuss the sleep requirements for selected ages.
7. Describe selected sleep disorders.
8. Discuss nursing measures used to promote relaxation.
9. Name factors that affect sleep.

RESOURCES:


LECTURE OUTLINE:

I. Patient Environment
   A. Room
   B. Furnishings

II. Sleep and Rest
   A. Definitions of Sleep, Rest and Comfort
   B. Functions of sleep
   C. Sleep Phases
   D. Sleep Cycles
   E. Sleep Requirements
F. Factors Affecting Sleep
   1. Light
   2. Activity
   3. Environment
   4. Motivation
   5. Emotions and Moods
   6. Foods and Beverages
   7. Illness
   8. Drugs

III. Sleep Assessment
   A. Questionnaires
   B. Sleep Diary
   C. Nocturnal Polysomnography
   D. Multiple Sleep Latency Test

IV. Sleep Disorders
   A. Insomnia
   B. Hypersomnias
      1. Narcolepsy
      2. Sleep Apnea
   C. Sleep-Wake Disturbances
      1. Shift Work
      2. Jet Travel
      3. Seasonal Affective Disorder
   D. Parasomnias

V. Nursing Implications
   A. Progressive Relaxation
   B. Back Massage

VI. Gerontologic Considerations

VII. Skills (pages 352-363)

Revised: June, 2009/dg-b
May 2005/fs
LECTURE OBJECTIVES:

1. Define safety
2. List physical hazards in community and health care setting which puts clients at risk
3. Discuss environmental considerations for the client in a health care setting
4. Discuss steps to take when an accident or emergency occurs
5. Discuss responsibilities related Fire prevention
6. Discuss restraints legislation and JCAHO standards
7. Discuss benefits/risks for using physical restraints
8. Discuss restraints and restraint alternatives
9. Discuss protocol for restraint application.
10. Identify age-related injuries

RESOURCES:


LECTURE OUTLINE:

I. Definition of Safety

II. Age-Related Safety Factors
   A. Infants and Toddlers
   B. School-Age Children and Adolescents
   C. Adults

III. Environmental Hazards
   A. Latex Sensitization
      1. Types of reactions
2. Safeguards

B. Burns
   1. Prevention
   2. Fire Plans
   3. Fire Management

C. Asphyxiation
   1. Smoke Inhalation
   2. Carbon Monoxide
   3. Drowning

D. Electrical Shock

E. Poisoning
   1. Prevention
   2. Treatment

F. Falls
   1. Contributing Factors
   2. Assessment
   3. Prevention

G. Natural and Manmade Disasters

IV. Restraints
   A. Legislation
   B. Standards
      1. Protocol
      2. Orders
      3. Documentation
   C. Alternatives
   D. Use of Restraints

V. Nursing Implications

VI. Gerontological Consideration

VII. Skills (pages 378-382)
LECTURE OBJECTIVES:

1. Define “pain.”
2. List the four phases in the pain process.
3. Define and explain the difference between pain perception, pain threshold, and pain tolerance.
4. Name five types of pain.
5. Give at least three characteristics that differentiate acute and chronic pain.
6. List the components of a basic pain assessment.
7. Name three pain-intensity assessment tools that nurses use.
8. Identify at least three occasions when it is essential to perform a pain assessment and document the findings.
10 List the drug categories used alone or in combination to manage pain.
11 List surgical, non-surgical and non-drug methods for managing pain.
12 Define addiction.
13 Explain how addiction affects pain management.
14 Define placebo.
15 Explain how a placebo cause a positive effect in the patient?

RESOURCES:


LECTURE OUTLINE:

I. Pain
   A. Definition
      1. Unpleasant sensation usually associated with disease or injury
      2. Physical discomfort
      3. Accompanied by suffering
      4. Suffering is the “emotional component” of pain
      5. “Whatever the person says it is, and existing whenever the person says it does.” McCaffery, (1998)

   B. Process of Pain
      1. Transduction
      2. Transmission
      3. Perception
      4. Modulation

   C. Pain Theory
      1. Endogenous opioids

   D. Types of Pain
      1. Cutaneous pain (somatic pain)
      2. Visceral pain (referred pain)
      3. Neuropathic pain (phantom limb pain or phantom limb sensation)
      4. Acute pain
      5. Chronic pain (Review Table 20-1, p. 438)

II. Pain Assessment
   A. Assessment Standards
      1. American Pain Society (fifth vital sign)
      2. JCAHO Standards
   B. Assessment Components
      1. JCAHO Components of a Comprehensive Pain Assessment, (Table 20-2, p. 438)
   C. Assessment Tools
      1. Data (Table 20-3, p. 439)
         a. Onset
         b. Quality
         c. Intensity
         d. Location
         e. Duration
      2. Pain Intensity Scales
III. Pain Management—Treatment Biases (p. 440)
   A. Drug Therapy
      1. Non-opioid drugs
      2. Opioid drugs
         a. Patient-controlled analgesia (PCA)
         b. Intraspinal analgesia (Epidural)
      3. Adjuvant drugs/Botulinum Toxin Therapy
   B. Surgical Approaches
   C. Non-drug/Non-surgical interventions
      1. Education
      2. Imagery
      3. Meditation
      4. Distraction
      5. Relaxation
      6. Heat and Cold
      7. TENS
      8. Acupuncture/Acupressure
      9. PENS
     10. Biofeedback
     11. Hypnosis

IV. Nursing Implications
   A. Addiction
   B. Placebos

V. Gerontologic Considerations (p. 447)

VI. Review Nursing Care Plan and Skills (pp. 451-457)
LECTURE OBJECTIVES:

1. Define terms: ventilation, respiration, internal respiration, external respiration.
2. Name methods for assessing the oxygen status of the patient.
3. Name signs of inadequate oxygenation.
4. Name sources of supplemental oxygen.
5. Name commonly used oxygen supply devices.
6. Discuss how the nurse can improve ventilation and oxygenation.
7. Discuss safety precautions related to oxygen therapy.
8. Discuss the care plan for a patient with an ineffective breathing pattern.

RESOURCES:


LECTURE OUTLINE:

I. Introduction.

II. A&P of Respiration
III. Assessment Data Related to Respiratory System
   A. Physical assessment
      1. Fatigue
      2. Dyspnea
      3. Wheezing
      4. Pain
      5. Restlessness
      6. Orthopnea
      7. Nasal flaring
      8. Sleeplessness
      9. Confusion
     10. Cyanosis
   B. Arterial blood gases
   C. Pulse oximetry

IV. Promoting Oxygenation
   A. Positioning
   B. Breathing techniques

V. Oxygen therapy
   A. Oxygen sources
   B. Equipment
   C. Common delivery devices
   D. Additional delivery devices

VI. Oxygen Hazards

VII. Water Seal/Chest Tube Drainage

VIII. Hyperbaric Oxygen Therapy

IX. Plan of Care for the Patient with Ineffective Breathing Pattern

LEARNING EXPERIENCES:

Lecture
Classroom Discussion
Independent Study
LECTURE OBJECTIVES:

1. Describe microorganisms.
2. Name eight specific types of microorganisms.
3. Differentiate between non pathogenic and pathogenic, resident and transient microorganisms, and aerobic and anaerobic microorganisms.
4. Give two examples of the ways some microorganisms have adapted for their survival.
5. Name the six components of the chain of infection.
6. Cite examples of biologic defense mechanisms.
7. Define nosocomial infection.
8. Discuss the concept of asepsis.
9. Differentiate between medical and surgical asepsis.
10. Identify at least three principles of medical asepsis.
11. List five examples of medical aseptic practices.
12. Name at least three techniques for sterilizing equipment.
13. Identify at least three principles of surgical asepsis.
14. List at least three nursing activities that require application of the principles of surgical asepsis.

RESOURCES:


LECTURE OUTLINE:

I. Terminology
   A. Microorganism
   B. Pathogen
   C. Non-pathogen
   D. Contamination
E. Asepsis
   1. Medical
   2. Surgical
F. Nosocomial infection
G. Clean technique

II. The infection process cycle
   A. Infectious agent
   B. Reservoir
   C. Portal of exit
   D. Vehicle of transmission
   E. Portal of entry
   F. Susceptible host

III. Characteristics of microorganisms
   A. Basic needs
      1. Warmth
      2. Moisture
      3. Water
   B. Oxygen requirements
      1. aerobes
      2. anaerobes
   C. Spores
   D. Light requirements

IV. Common practices of medical asepsis
   A. Handwashing
   B. Use of antimicrobial agents
   C. Wearing clean clothing
   D. Brushing teeth
   E. Avoid shaking linens
   F. Keep patient areas clean
   G. Dispose of body fluids and wastes properly

V. Techniques of proper handwashing
   A. Consider sink contamination
   B. Use warm water and soap
   C. Rub hands in circular motion to create friction and loosen dirt and organisms
   D. Clean under nails
   E. Keep hands and forearms lower than elbows and allow water and organisms to flow off by gravity
   F. Blot dry to prevent chapping
   G. Do not touch dirty faucet with clean hands
VI. Methods of suppressing growth of microorganisms
A. Excessive heat
B. Oxygen
C. Exposure to light
D. Drying
E. Cleaning
F. Chemicals

VII. Principles of surgical asepsis
A. Equipment and areas that are free of microorganisms must be protected from contamination.
B. The practices of sterile technique are used whenever invasive procedures are used.
C. Sterile equipment may be used even when not necessary.

VIII. Common practices involving surgical asepsis
A. Creating a sterile field
B. Adding sterile items to a sterile field
   1. Opening sterile supplies
   2. Pouring sterile solutions

IX. Donning a sterile gown
A. Reasons for use
B. Correct procedure for donning
C. Rationale

X. Use of removing sterile gloves
A. Reasons for use
B. Correct procedure
C. Rationale

XI. Medical/Surgical asepsis and the nursing process
A. Applicable nursing diagnoses
B. Construction of a care plan dealing with knowledge deficit of medical asepsis.

LEARNING EXPERIENCES:
Lecture
Independent Study
Handouts
Student Procedure Book
Skills Lab Practice
LECTURE OBJECTIVES:

1. Define: Infectious disease, infection, colonization.
2. Define infection control measures.
3. Discuss situations that require standard precautions.
4. Discuss situations that require transmission-based precautions.
5. Explain the purpose of using personal protective equipment.
6. Discuss proper removal of isolation personal protective equipment/garments.
7. Discuss ways to prevent infections.
8. Discuss characteristics related to infectious disease that are unique to the elder adult.
9. Provide at least three teaching suggestions for preventing infections.

RESOURCES:


LECTURE OUTLINE:

I. Infection Introduction

II. Infection Control Precautions
   A. Standard precautions
   B. Transmission-based precautions
      1. Airborne Precautions
      2. Droplet Precautions
      3. Contact Precautions

III. Client Environment
   A. Infection Control Room
   B. Equipment and Supplies
IV. Infection Control Methods
   A. Patient environment
   B. Personal protective equipment
   C. Disposition of contaminated articles
   D. Discarding bio-degradable trash
   E. Removal of reusable materials
   F. Lab specimens
   G. Patient transport

V. Psychological Implications
   A. Social interaction
   B. Sensory deprivation

VI. Nursing Implications

VII. General Gerontologic Considerations
BAPTIST HEALTH Schools Little Rock  
School of Practical Nursing  
Semester I  
PNSG 1111 Basic Nursing  
Assisting the Inactive Client: Body Mechanics, Positioning, and Moving  
Ch. 23

LECTURE OBJECTIVES:

1. Identify characteristics of good posture in a standing, sitting, or lying position.
2. Describe three principles of correct body mechanics.
3. Explain the purpose of ergonomics.
4. Give at least two examples of ergonomic recommendations in the workplace.
5. Describe at least 10 signs or symptoms associated with the disuse syndrome.
6. Describe six common client positions.
7. Explain the purpose of five different positioning devices used for safety and comfort.
8. Name one advantage for each of three different pressure-relieving devices.
9. Discuss four types of transfer devices.
10. Give at least five general guidelines that apply to transferring clients.

RESOURCES:


LECTURE OUTLINE:

I. Maintaining Good Posture
   A. Standing
   B. Sitting
   C. Lying Down

II. Dangers of Inactivity

III. Body Mechanics

IV. Ergonomics
V. Positioning Clients
   A. Rationale
   B. General Principles
   C. Common Positions
      1. Supine
      2. Lateral
      3. Lateral Oblique
      4. Prone
      5. Sim's
      6. Fowler's
         a. Low
         b. Mid
         c. High

VI. Positioning Devices
   A. Adjustable Bed
   B. Mattress
   C. Bed Board
   D. Pillows
   E. Roller Sheet

VII. Turning and Moving Clients
   A. Trochanter Rolls
   B. Hand Rolls
   C. Foot Boards and Foot Splints
   D. Trapeze

VIII. Protective Devices
   A. Side rails
   B. Mattress Overlayes
      1. Foam/Gel Mattress
      2. Static Air Mattress
      3. Alternating Air Mattress
      4. Water Mattress
   C. Cradle
   D. Speciality Beds
      1. Low-air loss
      2. Air-fluidized
      3. Oscillating Support
      4. Circular

IX. Transferring Patients
   A. Active
   B. Passive
   C. Devices
      1. Transfer Handle
2. Transfer Belt
3. Transfer Board
4. Mechanical Lift

X. Nursing Implications
A. Assisting with Client Transfer (Box 23-3 page 529)
B. Levels of Functional Status (Box 23-2 page 529)
C. Client and Family (Promoting Activity and Motility Box 23-1 page 529)
D. Disuse Syndrome (Table 23-1 page 530-531)
E. Gerontological Considerations (page 531)
F. Skills (Skill 23-1 page 533-542)
LECTURE OBJECTIVES:

1. List at least five benefits of regular exercise.
2. Define fitness.
3. Identify seven factors that interfere with fitness.
4. Name at least two methods of fitness testing.
5. Describe how to calculate a person’s target heart rate.
6. Define metabolic energy equivalent.
7. Differentiate fitness exercise from therapeutic exercise.
8. Differentiate isotonic exercise from isometric exercise.
9. Give at least one example of isotonic and isometric exercises.
10. Differentiate between active exercise and passive exercise.
11. Discuss how and why range-of-motion exercises are performed.
12. Provide at least two suggestions for helping older adults become or stay physically active.

RESOURCES:


LECTURE OUTLINE:

I. Fitness Assessment
   A. Body Composition
   B. Vital Signs
   C. Fitness Test
      1. Stress Electrocardiogram
      2. Ambulatory Electrocardiogram (24 hour Holter Recording or Cardiogram)
      3. Step Test
      4. Walk a Mile Test

II. Exercise Prescriptions
A. Target heart rate
B. Metabolic Energy Equivalent (MET)

III. Types of Exercise
A. Fitness exercise
B. Therapeutic exercise
   1. Active exercise
   2. Passive exercise
   3. Range of Motion exercise (ROM)
   4. Joint positions (Table 24-4 page 548)
   5. Continuous Passive Motion Machine (CPM)

IV. Nursing Implications
A. Gerontologic Considerations (page 550)
B. Unilateral Neglect
C. Skills (pages 552-562)
LECTURE OBJECTIVES:
1. Discuss body Systems affected by immobilization.
2. Discuss reasons for immobilization.
3. Discuss the general purposes for mechanical immobilization.
4. Identify the different types of immobilizing devices.
5. Discuss cast care.
6. Explain the rationale for the use of traction.
7. Identify the principles for maintaining effective traction.
8. Identify the types of traction.
9. Discuss pin care.

RESOURCES:


LECTURE OUTLINE:
I. Body Systems Affected By Immobility
   A. Skeletal System
   B. Muscular System
   C. Nervous System
   D. Circulatory System

II. Purposes of Mechanical Immobilization
   A. Therapeutic Restriction
   B. Voluntary Restriction

III. Mechanical Immobilizing Devices
   A. Splints
      1. Emergency
      2. Commercial
   B. Slings
C. Braces
D. Casts
   1. Types
   2. Care
   3. Removal
E. Traction
   1. Types
      a. Manual
      b. Skin
      c. Skeletal
   2. Care
F. External Fixator and Care of Pins

IV. Nursing Implications

V. Gerontological Considerations

VI. Skills (pages 538-544)
LECTURE OBJECTIVES:

1. Name four activities that prepare clients for ambulation.
2. Give two examples of isometric exercises that tone and strengthen lower extremities.
3. Identify one technique for building upper arm strength.
4. Explain the reason for dangling clients or using a tilt table.
5. Name two devices used to assist clients with ambulation.
6. Give three examples of ambulatory aids.
7. Identify the most stable type of ambulatory aid.
8. Describe three characteristics of appropriately fitted crutches.
9. Name four types of crutch-walking gaits.
10. Explain the purpose of a temporary prosthetic limb.
11. Discuss two criteria that must be met before constructing a permanent prosthetic limb.
13. Describe how a prosthetic limb is applied.
14. Discuss age-related changes that affect the gait and ambulation of older adults.

RESOURCES:


LECTURE OUTLINE:

I. Preparing for Ambulation
   A. Isometric exercises
   B. Upper arm strengthening
   C. Dangling
   D. Using a tilt table

I. Assistive Devices
   A. Parallel bars
B. Walking belt

III. Ambulatory Aids
   A. Canes
   B. Walkers
   C. Crutches

IV. Crutch Walking Gaits

V. Prosthetic Limbs
   A. Temporary prosthetic limb
   B. Permanent prosthetic components

VI. Client Care

VII. Ambulation with a Lower Limb Prosthesis

VIII. Nursing Implications

IX. General Gerontologic Considerations

X. Skills 26-1 and 26-2 (Pages 595-604)
LECTURE OBJECTIVES:

1. Define the term "wound."
2. Name three phases of wound repair.
3. Identify five signs and symptoms classically associated with the inflammatory response.
4. Discuss the purpose of phagocytosis, including the two types of cells involved with this activity.
5. Name three ways in which the integrity of a wound is restored.
7. Name two types of wounds.
8. State at least three purposes for using a dressing.

RESOURCES:


LECTURE OUTLINE:

I. Wounds
   A. Open
   B. Closed

II. Wound Repair
   A. Inflammation
      1. Stage I
      2. Stage II
B. Proliferation
   1. Resolution
   2. Regeneration
   3. Scar Formation
C. Remodeling

III. Wound Healing
   A. 1st intention
   B. 2nd intention
   C. 3rd intention

IV. Wound Management
   A. Dressing types
      1. Gauze
      2. Transparent
      3. Hydrocolloid
      4. Dressing changes
   B. Drains
      1. Open
      2. Closed
   D. Sutures/staples
   E. Bandages and binders
      1. Application of bandages
         a. Principles
         b. Basic Techniques
      2. Application of binders

V. Debridement
   A. Sharp
   B. Enzymatic
   C. Autolytic
   D. Mechanical
      1. Irrigation
         a. Wound
         b. Eye
         c. Ear
         d. Vaginal
VI. Heat and Cold Applications
   A. Effects on the body
   B. Common uses
   C. Ice Bags and Ice Collar
   D. Chemical Packs
   E. Compresses
   F. Aquathermia Pad
   G. Soaks and Moist Packs
   H. Therapeutic Baths

VII. Pressure Ulcers
   A. Stages
      1. Stage I
      2. Stage II
      3. Stage III
      4. Stage IV
   B. Prevention
   C. Risk factors

VIII. Gerontologic Considerations

LEARNING EXPERIENCES:

Lecture
Independent Study
Study Guide
Video
Lab. demonstration and practice
Clinical Application
LECTURE OBJECTIVES:

1. Define intubation.
2. List reasons for inserting gastrointestinal tubes.
3. List types of gastrointestinal tubes.
4. Explain how to measure for gastrointestinal tube placement (NEX).
5. Discuss techniques used to check distal placement of tube in the stomach.
6. Define enteral nutrition.
7. Discuss need for assessing gastric residual.
8. Name nursing activities involved in caring for patients who are tube-fed.

RESOURCES:


LECTURE OUTLINE:

I. Intubation

II. Types of Tubes (Table 29-1, p. 666)
   A. Orogastric tubes
   B. Nasogastric tubes
   C. Nasointestinal tubes
      1. Feeding tubes
      2. Intestinal decompression tube
   D. Tran abdominal tubes
III. Nasogastric Tube Management
   A. Insertion
      1. Patient preparation
      2. Assessment
         a. nasal inspection
         b. tube measurement
      3. Placement
         a. checking placement

IV. Use and Maintenance
   A. Gastric decompression
      1. Promoting patency
      2. Restoring patency
   B. Enteral nutrition

IV. Removal

V. Nasointestinal Tube Management
   A. Insertion
   B. Checking placement

VII. Transabdominal Tube Management

VIII. Tube Feedings
   A. Benefits and risks
   B. Formula considerations
   C. Schedules
   D. Bolus feedings
   E. Intermittent feedings
   F. Cyclic feedings
   G. Continuous feedings
   H. Patient assessment

IX. Nursing Management
   A. Maintaining patency
   B. Clearing an obstruction
   C. Providing adequate hydration
   D. Dealing with miscellaneous problems (Table 29-5, p. 677)
   E. Preparing for home care

X. Intestinal Decompression
   A. Tube insertion
   B. Removal
XI. Nursing Implications

XII. Focus on Older Adults
BAPTIST HEALTH Schools Little Rock
School of Practical Nursing
Semester I
PNSG 1111 Basic Nursing
Basic Care: Urinary Elimination
Ch. 30

LECTURE OBJECTIVES:

1. Discuss the anatomy of the urinary system.
2. Discuss the factors that influence urinary elimination.
3. Identify abnormal urinary patterns.
4. Discuss the characteristics of urine in health and illness.
5. Describe measures utilized to assist the patient in urinary elimination.
6. Discuss the types of catheterization techniques.
7. Discuss the techniques utilized in obtaining a urine specimen.
8. Describe the techniques utilized in performing common urine tests.
9. Discuss alternatives to urethral catheterization.
10. Discuss techniques to aid in regaining normal voiding function.
11. Describe types of urinary diversions.

RESOURCES:


LECTURE OUTLINE:

I. Urinary System
   A. Major Structures
      1. Kidneys, ureters, bladder, urethra, meatus
B. Accessory structures
   1. Internal sphincter
   2. External sphincter
C. Function

II. Urinary Elimination
A. Process
B. Normal output
C. Voiding

III. Characteristics of urine
A. Normal Urine - Table 30-1, pg. 650
   1. Amount
   2. Color
   3. Clarity
   4. Odor
   5. Specific gravity
   6. Acidity
   7. Protein
   8. Glucose
   9. Ketone bodies
   10. Sediment
B. Specimen collection
   1. Voided
   2. Clean-catch
   3. Catheter
   4. 24-hour
C. Abnormal Urine

IV. Abnormal Patterns
A. Anuria
B. Urinary retention
C. Oliguria
D. Residual urine
E. Polyuria
F. Nocturia
G. Dysuria
H. Incontinence

V. Assisting the patient
A. Bathroom
B. Bedside commode
C. Bedpan
D. Urinal
VI. Managing Incontinence
   A. Types - Table 30-2, Types of Incontinence, pg. 654
   B. Continence Training - Nursing Guideline 30-1, pg. 655
      1. Kegel exercises
      2. Bladder retraining
      3. Habit training

VII. Catheterization
   A. Defined
   B. Indications for catheterization
   C. Types
      1. Straight
      2. Indwelling
      3. External
   D. Patient preparation
   E. Procedure
   F. Catheter care
   G. Irrigation
   H. Removal

IX. Alternatives to urethral catheterization
   A. Suprapubic catheter
   B. Urostomy

LEARNING EXPERIENCES:

Lecture
Independent Study
Films
Handouts
Lab demonstration and practice
Clinical Application
LECTURE OBJECTIVES:

1. Described the anatomy of the large intestine.
2. Define terms related to elimination.
3. List factors that influence intestinal elimination.
4. Describe the characteristics of stool in health and illness.
5. Describe common alterations in intestinal elimination.
6. Discuss the purpose and administration of various types of enemas.
7. Discuss stool specimen collection for specific exams.
8. Describe common bowel diversions (ostomies).
9. Identify measures of treating constipation from the nursing standpoint.
10. Define “Words To Know” from Timby, p. 736.

RESOURCES:


LECTURE OUTLINE:

I. Bowel Elimination
   A. Anatomy
   B. Defecation
   C. Factors (Table 31-1 Review “Common Factors Affecting Bowel Elimination.”)
II. Assessment of Bowel Elimination
A. Assess abdomen
B. Elimination Patterns
   1. Frequency of elimination
   2. Effort required to expel stool
   3. What examination aids are used, if any.
C. Stool Characteristics
   1. Guaiac Inspection of stool
   2. Appearance
   3. Color
   4. Odor
   5. Consistency
   6. Shape
   7. Unusual components (Table 31-2).
   8. Changes in stool characteristics—oozing stool around hard small stool

III. Common Alterations in Bowel Elimination
A. Constipation
   1. Definition
   2. Signs and Symptoms
      a. Complaints of abdominal fullness, bloating
      b. Abdominal distention
      c. Complaints of rectal fullness, pressure
      d. Pain on defecation
      e. Decreased frequency of bowel movements
      f. Inability to pass stool
   3. Four Types of Constipation
      a. Primary
      b. Secondary
      c. Iatrogenic
      d. Pseudoconstipation
B. Fecal Impaction
   1. Definition
   2. Causes
      a. Unrelieved constipation
      b. Retained barium from an intestinal x-ray
      c. Dehydration
      d. Weakness of abdominal muscles
      e. Explain liquid stool around hard stool
C. Flatulence
   1. Definition
   2. Causes
      a. Swallowing air
b. Bacterial fermentation in the bowel
c. Foods

3. Treatment
   a. Ambulation
   b. Rectal tube insertion

D. Diarrhea
   1. Definition
   2. Causes
      a. emotional stress
      b. dietary indiscretions
      c. laxative abuse
      d. bowel disorders
   3. Signs and symptoms
   4. Treatment

E. Fecal Incontinence
   1. Definition
   2. Causes
      a. Bowel function may be normal
      b. Neurological changes impairing muscle activity, sensation, thought process

IV. Measures to Promote Bowel Elimination
   A. Rectal Suppositories
   B. Administering Enemas
      1. Purpose of enemas
      2. Types of enemas

V. Stool Specimen
   A. Blood
   B. Parasites / Pinworms
   C. Culture

VI. Ostomy Care

VII. Focus on Older Adults
   A. Watch the use of mineral oil. Prolonged use interferes with absorption of the fat soluble vitamins (A,D,E, and K).
   B. Review the gerontological considerations on p. 744.
LEARNING EXPERIENCES:

Lecture
Independent Study
Lab Demonstration
Video

Revised: June, 2009/dg-b
July, 2004/cw
LECTURE OBJECTIVES:

1. Review anatomy of respiratory system.
2. List factors affecting patency of airway.
3. Discuss methods of maintaining a patent airway.
4. Discuss nursing interventions for promoting mobilization of secretions.
5. Name 2 examples of artificial airways.
6. Describe suctioning techniques.
7. Develop a plan of care for a patient with ineffective airway clearance.

RESOURCES:


LECTURE OUTLINE:

I. Anatomy of respiratory system

II. Airway management
   A. Liquifying secretions
   B. Sputum collection
   C. Mobilizing secretions
   D. Suctioning secretions
III. Artificial airways
   A. Oral airway
   B. Tracheostomy

IV. General Gerontologic Considerations

LEARNING EXPERIENCES:

Lecture
Classroom Discussion
Independent Study
LECTURE OBJECTIVES:

1. Define terms.
2. Discuss the stages of dying according to Kübler-Ross.
3. Discuss age related responses to death.
4. Summarize the needs of the dying patient and/or family.
5. Identify the signs of approaching death.
6. Identify physiological changes after death.
7. Summarize nursing responsibilities following death.
8. Describe types of care for terminally ill.
9. Discuss grief as related to the nurse.

RESOURCES:


LECTURE OUTLINE:

I. Terminology
   A. Anticipatory grief
   B. Autopsy
   C. Grief response
   D. Hospice
   E. Living Will
   F. Terminal illness

II. Terminal illness and care
   A. Stages of dying (Kubler-Ross)
   B. Promoting acceptance
   C. Emotional support
D. Care of the patient
   1. At home
   2. With hospice
   3. Residential
   4. Acute care

III. Provision of Terminal Care
   A. Hydration
   B. Nourishment
   C. Elimination
   D. Hygiene
   E. Positioning
   F. Comfort
   G. Family participation

IV. Needs
   A. Emotional
   B. Spiritual
   C. Physical

V. Signs of death
   A. Musculo-skeletal changes
   B. Body temperature
   C. Respirations
   D. Circulatory
   E. Pain
   F. Level of consciousness

VI. Confirming death

VII. Changes after death

VIII. Responsibilities
   A. Care of the body
   B. Care of valuables
   C. Consent for autopsy
   D. Death certificate
   E. Tissue and organ removal
   F. Emotional support to family

IX. Grief
   A. Pathological grief
   B. Resolution of grief
X. Grief related to the nurse

XI. Grief as related to nursing process

LEARNING EXPERIENCES:

Lecture
Independent Study
Films
Handouts

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