

DOCUMENT RESUME

ED 113 434

CE 004 476

TITLE Practical Nursing for High Schools. Curriculum Bulletin 1973-74 Series No. 5..

INSTITUTION New York City Board of Education, Brooklyn, N.Y. Bureau of Curriculum Development.

PUB DATE 74

NOTE 625p.

AVAILABLE FROM Auditor, Board of Education of the City of New York, Publications Sales Office, 110 Livingston Street, Brooklyn, New York 11201 (Publications List No. 00-7534-4, \$6.00)

EDRS PRICE MF-\$1.08 Plus Postage. HC Not Available from EDRS.

DESCRIPTORS *Course Content; Curriculum Development; *Curriculum Guides; Guides; *Health Occupations Education; Medical Education; Practical Nurses; *Practical Nursing; *Secondary Education; Units of Study (Subject Fields)

IDENTIFIERS Paraprofessional Personnel

ABSTRACT

The bulletin, a revision of Practical Nursing for High Schools published in 1963, is a guide for the licensed teacher of nursing in educating the practical nurse student. The publication can be used as a resource for developing the program in individual schools of practical nursing or to develop the behavioral objectives for each procedure. Part 1, Practical Nursing 1 and 2, intended for the junior year, includes: fundamentals of practical nursing, body structure and function, growth and development, and normal nutrition and diet modification. Part 2, Practical Nursing 3 and 4, intended for the senior year, includes: nursing care of patients with diseases and disorders of the body system, maternal and child care, pediatric nursing, and psychiatric nursing. Each part consists of a brief general introduction and an outline of the objectives for the various units. Each unit presents a course outline developing a general topic, including application and patient-related activities. Where applicable, medical information about bodily systems and functions is provided. The appendix includes a history of the program, a 38-page bibliography, samples of various forms, a sample lesson plan and test, a 24-page visual aids list, and source directory.

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Practical Nursing for High Schools

BUREAU OF CURRICULUM DEVELOPMENT • BOARD OF EDUCATION • CITY OF NEW YORK

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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ISBN No 88315 417-X Publications List No 00-7534-41

Copies of this publication may be purchased by outside agencies from:
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FOREWORD

Practical Nursing for High Schools, a revision of the 1963 edition, is a guide for the teacher of nursing in educating the practical nurse student to function in a patient-centered environment. It is designed to develop a skilled practitioner who will be eligible to take the New York State Practical Nurse License Examination.

Emphasis has been placed upon the acquisition of knowledge and proficiency required for the satisfactory performance of tasks and responsibilities involved in practical nursing. Instruction, practice, and clinical experience are components of the program.

It is hoped that these resource materials will make a significant contribution to the training and licensing of students aspiring to enter the practical nursing profession.

Edythe J. Gaines
Executive Director

ACKNOWLEDGMENTS

This curriculum bulletin, Practical Nursing for High Schools, was prepared as a project of the Bureau of Curriculum Development, Dr. David A. Abramson, Director; Leonard Simon, Acting Assistant Director; in cooperation with the Bureau of Home Economics, Kathleen Rogers, Acting Director. Dr. Edythe Gaines, Executive Director, Division of Educational Planning and Support, provided overall supervision of the curriculum development program.

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Sincere appreciation is expressed to the many staff members of the high schools and hospitals who assisted in the evaluation of the preliminary draft and who provided guidelines for the revisions reflected in this final edition of the manual.

Edythe Kahn, Editor, Bureau of Curriculum Development, reviewed the materials and supervised the printing production; Lillian Amdur proofread the manuscript; Joseph Feld designed the cover.

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LEGAL DEFINITION OF NURSING PRACTICE
Effective March 15, 1972

The following amendments to Article 139 of the Education Law in relation to the practice of nursing, sponsored by the New York State Nurses Association, were enacted into law on March 15, 1972:

Section 6901:

Definitions. As used in Section 6902:

1. "Diagnosing" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis.
2. "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen.
3. "Human Responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

Section 6902:

Definition of the practice of nursing:

1. The practice of the profession as a registered professional nurse is defined as diagnosing and treating responses to actual or potential problems through such services as health teaching, health care and provision of care supportive of life and well-being, including medical regimens prescribed or otherwise legally authorized by a physician or dentist. A nursing practice shall be consistent with and shall not conflict with any existing medical regimen.
2. The practice of nursing as a licensed practical nurse is defined as performing responsibilities within the framework of health teaching, health care and provision of supportive and care under the direction of a registered professional nurse or licensed or authorized physician or dentist.

Section 6096:

1. Nothing in this article shall be construed to confer the authority to practice dentistry.

LEGAL DEFINITION OF NURSING PRACTICE
Effective March 15, 1972

amendments to Article 139 of the
relation to the practice of
nursing as defined by the New York State Nurses
Law as enacted into law on March 15, 1972:

used in Section 6902:

"in the context of nursing
means that identification of and
relation between physical and psycho-
logical and symptoms essential to
the execution and management of the
regimen. Such diagnostic privilege
shall not vary from a medical diagnosis:

"means selection and performance
of therapeutic measures essential to
the execution and management of
the regimen, and execution of any
medical regimen.

"signs" means those signs, symp-
toms and processes which denote the indivi-
dual's reaction with an actual or poten-
tial problem.

Section 6902:

Definition of the practice of nursing:

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary from any existing medical regimen.
2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed or otherwise legally authorized physician or dentist.

Section 6096:

1. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.

INTRODUCTION

This bulletin, a revision of Practical Nursing for High Schools published in 1962, is a guide for the licensed teacher of nursing. Its aim is to prepare the practical nurse trainee for her role as a licensed practical nurse. The content can be adapted to meet the needs of the student and to offer enrichment to meet the ever-challenging situations in hospitals and health agencies.

This publication can be used as a resource for developing the program in individual schools of practical nursing. The bulletin can also help the teacher to develop the behavioral objectives for each procedure.

Philosophy

An increasing, more alert population has changed the pattern of health care services of communities. The practical nurse is an integral part of the health care for all, and the practical nurse student must be educated to assume these ever-increasing responsibilities. She must be a skilled, safe, and licensed practitioner and an alert, patient teacher. In addition, she must be capable of judgment within the scope of her responsibilities.

Objectives

- To select students with the potential for achievement in the field of practical nursing
- To educate selected students to become skilled, safe, licensed practitioners.

To alert students to opportunities in the field of nursing

Part One: Practical Nursing I and II

The content for the junior year including the following areas of study:

Fundamentals of Practical Nursing
Body Structure and Function
Growth and Development
Normal Nutrition and Diet Modification

It is suggested that special tables and guides be provided.

Part Two: Practical Nursing III and IV

Content in the twelfth year including:

Nursing Care of Patients with
and Disorders of the Body
Maternal and Child Care
Pediatric Nursing
Psychiatric Nursing

The sequence is determined by the curriculum plan planned for each school and hospital.

Appendix

The appendix includes a history of practical nursing, a bibliography, samples of various lesson plans, and a sample lesson plan and test.

INTRODUCTION

revision of Practical Nursing for published in 1962, is a guide for the of nursing. Its aim is to prepare nurse trainee for her role as a practical nurse. The content can be adapted to the needs of the student and to offer enrichment in ever-challenging situations in health agencies.

It can be used as a resource for a program in individual schools of nursing. The bulletin can also help to develop the behavioral objectives of the program.

The more alert population has changed the health care services of communities. The practical nurse is an integral part of the health care team, and the practical nurse student must be able to assume these ever-increasing responsibilities. She must be a skilled, safe, and confident practitioner and an alert, patient teacher. She must be capable of judgment within her professional responsibilities.

Students with the potential for achievement in the field of practical nursing

are selected to become skilled, confident practitioners.

- To alert students to opportunities for continued education in the field of nursing

Part One: Practical Nursing I and II

The content for the junior year includes the following areas of study:

- Fundamentals of Practical Nursing
- Body Structure and Function
- Growth and Development
- Normal Nutrition and Diet Modification

It is suggested that special tables and study guides be provided.

Part Two: Practical Nursing III and IV

Content in the twelfth year includes:

- Nursing Care of Patients with Diseases and Disorders of the Body Systems
- Maternal and Child Care
- Pediatric Nursing
- Psychiatric Nursing

The sequence is determined by the clinical rotation planned for each school and hospital.

Appendix

The appendix includes a history of the program, a bibliography, samples of various forms, and a sample lesson plan and test.

PART ONE: PRACTICAL NURSING I AND II

FUNDAMENTALS OF PRACTICAL NURSING I AND II

INTRODUCTION

The course content of Fundamentals of Practical Nursing I and II for Schools of Practical Nursing should be confined to those phases of nursing defined by law as being within the scope of the Licensed Practical Nurse. These phases of nursing are concerned with the patient, his care, his protection, his program for health improvement and the prevention of illness. The practical nurse should be prepared as a member of the health team. Selected skills are taught and the knowledge is correlated with clinical experience in hospitals associated with the program.

This course is also designed to contribute to the development within the student, of attitudes toward herself, patients, co-workers and the community; and the student should develop appreciation and personal satisfaction in service to his/her fellow man.

OBJECTIVES

1. To gain knowledge and understanding of herself, and of her functions as a practical nurse on the health team.
2. To understand, integrate and apply scientific principles to nursing practice.
3. To develop the ability to prepare and maintain a healthful and comfortable environment for the patient.

4. To acquire skills in the observing of pertinent information.
5. To become skilled in the procedure and maintain the patient's being.
6. To obtain knowledge, skills, and in the administration of selected
7. To acquire knowledge and understand general characteristics and treat diseases.
8. To develop knowledge and skill in patients who are receiving special

FUNDAMENTALS OF PRACTICAL NURSING I AND II

of Fundamentals of Practical
or Schools of Practical Nursing
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being within the scope of the
Nurse. These phases of nursing
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tions as a practical nurse on

integrate and apply scientific
nursing practice.

ability to prepare and maintain
comfortable environment for the

4. To acquire skills in the observation and recording of pertinent information.
5. To become skilled in the procedures used to promote and maintain the patient's comfort and well being.
6. To obtain knowledge, skills, and understanding in the administration of selected medications.
7. To acquire knowledge and understanding of the general characteristics and treatments of diseases.
8. To develop knowledge and skill in caring for patients who are receiving special treatments.

UNIT 1. VOCATIONAL ADJUSTMENTS

Topic	Content Development	Applic
Practical Nurse Definition	"A person practices nursing as a licensed practical nurse within of this article who for compensation or personal profit performs as are required in the physical care of a patient and in carrying medical orders as prescribed by a licensed physician or by a licensee requiring an understanding of nursing but not requiring the services of a registered professional nurse."	
History of Practical Nursing	Origin of nursing Professional nursing - Florence Nightingale Practical nursing - Ballard School 1893 (YWCA) Thompson Practical Nursing School 1907 (Vermont) Schools today State Licensure L.P.N., L.V.N.	Report on Florence
Types of Programs	Secondary school Post high school Hospital school Manpower program	
Organizations	NLN - National League for Nursing NAPNES - National Association of Practical Nurse Education and Service NFLPN - National Federation of Licensed Practical Nurses	Student membership zations should be during senior year

Regulations of the Commissioner, Article 1, Section 22, subdivision 2a(5). New York State Department of Education

UNIT 1. VOCATIONAL ADJUSTMENTS

Content Development

Application

"A person practices nursing as a licensed practical nurse within the meaning of this article who for compensation or personal profit performs such duties as are required in the physical care of a patient and in carrying out of medical orders as prescribed by a licensed physician or by a licensed dentist requiring an understanding of nursing but not requiring the services" of a registered professional nurse.¹

Origin of nursing

Professional nursing - Florence Nightingale Report on Florence Nightingale

Practical nursing -
Ballard School 1893 (YWCA)
Thompson Practical Nursing School 1907
(Vermont)
Schools today
State Licensure L.P.N., L.V.N.

Secondary school
Post high school
Hospital school
Manpower program

NLN - National League for Nursing
NAPNES - National Association of Practical
Nurse Education and Service
NFLPN - National Federation of Licensed
Practical Nurses

Student membership to PN organizations should be considered during senior year

Commissioner, Article 1, Section 22, subdivision 2a(5). New York State
ation

Topic	Content Development	Applic
Qualifications	Education and native ability	
	Psychometric tests	Practice good st
	Maintain an average of 75% or more in school and clinical area	Prepare a daily nursing and other
		Use textbooks and study (visit library areas for nursing periodicals)
		Keep up with assi
		Practice skills at home
	Health (physical and mental)	
	Absence of health problems, such as:	Define health
	Poor vision	
	Poor hearing	Maintain good hea
	Overweight or underweight	
	Poor muscular coordination	Obtain medical and (physical examination tests are re employment)
	Epilepsy	
	Orthopedic problems	
	Personal character	
	Maturity - understanding of one's self	Understand and ac and cultures of of group living
	Ethical behavior	
	Sense of responsibility	Desire to serve o to succeed and ac faction in chosen

Education and native ability

Psychometric tests

Maintain an average of 75% or more in school and clinical area

Practice good study habits

Prepare a daily study plan for nursing and other subjects

Use textbooks and references for study (visit library, observe areas for nursing texts and periodicals)

Keep up with assignments

Practice skills in school and at home

Health (physical and mental)

Absence of health problems, such as:

Poor vision

Poor hearing

Overweight or underweight

Poor muscular coordination

Epilepsy

Orthopedic problems

Define health

Maintain good health standards

Obtain medical and dental care (physical examination and diagnostic tests are required for employment)

Personal character

Maturity - understanding of one's self

Ethical behavior

Sense of responsibility

Understand and accept customs and cultures of others as part of group living

Desire to serve others in order to succeed and achieve satisfaction in chosen work

Topic	Content Development	Applicat
Qualifications	Interpersonal relationships	Develop a code of Develop proper at havior toward: Superiors Peers Non-professional Patients' famil Accepted code of should be foll upon
Personal Hygiene and Grooming	Student nurse can help to teach her patients principles of good hygiene by example she herself sets Posture Nutrition Clothing (appropriate jewelry) Body cleanliness of skin, hair, nails, body odors are offensive to ill people Teeth and mouth care	Practice principl (Review Body Stru Body Erect and in Eat nutritious me breakfast Wear uniform regu jewelry Keep fingernails Experiment with a styles and cosmet Visit dentist for Prepare a daily g personal use

Interpersonal relationships

Develop a code of ethics

Develop proper attitudes and behavior toward:

Superiors

Peers

Non-professional personnel

Patients' families and visitors

Accepted code of behavior which should be followed and acted upon

Student nurse can help to teach her patients principles of good hygiene by example she herself sets

Posture

Practice principles of good posture (Review Body Structure and Function-Body Erect and in Motion)

Nutrition

Eat nutritious meals, especially breakfast

Clothing (appropriate jewelry)

Wear uniform regulation length-limit jewelry

Body cleanliness of skin, hair, nails; body odors are offensive to ill people

Keep fingernails short and smooth. Experiment with appropriate hair styles and cosmetics

Teeth and mouth care

Visit dentist for checkup and care Prepare a daily grooming chart for personal use

Topic	Content Development	Applic
Citizenship	Responsibilities to community	Report on available agencies and research literature as needed for course
Responsibility of a Practical Nurse	Place on health team	Prepare organization of a typical hospital
	Assist professional nurse in care of acutely ill patients	Role-play team cooperation for patient care
	Orient to practical nurse duties and functions on the health team daily plan for patient care correct lines of communication and responsibilities for members of health team	
	Care for subacutely ill, aged, handicapped, mother and baby, and well child	
Employment Opportunities	Areas of employment open to practical nurse: Hospitals, industries, military, public health, etc.	Check employment in newspapers and
Attitudes and Deportment	Manner in which nurse carries and conducts herself can either build up faith people will have in her, or break it down completely	Role-play positive being friendly, avoid gossiping and how to avoid accepting bribes how offers of awards being dignified,
	Gossip Gratuities Dignity and decorum Courtesy and respect toward others Personal etiquette	

Content Development

Application

Responsibilities to community

Report on available community agencies and resources-obtain literature as needed throughout course

Place on health team

Prepare organization chart for a typical hospital

Assist professional nurse in care of acutely ill patients

Role-play team conference to plan for patient care.

Orient to

practical nurse duties and functions on the health team
daily plan for patient care
correct lines of communication and responsibilities for members of health team

Care for subacutely ill, aged, handicapped, mother and baby, and well child

Areas of employment open to practical nurse:

Check employment opportunities in newspapers and nursing journals

Hospitals, industries, military, public health, etc.

Manner in which nurse carries and conducts herself can either build up faith people will have in her, or break it down completely

Role-play positive traits such as:
being friendly, not familiar
avoid gossiping about anyone
how to avoid accepting tips and bribes

Gossip

Gratuities

Dignity and decorum

Courtesy and respect toward others

Personal etiquette

how offers of awards are dealt with
being dignified, not cold

Topic	Content Development	Applic
Attitudes and Department		accepting criticism of growing being courteous toward co-workers the public proper means of and co-workers avoid talking in gum need for modulation
Relationship to Patients	<p>Ethical</p> <p>behavior of patients is influenced by:</p> <ul style="list-style-type: none"> personal experiences family and community religious background ethnic customs 	Observe interrelationships doctors, nurses,
	<p>Patient's welfare is paramount</p> <p>Maintain confidence of all members of health team</p>	Respect patient's Value patient's Prevent accidents to yourself Report all errors order to protect hospital
	<p>Legal</p> <ul style="list-style-type: none"> wills and testaments law suits legal documents liability - all people engaged in service types of employment encounter liability hazards 	"Not witnessing" kind
	<p>insurance is available to protect employees of service areas</p>	Abstain from signing Avoid giving out information concerning be given by telephone

Content Development

Application

Ethical .

behavior of patients is influenced by:
personal experiences
family and community
religious background
ethnic customs

Patient's welfare is paramount
Maintain confidence of all members of
health team

Legal .

wills and testaments
law suits
legal documents
liability - all people engaged
in service types of employment
encounter liability hazards

insurance is available to protect
employees of service areas

accepting criticism as a means
of growing . . .
being courteous and respectful
toward co-workers, patients and
the public
proper means of addressing patients
and co-workers
avoid talking loudly, or chewing
gum
need for modulating voice

Observe interrelationship of
doctors, nurses, visitors, etc.

Respect patient's right to privacy
Value patient's life as you your own
Prevent accidents to patient and
to yourself
Report all errors or accidents in
order to protect patient and
hospital

"Not witnessing" documents of any
kind

Abstain from signing documents

Avoid giving out information-no
information concerning patient to
be given by telephone, or otherwise

Topic	Content Development	Applic
Relationship to Patients		<p>Review specific bility for prac clinical area</p> <p>Review hospital ing liability pr</p>

Review specific areas of liability for practical nurse within clinical area

Review hospital policies concerning liability protection

UNIT 2. COMMUNITY HEALTH AND MICROBIOLOGY

Topic	Content Development	Applicat
Microorganisms in Our Environment	Environmental sanitation air pollution water purification milk pasteurization Pure Food and Drug Act meat inspection disposal of waste	Observe and report mental sanitation home surroundings
	Hospital inspection by health and fire department	
	Health agencies community and state	Report on available agencies; e.g., ho
	Introduction to microbiology definition - study of living organisms	Report on scientific by: Pasteur Lister Koch - postul
	Germ causation of disease - a specific disease is caused by a specific organism	
	Classification pathogenic - production of disease non-pathogenic - useful to man putrefaction - anaerobic on proteins fermentation - anaerobic on carbohydrates; e.g., wine, beer nitrogen cycle - organic cycle in nature decay - aerobic	
	See Table of Parasitic Pathogens	Use of microscope of microorgan

UNIT 2. COMMUNITY HEALTH AND MICROBIOLOGY

Content Development

Application

Environmental sanitation
air pollution
water purification
milk pasteurization
Pure Food and Drug Act
meat inspection
disposal of waste

Hospital inspection by health and
fire department

Health agencies
community and state

Introduction to microbiology
definition - study of living
organisms

Germ causation of disease - a specific
disease is caused by a specific
organism

Classification
pathogenic - production of disease

non-pathogenic - useful to man
putrefaction - anaerobic on proteins
fermentation - anaerobic on carbohydrates;
e.g., wine, beer
nitrogen cycle - organic cycle in nature
decay - aerobic

See Table of Parasitic Pathogens

Observe and report on environ-
mental sanitation of school and
home surroundings

Report on available community
agencies; e.g., home care

Report on scientific contributions
by:

Pasteur
Lister
Koch - postulates

Use of microscope to examine slides
of microorganisms

Topic	Content Development	Applic
Disease Occurrence	<p>Requirements for growth of microorganisms Most bacteria require darkness, moisture warmth, oxygen, nutrients. Aerobic bacteria require free oxygen; e.g.; mycobacterium tuberculosis. Anaerobic bacteria live in absence of oxygen; e.g., clostridium botulinum, tetanus.</p> <p>Microorganisms reproduce rapidly by binary fission.</p> <p>Spores formed by bacteria when environmental conditions are adverse to their growth.</p> <p>Factors in development of disease Port of entry - pathogens may enter the body via the respiratory, digestive, and genito- urinary tracts, skin, and anthropod bites.</p> <p>Virulence and invasive abilities: structures and secretions which contribute to invasive ability of organisms are capsules, endotoxins, and hemolysis.</p> <p>Exit of host - secretions and excretions of respiratory tract, mouth, feces, urine, infected areas such as wounds and boils, mucous membranes and blood.</p> <p>Infections may be transmitted via: air, water, food and milk.</p>	Use chart on aer pathogenic bac

Requirements for growth of microorganisms

Most bacteria require darkness, moisture warmth, oxygen, nutrients.

Aerobic bacteria require free oxygen; e.g., mycobacterium tuberculosis.

Anaerobic bacteria live in absence of oxygen; e.g., clostridium botulinum, tetanus.

Use chart on aerobic and anaerobic pathogenic bacteria

Microorganisms reproduce rapidly by binary fission.

Spores formed by bacteria when environmental conditions are adverse to their growth.

Factors in development of disease

Port of entry - pathogens may enter the body via the respiratory, digestive, and genito-urinary tracts, skin, and anthropod bites.

Virulence and invasive abilities: structures and secretions which contribute to invasive ability of organisms are capsules, endotoxins, and hemolysis.

Exit of host - secretions and excretions of respiratory tract, mouth, feces, urine, infected areas such as wounds and boils, mucous membranes and blood.

Infections may be transmitted via: air, water, food and milk.

Topic	Content Development	Applica
Disease Occurrence	<p>Survival outside of host; e.g., spores</p> <p>Agents of transmission - direct and indirect contact</p> <p>Vectors in disease transmission include:</p> <ul style="list-style-type: none"> fingers, hands foods flies, insects, animals fomites droplets infected persons or carriers - <ul style="list-style-type: none"> Sanitary code re: food handlers human blood <p>Number of invaders</p> <ul style="list-style-type: none"> varies with organism and depends on its virulence, portal of entry some tissues are more susceptible than others <p>Clinical techniques used to prevent spread of infection and communicable disease - a medical and surgical asepsis</p> <p>Occurrences of disease</p> <p>Infectious diseases may also be categorized on basis of how often they occur</p> <ul style="list-style-type: none"> endemic epidemic pandemic sporadic 	<p>Practice handwash</p> <p>Review techniques spread of colds etc.</p> <p>Investigate literature papers for recent disease</p>
Disease Prevention	<p>Body resistance to disease</p> <p>Mechanical barriers</p> <ul style="list-style-type: none"> intact skin; cilia of mucous membrane trap bacteria; break in skin acts as portal of entry of organism; e.g., chapped skin and hangnails <p>Chemical - pH slightly acid</p>	

Survival outside of host; e.g., spores
 Agents of transmission - direct and in-
 direct contact

Vectors in disease transmission include:

fingers, hands

foods

flies, insects, animals

fomites

droplets

infected persons or carriers -

Sanitary code re: food handlers

human blood

Number of invaders

varies with organism and depends on its
 virulence, portal of entry

some tissues are more susceptible than
 others

Clinical techniques used to prevent spread
 of infection and communicable disease -
 a medical and surgical asepsis

Occurrences of disease

Infectious diseases may also be categorized
 on basis of how often they occur

endemic

epidemic

pandemic

sporadic

Body resistance to disease

Mechanical barriers

intact skin; cilia of mucous membrane

trap bacteria; break in skin acts as

portal of entry of organism; e.g., chap-

ped skin and hangnails

Chemical - pH slightly acid

Practice handwashing

Review techniques to prevent
 spread of colds, sore throat,
 etc.

Investigate literature and news-
 papers for recent outbreaks of
 disease

Topic	Content Development	Applic
Disease Prevention	<p>Acidity curbs growth of microorganisms in: tears skin mucuous membrane of vagina - abnormality in pH may result in Monilia vaginitis Stomach contents - HCL Biological - bacterial action of body fluids by bacteriocidal agents lysozyme properdin</p> <p>Immunity inborn - heredity naturally acquired passive - by placental transmission active - after attack of disease artificially acquired passive - by injection of immune serum; e.g., tetanus and diphtheria T.A.T. active - by injection of vaccine; e.g., smallpox and poliomyelitis antigens - allergy and hypersensitivity - foreign substance in body which stim- ulates specific immunity antibody - produced in spleen, lymph glands, bone marrow, endoplasmic reticulum. Substance manufactured by body as a protective mechanism to counteract effect of foregoing materials.</p> <p>Biologicals</p> <p>Antisera</p> <p>Contain antibodies against bacterial exo- toxins or certain viruses to provide ar- tificial passive immunity in order to pre- vent or modify disease. Reactions - serum sickness, sensitivity. Immunity 4-6 weeks.</p>	<p>Define inflammati action of body List cardinal sig local - redness general - fever pulse rate, hea</p>

Acidity curbs growth of microorganisms in:

tears

skin

mucuous membrane of vagina - abnormality

in pH may result in Monilia vaginitis

Stomach contents - HCL

Biological - bacterial action of body fluids
by bacteriocidal agents

lysozyme

properdin

Define inflammation (overall re-
action of body to injury)

List cardinal signs of inflammation-

local - redness, heat, swelling, pain

general - fever, increased

pulse rate, headache, malaise

Immunity

inborn - heredity

naturally acquired

passive - by placental transmission

active - after attack of disease

artificially acquired

passive - by injection of immune serum;

e.g., tetanus and diphtheria T.A.T.

active - by injection of vaccine; e.g.,

smallpox and poliomyelitis

antigens - allergy and hypersensitivity, -

foreign substance in body which stim-
ulates specific immunity

antibody - produced in spleen, lymph

glands, bone marrow, endoplasmic

reticulum. Substance manufactured

by body as a protective mechanism to

counteract effect of foregoing

materials.

Biologicals

Antisera

contain antibodies against bacterial exo-
toxins or certain viruses to provide ar-
tificial passive immunity in order to pre-
vent or modify disease.

Reactions - serum sickness, sensitivity.

Immunity 4-6 weeks.

Disease Prevention

Vaccines

Contain antigens - used to stimulate artificial active immunity toward some specific disease. May contain living attenuated organisms, killed organisms, killed organisms or toxoids. Immunity -- one year to lifetime.

Give examples of vaccine in medicine (bacterial tuberculosis rickettsial vaccine Mountain spotted viral vaccine - Salk and Sabin,

Effect on man

Chemotherapy

Treatment of disease with chemical compounds without injury to patient. Problems: allergic or toxic reactions to patient; microbe resistance to chemotherapy.

Report on scientific work by Paul Ehrlich and Sir Alexander Fleming. Selman Waksman

Chemical synthesis

Sulfonamides interfere with bacteria's metabolism so they cannot grow. Effective against: streptococci, staphylococci, meningococci, pneumococci, gonococci, and some viruses.

Sulfonamides:

gantrisin
sulfasuxidine
sulfathalidine

View sulfonamides form

Para-aminosalicylic acid and (PAS) isonicotinic acid hydrazide (INH) used against M. tuberculosis with streptomycin to reduce development of resistant strains.

Vaccines

Contain antigens - used to stimulate artificial active immunity toward some specific disease. May contain living & attenuated organisms, killed organisms, killed organisms or toxoids. Immunity -- one year to lifetime.

Give examples of vaccines used in medicine (bacterial vaccine - tuberculosis
 rickettsial vaccine - Rocky Mountain spotted fever, typhus
 viral vaccine - poliomyelitis - Salk and Sabin, toxoid - tetanus)

Effect on man

Chemotherapy

Treatment of disease with chemical compounds without injury to patient.
 Problems: allergic or toxic reactions to patient; microbe resistance to chemotherapy.

Report on scientific investigation by Paul Ehrlich - arsenic compound for syphilis
 Sir Alexander Fleming - penicillin
 Selman Waksman - streptomycin

Chemical synthesis

Sulfonamides interfere with bacteria's metabolism so they cannot grow. Effective against: streptococci, staphylococci, meningococci, pneumococci, gonococci, and some viruses.

Sulfonamides:

gantricin
 sulfasuxidine
 sulfathalidine

View sulfonamides in pill or powder form

Para-aminosalicylic acid and (PAS)
 isonicotinic acid hydrazide (INH) used against M. tuberculosis with streptomycin to reduce development of resistant strains.

Disease Prevention

Antibiotics

A metabolic product synthesized by certain microorganisms which can inhibit or destroy other microorganisms.

View vials of streptomycin - erythromycin,

Penicillin

Produced by a mold (Penicillin notatum) effective against gram-positive and gram-negative bacteria and spirochetes (syphilis). Many penicillins are produced synthetically to overcome weakness of original antibiotic.

Streptomycin

Effective against gram-negative bacill. (M. tuberculosis). Resistant strains of organisms (drugfast) may develop, making the antibiotics useless.

Chloramphenicol and the tetracyclines have a broad spectrum activity range.

Antibiotics

A metabolic product synthesized by certain microorganisms which can inhibit or destroy other microorganisms.

View vials of penicillin, streptomycin - capsules of erythromycin, achromycin

Penicillin

Produced by a mold (Penicillin notatum) effective against gram-positive and gram-negative bacteria and spirochetes (syphilis). Many penicillins are produced synthetically to overcome weakness of original antibiotic.

Streptomycin

Effective against gram-negative bacilli (M. tuberculosis). Resistant strains of organisms (drugfast) may develop, making the antibiotics useless.

Chloramphenicol and the tetracyclines have a broad spectrum activity range.

TABLE I - PARASITIC PATHOGENS

Parasitic Microorganisms	Parasitic Diseases	
<p><u>Animal Kingdom</u></p> <p>Helmenthica (worms)</p> <p>Parasitic Microorganism</p>	<p>Hookworm Tapeworm Trichinosis Pinworm Filariasis</p>	
Protozoa	<p>Malaria Sleeping sickness Protozoan dysentery</p>	
<p><u>Plant Kingdom</u></p> <p>Bacteria</p>	<p>Whooping cough Diphtheria Anthrax Plague Tetanus Rheumatic fever Bacterial dysentery</p>	<p>Typhoid fever Food poisoning Syphilis Gonorrhoea Abscesses Tuberculosis</p>
Rickettsias	<p>Typhus Rocky Mountain spotted fever</p>	
Viruses	<p>Colds Poliomyelitis Mumps Yellow fever Virus pneumonia</p>	<p>Measles Smallpox Rabies Hepatitis Mononucleosis</p>

TABLE II - CONTROL OF MICROORGANISMS

METHODS OF CONTROL	PURPOSE
Effect on materials	
Physical	
Sterilization	Sterilization of glassware, instrumen
Heat	Sterilization of needles and loops
Dry heat	
Hot air	
Open flame	
Incineration	
Moist heat	Destruction of organisms on dishes and
Boiling	Sterilization of equipment - instrumen
Autoclave - steam under pressure	goods, glassware, etc.
Fractional sterilization - live steam	Materials subjected to sterilization
	in succession to kill spores
Radiation	
Pasteurization	Destroys pathogens in milk
Ultraviolet light	Reduces airborne infections in hospit
Filtration - separation of bacteria from	Filtration of water for drinking
liquids or from toxin, enzymes, etc.	
Sonic vibration - mechanical disruption of	Research in constituents of cells
cells	
Preservation	
Cold temperatures - decrease in chemical	Special freezing process to preserve f
reaction	and cultures
Lyophilization - dehydration	Preserves bacterial cultures
Desiccation - bacteriostatic effect	Preserves food
Osmotic pressure - bacteriocidal effect	Preserves food

TABLE II - CONTROL OF MICROORGANISMS

METHODS OF CONTROL	PURPOSE
<p>Autoclave</p>	<p>Sterilization of glassware, instruments, drugs, etc. Sterilization of needles and loops</p>
<p>Flame Sterilization</p> <p>Boiling Autoclave - steam under pressure Fractional sterilization - live steam</p>	<p>Destruction of organisms on dishes and equipment Sterilization of equipment - instruments, rubber goods, glassware, etc. Materials subjected to sterilization several times in succession to kill spores</p>
<p>Ultraviolet light</p>	<p>Destroys pathogens in milk Reduces airborne infections in hospitals, etc.</p>
<p>Filtration Removal of bacteria from from toxin, enzymes, etc.</p>	<p>Filtration of water for drinking</p>
<p>Centrifugation - mechanical disruption of</p>	<p>Research in constituents of cells</p>
<p>Freezing - decrease in chemical activity - dehydration Bacteriostatic effect - bacteriocidal effect</p>	<p>Special freezing process to preserve foods, drugs, and cultures Preserves bacterial cultures Preserves food Preserves food</p>

METHODS OF CONTROL

PURPOSE

Chemical disinfection

Factors which control rate of disinfection:
 kind of agent, concentration, temperature and
 time, number of organisms, and their character-
 istics. Safety - an important consideration
 in selection of disinfection

Types

Antiseptic

Chemical substance that prevents growth
 either by inhibiting or destroying micro-
 organisms

Disinfectant

Chemical agent that destroys disease-pro-
 ducing organisms

Agents:

Acids: kinds - pH+ (H+) H₂SO₄, HNO₃, HCL

Alkalines: kinds - pH- (OH-) NaOH, NH₄OH

Halogens - chlorine and compounds

Salts of heavy metals
 Mercuric chloride
 Silver nitrate

Bacteriostatic - inhibits growth.

Not usually effective against spores.
 Bacteriocide or germicide - kills bac
 sporicide - kills spores
 viricide - kills viruses
 fungicide - kills fungi

Rarely used

Rarely used

Phenol

Preservatives - used for tubercular

Hexachlorophene - disinfection of sk

Cresol - disinfection of instruments

Alcohol - ethyl isopropyl - antisept

Disinfect water, sanitization of ut
 dairy equipment

Iodine disinfects equipment, active
 viruses, and fungi

Skin and thermometer disinfection; e

METHODS OF CONTROL	PURPOSE
<p>ation</p> <p>control rate of disinfection: agent, concentration, temperature and number of organisms, and their character- safety - an important consideration method of disinfection</p>	
<p>antiseptic substance that prevents growth by inhibiting or destroying micro- organisms</p> <p>antiseptic agent that destroys disease-pro- organisms</p>	<p>Bacteriostatic - inhibits growth.</p> <p>Not usually effective against spores. Bacteriocide or germicide - kills bacteria sporicide - kills spores viricide - kills viruses fungicide - kills fungi</p>
<p>acids - pH+ (H+) H₂ SO₄, HNO₃, HCL alkalis - pH- (OH-) NaOH, NH₄OH</p>	<p>Rarely used Rarely used Phenol Preservatives - used for tubercular sputum Hexachlorophene - disinfection of skin Cresol - disinfection of instruments Alcohol - ethyl isopropyl - antiseptic on skin</p>
<p>chlorine and compounds</p>	<p>Disinfect water, sanitization of utensils and dairy equipment Iodine disinfects equipment, active against spores, viruses, and fungi</p>
<p>heavy metals mercuric chloride nitrate</p>	<p>Skin and thermometer disinfection; eye drops</p>

METHODS OF CONTROL

PURPOSE

Dyes

Crystal violet

Isolates gram-negative bacteria
Treatment of wounds

Quaternary Ammonia

Antiseptic of skin, disinfection of
dairies

Formaldehyde

Kills - M.tuberculosis in sputum and
fungus in shoes

Gas used to disinfect rooms; preserv

Hydrogen Peroxide

Cleanses wounds by oxidation

Potassium Permanganate

Antibacterial action on tissue surfa

METHODS OF CONTROL

PURPOSE

Crystal violet

Isolates gram-negative bacteria
Treatment of wounds

Sodium Ammonia

Antiseptic of skin, disinfection of utensils in
dairies

Formaldehyde

Kills - M. tuberculosis in sputum and athlete's foot
fungus in shoes
Gas used to disinfect rooms; preserve specimens

Hydrogen Peroxide

Cleanses wounds by oxidation

Potassium Permanganate

Antibacterial action on tissue surfaces

UNIT 3. PREPARATION AND MAINTENANCE OF PATIENT'S ENVIRONMENT

Topic	Content Development	Application
Patient's Room	<p>Ventilation - is adjusted for comfort of patient, not for nurse room temperature, (65°-75°) and humidity (30-60%) - maintain comfortable room temperature and air flow wind deflectors, air conditioners, electric fans - safety in handling electrical equipment and heating devices</p>	<p>Observe and become ventilating temper humidifying equi lighting facilitie patient patient signal sys</p>
	<p>Lighting - diffuse lighting to prevent glare, - window shades and blinds to reduce glare</p>	
	<p>overhead lights reading lights lighting for television viewing night lights</p>	<p>Observe amount of li pendent on condit patient</p>
	<p>Noise - produces irritability, restlessness, and fatigue</p>	
	<p>knocking radiators dripping and leaking faucets flapping window shades squeaking beds slamming doors</p>	<p>Report presence of b equipment Develop a supersens Learn use of door st Learn to deal with r patients, co-worker</p>
Room	Equipment and Furniture	Practice and use of
	<p>hospital bed - mattress overbed table for meals or recrea- tional activities wardrobe and /or dresser bedside chair bedside stepping stool bedside table</p>	<p>bedside stepping s bed gatch bedside equipment Report on bedside eq sition - chrome, e monel, plastic (di stainless steel, w</p>

Content Development

Application

Ventilation - is adjusted for comfort of patient, not for nurse
 room temperature, (65°-75°) and humidity (30-60%) - maintain comfortable room temperature and air flow
 wind deflectors, air conditioners, electric fans - safety in handling electrical equipment and heating devices

Observe and become familiar with ventilating temperature and humidifying equipment
 lighting facilities - in reach of patient
 patient signal system

Lighting - diffuse lighting to prevent glare, - window shades and blinds to reduce glare

overhead lights
 reading lights
 lighting for television viewing
 night lights

Observe amount of light needed; dependent on condition and age of patient

Noise - produces irritability, restlessness, and fatigue

knocking radiators
 dripping and leaking faucets
 flapping window shades
 squeaking beds
 slamming doors

Report presence of broken or unsafe equipment

Develop a supersensitivity to noise
 Learn use of door stops and silencers
 Learn to deal with noises made by patients, co-workers, visitors

Equipment and Furniture

hospital bed - mattress
 overbed table for meals or recreational activities
 wardrobe and /or dresser
 bedside chair
 bedside stepping stool
 bedside table

Practice and use of

bedside stepping stool
 bed gatch
 bedside equipment

Report on bedside equipment composition - chrome, enamel, glass, monel, plastic (disposable), stainless steel, wood

Topic	Content Development	Appl
Maintenance of a Clean Environment	Equipment found in bedside stand; variations	Check basic eq stand before to unit
	wash cloth and towels	Role-play reasons why stand is d
	soap dish with soap	
	wash basin	
	emesis basin and mouth wash cup	
	toothbrush and tooth cleanser	
	comb	
	bedpan with cover	how to expla
	pitcher and glass for fresh drinking water	patient wi
	personal belongings of the patient	Explain how to sick room
	Prevention of infection	
	handwashing-general principles	
	methods of disinfection	
	mechanical - soap, water, friction	
	physical - sunlight; heat, boiling	
	chemical solutions (Lysol)	
	Zephiran Chloride (1:750 - 1:20,000)	
	Daily cleaning of patient unit and en- vironment	
	damp dusting	Practice mainte liness
	care of plants and flowers	damp dusting clean patient reconstitutio

Content Development

Application

Equipment found in bedside stand; variations

wash cloth and towels
soap dish with soap
wash basin
emesis basin and mouth wash cup
toothbrush and tooth cleanser
comb
bedpan with cover
pitcher and glass for fresh drinking
water
personal belongings of the patient

Check basic equipment in bedside
stand before patient is admitted
to unit

Role-play

reasons why keeping food in bedside
stand is discouraged

how to explain these reasons to
patient without offending him

Explain how to make adaptations for
sick room environment in home

Prevention of infection

handwashing-general principles
methods of disinfection
mechanical - soap, water, friction
physical - sunlight, heat, boiling
chemical solutions (Lysol)
Zephiran Chloride (1:750 - 1:20,000)

Daily cleaning of patient unit and en-
vironment

damp dusting
care of plants and flowers

Practice maintaining medical clean-
liness

damp dusting
clean patient unit
reconstitution of patient unit

Topic

Content Development

Application

Maintenance of a Clean Environment

Terminal cleaning

reconstitution of environment -
sterilization of equipment

Maintenance of a Safe Environment

Prevention is first rule of safety

cupboard doors and drawers closed when not in use

windows opened with care
spilled liquids to be wiped up immediately

broken glass and china to be cleared away immediately

bed gatch clamps replaced to position immediately after use

proper disposal of trash
NO practical jokes or pranks
careful opening and closing of doors
NO smoking in unauthorized areas
handle and use electrical equipment with care

Accepting responsibility
maintaining safety rules

Locate fire prevention

Learn rules for reporting
drill signals and
during drill

Explain circumstances
nurse must immediately
spilled liquids or

Role-play procedure for
accidents

Bedmaking.

Demonstrate stripping and airing bed
bagging of linen

Demonstrate procedures for closed or
standing bed, open bed, occupied bed

Discuss
eliminating wrinkles in bed linens
conserving linen supply
protecting mattress
improving protection techniques in
home
avoid "flapping" sheets and blankets
allowing for freedom of movement for
patient's legs

Practice
methods of soiled linen

methods and location of
clean linen supply

special methods for
handling linens

Practice making
closed bed, open bed
bed

Content Development

Application

Terminal cleaning

reconstitution of environment -
sterilization of equipment

Prevention is first rule of
safety

cupboard doors and drawers closed
when not in use

windows opened with care
spilled liquids to be wiped up
immediately

broken glass and china to be
cleared away immediately

bed gatch clamp replaced to posi-
tion immediately after use

proper disposal of trash

NO practical jokes or pranks

careful opening and closing of doors

NO smoking in unauthorized areas

handle and use electrical equip-
ment with care

Demonstrate stripping and airing bed
bagging of linen

Demonstrate procedures for closed or
standing bed, open bed, occupied bed

Discuss

eliminating wrinkles in bed linens

conserving linen supply

protecting mattress

improving protection techniques in
home

avoid "flapping" sheets and blankets

allowing for freedom of movement for
patient's legs

Accepting responsibility for main-
taining safety rules

Locate fire prevention apparatus

Learn rules for reporting fire, fire
drill signals and responsibilities
during drill

Explain circumstances under which
nurse must immediately clean up
spilled liquids or broken glass

Role-play procedure for reporting
accidents

Practice
methods of soiled linen disposal

methods and location of storing
clean linen supply

special methods for identifying and
handling linens from isolation unit

Practice making
closed bed, open bed, and occupied
bed

Topic	Content Development	App
Bedmaking	<p>Special considerations in bedmaking</p> <p>Demonstrate use of bed cradle and foot board</p>	<p>View illustr clinical ar</p> <p>CircOlect Stryker f stretcher (emphasiz</p> <p>Practice use of be use of fo</p>

Content Development

Application

Special considerations in bedmaking
Demonstrate use of bed cradle and foot board

View illustrations or observe in
clinical area

CircOelectric bed
Stryker frame
stretcher bed
(emphasize precautions)

Practice
use of bed cradle
use of foot board

UNIT 4. THE PATIENT AS A PERSON

Topic	Content Development	Application
The Patient as a Person	His response to his illness fear of death fear of disfigurement fear of disability His response to the hospital. bewilderment in strange environment unfamiliarity with hospital routine cultural differences in food and preparation of food His response to the nurse does she understand his language does she understand his problems does she really know what to do for him is she sympathetic toward his problems The nurse's response to the patient - each patient is a unique individual with previous experiences, cultural patterns, needs and habits. maintain and instill attitude of calm reassurance and confidence reassure patient's family	Plan a new patients' day including: nursing care doctors visits meals diagnostic tests treatments etc. Role-play Patient enters the the first time; and apprehensive fears. Communicating with speaking patient

UNIT 4. THE PATIENT AS A PERSON

Content Development

Application

His response to his illness

- fear of death
- fear of disfigurement
- fear of disability

His response to the hospital

- bewilderment in strange environment
- unfamiliarity with hospital routine
- cultural differences in food and preparation of food

His response to the nurse.

- does she understand his language
- does she understand his problems
- does she really know what to do for him
- is she sympathetic toward his problems

The nurse's response to the patient - each patient is a unique individual with previous experiences, cultural patterns, needs and habits.

- maintain and instill attitude of calm
- reassurance and confidence
- reassure patient's family

Plan a new patients' routine hospital day including:
· nursing care
· doctors visits
· meals
· diagnostic tests
· treatments
· etc.

· Role-play

Patient enters the hospital for the first time; seems disturbed and apprehensive. Nurse to allay fears.

Communicating with non-English-speaking patient.

Topic	Content Development	App
Patient Enters Hospital	Demonstrate admitting patient to hospital	
	greeting the patient helping the patient to bed - respect for patient's feelings: privacy, modesty, embarrassment	Practice adm hospital check clo observe a skill in
	care of clothing - regardless of their condition	
	care of valuables - accuracy in listing all the patient's belongings	
	initial recording of observations	
	vital signs general appearance subjective symptoms	
	introducing the patient to	
	location of water fountain bathroom and toilet facilities telephones recreation rooms call bell or other signal systems hospital routines mealtime visiting hours doctors' visits rest and sleeping periods	

hospital
 Demonstrate admitting patient to hospital

greeting the patient
 helping the patient to bed - respect
 for patient's feelings: privacy,
 modesty, embarrassment

care of clothing - regardless of their
 condition.

care of valuables - accuracy in listing
 all the patient's belongings

initial recording of observations

vital signs
 general appearance
 subjective symptoms

introducing the patient to

location of
 water fountain
 bathroom and toilet facilities
 telephones
 recreation rooms
 call bell or other signal systems
 hospital routines
 mealtime
 visiting hours
 doctors' visits
 rest and sleeping periods

Practice admitting patient to
 hospital
 check clothing and valuables
 observe and record vital signs
 skill in communicating

Topic	Content Development	Application
Patient's Chart	<p>Patient's program of care is maintained through medium of a chart. Chart is a record of:</p> <ul style="list-style-type: none"> past history of health present illness - signs and symptoms examination findings treatment of present illness nursing care information to be used in event of future illness legal importance to patient, hospital, doctor and nurse <p>Importance of</p> <ul style="list-style-type: none"> accuracy legibility briefness completeness literacy - ability to use words and expressions correctly chart as a legal record 	<p>Read patient records in clinical areas</p> <p>View types of hospital used</p> <p>Obtain and record pertinent information related to admission</p> <p>Practice technique of</p> <p>Role-play establishing rapport and family</p>
Pertinent Information	<p>Vital signs - techniques of measuring and recording</p> <ul style="list-style-type: none"> temperature <ul style="list-style-type: none"> oral rectal axillary pulse <ul style="list-style-type: none"> quality rate regularity respiration <ul style="list-style-type: none"> quality rate regularity blood pressure 	<p>Practice skills required</p> <ul style="list-style-type: none"> temperature pulse respiration blood pressure

Content Development

Application

Patient's program of care is maintained through medium of a chart. Chart is a record of:

past history of health
present illness - signs and symptoms
examination findings
treatment of present illness
nursing care
information to be used in event of
future illness
legal importance to patient, hospital,
doctor and nurse

Importance of
accuracy
legibility
briefness
completeness
literacy - ability to use words and
expressions correctly
chart as a legal record

Vital signs - techniques of measuring and
recording

temperature
oral
rectal
axillary
pulse
quality
rate
regularity
respiration
quality
rate
regularity
blood pressure

Read patient records with permission
in clinical areas

View types of hospital chart forms
used

Obtain and record pertinent informa-
tion related to admission

Practice technique of interviewing

Role-play
establishing rapport with patient
and family

Practice skills required for

temperature

pulse

respiration

blood pressure

Topic	Content Development	Ap
Pertinent Information	<p>Objective symptoms - observation of patient and recording of symptoms</p> <p>skin eyes posture personality others</p> <p>Subjective symptoms</p> <p>pain nausea others</p> <p>Atypical emotional behavior</p>	<p>Record and c</p> <p>Record objec</p> <p>Record subje</p> <p>Role-play Patient tel Nurse the servation ments of</p>
Preparing Patient for Physical Examination	Weigh and measure patient	Obtain and re balanced so
Collection of essential information	<p>Collection of Specimens: essential information for urine, sputum, stool, etc.</p> <p>types of collecting containers used purposes for specimens amount of specimen to collect correct label and accuracy of information for specimen correct laboratory to which specimen is sent accurate recording on patient's chart</p>	<p>Obtain and ha</p> <p>Record test r sheet of pa</p> <p>Practice coll for routine midstrea fraction assist in specime</p>

Content Development

Application

<p>tion</p>	<p>Objective symptoms - observation of patient and recording of symptoms</p> <ul style="list-style-type: none"> skin eyes posture personality others <p>Subjective symptoms</p> <ul style="list-style-type: none"> pain nausea others <p>Atypical emotional behavior</p>	<p>Record and chart vital signs</p> <p>Record objective symptoms</p> <p>Record subjective symptoms</p> <p>Role-play</p> <p>Patient tells nurse how she feels. Nurse then records her own observations, complaints, and comments of patient.</p>
<p>for tion</p>	<p>Weigh and measure patient</p>	<p>Obtain and record weights (using balanced scales) and heights.</p> <p>Record pertinent information on patient chart</p>
<p>ential</p>	<p>Collection of Specimens: essential information for urine, sputum, stool, etc.</p> <ul style="list-style-type: none"> types of collecting containers used purposes for specimens amount of specimen to collect correct label and accuracy of information for specimen correct laboratory to which specimen is sent accurate recording on patient's chart 	<p>Obtain and handle specific specimens</p> <p>Record test result on appropriate sheet of patient's chart</p> <p>Practice collection of urine specimen for</p> <ul style="list-style-type: none"> routine (single) midstream fractional - 24 hours assist in catheterization for specimen

Topic

Content Development

Application

Prepare Patient for
Physical Examination

Assist with physical examination

Prepare equipment for

Positioning the patient

Practice positioning
patient according
physical examination

types of positions

horizontal recumbent position

dorsal recumbent position

(for pelvic or rectal examination)

dorsal lithotomy position

Sims' position

knee-chest position

Trendelenburg position (for shock)

standing or erect position

jackknife position

Role-play

Importance of adequate
to patients as a maximum patient comfort

Uses and purposes of positions application
of principles for positioning in the home

Drape patient for physical examination

Observe and record patient
condition and reaction

Content Development

Application

Assist with physical examination

Positioning the patient

types of positions

horizontal recumbent position

dorsal recumbent position

(for pelvic or rectal examination)

dorsal lithotomy position

Sims' position

knee-chest position

Trendelenburg position (for shock)

standing or erect position

jackknife position

Uses and purposes of positions application
of principles for positioning in the home

Drape patient for physical examination

Prepare equipment for examination.

Practice positioning and draping
patient according to needs of
physical examination.

Role-play

Importance of adequate explanation
to patients as a means of securing
maximum patient cooperation

Observe and record patient's
condition and reactions

UNIT 5. PROCEDURES TO PROMOTE COMFORT AND WELL-BEING

Topic	Content Development	Appl.
Personal Cleanliness of Patient	<p>Emphasis should be placed on the patient's feelings when being cared for by others.</p> <p>For example:</p> <p>Patients on coronary precautions may object to being fed or bathed when they can perform those procedures for themselves.</p> <p>Some patients are particularly embarrassed to have a younger person perform such duties as offering and removing bedpan, catheterizations, surgical preparations, enemas, etc.</p>	<p>Role-play</p> <p>How to show patient'</p>
Morning and Evening Care	<p>Care of</p> <p>mouth and teeth - dentifrice and mouth wash</p> <p>dentures - cleanser and storage - emphasize cost and value to patient containers</p> <p>skin - use of deodorants</p> <p>nails - hands and feet, emphasize safety precautions when cutting nails</p> <p>hair - comfortable and attractive styling during bed rest</p> <p>care of hair pieces</p> <p>combing and brushing</p> <p>dry shampoo</p> <p>pediculosis treatments</p>	<p>Assist patient and teeth</p> <p>Assist patient and nails</p>

UNIT 5. PROCEDURES TO PROMOTE COMFORT AND WELL-BEING

Content Development

Application

s of Emphasis should be placed on the patient's feelings when being cared for by others.

For example:

Patients on coronary precautions may object to being fed or bathed when they can perform those procedures for themselves.

Some patients are particularly embarrassed to have a younger person perform such duties as offering and removing bedpan, catheterizations, surgical preparations, enemas, etc.

Role-play

How to show respect for patient's feelings

Care of

mouth and teeth - dentifrice and mouth wash

dentures - cleanser and storage - emphasize cost and value to patient containers

skin - use of deodorants

nails - hands and feet, emphasize safety precautions when cutting nails

hair - comfortable and attractive styling during bed rest

care of hair pieces

combing and brushing

dry shampoo

pediculosis treatments

Assist patient with care of mouth and teeth

Assist patient with care of hair and nails

Topic	Content Development	Application
Morning and Evening Care	<p>back - massage technique - prevention of pressure sores</p> <p>Demonstrate complete bed bath procedure</p> <p>Assisting patient with tub bath</p> <p>Assisting patient with shower bath</p> <p>Morning care</p> <p>Evening care</p>	<p>Practice following procedure</p> <p>complete bed bath tub bath shower morning care evening care</p> <p>Provide above care to patient in clinical area</p>
Elimination	<p>Demonstration of total bedpan and urinal technique</p> <p>Demonstrate bedpan technique</p> <p>use of bedside commode</p> <p>use of urinal</p> <p>assisting patient to bathroom</p>	<p>Observe use of: mechanical bedpan bedpan sterilizer disposable equipment</p> <p>Practice following procedure</p> <p>bedpan and urinal handwashing for patient student nurse after or urinal use observing contents checking orders specimens measuring for output accurate recording chart using good body mechanics helping to lift staying with or until completely after care of patient after care of equipment</p>

Content Development

Application

back - massage
technique - prevention of pressure
sores

Demonstrate complete bed bath procedure

Assisting patient with tub bath

Assisting patient with shower bath

Morning care

Evening care

Demonstration of total bedpan and urinal
technique

Demonstrate bedpan technique

• use of bedside commode

use of urinal

assisting patient to bathroom

Practice following procedures

complete bed bath
tub bath

shower

morning care

evening care

Provide above care to patient
in clinical area

Observe use of:

mechanical bedpan cleaner

bedpan sterilizer equipment

disposable equipment

Practice following procedures

bedpan and urinal technique
handwashing for patient and
student nurse after bedpan
or urinal use

observing contents of bedpan
checking orders for saving
specimens

measuring for output record
accurate recording on patient
chart

using good body mechanics when
helping to lift patient
staying with or near patient
until completion of procedure
after care of patient
after care of equipment

Topic	Content Development	Appl
Maintain Patient Safety and Comfort	Safety devices and equipment	Practice safety patient and devices and
	bedside rails stepping stool	
	Comfort devices and equipment	Practice metho sores and c
	overbed table bedside table gatch bed electric bed floatation bed air mattress pillows sand bags foot board bed cradle cushions - foam rubber disposable linen	Learn where an ment after • Improvise conf use
	Moving patient in and out of bed- body mechanics for patient and nurse	
	wheelchair stretcher	Practice assis in and out in and out on and off
Nutrition for Patient	Diet ordered by the doctor for individual patient Special diets to meet specific disease conditions	Practice serving food feeding pati

Safety

Safety devices and equipment

bedside rails
stepping stool

Practice safety precautions for patient and nurse, using comfort devices and equipment

Comfort devices and equipment

overbed table
bedside table
gatch bed
electric bed
floatation bed
air mattress
pillows
sand bags
foot board
bed cradle
cushions - foam rubber
disposable linen

Practice methods of preventing bed sores and circulatory restrictions

Learn where and how to store equipment after use

Improvise comfort devices for home use

Moving patient in and out of bed- body mechanics for patient and nurse

wheelchair
stretcher

Practice assisting patient

in and out of bed
in and out of wheelchair
on and off stretcher

Diet

Diet ordered by the doctor for individual patient
Special diets to meet specific disease conditions

Practice

serving food trays
feeding patient

Topic

Content Development

Application

Nutrition for Patient

Food trays served
attractively
proper temperature
considering likes and dislikes
of patient
considering cultural and
religious differences

Role-play
giving instructions
and family on s

Feeding the patient

Charting

amount of food and fluids
taken
patient reaction
to diet

Recreation Diversions
for Patient

Value of occupational diversion

Survey of hospital
available to the
provide diversion

Encourage patient to become in-
terested in recreational di-
version; e.g.,

newspapers, books, magazines -
hospital lending library
for patient use

television and bedside radio -
use of earphone sets

jigsaw puzzles

crocheting, knitting, embroider-
ing - safety precautions

Practice teaching pa
to knit, crochet,

Food trays served
attractively
proper temperature
considering likes and dislikes
of patient
considering cultural and
religious differences

Role-play
giving instructions to patient
and family on special diets

Feeding the patient

Charting

amount of food and fluids
taken
patient reaction
to diet

Survey of hospital facilities
available to the patient to
provide diversion

Value of occupational diversion

Encourage patient to become in-
terested in recreational di-
version; e.g.,

newspapers, books, magazines-
hospital lending library
for patient use

television and bedside radio -
use of earphone sets

jigsaw puzzles

crocheting, knitting, embroider-
ing - safety precautions

Practice teaching patient how
to knit, crochet, etc.

Topic	Content Development	App
Recreation Diversions for Patient	Care of flowers and plants personal meaning to patients of these gifts	Practice cutting and arranging
Maintain Medical Asepsis for Patient on Isolation Precautions	Special adaptations in care of patient on isolation precautions Psychological effect on patient Purpose of an isolation unit Importance of handwashing Demonstrate setting up an isolation unit	Observe in clinical Island-Bed" - g
	bed and necessary bed linens bedside stand and equipment utility table with	Practice
	food tray dishes pepper and salt shakers thermometer in container container with clean masks container for soiled masks forceps in disinfecting solution	setting up isol handwashing tec
	use of disposable equipment and materials	

Care of flowers and plants personal meaning
to patients of these gifts

Practice cutting stems on angle
and arranging flowers

Special adaptations in care of patient on
isolation precautions

Psychological effect on patient

Purpose of an isolation unit

Importance of handwashing

Demonstrate setting up an isolation unit

bed and necessary bed linens
bedside stand and equipment
utility table with

Observe in clinical area "Life
Island Bed" - germ free unit

food tray
dishes
pepper and salt shakers
thermometer in container
container with clean masks
container for soiled masks
forceps in disinfecting
solution

Practice

setting up isolation unit
handwashing technique

use of disposable equipment
and materials

Topic	Content Development	Application
Maintain Medical Asepsis for Patient on Isolation Precautions	<p>Wash stand for hand basin if there is no sink or running water in or near the vicinity of patient unit</p> <p>basin soap, soap dish pitcher paper towels and newspaper squares paper disposal container or bag pail for water disposal</p>	Practice disposal waste
	I.V. standard or clothes tree for hanging isolation gown	
	hamper for soiled linen - wrap and label linen	Practice caring for
	Demonstrate general techniques for maintaining medical asepsis	
	putting on an isolation gown removing isolation gown glove technique use of forceps use of disposal gowns, gloves and linen	Practice procedure general asepsis gown technique glove technique forceps technique
Patient Is Discharged From Hospital	Preparation of the patient for discharge	Practice
	informing patient and family of proposed date and time of discharge	discharge of patient completion of procedure per individual

Wash stand for hand basin if there is no sink or running water in or near the vicinity of patient unit

basin
 soap, soap dish
 pitcher
 paper towels and newspaper squares
 paper disposal container or bag
 pail for water disposal

Practice disposal of contaminated waste

I.V. standard or clothes tree for hanging isolation gown

hamper for soiled linen - wrap and label linen

Practice caring for soiled linen

Demonstrate general techniques for maintaining medical asepsis

putting on an isolation gown
 removing isolation gown
 glove technique
 use of forceps
 use of disposal gowns, gloves and linen

Practice procedures for maintaining general asepsis

gown technique
 glove technique
 forceps technique

Preparation of the patient for discharge

informing patient and family of proposed date and time of discharge

Practice

discharge of patient
 completion of patient record per individual hospital procedure

Topic	Content Development	App
Patient Is Discharged From Hospital	assembling patient's belongings helping patient to dress ensuring the fact that patient and family have necessary in- structions for follow-up treat- ment, when indicated	Practice escorting pa by wheel ch
	Demonstrate escorting patient through discharge routine	
	Complete patient's discharge record	Record dischar complete p
	Care of patient's unit following discharge	
	strip, air, and clean patient's unit reconstitution of patient's unit	Review reconst unit
Applications of Heat and Cold Heat	Heat - physical, chemical, and psycho- logical effect of treatment	
	effect of heat on the body heat as a treatment	
	Demonstrate methods of applying heat- include testing equipment before use and after care	Practice metho
	hot water bottle electric heating pad or blanket heat lamp hot compresses hot packs hot soaks poultices and counter-irritants Sitz baths	
	Recording of procedure and results - legal implications	Record reactio

Content Development

Application

assembling patient's belongings
helping patient to dress
ensuring the fact that patient
and family have necessary in-
structions for follow-up treat-
ment, when indicated

Demonstrate escorting patient through
discharge routine

Complete patient's discharge record

Care of patient's unit following discharge

strip, air, and clean patient's unit
reconstitution of patient's unit

Heat - physical, chemical, and psycho-
logical effect of treatment

effect of heat on the body
heat as a treatment

Demonstrate methods of applying heat -
include testing equipment before
use and after care

hot water bottle
electric heating pad or blanket
heat lamp
hot compresses
hot packs
hot soaks
poultices and counter-irritants
Sitz baths

Recording of procedure and results -
legal implications

Practice

escorting patient out of hospital
by wheel chair or stretcher

Record discharge information and
complete patient's record

Review reconstruction of patient's
unit

Practice methods of applying heat

Record reactions and results

Topic	Content Development	Application
Applications of Heat and Cold Cold	<p>Cold - physical, chemical, and psychological effect of treatment</p> <ul style="list-style-type: none"> - effect of cold on body cold as a treatment methods of applying cold <p>Demonstrate methods of applying cold</p> <ul style="list-style-type: none"> ice cap ice collar cold compresses sponge baths water alcohol 	<p>Practice methods of apply preparation and of equipment</p> <p>preparation and</p>
Thermal Equipment	<p>Compliance with hospital policy regarding safety factors in use of hydrotherapy, thermal, and electrical equipment</p>	<p>recording reacti</p>
Medicated Baths	<p>Effect of medicated baths on body</p> <ul style="list-style-type: none"> starch saline alkaline 	<p>Practice preparing and gi baths</p>
Scientific Principles of Irrigations of Lower Abdominal and Pelvic Regions	<p>Importance of testing equipment before use preventing chilling of patient</p> <p>Review structure and function</p> <p>Physical action - pressure, friction, diffusion of gases, conduction of heat</p> <p>Psychological action - allay fears by explanation; reassurance, privacy</p>	

Content Development

Application

Cold - physical, chemical, and psychological
effect of treatment
effect of cold on body
cold as a treatment
methods of applying cold

Demonstrate methods of applying cold

ice cap
ice collar
cold compresses
sponge baths
water
alcohol

Compliance with hospital policy regarding,
safety factors in use of hydrotherapy,
thermal, and electrical equipment

Effect of medicated baths on body

starch
saline
alkaline

Importance of
testing equipment before use
preventing chilling of patient

Review structure and function
Physical action - pressure, friction,
diffusion of gases conduction of heat
Psychological action - allay fears by
explanation, reassurance, privacy

Practice

methods of applying cold
preparation and after-care
of equipment

preparation and care of patient

recording reactions and results

Practice

preparing and giving medicated
baths

Topic	Content Development	Appl
Scientific Principles of Irrigations of Lower Abdominal and Pelvic Regions	<p>Chemical action</p> <p>characteristics of contents of fecal and vaginal excretion gases formed by putrefaction of proteins and action of bacteria in large intestines</p>	
	<p>Microbiological action:</p> <p>bacilli coli are normal flora of alimentary canal; but may be pathogenic in other areas</p>	<p>Practice proper hand for pati prevent especial after care</p>
Enemas	<p>Nonretention enemas</p> <p>purposes of cleansing enemas</p> <p>soap suds enema tap water enema saline enema commercial preparations</p> <p>carminative enemas</p> <p>demonstrate</p> <p>preparation of necessary equipment preparation of patient for treatment techniques of administration aftercare of patient recording of procedure and results aftercare of equipment</p>	<p>Practice prepar tration of</p> <p>enemas rectal tubes suppositorie</p> <p>Practice afterc equipment</p> <p>Chart reacti</p>

Chemical action

characteristics of contents of fecal and vaginal excretion
 gases formed by putrefaction of proteins
 and action of bacteria in large in-
 testines

Microbiological action

bacilli coli are normal flora of
 alimentary canal but may be
 pathogenic in other areas

Practice

proper hand washing technique
 for patient and nurse to
 prevent spread of disease
 especially hepatitis
 after care of equipment

Nonretention enemas

purposes of cleansing enemas

soap suds enema
 tap water enema
 saline enema
 commercial preparations

Practice preparation and adminis-
 tration of

enemas
 rectal tubes
 suppositories

carminative enemas

Practice aftercare of patient and
 equipment

demonstrate

Chart reaction and results

preparation of necessary equipment
 preparation of patient for treatment
 techniques of administration
 aftercare of patient
 recording of procedure and results
 aftercare of equipment

Topic	Content Development	Application
Enemas	Retention enemas purposes types oil retention enema medication anaesthesia Diagnostic test enema barium	
Other Rectal Procedures	Demonstrate insertion of rectal tube purpose equipment Demonstrate insertion of rectal suppositories purposes equipment Discuss use of Harris drip purposes equipment	Practice insertion of and suppositories
Gastro-Intestinal Irrigations	Irrigations purpose equipment kinds colonic-demonstrate height of can and method of administering ileostomy gastrostomy colostomy	Chart procedures

Retention enemas

- purposes

- types

- oil retention enema
- medication
- anaesthesia

Diagnostic test enema

- barium

Demonstrate insertion of rectal tube

- purpose
- equipment

Practice insertion of rectal tube
and suppositories

Demonstrate insertion of rectal
suppositories

- purposes
- equipment

Discuss use of Harris drip

- purposes
- equipment

Chart procedures

Irrigations

- purpose
- equipment
- kinds

- colonic-demonstrate height of can
and method of administering

- ileostomy
- gastrostomy
- colostomy

Topic	Content Development	App
Gastro-Intestinal Irrigations	Demonstrate caring for a colostomy preparation of equipment preparation of patient - physical and psychological administration of procedure aftercare of patient aftercare of equipment charting of reactions and results	Practice caring colostomy Teach patient colostomy List agencies supplying Discuss supplies and instructions for acceptanc
Urinary Bladder Drainage and Irrigation	Review structure and function of urinary system Catheterization purposes diagnostic therapeutic demonstrate catheterization preparation of patient-physical and psychological procedure sterile glove technique care of specimen patient equipment charting	Practice catheterize bladder irrigation Practice using dispos
	Bladder irrigations - indication for use	

Content Development

Application

Demonstrate caring for a colostomy

preparation of equipment
preparation of patient - physical
and psychological
administration of procedure
aftercare of patient
aftercare of equipment
charting of reactions and results

Practice

caring for patient with a
colostomy
Teach patient to irrigate
colostomy

List agencies for home care and
supplying of equipment

Discuss supportive counseling
and instruction for family
acceptance of problem

Review structure and function of
urinary system

Catheterization

purposes

diagnostic
therapeutic

Practice

catheterization
bladder irrigation

demonstrate catheterization
preparation of patient-physical
and psychological

procedure

sterile glove technique

care of

specimen

patient

equipment

Practice

using disposable equipment

charting

Bladder

irrigations - indication for use

Topic	Content Development	Application
Urinary Bladder Drainage and Irrigation	Indwelling catheter demonstrate irrigation and replacement care of patient care of drainage	Chart reaction and
Gynecological Treatments	Structure and function of female repro- ductive system Perineal care Demonstration of procedure purpose of procedure equipment preparation of patient explanation of procedure charting	Clinical orientat vation of perineal irrig vaginal irriga vaginal suppos
	Vaginal irrigation and vaginal supposi- tories demonstration of procedures purposes preparation of equipment preparation of patient explanation of procedure administration charting	Practice vaginal and insertion of suppositories Chart results and

Content Development

Application

Indwelling catheter
demonstrate irrigation and replacement
care of patient
care of drainage

Chart reaction and results

Structure and function of female reproductive system
Perineal care
Demonstration of procedure
purpose of procedure
equipment
preparation of patient
explanation of procedure
charting

Clinical orientation to observation of
perineal irrigation
vaginal irrigation
vaginal suppository

Vaginal irrigation and vaginal suppositories
demonstration of procedures
purposes
preparation of equipment
preparation of patient
explanation of procedure
administration
charting

Practice vaginal irrigations and insertion of vaginal suppositories

Chart results and reactions

Topic	Content Development	App
The Unconscious Patient	<p>Nursing care of unconscious patient</p> <p>Degrees of consciousness</p> <ul style="list-style-type: none"> anesthetized drowsy stuporous comatose <p>Unconsciousness does not indicate that patient is unable to hear what is being said.</p> <p>Physical care</p> <ul style="list-style-type: none"> maintenance of adequate breathing suction of excess mucous maintenance of good body circulation by positioning demonstrate <ul style="list-style-type: none"> use of sheet use of hand rolls use of pillow range of motion exercises skin care mouth care use of safety devices 	<p>Observe and a conscious p</p> <p>Practice use side rails restraints</p> <p>Chart procedur patient</p>
The Incontinent Patient	<p>Nursing care of incontinent patient</p> <ul style="list-style-type: none"> psychological effect on patient and family considerations for patient's feelings measures for protecting skin-cleanliness prosthetic devices indwelling catheter care 	<p>Observe and pr care for in care for a indwelling rigations</p>

Content Development

Application

<p>patient</p>	<p>Nursing care of unconscious patient</p> <p>Degrees of consciousness anesthetized drowsy stuporous comatose</p> <p>Unconsciousness does not indicate that patient is unable to hear what is being said.</p> <p>Physical care</p> <p>maintenance of adequate breathing suction of excess mucous maintenance of good body circulation by positioning</p> <p>demonstrate use of sheet use of hand rolls use of pillow range of motion exercises skin care mouth care use of safety devices</p>	<p>Observe and assist with care of unconscious patient</p> <p>Practice use of side rails restraints</p> <p>Chart procedures and conditions of patient</p>
<p>patient</p>	<p>Nursing care of incontinent patient</p> <p>Psychological effect on patient and family considerations for patient's feelings measures for protecting skin-cleanliness prosthetic devices indwelling catheter care</p>	<p>Observe and provide care for incontinent patient care for a patient with an indwelling catheter - irrigations</p>

The Incontinent Patient

measures for protecting bed and clothing
of patient
measures to help establish regularity
use of room deodorants

The Dying Patient

Care of dying patient

attitude of nurse
signs of approaching death
religious considerations
implication of approaching death to
patient and family
discretion concerning conversations
near patient

Learn hospital policy
considerations

Care of body after death
nursing responsibilities
positioning
cleansing
equipment
public health regulations

Observe post-mortem

Review aftercare of
equipment

Care of patient's belongings

Obtaining permission for autopsy and
transplants

Close patient's chart

Close patient's chart

Special Considerations
in Care of the Aged

Normal changes of aged - Need for
understanding that advancing age
brings normal and expected changes
in physiology of the body and that
physiological changes can cause
some emotional and mental changes

Comply with specific
the hospital in reg
safety precautions

measures for protecting bed and clothing
of patient
measures to help establish regularity
use of room deodorants

Care of dying patient

attitude of nurse
signs of approaching death
religious considerations
implication of approaching death to
patient and family
discretion concerning conversations
near patient

Learn hospital policy for religious
considerations

Care of body after death
nursing responsibilities
positioning
cleansing
equipment
public health regulations

Observe post-mortem care

Care of patient's belongings

Obtaining permission for autopsy and
transplants

Review aftercare of room and
equipment

Close patient's chart

Close patient's chart

Normal changes of aged - Need for
understanding that advancing age
brings normal and expected changes
in physiology of the body and that
physiological changes can cause
some emotional and mental changes

Comply with specific policies of
the hospital in regard to routine
safety precautions for the aged

Special Considerations
in Care of the Aged

physiological
emotional
social
mental
economic

Changes in needs of aged- require
extra safety precautions

rest and sleep patterns
food habits and requirements
recreational and occupational
patterns

Review use of

bedside rail
bedside stool
etc.

Visit

economic and social needs of
the aged-special communication

rehabilitat
golden age
senior citi
nursing hor

ions
ed

physiological
emotional
social
mental
economic

Changes in needs of aged- require
extra safety precautions

rest and sleep patterns
food habits and requirements
recreational and occupational
patterns

economic and social needs of
the aged-special communication

Review use of

bedside rails
bedside stepping stools
etc.

Visit

rehabilitation center
golden age club
senior citizen club
nursing homes

UNIT 6. SPECIAL TREATMENTS

Topic	Content Development	Applicat
Nursing Care of Patients Receiving Inhalation Therapy	Oxygen - a colorless, odorless, tasteless gas, which supports combustion; essential for life.	Clinical orientati familiarity wit reading vari oxygen gau in use adjusting fl throughge a prescrib
	Review structure and function of respiratory tract	
	<p>Indications for administering oxygen when there is an inadequate supply of oxygen in the atmosphere for patients whose heart conditions interfere with normal blood circulation to lungs</p> <p>for patients with an inadequate supply of red blood cells, as in hemorrhage, or severe anemia</p> <p>for patients whose air passages may be obstructed, as in asthma, thyroid enlargement, pneumonia, emphysema, etc.</p> <p>for patients who have disease conditions which might interfere with normal chemistry (acid-base balance) of the blood, as in diabetes mellitus</p>	

UNIT 6. SPECIAL TREATMENTS

Content Development

Application

Oxygen - a colorless, odorless, tasteless gas, which supports combustion; essential for life.

Clinical orientation provides familiarity with:

reading various types of oxygen gauges currently in use

adjusting flow of oxygen through gauge to achieve a prescribed rate of flow

Review structure and function of respiratory tract

Indications for administering oxygen when there is an inadequate supply of oxygen in the atmosphere for patients whose heart conditions interfere with normal blood circulation to lungs

for patients with an inadequate supply of red blood cells, as in hemorrhage, or severe anemia

for patients whose air passages may be obstructed, as in asthma, thyroid enlargement; pneumonia, emphysema, etc.

for patients who have disease conditions which might interfere with normal chemistry (acid-base balance) of the blood, as in diabetes mellitus

Topic	Content Development	Applic
<p>Nursing Care of Patients Receiving Inhalation Therapy</p>	<p>Methods of administering oxygen</p> <p>nasal canula - hollow tubes that fit into nose</p> <p>nasal catheter - narrow rubber tube inserted into the nose to the pharynx</p> <p>face mask - mask which covers nose and mouth</p> <p>oxygen tent - large canopy which covers the upper part of the bed</p> <p>hyperbaric unit</p> <p>Safety considerations in use of oxygen due to its combustibility - sparks produced by static in vicinity of oxygen can be extremely dangerous - no smoking; avoid use of oil; use only static-free material</p> <p>Administration of oxygen varies according to physical facilities in hospitals. Oxygen may be stored in tanks or may be fed directly into the patient area from a central source.</p> <p>All containers for the storage of gas under pressure should be handled carefully. A written warning is attached to each container.</p>	<p>Role-play apply a face mask student in placing student</p> <p>Observe demonstrator therapist</p> <p>Formulate nursing patient in diagnosis of heart disease</p>

Methods of administering oxygen
 nasal canula - hollow tubes that fit
 into nose
 nasal catheter - narrow rubber tube
 inserted into the nose to the
 pharynx

face mask - mask which covers nose
 and mouth

oxygen tent - large canopy which
 covers the upper part of the bed
 hyperbaric unit

Safety considerations in use of oxygen
 due to its combustibility - sparks
 produced by static in vicinity of
 oxygen can be extremely dangerous -
 no smoking; avoid use of oil; use only
 static-free material

Administration of oxygen varies according
 to physical facilities in hospitals.
 Oxygen may be stored in tanks or may be
 fed directly into the patient area from
 a central source.

All containers for the storage of gas under
 pressure should be handled carefully.
 A written warning is attached to each
 container.

Role-play

apply a face mask to another
 student in oxygen tent
 placing student in oxygen tent

Observe demonstration by oxygen
 therapist

Formulate nursing care plan for
 patient in oxygen tent with a
 diagnosis of congestive
 heart disease

Topic	Content Development	Applica
Nursing Care of Patients Receiving Inhalation Therapy	<p>Role of nurse in promoting safety</p> <ul style="list-style-type: none"> avoid production of static electricity by use of cotton blankets instead of wool wear cotton clothing instead of nylon or other synthetic fibers which may produce static electricity provide sufficient warmth for patient in tent provide some means for communication; a non-electric bell or buzzer plan in advance all nursing procedures in order to avoid opening and closing tent too often 	<p>Assist with care receiving oxygen</p> <p>observe and re general app</p>
Methods of Ventilation	<p>Respirator</p> <ul style="list-style-type: none"> Bird Bennett <p>Nebulizer</p> <p>Vaporizer</p> <p>Humidifier</p> <p>Gases - Carbon dioxide</p>	<p>Assist with care ventilation th</p>
Nursing Care of Patients Receiving Intravenous Fluid Therapy	<p>Intravenous infusions - provide large quantities of fluid by direct injection into a vein</p> <p>Reasons for administering intravenous infusions</p> <ul style="list-style-type: none"> to supply body with large quantities of fluid, salts, and foods when the patient is unable to take them by mouth, as in unconsciousness to replenish blood supply, as in the case of hemorrhage 	<p>Clinical orientat</p> <p>central supply</p> <p>blood bank</p> <p>administration</p> <p>fluids</p> <p>preparation of</p> <p>to receive</p> <p>therapy</p>

Role of nurse in promoting safety
 avoid production of static electricity by
 use of cotton blankets instead of wool
 wear cotton clothing, instead of nylon
 or other synthetic fibers which may
 produce static electricity
 provide sufficient warmth
 for patient in tent
 provide some means for communication;
 a non-electric bell, or buzzer
 plan in advance all nursing procedures
 in order to avoid opening and closing
 tent too often

Respirator
 Bird
 Bennett

Nebulizer

Vaporizer

Humidifier

Gases - Carbon dioxide

Intravenous infusions - provide large
 quantities of fluid by direct in-
 jection into a vein

Reasons for administering intravenous
 infusions
 to supply body with large quantities
 of fluid, salts, and foods when the
 patient is unable to take them by
 mouth, as in unconsciousness
 to replenish blood supply, as in the
 case of hemorrhage

Assist with care of patient re-
 ceiving oxygen

observe and record patient's
 general appearance

Assist with care of patient receiving
 ventilation therapy

Clinical orientation to
 central supply unit
 blood bank
 administration of intravenous
 fluids
 preparation of patient about
 to receive intravenous fluid
 therapy

Nursing Care of
Patients Receiving
Intravenous Fluid
Therapy

to restore the proper acid-base,
balance of the body, as in severe
dehydration from vomiting, diarrhea,
burns

to provide glucose and insulin to a
patient in diabetic coma

Solutions used in intravenous fluid therapy
normal saline
glucose in water; glucose in saline
whole blood
plasma
proteins as amino acids in solution
minerals in solution

Solutions containing various types of drugs
antibiotics
heart stimulants
vitamins
diuretics
hormones
sedatives

Demonstrate assisting physician with intra-
venous therapy
explain procedure to patient,

Practice sett-
tray

Important points
rate of flow of solution is determined
by physician
report patient complaints promptly and
to proper person
need to make frequent observations of
patient and site of needle
need to recognize infiltration at site
of needle
make no attempt to adjust needle or tubing

to restore the proper acid-base balance of the body, as in severe dehydration from vomiting, diarrhea, burns

to provide glucose and insulin to a patient in diabetic coma

Solutions used in intravenous fluid therapy
 normal saline
 glucose in water; glucose in saline
 whole blood
 plasma
 proteins as amino acids in solution
 minerals in solution

Solutions containing various types of drugs
 antibiotics
 heart stimulants
 vitamins
 diuretics
 hormones
 sedatives

Demonstrate assisting physician with intravenous therapy
 explain procedure to patient

Practice setting up intravenous tray

Important points
 rate of flow of solution is determined by physician
 report patient complaints promptly and to proper person
 need to make frequent observations of patient and site of needle
 need to recognize infiltration at site of needle
 make no attempt to adjust needle or tubing

Topic	Content Development	Application
Nursing Care of Patients Receiving Intravenous Fluid Therapy	<p>preserve patient's comfort without disturbing treatment</p> <p>record type of solution rate of flow time - began and ended patient's reaction</p>	Practice assisting I.V. therapy
Nursing Care of Patients Undergoing Intubation of Stomach and Intestines	<p>Intubation - introduction of a tube through the nose or mouth into the alimentary canal</p> <p>Indications for gastro-intestinal intubation: remove secretions for analysis remove gas and fluids to relieve abdominal distention post-operatively remove gas and fluids when distention is caused by an intestinal obstruction</p> <p>Introduce radio-opaque dyes for x-ray examination food and fluids when patient is unable to take them himself, as in unconsciousness milk and antacids at a continuous -prescribed rate; i.e., milk drip for treating gastric ulcers remove fluids from stomach in preparation for surgery fluids for purposes of washing stomach and neutralizing poisons</p>	<p>Observe variety of currently in use</p> <p>Role-play assisting physician assemble equipment prepare patient (physician perform) aftercare of patient</p>

preserve patient's comfort without disturbing treatment

record type of solution
rate of flow
time - began and ended
patient's reaction

Practice assisting physician with I.V. therapy

Intubation - introduction of a tube through the nose or mouth into the alimentary canal

Observe variety of intubation tubes currently in use.

Indications for gastro-intestinal intubation:

remove secretions for analysis
remove gas and fluids to relieve abdominal distention post-operatively
remove gas and fluids when distention is caused by an intestinal obstruction

Role-play
assisting physician with intubation
assemble equipment
prepare patient - explain procedure (physician performs procedure)
aftercare of equipment

Introduce

radio-opaque dyes for x-ray examination
food and fluids when patient is unable to take them himself, as in unconsciousness
milk and antacids at a continuous prescribed rate; i.e., milk drip for treating gastric ulcers
remove fluids from stomach in preparation for surgery
fluids for purposes of washing stomach and neutralizing poisons

Topic	Content Development	Applic
Nursing Care of Patients Undergoing Intubation of Stomach and Intestines	Types of tubes for intubation Miller-Abbott tube Gantor tube Levine tube Gastric lavage tube as ordered by physician	Record pertinent Collect and label
	Demonstrate procedure for intubation; explain procedure to patient	Observe procedure
	Suction methods - withdrawing of air, gas, or fluid from a body cavity made possible by the creation of a negative pressure vacuum syringe method 3-bottle Wangenstein method electric suction apparatus Gomco pump - intermittent suction	
	Principles of creating negative pressure to facilitate suctioning use of a syringe, needle, and 30 cc. hermetically sealed vial will adequately demonstrate this principle	
Use and Application of Bandages and Binders	Bandages and binders are used to hold dressings and compresses apply pressure on various parts of body to control bleeding apply pressure and give support to parts of body where weak-walled vessels may become unduly engorged as in varicose veins of the legs provide support for breasts postnatally provide support for abdomen post-operatively and to prevent undue tension on sutured incisions provide support for injured limbs; fractures	View types of bandage materials in use

ts.
of
es

Types of tubes for intubation
 Miller-Abbott tube
 Cantor tube
 Levine tube
 Gastric lavage tube as ordered
 by physician

Demonstrate procedure for intubation;
 explain procedure to patient

Suction methods - withdrawing of air,
 gas, or fluid from a body cavity made
 possible by the creation of a negative
 pressure vacuum

syringe method

3-bottle Wangenstein method

electric suction apparatus

Gomco pump - intermittent suction

Principles of creating negative pressure
 to facilitate suctioning

use of a syringe, needle, and 30 cc.

hermetically sealed vial will

adequately demonstrate this principle

Bandages and binders are used to
 hold dressings and compresses

apply pressure on various parts

of body to control bleeding

apply pressure and give support

to parts of body where weak-

walled vessels may become un-

duly engorged as in varicose

veins of the legs

provide support for breasts

postnatally

provide support for abdomen

post-operatively and to prevent

undue tension on sutured incisions

provide support for injured limbs;

fractures

Record pertinent information.
 Collect and label specimen

Observe procedure; assist physician

View types of bandage and binder
 materials in use in clinical area

Use and Application
of Bandages and
Binders

Materials used in making bandages and
binders

gauze
unbleached muslin
cotton flannel
elastic cotton
crinoline impregnated with plaster
of Paris
adhesive tape (Montgomery straps)
and adhesive compresses

Types of bandages and binders and their
uses

roller bandage
triangular bandage
elastic cotton roller bandage
T-binders
scultetus binder
abdominal binder
breast binder

Unless specifically
ings should be k
Observations for s
ritation around
tape
Observations for s
restriction, par
elastic bindings
Record patient's r

Demonstrate using roller bandages of
appropriate sizes to cover various
parts of the body

two skin surfaces must be separated
by padding or some layers of gauze

Demonstrate applying

sling
elastic roller bandage to leg-reroll
Montgomery straps
breast binder
T-binder
abdominal binder
scultetus binder

Practice applying
parts of body

Practice applicati
straps and care

Practice applicati
elastic bandage
abdominal binder
breast binder
scultetus binder
T-binder

Materials used in making bandages and binders

gauze
 unbleached muslin
 cotton flannel
 elastic cotton
 crinoline impregnated with plaster of Paris
 adhesive tape (Montgomery straps) and adhesive compresses

Types of bandages and binders and their uses

roller bandage
 triangular bandage
 elastic cotton roller bandage
 T-binders
 scultetus binder
 abdominal binder
 breast binder

Demonstrate using roller bandages of appropriate sizes to cover various parts of the body

two skin surfaces must be separated by padding or some layers of gauze

Demonstrate applying

sling
 elastic roller bandage to leg-reroll
 Montgomery straps
 breast binder
 T-binder
 abdominal binder
 scultetus binder

Unless specifically ordered, dressings should be kept dry and clean
 Observations for signs of skin irritation around or under adhesive tape

Observations for signs of circulatory restriction, particularly with elastic bindings

Record patient's reaction

Practice applying roller bandage to parts of body

Practice application of Montgomery straps and care of dressings

Practice application of elastic bandages to leg
 abdominal binder
 breast binder
 scultetus binder
 T-binder

Topic	Content Development	Applic
Preoperative Nursing Care Principles	<p>Preoperative nursing care of the patient; adequate preoperative nursing care tends to relieve patient anxieties and contributes to better patient cooperation</p> <p>Demonstrate assisting in preparation of the patient for surgery</p> <p>Emotional preparation Many patients fear surgery because it is a strange and unknown experience. Nurse's approach to performance of duties should be calm and unhurried in order not to increase patient's confusion and worry.</p> <p>A simple explanation of purpose of many preoperative procedures can help to relieve much of patient's anxieties; explanations limited by hospital regulations.</p> <p>Explanations of what patient can expect to happen postoperatively will also relieve the patient of concern; i.e., deep breathing exercises, passive leg exercises, periodic changes of positions, etc. These explanations can also be demonstrated for patient by going through each procedure.</p> <p>Legal preparation operative permit is a legal document which must be signed before the patient receives any surgical treatment</p>	<p>Record pertinent reactions</p> <p>Role-play Encourage patient Help patient to rotation of Help patient to bed, with the sheet" if need</p> <p>Comply with hospital regarding operative responsibility signature witness responsibility</p>

Preoperative nursing care of the patient; adequate preoperative nursing care tends to relieve patient anxieties and contributes to better patient cooperation

Demonstrate assisting in preparation of the patient for surgery

Emotional preparation

Many patients fear surgery because it is a strange and unknown experience. Nurse's approach to performance of duties should be calm and unhurried in order not to increase patient's confusion and worry.

A simple explanation of purpose of many preoperative procedures can help to relieve much of patient's anxieties; explanations limited by hospital regulations

Explanations of what patient can expect to happen postoperatively will also relieve the patient of concern; i.e., deep breathing exercises, passive leg exercises, periodic changes of positions, etc. These explanations can also be demonstrated for patient by going through each procedure.

Legal preparation

operative permit is a legal document which must be signed before the patient receives any surgical treatment

Record pertinent psychological reactions

Role-play

Encourage patient to breathe deeply.
Help patient to exercise legs, rotation of ankles, knee bends.
Help patient to change position in bed, with the aid of a "turning sheet" if necessary.

Comply with hospital policies regarding operative permit:
responsibility for patient signature
witness
responsibility of relatives

Topic	Content Development	Applica
Preoperative Nursing Care Principles	<p>Religious preparation respect patient's request for visit from clergyman</p> <p>Physical preparation - nursing responsibilities assisting during the physical examination carrying out physician's orders for collecting specimens observing and recording vital signs skin care - cleansing and shaving operative site treatment irrigation</p> <p>Physician's preoperative orders - these will specify particular requests for: bladder elimination - catheterization bowel elimination - enema or colon irrigation gastro-intestinal intubation intravenous fluid therapy preoperative sedative medications</p> <p>Nursing responsibilities - these may not be specified by specific physician orders but should be performed for the patient regardless of the kind of surgery planned for him mouth care removal of prostheses, dentures, hair ornaments, jewelry, nail and facial cosmetics</p>	<p>Practice procedure patient to receive nurse's respon paring patie Communion</p> <p>privacy during ence between Record visit of o</p> <p>Role-play - care and prepa for surgery</p> <p>Practice skin preparati Record all proced</p> <p>Clinical orientat preoperative prep patient</p> <p>Prepare nursing o operative patient surgical proce</p>

Content Development

Application

Religious preparation
respect patient's request for visit
from clergyman

Practice procedures for assisting
patient to receive spiritual comfort-
nurse's responsibility in pre-
paring patient to receive Holy
Communion

privacy during spiritual confer-
ence between patient and clergy
Record visit of clergy

Physical preparation - nursing
responsibilities
assisting during the physical
examination
carrying out physician's orders
for collecting specimens
observing and recording vital signs
skin care - cleansing and shaving
operative site
treatment
irrigation

Role-play -
care and preparation of patient
for surgery

Practice
skin preparation - shaving, cleansing
Record all procedures

Physician's preoperative orders -
these will specify particular requests
for:

Clinical orientation to immediate
preoperative preparation of the
patient

bladder elimination - catheterization
bowel elimination - enema or colon
irrigation
gastro-intestinal intubation
intravenous fluid therapy
preoperative sedative medications

Nursing responsibilities - these may not
be specified by specific physician orders
but should be performed for the patient
regardless of the kind of surgery planned
for him

Prepare nursing care plan for pre-
operative patient-
surgical procedure: appendectomy

mouth care
removal of prostheses, dentures, hair
ornaments, jewelry, nail and facial
cosmetics

Preoperative Nursing
Care Principles

safeguarding patient's valuables
providing proper clothing - hair
bandanna, gown, leggings
preparation of medication
accurate and complete recording of
all patient procedures on patient
chart
vital signs before transportation
to the operating room are recorded

Transportation of patient to operating
room -

since patients are usually heavily
sedated preoperatively, extreme
precautions should be taken when
helping patient from bed to stretcher,
use of side rails and restraining
straps when being transported from
one area to another on a stretcher

Accompany patient

Assist patient on
emphasize safety

Forms of Anesthesia
in Common Use

General anesthesia
inhalation - ether, cyclopropane
intravenous - sodium pentothal
rectal - Avertin

Local anesthesia
local infiltration - procaine
topical - ethyl chloride
spinal - xylocaine
refrigeration - hypothermia

Observe
anesthetizing
general
local

safeguarding patient's valuables
 providing proper clothing - hair
 bandanna, gown, leggings
 preparation of medication
 accurate and complete recording of
 all patient procedures on patient
 chart
 vital signs before transportation
 to the operating room are recorded

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General anesthesia

inhalation - ether, cyclopropane
 intravenous - sodium pentothal
 rectal - Avertin

Local anesthesia

local infiltration - procaine
 topical - ethyl chloride
 spinal - xylocaine
 refrigeration - hypothermia

Accompany patient to operating room

Assist patient on and off stretcher
 emphasize safety

Observe

anesthetizing of patient
 general
 local

Topic	Content Development	Applicat
Postoperative Nursing Care Principles	<p>Postoperative nursing care - begins with preparation of recovery unit. Recovery unit may be in a specially designated area of hospital, or it may be patient's unit where he had been preoperatively.</p> <p>Demonstrate postoperative care</p> <p>Recovery (ether) bed - basically same as an ordinary bed extra protection for head of bed upper bedding is usually folded to edge of one side of the bed to facilitate transferring patient from stretcher to bed bedside rails</p> <p>Bedside stand - cleared of everything except necessary equipment for postoperative care emesis basin and paper wipes, extra airways blood pressure apparatus recording of vital signs</p> <p>Special equipment - depends upon the needs of patient and type of surgery he has undergone. chest surgery (heart and lungs) - underwater seal, oxygen abdominal and gastro-intestinal surgery - 3 bottle Wangenstein suction apparatus, or other suction apparatus</p> <p>head and neck surgery - electric suction pump, oxygen, tracheotomy tray, bell, pencil, paper genito-urinary surgery: open drainage equipment, sterile tubing and dressings orthopedic surgery - sandbags, bedboards, traction apparatus</p>	<p>Clinical, orientati recovery unit intensive care</p> <p>Assist with immedi care of patient</p>
		<p>Assemble special e I.V. infusion s I.V. cutdown tr tracheotomy tra suction appara</p>
		<p>Locate special equ shock blocks cut-down sets open drainage closed drainag water seal) T-tube drainag</p>
		<p>Check drainage tu</p>

Content Development

Application

Postoperative nursing care - begins with preparation of recovery unit. Recovery unit may be in a specially designated area of hospital, or it may be patient's unit where he had been preoperatively

Demonstrate postoperative care

Recovery (ether) bed - basically same as an ordinary bed

extra protection for head of bed
upper bedding is usually folded to edge of one side of the bed to facilitate transferring patient from stretcher to bed
bedside rails

Bedside stand - cleared of everything except necessary equipment for post-operative care

emesis basin and paper wipes, extra airways
blood pressure apparatus
recording of vital signs

Special equipment - depends upon the needs of patient and type of surgery he has undergone

chest surgery (heart and lungs), -
underwater seal, oxygen
abdominal and gastro-intestinal surgery - 3 bottle Wangenstein suction apparatus, or other suction apparatus

head and neck surgery - electric suction pump, oxygen, tracheotomy tray, bell, pencil, paper

genito-urinary surgery: open drainage equipment, sterile tubing and dressings
orthopedic surgery - sandbags, bedboards, traction apparatus

Clinical orientation to recovery unit
intensive care unit

Assist with immediate postoperative care of patient

Assemble special equipment if ordered
I.V. infusion standard
I.V. cutdown tray
tracheotomy tray
suction apparatus

Locate special equipment
shock blocks
cut-down sets
open drainage system
closed drainage system (under-water seal)
T-tube drainage system

Check drainage tubes for flow

Topic	Content Development	Applica
Postoperative Nursing Care Principles	<p>Check physician's orders for - vital signs, I.V. rate and flow, diet</p> <p>Check all orders concerning tubes leading from operative site, gastro-intestinal tract, or urinary tract - check for proper and free drainage through tubes protruding from dressings, or from gastro-intestinal tract, or from urinary tract - make sure drainage tubes are not kinked, or that there is no undue tension on them; always consult team leader should there be any question about the kind of care to be given.</p> <p>Be sure that team leader and /or physician knows general condition of patient, and report any change in vital signs.</p> <p>An unconscious patient should always have a qualified person at his bedside. Do not assume responsibility for fixing or changing equipment, infusion rate of flow; consult team leader.</p> <p>Exercise care and discretion in the kind of conversations held within earshot of a patient who appears to be unconscious - avoid unguarded conversations near patient - hearing sense is last to be lost, and first to be regained.</p>	<p>Observe care patient</p> <p>vital sign</p> <p>skin - che</p> <p>consciousn</p> <p>position f</p> <p>airway</p> <p>change</p> <p>assist</p> <p>and c</p> <p>Practice use</p> <p>cleanlines</p> <p>frequent d</p>
Significance of Post-Operative Discomforts and Complaints	<p>Postoperative complaints and discomforts - it is expected that patients will have one or more of the following after undergoing surgery. Nursing care is most effective if it is understood that these discomforts can be relieved, but not necessarily avoided.</p>	<p>Prepare nursin</p> <p>post-operativ</p> <p>appendectomy</p>

Check physician's orders for - vital signs, I.V. rate and flow, diet

Check all orders concerning tubes leading from operative site, gastro-intestinal tract, or urinary tract - check for proper and free drainage through tubes protruding from dressings, or from gastro-intestinal tract, or from urinary tract - make sure drainage tubes are not kinked, or that there is no undue tension on them; always consult team leader should there be any question about the kind of care to be given.

Be sure that team leader and /or physician knows general condition of patient, and report any change in vital signs.

An unconscious patient should always have a qualified person at his bedside. Do not assume responsibility for fixing or changing equipment, infusion rate of flow; consult team leader.

Exercise care and discretion in the kind of conversations held within earshot of a patient who appears to be unconscious - avoid unguarded conversations near patient - hearing sense is last to be lost, and first to be regained.

Postoperative complaints and discomforts - it is expected that patients will have one or more of the following after undergoing surgery. Nursing care is most effective if it is understood that these discomforts can be relieved, but not necessarily avoided.

Observe care of post-operative patient

vital signs

skin - check operative site

consciousness of patient

position for unobstructed

airway

change position frequently

assist in deep breathing

and coughing

Practice use of drainage bottles
cleanliness

frequent disposal of content.

Prepare nursing care plan for post-operative patient with an appendectomy

Topic	Content Development	Application
Significance of Post-Operative Discomforts and Complaints	Post-operative complaints and discomforts	Role-play and practice What nurse can do some of the more common pain - help patient position - as cannot hurt help patient to this may relieve check with tear operative medication of pain.
	pain - post-operative medication (narcotic)	
	restlessness and sleeplessness - most frequently caused by pain	restlessness and check bedding for dampness change all moist patients per
	thirst - preoperative medications and anesthesia account for much thirst experienced by patients	
	nausea - occasionally this is the result of the kind of anesthesia the patient has had	chips of ice to often relieve as thirst
	inability to void is not an unusual occurrence; it may contribute to patient's restlessness and general discomfort	Explain technique patient to void
		inability to void encourage patient before re- catheterize
		catheterize patient

Post-operative complaints and discomforts

pain - post-operative medication
(narcotic)

restlessness and sleeplessness - most
frequently caused by pain

thirst - preoperative medications and
anesthesia account for much thirst
experienced by patients

nausea - occasionally this is the result
of the kind of anesthesia the patient
has had

inability to void is not an unusual oc-
currence; it may contribute to patient's
restlessness and general discomfort

Role-play and practice
What nurse can do to help to relieve
some of the more common complaints
pain - help patient to change
position - assure him that he
cannot hurt himself
help patient to empty his bladder;
this may relieve him of pain
check with team leader for post-
operative medication for relief
of pain.

restlessness and sleeplessness-
check bedding for wrinkles and
dampness
change all moist linens; many
patients perspire a great deal

chips of ice to moisten mouth
often relieve nausea as well
as thirst

Explain techniques to encourage
patient to void

inability to void
encourage patient to void
before resorting to
catheterization

catheterize patient if ordered

Topic	Content Development	Applic
Significance of Post-Operative Discomforts and Complaints	<p>Gas pains and abdominal distention may occur as a result of diminished food intake before surgery and for a day or two after surgery; anesthesia may also cause a temporary reduction of peristalsis</p> <p>Many techniques for relief of post-operative discomforts require written orders by the physician. Before beginning a procedure, check with team leader</p>	gas pains frequent posit sion of rect dered by physio
	<p>Postoperative complications that may occur</p> <p>shock - state of acute prostration and circulatory collapse. May occur as a result of severe loss of body fluids or a shift of body fluid from one part of the body to another without actual fluid loss - check vital signs and appearance</p> <p>hemorrhage - blood loss is classified according to time it occurs after surgery, location (external or internal), and severity - check blood pressure and pulse; observe operative site</p> <p>lung complications - pulmonary; common among these are pneumonia, bronchitis, and lung collapse from bronchial obstruction (atelectasis) - observe respirations -- depth, ease, and number</p>	List nursing care vention of postop

Content Development

Application

Gas pains and abdominal distention may occur as a result of diminished food intake before surgery and for a day or two after surgery; anesthesia may also cause a temporary reduction of peristalsis

Many techniques for relief of post-operative discomforts require written orders by the physician. Before beginning a procedure, check with team leader

Postoperative complications that may occur

shock - state of acute prostration and circulatory collapse. May occur as a result of severe loss of body fluids or a shift of body fluid from one part of the body to another without actual fluid loss - check vital signs and appearance

hemorrhage - blood loss is classified according to time it occurs after surgery, location (external or internal), and severity - check blood pressure and pulse; observe operative site

lung complications - pulmonary; common among these are pneumonia, bronchitis, and lung collapse from bronchial obstruction (atelectasis) - observe respirations -- depth, ease, and number

gas pains
frequent position changes; insertion of rectal tube when ordered by physician

List nursing care principles in prevention of postoperative complications

Topic	Content Development	Applica
Significance of Post-Operative Discomforts and Complaints	<p>circulatory complications - blood clot in a vein with inflammation (thrombophlebitis) and a blood clot in a vein without inflammation (phlebothrombosis) - passive leg exercises and early ambulation can reduce these complications considerably.</p> <p>gastro-intestinal complications - common among these is intestinal obstruction due to a paralysis of muscular walls of the stomach and small intestines - note if patient passes flatus, abdominal distention (tympanites)</p> <p>wound complications - separation of wound edges with protrusion of abdominal contents (evisceration); wound infection - inspect dressings and reinforce when necessary</p> <p>urinary complications - inability to void for a length of time postoperatively (urinary retention), or inability of kidneys to excrete urine (urinary suppression) - observe and record postoperative voiding and intake</p> <p>skin complications - bedsores (decubitus ulcers) must be guarded against in all patients, but often skin care is neglected in postoperative patient in favor of other important nursing care measures</p> <p>mouth complications - inflammation of salivary glands is to be guarded against since postoperatively, patients do not chew enough, and oral nourishment is often withheld for several days.</p>	<p>Prepare nursing care with postoperative</p> <p>Report electrolyte</p> <p>Practice recording nursing care</p>

circulatory complications - blood clot in a vein with inflammation (thrombophlebitis) and a blood clot in a vein without inflammation (phlebothrombosis) - passive leg exercises and early ambulation can reduce these complications considerably.

gastro-intestinal complications - common among these is intestinal obstruction due to a paralysis of muscular walls of the stomach and small intestines - note if patient passes flatus, abdominal distention (tympanites)

wound complications - separation of wound edges with protrusion of abdominal contents (evisceration); wound infection - inspect dressings and reinforce when necessary

urinary complications - inability to void for a length of time postoperatively (urinary retention), or inability of kidneys to excrete urine (urinary suppression) - observe and record postoperative voiding and intake

skin complications - bedsores (decubitus ulcers) must be guarded against in all patients, but often skin care is neglected in postoperative patient in favor of other important nursing care measures

mouth complications - inflammation of salivary glands is to be guarded against since postoperatively, patients do not chew enough, and oral nourishment is often withheld for several days.

Prepare nursing care plan for patient with postoperative complications

Report electrolyte balance in body

Practice recording all postoperative nursing care

Administration of Selected Medications

INTRODUCTION

The teaching of the administration of selected medications is an integrated part of the unit on the "Care of the Patient of all Ages."

OBJECTIVES

1. To develop the skill and ability to
read the medication order or medicine card correctly
identify the drug and measure it accurately
identify the patient to whom she is giving the drug,
with surety
administer the drug accurately
administer the drug as soon as it is poured
record the drug, dosage, and time administered
promptly and accurately.
2. To develop an understanding of the therapeutic value and dosage of drugs prescribed by the physician in the care of specific illness.
3. To gain a knowledge and understanding of her legal and ethical responsibilities in giving medications and to be aware of her personal liability.
4. To recognize her limitations in the administration of medications.
5. To gain a knowledge and understanding of when, where, and from whom to seek assistance in giving medications.

RESPONSIBILITY FOR SUPERVISION OF ALL PHASES OF DRUG ADMINISTRATION DOES AND MUST REST WITH THE DOCTOR AND WITH THE REGISTERED PROFESSIONAL NURSE.

Some teaching suggestions most effective are:

1. Use of a drug study
the student reports
administered to patient
care she is responsible
for unit development
solutions on a patient
2. To alert the general
 - a. the limitations
and responsibilities
of the registered professional nurse in
the administration of
medications
 - b. the need for cooperation
of the physician and
registered professional nurse
in this area
 - c. the fact that the
responsibility for the
administration of drugs
in this area rests with the
registered professional nurse
 - d. the role of the
nurse in reporting untoward
reactions
3. Constant oral and written
review.

Administration of Selected Medications

the administration of selected medications as a part of the unit on the "Care of the Patient"

skill and ability to read a medication order or medicine card correctly and measure the drug and measure it accurately and administer it to the patient to whom she is giving the drug, and measure the drug accurately and administer the drug as soon as it is poured and measure the drug, dosage, and time administered and accurately.

Understanding of the therapeutic value and the amount prescribed by the physician in the care of the patient.

Knowledge and understanding of her legal and ethical responsibilities in giving medications and to be held personally liable.

Understanding of the limitations in the administration of medications.

Knowledge and understanding of when, where, and how to give assistance in giving medications.

THE RESPONSIBILITY FOR SUPERVISION OF ALL PHASES OF DRUG ADMINISTRATION MUST REST WITH THE DOCTOR AND WITH THE REGISTERED PROFESSIONAL NURSE.

Some teaching suggestions found to be most effective are:

1. Use of a drug study sheet on which the student reports drugs being administered to patients for whose care she is responsible as a basis for unit development in drugs and solutions on a patient-centered plan.
2. To alert the general staff to:
 - a. the limitations of preparation and responsibility of the practical nurse in administration of medications
 - b. the need for constant supervision of the practical nurse by the registered professional nurse in this area
 - c. the fact that the ultimate responsibility for the practical nurse in this area rests with the registered professional nurse.
 - d. the role of the practical nurse in reporting untoward symptoms.
3. Constant oral and written drill and review.

UNIT 7. ADMINISTRATION OF SELECTED MEDICATIONS

Topic	Content Development	Applica
Types of Official Drugs Preparations	Solid preparations for internal use extracts, powders, pills, capsules, tablets	Observe types of
	Solid preparations for external use: ointments, cerates, pastes, plasters, suppositories, collodion, liniments	Learn accepted ab B.I.D., Q.I.D., P
	Liquid preparations for internal use: fluid extracts, tinctures, spirits, elixirs, aromatic waters, solutions, syrups, infusions, emulsions, sus- pensions, mixtures, milks, vinegars, injections, ampules, vials	
	Liquid preparations for external use: lotions, sprays, glycerites.	Practice using ca for measuring l
Transmission and Execution of Medication Orders	Written orders order book doctor's order sheet Cardex file medication sheet	
	Safety rules with respect to receiving and executing medication orders. The order must be in writing.	
	Dangers of self-medication	
	Recording the administration of drugs	Observe hospital' istration of med location of me medication tic medication tra orders method of char

UNIT 7. ADMINISTRATION OF SELECTED MEDICATIONS

Content Development	Application
<p>ugs Solid preparations for internal use , extracts, powders, pills, capsules, tablets</p> <p>Solid preparations for external use: ointments, cerates, pastes, plasters, suppositories, collodion, liniments</p> <p>Liquid preparations for internal use: fluid extracts, tinctures, spirits, elixirs, aromatic waters, solutions, syrups, infusions, emulsions, sus- pensions, mixtures, milks, vinegars, injections, ampules, vials</p> <p>Liquid preparations for external use: lotions, sprays, glycerites.</p> <p>Written orders order book doctor's order sheet Cardex file medication sheet</p> <p>Safety rules with respect to receiving and executing medication orders. The order must be in writing.</p> <p>Dangers of self-medication</p> <p>Recording the administration of drugs</p>	<p>Observe types of drug preparations,</p> <p>Learn accepted abbreviations: B.I.D, Q.I.D., P.R.N., H.S., etc.</p> <p>Practice using calibrated equipment for measuring liquids.</p> <p>Observe hospital's routine in admin- istration of medications location of medications medication tickets or cards medication trays or carts orders method of charting drugs</p>

Topic	Content Development.	Applica
Nursing Principles in Administration of Drugs	<p>Accuracy in</p> <ul style="list-style-type: none"> reading dose pouring dose administering to right patient administering medication at right time administering medication in right manner recording administered medication <p>Responsibility of immediate reporting of errors</p> <p>Stay with patient until he has taken medicine - never leave drugs at bedside</p>	<p>Practice</p> <ul style="list-style-type: none"> reading do pouring li preparing administer writing an ications safety pre how to ide is to re
Equipment for Parenteral Medications	<ul style="list-style-type: none"> Appropriate use of syringes and needles of different sizes Disposable equipment Sterilization of non-disposable equipment 	<p>Practice using and</p> <p>ments for hypoder</p> <p>muscular treatment</p> <p>Observe in clinic</p> <p>hypodermic and</p> <p>administratio</p> <p>recording</p> <p>after-care of e</p>
Legal Aspects of Drug Administration	<p>Legal responsibilities of nurse who prepares and administers drugs</p> <p>Legal responsibilities of hospital</p> <p>Limitations and responsibilities of the the practical nurse student and graduate</p>	<p>Study and comply w</p> <p>policies concer</p> <p>responsibilitie</p>

in

Accuracy in

reading dose
 pouring dose
 administering to right patient
 administering medication at right time
 administering medication in right manner
 recording administered medication

Responsibility of immediate reporting of errors
 Stay with patient until he has taken medicine -
 never leave drugs at bedside

Appropriate use of syringes and needles of
 different sizes
 Disposable equipment
 Sterilization of non-disposable equipment

Legal responsibilities of nurse who pre-
 pares and administers drugs
 Legal responsibilities of hospital
 Limitations and responsibilities of the
 the practical nurse student and
 graduate

Practice

reading dosages
 pouring liquid drugs
 preparing capsules and pills
 administering drugs to patients
 writing and recording med-
 ications and doses
 safety precautions
 how to identify patient who
 is to receive medication

Practice using and handling instru-
 ments for hypodermic and intra-
 muscular treatments

Observe in clinical area
 hypodermic and intramuscular
 administration of drugs
 recording
 after-care of equipment

Study and comply with hospital
 policies concerning legal
 responsibilities

Topic	Content Development	Applicat																																		
Drug Classifications	<p>*Definitions and functions:</p> <table> <tr> <td>Antihistaminics</td> <td>Detergents</td> </tr> <tr> <td>Antispasmodics</td> <td>Expectorants</td> </tr> <tr> <td>Analgesics</td> <td>Emetics</td> </tr> <tr> <td>Antipyretics</td> <td>Enzymes</td> </tr> <tr> <td>Antibiotics</td> <td>Fungicides</td> </tr> <tr> <td>Antacids</td> <td>Heart stimulants</td> </tr> <tr> <td>Antiemetics</td> <td>Hormones</td> </tr> <tr> <td>Anticonvulsants</td> <td>Hypnotics and sedatives</td> </tr> <tr> <td>Antimetabolites</td> <td>Miotics</td> </tr> <tr> <td>Anesthetics</td> <td>Mydriatics</td> </tr> <tr> <td>Bacteriostatics</td> <td>Respiratory stimulants</td> </tr> <tr> <td>Cathartics</td> <td>Respiratory depressants</td> </tr> <tr> <td>Carminatives</td> <td>Tranquilizers</td> </tr> <tr> <td>Chemotherapeutics</td> <td>Vasodilators</td> </tr> <tr> <td>Cough depressants</td> <td>Vasoconstrictors</td> </tr> <tr> <td>Digestants</td> <td>Vitamins</td> </tr> <tr> <td>Diuretics</td> <td></td> </tr> </table>	Antihistaminics	Detergents	Antispasmodics	Expectorants	Analgesics	Emetics	Antipyretics	Enzymes	Antibiotics	Fungicides	Antacids	Heart stimulants	Antiemetics	Hormones	Anticonvulsants	Hypnotics and sedatives	Antimetabolites	Miotics	Anesthetics	Mydriatics	Bacteriostatics	Respiratory stimulants	Cathartics	Respiratory depressants	Carminatives	Tranquilizers	Chemotherapeutics	Vasodilators	Cough depressants	Vasoconstrictors	Digestants	Vitamins	Diuretics		<p>Define and state p classifications</p> <p>Observe various ex in current use in</p>
Antihistaminics	Detergents																																			
Antispasmodics	Expectorants																																			
Analgesics	Emetics																																			
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Cough depressants	Vasoconstrictors																																			
Digestants	Vitamins																																			
Diuretics																																				

*The teacher should make no attempt to go into a long list of specific drugs, but rather to familiarize the student with functions of the types of drugs used. However, a few commonly used drugs, such as digitalis, penicillin, aspirin, etc., should be mentioned. Specific drugs which the practical nurse would be expected to administer appear in Fundamentals of Practical Nursing II.

Content Development

Application

*Definitions and functions:

Antihistaminics	Detergents
Antispasmodics	Expectorants
Analgesics	Emetics
Antipyretics	Enzymes
Antibiotics	Fungicides
Antacids	Heart stimulants
Antiemetics	Hormones
Anticonvulsants	Hypnotics and sedatives
Antimetabolites	Miotics
Anesthetics	Mydriatics
Bacteriostatics	Respiratory stimulants
Cathartics	Respiratory depressants
Carminatives	Tranquilizers
Chemotherapeutics	Vasodilators
Cough depressants	Vasoconstrictors
Digestants	Vitamins
Diuretics	

Define and state purpose of various classifications of drugs

Observe various examples of each in current use in clinical area

make no attempt to go into a long list of specific
familiarize the student with functions of the
However, a few commonly used drugs, such as
n, aspirin, etc., should be mentioned. Specific
tical nurse would be expected to administer
ls of Practical Nursing II.

UNIT 8. INTRODUCTION TO MEDICAL AND SURGICAL NURSING (CLINICAL EXPERIENCE)

Topic	Content Development	Applic
Development of Medicine and Surgery	Discoveries of medical science 17th century 18th century 19th century 20th century Contributors to the advances of modern medicine Goals in scientific investigation organ transplant oxygen therapy clotting of blood hormonal balance	Review of medical history Study newspaper discoveries to up scientific disco
Causes of Disease	Microscopic organisms classification conditions caused	Apply terms to ho disease health transmission intermediary Learn hospital ru following areas obstetrics, su medical, recov Review hand washing care of bedpan disposal of wa

UNIT 8. INTRODUCTION TO MEDICAL AND SURGICAL NURSING (CLINICAL EXPERIENCE)

Content Development

Application

Discoveries of medical science

- 17th century
- 18th century
- 19th century
- 20th century

Contributors to the advances
of modern medicine

Goals in scientific
investigation

- organ transplant
- oxygen therapy
- clotting of blood
- hormonal balance

Microscopic organisms
classification
conditions caused

Review of medical-scientific
history

Study newspaper clippings of recent
discoveries to update knowledge of
scientific discoveries

Apply terms to hospital situation
disease
health
transmission
intermediary host

Learn hospital rules for entering
following areas

obstetrics, surgical, isolation,
medical, recovery room, nursery

Review
hand washing
care of bedpans
disposal of wastes

Content Development

Application

Malnutrition

deficiency of food
improper utilization of food by
the body
drug therapy - hematinics, vitamins,
minerals

Review "basic four"
Discuss food deprivation due to
cultural patterns
socio-economic conditions
Observe signs of malnutrition

Physical agents

electricity
exposure to heat and cold
motion sickness - drug therapy
, (Invest, Dramamine)
atomic radiation

Chemical agents

method of exposure
emergency aid for internal-external
poisons

Report on drug abuse of pregnant
adolescent

Congenital abnormalities

identify problems
effects of drug abuse - chromosome
splitting
observe patient and report to class

German measles and its congenital defects

P.K.U. Test

Observe and read test results of
P.K.U. Test

normal aging process

tumor growth

emotional disturbance

sensitivity reactions

inadequate self-care

Topic	Content Development	Applic
Factors Influencing the Development of Disease and Disorders	<p>-- Age infants and children have a higher incidence of communicable diseases, elderly people have a higher incidence of degenerative disease</p> <p>Sex reproductive organ diseases specific to one sex or the other</p> <p>Climate temperate zones - a higher incidence of tuberculosis and rheumatic fever tropical zones - a higher incidence of malaria, yellow fever, etc.</p> <p>Sociologic factors crowded living conditions - a higher incidence of infections, communicable diseases, tuberculosis poor nutrition - malnutrition, rickets, scurvy, etc.</p>	<p>List factors inf ment of disease.</p> <p>Observe selected hospital unit.</p> <p>Classify the dis assigned to you.</p>
Classification and Causes of Diseases and Disorders	<p>Occupation inhaling irritants, exposure to mercury, radioactive elements</p> <p>Internal causes of disease heredity - hemophilia, color blindness, etc. congenital - harelip, cleft palate, deformities of body structures</p>	<p>Report on occupat factory workers,</p>

Content Development

Application

Age

infants and children have a higher incidence of communicable diseases, elderly people have a higher incidence of degenerative disease

List factors influencing development of disease.

Sex

reproductive organ diseases specific to one sex or the other

Observe selected patients in a hospital unit.

Classify the diseases of patients assigned to you.

Climate

temperate zones - a higher incidence of tuberculosis and rheumatic fever
tropical zones - a higher incidence of malaria, yellow fever, etc.

Sociologic factors

crowded living conditions - a higher incidence of infections, communicable diseases, tuberculosis
poor nutrition - malnutrition, rickets, scurvy, etc.

Occupation

inhaling irritants, exposure to mercury, radioactive elements

Report on occupational diseases of factory workers, athletes, etc.

Internal causes of disease

heredity - hemophilia, color blindness, etc.
congenital - harelip, cleft palate, deformities of body structures

Topic	Content Development	Applica
Classification and Causes of Diseases and Disorders	metabolism - diabetes mellitus, thyroid disturbance, etc. neoplasms - benign and malignant tumors degenerative - arteriosclerosis, etc. allergies - food sensitivities, hay fever, etc.	View charts on pa communicable dise
Body's Reactions to Disease and Disorders	External causes of disease infectious organisms - bacteria, viruses, fungi, parasites, yeasts, etc. trauma - fractures, concussions, abrasions, lacerations, perforations, etc. food deficiency - malnutrition, etc. oxygen deficiency poisons, radioactive substances, electricity, etc. Reaction to disease and disorders local inflammation - redness, heat, swelling, pain, and loss of function general inflammation - fever, increased pulse rate, headache and malaise atrophy - cell breakdown is faster than cell repair hypertrophy - faster cell division than is necessary gangrene and necrosis - rapid death of damaged tissue	Distinguish betwe and general infla Observe selected their body reacti disorders appendicitis hyperthyroidis pneumonia skin burns Explain significa such disease cond malnutrition cancer tuberculosis

metabolism - diabetes mellitus,
 thyroid disturbance, etc.
 neoplasms - benign and malignant
 tumors
 degenerative - arteriosclerosis,
 etc.
 allergies - food sensitivities, hay
 fever, etc.

External causes of disease

infectious organisms - bacteria,
 viruses, fungi, parasites, yeasts,
 etc.
 trauma - fractures, concussions,
 abrasions, lacerations, perforations,
 etc.
 food deficiency - malnutrition, etc.
 oxygen deficiency
 poisons, radioactive substances,
 electricity, etc.

Reaction to disease and disorders

local inflammation - redness, heat,
 swelling, pain, and loss of
 function
 general inflammation - fever, increased
 pulse rate, headache and malaise
 atrophy - cell breakdown is faster than
 cell repair
 hypertrophy - faster cell division than
 is necessary
 gangrene and necrosis - rapid death
 of damaged tissue

View charts on parasitic organisms,
 communicable diseases

Distinguish between local inflammation
 and general inflammation

Observe selected patients to study
 their body reactions to diseases and
 disorders

appendicitis
 hyperthyroidism
 pneumonia
 skin burns

Explain significance of atrophy in
 such disease conditions as

malnutrition
 cancer
 tuberculosis

Topic	Content Development	Applica
Body's Defenses Against Disease and Disorders	Review "Introduction to Microbiology" white blood cells (leukocytes) antibodies	Analyze report of count (WBC) to de nificance in diag
Treatment for Disease Conditions and Disorders	Immunizations - programs against various diseases	Report on immuniz ments for hospita (limiting visit only).
	Drugs Diet Surgery Gas therapy - may be called inhalation therapy oxygen - when extra supplies are needed carbon dioxide - used to stimulate the res- piratory center in brain anesthesia - when it is neces- sary that patient be asleep, as for surgical procedures	
	Radiation, cobalt, and x-ray therapy - used in treatment of many forms of cancer	Visit radiation a ment.
	Physiotherapy - rehabilitation of parts of body whose functions (physiology) have been impaired	Visit physiothera
	Psychotherapy - used when a physical illness may be directly or indirectly caused by an emotional disturbance	

Content Development

Application

Review "Introduction to Microbiology"
white blood cells (leukocytes)
antibodies

Analyze report of white blood
count (WBC) to determine sig-
nificance in diagnosis.

Immunizations - programs against
various diseases

Report on immunization require-
ments for hospital employees
(limiting visitors to adults
only).

Drugs

Diet

Surgery

Gas therapy - may be called
inhalation therapy

oxygen - when extra supplies
are needed

carbon dioxide - used to
stimulate the res-
piratory center in
brain

anesthesia - when it is neces-
sary that patient be
asleep, as for surgical
procedures

Radiation, cobalt, and x-ray therapy -
used in treatment of many forms of
cancer

Visit radiation and x-ray depart-
ment.

Physiotherapy - rehabilitation of
parts of body whose functions (physiology)
have been impaired

Visit physiotherapy department.

Psychotherapy - used when a physical illness
may be directly or indirectly caused by an
emotional disturbance

Topic	Content Development	Application
How Spread of Communicable Diseases and Infections Is Controlled	<p>Medical asepsis isolation and quarantine precautions concurrent disinfection terminal disinfection</p>	<p>Review and practice handwashing gown technique use of disposable care of excreta</p>
	<p>Surgical asepsis Sterilization methods boiling water sterilizers steam sterilizers (autoclaves) dry heat sterilizers, (ultra-violet lamps) chemical sterilization</p>	<p>Assist with care of is on isolation pr</p> <p>Practice techniques of s handling operation of wa sterile glove t sterilization o ware, rubber struments by wrapping linens</p> <p>Observe techniques in cleaning and equipment on su cart and/or tra</p> <p>Plan sterilization may be improvised equipment for b use of oven for ironing linens linens</p> <p>Visit Central Supp observe variety observe autocla ilizers, ultra- sterilization c</p> <p>Visit operating th</p>

Medical asepsis

isolation and quarantine precautions
 concurrent disinfection
 terminal disinfection

Review and practice

handwashing
 gown technique
 use of disposable equipment
 care of excreta and equipment

Assist with care of a patient who is on isolation precautions -

Surgical asepsis

Sterilization methods

boiling water sterilizers,
 steam sterilizers (autoclaves)
 dry heat sterilizers (ultra-violet lamps)
 chemical sterilization

Practice

techniques of sterile forceps handling
 operation of water sterilizer
 sterile glove technique
 sterilization of selected glass-ware, rubber goods, and instruments by boiling water method
 wrapping linens for sterile packs

Observe techniques and assist in cleaning and sterilization of equipment on surgical dressing cart and/or trays

Plan sterilization techniques that may be improvised for home use
 equipment for boiling
 use of oven for dry heat
 ironing linens to achieve cleanliness

Visit Central Supply Department
 observe variety of sterile packs
 observe autoclaves, water sterilizers, ultra-violet lamps, dry sterilization cabinets, etc.

Visit operating theaters

Topic	Content Development	Applic
Diagnosis of Disease	medical history signs and symptoms physical examination special diagnostic procedures laboratory examination of urine blood sputum cerebrospinal fluid feces tissue biopsy gastro-intestinal contents mucous smears from nose, throat, vagina, etc.	Assist with exam involving the foll aids and instrum ophthalmoscop otoscope audiometer electrocardio electroenceph gastroscope bronchoscope fluoroscope cystoscope proctoscope basal meabol tubes for int naso-gastr Miller-Abb x-rays
Diversional Treatment for Disease Conditions and Disorders	Occupational therapy - provides recreational activities for patients	Read laboratory Visit and observ Therapy Departme
Hospital Relationships Patient's Reaction to Illness Affected by His Immediate Reaction to the Hospital	Nurse - patient physical care of patient individual patterns of behavior nurse accepts patient as he really is. Includes work with family.	Role-play Interpret rul to patient an

Content Development

Application

medical history
signs and symptoms
physical examination
special diagnostic procedures
laboratory examination of
 urine
 blood
 sputum
 cerebrospinal fluid
 feces
 tissue biopsy
 gastro-intestinal contents
 mucous smears from nose,
 throat, vagina, etc.

Occupational therapy - provides
recreational activities for patients

Nurse - patient
 physical care of patient
 individual patterns of behavior
 nurse accepts patient as he
 really is. Includes work
 with family.

Assist with examination in-
volving the following diagnostic
aids and instruments

ophthalmoscope
otoscope
audiometer
electrocardiograph
electroencephalograph
gastroscope - esophagoscope
bronchoscope - bronchogram
fluoroscope
cystoscope
proctoscope - sigmoidoscope
basal metabolism
tubes for intubation
 naso-gastric tube
 Miller-Abbott tube
x-rays

Read laboratory reports

Visit and observe an Occupational
Therapy Department

Role-play

Interpret rules of hospital
to patient and family

Topic	Content Development	Applica
Duration and Degrees of Illness	<p>Acute illness:</p> <p>Usually of short duration: one to six weeks</p> <p>Patients with acute illnesses frequently require close and exacting medical and nursing care.</p> <p>Often these patients are unable to help themselves in routine activities, such as eating, bathing, using toilet facilities, etc.</p> <p>An acute illness may terminate in complete recovery, chronicity, or death.</p> <p>Onset of an acute disease is rapid.</p>	<p>Observe selected patients with acute pneumonia, influenza, etc.</p> <p>Analyze differences in nursing care plan with acute diseases with nursing care with chronic illness.</p>
Diagnosis of Disease	<p>Chronic illness:</p> <p>Duration is variable - from six weeks to many years</p> <p>A chronic illness may result in a permanent handicap to patient such as locomotion difficulties, visual or hearing difficulties, or in limitations to his normal activities.</p> <p>Diagnosis - art of recognizing a disease</p> <p>Physician is responsible for conducting all examinations, and making requests for assistance.</p> <p>Nurse assists physician by carrying out his orders and requests for assistance. Diagnosis of the patient's illness is made by means of various laboratory tests.</p>	<p>Observe selected with chronic illness arthritis, etc.</p> <p>Explain effects of illness on patient emphasis on following physiological, emotional, socio-economic public health</p> <p>Observe examination in clinical area.</p> <p>Observe physician taking an electrocardiogram, passing a nasopharyngoscope, examining eyes of patient</p>

Content Development

Application

Acute illness:

Usually of short duration; one to six weeks

Patients with acute illnesses frequently require close and exacting medical and nursing care.

Often these patients are unable to help themselves in routine activities, such as eating, bathing, using toilet facilities, etc.

An acute illness may terminate in complete recovery, chronicity, or death.

Onset of an acute disease is rapid.

Chronic illness:

Duration is variable - from six weeks to many years

A chronic illness may result in a permanent handicap to patient such as locomotion difficulties, visual or hearing difficulties, or in limitations to his normal activities.

Diagnosis - art of recognizing a disease
Physician is responsible for conducting all examinations, and making requests for assistance.

Nurse assists physician by carrying out his orders and requests for assistance. Diagnosis of the patient's illness is made by means of various laboratory tests.

Observe selected group of patients with acute illness - pneumonia, influenza, meningitis, etc.

Analyze differences in kind of nursing care plans for patients with acute diseases and compare with nursing care plans for patients with chronic illnesses.

Observe selected group of patients with chronic illness - diabetes, arthritis, etc.

Explain effects of acute and chronic illness on patients, with particular emphasis on following aspects:
physiological
emotional
socio-economic
public health

Observe examination of a patient in clinical area.

Observe physician or technician taking an electrocardiogram
passing a naso-gastric tube
examining eyes and ears of a patient

Topic	Content Development	Applic
Patient's Reaction to Illness Affected by His Immediate Reaction to the Hospital	<p>Nurse - child</p> <p>child - special problems and needs</p> <p>hospital experience is traumatic -</p> <p>age of child affects approach to him</p> <p>assistance of parents in nursing care</p>	Interpret student relation to patient adolescent, adult patient's family
	<p>Medical - surgical patient</p> <p>difference between medical and surgical patient</p> <p>approach to hospitalization</p> <p>care of surgical patient</p> <p>care of medical patient</p> <p>terminal illness - religious needs of patient</p> <p>the practical nurse contributes to the "health team"</p>	
	<p>Psychiatric patient - or patient in a stress situation</p> <p>acceptance of patient</p> <p>recognition of symptoms</p> <p>safety of patient, other personnel</p> <p>chart exact statements of patient; learn to listen!</p> <p>relationship to family</p>	Role-play Patient in stress example: at dependent,
	<p>Mother - child relationship</p> <p>parental guilt for abandonment of child</p> <p>child's fear of being abandoned</p> <p>parent's place on pediatric service</p>	

Content Development

Application

Nurse - child

child - special problems
and needs
hospital experience is
traumatic
age of child affects
approach to him
assistance of parents in
nursing care

Interpret student-nurse's role in
relation to patient - child,
adolescent, adult, clergy,
patient's family and friends.

Medical - surgical patient

difference between medical
and surgical patient
approach to hospitalization
care of surgical patient
care of medical patient
terminal illness - religious
needs of patient
the practical nurse con-
tributes to the "health
team"

Psychiatric patient - or patient

in a stress situation
acceptance of patient
recognition of symptoms
safety of patient, other personnel
chart exact statements of patient;
learn to listen!
relationship to family

Role-play

Patient in stress situations;
example: attempted suicide,
dependent, hyperactive, etc.

Mother - child relationship

parental guilt for abandonment of
child
child's fear of being abandoned
parent's place on pediatric service

Topic	Content Development	Applica
Nursing Care Plan	<p>Adequacy of plan understanding of patient nurse identifies and under- stands the needs of her patients use of all her skills and knowledge to assist patient toward physical, emotional, and social health education for post-hospital adjustment management of daily living helping patient adjust to self-care "patient teaching" medications - rules for administration of drugs by self or family by mouth by hypodermic - insulin diet care of prostheses</p>	<p>Prepare a 24-hour plan for a two-da appendectomy pati Study selected nu Describe a "well- Practice teaching minister insulin</p>
How the Body Reacts to and Combats Disease	<p>Factors influencing pathogenicity Defenses against bacterial invasion external internal inflammation Observe patients with inflammatory conditions and assist with care</p>	<p>Review why invadi survive and cause Recognition of si significance of</p>

Content Development

Application

Adequacy of plan
understanding of patient
nurse identifies and under-
stands the needs of her
patients
use of all her skills and
knowledge to assist patient
toward physical, emotional,
and social health
education for post-hospital
adjustment
management of daily living
helping patient adjust to
self-care
"patient teaching"
medications - rules for
administration of drugs
by self or family
by mouth
by hypodermic - insulin
diet
care of prostheses

Factors influencing pathogenicity

Defenses against bacterial invasion
external
internal
inflammation

Observe patients with inflammatory
conditions and assist with care

Prepare a 24-hour nursing care
plan for a two-day postoperative
appendectomy patient.

Study selected nursing care plans.

Describe a "well-nursed" patient.

Practice teaching patient to ad-
minister insulin subcutaneously.

Review why invading pathogens
survive and cause disease.

Recognition of signs
significance of each

Topic	Content Development	Applica
How the Body Reacts to and Combats Disease	<p>light ultraviolet (sunlight): safety - time and use of light goggles</p> <p>mechanical boiling autoclaving - dangers and precautions</p>	<p>Prepare sterilization include: method used organism to be time factor temperature effectiveness</p> <p>Practice packaging Visit central supply hospital</p>
Staphylococcal Infections	<p>Characteristics of infection disease-producing strains resistant strains susceptibility disease drugs age</p> <p>Carriers diagnosis - use of nose and throat cultures</p> <p>Treatment varies with location and extent of infection</p> <p>Nursing care and prevention intimately related aseptic technique infection hazard</p>	<p>Review isolation techniques</p> <p>Observe isolation nursery use of disposable special housekeeping</p>

light

ultraviolet (sunlight): safety - time
and use of light goggles

mechanical

boiling
autoclaving - dangers and precautions

Prepare sterilization chart -

include:

method used
organism to be destroyed
time factor
temperature
effectiveness

Practice packaging supplies
Visit central supply service in
hospital

Characteristics of infection

disease-producing strains
resistant strains
susceptibility
disease
drugs
age

Carriers

diagnosis - use of nose and throat
cultures

Treatment

varies with location and extent of
infection

Nursing care and prevention

intimately related
aseptic technique
infection hazard

Review isolation technique

Observe isolation units - newborn
nursery
use of disposable materials
special housekeeping routines

Topic	Content Development	Applicat
How the Body Reacts to and Combats Disease	infection classification signs and symptoms immunity - natural, acquired serum sickness allergy drug therapy - acetylsalicylic acid chemotherapy, sulfonamides, anti-biotics	
Asepsis	Definition of terms medical asepsis surgical asepsis Nurse's responsibility for asepsis	Differentiate medical asepsis in hospital
Sterilization	Determination of type of sterilization: organism to be destroyed and time factor chemical emollient detergent disinfectant and antiseptic liquids Zephiran Chloride alcohol 70% iodine silver nitrate (AgNO ₃ -1%) boric acid - 2% phisohex phisoderm gas - effective against vegetative bacteria, fungus, spore-bearing bacteria, virus ethylene oxide formaldehyde	Prepare chart of sterilization and antiseptics used and indicate strength of solution, time of effect, temperature, materials to be used. Practice: ratio and proportion of the product of sterilization to the product of the formula method strength of solution strength of solution solution soluble

infection

classification

signs and symptoms

immunity - natural, acquired

serum sickness

allergy

drug therapy - acetylsalicylic acid

chemotherapy, sulfonamides, anti-
biotics

Definition of terms

medical asepsis

surgical asepsis

Nurse's responsibility for asepsis

Determination of type of sterilization:

organism to be destroyed and time factor

chemical

emollient detergent

disinfectant and antiseptic liquids

Zephiran Chloride

alcohol 70%

iodine

silver nitrate (AgNO₃-1%)

boric acid - 2%

phisohex

phisoderm

gas - effective against vegetative bacteria,

fungus, spore-bearing bacteria, virus

ethylene oxide

formaldehyde

Differentiate medical and surgical
asepsis in hospital areasPrepare chart of disinfectants
and antiseptics used in hospital
indicate

strength of solution

time of effectiveness

temperature

materials to be disinfected

Practice:

ratio and proportion -

the product of the means is =

to the product of the extremes

formula method:

strength desired X quantity

strength on hand of

solution = quantity, type of
soluble

Topic	Content Development	Application
Pre-Operative and Post-Operative Patient Care	<p>Admission of patient hospital routines ward routines</p> <p>Pre-operative orders - vary according to patient needs diet management enema skin preparation exercise: turning in bed sedation and medication as ordered intake and output recorded special tests</p> <p>Operative day personal hygiene vital signs</p> <p>pre-op medication transportation to operating room</p> <p>Anesthesia purpose place where anesthesia done types of anesthesia - equipment necessary inhalation I.V. rectal spinal analgesic blocks tranquilizers prolonged hypothermia</p>	<p>Observe and participate in admission of patient</p> <p>Review and practice involved bath prep of operating room observe and assist</p> <p>complete bath</p> <p>blood pressure temperature pulse respiration</p> <p>preparation of</p> <p>Record drugs used name of drug amount purpose length of time dangers</p>

Content Development

Application

Admission of patient
hospital routines
ward routines

Observe and participate in ad-
mission of patient

Pre-operative orders - vary according
to patient needs
diet management
enema
skin preparation
exercise: turning in bed
sedation and medication as ordered
intake and output recorded
special tests

Review and practice procedures in-
volved
bath
prep of operative area
observe and assist with procedures

Operative day
personal hygiene

complete bath

vital signs

blood pressure
temperature
pulse
respiration

pre-op medication
transportation to operating room

preparation of stretcher safety

Anesthesia
purpose

place where anesthesia done

types of anesthesia - equipment
necessary

Record drugs used
name of drug
amount
purpose
length of time for effectiveness
dangers

inhalation

I.V.

rectal

spinal

analgesic blocks

tranquilizers

prolonged hypothermia

Topic	Content Development	Application
Pre-Operative and Post-Operative Patient Care	Recovery room routines personnel emergency equipment and instruments used airway sphygmomanometer return to patient's room	
	Post-operative care purpose comfort and safety measures turning coughing and deep breathing voiding - intake and output bowel function exercise	Review procedures observe and assist operative care
	diet management - measure intake tubes dressings ambulation	Observe and practice safety of patient venous feeding (catheter) and technique of
	Post-operative complaints pain - Demerol nausea and vomiting - gastric-tube and suction - Levine retention of urine - catheterization abdominal distention - rectal tube, low enema - Pitressin	Observe report and

Content Development

Application

Recovery room

routines

personnel

emergency equipment and instruments used

airway

sphygmomanometer

return to patient's room

Review procedures

observe and assist in post-operative care

Post-operative care

purpose

comfort and safety measures

turning

coughing and deep breathing

voiding - intake and output

bowel function

exercise

diet management - measure intake tubes

dressings

ambulation

Observe and practice care and safety of patient receiving intravenous feeding (care of equipment and technique of disposal)

Post-operative complaints

pain - Demerol

nausea and vomiting - gastric-tube

and suction - Levine

retention of urine - catheterization

abdominal distention - rectal tube,

low enema - Pitressin

Observe report and chart symptoms

Topic	Content Development	Application
Pre-Operative and Post-Operative Patient Care	Post-operative complications hemorrhage: symptoms respiratory conditions - emergency care thrombosis embolism wound infection evisceration	Role play - caring for post-operative patient symptoms to note emergency care routine care
Nursing the Patient With Cancer	Intensive care unit - I.C.U. Research objectives are: cure - prevention need for sound medical research by recognized authorities Prevention and control legislation clinics - public, private literature	Observe emergency care available in I.C.U.
	Cancer sites according to type of chemical used	Prepare reports on
	Classification of tumors benign malignant	Differentiating between papilloma adenoma lipoma osteoma myoma nevus
	Symptoms "7 danger signals"	

Content Development

Application

Post-operative complications
hemorrhage: symptoms
respiratory conditions - emergency care
thrombosis
embolism
wound infection
evisceration

Intensive care unit - I.C.U.

Research

objectives are: cure - prevention
need for sound medical research
by recognized authorities

Prevention and control

legislation
clinics - public, private
literature

Cancer sites

according to sex
chemical irritation

Classification of tumors

benign
malignant

Symptoms

"7 danger signals"

Role-play - caring for patients with
post-operative complications
symptoms to note
emergency care and
routine care

Observe emergency equipment avail-
able in I.C.U.

Prepare reports on cancer sites

Differentiating between these:

papilloma
adenoma
lipoma
osteoma
myoma
nevus

Topic	Content Development	Applica
Nursing the Patient with Cancer	<p>Diagnostic tests and procedures</p> <ul style="list-style-type: none"> Papanicolaou test Properdin test hormone tests phosphatase tests breast: self-examination biopsy (prep. of patient) proctoscope and sigmoidoscope G.I. series 	<p>Take patient for Assist with proce</p>
	<p>Therapy</p> <ul style="list-style-type: none"> radiation <ul style="list-style-type: none"> x-ray radium and radon radioactive isotopes: cobalt, gold, iodine, phosphorus 	<p>Practice nursing handling of nause</p>
	<p>Chemotherapy - ex.; nitrogen mustard</p> <ul style="list-style-type: none"> purpose effectiveness toxicity 	<p>Practice nursing feeding, etc.</p>
	<p>Emotional support of patient and family</p>	
	<p>Complications and emergencies</p> <ul style="list-style-type: none"> skin care hemorrhage dehydration (intake-output) pain hygiene: control of odors 	<p>Review symptoms of Practice nursing of emergency</p>
	<p>Rehabilitation</p> <ul style="list-style-type: none"> responsibility for personal care speech therapy prosthesis - eye, limb, breast retraining for employment and daily living 	<p>Role-play: assist thesis observe proper daily care</p>

Content Development

Application

Diagnostic tests and procedures

Papanicolaou test
 Properdin test
 hormone tests
 phosphatase tests
 breast; self-examination
 biopsy (prep. of patient)
 proctoscope and sigmoidoscope
 G.I. series

Take patient for testing
 Assist with procedures

Therapy

radiation
 x-ray
 radium and radon
 radioactive isotopes: cobalt,
 gold, iodine, phosphorus

Practice nursing care of patients;
 handling of nausea, etc.

Chemotherapy - ex.: nitrogen mustard
 purpose
 effectiveness
 toxicity

Practice nursing care - mouth care,
 feeding, etc.

Emotional support of
 patient and family

Complications and emergencies

skin care
 hemorrhage
 dehydration (intake-output)
 pain
 hygiene: control of odors

Review symptoms of complications

Practice nursing procedures in case
 of emergency

Rehabilitation

responsibility for personal
 care
 speech therapy
 prosthesis - eye, limb, breast
 retraining for employment and
 daily living

Role-play: assist patient with pros-
 thesis
 observe proper fit, insertion, and
 daily care

Topic	Content Development	Application
Nursing the Patient with Long-Term Illness	<p>Long term illness may be chronic convalescent, degenerative terminal</p> <p>controllable: chronic rheumatic heart disease, allergies, diabetes, tuberculosis</p> <p>non-controllable : cancer, nephritis, mental illness, arteriosclerosis</p> <p>degenerative : cardio-vascular disorders</p>	Investigate home-extension of hospital
	Effect on family of long-term illness; cultural and socio-economic influence	
	Special nursing care problems for patient in prolonged bed rest	Practice nursing use of CircOlecs
	<p>physical activity</p> <p>personal hygiene</p> <p>incontinence</p> <p>diet management</p> <p>dressings</p> <p>injections; eg., vitamin B-12 and liver</p> <p>insulin</p> <p>narcotics</p>	<p>care of decubiti</p> <p>care of indwelling</p> <p>feeding patient</p> <p>accident</p> <p>assisting with</p>
	<p>Rehabilitation objectives</p> <p>maximum capacity for living</p> <p>motivate independence and self-care</p>	
Nursing Geriatric Patient	<p>Population change</p> <p>Socio-economic and cultural factors</p>	

Content Development

Application

Long term illness may be
chronic
convalescent,
degenerative.
terminal
controllable: chronic rheumatic
heart disease, allergies, diabetes, tuberculosis
non-controllable :
cancer, nephritis, mental illness,
arteriosclerosis
degenerative : cardio-vascular disorders

Effect on family of long-term illness,
cultural and socio-economic influence

Investigate home-care program:
extension of hospital in home

Special nursing care problems for
patient in prolonged bed rest

Practice nursing care procedures
use of CircOelectric bed
care of decubitus ulcer
care of indwelling catheter
feeding patient with cerebral
accident
assisting with dressings

physical activity
personal hygiene
incontinence
diet management
dressings
injections; eg., vitamin B-12 and
liver
insulin
narcotics

Rehabilitation objectives
maximum capacity for living
motivate independence and self-care

Population change

Socio-economic and cultural factors

Topic	Content Development	Applicat
Nursing Geriatric Patient	<p>Normal aging process</p> <ul style="list-style-type: none"> physical psychological signs of senescence fears of illness helplessness <p>Health problems</p> <ul style="list-style-type: none"> personal hygiene elimination diet infection correction of disability by use of <ul style="list-style-type: none"> eyeglasses dentures hearing aid <hr/> <p>Common disorders</p> <ul style="list-style-type: none"> female prolapse male - enlarged prostate osteoporosis dietary deficiencies <p>Special aspects of nursing</p> <ul style="list-style-type: none"> vital signs sedation, medication tranquilizers intake and output ambulation 	<p>Practice safeguards</p> <ul style="list-style-type: none"> use of bedrails extra blankets assisting with

Normal aging process

physical
psychological
signs of senescence
fears of illness
helplessness

Practice safeguarding patient by
use of bedrails
extra blankets
assisting with his care

Health problems.

personal hygiene
elimination
diet
infection
correction of disability by use of
eyeglasses
dentures
hearing aid

Common disorders

female prolapse
male - enlarged prostate
osteoporosis
dietary deficiencies

Special aspects of nursing

vital signs
sedation, medication
tranquilizers
intake and output
ambulation

Topic	Content Development	Applic
Rehabilitation in Nursing	Objectives to restore the individual and his functions to their potential capacity	
	Rehabilitation team: a group of experts in various areas of restorative care	Visit → physical occupatio speech th orthoped social wo
	Rehabilitation facilities hospitals private government clinics institutes schools	Visit school for for
	Practical nurse's role in rehabilitation good nursing teaching the patient self-care activities teaching the family to assist with and adjust to patient care	

Content Development

Application

Objectives to restore the individual and his functions to their potential capacity.

Rehabilitation team: a group of experts in various areas of restorative care

Visit - physical therapist
occupational therapist
speech therapist
orthopedist
social worker

Rehabilitation facilities

hospitals
private
government
clinics
institutes
schools

Visit school for deaf,
non-sighted,
for atypical child

Practical nurse's role in rehabilitation
good nursing
teaching the patient self-care activities
teaching the family to assist with and adjust to patient care

Topic	Content Development	Applicat
Rehabilitation in Nursing	Prosthesis	Assist with measurement of prost
	Braces	Teach use, cleaning of braces
	Crutches	Teach use, repair, placement of cr

Content Development

Application

Prosthesis

Assist with measuring and application of prosthesis

Braces

Teach use, cleanliness, and repair of braces

Crutches

Teach use, repair, and replacement of crutches

Topic	Content Development	Applic
Role of Practical Nurse as a First Aider	<p>Introduction to first aid</p> <p>Definition - first aid is the immediate and temporary care given victim of accident or sudden illness until services of physician can be obtained.</p> <p>General directions; sequence of action</p> <ul style="list-style-type: none"> positioning checking for injuries planning first aid procedures 	
Development of Skills to Meet Common Emergencies	<p>Common emergencies - standard first aid skills</p> <p>Wounds</p> <p>Types:</p> <ul style="list-style-type: none"> abrasion incision laceration puncture <p>Special:</p> <ul style="list-style-type: none"> infected gunshot animal bites stings <p>Shock:</p> <ul style="list-style-type: none"> definition causes symptoms skills <p>Cessation of breathing</p> <ul style="list-style-type: none"> conditions requiring artificial respiration; demonstrate 	<p>Review of bandag</p> <p>Practice: care of wound is not severe care of wound is severe -</p> <p>Practice positio</p> <p>Practice of mout tation</p> <p>View other devic artificial re</p>

UNIT 9. FIRST AID AND DISASTER NURSING

Content Development

Application

Introduction to first aid

Definition - first aid is the immediate and temporary care given victim of accident or sudden illness until services of physician can be obtained.

General directions; sequence of action

positioning
checking for injuries
planning
first aid procedures

Common emergencies - standard first-aid skills

Wounds

Types:

abrasion
incision
laceration
puncture

Special:

infected
gunshot
animal bites
stings

Shock:

definition
causes
symptoms
skills

Cessation of breathing

conditions requiring artificial respiration; demonstrate

Review of bandaging

Practice:

care of wounds in which bleeding is not severe - apply dressings
care of wounds in which bleeding is severe - control of hemorrhage

Practice positioning victim in shock

Practice of mouth-to-mouth resuscitation

View other devices for administering artificial respiration

Topic	Content Development	Applica
Development of Skills to Meet Common Emergencies	<ul style="list-style-type: none"> Poisoning <ul style="list-style-type: none"> causes symptoms first aid measures Injuries to bone, joints, and muscles - <ul style="list-style-type: none"> demonstrate immobilization methods fractures: cause, symptoms, first aid sprains: cause; symptoms, first aid measures dislocations: cause, symptoms, first aid measures 	<ul style="list-style-type: none"> Practice immobilization of body using roller bandage, triangular bandage, splints, casts, etc.
Role of Practical Nurse as a First Aider	<ul style="list-style-type: none"> Effects of heat and cold <ul style="list-style-type: none"> types of burns <ul style="list-style-type: none"> thermal - <ul style="list-style-type: none"> first degree second degree third degree chemical heat stroke contrasted with heat exhaustion. types of cold <ul style="list-style-type: none"> frostbite and prolonged exposure Common emergencies - use of emergency oxygen and inhalant - aromatic spirits of ammonia heart attack - emergency oxygen unconsciousness and simple fainting epilepsy foreign body in the eye 	

Poisoning

causes

symptoms

first aid measures

Injuries to bone, joints, and muscles -

demonstrate immobilization methods

fractures: cause, symptoms, first aid

sprains: cause, symptoms, first aid
measuresdislocations: cause, symptoms, first
aid measuresPractice immobilizing parts of
body using

roller bandage

triangular bandage

splints

casts, etc.

Effects of heat and cold

types of burns

thermal -

first degree

second degree

third degree

chemical

heat stroke contrasted with

heat exhaustion

types of cold

frostbite and prolonged

exposure

Common emergencies - use of emergency oxygen
and inhalant - aromatic spirits of ammonia
heart attack - emergency oxygen
unconsciousness and simple fainting
epilepsy
foreign body in the eye

Topic	Content Development	Applica
Role of Practical Nurse in Disasters	<p>Principles</p> <p>In disaster nursing most of the procedures are done under the direction of medical personnel-physicians, professional nurses, etc. Under certain conditions you may find it necessary to use this knowledge on your own initiative until victim can be brought under professional medical care or other responsible agency. An example of this type of emergency is:</p> <p>gas explosion in residential area resulting in following injuries and emergency situations:</p> <p>shattered glass windows causing multiple lacerations resulting in hemorrhage</p> <p>flying debris causing fractures and shock</p> <p>small fires causing burns shock smoke inhalation (asphyxiation) requiring artificial respiration</p> <p>emergency birth</p> <p>Organization of emergency care:</p> <p>delegate duties</p> <p>notify</p> <p>police department</p> <p>fire department</p> <p>call</p> <p>ambulance</p> <p>hospital</p> <p>gas company</p> <p>establish priority of treatment</p>	<p>Role-play</p> <p>Fire emergency</p> <p>Fire emergency</p>
		<p>Plan direct perform first aid measures described, include</p>

Principles

In disaster nursing most of the procedures are done under the direction of medical personnel-physicians, professional nurses, etc. Under certain conditions you may find it necessary to use this knowledge on your own initiative until victim can be brought under professional medical care or other responsible agency. An example of this type of emergency is:

gas explosion in residential area resulting in following injuries and emergency situations:
shattered glass windows causing multiple lacerations resulting in hemorrhage

flying debris causing fractures and shock

small fires causing burns
shock
smoke inhalation (asphyxiation)
requiring artificial respiration

emergency birth

Organization of emergency care:

delegate duties

notify

police department

fire department

call

ambulance

hospital

gas company

establish priority of treatment

Role-play

Fire emergency in school

Fire emergency in hospital

Plan direct performance of specific first aid measures for injuries described, include emergency delivery.

Topic	Content Development	Applicat
Role of Practical Nurse in Disasters	<p>Transportation - planning for transportation preparation for transportation demonstrate methods of transfer</p>	<p>Practice methods of lifting victims or more assistance</p>
	<p>Introduction to Disaster Nursing Definition - emergency care for large numbers of injured persons under unfamiliar, makeshift conditions.</p>	
	<p>Types of disasters: earthquake hurricane fire gas explosion flood bombing vehicle</p>	<p>Review procedures sustained in these</p>
	<p>Organization of activities Triage plan whereby casualties are divided into groups in order to provide best possible care to greatest numbers.</p>	
	<p>Order of care hemorrhaging respiratory distress compound fractures and lacerations burns - less than 40%</p>	
	<p>Psychological reactions to disaster varying degrees of fear anxiety emotional shock</p>	

Transportation -
planning for transportation
preparation for transportation
demonstrate methods of transfer

Practice methods of transfer-
lifting victim with three
or more assistants

Introduction to Disaster Nursing
Definition - emergency care for
large numbers of injured persons
under unfamiliar, makeshift conditions.

Types of disasters:

earthquake
hurricane
fire
gas explosion
flood
bombing
vehicle

Review procedures for injuries
sustained in these disasters

Organization of activities

Triage plan whereby casualties are
divided into groups in order to
provide best possible care to
greatest numbers.

Order of care

hemorrhaging
respiratory distress
compound fractures and lacerations
burns - less than 40%

Psychological reactions to disaster
varying degrees of

fear
anxiety
emotional shock

Topic	Content Development	Applica
Civil Defense	Provisions in case of nuclear attack: emergency needs shelter food and water supply waste disposal emergency medical services in disaster civil defense and medical defense improvised emergency hospital; personnel first aid station transportation obtaining supplies <u>improvising equipment</u> patient identification - records provisions in radiation sickness role of practical nurse as member of disaster team value of fire drill evacuation drill	

Provisions in case of nuclear attack:

- emergency needs

 - shelter

 - food and water supply

 - waste disposal

- emergency medical services in disaster

- civil defense and medical defense

- improvised emergency hospital; personnel

- first aid station

- transportation

- obtaining supplies

- improvising equipment

- patient identification - records

- provisions in radiation sickness

- role of practical nurse as member of

- disaster team

- value of fire drill

- evacuation drill

Body Structure and Function

INTRODUCTION

This course is designed to give the student a general understanding of how the body is constructed and how it functions. The emphasis should be on phases which will be meaningful and useful to the student. In addition, the student should build a working vocabulary. Instruction should include laboratory work where applicable. Patient-oriented situations should be presented in the development of the material.

OBJECTIVES

To gain basic knowledge and understand normal body structure and function as a foundation for basic principles of nursing.

To develop a basic knowledge and understanding of medical terminology and medical history.

To apply knowledge of normal body structure and function to the understanding of abnormal body structure and function.

To understand how to maintain good health habits in order to be effective as a nurse.

Body Structure and Function

OBJECTIVES

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nding of how the body is con-
t functions. The emphasis
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To gain basic knowledge and understanding of
normal body structure and function as a
foundation for basic principles of prac-
tical nursing.

To develop a basic knowledge and understanding
of medical terminology and nomenclature.

To apply knowledge of normal body function to
the understanding of abnormality in body
function.

To understand how to maintain personal health
in order to be effective as a nurse.

UNIT 1. BODY AS AN INTEGRATED-WHOLE

Structure	Function	Re
Anatomy: the study of the parts or structure of the body.	Physiology: the study of the function of each part of the body, and its relationship to other parts of the body.	The need for specific tissues; essential; universal; cause; meaning
Cells: smallest unit of living matter.	Cells are highly specialized to perform specific functions.	Metabolism within
Typical cell: protoplasm; membranes; nucleus; DNA (desoxyribonucleic acid); RNA (ribonucleic acid); chromosomes; genes.	Membrane of cell has ability to permit entry and exit of special elements.	Explain Microscopy Draw and
Tissues: composed of a group of cells which are similar in function and structure. epithelial tissue	Tissues contain a great deal of water. Gases, liquids, and solids dissolve in this water. Epithelial tissue protects, absorbs, secretes, and filters.	Insufficient results Excessive in edema
muscle tissue skeletal visceral cardiac connective tissue	Muscles control voluntary and involuntary movements.	Disorder result and con
nerve tissue	Connective tissue supports, binds, connects, protects, and repairs. Nerve tissue provides pathways for stimuli and responses of muscle tissue.	Injury of result muscle
Membranes: simple combinations of tissues mucous membrane serous membrane skeletal membrane-periosteum connective tissue membrane	Membranes line cavities and support organs.	Diagrams Microscopy Common in common peritoneal meningitis arthritis

UNIT 1. BODY AS AN INTEGRATED WHOLE

	Function	Vocabulary; Related Information
of the parts of the body.	Physiology; the study of the function of each part of the body, and its relationship to other parts of the body.	The need to learn scientific terminology is essential because it is a universal language, and because it is descriptive and meaningful
of living	Cells are highly specialized to perform specific functions.	Metabolism; chemical actions within the cells
Plasm; mem- NA (desoxy- RNA (ribo- osomes;	Membrane of cell has ability to permit entry and exit of special elements.	Explain osmosis and diffusion Microscopic view of cell Draw and label a typical cell
a group of similar in ture.	Tissues contain a great deal of water. Gases, liquids, and solids dissolve in this water. Epithelial tissue protects, absorbs, secretes, and filters. Muscles control voluntary and involuntary movements. Connective tissue supports, binds, connects, protects, and repairs. Nerve tissue provides pathways for stimuli and responses of muscle tissue.	Insufficient tissue fluid results in dehydration Excessive tissue fluid results in edema. Disorders of muscle tissue result in spasm, twitches, and convulsions
binations	Membranes line cavities and support organs.	Injury of nerve tissue might result in paralysis of muscle tissue Diagrams of types of tissues Microscopic slides Common inflammations of membranes common cold peritonitis meningitis arthritis
-periosteum membrane		

Structure	Function	Relation
Organs-composed of two or more tissues	Organs perform specific functions of the body.	Identification of systems, and of torso, trans
Systems-composed of a group of organs.	Each organ contributes to the function of the whole system.	
Cavities-the systems of the body are contained in spaces called body cavities!		
Some organs found in cavities are:		
Cranial - brain		
Chest - heart, lungs, and great blood vessels		Chest cavity cavity.
Abdominal - alimentary (system), liver, pancreas, gall bladder	Abdominal cavity is separated from chest cavity by the diaphragm.	
Pelvic - organs of reproduction, urinary bladder, and rectum		

	Function	Vocabulary; Related Information
two or more	Organs perform specific functions of the body.	Identification of organs, systems, and cavities - use torso, transparencies, etc.
a group of	Each organ contributes to the function of the whole system.	
of the in spaces es.		
cavities		
lungs, and essels mentary pancreas,	Abdominal cavity is separated from chest cavity by the diaphragm.	Chest cavity is called thoracic cavity.
of reproduc- bladder, and		

UNIT 2. BODY ERECT AND IN MOTION

Structure	Function	Vocal
<p>SKELETAL SYSTEM bones, cartilage, ligaments, and tendons</p>	<p>Provides a frame for the body</p>	<p>Bone.....</p>
	<p>Protects delicate internal organs</p>	<p>Bone marrow... Cartilage... Joints.....</p>
<p><u>Classification of bones</u> long bones - humerus, femur short bones - phalanges flat bones - frontal costae irregular bones - vertebrae, tarsus</p>	<p>Serves as levers to which muscles are attached</p> <hr/> <p>Manufactures blood cells in the bone marrow</p> <p>Stores calcium</p>	<p>Bone marrow s to determine blood dis Inflammation Osteomyelitis and bone m</p>
<p><u>Development of bone - classi- fication</u> membrane - fontanel cartilage - epiphysis and diaphysis bone - mineral salts, calcium, and phosphorus</p>		
<p><u>Skull</u> frontal - frontal sinuses parietals temporals - mastoid cells occipital</p>	<p>Protective case for brain frontal, temporal, and upper jaw bones contain air spaces - sinuses sinuses help to reduce the weight of the skull and give resonance to the voice occipital bone contains a large opening - foramen magnum - through which the spinal cord descends</p>	<p>Mastoiditis mastoid Sinusitis - sinuses</p>

UNIT 2. BODY ERECT AND IN MOTION

Function	Vocabulary; Activities; Applications
Provides a frame for the body	Bone.....osteo,-osseo-, osseous
Protects delicate internal organs	Bone marrow...myelo- Cartilage....chondro- Joints.....arthro-
Serves as levers to which muscles are attached	Bone marrow studies are often done to determine the nature of some blood diseases.
Manufactures blood cells in the bone marrow	Inflammation - "itis"
Stores calcium	Osteomyelitis - infection of bone and bone marrow
Protective case for brain frontal, temporal, and upper jaw bones contain air spaces - sinuses	Mastoiditis - infection of the mastoid cells
sinuses help to reduce the weight of the skull and give resonance to the voice occipital bone contains a large opening - foramen magnum - through which the spinal cord descends	Sinusitis - infection of the sinuses

Structure	Function	
<ul style="list-style-type: none"> ethmoid - ethmoid sinuses sphenoid - contains sphenoid sinuses 		
Face		
<ul style="list-style-type: none"> nasal bones - nose bridge vomer - nasal septum inferior turbinates - nose - conchae lacrimal - orbit maxilla - upper jaw mandible - lower jaw zygomatics - cheek bones palatines - palate 	<p>Protective framework for special sensory organs of sight, hearing, smell, and taste</p> <p>Contains maxillary sinuses</p> <p>Forms the roof of the mouth</p>	<p>Congenital palatine is called</p>
hyoid bone - attached to tongue	Attached to tongue	
Typical vertebrae		Drawing of
<p>Vertebral column</p> <ul style="list-style-type: none"> cervical vertebrae (7)-neck thoracic vertebrae (12)-back of chest Lumbar vertebrae (15)-small of back sacrum (5 fused) and coccyx (3-4)-lower back 	<p>Each bone of vertebral column is separated from next by cartilage disc.</p> <p>Vertebral column protects the spinal cord.</p>	
<p>Vertebral curves</p> <ul style="list-style-type: none"> primary secondary 		<p>Kyphosis - aggeratic the upper</p> <p>Lordosis - aggeratic back sect</p> <p>Scoliosis - column fr</p> <p>Lumbar punct done betw fifth lum</p>

Function	Vocabulary; Activities; Applications	
sinuses sphenoid	f	
bridge um s - nose -	Protective framework for special sensory organs of sight, hearing, smell, and taste	
w aw bones	Contains maxillary sinuses	Congenital defect in which the palatine bones fail to join is called cleft palate
hed to	Forms the roof of the mouth	
	Attached to tongue	Drawing of typical vertebrae
(7)-neck (12)-back	Each bone of vertebral column is separated from next by cartilage disc. Vertebral column protects the spinal cord.	
(15)-small of		
nd coccyx (3-4) -		Kyphosis - hunchback - an ex- aggeration of the curve of the upper back section
		Lordosis - swayback - an ex- aggeration of curve of lower back section
		Scoliosis - a curve of vertebral column from side to side
		Lumbar puncture - a spinal tap done between the fourth and fifth lumbar vertebrae

Structure	Function	Vocab
Thorax - chest	Forms chest cavity, and protects heart, lungs, and great blood vessels	Spinal anesthesia administered Lumbar puncture Breast bone - area for to obtain marrow for
Shoulder girdle sternum - breastbone costae - ribs - 12 pairs	Attachment of upper extremities	Dislocation of the shoulder
Upper extremities humerus - upper arm bone radius) ulna) - lower arm bones carpals - wrist bones metacarpals - hand bones phalanges - finger bones	Attachment of muscles of upper extremities for motion	Colles' fracture injury of the near the
Pelvic girdle ilium) ischium) - hip bones pubes)		Pelvic bones from which obtained
Lower extremities femur - thigh bone patella - knee cap tibia) - lower leg fibula) tarsals - ankle bones metatarsals - foot bones phalanges - toe bones	Attachment of muscles of lower extremities for motion	Ligaments attached Tendons attached

Function

Vocabulary; Activities;
Applications

Forms chest cavity, and protects heart, lungs, and great blood vessels

Attachment of upper extremities

Attachment of muscles of upper extremities for motion

Attachment of muscles of lower extremities for motion

Spinal anesthesia -- usually administered through a lumbar puncture

Breast bone - frequently the area for a sternal puncture to obtain samples of bone marrow for blood studies

Dislocation - a common injury of the shoulder girdle

Colles' fracture - common injury of the forearm bones near the wrist

Pelvic bones are another area from which bone marrow is obtained for blood studies.

Ligaments attach bone to bone. Tendons attach muscle to bone.

Structure

Function

Joints - area where two or more separate bones meet
 freely movable joints -
 hips, shoulders, jaws,
 knees, ankles, fingers, etc.
 slightly movable joints -
 between the bodies of the vertebrae
 immovable joints - skull sutures

Joints permit special movement of the body:
 flexion - bending motion
 extension - stretching motion
 abduction - motion away from the body
 adduction - motion toward the body
 rotation - motion around a stationary center -
 as movement of head when saying "No"
 supination - turning palm of hand upward
 pronation - turning palm of hand downward

MUSCULAR SYSTEM

Provides for all movements of the body

Classification of muscle tissue
 skeletal - striated, voluntary

Characteristics:
 irritability - excitability
 contractility
 extensibility
 elasticity
 tonus

Skeletal muscles
 Head

Muscles of swallowing, mastication,
 chewing, and speaking



Function	Vocabulary, Activities Applications	
<p>to or meet nts - jaws, fingers, oints - es of the skull</p>	<p>Joints permit special movement of the body: flexion - bending motion extension - stretching motion abduction - motion away from the body adduction - motion toward the body rotation - motion around a stationary center - as movement of head when saying "No" supination - turning palm of hand upward pronation - turning palm of hand downward</p>	<p>Disorders of joints: dislocation sprain strain inflammation ankylosis - immobility and consolidation of a joint arthritis</p>
<p>cle tissue d, voluntary</p>	<p>Provides for all movements of the body</p>	<p>muscle.....myo- heart muscle.....myo- cardio-</p>
<p>Characteristics: irritability - excitability contractility extensibility elasticity tonus</p>	<p>If the nerve supply to skeletal muscle is destroyed it will re- sult in: flaccid paralysis - limp and flabby muscles spastic paralysis - stiff and rigid muscles</p>	
<p>Muscles of swallowing, mastication, chewing, and speaking</p>	<p>Origin - attached to the more fixed or stationary part of the skeleton Insertion - point attached to part that moves</p>	

Structure	Function
Neck	
sternocleidomastoid	Muscles to help turn head
upper extremities	
deltoids	Raises arms
biceps	Flexes arm
triceps	Extends arm
chest	
intercostal muscles	Assist in the expansion of the chest during respiration
shoulder and back	Moves neck, arm, and back as in swimming
trapezius	
latissimus dorsi	
abdomen	
diaphragm	Assists in respiration
abdominal wall muscles	Abdominal muscles overlay one another. In each layer the muscle fibers run in different directions giving additional strength to the abdominal wall.

Vocal

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Function

Vocabulary; Activities;
Applications

Muscles to help turn head

Raises arms
Flexes arm
Extends arm

Assist in the expansion of the chest during
respiration
Moves neck, arm, and back as in swimming

Assists in respiration
Abdominal muscles overlay one another. In each
layer the muscle fibers run in different
directions giving additional strength to the
abdominal wall.

Tone (tonus) - voluntary
muscles are in contin-
uous partial contraction
at all times even in
sleep resulting in read-
iness for movement .

Antagonist - voluntary
muscles which work in
pairs but in opposite
movement

Synergist - work together
in same movement

Wry neck - torticollis -
injury or shortening of
the neck muscles

Deltoid and triceps muscles
are often the sites for
intramuscular and sub-
cutaneous injections.

Infection, such as polio-
myelitis, of the spinal
nerves supplying the in-
tercostal muscles may
result in paralysis of
those muscles.

Hernia - a weakness in
the abdominal muscles

Structure	Function	Vocab
Lower extremities gluteals - buttocks biceps femoris quadriceps femoris sartorius gastrocnemius - calf	Contraction of the muscles of lower extremities helps venous blood to return to the heart. Calf muscles insert into Achilles tendon which is attached to heel of foot.	Gluteal muscles sites for injection of medication Muscles of lower extremities those which are passive leg braces for ridden patients
Shoulder and back trapezius latissimus dorsi	Moves neck, arm, and back as in swimming.	Myalgia - characteristically associated with rheumatoid arthritis and stiffness Body mechanics - efficient use of body by patient. posture - lying down movement - pulling, coordination of combination
Visceral muscles	Smooth, involuntary muscle tissue is found in walls of internal organs of the body.	Demonstration
digestive tract	Peristalsis - wavelike motion which pushes food materials through the digestive tract	Diarrhea - an Constipation peristalsis Intestinal obstruction of peristalsis

Function

Vocabulary, Activities;
Applications

major thigh muscles

Contraction of the muscles of lower extremities helps venous blood to return to the heart.

Calf muscles insert into Achilles tendon which is attached to heel of foot.

Moves neck, arm, and back as in swimming.

Smooth, involuntary muscle tissue is found in walls of internal organs of the body.

Peristalsis - wavelike motion which pushes food materials through the digestive tract

Gluteal muscles are more frequent sites for intramuscular injections of medication.

Muscles of lower extremities are those which are exercised during passive leg exercises for bed-ridden patients.

Myalgia - charley horse - soreness and stiffness of muscles.

Body mechanics - refers to correct use of body both by nurse and her patient.

posture - standing, sitting, lying down.
movement - bending, stretching, pulling, and pushing.
coordination - smooth movement of combinations of muscles.

Demonstration of back care

Diarrhea - an increase of peristalsis
Constipation - a decrease of peristalsis
Intestinal obstruction - an absence of peristalsis

Structure	Function	Vocab
blood vessels	Dilate and contract to help maintain blood pressure and blood volume	Increase in blood vessel pressure - h
bronchioles - lungs	Dilate and contract to regulate flow of air to and from air sacs of lungs	Bronchial ast bronchial sm
iris - eyes	Dilate and contract to regulate the amount of light entering the eye, and to adjust the eyes for vision at different distances - accommodation	Failure of co of the iris phobia, as i lopia - dou
urinary system	Dilate and contract to transport urine from kidneys to the bladder and out of the body	Failure of co urinary rete
lymphatic vessels	Dilate and contract to move lymph fluid through the lymphatic vessels to the veins	Failure to co lymphedema.
uterus	Contracts to empty in pregnancy and during menstruation	Increased ute speed labor menstruation contractions cramps - dys
cardiac muscles	Indistinctly striated; involuntary heart acts as central pump for circulatory system	Myocarditis - heart muscle

Function

Vocabulary; Activities,
Applications

Dilate and contract to help maintain blood pressure and blood volume

Increase in the contraction of blood vessels can cause high blood pressure - hypertension.

Dilate and contract to regulate flow of air to and from air sacs of lungs

Bronchial asthma - contraction of bronchial smooth muscle

Dilate and contract to regulate the amount of light entering the eye, and to adjust the eyes for vision at different distances - accommodation

Failure of contraction or dilation of the iris may result in photophobia, as in measles, or in diplopia - double vision.

Dilate and contract to transport urine from kidneys to the bladder and out of the body

Failure of contraction may lead to urinary retention.

Dilate and contract to move lymph fluid through the lymphatic vessels to the veins

Failure to contract may lead to lymphedema.

Contracts to empty in pregnancy and during menstruation

Increased uterine contractions speed labor and delivery. During menstruation increased uterine contractions may cause menstrual cramps - dysmenorrhea.

Indistinctly striated; involuntary heart acts as central pump for circulatory system

Myocarditis - inflammation of heart muscle

UNIT 3. BODY COVERING

Structure	Function	Vocab
SKIN AND ACCESSORY ORGANS	<p>Serves as an organ of excretion - water and selected salts - insensible perspiration</p> <p>Contains sense organs</p> <p>Heat regulator</p> <p>Assures moisture for underlying tissue</p> <p>Capable of limited absorption</p>	Skin.....
Epidermis - outer layer containing pigment cells	<p>Dry outer covering which protects the deep tissues from injury, infection, and drying</p>	Epidermis is itself - d order to p cells, dir should be
Dermis - deeper part of the skin - contains many blood vessels, nerves, and lymph vessels	<p>Nerve endings in the dermis communicate with the brain and give information about the immediate environment - pain, pressure, cold, heat, and moisture.</p>	Extra warmth for: children the skin elderly duce he
	<p>Blood vessels in the dermis help to regulate the body temperature by dilating to release heat and contracting to conserve heat.</p>	
<p>Hair - covers the entire body except palms of the hands and soles of feet</p> <p>follicle</p> <p>papillae</p> <p>shaft</p> <p>cortex.</p>	<p>Hair in specific areas helps to protect: i.e., hair on head protects the scalp from sun's rays and injuries; eyebrows and lashes help to protect the eyes from foreign bodies</p>	Hair is a s skin around is shaved tively.

UNIT 3. BODY COVERING

	Function	Vocabulary; Activities; Applications
ORGANS	<p>Serves as an organ of excretion - water and selected salts - insensible perspiration</p> <p>Contains sense organs</p> <p>Heat regulator</p> <p>Assures moisture for underlying tissue</p> <p>Capable of limited absorption</p>	<p>Skin.....cutaneo-, dermi-</p>
over con- ls	<p>Dry outer covering which protects the deep tissues from injury, infection, and drying</p>	<p>Epidermis is constantly shedding itself - desquamation - and in order to prevent accumulation of cells, dirt, and bacteria, should be bathed frequently.</p>
of the y blood d lymph	<p>Nerve endings in the dermis communicate with the brain and give information about the immediate environment - pain, pressure, cold, heat, and moisture.</p>	<p>Extra warmth should be provided for: children - lose heat through the skin quickly elderly people - do not produce heat too well</p>
	<p>Blood vessels in the dermis help to regulate the body temperature by dilating to release heat and contracting to conserve heat.</p>	
tire body hands and	<p>Hair in specific areas helps to protect: i.e., hair on head protects the scalp from sun's rays and injuries; eyebrows and lashes help to protect the eyes from foreign bodies</p>	<p>Hair is a source of contamination; skin around the area of surgery is shaved and cleaned preoperatively.</p>

Structure	Function	Vocab
Oil glands - sebaceous glands - found all over the body except the palms of the hands and soles of the feet	Secrete an oily substance which keeps the hair and skin from becoming too dry Helps to preserve water content	Sebaceous glands clogged with particles - blackheads, cysts, and
Sweat glands - sudoriferous glands - found all over the body.	Secrete perspiration which is eliminated from the body through openings in the skin. Perspiration helps the body to eliminate salts and other mineral wastes.	Perspiration increased temperature, fever, emotion, and some diseases. Perspiration cold temperature, dehydration, urination.
Nails - fingers and toes	Protects the ends of fingers and toes	Nails should be kept short because bacteria collect

	Function	Vocabulary; Activities; Applications
ous glands - body except ands and soles	Secrete an oily substance which keeps the hair and skin from becoming too dry Helps to preserve water content	Sebaceous glands can become clogged with dirt and dust particles - may result in blackheads, pimples, sebaceous cysts, and infections.
iferous over the body	Secrete perspiration which is eliminated from the body through openings in the skin. Perspiration helps the body to eliminate salts and other mineral wastes.	Perspiration increases during increased temperatures and humidity, fever, emotional stress, exercise, and some diseases. Perspiration decreases during cold temperatures, diarrhea, dehydration, and excessive urination.
toes	Protects the ends of fingers and toes	Nails should be well cared for because bacteria and dirt tend to collect under them.

UNIT 4. BODY METABOLISM

Structure	Function	Vocabulary
CIRCULATORY SYSTEM	Transports substances to and from body cells	Heart..... Vein..... Artery.....
Heart - muscular pump with .three layers endocardium-lining and valves myocardium-muscle and thickest layer pericardium-outermost layer	Pumps blood through the body in a circular pattern Stimulated to pump rhythmically by nerve impulses within the heart itself	Stethoscope - permits listen beat Electrocardiogram nerve impulses Pacemaker - stimulates the heart
right side of the heart right auricle - atrium tricuspid valve right ventricle pulmonary valves - semilunar	Venous blood from superior and inferior vena cava enters right auricle, passes through tricuspid valve into right ven- tricle, and then passes through pul- monary artery to lungs. In lungs, blood gives up its carbon dioxide and picks up oxygen.	Some forms of result in a right-sided heart
left side of the heart left auricle - atrium bicuspid (mitral) valve left ventricle aortic valve - semilunar	Oxygenated blood returns from lungs through pulmonary veins and enters left auricle, passes through mitral valve into left ventricle and leaves heart by passing through aortic valve into aorta.	Some forms of result in a left-sided heart
Intraventricular septum	Right and left sides of heart are separated by a wall which keeps venous blood from mixing with arterial blood.	Common congenital defect in wall side from left Infants with often called

UNIT 4. BODY METABOLISM

Function	Vocabulary; Activities; Applications
Transports substances to and from body cells	Heart.....cardio- Vein.....phlebo-, venous Artery.....arterio-
with ning and cle and er termost Pumps blood through the body in a circular pattern Stimulated to pump rhythmically by nerve impulses within the heart itself	Stethoscope - an instrument which permits listening to the heart beat Electrocardiogram - a record of nerve impulses of the heart Pacemaker - sinoatrial node of the heart
the heart le - atrium valve tricle valves - Venous blood from superior and inferior vena cava enters right auricle, passes through tricuspid valve into right ventricle; and then passes through pulmonary artery to lungs. In lungs, blood gives up its carbon dioxide and picks up oxygen.	Some forms of heart disease may result in a condition called right-sided heart failure.
the heart le - atrium (mitral) valve tricle ve - semilunar Oxygenated blood returns from lungs through pulmonary veins and enters left auricle, passes through mitral valve into left ventricle and leaves heart by passing through aortic valve into aorta.	Some forms of heart disease may result in a condition called left-sided heart failure.
um Right and left sides of heart are separated by a wall which keeps venous blood from mixing with arterial blood.	Common congenital disease is a defect in wall separating right side from left side of heart. Infants with this defect are often called blue babies.

Structure	Function	Voca
<p>Arteries of the heart anterior coronary artery posterior coronary artery</p>	<p>Coronary arteries supply nourishment and oxygen to the heart itself.</p>	<p>Interruption within coron result in s failure with When this oc insufficienc infarct resu</p>
<p>Blood vessels Arteries - have the thickest walls and pulsate with each heart beat aorta - largest artery in body</p>	<p>Arteries carry oxygenated blood away from heart to capillary system. Most arteries are deep within muscles.</p>	<p>Pulsations in possible to Pulsations o near surface temple neck wrists groin ankles</p>
<p>Capillaries - have the thinnest walls and connect the arterial system with the venous system.</p>	<p>Capillaries communicate with individual cells and allow for exchange of oxygen and food with carbon dioxide and wastes from the cells through walls. Capillaries are the most widely distributed blood network.</p>	<p>Count pulse r Abnormal puls tachycardia, Blood pressur over brachia Broken capill</p>
<p>Veins - do not pulsate. Veins below the level of the heart have valves along their lengths to help the blood return to the heart against gravity.</p>		

Function

Vocabulary; Activities;
Applications

rt
artery
y artery

Coronary arteries supply nourishment and oxygen to the heart itself.

Interruption or obstruction within coronary arteries will result in serious circulatory failure within heart muscle. When this occurs myocardial insufficiency or myocardial infarct results.

he thickest
e with each

Arteries carry oxygenated blood away from heart to capillary system. Most arteries are deep within muscles.

Pulsations in arteries make it possible to "count" heart beats. Pulsations can be felt in arteries near surface of the body:

artery in body

temple
neck
wrists
groin
ankles

Count pulse rate per minute.

Abnormal pulse rates - dicrotic, tachycardia, bradycardia

Blood pressure is usually taken over brachial artery in arm.

he thinnest
e arterial
ous system.

Capillaries communicate with individual cells and allow for exchange of oxygen and food with carbon dioxide and wastes from the cells through walls. Capillaries are the most widely distributed blood network.

Broken capillaries result in bruises.

e. Veins
ke heart
eir lengths
turn to the
y.

Structure	Function	Vocabulary
Vena cava - largest vein • superior • inferior	Veins receive blood from capillaries which now have blood containing wastes and carbon dioxide. Veins carry blood back to heart and the circulatory cycle is completed. Veins are classified as deep or superficial.	If valves with to close pro back and eve and dilate. varicose vei
		Hemorrhoids - the anus
		Blood pressur by use of a Normal blood 120/80. The of normal ra
		Hypertension
		Hypotension
		Hemorrhage
General circulation - systemic - pulmonary renal hepatic - portal	circulation to organs of body	
Fetal circulation	circulation between mother and fetus during pregnancy	Umbilical cor Ductus arteri Foramen ovale
Blood - fluid tissue circulating through the heart and blood vessels.	Transportation of oxygen, food, hormones, carbon dioxide, and wastes. Maintenance and regulation of body heat. Maintenance of mineral balance of body - acid-base balance.	Blood..... Red..... White..... Clot..... Cell.....

Function

<p>in</p>	<p>Veins receive blood from capillaries which now have blood containing wastes and carbon dioxide. Veins carry blood back to heart and the circulatory cycle is completed. Veins are classified as deep or superficial.</p>	<p>If valves within veins should fail to close properly, blood slips back and eventually veins stretch and dilate. This is called varicose veins.</p> <p>Hemorrhoids - varicose veins of the anus</p> <p>Blood pressure can be determined by use of a sphygmomanometer. Normal blood pressure is about 120/80. There are many variations of normal range.</p> <p>Hypertension - increased blood pressure</p> <p>Hypotension - decreased blood pressure</p> <p>Hemorrhage - a break in a blood vessel</p>
<p>systemic</p>	<p>circulation to organs of body</p>	
	<p>circulation between mother and fetus during pregnancy</p>	<p>Umbilical cord Ductus arteriosus Foramen ovale</p>
<p>circulating d blood</p>	<p>Transportation of oxygen, food, hormones, carbon dioxide, and wastes. Maintenance and regulation of body heat. Maintenance of mineral balance of body - acid-base balance.</p>	<p>Blood.....hemo-, emia Red.....erythro- White.....leuko- Clot.....thrombo- Cell.....-cyte</p>

Structure

Function

Vocab

Classification

Types: A

B

AB - universal receiver

O - universal donor

Provides some protection through destruction of harmful bacteria and through production of immune substance - leukocytes, antibodies.

Transfusions person to another if blood types are compatible. Determined by a test.

Rh factor

Rh positive - 85% of the population

Rh negative - 15% of the population

Solid blood material

Erythrocytes-red blood cells
4,500,000-7,000,000 per c.c.

Red blood cells contain hemoglobin, which carries oxygen.

Solid material usually found in numbers in primary and secondary. Many can cause anemia.

Leukocytes-white blood cells
5,000-9,000 per c.c.

White blood cells have ability to leave blood stream and go to a local area of infection. Their main function is to destroy disease-causing organisms.

in one or more anemia polycythemia leukemia leukocytosis leukopenia

These changes complete blood red blood white blood hemoglobin

Function

Vocabulary; Activities;
Applications

Universal receiver
Universal donor

Provides some protection through destruction of harmful bacteria and through production of immune substance - leukocytes, antibodies.

Transfusions of blood from one person to another may be done if blood types and Rh factors are compatible. This is determined by a type and crossmatch test.

% of the

% of the

Red blood cells
5,000,000 per c.c.

Red blood cells contain hemoglobin, which carries oxygen.

Solid materials of blood are usually found in fairly regular numbers in proportion to one another. Many disease conditions can cause an increase or decrease in one or more of these cells:

White blood cells
5,000 per c.c.

White blood cells have ability to leave blood stream and go to a local area of infection. Their main function is to destroy disease-causing organisms.

anemia
polycythemia vera
leukemia
leukocytosis
leukopenia

These changes can be determined by:
complete blood count - CBC
red blood count - RBC
white blood count - WBC
hemoglobin concentration - Hgb

Structure	Function	Voca
Thrombocytes-platelets	Platelets are essential for clotting or coagulation of blood. Theory of coagulation of blood	Fibrin Platelets Prothrombin Thromboplastin
Liquid blood material Plasma - mostly water	Plasma contains in solution food elements fats proteins carbohydrates mineral salts gases hormones waste material antitoxins antibodies blood proteins	Plasma is the blood before clotting has Serum is the blood after
Lymph and Lymph Vessels	The lymph system helps to keep the fluid in and around the cells at a constant level. Lymph fluid helps to remove waste materials from the cells	Interruption the lymph system lymphedema.
Lymphoid tissue tonsils adenoids	Tonsils and adenoids act as filters for the tissue fluid of the respiratory system	Tonsils and adenoids become infected with bacteria the Treatment - tonsillectomy

Function

Vocabulary; Activities;
Applications

Platelets are essential for clotting or coagulation of blood.

Theory of coagulation of blood

Plasma contains in solution

food elements
fats
proteins
carbohydrates
mineral salts
gases
hormones
waste material
antitoxins
antibodies
blood proteins

The lymph system helps to keep the fluid in and around the cells at a constant level. Lymph fluid helps to remove waste materials from the cells

Tonsils and adenoids act as filters for the tissue fluid of the respiratory system

Fibrin
Platelets
Prothrombin
Thromboplastin

Plasma is the liquid portion of blood before the process of clotting has occurred.

Serum is the liquid portion of blood after clotting has occurred.

Interruption or obstruction of the lymph system can cause lymphedema.

Tonsils and adenoids frequently become infected due to the bacteria they have filtered.
Treatment - tonsillectomy
- adenoidectomy

Structure	Function	Vocab
lymph nodes/glands	Distributed throughout the body act as filters at intervals along the lymph vessels manufacture lymphocytes	Inflammation lymph glands lymphadeniti larged nodes Lymphadeniti common in th and groin re
spleen-composed of some lymphoid tissue	Functions of the spleen filters blood of impurities; i.e., dead blood cells, cancer cells removes and destroys worn-out red blood cells produces red blood cells in the unborn child destroys bacteria and other harm- ful materials in blood produces antibodies for immunity to various diseases	Spleen may be enlarged-spl Interference of platelets type of blee Splenectomy m

RESPIRATORY SYSTEM

nose and sinuses
pharynx - throat

Upper respiratory tract acts as a
passageway through which air is taken
into lungs, and carbon dioxide and
water vapor leave lungs

Upper respiratory tract is lined with
mucous membranes to moisten and warm
air we breathe

These membranes contain tiny microscopic
projections called cilia to filter out
dust particles

Common infecti
piratory trac
common cold
pharyngitis
laryngitis
tracheitis
bronchitis
sinusitis

Function

Distributed throughout the body
act as filters at intervals along
the lymph vessels
manufacture lymphocytes

Inflammation or infection of
lymph glands is called
lymphadenitis. May include en-
larged nodes and streaking.
Lymphadenitis is particularly
common in the cervical, axillary,
and groin regions.

Functions of the spleen
filters blood of impurities; i.e.,
dead blood cells, cancer cells
removes and destroys worn-out red
blood cells
produces red blood cells in the
unborn child
destroys bacteria and other harm-
ful materials in blood
produces antibodies for immunity
to various diseases

Spleen may become overactive and
enlarged-splenomegaly
Interference with the production
of platelets may result in special
type of bleeding disease.
Splenectomy may be necessary.

Upper respiratory tract acts as a
passageway through which air is taken
into lungs, and carbon dioxide and
water vapor leave lungs

Common infections of upper res-
piratory tract
common cold
pharyngitis
laryngitis
tracheitis
bronchitis
sinusitis

Upper respiratory tract is lined with
mucous membranes to moisten and warm
air we breathe

These membranes contain tiny microscopic
projections called cilia to filter out
dust particles

Structure	Function	Vocab
larynx - voice box trachea - windpipe	Air passing through voice box vibrates the vocal cords to produce sounds.	Upper respiratory tract can become obstructed by foreign bodies which can be removed by allowing air to pass through a tracheotomy.
bronchus, bronchi, bronchioles lungs	Bronchus branches off into smaller bronchi which lead into three lobes of right lung and two lobes of left lung. Bronchi continue to subdivide into bronchioles leading directly into air sacs - alveoli	Lungs are covered by a double layer called visceral pleura lined by parietal pleura. The space between the two layers is the pleural space. Pneumothorax is collection of fluid in the pleural space. Pneumothorax is diagnosed by thoracentesis.
alveoli - air sacs	Exchange of oxygen and carbon dioxide occurs in air sacs	lungs..... air....
Types of Respiration	Respiration provides oxygen to body and eliminates water and carbon dioxide from body	Empyema Pneumonia Pulmonary edema
Types of Respiration	External respiration inspiration - provides oxygen expiration - eliminates carbon dioxide and water exchange of gases in capillaries of alveoli	Count respiration Types of abnormal breathing apnea, asphyxia Stokes, stridor
Types of Respiration	Internal respiration exchange of gases in tissue cells	Lung capacity total lung capacity vital capacity tidal volume

Function	Vocabulary; Activities; Applications
Air passing through voice box vibrates the vocal cords to produce sounds.	Upper respiratory tract may become obstructed by edema or foreign bodies; emergency opening can be made in trachea to allow air to enter lungs directly-tracheotomy.
Bronchus branches off into smaller bronchi which lead into three lobes of right lung and two lobes of left lung. Bronchi continue to subdivide into bronchioles leading directly into air sacs - alveoli	Lungs are covered by a membrane called visceral pleura. Parietal pleura lines thorax. Inflammation of pleura is called pleurisy. Two layers of pleura enclose pleural space. Effusion is collection of fluid in pleura space, thoracentesis, removal of fluid.
Exchange of oxygen and carbon dioxide occurs in air sacs	lungs..... pulmon- air.... pneumo-
Respiration provides oxygen to body and eliminates water and carbon dioxide from body	Empyema Pneumonia Pulmonary edema
External respiration inspiration - provides oxygen expiration - eliminates carbon dioxide and water exchange of gases in capillaries of alveoli	Count respirations per minute. Types of abnormal respiration - apnea, asphyxia, dyspnea, Cheyne-Stokes, stertorous, etc.
Internal respiration exchange of gases in tissue cells	Lung capacity total lung capacity vital capacity tidal volume

Structure	Function	Vocab
DIGESTIVE SYSTEM	Chemical and mechanical changes of ingested food into usable substances which are then absorbed and used by various tissues of body.	
Mouth - buccal cavity accessory organs tongue - lingual	Mechanical mastication - chewing moistening food with saliva formation of bolus deglutition - swallowing	Tongue..... Teeth..... Salivary gland..... Gallbladder.. Liver..... Stomach..... Small intestine..... Large intestine..... Enzyme.....
salivary glands parotid submaxillary sublingual	Chemical - enzyme (ptyalin) in saliva changes carbohydrate into simpler sugars.	
teeth deciduous permanent gums- gingivae tooth-crown, neck, pulp cavity, roots		Dental caries
Epiglottis esophagus - gullet	Mechanical - passage of food by peristalsis..	Alimentary canal long
Stomach cardiac fundus pylorus sphincter cardiac pyloric	Mechanical - chymification of food passage of liquid-like mass- chyme-after 3-4 hours into duodenum through pyloric sphincter	Ulceration - break away of surface gastric or peptic stomach Duodenal ulcer
		Gastro - intestinal for diagnosis tation, cancer, etc. barium given by the alimentary barium enema

Function

Chemical and mechanical changes of ingested food into usable substances which are then absorbed and used by various tissues of body.

Mechanical

mastication - chewing
moistening food with saliva
formation of bolus
deglutition - swallowing

Chemical - enzyme (ptyalin) in saliva changes carbohydrate into simpler sugars.

Tongue.....glosso-, lingua-
Teeth.....denti-
Salivary glands...parotids
Gallbladder.....cholecyst-
Liver.....hepato-
Stomach.....gastro-, gastric-
Small intestine...entero-
Large intestine...colon
Enzyme.....catalytic agent

Dental caries - tooth decay

Mechanical - passage of food by peristalsis.

Mechanical -

chymification of food
passage of liquid-like mass-
chyme-after 3-4 hours into
duodenum through pyloric
sphincter

Alimentary canal - about 30 feet long

Ulceration - breakdown or wearing away of surface lining
gastric or peptic ulcer - in stomach

duodenal ulcer - in duodenum

Gastro - intestinal series - X-ray for diagnosis of ulcer, obstruction, cancer, etc.

barium given by mouth to outline the alimentary canal
barium enema to outline colon

Structure	Function	
	Chemical	
	HCl and gastric juices - rennin, pepsin - start protein breakdown	Rennin - clot
	gastric lipase acts on emulsified fats	
Small intestines - 23 feet	Mechanical - peristalsis - movement by which food is passed along alimentary tract	Nausea - mild talsis
duodenum	Chemical - intestinal juices, bile from liver, and pancreatic juices act on	Diarrhea - in Constipation talsis
jejunum	carbohydrate - glucose	
ileum	proteins - amino acids	
ileo-cecal valve	fats - fatty acid and glycerol	
accessory organs associated with small intestines liver	Food continues through small intestines where digestion is completed.	Intestinal ob ference wit
	Absorption of end products takes place in villi of small intestines.	
	Produces bile	Jaundiced - y of skin may ference of liver to ga an accumula into blood
	Manufactures some blood proteins essential for clotting - fibrinogen, prothrombin, etc.	Hepatitis - i
	Stores vitamins A and D	Absence of bil may result
	Stores glucose as glycogen; then converts it back to glucose as needed	Cholecystitis gallbladder Cholelithiasis gallstones
	Helps to detoxify blood	
	Gives rise to anticoagulant substances - heparin	
	Helps in heat production	
gallbladder	Stores and concentrates bile	
	Empties contents into duodenum which emulsifies fats	
pancreas	Secretes pancreatic fluid which contains enzymes for digestion of food	Pancreatitis the pancrea the passage juices into
	Islets of Langerhans secretes insulin, a hormone essential for glucose metabolism.	

Function

Chemical

HCl and gastric juices - rennin, pepsin -
start protein breakdown
gastric lipase acts on emulsified fats

Rennin - clotting of milk

Mechanical - peristalsis - movement by which
food is passed along alimentary tract

Nausea - mild reversal of peris-
talsis

Chemical - intestinal juices, bile from liver,
and pancreatic juices act on
carbohydrate - glucose
proteins - amino acids
fats - fatty acid and glycerol

Diarrhea - increase in peristalsis
Constipation - decrease in peris-
talsis

Food continues through small intestines where,
digestion is completed.

Intestinal obstruction - inter-
ference with peristalsis

Absorption of end products takes place in
villi of small intestines.

- Produces bile
- Manufactures some blood proteins essential
for clotting - fibrinogen, prothrombin, etc.
- Stores vitamins A and D
- Stores glucose as glycogen; then converts it
back to glucose as needed
- Helps to detoxify blood
- Gives rise to anticoagulant substances - heparin
- Helps in heat production

Jaundiced - yellow discoloration
of skin may be due to inter-
ference of flow of bile from
liver to gall bladder causing
an accumulation and reverse flow
into blood stream

Hepatitis - inflammation of liver

- Stores and concentrates bile
- Empties contents into duodenum which emulsifies
fats

Absence of bile in digestive tract
may result in clay-colored stool

Cholecystitis - inflammation of
gallbladder

Cholelithiasis - formation of
gallstones

Secretes pancreatic fluid which contains enzymes
for digestion of food

Pancreatitis - inflammation of
the pancreas due to blocking
the passage of pancreatic
juices into the duodenum

Islets of Langerhans secretes insulin, a hormone
essential for glucose metabolism.

Structure

Function

Vocab

Large intestines - 5 feet	Food which has not been digested, or cannot be digested, is passed along the alimentary canal into the large intestine, where excess water is removed. This semi-solid material is passed along into the rectum, from whence it is removed from the body.	
ascending colon		
cecum	blind pouch	
appendix	attached to cecum - has no function	Appendicitis appendix white blood diagnosis
transverse colon		
descending colon		Ulcerative col inflammation
sigmoid flexure		
rectum	Ability to expand to accommodate fecal material	
anal canal		Hemorrhoid - e anal canal, Good nutrition depends upon fo good digest food into good absorpt usable foo blood stre to the cell good metabo of the cell brought to good elimina of the wast the cells o

Function

Vocabulary; Activities;
Applications

feet Food which has not been digested, or cannot be digested, is passed along the alimentary canal into the large intestine, where excess water is removed. This semi-solid material is passed along into the rectum, from whence it is removed from the body.

blind pouch

attached to cecum - has no function

Appendicitis - inflammation of appendix
white blood count used for diagnosis

Ulcerative colitis - ulcer with inflammation of colon

Ability to expand to accommodate fecal material

Hemorrhoid - enlarged veins in anal canal

Good nutrition for the body depends upon four factors:
good digestion - breaking down food into usable substances
good absorption - absorbing usable food into the lymph and blood streams and distributing to the cells of the body
good metabolism - the ability of the cells to use the food brought to them by the blood
good elimination - getting rid of the waste materials from the cells of the body

Structure	Function	
Urinary System		
Kidneys - 2 -retro-peritoneal		
Gross cortex, medulla, pyramid calyces, pelvis	Maintain water balance Regulate electrolyte balance Influence blood pressure Excrete metabolic waste from blood and lymph in form of urine	Kidneys..... Bladder..... Urine..... Water..... Stones..... Pelvis.....
Microscopic Structure nephron - functioning unit of kidney Bowman's capsule glomerulus tubules	Unit structure of kidney	
Ureters - two	Passageway from kidney to bladder	
Bladder	Reservoir for urine - has a capacity of about 500 c.c. - is normally emptied when it contains about 300 c.c.	Urinary retention bladder to
Urethra male - about 8 inches female - about 1½ inches meatus	Passageway from bladder to outside for micturation Sphincter muscle controls external opening of urethra	Urinary suppression of kidney to Urinary incontinence micturation
Urine normal characteristics: yellow color with variations from dark to very pale usually clear slightly acid	Urine, at the time it is voided, is sterile in normal, healthy individuals Urine is a combination of water and waste materials. It is filtered from blood through kidneys to ureters, bladder, and urethra	Catheterization obtain a specimen for diagnosis Cystoscopy - of lining of

	Function	Vocabulary; Activities, Applications
pyramid	Maintain water balance Regulate electrolyte balance Influence blood pressure Excrete metabolic waste from blood and lymph in form of urine	Kidneys.....nephro-, renal Bladder.....cyst Urine.....ur-, uria Water.....hydro- Stones.....calculi-, lithiasis Pelvis.....pelo-
ng unit	Unit structure of kidney	
e	Passageway from kidney to bladder	
es	Reservoir for urine - has a capacity of about 500 c.c. - is normally emptied when it contains about 300 c.c.	Urinary retention - inability of bladder to empty itself
nches	Passageway from bladder to outside for micturition	Urinary suppression - inability of kidney to produce urine
ics:	Sphincter muscle controls external opening of urethra	Urinary incontinence - involuntary micturition
variations	Urine, at the time it is voided, is sterile in normal, healthy individuals	Catheterization - procedure to obtain a sterile urine specimen for diagnostic tests
y pale	Urine is a combination of water and waste materials. It is filtered from blood through kidneys to ureters, bladder, and urethra	Cystoscopy - direct observation of lining of bladder

Structure

Function

odor
specific gravity
organic wastes
inorganic salts

Intravenous p
outlining e
system for
a dye into
Renal calculi
- concentrat
which may fo
Bladder calcul
in bladder

Function

Vocabulary; Activities;
Applications

Intravenous pyelogram - I.V.P. -
outlining entire urinary
system for x-ray by injecting
a dye into blood stream

Renal calculi or nephrolithiasis
- concentrated mineral waste
which may form stones

Bladder calculi - same condition
in bladder

UNIT 5. REPRODUCTION

Structure	Function	Vocabulary
REPRODUCTIVE SYSTEM	Reproduction and propagation of the species	Testes..... Ovaries..... Uterus..... Tubes.....
Male Reproductive System	Production of sperm and fertilization of ovum	
testes - located in scrotum	Produce hormone - testosterone spermatozoa	Testes sensitiv x-rays, and Sterility - in
prostate gland - located at base of bladder around urethra	Contributes fluid in which sperm are motile	Benign prosta enlargement - may result in
penis	External organ through which urethra passes	Phimosis - ti of penis co meatus
urethra	Passageway for elimination of urine and ejaculation of sperm	Circumcision of foreskin phimosis
Female Reproductive System	Production of ovum Retention and development of fetus Expulsion of fetus at maturity Process of menstruation	Ovum - egg pr follicle in
internal organs ovaries - 2 almond-shaped organs in pelvic cavity	Produce hormones - estrone and progesterone ovum.	Ovulation - p ovum leaves

UNIT 5. REPRODUCTION

Function	Vocabulary; Activities; Applications
Reproduction and propagation of the species	Testes.....orchi- Ovaries.....oophoro- Uterus.....hystero- Tubes.....salpingo-
Production of sperm and fertilization of ovum	
Produce hormone - testosterone spermatozoa	Testes sensitive to infection, x-rays, and malnutrition Sterility - inability to reproduce
Contributes fluid in which sperm are motile of urethra	Benign prostatic hypertrophy - enlargement of prostate gland - may result in urinary re- tention
External organ through which urethra passes	Phimosis - tightening of foreskin of penis constricting urinary meatus
Passageway for elimination of urine and ejaculation of sperm	Circumcision - surgical removal of foreskin of penis to relieve phimosis
Production of ovum Retention and development of fetus Expulsion of fetus at maturity Process of menstruation	Ovum - egg produced by graafian follicle in ovary
Produce hormones - estrone and progesterone ovum	Ovulation - process whereby ripened ovum leaves ovary

Structure	Function	Vocal
Fallopian tubes - 2 thin, flexible muscular tubes ending in finger-like projections - fimbriae - connect pelvis and uterine cavities	Passageway for mature ovum from ovary to uterus Fertilization takes place in outer third of tube Fertilized ovum passes into uterus	Corpus luteum - progesterone graafian follicle discharged Salpingitis - Fallopian tube sterility
uterus - pear-shaped muscular organ - enlarges during pregnancy fundus body cervix	Uterus houses growing fetus - lining of uterus (endometrium) helps to nourish it. If fertilization does not occur, lining of uterus is shed and discharged from body as menstrual flow	Ectopic pregnancy ovum remains Menstrual flow lining of uterus and unfertilized menstrual cycle lasting 4 to 5 days menorrhagia menstrual metrorrhagia periods dysmenorrhagia menstruation amenorrhoea flow puberty - onset of reproduction menarche - menopause menstruation hysterectomy removal of

Function

Vocabulary; Activities;
Applications

2
mus-
ing
ero-
riae -
and
s
ed
en-
pregnancy

Passageway for mature ovum from ovary to uterus
Fertilization takes place in outer third of tube
Fertilized ovum passes into uterus

Corpus luteum - secretes hormone
- progesterone-formed by
graafian follicle after it has
discharged its ovum

Salpingitis - inflammation of
Fallopian tube; may result in
sterility

Ectopic pregnancy - fertilized
ovum remains in Fallopian tube

Uterus houses growing fetus - lining of uterus
(endometrium) helps to nourish it.
If fertilization does not occur, lining of
uterus is shed and discharged from body as
menstrual flow

Menstrual flow is discharge of
lining of the nonpregnant uterus
and unfertilized ovum. Average
menstrual cycle of 28 days, last-
ing 4 to 5 days

menorrhagia - increased
menstrual flow

metrorrhagia-bleeding between
periods

dysmenorrhea-painful menstru-
ation

amenorrhea-absence of menstrual
flow

puberty - maturity of function
of reproductive organs

menarche - first menstrual flow

menopause - the cessation of
menstruation

hysterectomy - surgical re-
moval of uterus

Structure	Function	
vagina - muscular tube connects uterine cavity with outside of body	Excretory duct of uterus Female organ of copulation Part of birth canal during labor	
External organs		Urinary meatus
vulva		clitoris and vagina
labia majora		
labia minora		
clitoris		
Bartholin glands	Bartholin and Skene's glands produce lubricating secretions for vulva	Bartholin cysts of Bartholin's glands
perineum - pelvic floor	Area between vulva and rectum composed of muscle Stretches during expulsion of baby	Episiotomy - childbirth to prevent damage to perineum
breasts - 2		Lactation -
mammary glands	Provide nourishment for newborn	

Function	Vocabulary; Activities; Applications
Excretory duct of uterus Female organ of copulation Part of birth canal during labor	
Bartholin and Skene's glands produce lubricating secretions for vulva	Urinary meatus is located below clitoris and above entrance of vagina
Area between vulva and rectum composed of muscle Stretches during expulsion of baby	Bartholin cyst - obstruction of Bartholin gland Episiotomy - incision during childbirth made in perineum to prevent uneven tears and damage to rectal muscles
Provide nourishment for newborn	Lactation - secretion of milk

UNIT 6. NERVOUS SYSTEM

Structure	Function	Vocal
NERVOUS SYSTEM	Transmits information by means of nerve impulses conducted by nerve cells from one structure to another resulting in rapid coordination of widely separated cells	Nerve..... Brain..... Sensation or feeling Brain covering
Central Nervous System	Neuron - functioning unit structure of nervous system	
Brain		
Cerebrum- 2 hemispheres right and left	Centers of speech, vision, hearing, voluntary movement, and pain	Motor area in controls mov of body from Motor area in controls mov of body from
Ventricles - 4	Spaces in cerebrum which manufacture and are filled with clear cerebrospinal fluid. Lowest of these ventricles connects with central canal of spinal cord	Hydrocephalus ventricles Ventriculography of ventricles
Cerebellum - 2 hemispheres 3 lobes in each	Coordinates voluntary muscles Maintains balance of body Maintains muscle tone	Injury to cere in a weakness ability to straight, or movements of
Medulla	Contains vital function control of body, heart action, and respiration - injury may lead to death	
Pons varolii - midbrain	Contains an area which helps to orient position of head to position of rest of body. Body temperature control, mood and behavior control, are thought to be located in this part of the brain	Electroencephalography of the nerve

UNIT 6. NERVOUS SYSTEM

Function	Vocabulary; Activities; Applications
Transmits information by means of nerve impulses conducted by nerve cells from one structure to another resulting in rapid coordination of widely separated cells	Nerve.....neuro- Brain.....encephalon- Sensation or feeling.....-asthenia Brain covering....meningo-
Neuron - functioning unit structure of nervous system	
Centers of speech, vision, hearing, voluntary movement, and pain	Motor area in left hemisphere controls movements of right side of body from neck down Motor area in right hemisphere controls movements of left side of body from neck down
Spaces in cerebrum which manufacture and are filled with clear cerebrospinal fluid.	Hydrocephalus - obstruction of ventricles of cerebrum
Lowest of these ventricles connects with central canal of spinal cord	Ventriculogram - special x-ray of ventricles of brain
Coordinates voluntary muscles Maintains balance of body Maintains muscle tone	Injury to cerebellum may result in a weakness of muscles, in- ability to sit and walk straight, or inaccuracy in movements of body
Contains vital function control of body, heart action, and respiration - injury may lead to death	
Contains an area which helps to orient position of head to position of rest of body. Body temperature control, mood and behavior control, are thought to be located in this part of the brain	Electroencephalogram - a record of the nerve impulses of brain

Structure	Function	Vocabu
membranes		
Spinal cord - extends down spinal column to region of first or second lumbar vertebrae	Acts as reflex center, and as pathway for messages going to and from brain - conduction pathway	
Reflex arc	Consists of sensory neuron connecting with motor neuron in the spinal cord	Reflex arc gu e.g., reactio iron and kne
Afferent (sensory) Efferent (motor)		A conduction as well as
Spinal membranes - extend below region of sacrum	Cerebrospinal fluid - a clear, colorless fluid circulates between spinal cord and its covering membranes - meninges	Lumbar punctur cerebrospina tap
Cranial nerves - 12 pairs emerge from under surface of brain	Controls: special senses - sight, hearing, touch, etc. general senses - pain, temperature, etc. voluntary muscle control - walking, sitting, etc. involuntary muscle and gland control - peristalsis, digestive juice production, etc.	Manometric rea pressure of Injury to a cr result in lo function of nerve; exar the optic ne of sight, al may be perfe

	Function	Vocabulary; Activities; Applications
is to e brae	Acts as reflex center, and as pathway for messages going to and from brain - conduction pathway	
	Consists of sensory neuron connecting with motor neuron in the spinal cord	Reflex arc guards body from harm - e.g., reaction to touching hot iron and knee jerk
y)		A conduction reflex involves brain as well as spinal cord
ex- of	Cerebrospinal fluid - a clear, colorless fluid circulates between spinal cord and its covering membranes - meninges	Lumbar puncture - examination of cerebrospinal fluid - spinal tap
		Manometric reading - measure of pressure of spinal fluid
brain	Controls: special senses - sight, hearing, touch, etc. general senses - pain, temperature, etc. voluntary muscle control - walking, sitting, etc. involuntary muscle and gland control - peristalsis, digestive juice production, etc.	Injury to a cranial nerve will result in loss of normal function of that particular nerve; example: injury to the optic nerve results in loss of sight, although eye itself may be perfectly normal

Structure	Function	Voc
Spinal nerves - 31 pairs cervical thoracic lumbar sacral	Grouped according to sections of vertebrae near which they conduct impulses between spinal cord and parts of body not supplied by cranial nerves - sensation and movement	Injury to s cause par sensation examples: parapleg quadripl hemipleg stroke cardiova
Autonomic Nervous System - involuntary	Controls internal environment, heart action, circulation, peristalsis	Poliomyelit an infect attacks av and inhibi breathing ing, walk
Parasympathetic - cranio- sacral	Parasympathetic and sympathetic impulses tend to produce opposite effects on organs	
Sympathetic - thoraco- lumbar		

	Function	Vocabulary; Activities; Applications
31	Grouped according to sections of vertebrae near which they conduct impulses between spinal cord and parts of body not supplied by cranial nerves - sensation and movement	Injury to spinal cord will cause paralysis and loss of sensation below level of injury; examples: paraplegia quadraplegia hemiplegia stroke cardiovascular accident (CVA)
system -	Controls internal environment, heart action, circulation, peristalsis	Poliomyelitis is an example of an infectious disease which attacks autonomic nerve fibers and inhibits the muscles of breathing, swallowing, talking, walking, etc.
cranio-	Parasympathetic and sympathetic impulses tend to produce opposite effects on organs	
praco-		

Structure	Function	Vocabulary
EYE	Permits individual to see his environment	Eye..... Seeing.....
Accessory organs		
eyebrow	Protection of eye	
eyelids	Shades which cover eyes during sleep; throughout the day, eyelids blink to keep eye moistened	Sty - obstruct in eyelid
eyelashes	Keep dust and foreign bodies from entering eye	
lacrimal glands upper outer corners of eyes	Produce tears, which help to keep cornea moist and also wash away particles that may enter eye	Excess tears the eyes through ducts in the corners. These ducts the nose drained.
eye muscles - 6 per eye	Help to move eyes within eye sockets	Strabismus - of one eye its opposite a crossing
conjunctiva	Mucous membrane which lines inner surface of eyelids and covers anterior surface of eyeball	Conjunctiviti
coats of eye outer sclera	White, opaque, fibrous membrane covers posterior five-sixths of eyeball. Maintains shape of eye. Protects delicate structures within	

UNIT 7. SENSES

Function	Vocabulary; Activities; Applications
Permits individual to see his environment	Eye.....ophthalmo - Seeing..visual, vision
<p>Protection of eye</p> <p>Shades which cover eyes during sleep; throughout the day, eyelids blink to keep eye moistened</p> <p>Keep dust and foreign bodies from entering eye</p> <p>Produce tears, which help to keep cornea moist and also wash away particles that may enter eye</p>	<p>Sty - obstruction of oil gland in eyelid</p> <p>Excess tears are drained from the eyes through two small ducts in the lower inner corners. These ducts communicate with the nose where the tears are drained.</p>
<p>corners</p> <p>per eye</p> <p>Help to move eyes within eye sockets</p>	<p>Strabismus - crossed eyes - muscle of one eye pulls harder than its opposite number. It causes a crossing of the one eye.</p>
<p>Mucous membrane which lines inner surface of eyelids and covers anterior surface of eyeball.</p>	<p>Conjunctivitis - pinkeye</p>
<p>White, opaque, fibrous membrane covers posterior five-sixths of eyeball</p> <p>Maintains shape of eye</p> <p>Protects delicate structures within</p>	

Structure	Function	Voca
cornea	Transparent covering of anterior one-sixth of eyeball - continuous with sclera	Injuries to in formati which in t in blindne
middle choroid ciliary body and muscle iris	Vascular layer Controls size of lens - accommodation Pigmented portion - brown Non-pigmented - blue	When examin eyeball is drugs are u of pupil, c permit more Other drugs when, examin
pupil	Contains two sets of muscles to contract and dilate pupil Circular hole through which light is admitted	
inner retina	Nerve layer, rods and cones, upon which images are recorded Nerves send messages to brain which interprets what eye has seen.	
refracting media aqueous humor	In chamber in front of lens containing a watery solution	
crystalline lens	Double convex shape which serves to bend light rays, focus image, so that rays come to point on retina to give clear picture of image	Cataract - wi lens become loss of sig
vitreous humor	Semi-fluid albuminous tissue fills posterior bulb of eye	Glaucoma - in pressure c of vision

Function

Transparent covering of anterior one-sixth of eyeball - continuous with sclera

Injuries to cornea might result in formation of scar tissue, which in turn might result in blindness.

Vascular layer

Controls size of lens - accommodation

When examination of interior of eyeball is necessary, certain drugs are used to increase size of pupil, or dilate pupil, to permit more light to enter eye. Other drugs can contract pupil when examination is completed.

Pigmented portion - brown

Non-pigmented - blue

Contains two sets of muscles to contract and dilate pupil

Circular hole through which light is admitted

Nerve layer, rods and cones, upon which images are recorded

Nerves send messages to brain which interprets what eye has seen.

In chamber in front of lens containing a watery solution

Double convex shape which serves to bend light rays, focus image, so that rays come to point on retina to give clear picture of image

Cataract - with advancing age lens becomes cloudy, causing loss of sight

Semi-fluid albuminous tissue fills posterior bulb of eye

Glaucoma - increase in intraocular pressure causing pain and loss of vision

Structure	Function	Vocabulary
nerve supply optic nerve	Enters eyeball through an opening in back of eye which then becomes retina. This nerve carries images to brain to interpret what is seen.	Opening through nerve enters optic disc. such as hyp from swollen may squeeze causing imp blindness.
ophthalmic nerve	Carries sensations of pain, touch, and temperature to brain	
EAR	Permits individual to hear his environment	Ear..... Hearing.....
external ear pinna - auricle external auditory canal tympanic membrane- ear drum	Consists of outer projection and canal into middle portions of ear. Pinna helps to collect sound waves into canal. Sound waves cause a vibration of tympanic membrane, - a thin tight membrane which separates the external ear from the middle ear	Skin lining ca many wax (c which help t Sometimes th cumulation o might interi
middle ear ossicles - malleus, incus, stapes eustachian tube	Middle ear is a space which contains three small bones - ossicles. Ossicles receive vibrations from ear drum, turn vibrate and pass sound waves along to acoustic nerve.	Eustachian tub ear to throa Mastoiditis - mastoid prod Otitis media -
inner ear cochlea vestibule	Through a small window in bony portion, sound waves are transmitted to acoustic nerve which carries this message to brain which then interprets sound.	fection may infection tr ear.
semicircular canals	Three semicircular canals are filled with fluid. Movement of this fluid helps to tell individual the position of his body in relationship to his environment - equilibrium.	Ménière's synd of semicircu ing vertigo

Function

Enters eyeball through an opening in back of eye which then becomes retina. This nerve carries images to brain to interpret what is seen.

Opening through which optic nerve enters eyeball is called optic disc. In a condition such as hypertension, pressure from swollen blood vessels may squeeze optic nerve, causing impaired vision or blindness.

Carries sensations of pain, touch, and temperature to brain

Permits individual to hear his environment

Ear.....oto-
Hearing.....audio-,
acoustic

Consists of outer projection and canal into middle portions of ear. Pinna helps to collect sound waves into canal. Sound waves cause a vibration of tympanic membrane, - a thin tight membrane which separates the external ear from the middle ear

Skin lining canal contains many wax (ceruminous) glands which help to protect canal. Sometimes there is an accumulation of cerumen which might interfere with hearing.

Middle ear is a space which contains three small bones - ossicles. Ossicles receive vibrations from ear drum, turn vibrate and pass sound waves along to acoustic nerve.

Eustachian tube connects middle ear to throat
Mastoiditis - inflammation of mastoid process
Otitis media - middle ear infection may be caused by throat infection traveling to middle ear.

Through a small window in bony portion, sound waves are transmitted to acoustic nerve which carries this message to brain which then interprets sound.

Ménière's syndrome - involvement of semicircular canals causing vertigo

Three semicircular canals are filled with fluid. Movement of this fluid helps to tell individual the position of his body in relationship to his environment - equilibrium.

Structure	Function	Vocal
NOSE	Part of respiratory system. Sense organ for smell.	Nose..... Smelling.... Smell.....
olfactory nerve	Smelling helps individual to protect himself if there are harmful gases. Odor reaches the olfactory nerve which sends a message to brain which then interprets the odor.	Smelling of g stimulate a helps indiv food. Sense of smell nected with
TONGUE	Located along edges of tongue are areas called taste buds. Taste sensations; sweet, sour, salt, and bitter.	
SKIN	Nerve endings called tactile nerves are located in various parts of skin. Tactile nerves communicate with brain to tell the individual how his environment feels. Tactile nerves located in fingers make them particularly sensitive to differences in texture.	Touch sensati temperature smoothness hardness or etc.
OTHER SENSES	Other senses whose nerve endings are distributed in wider areas of the body - pressure, pain, atmosphere, temperature, position of body and limbs	Pain..... Nerve endings located in ma muscles - mya neuralgia; et

Function

Part of respiratory system.
Sense organ for smell.

Nose.....rhin-
Smelling.....olefactory
Smell.....odor, aroma

Smelling helps individual to protect himself if there are harmful gases. Odor reaches the olfactory nerve which sends a message to brain which then interprets the odor.

Smelling of good food helps to stimulate appetite and also helps individual to enjoy his food.

Sense of smell is closely connected with sense of taste.

Located along edges of tongue are areas called taste buds. Taste sensations; sweet, sour, salt, and bitter.

Nerve endings called tactile nerves are located in various parts of skin. Tactile nerves communicate with brain to tell the individual how his environment feels. Tactile nerves located in fingers make them particularly sensitive to differences in texture.

Touch sensations
temperature - heat or cold
smoothness or roughness
hardness or softness
etc.

Other senses whose nerve endings are distributed in wider areas of the body - pressure, pain, atmosphere, temperature, position of body and limbs

Pain.....-algia

Nerve endings for pain are located in many parts of body: muscles - myalgia; nerves - neuralgia; etc.

UNIT 8. ENDOCRINE SYSTEM

Gland	Location	Hormone	Probable Function	Abnormalities
				Hyper
PITUITARY				
size of a pea	Sella Turcica base of brain	- - - - -	Master gland	
anterior lobe		ACTH- - - - - STH - - - - -	Influences the adrenal cortex Influences growth of tissues	Glycosuria Gigantism- early life
				Acromegaly adult life
		TSH - - - - - Gonadotrophic hormone	Influences growth of thyroid Influences gonadal function	
posterior lobe		ADH - - - - -	Antidiuretic - controls water reabsorption in distal kidney tubule	
THYROID	Front of trachea	Thyroxin - contains iodine	Influences rate of oxidation in body	Grave's disease exophthalmos goiter
PARATHYROID 4 glands	Adjacent to thyroid	Parathormone	Regulates blood calcium level	Muscular weakness high blood calcium

UNIT 8. ENDOCRINE SYSTEM

Location	Hormone	Probable Function	Abnormalities	
			Hyper	Hypo
Pituitary gland of brain	- - - - -	Master gland		
	ACTH- - - - -	Influences the adrenal cortex	Glycosuria	Polyuria
	STH - - - - -	Influences growth of tissues	Gigantism- early life	Dwarfism- early life
			Acromegaly- adult life	Simmond's Disease - adult life
	TSH - - - - - Gonadotrophic hormone	Influences growth of thyroid Influences gonadal function		Depressed sexual func- tion
	ADH - - - - -	Antidiuretic - controls water reabsorption in distal kidney tubule		Diabetes Insipidus
Posterior lobe of thyroid gland	Thyroxin - con- tains iodine	Influences rate of oxidation in body	Grave's disease- exophthalmic goiter	Cretinism- early life Myxedema- adult life
Anterior lobe of thyroid gland	Parathormone	Regulates blood calcium level	Muscular weak- ness high blood calcium	Removal re- sults in tetany

Gland	Location	Hormone	Probable Function	Abnormalities
THYMUS 2 lobes	Upper chest cavity Behind sternum		Promotes lymphocytes to produce a substance which functions as an antibody Regresses after puberty	
ADRENAL 2 glands	Above and in front of kidney	Glucocorticoids Mineralo-corticoids	Influences lymphoid tissue and sexual organs Influences fat, carbohydrate, protein metabolism Regulates electrolyte and water balance	Cushing's syndrome
cortex; outer				
medulla; inner		Epinephrine - Adrenalin	Response in times of stress - increases blood supply and output of glucose from liver Raises blood pressure	
		Norepinephrine	Raises blood pressure, vasoconstriction	
GONADS Female - Ovaries 2 glands	Each side of pelvis	Estrogen	Maturity of reproductive organs	Precocious puberty
		Progesterone	Assist in implantation of ovum	

Location	Hormone	Probable Function	Abnormalities	
			Hyper	Hypo
Upper chest and sternum		Promotes lymphocytes to produce a substance which functions as an antibody		Failure to produce antibodies
Mid and in side of kidney	Glucocorticoids Mineralo-corticoids	Regresses after puberty Influences lymphoid tissue and sexual organs Influences fat, carbohydrate, protein metabolism	Cushing's syndrome	Addison's disease: poor response to stress
	Epinephrine - Adrenalin	Regulates electrolyte and water balance Response in times of stress - increases blood supply and output of glucose from liver Raises blood pressure		
	Norepinephrine	Raises blood pressure, vasoconstriction		
Lower side of vis	Estrogen	Maturity of reproductive organs	Precocious puberty	Delayed menstruation; faulty development of gonadal organs
	Progesterone	Assist in implantation of ovum		

Gland	Location	Hormone	Probable Function	Abnorm Hyper
Male-Testes 2 glands	Scrotum	Testosterone	Influences secondary sex characteristics	
PANCREAS				
Islets of Langerhans		Insulin	Utilizes glucose of blood	Low blood sugar
compound gland	Scattered throughout pancreas		Assists in synthesis of glycogen and its storage	

Condition	Hormone	Probable Function	Abnormalities	
			Hyper	Hypo
Prostate	Testosterone	Influences secondary sex characteristics		Obesity after castration
Diabetes Mellitus	Insulin	Utilizes glucose of blood Assists in synthesis of glycogen and its storage	Low blood sugar	Diabetes Mellitus

Growth and Development

INTRODUCTION

The course of study in Growth and Development is designed to give the student a knowledge and understanding of normal growth and developmental patterns from birth through senescence. An understanding of such patterns is essential in caring for the sick.

Opportunity to learn, through first-hand experience, about the behavior of young children in a nursery school may be provided by the public school or a community agency.

OBJECTIVES

To understand the meaning of the pa growth in relation to human change: mental, emotional, and social.

To acquire knowledge about normal o each of the designated developmental

To consider protective mechanisms w a part of behavior patterns.

To learn how persons adjust to livi families, peer groups, and communit

To understand why maladjustments oc they affect the normal growth patte

Growth and Development

OBJECTIVES

of study in Growth and Development

Give the student a knowledge and

normal growth and developmental

patterns through senescence. An under-

standing of these patterns is essential in caring

for children, through first-hand

experience of the behavior of young children

and that such control may be provided by the public

health community agency.

To understand the meaning of the pattern of growth in relation to human change: physical, mental, emotional, and social.

To acquire knowledge about normal changes in each of the designated developmental periods.

To consider protective mechanisms which become a part of behavior patterns.

To learn how persons adjust to living in families, peer groups, and community groups.

To understand why maladjustments occur and how they affect the normal growth pattern.

STUDY OUTLINE - GROWTH AND DEVELOPMENT

Adaptation to Specific Age Groups Should be Made

Physical growth and development

height and weight
body proportion
bony structure
teeth
sensory system
sexual differences

Physical needs

food
clothing
sleep
personal hygiene
exercise
leisure-time activity
medical supervision
family group - love, acceptance, security

Learning body control and developing skills

the pattern of development
readiness
skills at a specific age level
 large muscle (crude skills)
 small muscle (finer skills)
communication
attitudes
toilet training
acquiring independence
safety - environment

Social growth and development

family group
sexual awareness
peer group
discipline

Why people behave as they do

imitation
reaction to physical needs
awareness of activity needs
awareness of sensory needs
fulfillment of emotional needs

Emotional growth and development

definition of terms
types of emotions as they emerge
control of emotions
positive emotional health

Behavior problems

normal behavior pattern - recognition
non-conformance to normal pattern
causes
symptoms
re-education

Mental growth and development

genetic influence
effects of environment
education
 planned
 guided
goals

Play: values derived

defined
kinds
 exploratory
 dramatic
 participating
 competitive
 spectator
characteristics of play
 solitary
 parallel
 team
setting the stage for play
values

STUDY OUTLINE - GROWTH AND DEVELOPMENT

Adaptation to Specific Age Groups Should be Made

Development
nt

Why people behave as they do
imitation
reaction to physical needs
awareness of activity needs
awareness of sensory needs
fulfillment of emotional needs

ces

Emotional growth and development
definition of terms
types of emotions as they emerge - recognition
control of emotions
positive emotional health

Activity
sion

Love, acceptance, security

Behavior problems
normal behavior pattern - recognition of signs
non-conformance to normal pattern
causes
symptoms
re-education

and developing skills
Development

Specific age level
(crude skills)
(finer skills)

Mental growth and development
genetic influence
effects of environment
education
planned
guided
goals

dependence
nment

Development

Play: values derived
defined
kinds
exploratory
dramatic
participating
competitive
spectator
characteristics of play
solitary
parallel
team
setting the stage for play
values

UNIT 1. PATTERN OF GROWTH

Topic	Content Development	Applic
Introduction to Growth and Development	<p>Development follows a general pattern is continuous occurs at different rates for different parts of the body occurs at different rates for different individuals</p> <p>Understanding normal growth and development helps in knowing when to present more complex experiences to encourage progress knowing how to meet the expanding needs and interests recognizing normal and abnormal patterns of development</p>	Observe children school, day c garten, etc.
Classification of Growth Periods	<p>Prenatal period - conception to birth characteristics at birth Apgar evaluation scale</p> <p>Developmental Tasks - Life Cycles Infancy - newborn to 1½ years oralsensory - general growth patterns during the period of infancy</p> <p>Muscle training 1½ to 2½ years (toddler) oralmuscular - second development period - toilet training</p>	<p>Review prenatal g</p> <p>Observe newborn be</p> <p>Observe habits of and toilet trai</p>

UNIT 1. PATTERN OF GROWTH

Content Development

Application

Development

follows a general pattern
is continuous
occurs at different rates for
different parts of the body
occurs at different rates for
different individuals

Understanding normal growth and
development

helps in

knowing when to present more
complex experiences to en-
courage progress

knowing how to meet the ex-
panding needs and interests

~~recognizing normal and abnormal~~
patterns of development

Observe children in a nursery
school, day care center; kinder-
garten, etc.

Prenatal period - conception to birth
characteristics at birth
Apgar evaluation scale

Review prenatal growth patterns

Developmental Tasks - Life Cycles

Infancy - newborn to $1\frac{1}{2}$ years
oralsensory - general growth
patterns during the period
of infancy

Observe newborn behavior in nursing

Muscle training $1\frac{1}{2}$ to $2\frac{1}{2}$ years
(toddler)
oralmuscular - second development
period - toilet training

Observe habits of dressing, eating,
and toilet training toddler

Topic	Content Development	Applicat
Classification of Growth Periods	<p>Family triangle 2½ to 6 years (nursery school) locomotor - genital - increase awareness of his own body. Difference between boys' and girls' bodies marked.</p>	
	<p>Latency - 6 years to puberty - great activity and accomplishment in intellectual and social spheres</p>	Report on social g
	<p>Puberty - 11, 12, 13, 14 years - heightened hormonal activity, particularly gonadal review menstruation and nocturnal emission</p>	
	<p>Adolescence - puberty to 18 to 20 years - shifting point of view toward parents and cultural traditions</p>	Report on dating, tural pressures
	<p>Maturity (including parenthood) - affords basis for a comfortable and worthwhile life</p>	Describe an adult to be emotional
	<p>Involution - period of hormonal alterations within the gonads - are the reverse of those occurring at puberty</p>	
	<p>Senescence - "The heads of strong old age are beautiful. Beyond all grace of youth. They have strange, quiet integrity, health, soundness, to the full, they've dealt with life and been tempered by it." Robinson Jeffers</p>	

Content Development

Application

Family triangle $2\frac{1}{2}$ to 6 years (nursery school)

locomotor - genital - increase awareness of his own body. Difference between boys' and girls' bodies marked.

Latency - 6 years to puberty - great activity and accomplishment in intellectual and social spheres .

Puberty - 11, 12, 13, 14 years - heightened hormonal activity, particularly gonadal
review menstruation and nocturnal emission

Adolescence - puberty to 18 to 20 years - shifting point of view toward parents and cultural traditions

Maturity (including parenthood) - affords basis for a comfortable and worthwhile life

Involution - period of hormonal alterations within the gonads - are the reverse of those occurring at puberty

Senescence - "The heads of strong old age are beautiful. Beyond all grace of youth. They have strange, quiet integrity, health, soundness, to the full, they've dealt with life and been tempered by it."

Robinson Jeffers

Report on social grouping - "gang"

Report on dating, reaction to cultural pressures . .

Describe an adult that you consider to be emotionally mature

UNIT 2. PRENATAL PERIOD

Topic	Content Development	Application
Prenatal Period Conception to Birth	Review structure and function of male reproductive system female reproductive system	Use anatomical charts skeleton, to label organs
	Process of conception	Note development of Dickinson model
	Developing fetus physical changes physical needs	
	Importance of medical supervision of mother first visit to doctor complete physical examination doctor's instructions to mother regular visits to supervising medical service	Visit classes for auspices of American prenatal clinic
	Heredity, genetic, problems discuss birth defects cleft palate diabetes hemophilia PKU results of LSD	Visit a pediatric
	Delivery of newborn hospital care - advantages home delivery - problems routines - care of eyes, cord, etc. safety precautions emergencies - home - hospital	Visit an obstetric

UNIT 2. PRENATAL PERIOD

Content Development

Application

Review structure and function of
male reproductive system
female reproductive system

Use anatomical charts, torso,
skeleton, to locate reproductive
organs

Process of conception

Note development of fetus using
Dickinson models

Developing fetus
physical changes
physical needs

Importance of medical supervision
of mother
first visit to doctor
complete physical examination
doctor's instructions to mother
regular visits to supervising
medical service

Visit classes for parents-to-be under
auspices of American Red Cross or
prenatal clinics

Heredity, genetic, problems
discuss birth defects
cleft palate
diabetes
hemophilia
PKU
results of LSD

Visit a pediatric clinic

Delivery of newborn
hospital care - advantages
home delivery - problems
routines - care of eyes, cord, etc.
safety precautions
emergencies - home - hospital

Visit an obstetrical service

Topic	Content Development	Applicati
Prenatal Period Conception to Birth	Evaluation of newborn on the Apgar scale characteristics of newborn height weight bone development position - Moro reflex relative size of parts of body	Observe newborn View charts films on newborn
	Atypical child drug-addicted infant, LSD - chromo- some defect anomalies due to rubella causes symptoms treatment nursing care prevention	View films and illu atypical child Visit clinics and newborn units of
	Unwed mother psychological factors - what contri- butes toward problem of the "unwed mother" care of unwed mother physical psychological social - support of mother and newborn education - training for future employment - family planning problems of newborn	View films on unwe
	Mental health assistance to unwed father age of unwed father pattern of behavior acceptance of responsibility guilt treatment agencies	Visit adoption age

Content Development

Application

Evaluation of newborn on the Apgar scale
characteristics of newborn

height

weight

bone development

position - Moro reflex

relative size of parts of body

Observe newborn

View

charts

films on newborn

Atypical child

drug-addicted infant, LSD - chromo-

some defect

anomalies due to rubella

causes

symptoms

treatment

nursing care

prevention

View films and illustrations of
atypical child

Visit clinics and pediatric or
newborn units of hospital

Unwed mother

psychological factors - what contri-
butes toward problem of the "unwed
mother"

care of unwed mother

physical

psychological

social - support of mother and
newborn

education - training for future

employment - family planning

problems of newborn

View films on unwed mothers"

Mental health assistance to unwed father

age of unwed father

pattern of behavior

acceptance of responsibility

guilt

treatment agencies

Visit adoption agencies

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Topic	Content Development	Appl.
Newborn	<p>Discuss characteristics of newborn growth follows a definite pattern with individual variation in rate, size, etc.</p> <p>physical growth and development</p> <p>characteristics at birth</p> <p>height - 19 to 21½ inches</p> <p>weight - 6 lbs. to 8½ lbs. - girls generally weigh a little less than boys</p> <p>shape and size of head - causes of moulding</p> <p>hematoma</p> <p>fontanelles - number, location, age at which they close</p> <p>sensory system - reflexes which appear at birth</p> <p>ability to taste and smell</p> <p>seeing, develops - begins as a blur or only light and dark</p> <p>reacts to loud noises, but does not interpret what he hears</p> <p>independent functioning of respiratory, circulatory and digestive systems</p> <p>umbilical cord - dangers of hemorrhage</p> <p>muscular - skeletal system</p> <p>flexible skeleton - lack of muscle coordination</p> <p>movements are random and uncoordinated</p> <p>stretches, sucks, makes faces</p> <p>freedom of movement</p>	<p>Review development</p> <p>View pictures of newborn</p> <p>Observe newborn</p> <p>View charts of prenatal and</p> <p>Observe child for bath or feeding</p>

UNIT. 3 NEWBORN

Content Development

Application

Discuss characteristics of newborn growth follows a definite pattern with individual variation in rate, size, etc.

physical growth and development

characteristics at birth

height - 19 to 21½ inches

weight - 6 lbs. to 8½ lbs. -

girls generally weigh a little less than boys

shape and size of head - causes of moulding

hematoma

fontanelles - number, location, age at which they close

sensory system - reflexes which appear at birth

ability to taste and smell

seeing develops - begins as a

blur or only light and dark

reacts to loud noises, but does not interpret what he hears

independent functioning of respiratory, circulatory and digestive systems

umbilical cord - dangers of hemorrhage

muscular - skeletal system

flexible skeleton - lack of muscle coordination

movements are random and uncoordinated

stretches, sucks, makes faces
freedom of movement

Review development of bone

View pictures and charts of the newborn

Observe newborn

View charts of circulatory system - prenatal and postnatal

Observe child for motion during bath or feeding

Newborn

nervous system
 reflexes at birth: winking,
 sneezing, sucking, groping
 cries - swallows
 moro reflex
 sleep
 reproductive system
 'genitals are undeveloped at birth
 problems -
 male - circumcision
 female - blood-tinged mucus -
 vaginal discharge

Physical needs

feeding the infant

breast

advantages

technique

contra-indication

bottle feeding - supplementary
feeding

vitamins, supplementary foods

bathing infant - care of the skin

when

how

sleep

physical environment

sleep pattern

clothing

soft, washable, proper size

adequate supply for cleanliness

equipment needed

acceptance of the child by family in
our society

parents and grandparents

sister and brother

tender, loving care - need for

feelings of love, affection,

security and being wanted

View films and fa
in discussionPlan - daily sche
careObserve hospital
use

nervous system

reflexes at birth: winking,
sneezing, sucking, groping

cries - swallows

moro reflex

sleep

reproductive system

genitals are undeveloped at birth

problems -

male - circumcision

female - blood-tinged mucus -

vaginal discharge

Physical needs

feeding the infant

breast

advantages

technique

contra-indication

bottle feeding - supplementary
feeding

vitamins, supplementary foods

bathing infant - care of the skin

when

how

sleep

physical environment

sleep pattern

clothing

soft, washable, proper size

adequate supply for cleanliness

equipment needed

acceptance of the child by family in
our society

parents and grandparents

sister and brother

tender, loving care - need for

feelings of love, affection,

security and being wanted

View films and family experience
in discussion of infant feeding

Plan - daily schedule for infant
care

Observe hospital layette, care and
use

Topic	Content Development	Applic
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Newborn

handle child gently and speak softly
 personal hygiene of person caring for
 the well child
 hand washing
 washable clothes worn
 protection against transmitting
 colds, etc.

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270

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handle child gently and speak softly
personal hygiene of person caring for
the well child
hand washing
washable clothes worn
protection against transmitting
colds, etc.

UNIT 4. INFANCY TO ONE-AND-A-HALF YEARS

Topic	Content Development	Applic
Infancy to One-and-A-Half Years	<p>Discuss changes from infancy to six months tender, loving care is necessary for a healthy personality</p> <p>"Each baby develops at his own rate. Although growth is continuous there are slow and rapid periods."</p> <p>significance of disproportion of child's body in terms of</p> <ul style="list-style-type: none"> sitting walking muscular control <p>At one-and-a-half years our child:</p> <ul style="list-style-type: none"> triples birth weight 50% increase in height gains control of head, hands, and feet, which includes standing, broad-based walking, drinking from a cup, using a spoon understands spoken language and speaks words <p>physical needs</p> <ul style="list-style-type: none"> sleep requirements - one long nap daily sleep problems: thumbsucking, enuresis <p>food - interest in eating dwindles - variety should be offered</p> <p>good nutrition essential to good bone, teeth, and nerve development</p> <p>clothing should be loose, washable, and clean</p>	<p>Observe and disc in the family</p> <p>Observe movement Observe position sitting, stan etc.</p> <p>Observe sleep pa</p> <p>View films on fo preparation a</p>

UNIT 4. INFANCY TO ONE-AND-A-HALF YEARS

Content Development

Application

Discuss changes from infancy to six months
tender, loving care is necessary for a
healthy personality

"Each baby develops at his own rate.

Although growth is continuous there
are slow and rapid periods."

significance of disproportion of child's
body in terms of
sitting
~~walking~~
muscular control

Observe and discuss newborn baby
in the family group

Observe movements of children
Observe positions children assume
sitting, standing, lying down,
etc.

At one-and-a-half years our child:
triples birth weight
50% increase in height
gains control of head, hands, and
feet, which includes standing,
broad-based walking, drinking
from a cup, using a spoon
understands spoken language and
speaks words

physical needs

sleep requirements - one long nap
daily

sleep problems: thumbsucking, enuresis

Observe sleep patterns

food - interest in eating dwindles -
variety should be offered

good nutrition essential to good bone,
teeth, and nerve development

View films on food and formula
preparation and feeding

clothing should be loose, washable, and
clean

Topic	Content Development	Applic
Infancy to One-and-A-Half Years	<p>exercise - solitary play in open air. child should be guarded against injury - he is curious and explores</p>	Observe children park
	<p>medical supervision under supervision of pediatrician or well-baby clinic program of immunization is part of supervision</p>	Visit well-baby Read immunization
	<p>Emotional and social needs why people behave as they do - imitative - repeats acts that bring about a response imitation of the family group friendly trusts people around him</p>	Explain why expect within level of to accomplish
	<p>shows emotions and reacts to those emotions in adults fear anger jealousy needs a feeling of love, acceptance, and security needs to explore his immediate en- vironment - is very curious</p>	Observe temper ta to frustration perform above

Content Development

Application

exercise - solitary play in open air.
child should be guarded against
injury - he is curious and explores

Observe children at play in the
park

medical supervision
under supervision of pediatrician
or well-baby clinic
program of immunization is part of
supervision

Visit well-baby clinic

Read immunization record

Emotional and social needs

why people behave as they do
imitative - repeats acts that bring
about a response
imitation of the family group
friendly
trusts people around him

Explain why expectations should be
within level of child's ability
to accomplish

shows emotions and reacts to those
emotions in adults

Observe temper tantrum of child due
to frustration if required to
perform above his level of ability

fear

anger

jealousy

needs a feeling of love, acceptance,
and security

needs to explore his immediate en-
vironment - is very curious

Topic	Content Development	Appl
Toddler: 1½ - 2½ Years	<p>Discuss changes and needs of toddler physical growth and development characteristics 26 - 28 lbs. in weight; 3 - 5 lbs. per year 33 inches height; 3 - 5 inches per year 16 teeth at 1½; has 20 at 2½ throws a ball, builds a tower of blocks, jumps and prances about</p>	
	<p>physical needs sleep - tries to postpone bedtime, climbs out of crib feeds himself quite well - appetite fluctuates needs a safe area for outdoor play no longer a completely dependent person behavior not consistent stress safe environment</p>	Observe child park
	<p>social growth and development dawdles is negative and unreasonable- needs discipline says "No" frequently, temper tantrums enjoys stories and music imitative play, has trouble sharing, emotions fluctuate; parallel play establishes controls for himself finds socially acceptable outlets for his behavior</p>	Observe relat peer group
	<p>talks in short sentences need for an appreciative audience to develop speech patterns must learn to listen</p>	Observe varie Keep diary of and behavi

2½

Discuss changes and needs of toddler
physical growth and development
characteristics

26 - 28 lbs. in weight;

3 - 5 lbs. per year

33 inches height; 3 - 5 inches
per year

16 teeth at 1½; has 20 at 2½

throws a ball, builds a tower of
blocks, jumps and prances about

physical needs

sleep - tries to postpone bedtime,

climbs out of crib

feeds himself quite well - appetite
fluctuates

needs a safe area for outdoor play
no longer a completely dependent
person

behavior not consistent

stress safe environment

Observe children at play in the
park

social growth and development

dawdles

is negative and unreasonable- needs discipline

says "No" frequently; temper tantrums

enjoys stories and music

imitative play, has trouble sharing,

emotions fluctuate; parallel play

establishes controls for himself

finds socially acceptable outlets
for his behavior

Observe relationship to parents and
peer group

Observe varied discipline practices

talks in short sentences

need for an appreciative audience to

develop speech patterns

must learn to listen

Keep diary of child's speech
and behavior

Topic	Content Development	Applicat
Toddlers: 1½ - 2½ Years	<p>"ego formation" is more advanced, develops a mind of own; toilet training muscle training, natural pleasure in excreting and in excrements impulses of child and wishes of parent often in opposition. child considers it a loss of freedom - rather than gain parental attitudes and child guilt no set way, methods vary needs adult approval for success affection should not be withheld when failure occurs regression in stress situation</p>	Describe trai that establ

Content Development

Application

"ego formation" is more advanced, develops
a mind of own; toilet training
muscle training; natural pleasure in ex-
creting and in excrements
impulses of child and wishes of parent
often in opposition
child considers it a loss of freedom -
rather than gain
parental attitudes and child guilt
no set way, methods vary
needs adult approval for success
affection should not be withheld when
failure occurs
regression in stress situation

Describe training devices
that establish security

UNIT 6. PRESCHOOL CHILD

Topic	Content Development	Applicat
Preschool Child: 2½ - 6 years	<p>Discuss changes from 2½ - 6 years of age</p> <p>Physical growth and development marked slowing down of growth process appetite fluctuates good control of muscles participates in vigorous play activities speaks in full sentences increased awareness of differences in external sexual organs care of self by age of six</p>	
	<p>Physical needs</p> <p>clothing - imitation is very important; dressing and undressing care of teeth - begin regular six-month visits to dentist should bathe and wash with supervision from mother toileting - responsible for toilet control at 6 years still needs parental supervision</p>	Study chart of
	<p>Learning body control skills - at five he rides a bicycle he talks constantly - imitative; may use bad language plays games governed by rules - hurries and plays hard should be encouraged to develop motor skills - accidents a major threat</p>	<p>Observe children</p> <p>Listen for speech stuttering</p>

UNIT 6. PRESCHOOL CHILD

Content Development

Application

Discuss changes from 2½ - 6 years of age

Physical growth and development
marked slowing down of growth
process

appetite fluctuates

good control of muscles

participates in vigorous play
activities

speaks in full sentences

increased awareness of differences
in external sexual organs

care of self by age of six

Physical needs

clothing - imitation is very important;
dressing and undressing

care of teeth - begin regular six-month
visits to dentist

should bathe and wash with supervision
from mother

toileting - responsible for toilet
control at 6 years

still needs parental supervision

Study chart of deciduous teeth

Learning body control

skills - at five

he rides a bicycle

he talks constantly - imitative; may
use bad language

plays games governed by rules -
hurries and plays hard

should be encouraged to develop
motor skills - accidents a major

threat

Observe children at play

Listen for speech disorders; e.g.,
stuttering

Preschool Child:
2½ - 6 Years

Social growth and development

family triangle

romantic attachment to parent of
opposite sex - begins to identify
with parent of same sex
developing "ego"

sense of guilt - curiosity concerning
sex continues to heighten; feelings
of guilt about sex awareness;
e.g., masturbation, castration
fears

discipline established; continues
warm relationship with parents
seriousness of act and not child must
determine penalty for breach in
discipline

behavior problems

jealousy
bad language

Relate basic drives
thoughts, desires

Define id, ego, super

Description of nursery school

definition - educational institution
for a child from 2½ - 6 years of age

physical environment

rooms
equipment
outdoor play
sleep
eating

Locate and visit an
school

Diagram an ideal nur

personnel - standards

parent and school

school program - safety of child
age and physical requirement of child

prophylaxis
check child's records for booster
injections

daily inspection

x-ray

Use "study outline"
child

Check child's records
injections

Social growth and development

family triangle

romantic attachment to parent of
opposite sex - begins to identify
with parent of same sex

developing "ego"

sense of guilt - curiosity concerning
sex continues to heighten; feelings
of guilt about sex awareness;
e.g., masturbation, castration
fears

discipline established; continues
warm relationship with parents
seriousness of act and not child must
determine penalty for breach in
discipline

behavior problems

jealousy

bad language

Relate basic drives to behavior,
thoughts, desires

Define id, ego, superego

Description of nursery school

definition - educational institution
for a child from $2\frac{1}{2}$ - 6 years of age
physical environment

rooms

equipment

outdoor play

sleep

eating

personnel - standards

parent and school.

school program - safety of child
age and physical requirement of child
prophylaxis

check child's records for booster
injections

daily inspection

x-ray

Locate and visit an ideal nursery
school

Diagram an ideal nursery school

Use "study outline" for observing
child

Check child's records for booster
injections

Topic

Content Development

Application

Preschool Child:

2½ - 6 years

problems of adjustment to school routine -
a big step toward independence

preschool education for deprived child in
areas of

goals

personnel

programs

results - immediate and future

Panel discussion - free
school education for
child

continuing education

home program

transition to elementary school

Content Development

Application

problems of adjustment to school routine -
a big step toward independence

preschool education for deprived child in
areas of

goals

personnel

programs

results - immediate and future

Panel discussion - need for pre-
school education for deprived
child

continuing education

home program

transition to elementary school

UNIT 7. LATENCY PERIOD

Topic	Content Development	Applic
Latency Period: 6 - 10 Years	<p>Discuss physical growth and development</p> <p>Changes in growth patterns from year (6 - 10 years) growth is slow until spurt directly before puberty weight gains more rapid than height muscular coordination is improved lymphatic tissue becomes highly developed 6-year molar - first permanent teeth</p> <p>Physical needs accepts more responsibility for personal hygiene girls more concerned about physical appearance than boys clothing simple in design and durable - appropriate all-weather clothing sleep is restless eating habits are basically good</p> <p>Learning body control and developing skills a thirst for knowledge uses skill and knowledge to master activities he enjoys</p> <p>Social growth and development cooperates with others and participates in group activities of peers - "gangs" identifies himself with parent of same sex attitudes about self are affected by his family's acceptance of him</p>	<p>Observe activities</p> <p>Show films on growth</p> <p>Plan program for supervision</p> <p>Report - How to conduct</p> <p>Survey activities</p>

UNIT 7. LATENCY PERIOD

Content Development

Application

Discuss physical growth and development

Observe activities of this child

Changes in growth patterns from year
(6 - 10 years)

growth is slow until spurt directly
before puberty
weight gains more rapid than height,
muscular coordination is improved
lymphatic tissue becomes highly
developed

6-year molar - first permanent teeth

Physical needs

accepts more responsibility for
personal hygiene

girls more concerned about physical
appearance than boys

clothing simple in design and durable -
appropriate all-weather clothing

sleep is restless

eating habits are basically good

Show films on grooming

Plan program for health and dental
supervision

Learning body control and developing
skills

a thirst for knowledge

uses skill and knowledge to master
activities he enjoys

Social growth and development

cooperates with others and partici-
pates in group activities of peers -
"gangs"

identifies himself with parent of same
sex

attitudes about self are affected by
his family's acceptance of him

Report - How to open savings account

Survey activities in community

Latency Period:

6 - 10 Years

needs approval for tasks well done and
a minimum of criticism - participates
in planning family activities and
budgets allowance and earnings
needs information and reassurance in
advance about changes that will take
place in their bodies at puberty
Sex education

needs approval for tasks well done and
a minimum of criticism - participates
in planning family activities and
budgets allowance and earnings
needs information and reassurance in
advance about changes that will take
place in their bodies at puberty
Sex education

Topic	Content Development	Applicati
Puberty: 11-14	<p>Discuss changes during puberty</p> <p>Physical growth and development growth is slow until spurt directly before puberty weight gains more rapid than gains in height muscular coordination is im- proved vital signs are near those of adult physical changes indicating puberty may appear - explain oestral cycle interest in body and aware of growing up aware of opposite sex</p>	<p>View films on adoles</p> <p>Use height - weight</p> <p>Compare height - we for <u>self</u></p>
	<p>Physical needs should accept more responsibility for personal hygiene and good grooming medical supervision adequate sleep and rest balanced diet for age level</p>	Take personal health
	<p>Sound emotional development intense, observant, all-knowing, energetic, meddlesome, and argumentative many worries and daydreams overactive "Gangs" are still important tends to ignore opposite sex but is aware of them needs recognition that he is no longer a baby child identifies himself with parent of same sex</p>	<p>View films family relations peer relations</p>

UNIT 8. PUBERTY

Content Development

Application

Discuss changes during puberty

Physical growth and development
growth is slow until spurt
directly before puberty
weight gains more rapid than
gains in height
muscular coordination is im-
proved
vital signs are near those of
adult
physical changes indicating
puberty may appear -- explain
oestral cycle
interest in body and aware of
growing up
aware of opposite sex

Physical needs
should accept more responsibility
for personal hygiene and good
grooming
medical supervision
adequate sleep and rest
balanced diet for age level

Sound emotional development
intense, observant, all-knowing,
energetic, meddlesome, and
argumentative
many worries and daydreams
overactive
"Gangs" are still important
tends to ignore opposite sex but
is aware of them
needs recognition that he is no
longer a baby
child identifies himself with parent
of same sex.

View films on adolescence

Use height - weight charts

Compare height - weight record
for self

Take personal health inventory

View films
family relations
peer relations

Puberty: 11-14

Mental growth and development
thirst for knowledge
admires teachers and adult
companions
uses skill and knowledge to master
activities most enjoyed - hobbies
aware of parents as human beings who
can make mistakes
makes decisions concerning careers

Report on family a

Survey careers, ava

Mental growth and development
thirst for knowledge
admires teachers and adult
companions
uses skill and knowledge to master
activities most enjoyed - hobbies
aware of parents as human beings who
can make mistakes
makes decisions concerning careers

Report on family activities

Survey careers available

UNIT 9. ADOLESCENCE

Topic	Content Development	Applicat
Adolescence: Puberty to 18-20 Years	<p>Discuss changes from puberty through adolescence</p> <p>Physical growth and development puberty - age at which reproductive organs become functional and secondary sex characteristics develop hormonal changes affect both physical and emotional development general appearance tends to be awkward, long-legged and gangling skin greasy, acne common menarche - first menstrual period</p>	<p>Use charts to review endocrine system reproductive system</p>
	<p>Physical needs self-sufficient in respect to personal grooming follows group standards of dress nutrition - needs three well balanced meals a day food should aid in development of bones and muscles need for good eating habits restrict in-between meal snacks watch overweight, underweight, crash dieting, skin hygiene sleep: 8 - 9 hours needed exhaustion occurs due to lack of realization of need for rest sufficient rest and proper nutrition contribute to general well-being periodic dental and physical examination</p>	<p>Chart daily personal</p>
		<p>Submit proof of re physical examination</p>

Content Development

Application

Discuss changes from puberty through adolescence

Use charts to review endocrine system - hormones reproductive system

Physical growth and development
puberty - age at which reproductive organs become functional and secondary sex characteristics develop

hormonal changes affect both physical and emotional development

general appearance tends to be awkward, long-legged and gangling
skin greasy, acne common
menarche - first menstrual period

Physical needs
self-sufficient in respect to personal grooming
follows group standards of dress
nutrition - needs three well balanced meals a day
food should aid in development of bones and muscles
need for good eating habits
restrict in-between meal snacks
watch overweight, underweight, crash dieting, skin hygiene
sleep: 8 - 9 hours needed
exhaustion occurs due to lack of realization of need for rest
sufficient rest and proper nutrition contribute to general well-being
periodic dental and physical examination

Chart daily personal hygiene routines

Submit proof of regular dental and physical examinations

Topic	Content Development	Applicatio
Adolescence: Puberty to 18-20 Years	<p>Social growth and development .</p> <ul style="list-style-type: none"> girls more mature than boys desire for independence is intense values opinion of his peers has a "need for belonging" and recognition as an important member of the family understanding of male and female roles in society management of money 	<p>Role-play - do a skit male and female r</p>
	<p>Emotional growth</p> <ul style="list-style-type: none"> worries - has difficulty in expressing his feelings of insecurity, rejection, and often guilt bizarre reaction to worries daydreams are normal and natural for this group . helps to fill void in a lonely, inbetween age forms fan clubs and gets "crushes" all of the above manifestations are natural and useful to child in his search for self-discovery dating - set stage so that children can learn to be comfortable with the appropriate sex choosing a career - should choose his work of his own free will 	<p>Review a variety of</p> <p>Role-playing</p> <ul style="list-style-type: none"> School problems Social problems Home problems
	<p>Social problems</p> <ul style="list-style-type: none"> drinking smoking drug abuse pre-marital relations venereal disease 	<p>View films appropriate</p> <p>Use pamphlets, booklets for reports on soc</p>

Social growth and development

girls more mature than boys
 desire for independence is intense
 values opinion of his peers
 has a "need for belonging" and
 recognition as an important
 member of the family
 understanding of male and female
 roles in society
 management of money

Emotional growth

worries - has difficulty in ex-
 pressing his feelings of in-
 security, rejection, and often
 guilt
 bizarre reaction to worries
 daydreams are normal and natural
 for this group
 helps to fill void in a lonely,
 inbetween age
 forms fan clubs and gets "crushes"
 all of the above manifestations
 are natural and useful to child
 in his search for self-discovery
 dating - set stage so that children
 can learn to be comfortable with
 the appropriate sex
 choosing a career - should choose
 his work of his own free will

Social problems

drinking
 smoking
 drug abuse
 pre-marital relations
 venereal disease

Role-play - do a skit depicting
 male and female roles in society

Review a variety of budgeting forms

Role-playing
 School problems
 Social problems
 Home problems

View films appropriate to each area

Use pamphlets, booklets
 for reports on social problems

Adolescence: Puberty
to 18-20 Years

Social problems -
In each area discussion could follow this
suggested outline
 defining problem
 defining terms
 contributing causes
 prevention
 responsibility of self
 responsibility of parents
 responsibility of community
 awareness of changes in appearance
 developing one's potential

Emotional growth and development
 self-conscious
 over-sensitive - appearance,
 abilities

Special problems of emerging adult
 relationship to parents
 mother and dependent child
 father and his position in home
 relationship to siblings
 relationship to peer groups
 relationship to community
 safety and driving a car
 establishment of adolescent clinics
 need for a sound philosophy of life
 polarization of goals

Social problems -

In each area discussion could follow this

suggested outline

defining problem

defining terms

contributing causes

prevention

responsibility of self

responsibility of parents

responsibility of community

awareness of changes in appearance

developing one's potential

Emotional growth and development

self-conscious

over-sensitive - appearance,

abilities

Special problems of emerging adult

relationship to parents

mother and dependent child

father and his position in home

relationship to siblings

relationship to peer groups

relationship to community

safety and driving a car

establishment of adolescent clinics

need for a sound philosophy of life

polarization of goals

Topic	Content Development	Applicat
Maturity	<p>Discuss changes of maturity</p> <p>Physical growth and development</p> <p>physical growth ceases</p> <p>a slow and barely perceptible decline in many physical abilities begins</p> <p>body and general appearance no longer change quickly</p> <p>early marriage may not coincide with height of sexual vigor</p> <p>position sense and speed of reaction reach their peak between ages of twenty and thirty</p>	Debate - relations marriage
	<p>Intellectual development and behavioral patterns</p> <p>learning takes place most rapidly during later teens and early twenties</p> <p>after this age, a gradual loss of speed of learning</p> <p>establishing oneself as an independent individual in an adult manner</p> <p>establishing oneself financially; continuing education</p> <p>building a strong mutual affection bond with a "possible" marriage partner</p> <p>adopting an adult patterned set of social values by learning a new peer code</p> <p>developing judgmental skills in evaluating moral codes</p> <p>choosing an occupation; education on job</p> <p>learning appropriate outlets for sexual drives</p> <p>formulating a workable belief and value system</p> <p>achieving potential in areas of careers, physical development, and marriage relationships</p>	<p>Visit colleges</p> <p>Visit industry</p>

Content Development

Application

Discuss changes of maturity

Physical growth and development

physical growth ceases

a slow and barely perceptible decline

in many physical abilities begins

body and general appearance no longer

change quickly

early marriage may not coincide with

height of sexual vigor

position sense and speed of reaction

reach their peak between ages of

twenty and thirty

Debate - relationship of age to
marriage

Intellectual development and behavioral
patterns

learning takes place most rapidly

during later teens and early twenties

after this age, a gradual loss of speed

of learning

establishing oneself as an independent

individual in an adult manner

establishing oneself financially; con-

tinuing education

building a strong mutual affection

bond with a "possible" marriage

partner

adopting an adult patterned set of social

values by learning a new peer code

developing judgmental skills in evalu-

ating moral codes

choosing an occupation; education on job

learning appropriate outlets for sex-

ual drives

formulating a workable belief and value

system

achieving potential in areas of

careers, physical development, and

marriage relationships

Visit colleges

Visit industry

Maturity

establishing and maintaining a home
establishing a family
codes of behavior for the new family

establishing and maintaining a home
establishing a family
codes of behavior for the new family

Topic	Content Development	Applicati
Involution - Middle Life	<p>Discuss changes of middle life</p> <p>Physical growth and development gradual slowing of metabolism and reaction time gradual decline in strength gradual decline in visual and auditory perception early signs of aging make their appearance - may be traumatic to person physical examination emphasizes detection of illness menopause occurs during decade of 45 - 55, a lessening of secondary sex characteristics; a menopause for men is less traumatic height tends to remain constant from about 20 to old age weight continues to increase until about 60</p> <p>Social growth and development busiest years of life gradual modification of plans resulting in a changed tempo of living, society's expectations are influenced by the approach of retirement age</p> <p>Intellectual development learning to function effectively as a mature family member accepting full responsibility as head of a family building and maintaining a strong and mutually satisfying marriage relationship accepting and working within the limits of one's capacity</p>	<p>Definition of terms involution menopause traumatic</p> <p>Observe people in n television who a group</p>

UNIT 11. INVOLUTION

Content Development

Application

Discuss changes of middle life

Physical growth and development

gradual slowing of metabolism and
reaction time

gradual decline in strength

gradual decline in visual and
auditory perception

early signs of aging make their
appearance-- may be traumatic
to person

physical examination emphasizes
detection of illness

menopause occurs during decade of
45 - 55, a lessening of secondary
sex characteristics; a menopause
for men is less traumatic

height tends to remain constant from
about 20 to old age

weight continues to increase until
about 60

Social growth and development

busiest years of life

gradual modification of plans result-
ing in a changed tempo of living

society's expectations are influenced
by the approach of retirement age

Intellectual development

learning to function effectively as a
mature family member

accepting full responsibility as head
of a family

building and maintaining a strong and
mutually satisfying marriage rela-
tionship

accepting and working within the limits
of one's capacity

Definition of terms

involution

menopause

traumatic

Observe people in news, radio,
television who are in this age
group

Topic	Content Development	Applica
Involution - Middle Life	<p>establishing wholesome affectional relationships with one's children and grandchildren,</p> <p>meeting new needs for affection and understanding of one's own aging parents</p> <p>cultivating meaningful, warm friendships with members of one's own generation</p> <p>carrying a socially adequate role as citizen and worker in community</p> <p>establishing good healthful routines of eating, resting, working, playing within pressures of adult world</p>	

establishing wholesome affectional relationships with one's children and grandchildren
meeting new needs for affection and understanding of one's own aging parents
cultivating meaningful, warm friendships with members of one's own generation
carrying a socially adequate role as citizen and worker in community
establishing good healthful routines of eating, resting, working, playing within pressures of adult world

UNIT 12. SENESCENCE

Topic	Content Development	Applicati
Senescence	<p>Physical growth and development</p> <ul style="list-style-type: none"> recover more slowly from acute illnesses and accidents a decrease in visual accommodation is a reliable physiological indicator of age position sense and speed of reaction declines rapidly after 70 decline in visual acuity changes in hearing, loss of acuity decline in height due to posture and settling of bones tendency to lose weight during old age nutritional deficiency is often a serious problem related to: <ul style="list-style-type: none"> lack of dentures boredom and eating alone lack of money <p>Intellectual development</p> <ul style="list-style-type: none"> accepting graciously and comfortably assistance where it is needed adjusting to loss of members of one's peer group choosing and maintaining on-going social activities, appropriate to health, energy, and interests <p>Environmental changes - problems</p> <ul style="list-style-type: none"> living alone living with relatives decreased financial income loss of friends and interests loss of physical stamina - spectator activities disengagement from <ul style="list-style-type: none"> social activities family problems business problems feeding or eating need for supervision - retirement homes medical care 	<p>View film <u>Golden Years</u></p> <p>Visit senior citizen</p> <p>Visit retirement homes welfare agency geriatric hospit</p>

UNIT 12. SENESCENCE

Content Development

Application

Physical growth and development

recover more slowly from acute illnesses and accidents

a decrease in visual accommodation is a reliable physiological indicator of age

position sense and speed of reaction declines rapidly after 70

decline in visual acuity

changes in hearing, loss of acuity

decline in height due to posture and settling of bones

tendency to lose weight during old age

nutritional deficiency is often a

serious problem related to:

lack of dentures

boredom and eating alone

lack of money

View film

Golden Years

Visit

senior citizen club

Visit

retirement homes,

welfare agency

geriatric hospitals

Intellectual development

accepting graciously and comfortably

assistance where it is needed

adjusting to loss of members of one's peer group

choosing and maintaining on-going

social activities, appropriate to

health, energy, and interests

Environmental changes - problems

living alone

living with relatives

decreased financial income

loss of friends and interests

loss of physical stamina - spectator activities:

disengagement from

social activities

family problems

business problems

feeding or eating

need for supervision - retirement homes

medical care

Normal Nutrition and Diet Modification

INTRODUCTION

It is the function of this course to provide the student with basic understandings and skills to meet the nutritional needs of herself, her family, and the people to whom she is giving assistance.

The course is divided into two sections:

Nutrition, which is a summary of the basic nutritional needs of the body and the food nutrients available for maintaining those needs.

Diet modification, which is designed to acquaint the student with the ways in which normal dietary patterns may be modified to meet individual needs; and to help the students develop skills in preparing and serving foods for modified diets.

OBJECTIVES

To gain a basic knowledge and understanding of normal nutrition in relation to personal, family, and community health.

To acquire some understanding and skills in the selection, preparation, and serving of foods.

To develop awareness of social and cultural aspects of the preparation of food, table setting, food service, and consuming food.

To gain knowledge, understanding, and skills in preparing modifications of the normal dietary patterns.

Normal Nutrition and Diet Modification

OBJECTIVES

function of this course to provide basic understandings and skills to meet the nutritional needs of herself, her family, and those to whom she is giving assistance.

The course is divided into two sections:

Section I, which is a summary of the basic nutritional needs of the body and the food sources available for maintaining those

needs. Section II, which is designed to acquaint the student with the ways in which normal dietary patterns may be modified to meet individual needs; and to help the student develop skills in preparing and serving foods for modified diets.

To gain a basic knowledge and understanding of normal nutrition in relation to personal, family, and community health.

To acquire some understanding and skill in the selection, preparation, and serving of simple foods.

To develop awareness of social amenities in preparation of food, table settings for serving food, and consuming food.

To gain knowledge, understanding, and skill in preparing modifications of the normal dietary patterns.

UNIT 1. INTRODUCTION TO NUTRITION

Topic	Content Development	Applic
Introduction to Nutrition	<p>Study of nutrition includes food requirements for man nutritive values of food digestion definition of nutrition health habits of today</p>	
	<p>Good body nutrition is judged by optimum appearance of the following:</p>	View pictures of signs of good nu
	<p>general body proportions muscular development skin texture and tone hair eyes posture appetite general attitude facial expression sleep habits</p>	Clinical experie patient whose il or partially att inadequate nutri
	<p>The effect of poor nutrition on the body may cause a change in the above</p>	View pictures of example: kwashio
	<p>Factors affecting good nutrition availability of good and adequate food supply cultural customs religious customs economic resources knowledge and understanding of nutritive value of food emotional state of the individual</p>	Panel discusio with special cul requirements

UNIT 1. INTRODUCTION TO NUTRITION

Content Development

Application

Study of nutrition includes
food requirements for man
nutritive values of food
digestion
definition of nutrition
health habits of today

Good body nutrition is judged by optimum appearance of the following:

- general body proportions
- muscular development
- skin texture and tone
- hair
- eyes
- posture
- appetite
- general attitude
- facial expression
- sleep habits

The effect of poor nutrition on the body may cause a change in the above

Factors affecting good nutrition

- availability of good and adequate food supply
- cultural customs
- religious customs
- economic resources
- knowledge and understanding of nutritive value of food
- emotional state of the individual

View pictures of persons showing signs of good nutrition

Clinical experience - observe patient whose illness may be wholly or partially attributed to poor or inadequate nutrition

View pictures of malnourished persons; example: kwashiorkor

Panel discussion of needs of patients with special cultural and religious requirements

Topic	Content Development	Applicat
Essentials of Good Nutrition	<p>Basic four food groups milk, cheeses, cream, butter, margarine meats, poultry, fish, eggs, legumes fruits and vegetables grains, cereals, breads, potato, rice</p>	<p>Observe charts on groups. Plan well-balanced food groups.</p>
	<p>Well-balanced meals meals should be planned to include two or more foods from the basic four groups</p>	
	<p>Hygiene of food handling and storage federal, state and local laws governing food handling and storage.</p>	
	<p>The Pure Food and Drug Act important legislation governing the handling and storage of food as a means of protecting the public</p>	
	<p>Common food-borne diseases ptomaine poisoning botulism trichinosis typhoid fever (food handler) tuberculosis dysentery</p>	
	<p>Demonstrate washing and cleaning foods before consuming: fruits, fresh vegetables, etc.</p>	<p>Practice washing and fresh vegetables</p>

Content Development

Application

Basic four food groups

milk, cheeses, cream, butter,
margarine
meats, poultry, fish, eggs,
legumes
fruits and vegetables
grains, cereals, breads, potato,
rice

Observe charts on Basic Four
groups.

Plan well-balanced meals using
food groups.

Well-balanced meals

meals should be planned to include
two or more foods from the basic
four groups

Hygiene of food handling and storage

federal, state and local laws
governing food handling and
storage.

The Pure Food and Drug Act

important legislation governing the
handling and storage of food as a
means of protecting the public

Common food-borne diseases

ptomaine poisoning
botulism
trichinosis
typhoid fever (food handler)
tuberculosis
dysentery

Demonstrate washing and cleaning foods
before consuming: fruits, fresh
vegetables, etc.

Practice washing and cleaning fruits
and fresh vegetables.

Topic	Content Development	Applic
Essentials of Good Nutrition	Chemical poisoning - danger from use of insecticides fertilizers growth stimulants hormones	
	Home preparation and storage of food refrigeration freezing methods cooking methods to retain the maximum nutritive value of foods	Visit dietary department hospital. Observe the principles of food handling and
Food Nutrients	Carbohydrates composition and classification function in the body - caloric value digestion, absorption, metabolism, and elimination of carbohydrates source of carbohydrates effect of cooking carbohydrates carbohydrate substitutes abuses of carbohydrate consumption carbonated beverages candy pastry and cake	Report on student Compare the effects of carbohydrate overweight underweight student weight
	Fats composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of fats source of fats effects of cooking abuses of fat consumption effects on the body when it is unable to use fats: gallbladder disease diabetes mellitus	Prepare diets for those unable to utilize fat. illness may be caused by too much fat, Prepare a list of foods avoided by patients with gallbladder disease Prepare a list of diseases who demonstrate fat deficiency state

Chemical poisoning - danger from use of
 insecticides
 fertilizers
 growth stimulants
 hormones

Home preparation and storage of food
 refrigeration
 freezing methods
 cooking methods to retain the maximum
 nutritive value of foods

Carbohydrates
 composition and classification
 function in the body - caloric value
 digestion, absorption, metabolism, and
 elimination of carbohydrates
 source of carbohydrates
 effect of cooking carbohydrates
 carbohydrate substitutes
 abuses of carbohydrate consumption
 carbonated beverages
 candy
 pastry and cake

Fats
 composition and classifications
 function in the body - caloric value
 digestion, absorption, metabolism,
 and elimination of fats
 source of fats
 effects of cooking
 abuses of fat consumption
 effects on the body when it is unable
 to use fats:
 gallbladder disease
 diabetes mellitus

Visit dietary department in
 hospital.
 Observe the principles of hygienic
 food handling and storage.

Report on student weight problems.

Compare the effects of abnormal use
 of carbohydrates by the body:
 overweight
 underweight
 student weight problems.

Compare dietary patterns used in
 the treatment of patients with
 abnormal carbohydrate metabolism.

Prepare diets for patients who are
 unable to utilize fats, or whose
 illness may be the result of too
 much fat.

Prepare a list of foods to be
 avoided by patient with liver or
 gallbladder disease.

Prepare a list of foods for patients
 who demonstrate a protein de-
 ficiency state.

Topic	Content Development	Applicat
Food Nutrients	Proteins	Explain how a lack contributes to: 1. to infection, ind healing.
	composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of proteins effects of inadequate protein intake effects of cooking effects on the body when it is unable to use proteins: albuminuria nephrosis	Prepare a list of f who demonstrate a state.
	Minerals	Explain significant special condition diarrhea, acidosi
	composition of minerals in the regu- lation of body processes and growth sources of minerals functions of essential minerals calcium phosphorus iron iodine sodium potassium	Report on effects of retention cardiac
	Deficiency conditions	Report on endemic use of iodized sal
	calcium - rickets, poor teeth, tetany phosphorus - poor bone development iron - secondary anemia sodium - poor water balance of body potassium - acid base imbalance iodine - disturbed thyroid gland function(goiter)	

Proteins

composition and classifications
 function in the body - caloric value
 digestion, absorption, metabolism,
 and elimination of proteins
 effects of inadequate protein intake
 effects of cooking
 effects on the body when it is unable
 to use proteins:
 albuminuria
 nephrosis

Explain how a lack of protein
 contributes to: lowered resistance,
 to infection, indigestion, slow
 healing.

Prepare a list of foods for patients
 who demonstrate a protein deficiency
 state.

Minerals

composition of minerals in the regu-
 lation of body processes and growth
 sources of minerals
 functions of essential minerals
 calcium
 phosphorus
 iron
 iodine
 sodium
 potassium

Explain significance of sodium in
 special conditions: dehydration,
 diarrhea, acidosis, and alkalosis.

Report on effects of sodium in water-
 retention cardiac diseases.

Assist in the care of a patient
 receiving intravenous fluid therapy
 and electrolyte replacement for
 mineral imbalance.

Deficiency conditions

calcium - rickets, poor teeth, tetany
 phosphorus - poor bone development
 iron - secondary anemia
 sodium - poor water balance of body
 potassium - acid base imbalance
 iodine - disturbed thyroid gland
 function (goiter)

Report on endemic iodine deficiencies-
 use of iodized salt.

Topic	Content Development	Applicati
Food Nutrients	<p>Vitamins</p> <p>composition of vitamins - functions importance of vitamins to normal growth and development</p> <p>fat-soluble vitamins</p> <p>Vitamin A - carotene Vitamin D - sunshine Vitamin E - antisterility Vitamin K - blood clotting</p> <p>water-soluble vitamins</p> <p>Vitamin C - ascorbic acid Vitamin B Complex</p> <p>Thiamine - B1 Riboflavin - B12 Niacin - nicotinic acid Folacin - folic acid B-12</p>	<p>Prepare reports on</p> <p>xerophthalmia rickets sterility hemorrhage</p> <p>scurvy</p> <p>beri-beri eye - sensitivity pellagra sprue and perni</p>
	<p>Water</p> <p>functions</p> <p>a solvent for products of digestion transporter of nutrients and waste materials throughout the body regulator of body temperature</p> <p>sources</p> <p>effects of insufficient quantities</p>	<p>Compare the diets with dehydration patient with mark</p>
	<p>Cellulose, an insoluble carbohydrate, receives special attention since its function differs from other carbohydrates previously discussed</p> <p>function sources deficiency effects importance of cellulose in daily food requirements</p>	<p>Explain dietary si cellulose in the colitis.</p> <p>Analyze hospital m variety of foods patients in relat content.</p>

Vitamins

composition of vitamins - functions
importance of vitamins to normal
growth and development

fat-soluble vitamins

Vitamin A - carotene

Vitamin D - sunshine

Vitamin E - antisterility

Vitamin K - blood clotting

water-soluble vitamins

Vitamin C - ascorbic acid

Vitamin B Complex

Thiamine - B1

Riboflavin - B2

Niacin - nicotinic acid

Folacin - folic acid B-12

Prepare reports on the following:

xerophthalmia

rickets

sterility

hemorrhage

scurvy

beri-beri

eye - sensitivity

pellagra

sprue and pernicious anemia

Water

functions

a solvent for products of digestion,
transporter of nutrients and waste
materials throughout the body
regulator of body temperature

sources

effects of insufficient quantities

Compare the diets for a patient
with dehydration with that of a
patient with marked edema.

Cellulose, an insoluble carbohydrate,
receives special attention since its
function differs from other carbohydrates
previously discussed

function

sources

deficiency effects

importance of cellulose in daily

food requirements

Explain dietary significance of
cellulose in the treatment of
colitis.

Analyze hospital menus to observe
variety of foods offered to
patients in relation to cellulose
content.

Topic	Content Development	Appl.
Energy Requirements	<p>Energy requirements vary according to</p> <ul style="list-style-type: none"> age sex occupation state of health size of the body activities specific needs of the individual 	<p>Compare energy to specific co within the ind</p>
Energy Values of Food	<p>Effect on the body of over-supply of calories</p> <p>Calorie - measure of energy that is pro- duced by a food</p> <p>Fuel values of energy-producing foods are as follows:</p> <ul style="list-style-type: none"> carbohydrates - four calories per gram protein - four calories per gram fats - nine calories per gram 	<p>Explain how the ments of the b filled by a ba energy-supplyi</p> <p>Calculate calor for 24-hour pe</p> <p>Calculate calor 30-year-old la</p>

Energy requirements vary according to
age.
sex
occupation
state of health
size of the body
activities
specific needs of the individual

Compare energy needs according to specific conditions present within the individual.

Effect on the body of over-supply of calories

Calorie - measure of energy that is produced by a food

Explain how the energy requirements of the body are fulfilled by a balanced intake of energy-supplying foods.

Fuel values of energy-producing foods are as follows:
carbohydrates - four calories per gram
protein - four calories per gram
fats - nine calories per gram

Calculate caloric needs for self for 24-hour period.

Calculate caloric needs for a 30-year-old laborer for 24 hours

UNIT 2. MEAL PLANNING

Topic	Content Development	Application
Meal Planning	<p>Planning menus for the family:</p> <ul style="list-style-type: none"> include foods needed to maintain good nutrition plan according to Basic 4 have variety fit personal and family needs prepare properly serve attractively. fit the family budget <ul style="list-style-type: none"> economy foods use of left-overs availability of foods plan for a definite period of time essentials of well-planned meals provide for a variety of: <ul style="list-style-type: none"> foods flavor textures colors 	<p>Analyze sample hospital menus designed to meet needs. Compare menus in terms of essentials of a well-planned meal.</p>
	<p>Food purchasing</p> <ul style="list-style-type: none"> preparation of a market list marketing for value - consider: <ul style="list-style-type: none"> large market versus small store cash versus credit buying. carrying versus delivery bulk purchasing buying foods in season quality and costs less expensive forms of food - powdered milk, etc. home-prepared foods versus ready-prepared foods food substitutes of equal value - fortified margarine 	<p>Shop for food to be prepared in a home food laboratory.</p>

UNIT 2. MEAL PLANNING

Content Development

Planning menus for the family:
include foods needed to maintain good nutrition
plan according to Basic 4
have variety fit personal and family needs
prepare properly
serve attractively
fit the family budget
economy foods
use of left-overs
availability of foods
plan for a definite period of time
essentials of well-planned meals
provide for a variety of:
foods
flavor
textures
colors

Food purchasing

preparation of a market list
marketing for value - consider:
large market versus small store
cash versus credit buying
carrying versus delivery
bulk purchasing
buying foods in season
quality and costs
less expensive forms of food -
powdered milk, etc.
home-prepared foods versus
ready-prepared foods
food substitutes of equal value -
fortified margarine

Application

Analyze sample hospital menus designed to meet cultural needs. Compare menus in relation to essentials of a well-planned meal.

Shop for food to be used in the preparation of a meal in the food laboratory.

Topic	Content Development	Applicat
Meal Planning	Nutrition for the family adapting principles of meal planning to meet needs of individual members of family infant pre-school child pre-adolescent child teenager adult pre-natal or post-natal woman lactating mother aged person regional food patterns national food patterns cultural food patterns	Modify and adapt p pre-school ch the aged Analyze sample hos to meet the needs age groups infant teenager aged

Content Development

Application

Nutrition for the family
adapting principles of meal planning
to meet needs of individual members
of family
 infant
 pre-school child
 pre-adolescent child
 teenager
 adult
 pre-natal or post-natal
 woman
 lactating mother
 aged person
 regional food patterns
 national food patterns
 cultural food patterns

Modify and adapt planned dinner for
pre-school child
the aged

Analyze sample hospital menus
to meet the needs of individual
age groups
 infant
 teenager
 aged

UNIT 3. SOCIAL AMENITIES INVOLVING FOOD.

Topic	Content Development	Content
Promoting the Enjoyment of Food	<p>Factors influencing enjoyment of food</p> <ul style="list-style-type: none"> • attractiveness of food and way it is served attractiveness of table settings good table manners appropriate meal-time conversation size of portions tray settings <ul style="list-style-type: none"> attractiveness arranged to meet special needs; i.e., the paralyzed patient; the patient in traction <p>Demonstrate making food servings attractive</p> <ul style="list-style-type: none"> table settings or tray settings <ul style="list-style-type: none"> breakfast lunch dinner snacks use of napkin use of silver passing food platters serving from food platters etiquette of buffet style service correct posture and position at the table <p>Esthetics of the environment</p> <ul style="list-style-type: none"> importance of appropriate table conversations, tone of voice, etc. reasons for avoiding conversation with a mouth full of food proper way to chew food 	<p>Prepare and serve trays</p> <p>Prepare patient for</p> <ul style="list-style-type: none"> review - handwa review - bed pa check odor cont
		<p>Report on effect. of appetite</p> <p>Practice proper us proper us</p>

UNIT 3. SOCIAL AMENITIES INVOLVING FOOD

Content Development

Content Development

ment Factors influencing enjoyment of food
attractiveness of food and way it
is served
attractiveness of table settings
good table manners
appropriate meal-time conversation
size of portions
tray settings
attractiveness
arranged to meet special needs;
i.e., the paralyzed patient;
the patient in traction

Demonstrate making food servings attractive
table settings or tray settings
breakfast
lunch
dinner
snacks

use of napkin
use of silver
passing food platters
serving from food platters
etiquette of buffet style service
correct posture and position at the table

Esthetics of the environment
importance of appropriate table conver-
sations, tone of voice, etc.
reasons for avoiding conversation with a
mouth full of food
proper way to chew food

Prepare and serve patient's food
trays

Prepare patient for meal:
review - handwashing
review - bed pan procedure
check odor control

Report on effect of smoking on
appetite

Practice proper use of dishes
proper use of silver

UNIT 4. DIET MODIFICATIONS

Topic	Content Development	Applicati
Routine Hospital Diets	<p>Essential information for all diets</p> <ul style="list-style-type: none"> suitability of tray size use of tray cover and napkin use of clean and complete set of silver use of unchipped and uncracked china and glass proper arrangement of food on dishes arrangement of dishes for convenience of patients with special needs appropriately sized portions of food to be served 	<p>Practice tray setting</p> <p>Serve food trays</p> <p>Prepare bed properly</p> <p>assist patient to tray</p> <p>Practice placement of bed or side table</p>
	<p>Types</p> <ul style="list-style-type: none"> regular, house, or full diet <ul style="list-style-type: none"> for patients who are able to digest and tolerate all foods for patients whose medical treatment does not require modification of diet selective menu permits patients to choose from among a variety of foods 	<p>Role-play - feeding</p> <p>Assist feeding if necessary</p> <p>Record on patient amount eaten, if</p>
	<p>light diet:</p> <ul style="list-style-type: none"> for patients who are convalescing - no fried foods, rich pastries, salad dressings, cellulose 	<p>Practice use of electric</p> <p>Prepare a day's menu for convalescing from</p> <p>Plan a 24-hour light diet day postoperative had an appendectomy</p>
	<p>soft diet:</p> <ul style="list-style-type: none"> for patients who are unable to chew foods well for patients with acute infections - foods low in cellulose are cooked well to permit easier chewing and digestion raw fruits and vegetables are omitted 	<p>Plan a 24-hour soft diet who has a possible</p>

UNIT 4. DIET MODIFICATIONS

Content Development

Application

Essential information for all diets
suitability of tray size
use of tray cover and napkin
use of clean and complete set of silver
use of unchipped and uncracked china
and glass
proper arrangement of food on dishes
arrangement of dishes for convenience of
patients with special needs
appropriately sized portions of food to
be served

Types

regular, house, or full diet
for patients who are able to digest
and tolerate all foods
for patients whose medical treatment
does not require modification of
diet
selective menu permits patients to
choose from among a variety of foods

light diet:

for patients who are convalescing -
no fried foods, rich pastries,
salad dressings, cellulose

soft diet:

for patients who are unable to chew
foods well
for patients with acute infections -
foods low in cellulose are cooked
well to permit easier chewing and
digestion
raw fruits and vegetables are omitted

Practice tray setting
Serve food trays to patients

Prepare bed properly gatched to
assist patient to reach entire
tray

Practice placement of tray on over-
bed or side table

Role-play - feeding patient
Assist feeding patient when
necessary
Record on patient's chart -
amount eaten, food toleration

Practice use of electric blender
Prepare a day's menu for a patient
convalescing from surgery

Plan a 24-hour light diet for a 4-
day postoperative patient who
had an appendectomy

Plan a 24-hour soft diet for a patient
who has a possible gastric ulcer

Topic	Content Development	Applicat
Routine Hospital Diets	<p>full liquid diet: for patients who are unable to chew food this diet, properly planned, can meet nutritional needs of individual for a long period of time</p> <p>clear liquid diet: a temporary diet for patients who are unable to chew food, this diet is used to provide fluids to the body</p> <p>Regular well-balanced diet is modified to meet needs of the patient according to the doctor's orders.</p>	Plan a 24-hour full a patient without
Modification of Diets	<p>Low calorie diet: modifying diet to reduce energy value chief indication for reducing calories is to assist in the reduction of weight it is important to plan for maintaining necessary nutrient values of diet while reducing energy value popularized reducing "fads" should be avoided because many of them are nutritionally unbalanced</p> <p>Some disease conditions for which it might be necessary to reduce the energy value of the diet: hypertension diabetes mellitus obesity some arthritic conditions</p>	Report on the hospital of meeting the patient on a weight regime and a weight regime
		Serve modified meals patients
		Record daily weight patients on high calorie diets

full liquid diet:

for patients who are unable to chew food

this diet, properly planned, can meet nutritional needs of individual for a long period of time

Plan a 24-hour full liquid diet for a patient without dentures

clear liquid diet:

a temporary diet for patients who are unable to chew food, this diet is used to provide fluids to the body

Plan a 24-hour clear liquid diet for a patient who has had mouth surgery 2nd day post-operative

Regular well-balanced diet is modified to meet needs of the patient according to the doctor's orders.

Low calorie diet:

modifying diet to reduce energy value
chief indication for reducing calories is to assist in the reduction of weight

it is important to plan for maintaining necessary nutrient values of diet while reducing energy value
popularized reducing "fads" should be avoided because many of them are nutritionally unbalanced

Report on the hospital's methods of meeting the needs of the patient on a weight reduction regime and a weight gaining regime

Serve modified meals to selected patients

Some disease conditions for which it might be necessary to reduce the energy value of the diet:

hypertension
diabetes mellitus
obesity
some arthritic conditions

Record daily weight record of patients on high and low calorie diets

Modification of
Diets

High calorie diet:
 modifying the diet to increase
 the energy value
 liberal use of substitutes in pre-
 paring, foods
 keeping portions of food moderate
 in size to avoid discouraging
 underweight patient
 planning attractive meals to stim-
 ulate interest in food
 avoiding crash reducing diets
 dangers of food fads and fallacies
 indications for high caloric diet
 hyperthyroidism - over-activity
 of the thyroid gland
 chronic illness
 tuberculosis
 gastro-intestinal disorders which
 affect absorption of food
 underweight due to poor health
 habits

Prepare
 low caloric
 high caloric

Low residue diet:
 modifying diet to decrease residue
 used to provide rest for gastro-
 intestinal tract by reducing
 roughage in diet
 ulcerative colitis
 diarrhea
 dysentery
 gastric or duodenal ulcers

Prepare and serve
 diets to patient

Analyze patient's
 compare food
 with colitis
 ulcer

High residue diet:
 modifying diet to increase residue
 indication - constipation due to
 improper food habits or to
 loss of muscle tone of gastro-
 intestinal tract

High calorie diet:

modifying the diet to increase
 the energy value
 liberal use of substitutes in pre-
 paring foods
 keeping portions of food moderate
 in size to avoid discouraging
 underweight patient
 planning attractive meals to stim-
 ulate interest in food
 avoiding crash reducing diets
 dangers of food fads and fallacies
 indications for high caloric diet
 hyperthyroidism - over-activity
 of the thyroid gland
 chronic illness
 tuberculosis
 gastro-intestinal disorders which
 affect absorption of food
 underweight due to poor health
 habits

Prepare

low caloric diet
 high caloric diet

Low residue diet:

modifying diet to decrease residue
 used to provide rest for gastro-
 intestinal tract by reducing
 roughage in diet
 ulcerative colitis
 diarrhea
 dysentery
 gastric or duodenal ulcers

Prepare and serve modified
 diets to patients

Analyze patients' menus and
 compare foods for patients
 with colitis and duodenal
 ulcer

High residue diet:

modifying diet to increase residue
 indication - constipation due to
 improper food habits or to
 loss of muscle tone of gastro-
 intestinal tract

Topic	Content Development	Appl.
Modification of Diets	<p>Low fat diet: modifying diet to reduce fat content indications: liver diseases - cirrhosis, infectious hepatitis, etc. gallbladder diseases - gall stones, cholecystitis, obstruction of gall ducts, or after cholecystectomy some cardio-vascular diseases arteriosclerosis coronary artery disease</p>	<p>Plan, prepare, diet. Analyze samples directions</p>
	<p>Low sodium diet: the effect of sodium in body modifying diet to reduce sodium content the difference between low-sodium and sodium-free diets hidden sources of sodium use of salt substitutes salt substitutes may be used only under supervision of physician indications: circulatory diseases hypertension heart disease</p>	<p>Plan, prepare, low sodium sodium free</p>
	<p>High sodium diet: modifying diet to increase sodium content indications: burns heat exhaustion dehydration</p>	

Content Development

Application

Low fat diet:

modifying diet to reduce fat content
indications:

- liver diseases - cirrhosis, infectious hepatitis, etc.
- gallbladder diseases - gall stones, cholecystitis, obstruction of gall ducts, or after cholecystectomy
- some cardio-vascular diseases
 - arteriosclerosis
 - coronary artery disease

Plan, prepare, and serve low fat diet

Analyze samples of printed dietary directions given to patient

Low sodium diet:

the effect of sodium in body
modifying diet to reduce sodium content
the difference between low-sodium and sodium-free diets

hidden sources of sodium
use of salt substitutes
salt substitutes may be used only under supervision of physician
indications:

- circulatory diseases
- hypertension
- heart disease

Plan, prepare, and serve
low sodium diet
sodium free diet

High sodium diet:

modifying diet to increase sodium content
indications:

- burns
- heat exhaustion
- dehydration

Topic	Content Development	Appli
Modification Of Diets	<p>Diabetes mellitus: modifying diet to meet needs of patient with diabetes mellitus proportions of carbohydrate, fats, and protein are determined for individual patient by physician patients should be encouraged to finish all food prescribed for them patient works with a dietitian</p> <p>In management of a diabetic patient emphasis is placed upon foods for weight maintenance insulin urine analysis personal hygiene</p>	<p>Plan diet for p diabetes mel</p> <p>Record foods ea</p>
	<p>High protein diet: modifying diet to meet needs of patients who have excessive protein loss indications: patients with cancer patients with nephrosis</p>	<p>Plan, prepare, an protein diet</p> <p>Observe and char reaction to f</p>
	<p>Elimination diets - used to determine allergies and sensitivities adequate substitutes for foods which cause allergy must be planned for in diet</p>	<p>Plan an eliminat for a patient condition</p>
Specific Dietary Plans	<p>Tube feedings uses and regime Ulcer diet Sippy diet Diagnostic diet</p>	<p>Plan: Sippy diet rice diet</p>

Diabetes mellitus:

modifying diet to meet needs of patient with diabetes mellitus proportions of carbohydrate, fats, and protein are determined for individual patient by physician patients should be encouraged to finish all food prescribed for them patient works with a dietitian

Plan diet for patient with diabetes mellitus

Record foods eaten

In management of a diabetic patient emphasis is placed upon foods for weight maintenance insulin urine analysis personal hygiene

High protein diet:

modifying diet to meet needs of patients who have excessive protein loss indications: patients with cancer patients with nephrosis

Plan, prepare, and serve high protein diet

Observe and chart patient's reaction to food

Elimination diets - used to determine allergies and sensitivities adequate substitutes for foods which cause allergy must be planned for in diet

Plan an elimination diet specific for a patient with allergic condition

Tube feedings uses and regime
Ulcer diet
Sippy diet
Diagnostic diet

Plan:
Sippy diet
rice diet

PART TWO: PRACTICAL NURSING III AND IV

Practical Nursing III and IV

INTRODUCTION

The course of study in Principles and Practices of Practical Nursing III and IV is designed for the student practical nurse who is ready to undertake a more comprehensive study of nursing care of the ill of all ages. The role of the practical nurse as a member of the nursing team is largely determined by the nursing needs in each situation.

Technical competence is not sufficient. The practical nurse should develop a broader understanding of the patient as an individual and of what illness means to him and to his family.

The practical nurse should understand and recognize significant developments in the patient's progress. She should also have some understanding of the physician's plan of treatment and care. The practical nurse is constantly reminded to "look and see" and to record and report what she sees.

OBJECTIVES

To develop a set of basic principles or guidelines to enable the student practical nurse to function effectively in any random medical-surgical situation.

To help the student to acquire understanding, technical competence, and the arts of observation and listening in assisting with the nursing care of patients with disorders of the various systems of the body.

To assist the student to develop knowledges, skills, and understanding in caring for the "Mother, Infants and Well Children."

To aid the student to understand and learn the skills required in caring for the sick child.

To relate the knowledge, and to apply it to specific needs of individual patients. To so develop these learning objectives previous knowledge is focused on patient problems and needs.

To add such new skills and knowledge (arithmetic of solutions, medication management, and stress management (psychiatric nursing) as well as patient and family reactions to the patient and his specific needs to be cared for with empathy and understanding.

Practical Nursing III and IV

ION

of study in Principles and Practices of Nursing III and IV is designed for the nurse who is ready to undertake a study of nursing care of the ill. The role of the practical nurse as a nursing team is largely determined by the situation in each situation.

Competence is not sufficient. The student should develop a broader understanding of the patient as an individual and of the relationship to him and to his family.

The practical nurse should understand and recognize important developments in the patient's condition. She should also have some understanding of the physician's plan of treatment and care. The student is constantly reminded to "look and report" and to report what she sees.

The student should be able to apply a set of basic principles or concepts so as to enable the student to perform practical nursing action effectively in any medical-surgical situation.

The student should be able to acquire understanding, competence, and the arts of observation and attention in assisting with the care of patients with disorders of the various systems of the body.

The student should be able to develop knowledge, understanding in caring for the Sick, Aged, and Well Children."

To aid the student to understand and to learn the skills required in caring for the sick child.

To relate the knowledge and skills learned to specific needs of individual patients. To so develop these learnings that all previous knowledge is focused on particular patient problems and needs.

To add such new skills and knowledge (arithmetic of solutions, materia medica, diet management, and stress symptoms (psychiatric nursing) as visualized in patient and family reactions, etc.) that the patient and his specific problems will be cared for with empathy and consideration.

Nursing Care of Patients with Diseases and Disorders of the Body System

INTRODUCTION

The course of study in this area is designed for the student practical nurse who is ready to undertake a more comprehensive study of nursing care of the ill of all ages. The role of the practical nurse as a member of the nursing team is largely determined by the nursing needs in each situation.

Technical competence is not sufficient. The practical nurse should develop a broad understanding of the patient as an individual and of what illness means to him and to his family.

The practical nurse should understand and recognize significant developments in the patient's progress. She should also have some understanding of the physician's plan of treatment and care. The practical nurse is constantly reminded to "look and see" and to record and report what she sees.

OBJECTIVES

1. To develop a set of basic principles and guidelines to enable the student nurse to function effectively in medical-surgical situation.
2. To help the student to acquire technical competence, and the attention and listening in assisting nursing care of patients with disorders of various systems of the body.
3. To relate the knowledge and skill to the specific needs of individual patients and to develop these learnings that all knowledge is focused on particular problems and needs.
4. To add such new skills and knowledge to the student's repertoire of solutions, materia medica management.

OBJECTIVES

ly in this area is designed
practical nurse who is ready to
comprehensive study of nursing
of all ages. The role of the
as a member of the nursing team
determined by the nursing needs in

ance is not sufficient. The
should develop a broad under-
standing of the patient as an individual and
relate to him and to his

she should understand and
significant developments in the pa-
tient's life. She should also have some
knowledge of the physician's plan of
treatment. The practical nurse is
expected to "look and see" and to
report what she sees.

1. To develop a set of basic principles or guidelines to enable the student practical nurse to function effectively in any random medical-surgical situation.
2. To help the student to acquire understanding, technical competence, and the arts of observation and listening in assisting with the nursing care of patients with disorders of the various systems of the body.
3. To relate the knowledge and skills learned to specific needs of individual patients. To so develop these learnings that all previous knowledge is focused on particular patient problems and needs.
4. To add such new skills and knowledge--arithmetic of solutions, materia medica, and diet management.

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF

Unit 1

THE RESPIRATORY SYSTEM

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of the Respiratory System	Review structure and function of respiratory system	<p>Patient-Centered</p> <p>Mrs. Martha Owens, a 30-year-old patient, complained of pain, when breathing on both sides of the thorax. On admission, her temperature was 101.0°F. On admission it was 101.0°F.</p> <p>The doctor examined the patient and ordered:</p> <ul style="list-style-type: none"> Chest Xray, fluoroscope EKG Sputum tests Complete blood count Urinalysis Isolation technique Vital signs of 2 hours Oxygen therapy by test Diet-light <p>Why did the doctor place the patient in isolation?</p> <p>Admit patient using hospital procedures and treatment.</p> <p>Follow doctor's orders and procedures and treatment.</p> <p>Chart symptoms, treatments, etc., on nurse's notes.</p>

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF
THE RESPIRATORY SYSTEM

Content Development

Patient-Related Activities

with
orders of
System

Review structure and function
of respiratory system

Patient-Centered Problem

Mrs. Martha Owens, a 30-year-old secretary, complained of pain, when breathing, on both sides of the thorax. On taking her temperature on admission it was 103.2° F.

The doctor examined the patient on admission and ordered

Chest Xray, fluoroscope

EKG

Sputum tests

Complete blood count

Urinalysis

Isolation technique

Vital signs of 2 hours

Oxygen therapy by test

Diet-light

Why did the doctor place the patient on isolation?

Admit patient using hospital routine.

Follow doctor's orders and carry out all procedures and treatments.

Chart symptoms, treatments, nursing care, etc., on nurse's notes.

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Respiratory System	Abnormal types of respiration dyspnea hypoxia apnea Cheyne-Stokes asphyxia cyanosis	Suggested study guide to be all diseases should include treatment, drug therapy, management, rehabilitation Recognition and evaluation observation of patient (related to total patient care).
	Diagnostic tests and procedures blood studies sputum examination x-ray - opaque dyes fluoroscope bronchography gastric washing thoracentesis thoracotomy tracheotomy tracheostomy	Purpose of tests and procedures Preparation of patient physical emotional Assist with procedure; give Labeling and care of special Charting of patient's reaction interpretation of results Care of equipment Safe return of patient to
	Nursing treatments coughing suctioning postural drainage throat irrigation steam inhalation aerosol therapy rotating tourniquets	Purpose of treatments Preparation of patient: physical emotional Assisting with procedures Nursing Care - position preparation Charting - interpretation Care of equipment Safety of environment
	Oxygen therapy tent nasal (oropharyngeal insufflation) nasal cannula respirators	Clinical observation of: Oxygen therapy - equipment dangers Bennett respirator Visit to hyperbaric chamber

Content Development

Patient-Related Activities

with
orders
system

Abnormal types of respiration
dyspnea
hypoxia
apnea
Cheyne-Stokes
asphyxia
cyanosis

Diagnostic tests and procedures
blood studies
sputum examination
x-ray - opaque dyes
fluoroscope
bronchography
gastric washing
thoracentesis
thoracotomy
tracheotomy
tracheostomy

Nursing treatments
coughing
suctioning
postural drainage
throat irrigation
steam inhalation
aerosol therapy
rotating tourniquets

Oxygen therapy
tent
nasal (oropharyngeal insufflation)
nasal cannula
respirators

Suggested study guide to be followed for all diseases should include cause, symptoms, treatment, drug therapy, nursing care, diet management, rehabilitation, and evaluation.

Recognition and evaluation of symptoms through observation of patient (relation of symptoms to total patient care).

Purpose of tests and procedures
Preparation of patient
physical
emotional
Assist with procedure; give nursing care
Labeling and care of specimens
Charting of patient's reaction -
interpretation of results
Care of equipment
Safe return of patient to unit

Purpose of treatments
Preparation of patient
physical
emotional
Assisting with procedures and treatments
Nursing Care - position patient
Charting - interpretation of results
Care of equipment
Safety of environment

Clinical observation of:
Oxygen therapy - equipment, use, safety, dangers
Bennett respirator
Visit to hyperbaric chamber

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Respiratory System	<p>Diseases and disorders- structure and function of</p> <ul style="list-style-type: none"> respiratory conditions non-infectious respiratory conditions epistaxis bronchiectasis pulmonary emphysema pulmonary embolism pulmonary edema atelectasis pneumothorax pneumo-peritoneum infectious respiratory conditions acute coryza acute pharyngitis acute laryngitis tonsillitis sinusitis influenza bronchitis <ul style="list-style-type: none"> acute chronic pneumonia <ul style="list-style-type: none"> atypical pneumonia pleurisy empyema tuberculosis <p>Obstructions</p> <ul style="list-style-type: none"> deviated septum nasal polyps 	<ul style="list-style-type: none"> Oxygen therapy Safety of patient Dangers Temperature control of Patient teaching Charting Care of equipment Recognition of symptoms Reporting, charting symptoms Treatments: assist with chart Drug therapy: oxygen therapy antibiotics Diet therapy: force of fluids Nursing care of special chart Knowledge of emergency Supportive care-special Isolation technique review Serum therapy; antibodies Tests: B.C.G - attitude Effects of obstruction Observe symptoms and present condition

Content Development

Patient-Related Activities

with
orders of

Diseases and disorders- structure and function of
respiratory conditions
non-infectious respiratory conditions
epistaxis
bronchiectasis
pulmonary emphysema
pulmonary embolism
pulmonary edema
atelectasis
pneumothorax
pneumo-peritoneum
infectious respiratory conditions
acute coryza
acute pharyngitis
acute laryngitis
tonsillitis
sinusitis
influenza
bronchitis
acute
chronic
pneumonia
atypical pneumonia
pleurisy
empyema
tuberculosis
Obstructions
deviated septum
nasal polyps

Oxygen therapy
Safety of patient
Dangers
Temperature control of solutions
Patient teaching
Charting
Care of equipment
Recognition of symptoms
Reporting, charting symptoms
Treatments: assist with treatments and chart
Drug therapy: oxygen therapy, sedation, antibiotics
Diet therapy: force fluids
Nursing care of special conditions and chart
Knowledge of emergency measures
Supportive care-special problem
Isolation technique reviewed
Serum therapy; antibodies
Tests: B.C.G - attitude toward patient
Effects of obstruction on respiration
Observe symptoms and procedures to alleviate condition

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Respiratory Tract	<p>enlarged tonsils and adenoids foreign bodies tumors</p> <p>Operative conditions tonsillectomy laryngectomy submucous resection traumatic chest wounds lobectomy pneumonectomy</p>	<p>Necessity for biopsy pre-operative preparation post-operative preparation complications hemorrhage surgical shock respiratory embarrassment</p> <p>Patient's awareness of Preparation of patient Post-operative care prevention of infection diet management general comfort Rehabilitation speech therapy personal care routine</p>

Content Development

Patient-Related Activities

with
orders
act

enlarged tonsils and
adenoids
foreign bodies
tumors

Operative conditions
tonsillectomy
laryngectomy
submucous resection
traumatic chest wounds
lobectomy
pnumonectomy

Necessity for biopsy
pre-operative preparation
post-operative preparation
complications
hemorrhage
surgical shock
respiratory embarrassment

Patient's awareness of results of surgery
Preparation of patient for specific surgery
Post-operative care
prevention of infection
diet management
general comfort
Rehabilitation
speech therapy
personal care routines

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Blood and Blood-Forming Organs	Review structure and function of blood Diagnostic tests and procedures complete blood count bleeding time typing and cross matching blood chemistry (many tests) coagulation time Coombs test capillary resistance (tourniquet test) hematocrit icteric index prothrombin time Rh factor sedimentation rate sternal puncture Blood banks phlebotomy blood transfusion therapy	Purpose of test Preparation of patient physical emotional Assisting with procedure during and after Labeling and care of blood Use of disposable equipment Safety of patient Recording and interpreting patient's chart Care of equipment Blood bank Correct ordering of blood Refrigeration of blood Checking of labels Assemble necessary equipment Observation of patient Nursing care Complications chills hepatitis allergic reaction Ethical reaction to blood Care of equipment

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE BLOOD
AND BLOOD-FORMING ORGANS

Content Development	Patient-Related Activities
<p>ts with isorders of d-Forming</p> <p>Review structure and function of blood</p> <p>Diagnostic tests and procedures</p> <ul style="list-style-type: none"> complete blood count bleeding time typing and cross matching blood chemistry (many tests) coagulation time Coombs test capillary resistance (tourniquet test) hematocrit icteric index prothrombin time Rh factor sedimentation rate sternal puncture 	<p>Purpose of test</p> <p>Preparation of patient</p> <ul style="list-style-type: none"> physical emotional <p>Assisting with procedure nursing care</p> <ul style="list-style-type: none"> during and after <p>Labeling and care of specimens</p> <p>Use of disposable equipment</p> <p>Safety of patient</p> <p>Recording and interpreting results on patient's chart</p> <p>Care of equipment</p>
<p>Blood banks</p> <ul style="list-style-type: none"> phlebotomy blood transfusion therapy 	<p>Blood bank</p> <p>Correct ordering of supplies</p> <p>Refrigeration of blood</p> <p>Checking of labels</p> <p>Assemble necessary equipment</p> <p>Observation of patient's reaction; charting</p> <p>Nursing care</p> <p>Complications</p> <ul style="list-style-type: none"> chills hepatitis allergic reaction <p>Ethical reaction to patient's beliefs</p> <p>Care of equipment</p>

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Blood and Blood-Forming Organs	Diseases and disorders Anemia Primary Secondary acute chronic Sickle cell anemia Leukemia acute chronic Hemorrhagic disorders Hemophilia Purpura hemorrhagica Lymphomas Hodgkin's disease Agranulocytosis	Cause Recognition of symptoms Reporting and charting Diagnostic tests Drug therapy chemotherapy nitrogen mustard x-ray therapy steroids antibiotics Nursing care Diet management Meeting family's psych Surgical management Complications Management of chronic

Content Development

Patient-Related Activities

with
orders
pd-

Diseases and disorders

Anemia

Primary

Secondary

acute

chronic

Sickle cell anemia

Leukemia

acute

chronic

Hemorrhagic disorders

Hemophilia

Purpura hemorrhagica

Lymphomas

Hodgkin's disease

Agranulocytosis

Cause

Recognition of symptoms

Reporting and charting of symptoms

Diagnostic tests

Drug therapy

chemotherapy

nitrogen mustard

x-ray therapy

steroids

antibiotics

Nursing care

Diet management

Meeting family's psychological needs

Surgical management

Complications

Management of chronic disease

Topic	Content Development	Patient-Related Acti
Care of Patients with Diseases and Disorders of Cardiovascular and Peripheral Vascular Systems	<p>Review structure and function</p> <p>Diagnostic tests</p> <ul style="list-style-type: none"> physical examination laboratory examination <ul style="list-style-type: none"> complete blood count sedimentation rate blood culture cholesterol x-ray and fluoroscopy <ul style="list-style-type: none"> orthodiagraphy angiocardiogram electrocardiogram cardiac catheterization venous pressure circulation time <p>Disorders of rate and rhythm</p> <ul style="list-style-type: none"> cardiac arrhythmia <ul style="list-style-type: none"> tachycardia bradycardia auricular fibrillation ventricular fibrillation cardiac arrest heart block 	<p>Purpose of tests</p> <p>Equipment</p> <ul style="list-style-type: none"> Observe procedure Support patient; prep Specimen to laborator After care of patier Charting procedure After care of equipm <p>Observation of sympt</p> <p>Reporting and charti</p> <p>Nursing care: physical</p> <ul style="list-style-type: none"> emotional <p>Drug therapy</p> <ul style="list-style-type: none"> digitalis quinidine sulphate <p>Clinical conference</p> <p>Emergency cardiac re</p> <p>measures - purpose</p> <p>Pace maker</p> <p>Cardiac massage</p> <ul style="list-style-type: none"> closed chest open manual observation and as

CARDIOVASCULAR AND PERIPHERAL VASCULAR SYSTEMS

Content Development

Patient-Related Activities

s with
orders
ar and
ular

Review structure and function

Purpose of tests

Diagnostic tests

Equipment

- physical examination
- laboratory examination
 - complete blood count
 - sedimentation rate
 - blood culture
 - cholesterol
- x-ray and fluoroscopy
 - orthodiagraphy
 - angiocardiogram
- electrocardiogram
- cardiac catheterization
- venous pressure
- circulation time

Observe procedure

Support patient; preparation and safety

Specimen to laboratory

After care of patient

Charting procedure

After care of equipment

Disorders of rate and rhythm

Observation of symptoms

- cardiac arrhythmia
 - tachycardia
 - bradycardia
- auricular fibrillation
- ventricular fibrillation
- cardiac arrest
- heart block

Reporting and charting

Nursing care; physical (vital signs)

emotional

Drug therapy

digitalis

quinidine sulphate

Clinical conference

Emergency cardiac resuscitation

measures - purpose, equipment

Pace maker

Cardiac massage

closed chest

open manual

observation and assist

Topic	Content Development	Patient-Related Acti
Occurrence of Heart Disease	Diseases and disorders of the cardiovascular system Diseases and disorders of the heart congenital patent ductus arteriosus septal defect tetralogy of fallot	Structural causes, p laboratory tests, Development of speci intensive care uni coronary care unit life island units Open heart surgery Nursing care Patient teaching Rehabilitation
	Atherosclerosis	Diet management:low fat metabolism
	Hypertension essential malignant	Moderation in daily Hereditary tendency Treatment largely pro Drug therapy Rauwolfia Raudixin Serpasil Diuril Guanethidine (Ismelin)
	Rheumatic fever and rheumatic heart disease	No specific set of sy age of patient Laboratory tests:leuc Diet management to co Observe sign of modul valvular disfunction Drug therapy chemotherapy antibiotic therapy

Content Development

Patient-Related Activities

Diseases and disorders of the cardiovascular system

Diseases and disorders of the heart
congenital

patent ductus arteriosus

septal defect

tetralogy of fallot

Atherosclerosis

Hypertension

essential

malignant

Rheumatic fever and rheumatic heart disease

Structural causes, prevention, symptoms,
laboratory tests, treatments

Development of specialized units

intensive care units

coronary care units

life island units

Open heart surgery

Nursing care

Patient teaching

Rehabilitation

Diet management: low fat, disorder of fat metabolism

Moderation in daily living

Hereditary tendency toward hypertension

Treatment largely preventive

Drug therapy

Rauwolfia

Raudixin

Serpasil

Diuril

Guanethidine

(Ismelin)

No specific set of symptoms - varies with age of patient

Laboratory tests: leucocyte count

Diet management to correct anemia

Observe sign of modular enlargement

valvular disfunction, mitral, aortic

Drug therapy

chemotherapy

antibiotic therapy as a preventive

Content Development

Patient-Related Activities

Rheumatic fever and rheumatic
heart disease

aspirin
methyl salicylate
Nursing care
complete bed care.
meticulous cleanliness
support of joints
increased fluid intake
chart and total
acute stage: patient teaching
Rheumatic heart disease,
rehabilitation
role of the public health nurse
American Heart Association
Observe in luetic clinic for
aneurysm
heart block
aortic insufficiency
Drug therapy
antibiotics
antiluetic drugs

Syphilitic heart disease
congenital
acquired

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Coronary Arteries	Review structure and function of circulatory system.	<p>Patient-Centered Problem: Mrs. Ann Flowers, a 55-year-old administrator, has been under the school community and for the past year. She has two children. There has been an increase since her last pregnancy a difficult community meeting suddenly developed severe cardiac area and became extensive. She was brought to the emergency room and admitted for care. The doctor ordered:</p> <ul style="list-style-type: none"> Diagnostic tests - blood EKG, X-Ray Vital signs - TPR and blood pressure Oxygen therapy - nasal Drug therapy <ul style="list-style-type: none"> I.V. of 5% glucose in 5% saline administered slowly Demerol 100 mg. (h) Lasex 5 gr. Diet - soft; fat and salt restricted Nursing care <ul style="list-style-type: none"> complete bed rest supportive care to relieve anxiety and tension and emotional support patient teaching <p>Admit patient using hospital admission procedure Follow doctor's orders and carry out all procedures and treatments Chart symptoms, treatments, and patient care, etc., on nurses' notes</p>

th
ers of

Review structure and function
of circulatory system.

Patient-Centered Problem

Mrs. Ann Flowers, a 55-year-old school administrator, has been under pressure by the school community and her family for the past year. She has two teenage children. There has been a steady weight increase since her last pregnancy. During a difficult community meeting Mrs. Flowers suddenly developed severe pains in the cardiac area and became extremely apprehensive. She was brought by ambulance to the emergency room and admitted to intensive care. The doctor ordered the following:

Diagnostic tests - blood work, urinalysis,
EKG, X-Ray

Vital signs - TPR and blood pressure $\frac{1}{2}$ hr.

Oxygen therapy - nasal catheter

Drug therapy

I.V. of 5% glucose in distilled water-
administered slowly

Demerol 100 mg. (h)

Lasex 5 gr.

Diet - soft; fat and salt-free

Nursing care

complete bed rest

supportive care to relieve patient's
tension and emotional strain

patient teaching

Admit patient using hospital routine

Follow doctor's orders and carry out
all procedures and treatments.

Chart symptoms, treatments, nursing
care, etc., on nurses notes.

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Coronary Arteries .	Angina pectoris	Review structure and circulatory system Outline for case study Characteristic "anginal" pain Importance of patient education Drug therapy (nitroglycerin) Diet management - moderate coffee, tobacco Need for nursing support
	Myocardial infarction	Relieve patient's fear Characteristic pain Drug therapy - morphine (Severe fall in blood pressure q. 3 to 5 minutes) I.V. - slow levophed Oxygen therapy by mask Drug therapy: heparin, aspirin (anticoagulants) danolol Diet management: no strenuous activity Complete bed rest Coronary Care Unit with monitoring Patient's reaction to treatment nursing support and education
	Aneurysm	Hyperbaric oxygen Observation of surgical procedures aneurysms

Content Development

Patient-Related Activities

ts with
isorders
teries

Angina pectoris

Myocardial infarction

Aneurysm

Review structure and function of circulatory system
Outline for case study
Characteristic "anginal pain"
Importance of patient teaching
Drug therapy (nitroglycerine)
Diet management - moderation in use of tea, coffee, tobacco
Need for nursing support to relieve the individual's tension and emotional strain
Relieve patient's fear
Characteristic pain and extreme apprehension
Drug therapy - morphine sulphate or demerol
(Severe fall in blood pressure - taken q. 3 to 5 minutes)
I.V. - slow levophed vasopressor
Oxygen therapy by mask or nasal catheter
Drug therapy: heparin, dicoumarol (anticoagulants), dangers - laboratory tests
Diet management: no strain on patient
Complete bed rest
Coronary Care Unit with monitoring equipment
Patient's reaction to machines. Need for nursing support and empathy
Hyperbaric oxygen
Observation of surgical correction of aneurysms

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Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Coronary Arteries	Congestive heart failure	Treatment is symptomatic early stages left-sided failure right-sided failure Observe abdominal-paraspinal Give patient emotional support Be careful to avoid stress Diet sodium restricted Rest: Fowler's position Drug therapy digitalis sedatives diuretics
	Heart disease complicated by pregnancy	Need for complete premarital examination Need for continued medical Observation of patient in clinic Special instructions at cardiac
Diseases of Heart Muscle	Bacterial endocarditis acute sub-acute	Care of patient during blood culture tests Diet management - high and proteins Blood transfusions blood or packed R.B. Drug therapy antibiotics

Content Development

Patient-Related Activities

with
orders
ries

Congestive heart failure

Treatment is symptomatic
early stages
left-sided failure
right-sided failure

Observe abdominal-paracentesis, thoracentesis
Give patient emotional support
Be careful to avoid stress situations
Diet: sodium restricted diet
Rest: Fowler's position
Drug therapy
digitalis
sedatives
diuretics

Heart disease complicated by
pregnancy

Need for complete premarital physical
examination
Need for continued medical supervision
Observation of patient in pre-natal
clinic
Special instructions and teaching for the
cardiac

Bacterial endocarditis
acute
sub-acute

Care of patient during and after diagnostic
blood culture tests
Diet management - high caloric, vitamins,
and proteins
Blood transfusions
blood or packed R.B.C.
Drug therapy
antibiotics

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of the Veins and Lymphatics	Thrombophlebitis	Prevention of great imp pre-disposing factors Treatment hot packs elastic stockings - u surgery thrombectomy vein stripping Observe and carry out g nursing procedures Avoid respiratory depre operatively Drug therapy anti-coagulant - for injections to scleros
	Varicose veins hemorrhoids varicocele	Control of the underlyin Very meticulous nursing moist dressing Drug therapy sulfonamides and antil
Cardiovascular Operative Conditions	Heart surgery	Trained medical-surgical Support of the patient Purpose of surgery - dec Pre-operatively - observe equipment need and post-operative arc : Surgery open heart or closed h implantations Special equipment heart-lung machine Pre-operative patient ed post-operative care

Content Development

Patient-Related Activities

with
orders
Lymphatics

Thrombophlebitis

Prevention of great importance; many
pre-disposing factors

Treatment

hot packs

elastic stockings - use and care

surgery

thrombectomy

vein stripping

Observe and carry out good simple
nursing procedures

Avoid respiratory depressants post-
operatively

Drug therapy

anti-coagulant - for deep vein involvement

injections to sclerose the small veins

Varicose veins
hemorrhoids
varicocele

Control of the underlying cause

Very meticulous nursing care; warm,
moist dressing

Drug therapy

sulfonamides and antibiotic therapy

Heart surgery

Trained medical-surgical team

Support of the patient by the team

Purpose of surgery - decision-making by MD

Pre-operatively -

observe equipment needed - operating room
and post-operative areas

Surgery

open heart or closed heart surgery

implantations

Special equipment

heart-lung machine

Pre-operative patient education for
post-operative care

Topic	Content Development	Patient-Related Activities
Care of Patients with Cardiovascular Operative Conditions	Heart surgery	Post-operative care oxygen drainage tubes feeding tubes I.V. feeding gradual warming of vital signs encourage deep cough exercise urinary output relief of pain drug therapy mild sedative demerol antibiotics airway diet ambulation Visit to observe and care units
	Vascular surgery vein ligation and stripping	Care of patient. position of bed use of elastic stockings
	embolectomy	Vital signs Drug therapy demerol antibiotics anticoagulants
	splenectomy	Observation for post-

Content Development

Patient-Related Activities

ts with
Operative

Heart surgery

Post-operative care

oxygen
drainage tubes
feeding tubes
I.V. feeding
gradual warming of patient
vital signs
encourage deep coughing
exercise
urinary output
relief of pain
drug therapy
 mild sedative
 demerol
 antibiotics
airway
diet
ambulation
Visit to observe and assist in intensive
care units

Vascular surgery
vein ligation and stripping

Care of patient
position of bed
use of elastic stocking

embolectomy

Vital signs
Drug therapy
 demerol
 antibiotics
 anticoagulants

splenectomy

Observation for post-operative hemorrhage

NURSING CARE OF PATIENTS WITH

Unit 4

DISEASES AND DISORDERS OF THE INTESTINAL SYSTEM

Topic	Content Development	Patient-Related Act
Care of Patients With Diseases and Disorders of Intestinal System	<p>Review structure and function - include accessory organs. Use torso, diagrams, charts.</p> <p>Causes of digestive diseases and disorders.</p> <ul style="list-style-type: none"> unknown organic emotional 	<p>Patient-Centered</p> <p>Mr. Fred Brown, a executive, has been his firm for five y father of two child member of numerous zations and the fa active social life. \$35,000 home and 1.</p> <p>For the past year, complaints of frequ that seemed to clea preparations for re Within the last two awakened at night which was relieved Mr. Brown visited h series of tests wer Brown was admitted diagnostic tests.</p>
	<p>Diagnostic tests</p> <ul style="list-style-type: none"> gastric analysis tubeless gastric analysis <ul style="list-style-type: none"> special preparation of patient special medication-histamine epinephrine 1:1000 (h) esophogoscopy and gastroscopy throat irrigation <p>Drug therapy</p> <ul style="list-style-type: none"> local anesthesia morphine demerol atropine sulphate aspirin 	<p>Purpose</p> <p>Equipment - assembl</p> <p>Procedure - observe</p> <p>Preparation of the</p> <ul style="list-style-type: none"> physically emotionally - sup <p>Nursing care of pat</p> <ul style="list-style-type: none"> following procedur <p>Care of specimen -</p> <ul style="list-style-type: none"> laboratory request <p>Care and cleaning of</p> <p>Safety</p> <p>Charting</p>

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE INTESTINAL SYSTEM

Content Development

Patient-Related Activities

Review structure and function - include accessory organs. Use torso, diagrams, charts.

Causes of digestive diseases and disorders
unknown
organic
emotional

Diagnostic tests
gastric analysis
tubeless gastric analysis
special preparation of patient
special medication-histamine
epinephrine 1:1000 (h)

esophogoscopy and gastroscopy
throat irrigation

Drug therapy
local anesthesia
morphine
demerol
atropine sulphate
aspirin

Patient-Centered Problem
Mr. Fred Brown, a young business executive, has been employed with his firm for five years. He is the father of two children. He is a member of numerous community organizations and the family leads a very active social life. They live in a \$35,000 home and live rather luxuriously.

For the past year, Mr. Brown has had complaints of frequent "indigestion" that seemed to clear up with commercial preparations for relief of acid-stomach. Within the last two months he has been awakened at night with epigastric pain which was relieved with a glass of milk. Mr. Brown visited his doctor and a series of tests were ordered. Mr. Brown was admitted to the hospital for diagnostic tests.

Purpose
Equipment - assembling
Procedure - observe and assist
Preparation of the patient
physically
emotionally - support during procedure
Nursing care of patient during and following procedure
Care of specimen - label and sent with laboratory request form
Care and cleaning of equipment
Safety
Charting

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Intestinal System	<p>Diagnostic Tests</p> <ul style="list-style-type: none"> proctoscopy and sigmoidoscopy gastro-intestinal series and barium enema, fluoroscopy stool examination occult blood liver function tests <ul style="list-style-type: none"> blood serum urine feces liver biopsy cholecystography and cholangiography gastric lavage gastric gavage decompression tubes or catheter <ul style="list-style-type: none"> Levine, Miller-Abbott, Harris, Cantor <p>Specific aspects of nursing the patient observation</p>	<p>Doctor's orders and Oil retention enema Meat-free diet for Stool specimen taken while still warm</p> <p>Drugs: Telepaque or High-fat diet follow Check for completion solutions used, Foods used Use of blender to Care of tubes and use, after use, Routines vary among hospitals</p> <p>Following the admission the ward, the doctor List and interpret orders.</p> <p>Familiarity with signs involved Need to locate symptoms areas Symptoms may not be the disease subjective symptoms objective symptoms Patient-Centered Mr. Smith, a patient as Mr. Brown, is a colostomy patient. go home. Discuss of patient teaching by the nurse?</p>
	Colostomy and ileostomy care	

Content Development

Diagnostic Tests

proctoscopy and sigmoidoscopy
gastro-intestinal series and barium
enema; fluoroscopy
stool examination
occult blood
liver function tests
blood serum
urine
feces
liver biopsy
cholecystography and cholangiography
gastric lavage
gastric gavage
decompression tubes or catheter
Levine, Miller-Abbott, Harris, Cantor

Specific aspects of nursing the patient
observation

Colostomy and ileostomy care

Patient-Related Activities

Doctor's orders and procedures
Oil retention enema following treatment
Meat-free diet for three days
Stool specimen taken to the laboratory while still warm

Drugs; Telepaque or Priodax (P.O.)
High-fat diet following the films
Check for completion of the series, solutions used, amount, temperature

Foods used

Use of blender to prepare foods
Care of tubes and catheters: before use, after use, storage
Routines vary among physicians and hospitals

Following the admission of Mr. Brown to the ward, the doctor left standing orders. List and interpret standing admission orders.

Familiarity with structure and function involved

Need to locate symptoms in specific areas

Symptoms may not be characteristic of the disease

subjective symptoms.

objective symptoms

Patient-Centered Problem

Mr. Smith, a patient on the same ward as Mr. Brown, is a post-operative colostomy patient. He is preparing to go home. Discuss the various facets of patient teaching that must be taught by the nurse.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System		Structure and fu Prevention of ec surgical wound Colostomy dressi good skin care prevention of teaching patie Irrigations Application and Diet management Psychological su medical superv Patient-Cer
	Gastrostomy care	Mr. White is hav feedings. Descr How are foods pr meet Mr. White's Reasons for gast Good oral care Good skin care a Diet management Emotional adjust
	Nursing care of the patient with diseases and disorders of the gastro-intestinal system	Causes Symptoms - observ Treatment and me Nursing care Diet management Diagnostic tests Special mouth ca
	Inflammatory diseases Stomatitis	
	Thrush	
	Gastritis Enteritis	Care of symptoms nausea, diarrh

Content Development

Patient-Related Activities

with
orders
stem

Gastrostomy care

Nursing care of the patient with diseases
and disorders of the gastro-intestinal
system

Inflammatory diseases
Stomatitis

Thrush

Gastritis
Enteritis

Structure and function of colostomy
Prevention of contamination of the
surgical wound
Colostomy dressings
good skin care
prevention of odors
teaching patient self-care
Irrigations
Application and care of ileostomy bag
Diet management
Psychological support; continued
medical supervision
Patient-Centered Problem

Mr. White is having regular gastrostomy
feedings. Describe the methods used.
How are foods prepared in order to
meet Mr. White's dietary needs?
Reasons for gastrostomy prosthesis
Good oral care
Good skin care around wound
Diet management.
Emotional adjustment

Causes.
Symptoms - observation of patients
Treatment and medications
Nursing care
Diet management
Diagnostic tests
Special mouth care; good oral hygiene

Care of symptoms as they appear; e.g.,
nausea, diarrhea

Topic	Content Development	Patient Related Act
Care of Patients with Diseases and Disorders of Intestinal System	Colitis acute chronic	Need for psychothe support Intravenous fluids Drug therapy - antibiotics penicillin Mycostatin sulfonamides sedation - phenobarbital nembutal chloral hydrate ACTH
	Appendicitis	Observation of symptoms Danger of peritonitis
	Tumors cancer of the mouth cancer of the esophagus cancer of the stomach cancer of the colon cancer of the rectum benign tumors	Causes and predisposing factors Symptoms Diagnostic tests Treatment Nursing care - including support of patient Problem of narcotic addiction
	Peptic ulcer	Mr. Brown has been peptic ulcer patient doctor order a prescription amphojel q. 4h. and cathartics indicated Define and locate Cause Symptoms Diagnostic tests Treatment - diet Nursing care - symptom support

Content Development

Patient Related Activities

with
orders
em

Colitis
acute
—chronic

Need for psychotherapy and emotional support
Intravenous fluids
Drug therapy
antibiotics
penicillin
Mycostatin
sulfonamides

sedation -
phenobarbital
nembutal
chloral hydrate
ACTH

Appendicitis

Observation of symptoms
Danger of peritonitis

Tumors

cancer of the mouth
cancer of the esophagus
cancer of the stomach
cancer of the colon
cancer of the rectum
benign tumors

Causes and predisposing factors
Symptoms
Diagnostic tests
Treatment
Nursing care - include psychological support of patient
Problem of narcotic addiction

Peptic ulcer

Mr. Brown has been diagnosed as a peptic ulcer patient. Why did the doctor order a progressive Sippy diet, amphojel q. 4h. and bed rest? Why are cathartics indicated?
Define and locate peptic ulcer
Cause
Symptoms
Diagnostic tests
Treatment - diet
Nursing care -- symptomatic, emotional support

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System	<p>Peritonitis Intestinal obstruction Hernia - classify Congenital malformations Atresias Fistulas Cleft lip and palate</p> <p>Functional disorders Indigestion Constipation Cardiospasm and pylorospasm Anal sphincter spasm Hyperacidity Psychic vomiting Air swallowing Hyperemesis gravidarum</p>	<p>Complications Charting Drug therapy sedation barbiturates tranquilizer antacids anti-spasmodic</p> <p>Incidence of pro- chromosomes Education of par- condition</p>
	<p>Nursing patients with diseases and dis- orders of the accessory organs of digestion liver biliary system pancreas</p>	<p>Patient-Ce</p> <p>Mrs. Snow has be- symptoms of acute pain. Signs of eyes and in skin of headache, fati The doctor puts t precautions and d made. A diagnosi unknown origin is</p>

Content Development

Patient-Related Activities

s with
sorders
ystem

Peritonitis
Intestinal obstruction
Hernia - classify
Congenital malformations
 Atresias
 Fistulas
 Cleft lip and palate

Functional disorders
 Indigestion
 Constipation
 Cardiospasm and pylorospasm
 Anal sphincter spasm
 Hyperacidity
 Psychic vomiting
 Air swallowing
 Hyperemesis gravidarum

Nursing patients with diseases and dis-
orders of the accessory organs of
digestion
 liver
 biliary system
 pancreas

Complications
Charting
Drug therapy
 sedation
 barbiturates or
 tranquilizers
 antacids
 anti-spasmodics

Incidence of problems - heredity,
chromosomes
Education of parents in accepting the
condition

Patient-Centered Problem

Mrs. Snow has been admitted with
symptoms of acute upper right quadrant
pain. Signs of jaundice appeared in
eyes and in skin, T. 102° F., complains
of headache, fatigue, and photophobia.
The doctor puts the patient on isolation
precautions and diagnostic tests are
made. A diagnosis of hepatitis of
unknown origin is made upon admission.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System	Nursing the patient with operative conditions of the gastro-intestinal system	<p>What are the dia Why is the patien precautions? Work out a nursi includes diet and drug therap diuretics anti-spasmod sedatives Patient-Cent</p>
	Surgery of mouth cleft lip and palate tumors	<p>Mary Jones has b symptoms of lower vomiting, temper distention of the appears dehydrat Upon questioning has not had a bo or five days. T include:</p>
	Abdominal surgery Gastrectomy Appendectomy	<p>bedrest nothing by moun cleansing enem routine urine pre-operative post-operative</p>
	Colectomy Intestinal obstruction Hemiorrhaphy Cholecystectomy Hemorrhoidectomy	<p>How would the re assist the docto decision to oper Admission of pat Location of cond Pre-operative te Need for surgery Pre-operative pr Support of patie Recovery room Post-operative c Rehabilitation Patient and fami</p>

Content Development

Patient-Related Activities

with
orders of
em

Nursing the patient with operative conditions of the gastro-intestinal system

Surgery of mouth
cleft lip and palate,
tumors

Abdominal surgery
Gastrectomy
Appendectomy

Colectomy
Intestinal obstruction
Herniorrhaphy
Cholecystectomy
Hemorrhoidectomy

What are the diagnostic tests ordered?
Why is the patient on isolation precautions?

Work out a nursing care plan which includes diet management, treatment, and drug therapy

diuretics
anti-spasmodics
sedatives

Patient-Centered Problem

Mary Jones has been admitted with symptoms of lower left quadrant pain, vomiting, temperature 103° F., distention of the abdomen. The patient appears dehydrated and apprehensive. Upon questioning, she states that she has not had a bowel movement for four or five days. The doctor's orders include:

bedrest
nothing by mouth
cleansing enema
routine urine and blood test
pre-operative medications
post-operative medications

How would the results of the tests assist the doctor in making his decision to operate?

Admission of patient
Location of condition
Pre-operative tests
Need for surgery
Pre-operative preparation
Support of patient to operating room
Recovery room
Post-operative care
Rehabilitation

Patient and family teaching

Topic	Content Development	Patient-Related Act
Care of the Patients with Diseases and Disorders of the Urinary System	<p>Review structure and function</p> <p>Causes of urinary diseases and disorders</p> <ul style="list-style-type: none"> Pathogenic organisms Obstructions in urinary tract Tumors Trauma Allergies Degenerative diseases <p>Urinary output</p> <ul style="list-style-type: none"> normal daily urine output abnormal conditions <ul style="list-style-type: none"> retention retention with overflow suppression residual incontinence 	<p>Patient-Centered</p> <p>Mr. Smythe was admitted to medical ward with edema, puffiness about the ankles. He had a small and tender lump in the groin and difficulty in breathing. He had a feeling of general weakness. He had gone to work for two weeks. His orders include:</p> <ul style="list-style-type: none"> urine tests - routine blood tests - routine throat culture low sodium - low sodium diet measure intake and output restrict fluids weigh daily <p>Why is it important to measure intake and output? What is included? What tests and procedures determine bladder activity? What methods are used to collect specimens? How does the nurse manage a patient in a stress situation? Define each of the following terms:</p> <ul style="list-style-type: none"> hematuria anuria dysuria polyuria

Content Development

Patient-Related Activities

with
rs of

Review structure and function

Causes of urinary diseases and disorders

- Pathogenic organisms
- Obstructions in urinary tract
- Tumors
- Trauma
- Allergies
- Degenerative diseases

Urinary output,

- normal daily urine output
- abnormal conditions
 - retention
 - retention with overflow
 - suppression
 - residual
 - incontinence

Patient-Centered Problem

Mr. Smythe was admitted to the male medical ward with complaints of puffiness about the eyes, face, and ankles. He had a sore throat, headache, and small tender lumps in each groin and difficulty in breathing. He had a feeling of general malaise and had not gone to work for two days. The doctor's orders include:

- urine tests - routine
- blood tests - routine, blood urea
- throat culture
- low sodium - low protein diet
- measure intake and output
- restrict fluids
- weigh daily

Why is it important to measure daily intake and output?

What is included?

What tests and procedures are used to determine bladder and kidney function?

What methods are used to collect urine specimens?

How does the nurse support the patient in a stress situation?

Define each of the following conditions:

- hematuria
- anuria
- dysuria
- polyuria

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System	Composition of urine physical characteristics chemical composition abnormal constituents	Drug therapy Diuretics function effect kinds: mercurial, toxicology Diagnostic tests collection of routine sterile catheterized washed and urine tests commercial; fractional (urine culture kidney function urea clearance non-protein blood urea nitrogen concentration phenolsulfonamide other tests and radio-opaque substances and x-ray pyelography; cystography; cystoscopy dialysis

Content Development

Patient-Related Activities

s with
sorders of

Composition of urine
physical characteristics
chemical composition
abnormal constituents

Drug therapy

Diuretics

function

effect

kinds:

mercurial, thiazide

toxicology

Diagnostic tests and procedures

collection of specimens

routine

sterile

catheterized

washed and "clean catch" specimen

urine tests

commercial: "Clinitest, Acetest"

fractional (two-glass) test

urine culture

kidney function tests

urea clearance

non-protein nitrogen "N.P.N."

blood urea nitrogen "B.U.N."

concentration and dilution tests

phenolsulfonphthalein "P.S.P."

other tests and procedures - use of

radio-opaque

substances and dyes

x-ray

pyelography: intravenous, retrograde

cystography

cystoscopy

dialysis

Topic	Content Development	Patient-Related Activities
Care of the Patients with Diseases and Disorders of Urinary System	Specific aspects of nursing the patient with diseases and disorders of the urinary system	outline to be used above tests preparation of patient doctor's orders assist with procedure care of the specimen laboratory charting after care of patient Patient-Centered Mr. Smythe is complaining of lower back pain. He has blood in his urine and his temperature is elevated. He had an episode of shaking. Follow doctor's orders including routine urinalysis and intravenous pyelogram.
	intake and output	Why are the above tests needed? What will the "I.V." be used for?
	provision for urinary drainage	Patient assist with record. High fluid intake.
	purpose methods catheter care post-operative catheter care pyelostomy nephrostomy ureterostomy cystostomy	Review care of equipment after procedure. Outline to be followed for each condition purposes of catheter location of catheter post-operative nursing observation of catheter procedure for catheter charting

Content Development

Patient-Related Activities

nts
Disorders

Specific aspects of nursing the patient
with diseases and disorders of the urinary
system

intake and output

provision for urinary drainage

purpose
methods
catheter care
post-operative catheter care
pyelostomy
nephrostomy
ureterostomy
cystostomy

outline to be used for each of the
above tests

preparation of patient - follow
doctor's orders exactly - medication
assist with procedure
care of the specimen: labeling, to
laboratory
charting
after care of patient

Patient-Centered Problem

Mr. Smythe is complaining of sharp
lower back pain. He says that there
is blood in his urine at times. Tem-
perature elevated to 104° F. following
an episode of shaking chills. The
doctor's orders include:

routine urinalysis
intravenous pyelogram

Why are the above tests ordered?
What will the "I.V.P." reveal?

Patient assist with intake and output
record. High fluid intake.

Review care of equipment during and
after procedure.

Outline to be followed for each
condition

purposes of catheters
location of catheters
post-operative nursing care
observation of catheters and drainage
procedure for catheter irrigation
charting

Topic	Content Development	Patient-Related Act
Care of Patients with Diseases and Disorders of Urinary System	removal of catheters	Teaching patient to including:
	dressings	ureterostomy cup
	need of types	ileostomy bag
		Drug therapy
		ointments for skin
		Desitin
		A & D
	ileal bladder care	Use of disposable
		Prevention of odor
		Care of skin
	follow-up care	Continuity of care home rehabilitation
	Non-infectious diseases	After three weeks
	Bright's Disease	free. He is beginn
	Nephritis	for discharge. Dis
	Nephrosis	of patient and fam
	Nephrosclerosis	diet
	Toxemias of pregnancy	medication
		sedation
		diuretics
		anti-spasmodic
		daily weighing
		awareness of pos
		related to his co

Content Development

Patient-Related Activities

th
lers

removal of catheters

dressings

need of
types

ileal bladder care

follow-up care

Non-infectious diseases
Bright's Disease
Nephritis
Nephrosis
Nephrosclerosis
Toxemias of pregnancy

Teaching patient to care for dressings,
including:

ureterostomy cup
ileostomy bag

Drug therapy

ointments for skin

Desitin

A & D

Use of disposable bag

Prevention of odor

Care of skin

Continuity of care between hospital and
home rehabilitation

After three weeks Mr. Smythe is symptom-
free. He is beginning to be prepared
for discharge. Discuss the education
of patient and family in relation to
diet

medication

sedation

diuretics

anti-spasmodics

daily weighing

awareness of possible symptoms
related to his condition

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System	Infectious diseases Cystitis Pyelitis and Pyelonephritis Peri-nephritic abscess Tuberculosis of the kidney Obstruction of the urinary system renal calculi renal colic Hydronephrosis Traumatic injuries Tumors Renal failure - uremia	Use following of occurrence symptoms diagnostic tests treatment drug therapy antibiotics Demerol anti-spasmodics nursing care education of patient charting - include Mr. Smythe has had exaggerated symptoms of nephritis. He has decreased urinary output, swelling of face and ankles. Discuss dialysis to increase output. Describe cause and pitting edema. What medications increase kidney output? Discuss the nursing care of patient having renal dialysis. Mr. Smythe's lab report shows presence of kidney stones. result, the doctor will perform a nephro
	Operative conditions Nephrectomy Nephrostomy	

Content Development

Patient-Related Activities

ts with
 Disorders
tem

Infectious diseases
 Cystitis
 Pyelitis and Pyelonephritis
 Peri-nephritic abscess
 Tuberculosis of the kidney

Obstruction of the urinary system
 renal calculi
 renal colic

Hydronephrosis

Traumatic injuries

Tumors

Renal failure - uremia

Operative conditions
 Nephrectomy
 Nephrostomy

Use following outline for each condition
occurrence
symptoms
diagnostic tests
treatment
drug therapy

antibiotics - penicillin
Demerol
anti-spasmodics
nursing care
education of patient and family
charting - include "Intake and Output"

Mr. Smythe has been readmitted with exaggerated symptoms of chronic nephritis. He has a greatly decreased urinary output, marked swelling of face and ankles. The doctor orders dialysis to increase kidney function.

Describe cause and characteristics of pitting edema.
What medications could be used to increase kidney function?
Discuss the nursing care of patient having renal dialysis.

Mr. Smythe's laboratory tests show the presence of kidney stones. As a result, the doctor has decided to perform a nephrostomy.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System	<p>Ureteral transplants Uretero-sigmoidostomy Ileostomy Cutaneous ureterostomy Neobladder</p> <p>Ureterotomy Cystotomy and cystectomy Urethral stricture Congenital malformations Renal homotransplants</p> <p>Psycho-social aspect</p>	<p>What are the adm Mr. Smythe? What diagnostic What is a nephro performed? What are the pos complications?</p> <p>Mr. Smythe must b from the hospita How do you prepa family for his o hospital?</p> <p>Stress psycholog</p> <p>Patients feel ve loss of a kidney Keep patient dry</p>

Content Development

Patient-Related Activities

s with
sorders
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Ureteral transplants
Uretero-sigmoidostomy
Ileostomy
Cutaneous ureterostomy
Neobladder

Ureterotomy
Cystotomy and cystectomy
Urethral stricture
Congenital malformations
Renal homotransplants

Psycho-social aspect

What are the admission routines for Mr. Smythe?
What diagnostic tests are involved?
What is a nephrostomy and why is it performed?
What are the possible post-operative complications?

Mr. Smythe must be prepared for discharge from the hospital.
How do you prepare Mr. Smythe and the family for his discharge from the hospital?

Stress psychological stress of patient.

Patients feel very threatened by the loss of a kidney.
Keep patient dry, clean, and odor free.

Topic	Content Development	Patient-Related Ad
Care of Patients with Diseases and Disorders of Reproductive System	Review structure and function puberty menstruation menopause	
	Disturbances of menstruation dysmenorrhea amenorrhea menorrhagia metrorrhagia	Patient-Cer Mrs. Ramirez, mother is admitted to the hospital with a diagnosis of metrorrhagia, a feeling of pressure in the pelvic region. She is twenty years old and her youngest child is ten years old. Mrs. Ramirez has an enlarged abdomen and great fatigue. She is concerned that she may be pregnant and might abort.
	Diagnostic tests and procedures physical examination Aschheim-Zondek test Friedman test Rubin test Papanicolaou Smear test	The following orders were given by the doctor: in bed admission specimen Aschheim-Zondek Test complete physical examination flat plate of the pelvis
	Nursing the female patient with diseases and disorders of the reproductive system conditions affecting external genitals and vagina vulvitis, vulvectomy vaginitis leukorrhoea vulvovaginitis vesicovaginal fistula, cystocele recto-vaginal fistula, rectocele malignant lesion conditions affecting cervix and uterus cervicitis uterine displacement prolapse tumors hysterectomy	A diagnosis of uterine displacement was made. What symptoms did you observe? What further tests were ordered? How is the patient's condition? diagnostic tests? Hysterectomy is recommended by the physician. How are Mr. and Mrs. Ramirez prepared for this surgical procedure? Why is this preparation necessary?

Content Development

Patient-Related Activities

with
diseases
system

Review structure and function
puberty
menstruation
menopause

Disturbances of menstruation
dysmenorrhea
amenorrhea
menorrhagia
metrorrhagia

Diagnostic tests and procedures
physical examination
Aschheim-Zondek test
Friedman test
Rubin test
Papanicolaou Smear test

Nursing the female patient with
diseases and disorders of the
reproductive system
conditions affecting external
genitals and vagina
vulvitis, vulvectomy
vaginitis
leukorrhea
vulvovaginitis
vesicovaginal
fistula, cystocele
recto-vaginal
fistula, rectocele
malignant lesion
conditions affecting cervix and
uterus
cervicitis
uterine displacement
prolapse
tumors hysterectomy

Patient-Centered Problem

Mrs. Ramirez, mother of two children, is admitted to the hospital complaining of metrorrhagia, dysmenorrhea, and a feeling of pressure in the pelvic region. She is twenty-eight years old, and her youngest child is two years old. Mrs. Ramirez complains of an enlarged abdomen and a feeling of great fatigue. She is also concerned that she may be pregnant and that she might abort.

The following orders were left by her doctor:

in bed
admission specimens of urine and stool
Aschheim-Zondek Test
complete physical examination
flat plate of the abdomen

A diagnosis of uterine fibroids was made. What symptoms determined this diagnosis? What further tests will verify it? How is the patient prepared for diagnostic tests?

Hysterectomy is recommended by physician. How are Mr. and Mrs. Ramirez prepared for this surgical procedure? Why is this preparation essential?

Topic	Content Development	Patient-Related A
Care of Patients with Diseases and Disorders of Reproductive System	Special clinics fertility contraception family planning	
Female	Conditions affecting ovaries and fallopian tubes salpingitis-salpingectomy cysts and tumors - oophorectomy ectopic pregnancy Drug therapy general anesthesia intravenous fluids whole blood transfusion demerol milk of magnesia mineral oil Conditions affecting the breast self-examination mastitis tumors benign malignant mastectomy simple radical rehabilitation	

Content Development

Patient-Related Activities

Special clinics
fertility
contraception
family planning

Conditions affecting ovaries and
fallopian tubes
salpingitis-salpingectomy
cysts and tumors - oophorectomy
ectopic pregnancy

Drug therapy
general anesthesia
intravenous fluids
whole blood transfusion
demerol
milk of magnesia
mineral oil

Conditions affecting the breast
self-examination
mastitis
tumors
benign
malignant
mastectomy
simple
radical
rehabilitation

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Reproductive System	Nursing the male patient external genitalia congenital malformations cryptorchidism penile ulcerations malignant lesions	
Male	Testes and adjacent structures epididymitis orchitis hydrocele tumors	Patient-Cen
	Prostate glands prostatectomy acute benign cancer	Mr. Schwartz, age the hospital comp nocturnal urinatio starting the stro hematuria. Mr. S He states that he family.

Content Development

Patient-Related Activities

with
orders of
sem

Nursing the male patient
external genitalia
congenital malformations
cryptorchidism
penile ulcerations
malignant lesions

Testes and adjacent structures
epididymitis
orchitis
hydrocèle
tumors

Prostate glands
prostatectomy
acute
benign
cancer

Patient-Centered Problem-

Mr. Schwartz, aged 76, is admitted to the hospital complaining of frequent nocturnal urination and difficulty in starting the stream and frequent hematuria. Mr. Schwartz is apprehensive. He states that he has no interested family.

Topic	Content Development	Patient-Related Activities
Care of Patient with Diseases and Disorders of Reproductive System	<p>Prostatectomy</p> <p>Surgical procedures</p> <ul style="list-style-type: none"> reasons for performing surgery diagnostic procedure laboratory tests preparation: physical, emotional, family post-operative care methods of treatment <ul style="list-style-type: none"> exenteration-evisceration pelvic perfusion radium implant cobalt therapy rehabilitation 	<p>The admission orders include:</p> <ul style="list-style-type: none"> rest in bed chart and total intake routine admission tests 24-hour specimen I.V.P. P.S.P. complete physical examination drug therapy <ul style="list-style-type: none"> urinary antiseptic phenobarbital general, or local anesthetic <p>A diagnosis of prostatic hypertrophy was made. An indwelling catheter was placed on the patient.</p> <p>Why is prostatic hypertrophy present at this age?</p> <p>Why was a "24-hour specimen" ordered on admission?</p> <p>Why was an indwelling catheter placed following diagnosis?</p> <p>Outline care of the patient with an indwelling catheter.</p> <p>A prostatectomy is recommended by Mr. Schwartz's physician.</p> <p>How is the patient prepared for surgery physically, mentally, and emotionally?</p> <p>Develop the nursing care plan for post-operative care.</p> <p>How can the hospital social service department contribute to the patient's rehabilitation?</p>

Prostatectomy

Surgical procedures
 reasons for performing surgery
 diagnostic procedure
 laboratory tests
 preparation: physical, emotional,
 family
 post-operative care
 methods of treatment
 exenteration-evisceration
 pelvic perfusion
 radium implant
 cobalt therapy
 rehabilitation

The admission orders include:
 rest in bed
 chart and total intake and output
 routine admission tests
 24-hour specimen
 I.V.P.
 P.S.P.
 complete physical examination
 drug therapy
 urinary antiseptic
 phenobarbital
 general or local anesthesia

A diagnosis of prostatic hypertrophy is made. An indwelling catheter is inserted. Patient is placed on force fluids.

Why is prostatic hypertrophy serious at this age?
 Why was a "24-hour specimen" of urine ordered on admission of the patient?
 Why was an indwelling catheter inserted following diagnosis?
 Outline care of the patient with an indwelling catheter.

A prostatectomy is recommended by Mr. Schwartz's physician.

How is the patient prepared for surgery: physically, mentally, and emotionally?
 Develop the nursing care plan for post-operative care.
 How can the hospital social service department contribute to a plan for rehabilitation?

Topic	Content Development	Patient-Related Act
Care of Patients with Diseases and Disorders of Reproductive System -Female	Abortion classification and causes spontaneous threatened incomplete missed habitual therapeutic criminal Dangers of abortion Abortions and the law	List the dangers of Report on what is t abortions in this state.

Content Development

Patient-Related Activities

with
orders
System

Abortion
classification and causes
spontaneous
threatened
incomplete
missed
habitual
therapeutic
criminal

Dangers of abortion

Abortions and the law

List the dangers of abortion.

Report on what is the legality of
abortions in this city and this
state.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Reproductive System	Venereal disease classification syphilis gonorrhea chancroid lymphogranuloma venereum lymphogranuloma inguinale	Report on incidence of disease of adolescence List available agencies where treatment made
Male and Female	Causes Symptoms Diagnosis United States Public Health Service Treatment Complications Sociologic Factors Trends	

Content Development

Patient-Related Activities

with
orders
System

Venereal disease
classification
syphilis
gonorrhea
chancroid
lymphogranuloma venereum
lymphogranuloma inguinale

Causes
Symptoms
Diagnosis
United States Public Health Service
Treatment
Complications
Sociologic Factors
Trends

Report on incidence of venereal
disease of adolescence today.

List available agencies in New York City
where treatment may be obtained.

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of the Endocrine System	Review structure and function of the endocrine glands	
Thyroid	Diagnostic tests and procedures blood chemistry urine-analysis - 24-hour specimen basal metabolic rate P.B.I. radio-active iodine uptake method precautions	Patient-Centered
	Diseases and disorders of the thyroid gland simple goiter hyperthyroidism - Graves' disease symptoms diagnostic tests treatment - Lugo's solution, phenobarbital nursing care / propylthiouracil thyroidectomy preparation for surgery post-operative care hypothyroidism myxedema - adult cretinism - child symptoms diagnostic tests treatment - thyroid extract nursing care Tumors of the thyroid surgical removal irradiation Surgery pre-operative preparation of the patient post-operative care	Mrs. Reilly, a 26-year-old clerical worker, had a history of nervousness, difficulty swallowing, rapid weight loss. She was irritable and "cried." Her doctor advised hospitalization and further tests. Admission orders include bed rest with bathroom privileges, house diet - 3500 calories, propylthiouracil 100 mg q.d., phenobarbital 100 mg q.d., weight g.d., routine tests including P.B.I. Why was a 3500-calorie diet ordered for Mrs. Reilly? What is the purpose of propylthiouracil for this patient daily? What symptoms would you expect to help to allay?

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM

Content Development

Patient-Related Activities

Review structure and function of the endocrine glands

Diagnostic tests and procedures
blood chemistry
urine-analysis - 24-hour specimen
basal metabolic rate
P.B.I.
radio-active iodine uptake
method
precautions

Diseases and disorders of the thyroid gland
simple goiter
hyperthyroidism - Graves' disease
symptoms
diagnostic tests
treatment - Lugo's solution, phenobarbital
nursing care / propylthiouracil
thyroidectomy
preparation for surgery
post-operative care
hypothyroidism
myxedema - adult
cretinism - child
symptoms
diagnostic tests
treatment - thyroid extract
nursing care
Tumors of the thyroid
surgical removal
irradiation
Surgery
pre-operative preparation of the patient
post-operative care

Patient-Centered Problem

Mrs. Reilly, a 26 year-old married clerical worker, has noticed a feeling of nervousness, difficulty in swallowing, rapid heart beat, and weight loss. She has become increasingly irritable and "cries over nothing." The doctor advised hospitalization for rest and further tests.

Admission orders include:
bed rest with bathroom privileges
house diet - 3500 calories
propylthiouracil 200 mg. t.i.d.
phenobarbital gr. $\frac{1}{4}$ t.i.d.
weigh g.d.
routine tests including blood, urine, P.B.I.

Why was a 3500-calorie diet ordered for Mrs. Reilly?
What is the purpose of weighing the patient daily?
What symptoms would the phenobarbital help to allay?

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of the Endocrine System	Thyroidectomy	Her doctor recommended explained the need to both Mr. and Mrs.
Thyroid	pre-operative care	Pre-operative order N.P.O. after mid s.s. enema this preparation of neoseconal gr. 1½ H demerol 50 mg. a I.M. at 6:45 A type and cross m blood
	post-operative care	How is Mrs. Reilly? Would she require Why? Post-operative order flat in bed until then semi-Fowler B.P. and pulse q Demerol 25 mg. q fluids and soft What are some of the complications that observe? Why is the patient position? Indicate why B.P. and recorded q. Make a list of abbreviations for this patient-centered care sure you know the

Content Development

Patient-Related Activities

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ers
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Thyroidectomy

Her doctor recommended surgery and explained the need and the procedure to both Mr. and Mrs. Reilly.

pre-operative care

Pre-operative orders include:

N.P.O. after midnight
s.s. enema this evening
preparation of neck, chest, shoulders
seconal gr. $1\frac{1}{2}$ h.s.
demerol 50 mg. and atropine gr. 1/100
I.M. at 6:45 A.M. OR - 7:30 A.M.
type and cross match for 1000 c.c. of
blood

How is Mrs. Reilly prepared for surgery?
Would she require emotional support?
Why?

post-operative care

Post-operative orders include:
flat in bed until fully reacted,
then semi-Fowler's position
B.P. and pulse q. 15 min. until stable
Demerol 25 mg. q. 4 h., p.r.n.
fluids and soft diet as tolerated

What are some of the post-operative complications that the nurse might observe?

Why is the patient kept in semi-Fowler's position?

Indicate why B.P. and pulse are taken and recorded q. 15 min.

Make a list of abbreviations used in this patient-centered problem and be sure you know the meaning of each.

Topic	Content Development	Patient-Related A
Care of Patients with Diseases and Disorders of Endocrine System	Diseases and disorders of the pancreas diabetes mellitus symptoms nursing care plan urine testing diet calculated for individual patient insulin hypodermic regular crystalline protamine zinc oral orinase diabinese D.B.I. hygiene	Patient-Center Bobby, aged seven hospital in a sta He is having diff his breath has a mother and father an upset stomach, and then "fell as their family doct unable to rouse B meet him with Bob of the hospital. What is the cause of the breath? Why did the docto bring Bobby to immediately?
Pancreas		
Islands of Langerhans		
	Complication acidosis and coma insulin reaction arteriosclerosis inflammation of retina peripheral neuritis pregnancy surgery	The doctor ordere urine analysis to An intravenous in Bobby was admitte Following the res diagnosis of poss was made. What is diabetes Of what diagnosti sugar, and urine
	hypoglycemia	Regular insulin w administered care When Bobby regain further testing w the diagnosis. "What additional b done? What urinc tests w

Content Development

Patient-Related Activities

Diseases and disorders of
the pancreas

diabetes mellitus

symptoms

nursing care plan

urine testing

diet calculated for

individual patient

insulin

hypodermic

regular

crystalline

protamine zinc

oral

orinase

diabinese

D.B. I.

hygiene

Complication

acidosis and coma

insulin reaction

arteriosclerosis

inflammation of retina

peripheral neuritis

pregnancy

surgery

hypoglycemia

Patient-Centered Problem

Bobby, aged seven, is admitted to the hospital in a state of unconsciousness. He is having difficulty in breathing; his breath has a peculiar odor. His mother and father said that he had had an upset stomach, had been vomiting, and then "fell asleep." They called their family doctor when they were unable to rouse Bobby. He asked them to meet him with Bobby in the emergency room of the hospital.

What is the cause of the peculiar odor of the breath?

Why did the doctor ask the parents to bring Bobby to the hospital immediately?

The doctor ordered a blood, sugar, and urine analysis to be done immediately. An intravenous infusion was started and Bobby was admitted to the hospital. Following the results of the tests a diagnosis of possible diabetes mellitus was made.

What is diabetes mellitus?
Of what diagnostic value was the blood, sugar, and urine analysis?

Regular insulin was ordered to be administered carefully in the I.V. When Bobby regained consciousness further testing was done to confirm the diagnosis.

What additional blood tests will be done?

What urine tests will be done?

Topic	Content Development	Patient-Related A
Care of Patients with Disorders and Diseases of Endocrine System Pancreas Islands of Langerhans		Diabetes mellitus Bobby and his par to care for this What hospital age in this teachin What are the majo teaching must t How is Bobby help adjustment to n
Parathyroid	Diseases and disorders of the parathyroid hyper-parathyroidism- (spontaneous fracture) hypo-parathyroidism-tetany	Drug therapy calcium lactate A.T. .10 or hytake
Adrenal	Diseases and disorders of the adrenals adrenal cortex secretions hormones steroids Addison's Disease - hypo- secretion Cushing's Syndrome - hyper- secretion medulla hormones	

Content Development

Patient-Related Activities

with
cases of

rhans

Diabetes mellitus is confirmed.
Bobby and his parents must be taught
to care for this condition.
What hospital agencies would be involved
in this teaching?
What are the major areas in which
teaching must take place?
How is Bobby helped to make an
adjustment to normal living?

Diseases and disorders of
the parathyroid
hyper-parathyroidism-
(spontaneous fracture)
hypo-parathyroidism-tetany

Drug therapy
calcium lactate
A.T. 10 or hytaveol

Diseases and disorders of the adrenals
adrenal cortex
secretions
hormones
steroids
Addison's Disease - hypo-
secretion
Cushing's Syndrome - hyper-
secretion
medulla
hormones

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Topic	Content Development	Patient-Related Activities
Care of Patients with Disorders and Diseases of Endocrine System	Diseases and disorders of the pituitary gland - master gland secretions anterior lobe posterior lobe hypersecretion giantism - child acromegaly - adult hyposcretion dwarfism - child	
Pituitary		

with
cases
Diseases and disorders of the
pituitary gland - master gland
secretions
 anterior lobe
 posterior lobe
hypersecretion
 giantism - child
 acromegaly - adult
hyposecretion
 dwarfism - child

Topic	Content Development	Patient-Related A
Care of the Patient with Diseases and Disorders of the Nervous System	<p>Review structure and function of the nervous system</p> <p>Diagnostic tests and procedures</p> <ul style="list-style-type: none"> neurologic examination <ul style="list-style-type: none"> disturbance of sensation vision co-ordination taste smell lumbar puncture cisternal puncture cerebral arteriography ventriculography pneumo-encephalography myelography electroencephalography caloric test radio active iodine - tagged-albumin test x-ray examination 	<p>Study outline, for preparation of preparation of support of patient care of patient care of supplies report and inter results</p>
	<p>Pain</p> <ul style="list-style-type: none"> kinds <ul style="list-style-type: none"> superficial deep referred individual reaction to pain 	<p>Drug therapy</p> <ul style="list-style-type: none"> sedatives narcotics
	<p>Levels of consciousness</p> <ul style="list-style-type: none"> confusion disorientation delirium stupor coma 	<p>Role of the nurse</p> <ul style="list-style-type: none"> acceptance understanding control of patient safety of patient responsibility carrying out do interpreting co and community

Content Development

Patient-Related Activities

Review structure and function of the nervous system

Diagnostic tests and procedures

neurologic examination

disturbance of sensation

vision

co-ordination

taste

smell

lumbar puncture

cisternal puncture

cerebral arteriography

ventriculography

pneumo-encephalography

myelography

electroencephalography

caloric test

radio active iodine - tagged

albumin test

x-ray examination

Study outline for all tests

preparation of patient for examination

preparation of equipment

support of patient during the test

care of patient following the test

care of supplies and equipment

report and interpretation of test

results

Pain

kinds

superficial

deep

referred

individual reaction to pain

Drug therapy

sedatives

narcotics

Levels of consciousness

confusion

disorientation

delirium

stupor

coma

Role of the nurse

acceptance

understanding

control of patient

safety of patient and others

responsibility for patient

carrying out doctor's orders

interpreting condition to relatives

and community

Topic	Content Development	Patient-Related Activities
Care of Patient with Diseases and Disorders of Nervous System	Nursing patients with diseases and disorders of the nervous system	Study outline for causative organisms, symptoms, diagnostic tests, nursing care plan, treatment, isolation techniques, medication
Infectious Diseases	Infectious diseases Meningitis Encephalitis - antibiotics Poliomyelitis - sera C.N.S. syphilis - penicillin, arsenicals Meningo-vascular syphilis Tabes dorsalis General paresis	Study outline for causative organisms, symptoms, diagnostic tests, nursing care plan, treatment, isolation techniques, medication
Degenerative Diseases	Degenerative diseases Multiple sclerosis Parkinson's disease - (paralysis agitans) Myasthenia gravis Cerebral vascular accident (c.v.a.) hemiplegia aphasia Convulsive disorders temperature elevation grand mal petit mal	rehabilitation medication: L-dopa Prostigmin Pyridostigmin (Mestinon) anti-convulsants dilantin phenobarbital diamox

Content Development

Patient-Related Activities

Nursing patients with diseases
and disorders of the nervous system

Infectious diseases

Meningitis

Encephalitis - antibiotics

Poliomyelitis - sera

C.N.S. syphilis - penicillin, arsenicals

Meningo-vascular syphilis

Tabes dorsalis

General paresis

} gold

Study outline for infectious disease

causative organism

symptoms

diagnostic tests

nursing care plan

treatment

isolation technique

medication

rehabilitation

Degenerative diseases

Multiple sclerosis

Parkinson's disease -
(paralysis agitans)

Myasthenia gravis

Cerebral vascular accident (c.v.a.)

hemiplegia

aphasia

Convulsive disorders

temperature elevation

grand mal

petit mal

medication

L-dopa

Prostigmin

Pyridostigmin

(Mestinoa)

anti-convulsants

dilantin

phenobarbital

diamox

Topic	Content Development	Patient-Related A
Care of Patient with Diseases and Disorders of Nervous System	Epilepsy	<p data-bbox="1350 232 1581 258">Patient-Centere</p> <p data-bbox="1315 264 1581 704">Mary Santos is a adolescent showing irritability. She temper tantrums. clinic by her mot of the school heal is uncooperative, and shows signs o and mouth. Her t been bitten rather mother complains nervous and cries vocabulary, when abusive.</p> <p data-bbox="1315 743 1581 959">The doctor orders order to make a d orders include: routine admissi in bed for the regular diet electroencephal</p> <p data-bbox="1315 998 1581 1117">Why were these syn the school heal What is the purpo electroencephal</p> <p data-bbox="1315 1156 1581 1305">The second day af A.M., Mary had a The nurse called who was able to o seizure.</p>

Content Development

Patient-Related Activities

Epilepsy

Patient-Centered Problem

Mary Santos is a fifteen year old adolescent showing signs of increased irritability. She also has uncontrolled temper tantrums. She is brought to the clinic by her mother at the suggestion of the school health counselor. She is uncooperative, overweight, aggressive, and shows signs of bruises on her face and mouth. Her tongue has recently been bitten rather severely. The mother complains that the child is nervous and cries easily. Her vocabulary, when angry, becomes abusive.

The doctor orders hospitalization in order to make a diagnosis. Admission orders include:

- routine admission tests
- in bed for the first 24 hours
- regular diet
- electroencephalogram

Why were these symptoms significant to the school health counselor?

What is the purpose of the electroencephalogram?

The second day after admission at six A.M., Mary had a grand mal seizure. The nurse called the resident doctor who was able to observe part of this seizure.

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Nervous System	Epilepsy	<p>Orders following complete bed rest, mouth gag at bedside consultation with neurologist.</p> <p>What symptoms did that prompted resident physician to consult neurologist? What first aid did the nurse give?</p> <p>A diagnosis of grand mal was made.</p> <p>Why are Mary and John unable to recognize symptoms? What is the onset of an attack?</p> <p>What medications are ordered? Tridione Dilantin</p> <p>What is the role of the nurse as a health care worker in teaching the family the need for medical supervision and medical supervision?</p> <p>How can the Santitas family accept this condition? Patient-Centered Care</p> <p>Mr. Caruso, aged 65, was brought to the hospital following a fall on a icy street, hitting his head on the curb. Upon admission he was found to have had a blackout and some nausea. He had hit his head on the curb and become temporarily unconscious.</p>
	Head injuries concussion sub-dural hemorrhage	

Content Development

Patient-Related Activities

with
orders
m

Epilepsy

Orders following the seizure included:
complete bed rest
mouth gag at bedside
consultation with neurological staff

What symptoms did the nurse observe
that prompted her to call the
resident physician?

What first aid and protective measures
did the nurse carry out?

A diagnosis of grand mal epilepsy was
made.

Why are Mary and her family taught to
recognize symptoms leading to the
onset of an attack?

What medications and protective measures
are ordered?

Tridione

Dilantin

What is the role of the hospital social
worker in teaching Mary and her
family the need for continuing care
and medical supervision?

How can the Santos family be helped to
accept this condition?

Patient-Centered Problem

Mr. Caruso, aged 35, was admitted to
the hospital following a fall on an
icy street, hitting his head on the
curb. Upon admission he complained of
having a blackout, headache, dizziness,
and some nausea. He reported that he
had hit his head so hard that he had
become temporarily cross-eyed.

Head injuries
concussion
sub-dural hemorrhage

Topic	Content Development	Patient-Related A
Care of Patient with Diseases and Disorders of Nervous System	Head injuries	His admission ord complete bed re routine laborat soft diet lumbar puncture complete neurol
	Concussion sub-dural hemorrhage	What symptoms cau suspicious of a Why was the supin What is the purpo puncture? What is included neurological ex
	craniotomy	As a result of th of concussion was specimen of spina A spinal puncture done q.o.d. Mr, ively more uncomf disoriented and h in severity. The an increased amou consultation with held. Following patient's conditi diagnosis of sub- made. Cerebral a performed. A cra to relieve the pr the hematoma. Th to the intensive

Content Development

Patient-Related Activities

with
orders

Head injuries

His admission orders included:
complete bed rest - flat in bed
routine laboratory tests
soft diet
lumbar puncture, stat.
complete neurological examination

What symptoms caused the nurse to be suspicious of a head injury?
Why was the supine position ordered?
What is the purpose of the lumbar puncture?
What is included in the complete neurological examination?

Concussion
sub-dural hemorrhage

As a result of the tests, a diagnosis of concussion was made. A bedside specimen of spinal fluid was ordered. A spinal puncture was ordered to be done q.o.d. Mr. Caruso grew progressively more uncomfortable, confused, disoriented and headaches increased in severity. The spinal fluid showed an increased amount of blood. A consultation with a neurosurgeon was held. Following a study of the patient's condition and the tests, a diagnosis of sub-dural hematoma was made. Cerebral arteriography was performed. A craniotomy was scheduled to relieve the pressure and to remove the hematoma. The patient was moved to the intensive care unit.

craniotomy

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Nervous System	Neuritis and neuralgia polyneuritis sciatica trigeminal neuralgia	What would a cer the doctor? How is the patien How was the patie prepared for th surgery? What is the immed care of the pat What should be in teaching?
	Bell's Palsy Injuries to spinal cord incidence Quadriplegia Hemiplegia Paraplegia first aid positioning elimination diet relief of pain - narcotics daily care complications rehabilitation patient family community rupture of intervertebral disc tumors of brain and spinal cord	Drug therapy : Vitamin B ₁ sedatives narcotics Rehabilitation pr Disfigurement

Content Development

Patient-Related Activities

lth
orders

Neuritis and neuralgia
polyneuritis
sciatica
trigeminal neuralgia

Bell's Palsy
Injuries to spinal cord
incidence
 Quadriplegia
 Hemiplegia
 Paraplegia
first aid
positioning
elimination diet
relief of pain - narcotics
daily care
complications
rehabilitation
 patient
 family
 community
rupture of intervertebral disc
tumors of brain and spinal cord

What would a cerebral arteriography tell the doctor?
How is the patient prepared for surgery?
How was the patient and his family prepared for the possible results of surgery?
What is the immediate post-operative care of the patient?
What should be included in patient teaching?

Drug therapy
 Vitamin B₁
 sedatives
 narcotics

Rehabilitation problem
Disfigurement

Topic	Content Development	Patient-Related Act
Care of Patient with Diseases and Disorders of Nervous System	Operative procedures craniotomy laminectomy	Study outline for symptoms diagnostic tests pre-operative pro post-operative c nursing care plan rehabilitation education of fam

Content Development

Patient-Related Activities

Operative procedures
craniotomy
laminectomy

Study outline for surgical conditions
symptoms
diagnostic tests
pre-operative preparation
post-operative care
nursing care plan
rehabilitation
education of family and patient

Topic	Content Development	Patient-Related
Care of the Patient with Diseases and Disorders of Special Senses	<p data-bbox="635 386 1129 443">Review structure and function of the eye.</p> <p data-bbox="635 483 1189 703">Diagnostic tests and procedures physical examination acuity of vision - Snellen chart tonometry tests - increased intra-ocular pressure ophthalmoscope slit lamp</p> <p data-bbox="635 735 1141 963">Diseases and disorders of the eye refractive errors myopia hyperopia astigmatism strabismus color blindness</p> <p data-bbox="635 1092 1114 1338">Inflammatory and infectious eye disorders styes conjunctivitis acute purulent gonorrhoeal trachoma blepharitis</p>	<p data-bbox="1326 768 1592 898">Study outline for cause recognition corrective meas</p> <p data-bbox="1390 930 1592 1052">lenses surgery exercise rehabilitatio</p> <p data-bbox="1326 1092 1592 1304">Study outline for disorders cause recognition of diagnostic test complications</p>

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE SPECIAL SENSES

Content Development

Patient-Related Activities

Review structure and function of the eye.

Diagnostic tests and procedures
physical examination
acuity of vision - Snellen chart,
tonometry tests - increased intra-
ocular pressure
ophthalmoscope
slit lamp

Diseases and disorders of the eye
refractive errors
myopia
hyperopia
astigmatism
strabismus
color blindness

Inflammatory and infectious eye disorders
styes
conjunctivitis
acute purulent
gonorrheal
trachoma
blepharitis

Study outline for refractive errors
cause
recognition
corrective measures

lenses
surgery
exercise
rehabilitation

Study outline for infectious eye disorders

cause
recognition of symptoms
diagnostic tests
complications

Topic	Content Development	Patient-Related Activities
Eye	keratitis corneal ulcer uveitis Non-infectious eye disorders retrolental Fibroplasia Glaucoma Cataract Detached retina	Study outline for disorders recognition of signs diagnostic tests treatment complications education of the patient prevention Patient-Centered Learning Rose Schneider is a stenographer. She is an ophthalmologist as well. Her glasses changed. She has a case of blurred distant vision. She thinks that glasses will help. The doctor examines her and finds a cataract of the right eye. Why did the doctor examine her? What obvious signs were evident? She is admitted to surgery. How is she prepared for surgery? What is the post-operative care? What corrective measures does the doctor order to help her see better?

Content Development

Patient-Related Activities

keratitis
corneal ulcer
uveitis

Non-infectious eye disorders
retrolental
Fibroplasia
Glaucoma

Cataract
Detached retina

Study outline for non-infectious eye disorders

recognition of symptoms
diagnostic tests
treatment
complications
education of the public for
prevention

Patient-Centered Problem

Rose Schneider is a 24-year-old stenographer. She has gone to see her ophthalmologist asking to have her glasses changed. She is complaining of blurred distant vision and feels that glasses will take care of this. The doctor examined her and diagnosed a cataract of the left eye.

Why did the doctor make this diagnosis?
What obvious signs of a growing cataract were evident?

She is admitted to the hospital for surgery.

How is she prepared for surgery?
What is the post-operative care?
What corrective measures will the doctor order to help Miss Schneider to see better?

Topic	Content Development	Patient-Related
Eye	<p>Injuries to the eye foreign bodies burns abrasions and lacerations penetrating</p> <p>Tumors of the eye Retinoblastoma Malignant melanoma</p> <p>Operative conditions of the eye Cataract extraction and transplant Retinal detachment Corneal transplant Enucleation</p>	<p>First Aid for im injuries</p> <p>Study outline for preparation of family pre-operative p post-operative giving the pati rehabilitation</p>
Ear	<p>Review</p> <p>Structure and function of the ear</p> <p>Diagnostic tests and procedures voice test - whisper audiometer tuning fork</p> <p>Diseases and disorders of the ear</p> <p>External ear infections - boils obstructions injury - lacerations perforations</p> <p>Middle ear Otitis media Mastoiditis Otosclerosis</p> <p>Inner ear Labyrinthitis Ménière's syndrome</p>	<p>Study outline anatomical locat cause recognition and diagnostic proce treatment</p>

Content Development

Patient-Related Activities

Injuries to the eye
foreign bodies
burns
abrasions and lacerations
penetrating

First Aid for immediate care of eye injuries

Tumors of the eye
Retinoblastoma
Malignant melanoma

Operative conditions of the eye
Cataract extraction and transplant
Retinal detachment
Corneal transplant
Enucleation

Study outline for eye surgery
preparation of the patient and family
pre-operative preparation
post-operative care
giving the patient support
rehabilitation

Review

Structure and function of the ear

Diagnostic tests and procedures
voice test - whisper
audiometer
tuning fork

Diseases and disorders of the ear

External ear
infections - boils
obstructions
injury - lacerations
perforations

Middle ear
Otitis media
Mastoiditis
Otosclerosis

Inner ear
Labyrinthitis
Ménière's syndrome

Study outline
anatomical location
cause
recognition and symptoms
diagnostic procedures
treatment

4.1.

Topic	Content Development	Patient-Related Activities
Ear	Meniere's syndrome	<p>Patient-Centered</p> <p>Mrs. Brown awoke a little dizzy. She went to the lavatory, she was too dizzy to eat or excessive nausea. She was called. By the time her eyes were rotating in a clockwise fashion. A tentative diagnosis of Meniere's syndrome.</p> <p>List the outstanding problems which a diagnosis of Meniere's syndrome would suggest.</p> <p>What is the possible cause of this syndrome?</p> <p>How is this condition treated by the doctor?</p> <p>What medications are used for the control of dizziness, nausea (Dramamine), and general discomfort?</p> <p>Is this condition curable? Why?</p> <p>Study outline for anatomical location of the ear, cause of the condition, recognition and diagnostic procedures, treatment, drug therapy (morphine, sedation, antibiotics)</p>
	<p>Operative conditions of the ear</p> <p>Mastoidectomy</p> <p>Stapes mobilization</p>	

Content Development

Ménière's syndrome

Operative conditions of the ear
Mastoidectomy
Stapes mobilization

Patient-Related Activities

Patient-Centered Problem

Mrs. Brown awoke one morning feeling a little dizzy. Upon attempting to go to the lavatory, she found that she was too dizzy to stand. She was unable to eat or drink because of excessive nausea. The family physician was called. By this time Mrs. Brown's eyes were rotating in an uncontrolled fashion. A tentative diagnosis of Ménière's syndrome was made.

List the outstanding symptoms upon which a diagnosis could be made.

What is the possible cause of the syndrome?

How is this condition handled by the doctor?

What medications are helpful in the control of
dizziness
nausea (Dramamine)
general discomfort

Is this condition chronic or acute?
Why?

Study outline for ear surgery
anatomical location
cause
recognition and symptoms
diagnostic procedures
treatment
drug therapy
morphine
sedation
antibiotics

Topic	Content Development	Patient-Related Activities
Other Sensory Problems	Types of hearing defects conduction deafness perceptive or nerve deafness	Hearing aids kind cost care
Nose	Review structure and function of nose problems deviated septum polyps sinusitis plastic surgery	Preparation of the to develop understand
Throat	Review structure and function of throat Problems Laryngitis Tracheitis Cancer of larynx, trachea Laryngectomy - speech Rehabilitation Tracheotomy, tracheostomy	Study outline anatomical location cause recognition and diagnostic procedure preparation of patient treatment preparation for post-operative care patient and family rehabilitation cosmetic daily living

Content Development

Patient-Related Activities

Types of hearing defects
conduction deafness
perceptive or nerve deafness

Hearing aids
kind
cost
care

Review
structure and function of nose
problems
deviated septum
polyps
sinusitis
plastic surgery

Preparation of the patient in order
to develop understanding and acceptance

Review
structure and function of throat

Problems
Laryngitis
Tracheitis
Cancer of larynx, trachea
Laryngectomy - speech
Rehabilitation
Tracheotomy, tracheostomy

Study outline
anatomical location
cause
recognition and symptoms
diagnostic procedures
preparation of patient and family
treatment
preparation for surgery - if required
post-operative care
patient and family teaching
rehabilitation
cosmetic
daily living

Topic	Content Development	Patient-Related
Nursing Patient with Diseases and Disorders of Skin	Review structure and function of normal skin Causes of skin diseases and disorders allergic conditions side effects from drugs chemicals heat and cold nutritional indiscretions and deficiencies invasion by pathogenic organisms normal aging process	Study guide cause area affected symptoms treatment psychological symptoms
	Characteristics of skin lesion - types macule papule vesicle pustule bleb wheal scale crust fissure excoriation ulcer scar atrophy gumma	
	Diagnostic tests and procedures patient history general appearance and distribution of lesions bacteriologic study biopsy patch tests	cultures, smears examination

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE SKIN

Content Development

Patient Related Activities

Review
structure and function of normal skin

Causes of skin diseases and disorders
allergic conditions
side effects from drugs
chemicals
heat and cold
nutritional indiscretions
and deficiencies
invasion by pathogenic organisms
normal aging process

Characteristics of skin

lesion - types

macule
papule
vesicle
pustule
bleb
wheal
scale
crust
fissure
excoriation
ulcer
scar
atrophy
gumma

Study guide

cause
area affected
symptoms
treatment
psychological effect of visual
symptoms

Diagnostic tests and procedures

patient history
general appearance and distribution
of lesions
bacteriologic study
biopsy
patch tests

cultures, smears for pathogenic
examination

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Skin	<p>Specific aspects of nursing</p> <ul style="list-style-type: none"> local applications therapeutic baths- (colloidal baths) wet dressings - open-closed soaks Unna's paste boot - (medicopaste-medicosane) diet diagnostic treatment medication control of itching relief of pain topical application x-ray therapy psychological support 	<p>Study guide</p> <ul style="list-style-type: none"> preparation of preparation of procedure observation of safety factors
	Nursing care of diseases and disorders of skin	<p>study guide</p> <ul style="list-style-type: none"> cause symptoms treatment antibiotics
	<p>Bacterial diseases</p> <ul style="list-style-type: none"> Furuncles, carbuncles, and felons 	
	Impetigo contagiosa	<p>Mary, age 5, has been seen by the school nurse by the mother. Mary has a small, yellow crust on the face just about the nose. The school nurse saw the mother immediately and a pediatrician is making an appointment.</p>

Content Development

Patient-Related Activities

th
ders

Specific aspects of nursing

- local applications
- therapeutic baths-
(colloidal baths)
- wet dressings - open-closed
soaks
- Unna's paste boot -
(medicopaste-medicosane)
- diet
- diagnostic
- treatment
- medication
- control of itching
- relief of pain
- topical application
- x-ray therapy
- psychological support

Nursing care of diseases and disorders
of skin

Bacterial diseases

Furuncles, carbuncles, and felons

Impetigo contagioso

Study guide

- preparation of treatment
- preparation of patient
procedure
- observation of results - record
- safety factors

study guide

cause

symptoms

treatment

antibiotics

Mary, age 5, has been referred to the school nurse by the kindergarten teacher. Mary has a small, wet sore with a sticky yellow crust on the left side of her face just about the angle of the mouth. The school nurse sends for the mother immediately and a referral to the pediatrician is made.

Topic	Content Development	Patient Related Activities
Care of patient with Diseases and Disorders of Skin	Bacterial diseases Impetigo contagioso	Why does the school mother so quickly? What condition does it have? What instructions would the nurse give? The mother returns reports that Mary nurse and the mother will carry out orders. How should the skin be treated? application of (ammoniated mercurochrome) How should Mary be instructed? touching the sores? Is there a danger of infection? What communicable diseases will be explained? use in the home? Why will Mary be in contact with the nurse? When may she return to school? Drug therapy penicillin tetracycline
	Erysipelas	Drug therapy antibiotics

Content Development

Patient Related Activities

Bacterial diseases
Impetigo contagioso

Why does the school nurse call the mother so quickly?
What condition does she suspect?
What instructions for cleanliness would the nurse give to the mother?

The mother returns to the nurse and reports that Mary has impetigo. The nurse and the mother discuss how the mother will carry out the doctor's orders.

How should the skin be prepared for the application of the ointment?

(ammoniated mercury 3% or neomycin)

How should Mary be prevented from touching the sore?

Is there a danger of spreading this infection?

What communicable disease techniques will be explained to the mother for use in the home?

Why will Mary be excluded from being in contact with other children?

When may she return to school?

Drug therapy
penicillin
tetracycline

Drug therapy
antibiotics

Erysipelas

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Skin	Fungus infection Tinea capitis: ringworm Tinea circinata Tinea sycosis: barber's itch Epidermophytosis: athlete's foot Dermatitis Erythema impetigo: chafing Miliaria; prickly heat Dermatitis venenata- Plant poisoning - Poison ivy	Study guide cause symptoms specific treatment Drug therapy Fulvicin, Gri potassium per 1:10,000 B.i. Desenex
		Study guide - sam starch bath
	Eczema	Drug therapy aluminum acetat potassium perma Burrow's soluti calamine lotion antihistamines- sedatives tranquilizers
	Psoriasis	Treatment accordi Relief of itching wet dressings,
	Acne vulgaris	Patient-Centere Tom is a 17-year- school. He is re Junior Prom. He not attend because best girl to go w mother is aware t attended any soci the past year. T and disfiguring a

Content Development

Patient-Related Activities

with
orders

Fungus infection
 Tinea capitis: ringworm
 Tinea circinata
 Tinea sycosis: barber's itch
 Epidermophytosis: athlete's foot
 Dermatitis
 Erythema impetigo: chafing
 Miliaria: prickly heat
 Dermatitis venenata -
 Plant poisoning -
 Poison ivy

Study guide -
 cause
 symptoms
 specific treatment
 Drug therapy
 Fulvicin, Grifulvin
 potassium permanganate
 1:10,000 B.i.d. - soaks
 Desenex

Study guide - same as above

starch bath

Eczema

Drug therapy
 aluminum acetate 1:20
 potassium permanganate
 Burrow's solution
 calamine lotion
 antihistamines
 sedatives
 tranquilizers

Psoriasis

Treatment according to cause
 Relief of itching
 wet dressings, starch baths

Patient-Centered Problem

Acne vulgaris

Tom is a 17-year-old junior in high school. He is refusing to go to the Junior Prom. He says that he will not attend because "he can't get his best girl to go with him." Tom's mother is aware that he has not attended any social functions during the past year. Tom has a rather severe and disfiguring acne of the face and

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Skin	Acne vulgaris	neck. His grandmother ignoring it because he
		What does acne vulgaris What causes it? What should have been condition appeared?
		Tom is taken to the father refers him to a dermatologist dermatologist recommended treatment.
		What personal hygiene recommended? What dietary pattern was How can scarring be prevented? What medications and treatments ordered? How can the family and understanding and help
	Exfoliative dermatitis Dermatitis medicamentosa Viral infections Herpes simplex: cold sore Herpes zoster: shingles Disorders of pigmentation Lentigo: freckles Chloasma: liver spots Disorders of glands Seborrhea: oily skin Sebaceous cyst Hyperhidrosis: excessive sweating Anhidrosis: absence of sweating	Relief of pain analgesics
		Surgery where recommended
		Causes Drug therapy - anti-inflammatory steroid ointment

Content Development

Patient-Related Activities

Acne vulgaris

neck. His grandmother has counseled ignoring it because he "will outgrow it."

What does acne vulgaris look like?

What causes it?

What should have been done as soon as the condition appeared?

Tom is taken to the family doctor who refers him to a dermatologist. The dermatologist recommends a course of treatment.

What personal hygiene routines are recommended?

What dietary pattern will be suggested?

How can scarring be prevented?

What medications and treatments may be ordered?

How can the family and school give Tom understanding and help?

Exfoliative dermatitis

Dermatitis medicamentosa

Viral infections

Herpes simplex: cold sore

Herpes zoster: shingles

Disorders of pigmentation

Lentigo: freckles

Chloasma: liver spots

Disorders of glands

Seborrhea: oily skin

Sebaceous cyst

Hyperhidrosis: excessive sweating

Anhidrosis: absence of sweating

Relief of pain
analgesics

Surgery where recommended

Causes

Drug therapy - antihistamines
steroid ointment

Topic	Content Development	Patient-Related Acti
Care of Patients with Diseases and Disorders of Skin	Tumors of the skin Keloid Angioma congenital spider Nevus - mole Verruca plantaris Malignant tumors Disorders of the appendages of the skin Alopecia Hypertrichosis Hypotrichosis Paronychia Infestations Pediculi: lice Pediculosis capitis Pediculosis corporis Pediculosis pubis	Danger of loss of nail Study guide see current and local Health regulation isolation destruction and removal and nits medication D.D.T. copper sulphate Larkspur teaching of good personal hygiene
	Scabies	
	Burns	Study guide cause classification - degrees extent of burn nursing care prevention and treatment observe vital signs relief of pain

Content Development

Patient-Related Activities

with
orders

Tumors of the skin
Keloid
Angioma
congenital
spider
Nevus - mole
Verruca plantaris
Malignant tumors
Disorders of the appendages of
the skin
Alopecia
Hypertrichosis
Hypotrichosis
Paronychia
Infestations
Pediculi: lice
Pediculosis capitis
Pediculosis corporis
Pediculosis pubis

Scabies
Burns

Danger of loss of nail

Study guide

see current and local Department of
Health regulations
isolation
destruction and removal of pediculi
and nits,
medication
D.D.T.
copper sulphate
Larkspur
teaching of good personal habits

Study guide

cause
classification.- degrees and description
extent of burn
nursing care
prevention and treatment of shock
observe vital signs
relief of pain

Unit 10

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Skin	Burns	nursing care prevention of infection technique prevention of heat prevention of contracture emotional support drug therapy intravenous fluids narcotics diet maintain accurate intake diversional activities

Content Development

Patient-Related Activities

th
ers

t

Burns

nursing care
prevention of infection - sterile
technique
prevention of heat loss
prevention of contractures - positioning
emotional support
drug therapy
intravenous fluids
narcotics
diet
maintain accurate intake and output records
diversional activities

NURSING CARE OF PATIENTS WITH

Unit 11

DISEASES AND DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	<p>Review</p> <p>structure and function of the skeletal system muscular system</p> <p>Position, movement, body mechanics requirements for prevention of contractures, deformities, maintenance of muscle tone proper positioning passive exercises active exercises regular turning</p> <p>body mechanics</p> <p>Nursing care of patient in a cast emotional problems preparation of bed use of pillows turning patient Stryker frame CircOlectric bed skin care care of the cast removal of cast traction splints frames other orthopedic devices crutches braces collars neck supports corsets walking casts shoes</p>	<p>Routine care of removal of devices fitting to individual application of ortho maintenance and cle care of skin</p>

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Content Development

Patient-Related Activities

Review
structure and function of the
skeletal system
muscular system

Position, movement, body mechanics
requirements for prevention of
contractures, deformities,
maintenance of muscle tone
proper positioning
passive exercises
active exercises
regular turning

body mechanics

Nursing care of patient in a cast
emotional problems
preparation of bed
use of pillows
turning patient
Stryker frame
CircOelectric bed
skin care
care of the cast
removal of cast
traction
splints
frames
other orthopedic devices
crutches
braces
collars
neck supports
corsets
walking casts
shoes

Routine care of removable orthopedic
devices
fitting to individual patient
application of orthopedic device
maintenance and cleanliness of devices
care of skin

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Nursing care of patient in traction (purpose application nursing care care of traction equipment	
	Nursing patient with diseases and disorders of musculo-skeletal system Congenital deformities Clubfoot Torticollis Dislocation of hip Kyphosis Lordosis Scoliosis	Study outline anatomical location symptoms nursing care treatment: surgical rehabilitation physiotherapy teaching acceptance of condition
	Arthritis Atrophic arthritis- Rheumatoid arthritis Hypertrophic arthritis- Osteoarthritis Gout: metabolic arthritis Bursitis	Study outline cause symptoms nursing care prevention of deformity treatment drug therapy methyl salicylates Butazolidin anti-malarial soluble gold salts steroids: cortisone iron medication heat and massage diet management rehabilitation physical emotional disorder

Nursing care of patient in traction

purpose
 application
 nursing care
 care of traction equipment

Nursing patient with diseases and disorders of musculo-skeletal system

Congenital deformities

Clubfoot
 Torticollis
 Dislocation of hip
 Kyphosis
 Lordosis
 Scoliosis

Study outline

anatomical location and cause
 symptoms
 nursing care
 treatment: surgical
 rehabilitation
 physiotherapy
 teaching
 acceptance of condition

Arthritis

Atrophic arthritis-
 Rheumatoid arthritis
 Hypertrophic arthritis-
 Osteoarthritis
 Gout: metabolic arthritis
 Bursitis

Study outline

cause
 symptoms
 nursing care
 prevention of deformities
 treatment
 drug therapy
 methyl salicylates
 Butazolidin
 anti-malarial
 soluble gold salts
 steroids: cortisone
 iron medication
 heat and massage
 diet management
 rehabilitation
 physical
 emotional disorders

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Rheumatoid arthritis	<p>Patient-Centered P</p> <p>Mrs. Lopez, a 36-year complaining of pain in her fingers. She notes joints appear to be swollen over the joints is tight. She also complains of fingers upon arising. of beginning pain in Lopez goes to the medical of employment for diagnosis. A diagnosis of rheumatoid is made.</p>
		<p>What symptoms would I What might the doctor What could be ordered of joints? What is arthritis? If low hemoglobin is doctor order as a f</p>
		<p>Research is being conducted organizations. The area rehabilitation, disease prevention of crippling</p>
		<p>List the organizations area of rheumatoid What new medications is their value? List several devices of rehabilitation. use of each?</p>

Content Development

with
orders of
System

Rheumatoid arthritis

Patient-Related Activities

Patient-Centered Problem

Mrs. Lopez, a 36-year-old typist, is complaining of pain in the joints of her fingers. She notices that the joints appear to be swollen; the skin over the joints is tight and shiny. She also complains of stiffness of fingers upon arising. She is also aware of beginning pain in her back. Mrs. Lopez goes to the medical unit of her place of employment for diagnosis and treatment. A diagnosis of rheumatoid arthritis (?) is made.

What symptoms would lead to the diagnosis?
What might the doctor order to relieve pain?
What could be ordered to relieve stiffness of joints? What is a specific for arthritis?

If low hemoglobin is found, what might the doctor order as a food supplement?

Research is being conducted by several organizations. The areas of research are rehabilitation, disease prevention, prevention of crippling, and new medications.

List the organizations interested in this area of rheumatoid arthritis.

What new medications are being used? What is their value?

List several devices being used in the area of rehabilitation. What is the specific use of each?

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Infectious disorders Osteomyelitis Tuberculosis of bone (Pott's disease)- immobilization	Drug therapy antibiotics
	Traumatic injuries contusions sprains dislocations fractures greenstick simple comminuted compound spiral twisting impacted or compression fractures in special areas fracture fixation of pin in hip	Study guide anatomical location description of injury first aid care x-ray of part treatment nursing care rehabilitation
	vertebral fracture clavicle ribs whiplash injuries	Study guide location of injury first aid immobilization of part hyper-extension crutchfield tongs leg traction surgical treatment laminectomy spinal fusion

Content Development

Patient-Related Activities

with
orders
al

Infectious disorders
Osteomyelitis
Tuberculosis of bone
(Pott's disease)-
immobilization

Traumatic injuries
contusions
sprains
dislocations
fractures
greenstick
simple
comminuted
compound
spiral twisting
impacted or compression
fractures in special areas
fracture fixation of
pin in hip

vertebral fracture
clavicle
ribs
whiplash injuries

Drug therapy
antibiotics

Study guide
anatomical location
description of injury
first aid care
x-ray of part
treatment
nursing care
rehabilitation

Study guide
location of injury
first aid
immobilization of patient
hyper-extension
crutchfield tongs - neck traction
leg traction
surgical treatment
laminectomy
spinal fusion

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Traumatic injury	<p>Patient-Centered Practice</p> <p>Jimmie Downs, age 18, was posted signs, he dove and hit his head on a surfacing he complained of a small scalp laceration which increased in intensity when he got home. His mother called a physician who asked her to take Jimmie in the emergency hospital. He also received as little moving as possible. His mother was to drive carefully.</p> <p>Why should unsupervised swimming be used for swimming? What are some of the risks that should have been discussed immediately? How should the "first aid" be administered in order to prevent further injury?</p> <p>The doctor orders x-rays of the spinal cord. He applies a bandage to the head laceration. Jimmie is immobilized.</p> <p>Why is x-ray of these areas necessary? What methods of immobilization are used?</p>

Content Development

Patient-Related Activities

with
orders of
system

Traumatic injury

Patient-Centered Problem
Jimmie Downs, age 18, has been playing around at a swimming hole. In spite of posted signs, he dove into shallow water and hit his head on a rock. Upon surfacing he complained of pain and a small scalp laceration. His headache increased in intensity; Jimmie was taken home. His mother called the family physician who asked her to meet him with Jimmie in the emergency room of the hospital. He also requested that Jimmie do as little moving as possible and that his mother was to drive slowly and carefully.

Why should unsupervised areas not be used for swimming?

What are some of the first aid measures that should have been administered immediately?

How should the "first aider" have proceeded in order to prevent further injury?

The doctor orders x-ray of head, neck, and spinal cord. He applies a sterile dressing to the head laceration after cleansing. Jimmie is immobilized in a supine position.

Why is x-ray of these three areas done? What methods of immobilization could be used?

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Traumatic injury	A fracture of the 4th is diagnosed. Jimmie the intensive care unit tongs are applied. Monitor vital signs q. 15 minutes watching for loss of complaints of numbness morphine sulphate is
	Musculo-skeletal disorders Rickets Bone tumors Muscular dystrophy Cerebral palsy	What is the purpose of and how are they applied? Why are vital signs of What would numbness and tone indicate?
	Nursing patient with operative conditions of musculo-skeletal system Amputation Hemipelvectomy	Mental health aspect Study guide cause of amputation location of amputation pre-operative preparation psychological preparation and family diagnostic tests supportive care physical preparation post-operative care immediate vital signs dangers of hemorrhage medication - sedation concerned nursing rehabilitation

Content Development

Patient-Related Activities

Traumatic injury

A fracture of the 4th cervical vertebra is diagnosed. Jimmie is transferred to the intensive care unit. Crutchfield tongs are applied. Nursing orders include:
vital signs q. 15 minutes
watching for loss of muscle tone
complaints of numbness
morphine sulphate is contra-indicated!

What is the purpose of Crutchfield tongs and how are they applied?
Why are vital signs q. 15 min. important?
What would numbness and loss of muscle tone indicate?

Musculo-skeletal disorders

Rickets
Bone tumors
Muscular dystrophy
Cerebral palsy

Mental health aspect

Nursing patient with operative conditions of musculo-skeletal system

Amputation
Hemipelvectomy

Study guide

cause of amputation
location of amputation
pre-operative preparation
psychological preparation of patient and family
diagnostic tests
supportive care - intravenous fluids
physical preparation of part
post-operative care
immediate
vital signs
dangers of hemorrhage
medication - sedation where necessary
concerned nursing care
rehabilitation

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Musculo-Skeletal System.	Operative conditions	psychological prosthesis correct fitting - frequent change to normal growth training for care prevention of trauma stump of surgic

Content Development

Patient-Related Activities

with
orders
al System

Operative conditions

psychological
prosthesis

correct fitting - in children
frequent change of prosthesis due
to normal growth

training for care and correct use
prevention of traumatization of
stump of surgical area

Topic	Content Development	Patient-Related Activities
Nursing Patient with Allergic Conditions	<p>Types of allergy</p> <ul style="list-style-type: none"> seasonal pollen mold trees grass grain food found more often in children gradual introduction of new foods in children drug due to unexpected or undesirable side effects 	<p>Study guide</p> <ul style="list-style-type: none"> area involved procedure reading the reaction interpreting results
	<p>Diagnostic tests and procedures</p> <ul style="list-style-type: none"> skin tests scratch test intradermal test multiple pressure method patch test method elimination diets rice diet scraped apple and tea desensitization to specific allergens nasal smears and blood test 	<p>New foods added as to</p>
	<p>Nursing the patient with allergic diseases</p> <ul style="list-style-type: none"> Hay fever: allergic rhinitis or pollinosis Asthma - may contribute to bronchitis and emphysema Urticaria: hives and nettle rash Migraine may be allergic hypersensitivity Eczema in children - need for prevention of scratching by splinting 	<p>Study guide</p> <ul style="list-style-type: none"> cause symptoms emergency treatment diagnostic tests treatment drug therapy stramonium adrenalin lotions and medicines antihistamines ergotamine tartrate

Content Development

Patient-Related Activities

Types of allergy

seasonal.

pollen

mold

trees

grass

grain

food

found more often in

children.

gradual introduction of new

foods in children

drug

due to unexpected or

undesirable side effects

Diagnostic tests and procedures

skin tests

scratch test

intradermal test

multiple pressure method

patch test method

elimination diets

rice diet

scraped apple and tea

desensitization to specific allergens

nasal smears and blood test

Study guide

area involved

procedure

reading the reaction

interpreting results to the patient

New foods added as tolerated

Nursing the patient with allergic diseases

Hay fever: allergic rhinitis or
pollinosisAsthma - may contribute to
bronchitis and emphysema

Urticaria: hives and nettle rash

Migraine may be allergic
hypersensitivityEczema in children - need
for prevention of scratching
by splinting

Study guide

cause

symptoms

emergency treatment

diagnostic tests

treatment

drug therapy

stramonium

adrenalin

lotions and medicated baths

antihistamines

ergotamine tartrate

Topic	Content Development	Patient-Related Acti
Nursing Patient with Allergic Conditions		<p>nursing care safety factors emotional support Patient-Centere</p> <p>Mrs. Jones, a well-g of 25 years, noticed the anal and buttock she noticed that the sensitive. The itch that she went to the taking Mrs. Jones' m doctor chatted for a Mrs. Jones at ease. many questions about Jones family, as well</p> <p>Why did the doctor t Jones at ease before history? Why did he concern h parents? Is a family history o significant?</p> <p>When Mrs. Jones had did a thorough examin positioning Mrs. Jone ination. At the comp ination, a diagnosis Mrs. Jones was so rel employment would not as she said, "My husb a month ago, and even that he will find som my work."</p>

ith
ns

nursing care
safety factors
emotional support

Patient-Centered Problem

Mrs. Jones, a well-groomed young woman of 25 years, noticed severe itching of the anal and buttock area. The next day she noticed that the area was oozing and sensitive. The itching became so intense that she went to the doctor. Before taking Mrs. Jones' medical history the doctor chatted for a few minutes to put Mrs. Jones at ease. The doctor asked many questions about the health of Mrs. Jones' family as well as herself.

Why did the doctor take time to put Mrs. Jones at ease before taking her medical history?

Why did he concern himself about Mrs. Jones' parents?

Is a family history of eczema and allergies significant?

When Mrs. Jones had undressed, the doctor did a thorough examination, the nurse positioning Mrs. Jones for the anal examination. At the completion of the examination, a diagnosis of eczema was made. Mrs. Jones was so relieved that her employment would not be interrupted because as she said, "My husband lost his position a month ago, and even though I know that that he will find something soon, I need my work."

Topic	Content Development	Patient-Related Activities
Nursing Patient with Allergic Conditions	serum sickness anaphylactic shock tetanus snake bite - patient should be tested before serum is administered reactions due to insect bites bees, wasps, hornets, flies, mosquitoes, fleas, etc.	What position did Mrs. preparation for the What factors were responsible for the eczema? What would be ordered for itching? What would long-range prevent re-occurrence? Drug therapy antihistamine adrenalin chloride Treatment wet dressings Drug therapy adrenalin skin anesthetics

Content Development

Patient-Related Activities

serum sickness-anaphylactic
shock
tetanus
snake bite - patient should
be tested before serum is
administered
reactions due to insect bites
bees, wasps, hornets, flies,
mosquitoes, fleas. etc.

What position did Mrs. Jones assume in
preparation for the anal examination?
What factors were responsible for the
eczema?
What would be ordered to relieve the
itching?
What would long-range treatment do to
prevent re-occurrence?

Drug therapy
antihistamine
adrenalin chloride

Treatment
wet dressings
Drug therapy
adrenalin
skin anesthetics

Topic	Content Development	Patient-Related Act
Nursing Patient with Communicable Disease	Causes of communicable disease	Refer to: Community to Microbiology
	Prevention of communicable disease	
	Diagnostic tests and procedures history and clinical manifestations	
	laboratory examinations of blood sputum stools lesions	
	skin tests	
	Nursing responsibilities	
	medical asepsis	Refer to: Introduct Nursing Supportative care
	physical care	
	psychologic care	
	Nursing patient with communicable disease	Study outline for ea disease to be stud name of disease - available causative organism transmission of di entry incubation period symptoms diagnostic treatme treatment isolation nursing care and diet
	Bacterial diseases	
	Scarlet fever	
	Diphtheria	
	Whooping cough	
	Typhoid fever	
	Bacillary dysentery	
	Tetanus	
	Tuberculosis	

COMMUNICABLE DISEASE

Content Development

Patient-Related Activities

with
ase

Causes of communicable disease

Refer to: Community Health Introduction
to Microbiology

Prevention of communicable disease

Diagnostic tests and procedures
history and clinical manifestationslaboratory examinations of
blood
sputum
stools
lesions

skin tests

Nursing responsibilities

medical asepsis

Refer to: Introduction to Medical-Surgical
Nursing
Supportative care

physical care

psychologic care

Nursing patient with communicable
diseaseStudy outline for each communicable
disease to be studied
name of disease - Latin name where
available
causative organism
transmission of disease and portal of
entry
incubation period
symptoms
diagnostic treatment
treatment
isolation
nursing care and treatment
diet

Bacterial diseases

Scarlet fever

Diphtheria

Whooping cough

Typhoid fever

Bacillary dysentery

Tetanus

Tuberculosis

Topic	Content Development	Patient-Related Act
Care of Patients with Communicable Disease	Viral diseases Measles Rubella Chickenpox Smallpox Mumps Rabies Influenza Poliomyelitis	medication antitoxins chemo-therapeutic agents sedatives tranquilizers skin ointments complications sequelae prevention public health implications trends for new laws
	Infectious mononucleosis	
	Rickettsial diseases Rocky Mountain spotted fever	
	Protozoal diseases Malaria Amoebic dysentery	
	Venereal diseases Syphilis Gonorrhoea Lymphogranuloma Venereum Chancroid Granuloma inguinale	Social hygiene implications

Content Development

Patient-Related Activities

with
ease

Viral diseases

Measles
Rubella
Chickenpox
Smallpox
Mumps
Rabies
Influenza
Poliomyelitis

medication
antitoxins
chemo-therapeutic
agents
sedatives
tranquilizers
skin ointments
complications-
sequelae
prevention
public health implications of recent
trends for new laws

Infectious mononucleosis

Rickettsial diseases

Rocky Mountain spotted fever

Protozoal diseases

Malaria
Amoebic dysentery

Venereal diseases

Syphilis
Gonorrhoea
Lymphogranuloma Venereum
Chancroid
Granuloma inguinale

Social hygiene implications

CHART OF SELECTED COMMUNICABLE DISEASES *

To prevent the spread of infection, any person suspected of having a communicable disease should be kept away from others. Measures for the control of communicable diseases are established either

by law or by regulation in the various states and communities. Every individual is responsible for cooperating with local health authorities in preventing the spread of disease.

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Chickenpox (Varicella)	From person to person by direct contact, droplet, or air-borne spread, indirectly through articles freshly soiled by discharges from the skin and mucous membranes of infected persons.	No immunization available. Avoid exposure; one attack confers long immunity. Second attacks are rare.	2 to 3 weeks, commonly 13 to 17 days.	Acute onset, with slight fever. Small reddish papules followed or accompanied by blisters, usually more abundant on the covered than on the exposed parts of the body that cause itching.	Probably not more than 1 day before or more than 7 days after rash (eruption) appears. One of the most contagious of the communicable diseases.	Complications rare. Skin lesions may become infected and may leave pitted scars.
Common Cold	Presumably transmission is by direct contact or by droplet spread, indirectly by handkerchiefs, eating utensils, or other articles freshly soiled by discharges from the nose and mouth of infected persons.	No specific prevention. Personal hygiene, as covering mouth when coughing and sneezing and disposal of nose and mouth secretions.	12 to 72 hours, usually about 24 hours.	Tickling, dry sensation in the throat, rarely fever, malaise, chilliness, cough and runny nose.	1 day before onset and about 5 days afterward.	Sinusitis, bronchitis, laryngitis, pneumonia; middle ear infection.
Diphtheria	Contact with a patient or a carrier or with articles soiled with discharges and secretions from mucous surfaces of nose and throat and from skin and other lesions. Milk has served as a vehicle.	Inoculation with diphtheria toxoid series in early infancy (2 to 6 months of age) with "booster" dose 3 to 12 months later; reinforcing doses essential in preschool life, desirable on entrance to school, and elective in later life. Give exposed adults Schick test to determine susceptibility before immunization. Second attacks are possible.	2 to 5 days, sometimes longer.	Inflammation of the nose, throat, and tonsils, with grayish white patches in the throat, an acute infection accompanied by fever.	Variable, until the germs have disappeared from secretions and lesions, usually 2 weeks or less, seldom more than 4 weeks.	Damage to the heart, pneumonia.
Dysentery (Shigellosis)	By eating contaminated foods or drinking contaminated water or milk and by hand-to-mouth transfer of contaminated material; by flies; by objects soiled with stools of a patient or a carrier.	No immunization. Avoidance of known sources of infection; personal cleanliness, good sanitation.	1 to 7 days, usually less than 4 days.	Frequent stools, abdominal cramps, fever.	As long as the stools contain the infecting agent as shown by laboratory tests, sometimes several weeks.	Often recurs. Rarely fatal.
Gonorrhea	Almost wholly by sexual intercourse. In the newborn, by transfer from the mother during birth.	No immunization. Avoidance of contact, use of prophylactic drugs in the eyes of the newborn. One attack does not protect against subsequent infection.	Usually 3 to 9 days, sometimes longer.	Thick, yellow, purulent discharge from mucous membranes of the genital tract or of the eyes, usually burning and pain on urination.	For months or years unless treated with specific drug therapy, which ends communicability within hours or days.	Few complications when treated early. Can cause sterility, pelvic inflammatory disease, and blindness.

* American National Red Cross, American Red Cross Home Nursing Textbook, 7th ed. (New York: Doubleday), 1963.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Hepatitis, Infectious	Probably through intimate person-to-person contact, respiratory spread possible, also through transfusion of whole blood, blood serum, or plasma; by contamination of syringes and needles with traces of blood from such persons; contaminated water, food, and milk.	Good sanitation and personal hygiene, with particular emphasis on disposal of stools; proper technical procedures to prevent transmission by blood or blood products; administration of immune serum globulin to contacts.	Variable, from 10 to 40 days, commonly 25 days.	Fever, loss of appetite; nausea, malaise; and abdominal discomfort; usually followed by jaundice.	Unknown, possibly several months. Greatest communicability from a few days before to a few days after onset, usually not exceeding 7 days.	Fatal cases rare. Relapses may occur, or the disease may become chronic, resulting in liver damage.
Impetigo Contagiosa	By direct contact with moist discharges of skin lesions or indirect contact with articles recently soiled with discharges; also, contact with others whose skins, noses, or throats are contaminated or infected.	No immunization. Reinfection possible.	From 2 to 5 days, occasionally longer.	Blisters, which later become crusted, commonly on face and hands.	As long as the sores are unhealed.	Occasional secondary infection of the sores.
Influenza	By direct contact, through droplet spread, or by articles freshly soiled with nose and throat discharges of infected persons.	Immunity to a specific influenza virus may last for several years after attack, but because there are many strains of influenza viruses, there may be frequent attacks of the disease. Vaccines are effective when they closely match the prevailing strain of virus. Inoculation after exposure is useless.	24 to 72 hours.	Sudden onset; fever for 1 to 6 days, chills, discomfort; aches or pains in back, legs, or shoulders; sore throat; runny nose, cough.	Probably limited to a brief period before onset and 1 week after.	Pneumonia. Deaths concentrated among the old, especially those with long-term illness, among women in late pregnancy, among infants, and among those whose acute illness is neglected.
Measles, German or 3-day (Rubella)	By droplet spread or direct contact with infected persons, indirect contact with articles freshly soiled with discharges from nose and throat.	Immune serum globulin (gamma globulin) provides irregular protection, recommended for adult female contacts with no history of having had rubella who are within first 4 months of pregnancy. Deliberate exposure of girls in good health before puberty recommended by some authorities.	14 to 21 days, usually 18 days.	Few symptoms, mild cold symptoms may be present. Slight fever; almost always enlargement of lymph nodes behind the ears and back of neck; rash that may resemble that of measles or scarlet fever.	For at least 4 days from onset of cold symptoms and probably not much longer, the exact period unknown. Highly communicable.	Usually none, serious for women during early pregnancy, may cause congenital defects in the baby if the mother contracts disease during early pregnancy.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Measles (Rubella)	By droplet spread or direct contact with infected persons, indirectly through articles freshly soiled with nose and throat secretion, in some instances probably airborne.	Experimental measles vaccines are under study. No immunization at present. Administration of gamma globulin within 3 days after first exposure will prevent the disease in most instances and modify it in others. One attack usually confers immunity. Babies of immune mothers usually immune during first few months of life.	About 10 days from exposure to initial fever, about 13 days until rash appears, as long as 21 days if gamma globulin or convalescent serum has been given.	Fever, runny eyes and nose, and eruption in the mouth, followed by a characteristic dusky-red, blotchy rash on the face, body, and extremities.	During period of runny eyes and nose, usually about 9 days, and from 4 days before to 5 days after rash appears.	Middle ear infections, pneumonia. Infants and children under 3 years of age are particularly susceptible.
Meningitis, Meningococcal (Cerebrospinal Fever)	By direct contact with infected persons, droplet spread, human carriers.	No immunization. Avoid contact with infected persons and droplet spread. Prevent overcrowded living conditions, stress, personal cleanliness.	Varies from 2 to 10 days, commonly 3 to 4 days.	An acute bacterial infection with sudden onset, fever, intense headache, nausea and vomiting, frequently a rash of small, round, purplish-red spots, dizziness, stiff neck, delirium, and coma.	Until germs are no longer present in discharges from nose and throat of infected persons. Usually disappears in 24 hours after appropriate treatment.	Spread of the infection to the brain tissue, pneumonia, middle ear infection, mastoiditis, chronic heart damage.
Mono-nucleosis, Infectious	Unknown, but believed to be from person to person by way of nose and mouth discharges.	No immunization, the degree of immunity conferred by an attack is unknown.	Unknown, seemingly varies from 4 to 14 or more days.	An acute infection with varying symptoms. Onset may be gradual or abrupt. Loss of appetite, irritability, nausea and vomiting, sleepiness, chills; fever; enlarged lymph glands of the neck, enlarged spleen; in some cases a rash or jaundice. Symptoms may subside in a few days or last for months.	Undetermined.	Pus may form in glands, nephritis, meningitis, or encephalitis. Prognosis is excellent; death rarely occurs.
Mumps	By droplet spread or direct contact with infected persons, indirectly through articles freshly soiled with the saliva of such persons.	Effective vaccines available but of limited value because immunity probably does not exceed 2 years. Vaccine has value in selected groups of susceptibles, for example, the military.	From 12 to 26 days, commonly 18 days.	An acute viral infection with sudden onset, fever, swelling, and tenderness of the salivary glands.	From about 7 days before distinctive symptoms and persisting as much as 9 days thereafter, or until swelling of the glands has disappeared.	Inflammation of the ovaries or testicles in adults, middle ear infection and sometimes permanent deafness. Meningitis or encephalitis is common. Children under 12 usually free from complications.

*Vaccine is now in use and is recommended.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Poliomyelitis	By direct contact or droplet spread of nose and throat secretions of infected persons; stools of infected persons; contaminated milk.	Active immunization by inoculation of Salk vaccine or by administration of oral vaccine reduces the risk of paralytic disease and increases resistance to infection. Passive protection with gamma globulin may prevent only an occasional case in an exposed family; in instances of known single exposure, may have considerable value if given within 2 days after exposure. Immunization of infants can begin at 2 months of age. Second attacks are rare and presumably due to infection with a different type of poliovirus.	From 3 to 21 days, commonly 7 to 12 days.	An acute illness, with fever, malaise, headache, and stiffness of neck and back. Temporary or permanent paralysis may occur.	Greatest in late incubation and early days of acute illness, virus being present in throat secretions and feces, persists in feces for 3 to 6 weeks, but spread of infection after the acute stage is rare.	Pregnant women are highly susceptible. Paralysis of varying severity of affected parts of the body.
Rheumatic Fever	Unknown, attacks are usually precipitated by streptococcal infection.	No immunization, disease recurs. Individuals known to have had rheumatic fever or convalescing from that disease should receive prophylactic drugs for long periods thereafter to prevent recurrence.	Symptoms appear about 2 to 3 weeks following a streptococcal infection.	Fever, rapid pulse, unexplainable nosebleeds, pallor, loss of appetite, weight loss or failure to gain weight, fatigue, restless sleep. Heat, swelling, and tenderness of joints with pain on movement.	Not known to be communicable, the associated streptococcal infection has usually become non-communicable by the time rheumatic fever develops.	Serious damage to the heart.
Ringworm	Direct contact with infected persons or animals, especially dogs, cats, or cattle. Sources of infection are such materials as the backs of theater seats, barber clippers, hats, or clothing contaminated with hair from infected animals or persons.	No immunization, repeated attacks are common. Effective control of animal ringworm is essential in control of infection in man.	10 to 14 days.	Infection begins as a small purple and spreads outwards, leaving scaly patches of baldness on the scalp. On the body, infection shows a characteristic ring-shaped lesion. On the feet, there is scaling or cracking of the skin, especially between the toes, or blisters containing a thin watery fluid.	As long as lesions are present and live spores are present on contaminated materials.	Occasional secondary infection of the lesions.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Scabies (Itch)	By direct contact and from undergarments or sheets freshly contaminated by infected persons.	Avoid contact with infected persons, cleanliness of body, garments, and bedclothes.	1 to 2 days, several days or even weeks may elapse before itching is noticed.	Penetration of the skin visible as pimples and blisters or as tiny linear burrows containing the female mite and her eggs. Primary symptom is itching at site of lesions, especially at night. Lesions commonly occur on finger webs, inner surface of wrists, the elbows, axillae, around the waist, and lower portion of the buttocks.	Until mites and eggs are destroyed by treatment.	Occasional secondary infection of the lesions.
Scarlet Fever*	Contact with acutely ill or convalescent patients or carriers. Discharges from nose, throat, or purulent lesions; objects contaminated with such discharges. An outbreak may follow the ingestion of contaminated food or milk.	No immunization, avoid contact with infected persons. Pasteurization of milk.	Usually 2 to 5 days.	Acute onset with high fever, sore throat, strawberry tongue, nausea and vomiting, fine rash, which blanches on pressure, appears on neck and chest in about 24 hours. When the rash subsides, the skin begins to peel, in severe cases, the hair may be shed.	In uncomplicated cases, during incubation and illness, approximately 10 days. In untreated cases, from 2 to 3 weeks, for months in carriers. Adequate treatment eliminates possibility of transmission within 24 hours.	Middle ear infection, damage to the heart and kidneys, inflammation of the glands in the neck is common.
Smallpox	Contact with persons sick with the disease. Contact need not be intimate; airborne transmission may occur over short distances. Spread by nose and throat discharges or by material from skin lesions.	Vaccination at about 3 months of age and on entering school, when faced with unusual exposure, as in travel to regions where disease is prevalent when exposed to disease. Revaccination is recommended every 5 years.	From 7 to 16 days, commonly 12 days.	Sudden onset with fever, chills, headache, severe backache, and prostration. Temperature falls in 3 to 4 days and rash appears; finally forming scabs that fall off in about 3 weeks.	From first symptoms to disappearance of all scabs and crusts, usually 2 to 3 weeks. Most communicable in early stage of the disease.	Secondary infection of the skin with subsequent septicaemia, pneumonia; laryngitis, pleurisy, emphysema (air in tissues), middle ear infection; occasionally kidney damage.
Syphilis	By direct contact (sexual intercourse, kissing, fondling of children) during primary and secondary syphilis. Source of infection is exudate from early lesions of skin or mucous membrane of infected persons. An infected woman may transmit syphilis to her unborn child.	No immunization, one attack does not confer immunity. Best measures are health and sex education, preparation for marriage, premarital and prenatal examinations as part of general physical examination.	10 days to 10 weeks, usually 3 weeks.	Primary lesion (chancre) at the point of contact, which will heal without treatment, a secondary eruption involving skin and mucous membranes; latent period may last for years with occasional relapses and appearance of lesions. In congenital syphilis, only the late manifestations, such as the listed complications occur.	Variable and not definitely known. Adequate treatment usually ends infectivity within 24 hours.	Sterility; abortion or miscarriage; damage to the heart, blindness; deafness; paralysis; insanity.

* Scarlet fever and streptococcal sore throat, erysipelas, puerperal fever, cellulitis, mastoiditis, osteomyelitis, otitis media, peritonitis, and various skin and wound infections are all caused by the same strain of Group A hemolytic streptococci. The same principles of control hold generally for the group.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Tetanus (Lockjaw)	Tetanus spores, found in soil, street dust, and animal and human feces, enter the body through injury, usually a puncture wound. These spores may also enter the body through burns and trivial or unnoticed wounds.	Routine immunization with tetanus toxoid in infancy and early childhood, with reinforcing doses at intervals no longer than 5 years. An attack does not confer immunity. In the absence of active immunization, tetanus antitoxin provides passive protection to injured persons.	Commonly 4 days to 3 weeks; longer periods have been noted.	Painful muscular contractions of neck, jaw, and trunk muscles. Stiffness increases until jaws become locked, the head is drawn backward. Slight stimulation of patient causes convulsions and extreme pain. Usually low fever, difficulty in swallowing and breathing is common.	Not directly transmissible from person to person.	Rare under proper treatment and prevention; probably fatal if not treated promptly.
Tuberculosis (Pulmonary)	Infection usually results from continued and intimate exposure to infected persons with active disease. Coughing or sneezing by a patient whose sputum contains the tubercle bacillus releases a cloud of highly infectious droplets. Bovine tuberculosis transmitted by ingestion of unpasteurized dairy products from infected cows.	Isolation and treatment of active cases, examination of contacts and suspects, X-ray screening of adults in communities where the frequency of tuberculosis is known to be excessive, pasteurization of milk and the elimination of tuberculosis among dairy cattle; BCG vaccination for uninfected persons subject to unavoidable, heavy exposure.	From infection to primary phase lesions, about 4 to 6 weeks, from infection to progressive pulmonary tuberculosis may be years, with first 6 to 12 months most hazardous.	Primary infection usually goes undetected, but resembles the common cold. Course of disease varies widely. Earliest symptoms usually fatigue, weight loss, loss of appetite, chronic cough, fever, night sweats.	As long as tubercle bacilli are being discharged by the patient. Communicable when a lung lesion becomes open and continues until healed or death occurs. Some patients intermittently infectious for years. Coughing habits and hygienic practices of patient influence his degree of infectiousness.	Pneumonia, with or without effusion, meningitis, infection of gastrointestinal tract when sputum is swallowed, infection of the lymph system, rectal fistulae and abscesses; tuberculosis of the kidney.
Tularemia (Rabbit Fever)	By bite of infected flies or ticks, by handling infected animals; or by fluids from infected insects or animals, by ingestion of insufficiently cooked rabbit meat; drinking contaminated water.	Killed vaccines are of limited value. Avoid bites of flies and ticks and handling animals in areas where disease is prevalent. Avoid drinking raw water where disease prevails among wild animals. Permanent immunity usually follows recovery.	From 24 hours to 10 days, usually 3 days.	Nausea and vomiting, chills, fever, an ulcer usually appears at the site of infection and lymph glands in the area become tender, swollen, and commonly suppurate. Acute symptoms subside in 2 to 3 weeks, but recovery may take 2 to 3 months.	Under natural conditions not directly transmissible from person to person. Infectious agent may be found in the blood of man during the first 2 weeks of the disease and in lesions up to a month and sometimes longer.	Pneumonia; meningitis; encephalitis.
Typhoid Fever	Direct or indirect contact with infected persons or carriers. Principal vehicles of spread are water and food contaminated with feces or urine of infected persons. Contamination is usually by hands of a carrier or of an undiagnosed case. Flies may also play a part in spread.	Immunization with typhoid vaccine, periodic reinforcing injections desirable, commonly once in 3 years. A high degree of immunity usually follows recovery from the disease.	Variable, average 2 weeks, usual range 1 to 5 weeks.	Fever, headache, constipation more commonly than diarrhea; abdominal tenderness and distention, rose spots on the trunk.	As long as typhoid bacilli appear in excreta, usually from second week throughout convalescence; there, after variable. From 2 to 5 percent of patients become permanent carriers.	Hemorrhage or perforation of the intestine, peritonitis, blood clot in a vein; early heart failure; bedsores, bronchitis and pneumonia.

Chart of Selected Communicable Diseases (continued)

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Undulant Fever (Brucellosis)	Contact with infected animals, animal tissues, or secretions, and by ingestion of milk or dairy products from infected animals	Immunization by vaccination not widely accepted, its effect is controversial. Search for and elimination of infected animals, meat inspection, and pasteurization of milk and dairy products are common preventive measures	Highly variable and difficult to ascertain, usually 5 to 21 days, occasionally several months.	Onset may be acute or gradual, with fever, headache, weakness, profuse sweating, chills, and generalized aching. The disease may last for several days, many months, or occasionally for several years. Recovery is usual, but disability is often pronounced.	Rarely communicable from man to man, the infectious agent may be discharged in urine and other excretions for long periods of time.	Heart damage, chronic arthritis, pneumonia, habitual or occasional abortion, mastitis, inflammation of the ovaries in women, of the testes in men
Whooping Cough (Pertussis)	By direct contact with infected persons, by droplet spread, or indirectly by contact with articles freshly soiled with discharges from the nose and throat.	Immunization of all susceptible preschool children. Vaccines may be used alone or in combination with diphtheria and tetanus toxoid. Immunization can be started at 1 to 2 months of age. A single reinforcing dose at 1 to 2 and again at 4 to 5 years of age; and additionally if there is a known, direct contact with a case in the family.	Commonly 7 days, almost uniformly within 10 days and not exceeding 21 days.	Acute bacterial infection involving the respiratory tract, and characterized by a typical "whooping" cough, lasting 1 to 2 months. Beginning symptoms like those of the common cold.	From 7 days after exposure to 3 weeks after onset of typical paroxysmal cough	Pneumonia is usually the chief cause of death from this disease, bronchiectasis, emphysema, middle ear disease; brain damage, hernia; convulsions.

Maternal and Child Care

INTRODUCTION

The course of study in Maternal and Child Care is designed to assist the student to develop an understanding and appreciation of the maternal cycle and to acquire the skills needed to give adequate care to mother and baby. In addition, the student should gain an understanding of the emotional adjustments that the infant's family has to make.

The focus of this unit is on the unique needs of the mother and infant.

The program should give the student an awareness of the positive concepts in maternal and child care and its contribution to the health of the community at large.

OBJECTIVES

To gain knowledge, understanding, and the nursing care of

patients through the prenatal phase of the maternal cycle

patients during and after childbirth

newborn in the nursery

patients with complications of labor, and delivery

Maternal and Child Care

OBJECTIVES

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To gain knowledge, understanding, and skill in
the nursing care of

patients through the prenatal phase of
the maternal cycle

patients during and after childbirth

newborn in the nursery

patients with complications of pregnancy,
labor, and delivery

Topic	Content Development	Patient-Related Act
Introduction to Obstetrics	<p>Definition of obstetrics</p> <p>History of obstetrics ancient modern midwifery</p> <p>Medical word construction birth.....natal delivery.....partum period following last stage of birth.....puerperium before.....pre- ante- after.....post- pregnant.....gravid having delivered a living child.....parous more than one.....multi- first.....primi- pertaining to unborn child.....fetal surgical repair.....-orrhaphy opening or incision.....-otomy reduction to original size.....involution capable of living.....viable</p>	Read obstetrical charts terminology related
Pregnancy	Definition of pregnancy	Visit to prenatal clinic Review charts and models reproductive system

PRENATAL PHASE

Content Development

Patient-Related Activities

o Obstetrics

Definition of obstetrics

History of obstetrics

ancient
modern
midwifery

Medical word construction

birth.....	natal
delivery.....	partum
period following	last
stage of birth.....	puerperium
before.....	pre-
	ante-
after.....	post-
pregnant.....	gravid
having delivered a	
living child.....	parous
more than one.....	multi-
first.....	primi-
pertaining to unborn	
child.....	fetal
surgical repair.....	-orrhaphy
opening or incision.....	-otomy
reduction to original	
size.....	involution
capable of living.....	viable

Read obstetrical charts to analyze
terminology related to obstetrics

Definition of pregnancy

Visit to prenatal clinic
Review charts and models of the female
reproductive systems

Topic	Content Development	Patient-Related Activities
Pregnancy	Duration of pregnancy Naëgele's Rule	Calculate problems related to date of delivery or
	Development of fetus genetic factors, chromosomes and genes sex determination	
	progressive development early developmental stages monthly development fetal circulation	Observe fetal specimens stages Use models and charts of development Compare circulation in that of the fetus
	fetus as affected by drugs alcohol tobacco	Visit nursery and pediatric to observe congenital
	Special problems related to pregnancy psychological adjustment- abortion unwed mother and father	Observe patients with problems Provide emotional support
	Physical changes of reproductive system uterus - Hegar's sign vagina - Chadwick's sign enlargement of uterus amenorrhea vaginal secretions enlarged breasts	Observe and assist with injection in prenatal

Content Development

Patient-Related Activities

Duration of pregnancy
Naegele's Rule

Calculate problems related to estimated date of delivery or confinement

Development of fetus
genetic factors
chromosomes and genes
sex determination

progressive development
early developmental stages
monthly development
fetal circulation

Observe fetal specimens at various stages
Use models and charts on fetal development
Compare circulation in adult with that of the fetus

fetus as affected by
drugs
alcohol
tobacco

Visit nursery and pediatric service to observe congenital defects

Special problems related to pregnancy
psychological adjustment-
abortion
unwed mother and father

Observe patients with psychological problems
Provide emotional support and reassurance

Physical changes of reproductive system
uterus - Hegar's sign
vagina - Chadwick's sign
enlargement of uterus
amenorrhea
vaginal secretions
enlarged breasts

Observe and assist with physical examination in prenatal clinic

Topic	Content Development	Patient-Related Activities
Pregnancy	integumentary system striae gravidarum pigmentation perspiration and oil secretions	Explain to patient importance of personal hygiene
	endocrine system changes in various glands	
	circulatory system heart - blood blood vessels tissue edema headaches	Teach patient need for proper clothing and exercise Observe and record vital signs symptoms related to circulation
	musculoskeletal system bones and muscles teeth joints	Explain need for patient supervision and diet Teach patient need for proper posture
	respiratory system hyperventilation - aid to fetus	
	digestive system salivary glands stomach - nausea and vomiting intestines - regulation of bowel	Review adequate diet constipation and excretion
	urinary system urinary frequency	Teach patient how to during routine visits Explain hygienic measures to discomforts
	nervous system	

Content Development

Patient-Related Activities

integumentary system
striae gravidarum
pigmentation
perspiration and oil secretions

Explain to patient importance of good personal hygiene

endocrine system
changes in various glands

circulatory system
heart - blood
blood vessels
tissue edema
headaches

Teach patient need for non-constricting clothing and exercise
Observe and record vital signs and symptoms related to circulatory changes

musculoskeletal system
bones and muscles
teeth
joints

Explain need to patient for good dental supervision and diet
Teach patient need for good posture

respiratory system
hyperventilation - aid to fetus

digestive system
salivary glands
stomach - nausea and vomiting
intestines - regulation of bowel

Review adequate diet to prevent constipation and excessive weight gain

urinary system
urinary frequency

Teach patient how to obtain specimens during routine visits
Explain hygienic measures to relieve discomforts

nervous system

Topic	Content Development	Patient-Related Activities
Pregnancy	<p>Signs and symptoms</p> <p>presumptive</p> <ul style="list-style-type: none"> amenorrhea breast changes nausea - vomiting urinary frequency leukorrhea quickening <p>probable</p> <ul style="list-style-type: none"> genital and uterine changes <ul style="list-style-type: none"> Chadwick's sign Goodell's sign Hegar's sign Braxton Hicks' abdominal changes <ul style="list-style-type: none"> size striae gravidarum pigmentation laboratory tests <ul style="list-style-type: none"> diagnostic tests <ul style="list-style-type: none"> animal Aschheim-Zondek Friedman Xenopus Agglutination Amenorrhea test positive <ul style="list-style-type: none"> fetal heart tone fetal parts felt by examiner fetal movements felt by examiner 	<p>Use of charts depicting pigment and size</p> <p>Assist doctor with prenatal clinic</p> <p>Assist with patients of pregnancy</p> <p>Prepare patient for</p> <p>Assist with care of clinic</p>

Content Development

Patient-Related Activities

Signs and symptoms

presumptive
amenorrhea
breast changes
nausea - vomiting
urinary frequency
leukorrhea
quickening

Use of charts depicting changes in
pigment and size
Assist doctor with care of patients in
prenatal clinic

probable

genital and uterine changes
Chadwick's sign
Goodell's sign
Hegar's sign
Braxton Hicks'

Assist with patients at various stages
of pregnancy

abdominal changes
size
striae gravidarum
pigmentation

Prepare patient for laboratory tests

laboratory tests
diagnostic tests
animal
Aschheim-Zondek
Friedman
Xenopus
Agglutination
Amenorrhea test

positive

fetal heart tone
fetal parts felt by
examiner
fetal movements felt by
examiner

Assist with care of patients in prenatal
clinic

Topic	Content Development	Patient-Related Activities
Prenatal Care Antepartum Care	Definition of prenatal care refers to planned examination, observation, and guidance of expectant mother	
	Goals pregnancy, with a minimum of mental and physical discomfort and a maximum of gratification delivery under optimum conditions delivery of a baby with good potential for survival establishment of good health habits for family smooth, guided postpartum adjustment	Observe and assist in prenatal classes
	Medical supervision facilities available private physician hospital clinics public health agencies	
	First visit past medical history diseases, operations, general health menstrual history previous pregnancies and labor	
	examination of the patient review lithotomy and other body positions for chest, abdominal, and pelvic examinations	Take vital signs Weigh patient Assist with physical including palpation estimation of pelvis and vaginal examination

Content Development

Patient-Related Activities

Definition of prenatal care refers to planned examination, observation, and guidance of expectant mother

Goals

pregnancy with a minimum of mental and physical discomfort and a maximum of gratification
delivery under optimum conditions
delivery of a baby with good potential for survival
establishment of good health habits for family
smooth, guided postpartum adjustment

Medical supervision
facilities available
private physician
hospital clinics
public health agencies

First visit
past medical history
diseases, operations, general health
menstrual history
previous pregnancies and labor

examination of the patient
review lithotomy and other body positions for chest, abdominal, and pelvic examinations

Observe and assist in the teaching of prenatal classes

Take vital signs
Weigh patient
Assist with physical examination, including palpation of abdomen, estimation of pelvic measurements, and vaginal examination

Topic	Content Development	Patient-Related Activities
Prenatal Care Antepartum Care	laboratory tests Wasserman urinalysis RH factor	Assist with collection
	General hygiene nurse's role in instruction and education using individual and group instruction baths elimination weight control dental clothing douching rest and exercise marital relations diet drugs, alcohol, and tobacco	Interpret physician's patients
	Subsequent visits - supervision and prevention of normal dis- comforts of pregnancy nausea and vomiting heartburn constipation flatulence shortness of breath backache leukorrhoea pruritis leg cramps edema of feet varicose veins	Assist physician with urinalysis weight blood pressure meas- special examination warrants blood examination rectal and vaginal Interview patients and to relieve discomfort View charts to see be- relation to the dis-

Content Development

Patient-Related Activities

laboratory tests

Wasserman
urinalysis
RH factor

Assist with collection of specimens

General hygiene

nurse's role in instruction
and education using individual
and group instruction

Interpret physician's instructions to
patients

baths
elimination
weight control
dental
clothing
douching
rest and exercise
marital relations
diet
drugs, alcohol, and tobacco

Subsequent visits - supervision
and prevention of normal dis-
comforts of pregnancy
nausea and vomiting
heartburn
constipation
flatulence
shortness of breath
backache
leukorrhoea
pruritis
leg cramps
edema of feet
varicose veins

Assist physician with procedures
urinalysis
weight
blood pressure measurement
special examination when condition
warrants
blood examination
rectal and vaginal examination
Interview patients and teach measures
to relieve discomforts

View charts to see bodily changes in
relation to the discomforts

Topic	Content Development	Patient-Related
Prenatal Care Antepartum Care	danger signals . . persistent headaches persistent nausea and vomiting visual disturbances vaginal bleeding severe pain in lower abdomen edema of face and hands chills and fever sudden escape of fluid from vagina	Observe patients
	Complications of pregnancy hyperemesis gravidarum	Observe and care complications - treatment, and r
	toxemia - pre-eclampsia and eclampsia	Prepare case stud patients with c pregnancy
	abortions - types	
	ectopic pregnancy	
	placenta previa	
	infectious diseases rubella syphillis gonorrhoea	Observe newborn w defects Practice isolatio
	non-infectious diseases diabetes mellitus heart disease	Prepare case stud or diabetic pre

Content Development

Patient-Related Activities

danger signals
persistent headaches
persistent nausea and vomiting
visual disturbances
vaginal bleeding
severe pain in lower abdomen
edema of face and hands
chills and fever
sudden escape of fluid from vagina.

Observe patients in prenatal clinics

Complications of pregnancy
hyperemesis gravidarum

Observe and care for patients with complications - emphasizing causes, treatment, and nursing care

toxemia - pre-eclampsia and eclampsia

Prepare case study on individual patients with complications of pregnancy

abortions - types

ectopic pregnancy

placenta previa

infectious diseases
rubella
syphilis
gonorrhoea

Observe newborn with congenital defects
Practice isolation technique

non-infectious diseases
diabetes mellitus
heart disease

Prepare case study on the cardiac or diabetic pregnant woman

Topic	Content Development	Patient-Related A
Labor and Delivery	<p>Labor and delivery</p> <p>theory regarding onset of labor</p> <p>signs of labor</p> <ul style="list-style-type: none"> - lightening Braxton Hicks' contractions vaginal discharge and show rupture of amniotic membrane <p>stages of labor</p> <p>first stage</p> <ul style="list-style-type: none"> definition physiological changes and nurse's role duration complications <p>second stage of labor</p> <ul style="list-style-type: none"> definition duration physiological changes position - presenting parts 	<p>Admit obstetrical</p> <p>Give care of pati</p> <p>stage of labor</p> <ul style="list-style-type: none"> administer pe take vital si check fetal h note contract observe for r give enema observe for u excessive b meconium in prolapsed c change in v symptoms of <p>Give care to pati</p> <p>stage of labor</p>

LABOR AND DELIVERY

Content Development

Patient-Related Activities

Labor and delivery

theory regarding onset of labor
signs of labor,
lightening
Braxton Hicks' contractions
vaginal discharge and show
rupture of amniotic membrane

stages of labor

first stage
definition
physiological changes and nurse's
role
duration
complications

second stage of labor

definition
duration
physiological changes
position - presenting parts

Admit obstetrical patient

Give care of patient during first
stage of labor
administer perineal preparation
take vital signs
check fetal heart
note contractions
observe for rupture of membrane
give enema
observe for unusual symptoms
excessive bleeding
meconium in vaginal discharge
prolapsed cord
change in vital signs
symptoms of shock

Give care to patient during second
stage of labor

Topic	Content Development	Patient Relations
Labor and Delivery	third stage definition duration physiological changes	Assist the doctor in the room Record pertinent information time of delivery height and weight
	Obstetrical anesthesia and analgesia types general local regional natural childbirth hypnosis	Observe administration of anesthesia in labor room
	Complications of labor and delivery dystocia contracted pelvis prolapsed cord multiple pregnancies	Observe and assist with the care of patients with complications
	Operative obstetrics episiotomy and repairs caesarian section forceps delivery	Assist with the care of patients with emphasis on postoperative care of patient
Postpartum Care	Postpartum care immediate care	Provide immediate care of obstetrical patients observe general condition take vital signs palpate fundus observe lochia check for bleeding observe for signs of shock

Content Development

Patient Related Activities

third stage
definition
duration
physiological changes

Assist the doctor in the delivery room
Record pertinent information:
time
expulsion of placenta
height and tone of fundus

Obstetrical anesthesia and analgesia
types
general
local
regional
natural childbirth
hypnosis

Observe administration of anesthesia in labor room

Complications of labor and delivery
dystocia
contracted pelvis
prolapsed cord
multiple pregnancies

Observe and assist with deliveries and care of patients with complications

Operative obstetrics
episiotomy and repairs
caesarian section
forceps delivery

Assist with the delivery of patient with emphasis on preoperative and postoperative needs of obstetrical patient

Postpartum care
immediate care

Provide immediate nursing care for obstetrical patient
observe general conditions
take vital signs
palpate fundus
observe lochia
check for bladder distention
observe for hemorrhage and shock

Topic	Content Development	Patient-Related Activities
Postpartum Care	general care	<p>Provide care for patient</p> <p>check and record the fundus</p> <p>teach breast care technique</p> <p>observe and record amount, and record chart intake and administer perineal personal hygiene</p> <p>plan nutrition of the nursing mother</p> <p>assist with prescription record and report related to physical changes</p> <p>provide emotional reassurance</p> <p>teach importance of exercise and</p>

Content Development

Patient-Related Activities

general care

Provide care for the postpartum patient

check and record findings regarding the fundus

teach breast care and nursing technique

observe and record character, amount, and color of lochia

chart intake and output

administer perineal care and teach personal hygiene

plan nutrition to meet the needs of the nursing and non-nursing mother

assist with prescribed exercise

record and report pertinent findings related to physical and emotional changes

provide emotional support and reassurance

teach importance and value of exercise and six-week examination

Topic	Content Development	Patient-Related
Care of Newborn	<p>Newborn</p> <ul style="list-style-type: none"> physiological changes at birth general characteristics of the newborn immediate care of the newborn <ul style="list-style-type: none"> airways cord evaluation - Apgar scale prophylaxis - eyes inspection, weight, length, temperature position identification birth registration religious rites as indicated daily care <ul style="list-style-type: none"> skin care weight feeding - breast vs. formula eliminations record observations special tests preparation of mother in care of infant at discharge <ul style="list-style-type: none"> techniques of feeding weight loss or gain daily hygiene - bath, dress, elimination circumcision 	<p>Use chart to r Observe newborn</p> <p>Patient-C Mrs. B. gave b 8:50 A.M. I vertex deliv after inspect Dr. Miller g nurse in the What are the of the nurse immediate ca</p> <p>Baby John was a at 9:30 A.M. of the admitt nursery?</p> <p>Mrs. B. appears after she is ready for dis some difficul John to nurse How can the n breast feedin Demonstrate care preparation f</p> <p>Discuss introdu other members</p>

CARE OF THE NEWBORN

Content Development

Patient-Related Activities

Newborn

physiological changes at birth
general characteristics of the newborn
immediate care of the newborn
airways
cord
evaluation - Apgar scale
prophylaxis - eyes
inspection, weight, length, temperature
position
identification
birth registration
religious rites as indicated

daily care
skin care
weight
feeding - breast vs. formula
eliminations
record observations
special tests

preparation of mother in care of infant at discharge
techniques of feeding
weight loss or gain
daily hygiene - bath, dress, elimination
circumcision

Use chart to review fetal circulation
Observe newborn in delivery room

Patient-Centered Problem

Mrs. B. gave birth to baby John at 8:50 A.M. It was a spontaneous, vertex delivery. Immediately after inspecting the infant, Dr. Miller gave the baby to the nurse in the delivery room. What are the responsibilities of the nurse in assisting in the immediate care of the newborn?

Baby John was admitted to the nursery at 9:30 A.M. What are the duties of the admitting nurse in the nursery?

Mrs. B. appears very apprehensive after she is told that she is ready for discharge. She has some difficulty in getting Baby John to nurse adequately. How can the nurse advise her about breast feeding the infant? Demonstrate care of the infant in preparation for discharge.

Discuss introduction of infant to other members of the family.

Topic	Content Development	Patient-Related
Care of Newborn	<p>Special conditions of the newborn</p> <p>Prematurity</p> <ul style="list-style-type: none"> causes characteristics nursing care <ul style="list-style-type: none"> principles of premature care maintenance of body temperature protection from infection maintenance of adequate airway maintenance of adequate fluid and caloric intake <p>Abnormalities of the newborn</p> <ul style="list-style-type: none"> need for early recognition possible causes symptoms of abnormalities and defects special nursing responsibilities <ul style="list-style-type: none"> observation for defects effect of defect on the infant helping the parent to accept the deformity agencies for infants with defects and abnormalities <p>Circumcision</p> <ul style="list-style-type: none"> definition of circumcision significance of circumcision nursing responsibilities in caring for the infant with circumcision 	<p>Patient-Centered</p> <p>Baby Thomas was 6:00 P.M. to M. The parents were apprehensive with them that the 14 oz. and would incubator. They were asked by How does the p from the aver What are the c how can it be Will the prema develop into Prepare a plan for 24 hours.</p> <p>Mr. and Mrs. Far anticipating t first baby. A prenatal clin she notes that history of Ger the first trim Why is the his significant?</p> <p>Baby Jane was bo Weight was 7 l revealed conge right hand. N noted. Prepare a nursin Jane.</p> <p>Prepare a nursin circumcised in</p>

Content Development

Special conditions of the newborn

Prematurity

causes

characteristics

nursing care

- principles of premature care
- maintenance of body temperature
- protection from infection
- maintenance of adequate airway
- maintenance of adequate fluid and caloric intake

Abnormalities of the newborn

need for early recognition

possible causes

symptoms of abnormalities and defects

special nursing responsibilities

observation for defects

effect of defect on the infant

helping the parent to accept the deformity

agencies for infants with defects and abnormalities

Circumcision

definition of circumcision

significance of circumcision

nursing responsibilities in caring for the infant with circumcision

Patient-Related Activities

Patient-Centered Situation

Baby Thomas was born prematurely at 6:00 P.M. to Mr. and Mrs. James. The parents were very excited and apprehensive when the doctor informed them that the infant weighed 3 lbs. 14 oz. and would be placed in an incubator. The following questions were asked by the parents:

- How does the premature infant differ from the average newborn?
- What are the causes of prematurity and how can it be prevented?
- Will the premature infant survive and develop into a normal child?

Prepare a plan of care for Baby Thomas for 24 hours.

Mr. and Mrs. Farmer are eagerly anticipating the arrival of their first baby. As the nurse in the prenatal clinic reads the history, she notes that Mrs. Farmer has a history of German measles during the first trimester.

Why is the history in this case so significant?

Baby Jane was born to the Farmers. Weight was 7 lbs. Examination revealed congenital absence of the right hand. No other defects were noted.

Prepare a nursing care plan for Baby Jane.

Prepare a nursing care plan for a circumcised infant.

Pediatric Nursing

INTRODUCTION

The course of study in Pediatric Nursing is designed to prepare the student for her role in understanding and caring for the sick child. The patient-centered approach emphasizes the various stages of growth and development (physical, emotional, social, and psychological) of the hospitalized child in order to provide safe nursing care.

OBJECTIVES

1. To apply knowledge of the growth and developmental patterns of the normal child when caring for the ill child.
2. To understand the need for emotional support of the hospitalized child and his family.
3. To provide an understanding of and skills needed for some pediatric conditions.

Topic	Content Development	Patient-Related Activities
Principles of Pediatric Care	Introduction to pediatric service Pediatric environment appearance - unit, playroom safety standards and rules furniture and equipment	Visit pediatric units Child's reaction to hospital View film "A Two-Year-Old in the Hospital" Parents' emotions Pediatric routines admission adaptation of nursing care to specific age group admission and discharge follow-up-visit-clinic department

PEDIATRIC NURSING

Content Development

Introduction to pediatric service
Pediatric environment
 appearance - unit, playroom
 safety standards and rules
 furniture and equipment

Patient-Related Activities

Visit pediatric units in hospital

Child's reaction to hospitalization
View film "A Two-Year-Old Goes to
 the Hospital".
Parents' emotions

Pediatric routines

 admission
 adaptation of nursing procedures to
 specific age groups
 discharge
 follow-up-visit-clinic, out-patient
 department

Topic	Content Development	Patient-Related Act
Care of Ill Child	Care of infant with diarrhea	Patient-Centered Pro
		<p>Susan Jones, a nine-year-old child, was admitted to the pediatric ward. The history revealed vomiting for the past 24 hours, frequent, watery stools, and a temperature of 101.5 degrees Fahrenheit over the past 3 days, with a temperature of 101.5 degrees Fahrenheit.</p>
		<p><u>Admission Orders</u></p>
		<p>isolation urinalysis and stool culture intake and output - record CBC and differential I.V. - 2½ percent glucose</p>
		<p>Compare admission procedure with that of an admission to a hospital room. Discuss hospital room safety factors.</p>
	<p>Review "Body Structure and Function" and "Growth and Development" as they apply to each age group presented in the problems.</p>	<p>Plan and adapt special care of Susan: prepare isolation take vital signs assist with I.V. provide skin care use of restraints feeding Discuss - cause, symptoms, and prevention of diarrhea Discuss - psychological aspects of hospitalization</p>

Content Development

Patient-Related Activities

Care of infant with diarrhea

Patient-Centered Problem

Susan Jones, a nine-month-old infant, was admitted to the pediatric unit at 10:00 A.M. The history revealed that Susan had been vomiting for the past 16 hours and had frequent, watery stools for the past two days, with a temperature of 103F.

Admission Orders

isolation
urinalysis and stool specimen
intake and output - 24 hours
CBC and differential
I.V. - 2½ percent glucose - 500 c.c.

Compare admission procedures for child with that of an adult
Discuss hospital routines for children
Discuss safety factors.

Review "Body Structure and Function" and "Growth and Development" as they apply to each age group presented in problems

Plan and adapt special procedures related to care of Susan:

prepare isolation unit - review
take vital signs
assist with I.V.
provide skin care
use of restraints
feeding

Discuss - cause, symptoms, treatment, and prevention of diarrhea

Discuss - psychological effect of hospitalization

Topic	Content Development	Patient-Related Acti
Care of Ill Child	<p>Care of infant with common diseases and disorders</p> <p>congenital anomalies hydrocephalus spina bifida cleft palate atresia pyloric stenosis club foot - dislocation of hip respiratory conditions cardiac conditions communicable disease</p>	<p>Observe and provide infants with disorder</p> <p>Prepare plan of nursing with common disorder</p> <p>Review chart - "Comm Visit Child Health C immunization proce</p>
	<p>Care of toddler with third degree burns</p> <p>treatment - open technic, pressure bandage other complications . infection pneumonia (use of croupette) keloids contractures disfigurement</p>	<p>Patient-Cen</p> <p>Paul, age 3, was ill Doctor ordered use o hours of sleep. Vap on chair alongside o "tossing in his sleep the contents over hi degree burns of the Child was taken to e ambulance and was in the pediatric unit.</p> <p>Discuss first aid me burns Discuss management o</p>
		<p>Admission O prepare aseptic un assist with I.V. a assist with specia current literatu take intake and ou use of Stryker or ordered provide emotional parents rehabilitation prevention of burn in the home</p>

Content Development

Patient-Related Activities

Care of infant with common diseases and disorders

congenital anomalies
hydrocephalus
spina bifida
cleft palate
atresia
pyloric stenosis
club foot - dislocation of hip
respiratory conditions
cardiac conditions
communicable disease

Care of toddler with third degree burns

treatment - open technic,
pressure bandage
other complications
infection
pneumonia (use of croupette)
keloids
contractures
disfigurement

Observe and provide nursing care of infants with disorders

Prepare plan of nursing care for infant with common disorders

Review chart - "Communicable Disease"
Visit Child Health Center - observe immunization procedures

Patient-Centered Problem

Paul, age 3, was ill at home with croup. Doctor ordered use of vaporizer during hours of sleep. Vaporizer was placed on chair alongside of bed. Paul, while tossing in his sleep, accidentally knocked the contents over his body, causing third degree burns of the neck and upper trunk. Child was taken to emergency unit via ambulance and was immediately admitted to the pediatric unit.

Discuss first aid measures for severe burns

Discuss management of shock and toxicity

Admission Orders

prepare aseptic unit to receive child
assist with I.V. and cutdown
assist with special procedures (see current literature)

take intake and output for 24 hours
use of Stryker or Bradford frames as ordered

provide emotional support for child and parents

rehabilitation

prevention of burns - safety precautions in the home

Topic	Content Development	Patient-Related Activities
Care of Ill Child	<p>Other conditions of children</p> <ul style="list-style-type: none"> worms poisoning nephrosis cerebral palsy deafness 	<p>Visit school for the techniques of communication</p> <p>Patient-Centered History</p> <p>Gladys Frank, age 8, complains with nausea and vomiting twenty-four hours; temperature 101.0. Child brought into emergency room then admitted.</p> <p>Examination of abdomen and tenderness in right lower quadrant. Laboratory report, WBC 12,000. Diagnosis - appendicitis.</p> <p>Doctor's pre-operative orders:</p> <ul style="list-style-type: none"> appendectomy: abdominal skin preparation catheterization small, low tap water 15 minutes prior to surgery Meperidine hydrochloride 50 mg Atropine sulfate 0.5 mg <p>Doctor's post-operative orders:</p> <ul style="list-style-type: none"> vital signs - B.P.; temperature positions and activities medication for pain prophylactic diet

Content Development

Patient-Related Activities

Other conditions of children

worms
poisoning
nephrosis
cerebral palsy
deafness

Visit school for the deaf to observe techniques of communication

Patient-Centered Problem

Gladys Frank, age 8, complained of severe pains with nausea and vomiting for the past twenty-four hours; temperature normal. Child brought into emergency room and then admitted.

Examination of abdomen revealed rigidity and tenderness in right lower quadrant; laboratory report, WBC-15,000; possible diagnosis - appendicitis

Doctor's pre-operative orders for appendectomy:

abdominal skin preparation
catheterization
small, low tap water enema
15 minutes prior to going to O.R.
Meperidine hydrochloride 75 mg. "H"
Atropine sulfate 0.5 mg. "H"

Doctor's post-operative orders:

vital signs - B.P.; T.P.R.
positions and activity
medication for pain
prophylactic diet

Topic	Content Development	Patient-Related Act
Care of Ill Child	<p>Other conditions of children</p> <ul style="list-style-type: none"> communicable diseases (immunization) leukemia tonsillitis rheumatic fever chorea juvenile diabetes pediculosis 	<p>Practice pre-operative child, emphasis on</p> <ul style="list-style-type: none"> skin preparation enema catheterization injections intravenous anesth post-operative nu complications diversional and re therapy for hospit child ages 4-10 (a
	<p>Care of adolescent with a fracture of thorocolumbar-vertebrae</p>	<p>Patient-Center</p> <p>Joe Williams, age 14 football, fractured vertebrae. Full bod expected hospitaliza</p> <p>Nursing responsibili</p> <ul style="list-style-type: none"> observe for unusua cast hygienic care positioning and ex psychological prob a cast activities related educational - e.g. programs

Content Development

Patient-Related Activities

Practice pre-operative procedures for a child, emphasis on psychological effects.

skin preparation

enema

catheterization

injections

intravenous anesthesia

post-operative nursing care

complications

diversional and recreational

therapy for hospitalized

child ages 4-10 (arts and crafts)

Other conditions of children

communicable diseases (immunization)

leukemia

tonsillitis

rheumatic fever

chorea

juvenile diabetes

pediculosis

Care of adolescent with a fracture of thorocolumbar-vertebrae

Patient-Centered Problem

Joe Williams, age 14, while playing football, fractured several thorocolumbar vertebrae. Full body cast applied; expected hospitalization 6-8 weeks duration.

Nursing responsibilities of patient in cast
observe for unusual signs in area of cast
hygienic care
positioning and exercises
psychological problems of patient in a cast
activities related to hospitalized child
educational - e.g., home study; special programs

Topic	Content Development	Patient-Related Activities
Care of Ill Child	<p>Other conditions and special problems of the adolescent</p> <ul style="list-style-type: none"> tuberculosis acne dysmenorrhea venereal disease drug addiction nutritional (obesity - underweight) 	<p>provide care for patient demonstrate diversional recreational nursing with orthopedic conditions (use of Stryker, Borden and CircOelectric crutches) demonstrate crutch walking teaching crutch walking</p>

Content Development

Patient-Related Activities

provide care for patient in traction
demonstrate diversional and
recreational nursing care of patients
with orthopedic conditions in traction,
(use of Stryker, Bradford frames,
and CircElectric bed)
demonstrate crutch walking - practice
teaching crutch walking to patient

Other conditions and special problems
of the adolescent
tuberculosis
acne
dysmenorrhea
venereal disease
drug addiction
nutritional (obesity - underweight)

Psychiatric Nursing

INTRODUCTION

This course of study in Psychiatric Nursing is designed to give the student a general understanding of the mentally ill patient - causes and treatment - and the role of the practical nurse in the care of the patient. In addition, it gives the student an opportunity to use her knowledge and understanding of normal human behavior as a basis for understanding deviate behavior in the mentally ill patient and persons in stress situations.

OBJECTIVES

To understand the dynamics of normal behavior.

To recognize deviations in human behavior and their relation to the total nursing care of the patient.

To understand the importance of a therapeutic climate in meeting the patient's needs.

Psychiatric Nursing

OBJECTIVES

of study in Psychiatric Nursing
to give the student a general under-
standing of the mentally ill patient - causes and
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To understand the dynamics of normal human
behavior.

To recognize deviations in human behavior and
their relation to the total nursing care of
the patient.

To understand the importance of a therapeutic
climate in meeting the patient's needs.

Topic	Content Development	Patient-Related
<p>Introduction to Mental Health</p> <p>Mental Illness as a Health Problem</p>	<p>Statistics</p> <p>number one health problem</p> <p>History</p> <p>past</p> <p>present</p> <p>National Mental Health Act</p> <p>current legislation</p> <p>Personality development</p> <p>influence of early family relationships</p> <p>response to basic needs</p> <p>self-concept</p> <p>phases of personality development</p> <p>infancy</p> <p>childhood</p> <p>adolescence</p> <p>maturity</p> <p>marriage</p> <p>old age</p>	<p>Report on</p> <p>primitive peoples</p> <p>trephining</p> <p>evil spirits</p> <p>Middle Ages</p> <p>Dorothea Dix</p> <p>Clifford Beers</p> <p>Sigmund Freud</p> <p>Jung</p> <p>Karl Menninger</p>

PSYCHIATRIC NURSING

Content Development

Patient-Related Activities

o Mental

ness as
Problem

Statistics
number one health problem

History
past
present
National Mental Health Act
current legislation

Report on
primitive peoples
trephining.
evil spirits

Middle Ages
Dorothea Dix
Clifford Beers
Sigmund Freud
Jung
Karl Menninger

Personality development
influence of early family
relationships
response to basic needs
self-concept
phases of personality
development
infancy
childhood
adolescence
maturity
marriage
old age

Topic	Content Development	Patient-Related
Introduction to Mental Health	Defense mechanisms compensation rationalization projection identification repression suppression compensation regression displacement withdrawal	Relate how mechanisms adjust to life situations of daily living

mental

ss as
problem

Defense mechanisms
compensation
rationalization
projection
identification
repression
suppression
compensation
regression
displacement
withdrawal

Relate how mechanisms are used to
adjust to life situations as part
of daily living

Topic	Content Development	Patient-Related
Predisposing Factors as Causes of Mental Illness	Heredity - idiocy, epilepsy environmental - cultural factors psychological factors physical diseases	Report on alcohol and related to insecurity Panel discussion on war economic strain overwork worry about health family disruption conflicts related to values, and needs related diseases and injury
Deviate Patterns of Behavior	Sexual deviation	Observation of patient behavior homosexuality sadism masochism voyeurism exhibitionism
Classification of Mental Illness	Neuroses - A neurosis is a mild to moderately severe illness of personality whereby there is contact with reality, with no organic condition. Hospitalization is not required. anxiety neurasthenia phobic reaction hypochondriasis	Observe and care for patients with neuroses

Content Development

Patient-Related Activities

Factors as
Mental Illness

Heredity - idiocy, epilepsy
environmental - cultural factors
psychological factors
physical diseases

Report on alcohol and drug abuse
related to insecurity
Panel discussion on effect of following
war
economic strain
overwork
worry about health
family disruption
conflicts related to personal ideals,
values, and needs
related diseases and trauma - brain
injury

Factors of

Sexual deviation

Observation of patients with deviant
behavior
homosexuality
sadism
masochism
voyeurism
exhibitionism

Types of Mental

Neuroses - A neurosis is a mild
to moderately severe illness of
personality whereby there is
contact with reality, with no
organic condition. Hospitalization
is not required.

anxiety
neurasthenia
phobic reaction
hypochondriasis

Observe and care for medical or surgical
patients with neurosis

Topic	Content Development	Patient-Related Activities
Classification of Mental Illness	<p>Psychoses - A psychosis is a severe illness of personality revealed by loss of contact with reality. Usually leads to hospitalization.</p> <p>organic</p> <ul style="list-style-type: none"> arteriosclerosis toxic blood poisoning infectious disease <ul style="list-style-type: none"> syphilis encephalitis traumatic - brain injury neoplasm senility <p>functional</p> <ul style="list-style-type: none"> psychopathic personality schizophrenic reaction <ul style="list-style-type: none"> simple hebephrenic catatonic paranoid manic-depressive <ul style="list-style-type: none"> depressed manic circular involutional psychoses <ul style="list-style-type: none"> simple depressed paranoid paranoia post partum psychosis mental defective <ul style="list-style-type: none"> morons imbeciles idiots 	<p>Observe and care for surgical patients with psychoses, or related</p> <p>Visit psychiatric uni</p>

Content Development

Patient-Related Activities

of Mental

Psychoses - A psychosis is a severe illness of personality revealed by loss of contact with reality. Usually leads to hospitalization.

organic

arteriosclerosis
toxic blood poisoning
infectious disease
 syphilis
 encephalitis
traumatic - brain injury
neoplasm
senility

Observe and care for medical and surgical patients with neuroses, psychoses, or related conditions

functional

psychopathic personality
schizophrenic reaction
 simple
 hebephrenic
 catatonic
 paranoid
manic-depressive
 depressed
 manic
 circular
involitional psychoses
 simple
 depressed
 paranoid
parenoia
post partum psychosis
mental defective
 morons
 imbeciles
 idiots

Visit psychiatric unit

Topic	Content Development	Patient-Related Activities
Principles of Psychiatric Nursing	Role of the psychiatric nurse acceptance of the patient as a person communication on the level of the patient's understanding avoidance of verbal and physical force consistency in the attitude for patient's security nursing care focused on the patient as a person, not on the control of symptoms	Role-play to show nurses to care of patients with symptoms
General Characteristics of Neurotic and Psychotic Behavior	Behavioral patterns are manifested in neuroses and psychoses worry feeling of guilt agitation compulsive manner marked insomnia repression suspicion somatic complaints delusions illusions hallucinations ideas of grandeur erratic stream of thought loneliness	Observe, report, and discuss characteristics of neurotic behavior Develop awareness of mental illness of self, family, patient
Commitment	Mental hospitals voluntary legal	Compare past and current for care of the mental patient

Content Development

Patient-Related Activities

Psychiatric

Role of the psychiatric nurse
acceptance of the patient as a person
communication on the level of the patient's understanding
avoidance of verbal and physical force
consistency in the attitude for patient's security
nursing care focused on the patient as a person, not on the control of symptoms

Role-play to show nursing approach to care of patients manifesting symptoms

Characteristics of psychotic

Behavioral patterns are manifested in neuroses and psychoses
worry
feeling of guilt
agitation
compulsive manner
marked insomnia
repression
suspicion
somatic complaints
delusions
illusions
hallucinations
ideas of grandeur
erratic stream of thought
loneliness

Observe, report, and chart characteristics of neurotic and psychotic behavior
Develop awareness of early signs of mental illness of
self
family
patient

Mental hospitals
voluntary
legal

Compare past and current hospitals for care of the mentally ill

Topic	Content Development	Patient-Related Acti
Treatment and Rehabilitation of the Mentally Ill Patient	Forms of treatment somatic therapy shock therapy - insulin, metrazol, curare electric shock therapy drugs tranquilizers - chloral hydrate, paraldehyde sedatives - barbiturates hydrotherapy occupational therapy rehabilitation psychotherapy - counseling individual therapy family therapy group therapy psychoanalysis day and night clinics narcoanalysis - sodium pentathol	Explain role of foll specialists in tea psychiatrist clinical psychol psychiatric soci registered profe licensed practic occupational the recreational the industrial thera role of others family community

Content Development

Patient-Related Activities

Rehabilitation
Ily Ill Patient

Forms of treatment

somatic therapy
shock therapy - insulin,
metrazol, curare
electric shock therapy

drugs

tranquilizers - chloral hydrate,
paraldehyde
sedatives - barbiturates

hydrotherapy

occupational therapy

rehabilitation

psychotherapy - counseling

individual therapy

family therapy

group therapy

psychoanalysis

day and night clinics

narcoanalysis - sodium pentathol

Explain role of following

-specialists in team concept
psychiatrist
clinical psychologist
psychiatric social worker
registered professional nurse
licensed practical nurse
occupational therapist
recreational therapist
industrial therapist

role of others

family
community

APPENDIX

HISTORY OF THE PROGRAM

As early as 1918, Home Nursing was taught in some New York City high schools by nurses who were certified to teach it by the American Red Cross. It was then offered as a one-half unit elective.

Since Home Nursing was first offered, the number of schools offering the program has increased, along with the number of certified teachers. For a brief time during World War II, a Practical Nurse course was given in a vocational high school. This course was discontinued because high school students could not meet the age requirements for licensure at the time of graduation.

In 1953, the State Education Department reduced the age for admission to the licensing examination to eighteen years of age, thus enabling a student taking a Practical Nurse course in high school to be eligible for the examination. Steps were then taken to develop a Practical Nurse Curriculum to be offered in selected academic and vocational high schools. Standards for the program were established to meet the regulations of the State Education Department of New York governing schools for the practical nurses. Upon graduation, therefore, students enrolled in the Practical Nurse program receive, in addition to a high school diploma, a Practical Nurse diploma and are eligible to take the licensing examination.

The general purpose of the program is to prepare students to enter the licensing examinations and thus to be certified as Licensed Practical Nurses who will act in the capacity of

a) giving nursing care to sub-acute, convalescing, handicapped, and aged patients in hospitals, homes, and other institutions;
b) assisting the Registered Professional Nurse in the care of acutely ill patients;
c) caring for well children and infants;
The course is open to those students who have successfully completed the 10th grade. Students who have shown the interest, ability, and character to enter the vocation.

The practical nurse program (offered in both academic and vocational high schools) has been effective in preparing school students and preparing them to meet the health needs of an urban area. Graduates of the Practical Nurse Program receive a high school diploma and are eligible to take the New York State Licensing Examination for Practical Nursing.

In 1954 the Board of Education of New York City with the approval of the New York State Department of Education, Division of Vocational Education, established three practical nursing programs. In subsequent years two of these programs closed and eight additional programs were approved and opened.

Jane Addams Vocational High School

Mabel Dean Bacon Vocational High School

Clara Barton Vocational High School

Curtis High School

HISTORY OF THE PROGRAM

As 1918, Home Nursing was taught
in New York City high schools by nurses
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Nurses Association. It was then offered as a one-half

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ination and to be certified as Licensed
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in hospitals, homes, and other institutions;
b) assisting the Registered Professional Nurse
in the care of acutely ill patients; and c)
caring for well children and infants. The
course is open to those students who have
successfully completed the 10th year and who
have shown the interest, ability, personality,
and character to enter the vocation of nursing.

The practical nurse program offered by the
academic and vocational high schools (comprehensive
high school) has been effective in educating high
school students and preparing practical nurses to
meet the health needs of an urban society. Grad-
uates of the Practical Nurse Programs receive a
high school diploma and are eligible to sit for
the New York State Licensing Examination for
Practical Nursing.

In 1954 the Board of Education of New York
City with the approval of the New York State
Department of Education, Division of Professional
Education, established three practical nurse
programs. In subsequent years Yorkville was
closed and eight additional programs have been
approved and opened.

Jane Addams Vocational High School	1959
Mabel Dean Bacon Vocational High School	1968
Clara Barton Vocational High School	1954
Curtis High School	1962

Grace Dodge Vocational High School	1958
* Washington Irving High School	1954
Jamaica Vocational High School (Hillcrest High School)	1970
Morris High School	1966
Queens Vocational High School	1962
Julia Richman High School	1955
Eli Whitney Vocational High School	1970
* Yorkville Vocational High School	1954 - 1968

Use of curriculum pattern (c
as stated in "Guide for Eval
Nursing Programs" published
State Education Department,
Professional Education.

*the three initial practical nursing programs

Initial approval by the State Education for
each school of practical nursing depends upon:

Statement of philosophy and objectives
evolved by faculty members

Adequate physical facilities of the
school

Adequate and available clinical facilities

Qualified faculty with appropriate academic
and professional education and experience
in nursing

Availability of students with potential and
interest to achieve as licensed practical
nurses

ational High School 1958
ng High School 1954
nal High School (1970
gh School)
ool 1966
al High School 1962
gh School 1955
ational High School 1970
lonal High School 1954 - 1968

Use of curriculum pattern (course and hours)
as stated in "Guide for Evaluating Practical
Nursing Programs" published by the New York
State Education Department, Division of
Professional Education.

tial practical nursing programs
approval by the State Education for
practical nursing depends upon:

of philosophy and objectives
faculty members

physical facilities of the

and available clinical facilities

faculty with appropriate academic
sional education and experience

ty of students with potential and
to achieve as licensed practical

OFFICE OF THE SUPERINTENDENT OF SCHOOLS

COOPERATIVE EDUCATION

Date _____

_____ SCHOOL OF PRACTICAL NURSING

APPLICATION FOR ADMISSION TO PRACTICAL NURSE COURSE

Name _____ Date of Birth _____
(print)

Address _____ Telephone _____ Citizen of
(zone-state) U.S. _____

Father's Name _____ Place of
Employment _____
(address)

Mother's Name _____ Place of
Employment _____
--(address)

Nearest Relative
or Guardian _____ Address _____ Telephone _____

PERSONAL HISTORY

1. Elementary School _____ Address _____ Date of
Diploma _____

2. Junior High School _____ Address _____ Date of
Diploma _____

3. Do you have any physical defects? _____ Do you wear
glasses? _____

4. Have you ever been a patient in a hospital? _____ When? _____ Where? _____
Details _____

5. What, if any, illnesses have you had (list them) _____

PARENTAL CONSENT

I, _____ give my daughter _____
permission to register in the Practical Nurse Course of _____
High School. I understand that she must maintain satisfactory school and hospital
records. If she is considered unsatisfactory in either phase of the Practical Nurse
course, my daughter will not be permitted to continue in the Practical Nurse School,
but will be returned to the regular course.

PRINCIPAL

CHAIRMAN
or HEAD OF PRACTICAL NURSE SCHOOL

The Board of Education of the City of New York
COOPERATIVE EDUCATION PRACTICAL NURSE COURSE

Agreement for Practical Nurse Trainees, Parents and Hospital Personnel

1. Students in the Practical Nurse Course will follow an approved course of study during the 11th and 12th years of high school. Students will be eligible to take State Board Examinations for licensure as Practical Nurse.
2. Students selected for the course must have satisfactory school records, good attendance, punctuality, reliability and dependability. They must have the attitude, personality, maturity and physical fitness to be placed in hospitals for clinical practice during the 12th year. Appropriate tests will be given.
3. Twelfth year is programmed on a basis of alternation between school and hospital; four four-week periods and one five-week period in the clinical practice.
This alternation will commence in the fall of 1968 as follows:
"A" week will report to the hospital on September 9, 1968 for four weeks.
"B" week will report to school on September 9, 1968 for four weeks and to the hospital on October 7, 1968.
4. The Board of Education has a responsibility to maintain all possible safeguards for student-trainees; therefore, it is requested that daytime shifts in hospitals be adhered to during the clinical practice period.
5. Hospitals are expected to provide for Practical Nurse Trainees the same securities, benefits and care as are established for other hospital personnel.
6. Students will be expected to take physical examinations, inoculations, etc., required of hospital personnel. Parental signature below will constitute permission for all necessary examinations, tests and medical care.
7. Practical Nurse Trainees may expect to work on SATURDAYS, SUNDAYS, and HOLIDAYS IN TURN AS ARE ALL OTHER HOSPITAL EMPLOYEES. Parents should understand this before students enter the Practical Nurse course and see that students comply with such attendance when so assigned by the hospitals. POOR ATTENDANCE AND LACK OF FITNESS WILL BE SUFFICIENT REASON FOR ELIMINATION FROM THE COURSE. Decision as to proficiency to continue clinical practice in the hospital rests with the hospital in which service is rendered. All prolonged absences for clinical practice in hospitals must be made up.
8. As in all areas of Cooperative Education, the clinical openings in hospitals are considered part of school training and as such belong to the school course. ANY STUDENT-TRAINEE LEAVING SCHOOL BEFORE GRADUATION OR BEFORE COMPLETION OF PRACTICAL NURSE COURSE MUST RESIGN FROM THE HOSPITAL. Hospitals are expected to abide by this regulation by not hiring such student-trainees in ANY category in the hospital.

9. The Office of Cooperative Education shall be notified (1) of any Practical Nurse trainee placed "on call" as a Practical Nurse trainee to be dropped from class.
10. The Office of Cooperative Education is responsible for the assignment of Practical Nurse trainees to hospitals and the assignment of Practical Nurse trainees to hospitals.

Reports of supervisory visits by school and hospital personnel to the Office of Cooperative Education.

PLEASE CONTACT THE OFFICE OF COOPERATIVE EDUCATION, 11201 51ST STREET, BROOKLYN, NEW YORK 11201 ** 595-6978
MATTERS CONCERNING STUDENT-NURSE TRAINEES

I have read and shall abide by the foregoing regulations.

Parent's Signature _____

Student's Signature _____

ation of the City of New York
ATION PRACTICAL NURSE COURSE

se Trainees, Parents and Hospital Personnel

urse Course will follow an approved course of
2th years of high school. Students will be
d Examinations for licensure as Practical Nurse

course must have satisfactory school records,
y, reliability and dependability. They must
ity, maturity and physical fitness to be placed
practice during the 12th year. Appropriate tests

on a basis of alternation between school and
riods and one five-week period in the clinical

l commence in the fall of 1968 as follows:
to the hospital on September 9, 1968 for

to school on September 9, 1968 for four
pital on October 7, 1968.

a responsibility to maintain all possible
nees; therefore, it is requested that daytime
red to during the clinical practice period.

rovide for Practical Nurse Trainees the same
re as are established for other hospital

o take physical examinations, inoculations,
ersonnel. Parental signature below will
ll necessary examinations, tests and medical

y expect to work on SATURDAYS, SUNDAYS, and
OTHER HOSPITAL EMPLOYEES. Parents should
ents enter the Practical Nurse course and see
uch attendance when so assigned by the hospitals.
S WILL BE SUFFICIENT REASON FOR ELIMINATION
as to proficiency to continue clinical practice
the hospital in which service is rendered. All
ical practice in hospitals must be made up.

ive Education. the clinical openings in hospitals
pl training and as such belong to the school
E LEAVING SCHOOL BEFORE GRADUATION OR BEFORE
SE COURSE MUST RESIGN FROM THE HOSPITAL. Hospitals
is regulation by not hiring such student-trainees
ital.

9. The Office of Cooperative Education shall be notified by the hospital (1) of any Practical Nurse trainee placed "on probation"; (2) of any Practical Nurse trainee to be dropped from clinical experience.
10. The Office of Cooperative Education is responsible for the selection of hospitals and the assignment of Practical Nurse trainees to them.

Reports of supervisory visits by school and hospital personnel are due the Office of Cooperative Education.

PLEASE CONTACT THE OFFICE OF COOPERATIVE EDUCATION AT 110 LIVINGSTON STREET, BROOKLYN, NEW YORK 11201 ** 595-6978; 595-6979. ON ALL MATTERS CONCERNING STUDENT-NURSE TRAINEES

I have read and shall abide by the foregoing regulations.

Parent's Signature _____

Student's Signature _____

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"A" Group

Alternation

Hospital:.....

School:.....

September 8 - October 3	4 weeks	
October 6 - October 31		4 w
November 3 - November 28	4 weeks	
December 1 - December 26		4 w
December 29 - January 23	4 weeks	
January 26 - February 20		4 w
February 23 - March 20	4 weeks	
March 23 - April 17		4 w
April 20 - May 22	5 weeks	
May 25 - June 26		5 w
	Total 21 weeks	Total 21 w

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"A" Group

Rotation

Hospital:.....

School:.....

er 3	4 weeks	
31		4 weeks
er 28	4 weeks	
er 26		4 weeks
ry 23	4 weeks	
ry 20		4 weeks
20	4 weeks	
		4 weeks
	5 weeks	
		5 weeks
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"B" Group

Alternation

Hospital:.....

School:.....

September 8 - October 3		4 weeks
October 6 - October 31	4 weeks	
November 3- November 28		4 weeks
December 1 - December 26	4 weeks	
December 29 - January 23		4 weeks
January 26 - February 20	4 weeks	
February 23 - March 20		4 weeks
March 23 - April 17	4 weeks	
April 20 - May 22		5 weeks
May 25 - June 26	5 weeks	
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"B" Group

Hospital:

School:

3		4 weeks
	4 weeks	
28		4 weeks
26	4 weeks	
23		4 weeks
20	4 weeks	
0		4 weeks
	4 weeks	
		5 weeks
	5 weeks	
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE ROTATION PLAN

School

Practical N
Cooperating

NAMES							
Group: A		Orientation and Obser. Patient Approach. Med. & Surg. Exper.					
		SCHOOL					
		Orientation & Patient Approach, Obser. Med. & Surg. Exper.					
		SCHOOL					
		Staff & Patient Relationships. Med. & Surg. Exper.					
		SCHOOL					
		Staff & Patient Relationships. Med. & Surg. Exper.					
		SCHOOL					
		Med. & Surg. O.R., R.R. & E.R. Observation					
		SCHOOL					
		Med. & Surg. O.R., R.R. & E.R. Observation					
		SCHOOL					
		OBS. PED. Nursery Related Services in OPD.					
		SCHOOL					
Group: B		OBS. Ped. I.C.U. Overall Review Med. - Surg.					
		SCHOOL					
		OBS. Ped. I.C.U. Med. - Surg. Overall Review					
		SCHOOL					
		OBS. PED. Nursery Related Services in OPD.					
		SCHOOL					
		OBS. Ped. I.C.U. Med. - Surg. Overall Review					
		SCHOOL					
		OBS. PED. Nursery Related Services in OPD.					
		SCHOOL					
		OBS. Ped. I.C.U. Med. - Surg. Overall Review					
		SCHOOL					
		OBS. PED. Nursery Related Services in OPD.					
		SCHOOL					

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE ROTATION PLAN

Practical Nurse Program
Cooperating Clinical Facility

					9/8-14 15-21 22-28 29-10/5 6-12 13-19 20-26 27-11/2 3-9 10-16 17-23 24-30 12/1-7 8-14 15-21 22-28 29-1/4 5-11 12-18 19-25 26-2/1 2-8 9-15 16-22 2-2/1 9-15 16-22 23-29 30-4/5 6-12 13-19 20-26 27-5/3 4-10 11-17 18-24 25-31 5/1-7 8-14 15-21 22-26
					Orientation and Obser. Patient Approach. Med. & Surg. Exper.
SCHOOL					SCHOOL
					Staff & Patient Relationships. Med. & Surg. Exper.
SCHOOL					SCHOOL
					Med. & Surg. O.R., R.R. E.R. Observation.
SCHOOL					SCHOOL
					OBS. PED. NURSERY Related Services in OPD.
SCHOOL					SCHOOL
					OBS. Ped. I.C.U. Overall Review Med. - Surg.
SCHOOL					SCHOOL
					OBS. Ped. I.C.U. Med. - Surg. Overall Review
SCHOOL					GRADUATION
GRADUATION					GRADUATION

BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street, Brooklyn, N.Y. 11201

PRACTICAL NURSE PROGRAM

STUDENT EVALUATION SHEET

NAME _____ SCHOOL _____
HOSPITAL _____ CLINICAL AGENCY _____
DATE _____ TO _____ CLASS NOTES _____ CL. EXPER. _____
_____ _____ TOTAL CL. _____ TOTAL CL. _____

SCALE: 1 = 65-69% 2 = 70-74% 3 = 75-79% 4 = 80-89% 5 = 90-100%
Poor Below Average Average Good Excellent
Failing Failing

SCALE - USE AT OTHER SITES

I. WORK TRAITS

- Organization & planning of assignments
- Accuracy, completeness & neatness
- Quality of acceptable work
- Adaptability to routine situations
- Adaptability to unusual & emergency situations
- Seeks guidance when needed

5	4	3	2	1

COMMENT _____

TOTAL _____

II. APPLICATION OF PRINCIPLES TO PATIENT CARE

- Safety & comfort of the patient
- Adaptability of nursing care to specific needs of patient
- Ability to use judgment
- Awareness of limitations
- Reasoning ability; application of knowledge
- Seeks guidance when needed

COMMENT _____

TOTAL _____

III. ATTITUDE TOWARD WORK

- Alertness
- Ability to assume responsibility under supervision
- Dependability on following through on assignments & instructions
- Trustworthiness
- Initiative

COMMENT _____

TOTAL _____

IV. INTERPERSONAL RELATIONSHIPS

- Relationship with patients
 - Tactfulness
 - Established rapport
 - Respect for the patient & family
 - Willingness to help meet patient's needs
- Relationship with co-worker
 - Cooperation
 - Tactfulness
 - Courtesy and respect
 - Clear & established channels of communication

COMMENT _____

TOTAL _____

V. RELATIONSHIP WITH SUPERVISOR

- Cooperation
- Tactfulness
- Acceptance of criticism; takes use of suggestions
- Benefits from criticism
- Courtesy and respect

COMMENT _____

TOTAL _____

VI. OBSERVATION

- Recognition of patient's needs
- Reporting and recording observations
- Seeks assistance when needed

VII. CHARTING

- Use of detailed descriptive notations
- Reporting and recording observations
- Seeks assistance when needed

VIII. MEDICATIONS

- Proper preparation of medication
- Proper administration of medication to patient
- Determination of the action and effect of the medication
- Proper charting of medication administered

IX. CLINICAL CONFERENCES

- Preparation of participation
- Initiation and utilization of conference material

X. APPEARANCE

- Uniform complete, clean and neat
- Hair well-groomed

XI. ABSENCE

- Advance notice of absence
- Notification to Informing Agency of Absence

XII. PUNCTUALITY

- Present for duty on time
- Arrives to class on time
- Arrives to and from assignments on time

XIII. Clinical Performance Tests & Assignments

STUDENT'S SIGNATURE _____

CLINICAL INSTRUCTOR'S SIGNATURE _____

STUDENT'S COMMENTS _____

SCHOOL _____

ADDRESS _____

BOARD OF EDUCATION OF THE CITY OF NEW YORK
PRACTICAL NURSE SUMMARY RECORD

STUDENT _____ ADDRESS _____

BIRTH DATE _____ ENTRANCE DATE _____ DATE OF COURSE COMPLETION _____

DATE OF H.S. COMPLETION _____ DATE OF LICENSING EXAMINATION _____ SCORE _____ TOTAL HOURS OF COURSE _____

11TH YEAR COURSE	CLOCK HOURS - INSTRUCTION			COURSE	CLOCK HOURS - INSTRUCTION		
	TERM	HOURS	GRADE		TERM	HOURS	GRADE

Fundamentals of Nursing I Personal, Family, Community Health				Growth & Development			
Normal Nutrition & Diet Modification				First Aid & Disaster Nursing			
Body Structure & Function				Fundamentals of Nursing II			
Microbiology							
Clinical Experience							

12TH YEAR COURSE	CLOCK HOURS - INSTRUCTION			COURSE	CLOCK HOURS - INSTRUCTION		
	TERM	HOURS	GRADE		TERM	HOURS	GRADE

Care of Ill of All Ages (Medical, surgical, nursing, diet, management, medications)				Maternal & Child Care			
Vocational Adjustments				Pediatric Nursing			
				Psychiatric Nursing			

COURSES	TERM	DATES		WARD HOURS	CLINICAL CONFERENCE HOURS	GRADE
		From	TO			

Nursing Care: Medical Conditions						
Psychiatric Nursing (Stress)						
Surgical Conditions						
Gynecology						
Obstetrics						
Newborn						
Pediatrics						

TOTAL HOURS					Grade Average
-------------	--	--	--	--	---------------

CLINICAL FACILITIES

Principal _____

Director of Nursing _____ R.N.

564

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SAMPLE LESSON PLAN

Excerpt from Curriculum Content

Introduction to the care of patients with disorders and diseases of the gastrointestinal system

Motivation for developing lessons on the gastro tract.

You have been assigned to a medical unit. The and information from the Kardex indicate that t patients are available for assignment.

Mr. Fred Brown	Admitted for diagnostic
Mr. John Smith	Post-operative colostomy
Mr. Alfred White	Gastrostomy
Mrs. Gloria Snow	Hepatitis
Mrs. Mary Jones	Diagnosis ? -Exploratory

UNIT V. CARE OF PATIENTS WITH DISORDERS AND DISEASES OF THE GASTROINTESTINAL SYSTEM
 TOPIC: Peptic Ulcer

AIM: How to care for the patient with a peptic ulcer

Equipment: Overhead projector
 study or mimeograph
 Models: digestive
 Chart: digestive

MOTIVATION

Case Study

Fred Brown: Diagnosis- Peptic Ulcer

Illustrations: v

CONTENT

Definition of peptic (gastric) ulcer
 open lesion on mucous membrane of stomach

Causes

unknown
 hereditary predisposition
 oversecretion of HCL in stomach

ACTIVITIES

Using models, charts, illustrations
 normal and abnormal stomach struc

Why is there an oversecretion of HCL

the care of
disorders and
gastro-
em

Motivation for developing lessons on the gastrointestinal tract.

You have been assigned to a medical unit. The morning report and information from the Kardex indicate that the following patients are available for assignment.

Mr. Fred Brown	Admitted for diagnostic tests
Mr. John Smith	Post-operative colostomy
Mr. Alfred White	Gastrostomy
Mrs. Gloria Snow	Hepatitis
Mrs. Mary Jones	Diagnosis ? -Exploratory Surgery

OF PATIENTS WITH DISORDERS AND DISEASES OF THE GASTROINTESTINAL SYSTEM
Ulcer

are for the patient with a peptic ulcer

Equipment: Overhead projector for case study or mimeographed sheets
Models: digestive system
Chart: digestive system

ly
own: Diagnosis- Peptic Ulcer

Illustrations: ulcers

ACTIVITIES

peptic (gastric) ulcer
on mucous membrane of stomach

Using models, charts, illustrations, compare normal and abnormal stomach structure.

redisposition
n of HCL in stomach

Why is there an oversecretion of HCL?

CONTENT	ACTIVITIES
<p>Predisposing factors worry irregularity of eating (hurried)</p> <p>Symptoms pain dull, burning, gnawing sensations upper abdomen or mid-epigastric region 1-3 hours after eating relieved by eating nausea and vomiting may be present tarry stools- due to hemorrhage distended abdomen bilateral should pain sometimes present</p>	<p>How does the personal life and environment the patient contribute to peptic ulcer?</p> <p>Elicit description of the characteristic "pain" of peptic ulcer.</p> <p>Why are tarry stools significant in this condition?</p>
<p><u>MEDICAL SUMMARY</u></p>	<p>How do the facts presented in Mr. Brown's study follow the characteristic picture of an ulcer patient?</p>
<p>Diagnostic tests gastric analysis x-ray (G.I. series) fluoroscopy examination of stool specimen C.B.C.</p>	<p>How is the diagnosis of peptic ulcer determined?</p>
<p>Treatment and nursing care rest and freedom from emotional tensions</p> <p>observe and chart general condition check vital signs for shock and hemorrhage note characteristics of patient's stools</p>	<p>Why are rest and freedom from emotional important factors in the treatment of peptic ulcer? Discuss nursing responsibilities which insure rest and freedom from tensions.</p> <p>Why is it necessary to check patient's signs frequently?</p>

ACTIVITIES

tors .
 f eating (hurried)
 ning, gnawing sensations
 or mid-epigastric region
 r eating
 ting
 iting may be present
 due to hemorrhage
 hen
 ld pain sometimes present

How does the personal life and environment of the patient contribute to peptic ulcer?

Elicit description of the characteristics of "pain" of peptic ulcer.

Why are tarry stools significant in this condition?

How do the facts presented in Mr. Brown's case study follow the characteristic picture of an ulcer patient?

How is the diagnosis of peptic ulcer determined?

s
 ries).
 stool specimen

Why are rest and freedom from emotional tensions important factors in the treatment of ulcers? Discuss nursing responsibilities which would insure rest and freedom from tensions.

art general condition
 gns for shock and hemorrhage
 stics of patient's stools

Why is it necessary to check patient's vital signs frequently?

CONTENT	ACTIVITIES
drugs for sedation acidity relief of spasms diet acute stage- "Sippy" recuperative stage- "Bland"	Why are the following drugs or medica sedatives antacids antispasmodics Why must the nurse understand toxic r the above medications? How is the normal diet modified in th recuperative stages of peptic ulcer

FINAL SUMMARY

After one week of hospitalization, Mr. Brown is read charge. Explain how you would instruct him to care to prevent a recurrence.

ASSIGNMENT

Mr. Brown was readmitted to the hospital four weeks following symptoms were presented: vomiting of dark passage of tarry stools, faintness, pallor, increase lowered blood pressure. Review and outline the basi of preoperative and postoperative care with specific tions to the needs of the patient with abdominal sur This assignment leads into the nursing care of patie operative conditions of the gastrointestinal system. See case study of Mary Jones.

LESSON PLAN

TIME ADJUSTMENT

Adjust plan to either 1, 2, or 3 periods as available.

Example: 40 minutes _____ diagnostic tests
 .. 80 minutes _____ " " , causes, sysmptoms, treatment.
 120 minutes _____ " " " " , nursing complications, etc.



ACTIVITIES

Why are the following drugs or medications ordered?
 sedatives
 antacids
 antispasmodics

Why must the nurse understand toxic reactions to the above medications?

How is the normal diet modified in the acute and recuperative stages of peptic ulcer?

asms
 "Sippy"
 stage- "Bland"

After one week of hospitalization, Mr. Brown is ready for discharge. Explain how you would instruct him to care for himself to prevent a recurrence.

Mr. Brown was readmitted to the hospital four weeks later. The following symptoms were presented: vomiting of dark fluid, passage of tarry stools, faintness, pallor, increased pulse rate, lowered blood pressure. Review and outline the basic principles of preoperative and postoperative care with specific applications to the needs of the patient with abdominal surgery. This assignment leads into the nursing care of patients with operative conditions of the gastrointestinal system. See case study of Mary Jones.

ther 1, 2, or 3 periods as available.

minutes _____ diagnostic tests
 minutes _____ " " ; causes, symptoms, treatment.
 minutes _____ " " " " , nursing care,
 complications, etc.

ACTIVITIES

Include questions, discussion, demonstrations, visual aids, and clinical observations of
with this condition.

Integrate related structure and function of the body to patient with this disorder or d

tions, discussion, demonstrations, visual aids, and clinical observations of a patient
condition.

related structure and function of the body to patient with this disorder or disease.



SAMPLE TEST: PEPTIC ULCER

MULTIPLE CHOICE: Select the best answer and record in the space provided. Questions one to ten relate to the following situation:

Mr. Fred Brown, a young business executive, has been employed by his firm for five years. He is the father of two children. He is a member of numerous community organizations and the family leads a very active social life. They live in a \$35,000 home and live rather luxuriously.

For the past year, Mr. Brown has had complaints of frequent "indigestions" that seemed to clear up with commercial preparations for relief of acid-stomach. Within the last two months he has been awakened at night with epigastric pain, which was relieved at night with a glass of milk. Mr. Brown visited his doctor and a series of tests were ordered. Mr. Brown was admitted to the hospital for diagnostic tests.

- | | | | |
|--|---|------------------------|----|
| | 1. The predisposing causes of peptic ulcers are: | | 1. |
| | a. living on a limited budget | a. all except #1 | |
| | b. excessive smoking and drinking | b. all except #2 and 3 | |
| | c. irregular eating habits | c. all except #1 and 4 | |
| | d. social and emotional stress | d. all of these | |
| | 2. Symptoms of peptic ulcer are: | | 2. |
| | a. bilateral shoulder pain | a. all except #1 and 2 | |
| | b. distended abdomen | b. all except #2 and 3 | |
| | c. gnawing sensation in epigastric region | c. all except #4 | |
| | d. pain in umbilical region | d. all of these | |
| | 3. The diagnostic purpose of the gastric analysis is: | | 3. |
| | a. for x-ray of stomach contents | | |
| | b. to determine the amount of free HCl present in stomach | | |
| | c. for microscopic analysis of stomach content | | |
| | d. for serology of stomach content | | |

SAMPLE TEST: PEPTIC ULCER

Get the best answer and record in the space provided. Questions one to three relate to the following situation:

Fred Brown, a young business executive, has been employed by his firm for five years. He is the father of two children. He is a member of numerous community organizations and the family leads a very active social life. They live in a \$35,000 home and live rather luxuriously.

In the past year, Mr. Brown has had complaints of recurrent "indigestions" that seemed to clear up with commercial preparations for relief of acid indigestion. Within the last two months he has been awakened at night with epigastric pain which was relieved at night with a glass of milk. Mr. Brown consulted his doctor and a series of tests were ordered. Mr. Brown was admitted to the hospital for diagnostic tests.

Causes of peptic ulcers are:
a. limited budget
b. smoking and drinking
c. eating habits
d. emotional stress

- a. all except #1
- b. all except #2 and 3
- c. all except #1 and 4
- d. all of these

1. _____

Causes of peptic ulcer are:
a. abdominal pain
b. indigestion
c. pain in epigastric region
d. pain in umbilical region

- a. all except #1 and 2
- b. all except #2 and 3
- c. all except #4
- d. all of these

2. _____

Purpose of the gastric analysis is:
a. to determine stomach contents
b. to determine the amount of free HCl present in stomach
c. to determine the pH of stomach content
d. to determine the amount of stomach content

3. _____

4. The preparation of the patient for a G.I. series includes: 4.
- a barium enema
 - NPO after midnight
 - intubation of Miller-Abbott or Levine tube
 - gastric lavage
5. A dangerous complication of peptic ulcer is 5.
- pernicious anemia
 - perforation
 - jaundice
 - ulcerative colitis
6. The following symptoms should be reported immediately as significant in internal bleeding: 6.
- erythema, weak rapid pulse, tarry stools
 - pallor, slow bounding pulse, tarry stools
 - pallor, weak rapid pulse, tarry stools
 - flushed, slow bounding pulse, clay-colored stools
7. The physician has ordered a sedative, antacid, and antispasmodic. Which of the following meets these requirements: 7.
- luminal, aspirin, pavatrine
 - seconal, Riopan, Donnatal
 - Sodium amytal, Tylenol; Benemid
 - phenobarbital, gelusil, tincture of belladonna
8. A symptom of the toxicity of tincture of belladonna to be reported is: 8.
- salivation, constricted pupils, weak pulse
 - drooling, dilated pupils, rapid pulse
 - extreme thirst, dilated pupils, rapid pulse
 - salivation, visual disturbance, weak pulse
9. The prescribed diet for peptic ulcer includes: 9.
- small frequent feedings, low sodium, high proteins
 - small frequent feedings, Sippy, or bland diet
 - regular feedings, high caloric, low residue
 - regular feedings, low caloric, high residue
10. When Mr. Brown is sedated, the nursing responsibilities include: 10.
- side rails, deep breathing, frequent turning
 - side rails, check of vital signs q.h., limited movement
 - body support, quiet environment, limited movement

of the patient for a G.I. series includes:

na
night
f Miller-Abbott or Levine tube
ge

lication of peptic ulcer is
hemia

olitis

ptoms should be reported immediately as significant in

ak rapid pulse, tarry stools
bounding pulse, tarry stools
rapid pulse, tarry stools
bounding pulse, clay-colored stools

ordered a sedative, antacid, and antispasmodic. Which
meets these requirements:

rin, pavatrine
an, Donnatal
, Tylenol, Benemid
, gelusil, tincture of belladonna

toxicity of tincture of belladonna to be reported is:

onstricted pupils, weak pulse
ated pupils, rapid pulse
t, dilated pupils, rapid pulse
visual disturbance, weak pulse

et for peptic ulcer includes:

t feedings, low sodium, high proteins
t feedings, Sippy, or bland diet
ngs, high caloric, low residue
ngs, low caloric, high residue

sedated, the nursing responsibilities include:

leep breathing, frequent turning
heck of vital signs q.h., limited movement
quiet environment, limited movement

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

SAMPLE NURSING CARE PLAN

 Patient's Name Sex Age Religion Occupation

 Admission Date Diagnosis Past History (Medical-Surgical)

 Complications: -----

Hour	Patient's Goals and Objectives	Nursing Interventions - List of Care	Priority
	Hygiene		
	Insertion of procedures		
	Medications		
	Diet (intake-output) Likes-DI likes		
	Activities		
	Wellness		

 Evaluation

How effective was your plan in meeting the needs of your patient?

How would you improve your plan?

Physical, psychological, social, & spiritual

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SAMPLE NURSING CARE PLAN

<u>Brown, Fred.</u>	<u>Mr.</u>	<u>M.</u>	<u>30</u>	<u>Business Executive</u>
<u>Patient's name</u>	<u>Mr.</u>	<u>Sex</u>	<u>Age</u>	<u>Religion</u>
	<u>Mrs.</u>			<u>Occupation</u>
	<u>Miss</u>			

<u>1/17/70</u>	<u>Diagnostic tests for ulcer</u>	<u>Frequent indigestion - epigastric pain, severe</u>
<u>Admission Date</u>	<u>Diagnosis</u>	<u>Past History (Medical-Surgical)</u>
<u>Possible perforation of gastric ulcer</u>	<u>Occasional spitting up of blood</u>	
<u>Complications</u>		

<u>Hour</u>	<u>Patient's Needs and Problems</u>	<u>Nursing Responsibilities - Plan of Care</u>	<u>Reasons</u>
	<u>Hygiene</u> Self-care Elimination	Record pertinent information Observe stool	Follow-up by Dr. & nurse tarry stool (bleeding)
7 A.M.	<u>Treatments - Procedures</u> G.I. Series Barium enema in x-ray	Explain procedure and reassure Pt. Cleaning enema until clear	Allay fears, prevent impaction and allow for good film reading
7 A.M.	<u>Medications</u>	Oil retention enema	Prevent impaction
9 P.M.	phenobarbital gr. 35	Pt. apprehensive	Relief of tension
12 noon	<u>Diet (Intake-Output)</u> <u>Likes-Dislikes</u> soft	No breakfast or feedings until after G.I. series Request food tray after series	Prevent hunger
A.M.-P.M.	<u>Activities - ambulatory</u>	Watch TV, read, etc.	Reduce tension. Insure relaxation
A.M.-P.M.	<u>Miscellaneous</u>	Develop awareness of home (2 children) or business problems Visit from the clergy	Contributing factors to condition

Evaluation

How effective was your plan in meeting the needs of your patient?

How would you improve your plan?

Physical, psychological, social, & spiritual.

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T - Teacher Reference

S - Student Text or Reference

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10 Columbus Circle, New York, N. Y. 10019.
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Quarterly. Blue Cross Commission of the American Hospital Association,
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Monthly. American Journal of Nursing, 10 Columbus Circle, New York,
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N. Y. 10019.

VISUAL AIDS

SOURCE*

Fundamentals of Practical Nursing

Films

Arithmetic

Understanding the Problem

Brushing Up on Division

Brushing Up on Multiplication

Decimals Are Easy

Solutions

COR

Balance in Action

ANA

Medications: An Ounce of Prevention

ANA

No Margin for Error

ANA

Intravenous Fluid Fusion

ANA

One Day's Poison

NYS

The Patient as a Person

NYS

Personal Health for Girls

NYS

Techniques of Parenteral Medication

ANA

Film Loops

Asepsis

Sterile Glove Application

Simple Dressing

Simple Compresses

PH

*Names and addresses of sources are listed on page 329.

Bandaging and Binders	PH
Elastic "Toes to Heel"	
Binder: Application-Scultetus	
Breast Binder: Compressing	
Breast Binder: Supporting	
Bedmaking	LIP
Draping	PH
Horizontal Recumbent	
Knee Chest - Genupectoral	
Left Lateral "Sims"	
Dorsal Recumbent	
Evaporation Causes Cooling	DOU
Fundamentals: Back Care	PH
Handwashing: Routine	PH
Heat Expands Gases	DOU
Heat Expands Liquids	
Heat Expands Metals	
Hot and Cold Applications	PH
Hot Water Bottle: Filling	
Ice Collar: Filling and Application	
Hygiene (Series of 3)	LIP
Injections Series (Series of 10)	LIP
Insertion of Foley Catheter: Male (Parts I and II.)	PH
Irrigation	PH
Clean Vaginal	
Levine Tube	
Throat	

Medical Asepsis: Putting on a Previously Worn Gown

POT

Medications: Oral -- Setting Up Rectal

PH

Positioning and Exercise (Series of 2)

LIP

Preparation of Foley Catheter Tray

POT

Sterile Glove Technique

POT

Techniques of Female Catheterization

FA

Techniques of Gastrostomy Feeding

FA

Techniques of Injection: Intramuscular and
Subcutaneous

FA

Filmstrips

Admission and Discharge

TRA

Basic Patient Care Series

RB

Bed Bath

TRA

Blood Pressure

TRA

Bowel and Bladder Training

TRA

Care of the Dying Patient

TRA

Cleansing Enema

TRA

Feeding the Patient

TRA

Isolation Technique

TRA

Lifting and Moving Patients

TRA

Medical Asepsis	TRA
Observation and Charting	TRA
Occupied Bedmaking	TRA
Orientation	TRA
Personal Care in Long Term Illness	TRA
Positioning to Prevent Contractures	TRA
Posture and Body Mechanics for You and Your Patient	ANA
Preoperative and Postoperative Care	TRA
Range of Motion: Joint Exercises	TRA
Temperature, Pulse, and Respiration	TRA
Transfer Activities and Ambulation	TRA
Urinary Care	TRA
<u>Transparencies</u>	
Applied Mathematics (Units 1 to 3)	LIP
Fundamental Nursing Principles: Units 1 to 16	LIP
Inhalation Therapy (Units 1 to 10)	LIP
<u>Communicable Disease and Microbiology</u>	
<u>Films</u>	
Bacteria - Friend and Foe	NYS
Body Fights Bacteria	NYS

Cell Biology: Mitosis and DNA	COR
Genetics: Human Heredity	COR
Infectious Diseases and Man-Made Defenses	COR
Infectious Diseases and Natural Body Defenses	COR
The Invader: Syphilis	ANA
Let's Keep the Killer Down	NYS
The Role of Nursing in Infection Control	ANA
Sneezes and Sniffles	NYS
The Special Universe of Walter Krolik	ANA

Personal, Family and Community Health

Films

About Faces	NYS
Body Care and Grooming	NYS
Dental Health: How and Why	NYS
Dr. Carter Makes a Drive	NYS
More Than Words	ANA
Our Teeth	NYS
The Story of Menstruation	NYS
Teaching Teenagers About Alcohol	NYS
What Can I Say	ANA

Film Loops

Act Your Age	COR
Are You Ready for Marriage	COR
The Cashier's Mistake	EFL
The Cheat	EFL
Respect for Property	COR
Right or Wrong: Making Moral Decisions	COR
The Thief	EFL
What Is a Contract	COR

First Aid and Disaster Nursing

Films

Attention Medical	NYS
Children at Play with Poison	NYS
Fire and Your Hospital	NYS
First Aid	NYS
Life in Your Hands	NYS
Emergency Medical Service	NYS
Emergency 77	MET
Pulse of Life	NYS

Rescue Breathing	ANA
Rescue Breathing	NYS
The Shelter: Psychological Aspects of Disaster Nursing	ANA
Unexpected Moment	NYS
<u>Film Loops</u>	
Mouth to Mouth Resuscitation	FA
Mouth to Nose Resuscitation	FA
Resuscitation Techniques	FA
<u>Transparencies</u>	
Bandaging and Splinting	LIP
Emergency Childbirth	LIP
Emergency Surgery Units A to Z	LIP
First Aid	LIP
Mouth to Mouth Resuscitation	LIP
<u>Body Structure and Function</u>	
<u>Films</u>	
Digestion (Chemical)	NYS
Digestion of Foods	NYS
Ears: Their Structure and Care	NYS
Endocrine Glands: How They Affect You	NYS

Heart and Circulation of Blood	NYS
How the Ear Functions	NYS
How the Eyes Function	NYS
The Heart: How It Works	NYS
Human Body:	NYS
Circulatory System	
Digestive System	
Nutrition and Metabolism	
The Muscular System	
The Nervous System	
The Reproductive System	
The Respiratory System	
The Human Body:	COR
The Brain	
The Circulatory System	
The Digestive System	
The Excretory System	
The Muscular System	
The Nervous System	
Nutrition and Metabolism	
The Reproductive System	
The Respiratory System	
The Sense Organs	
The Skeleton	
Human Digestion	NYS
The Human Skin	NYS
Johnny's New World	NYS
Kidney, Ureters, and Bladder: Their Structure and Function	NYS
Mechanisms of Breathing	NYS

Moving X-rays	NYS
The Nose: Structure and Function	NYS
The Nose, Throat, and Ears	NYS
The Skeleton	NYS
The Spinal Column	NYS
Tissues of the Body	CHU
Your Eyes	NYS
Wonder Machine of the Body	NYS
Work of the Blood	NYS
<u>Film Loops</u>	
Cells of Onion Root-Tip: Mitotic Division	DOU
Chromosome Behavior: Mitosis and Meiosis	DOU
Human Tests	DOU
Phagocytosis by a White Blood Corpuscle	DOU
<u>Transparencies</u>	
Anatomy and Physiology (Units 1 to 11)	LIP
<u>Charts</u>	
Anatomical Charts	BOA
Anatomical Charts	DEN
Schick Notebook Anatomical Charts	SCH

Models

Anatomical Models

BOA

Growth and Development

Films

Age of Turmoil

NYS

Allen Is My Brother

NYS

Answering the Child's Why

NYS

Babies Like to Eat

NYS

Baby Meets His Parents

NYS

Becoming a Man

GUI

Becoming a Woman

GUI

The Bright Side

NYS

Boy to Man

CHU

Children Learning by Experience

NYS

Children's Emotions

NYS

Children's Growing Up With Other People

NYS

Children's Play

NYS

A Class for Tommy

NYS

Developing Your Personality

GUI

Eat for Health

NYS

A Family Affair	NYS
Family Circles	NYS
Family Circus	NYS
Farewell to Children	NYS
Fears of Children	NYS
Food as Children See It	NYS
Food for Freddy	NYS
From Sociable Six to Noisy Nine	NYS
From Ten to Twelve	NYS
The Frustrating Fours and the Fascinating Fives	NYS
Girl to Woman	CHU
Growing Into Manhood: A Middle School Approach	GUI
Growing Into Womanhood: A Middle School Approach	GUI
He Acts His Age	NYS
Helping the Child to Accept the Do's	NYS
Helping the Child to Face the Don'ts	NYS
Human Heredity	BTC
If These Were Your Children (Parts I and II)	NYS
Joe and Roxy - Teen-Agers	NYS

Know Your Baby	NYS
Life With Junior	NYS
Mealtime Can Be a Happy Time	NYS
The Meaning of Adolescence	NYS
Meeting the Needs of Adolescents	NYS
Physical Aspects of Puberty	NYS
Preface to a Life	NYS
Principles of Development	NYS
Sibling Relations and Personality	NYS
Sibling Rivalries and Parents	NYS
Six-, Seven-, and Eight-Year-Olds	NYS
Shyness	NYS
Social Development	NYS
Social-Sex Attitudes in Adolescence	NYS
Starting Nursery School: Patterns of Beginning	NYS
The Teens	NYS
The Terrible Twos and Trusting Threes	NYS
A Two-Year-Old Goes to the Hospital	NYS
Understanding Children's Play	NYS

You and Your Parents	NYS
Your Body During Adolescence	NYS
Your Child Is a Genius	NYS
Your Children and You	NYS
Your Children's Sleep	NYS
Why Won't Tommy Eat	NYS
Who Is Sylvia	NYS

Film Loops

Neonate (Parts I and II)	PH
Nine Months (Part I and II)	PH
One Month (Parts I and II)	PH
One Year	PH
Six Months (Parts I and II)	PH
Three Months	PH

Senescence, Occupational Therapy, Rehabilitation

Films

Adventure in Maturity	NYS
Assisting the Patient to Resume Ambulation	ANA
Assistive Devices for the Physically Handicapped	NYS



Care at Home	NYS
Comeback	NYS
Day After Tomorrow	NYS
Diary of Connie McGregor	ANA
The Glass Wall	NYS
Home Care	NYS
Home Care: An Approach to the Treatment of Chronic Illness	ANA
Homes That Care	NYS
Independence Regained	NYS
Journey Back	NYS
Living with Limitations	NYS
Long Day's Journey	ANA
A Matter of Seconds	NYS
No Man Walks Alone	ANA
The Physical Therapist, the Nurse and the Patient with Crutches	ANA
A Place to Live	NYS
Prescription O.T.	NYS
Prevention of Disability from Stroke	NYS

Proud Years	NYS
Recalled to Life	NYS
Recreational and Occupational Therapy	ANA
Retire to Live	NYS
The Return	NYS
The Rights of Ages	ANA
The Road Back	NYS
Second Chance	ANA
Spinal Cord Injury: The Functional Expectations as Related to Level of Injury	NYS
Teaching Crutch Walking	ANA
Teaching Crutch Walking	NYS
Teaching the Handicapped to Dress	ANA
Teaching Speech After Laryngectomy	NYS
Two Lives	ANA
The Walking Belt	ANA

Medical and Surgical

Films

Allergies	NYS
Care and Handling of Surgical Instruments	ANA
Draping the Patient for Surgery	ANA
Drugs and the Nervous System	CHU
Gowning and Gloving for Surgery	ANA
Hold Back the Night	NYS
I Dress the Wound	ANA
Is Smoking Worth It	NYS
Killer at Large	NYS
The Losers (Carousel)	BUR
Management of the Leprosy Patient	NYS
The Menopause: The Role of Estrogens	NYS
The Patient and Fluid Balance (Units 1 to 3)	LIP
Physical Diagnosis of the Ear, Nose, and Throat	NYS
Positioning the Patient for Surgery	ANA
Postoperative Management of Colostomy	NYS
Preparation of the Patient for Surgery	ANA

Rehabilitation of Respiratory Patients	NYS
Second Chance	NYS
Seduction of the Innocent (Davis)	BUR
The Story of Wendy Hill	NYS
Tobacco and the Human Body	NYS
Transporting the Patient for Surgery	ANA
Working Together	NYS

Filmstrip

Techniques for Maintenance of Range of Motion	ANA
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Normal Nutrition

Films

Home Management: Buying Food	NYS
It's All in Knowing How	NYS
Making Ends Meet	NYS
Menu Planning	NYS
Weight Reduction Through Dieting	NYS

NURSING CARE OF PATIENTS

Cancer

Films

A Special Kind of Care

ANA

Breast Examination (Self)

NYS

Breast Self-Examination

ACS

Nursing the Cancer Patient

NYS

Diagnosis

Cancer of the Rectum

The Other City

ACS

Time and Two Women

ACS

The Traitor Within

ACS

Cardiovascular

Films

Atherosclerosis: The Role of Estrogens

NYS

Arteriosclerosis

NYS

Cerebral Vascular Disease

ANA

Cerebral Vascular Disease: The Challenge of
Diagnosis

NYS

The Challenge of Management

ANA

Common Heart Diseases and Their Causes

MCG

Common Heart Disorders and Their Causes

NYS

Coronary	NYS
Coronary Heart Disease	NYS
The Doctor Examines Your Heart	NYS
Heart Disease	NYS
Heart Disease: Its Major Causes	NYS
Modern Medicine Looks at the Heart	NYS
Myocardial Infarction: The Nurse's Role	NYS
The Nurse in Emergency Cardiopulmonary Resuscitation	ANA
Open Heart Operation	NYS
Pump Trouble	NYS
Strokes	NYS
The Valiant Heart	NYS
<u>Film Loops</u>	
External Cardiac Massage	FA
<u>Transparencies</u>	
The Patient and Circulatory Disorders (Units 1 to 3)	LIP
<u>Charts</u>	
Cancer Charts	BOA
<u>Endocrine</u>	
<u>Films</u>	
Diabetes and You, Too	NYS

Diabetes Nursing Series...	ANA
Quiet Victory (Diabetes)	ANA
The Face (Endocrine and Vascular Conditions)	NYS
Understanding Diabetes	ANA

Tuberculosis

Films

Coming Home	NYS
Diagnostic Procedures in Tuberculosis	NYS
The Inside Story	NYS
This Is TB	NYS
Time Out	NYS
Unsuspected	NYS

Venereal Disease

Films

A Practical View of Syphilis	NYS
A Quarter Million Teenagers	CHU
Dance, Little Children	NYS
Health Is a Victory	NYS
The Innocent Party	NYS
The Invader	NYS

Plain Facts	NYS
VD: Epidemic	MCG
With These Weapons	NYS

Maternal and Child Health

Films

Care of the Newborn Baby	NYS
Food for Life	NYS
From Generation to Generation	NYS
Have a Healthy Baby	CHU
Hereditary and Prenatal Development	NYS
Human Growth	NYS
Human Reproduction	NYS
Human Reproduction - 100	GUI
Hospital Maternity Care: Family Centered	NYS
Management of Breast Feeding	NYS
Modern Obstetrics: Normal Delivery	ANA
A Normal Birth	MAP
Nursery Sepsis	ANA

PKU: Early Detection in the Hospital Nursery	NYS
Phoebe: Story of a Premarital Pregnancy	MCG
Reproduction	NYS
Resuscitation of the Newborn	NYS
A Study in Maternal Attitudes	NYS
To Plan Your Family	CHU
Understanding Human Reproduction	GUI

Film Loops

Birth	BRO
Checking the Fundus	PH
Delivery Room Care: Newborn (Parts I and II)	PH
Delivery Room Care of the Mother - Stage IV	PH
Fertilization	BRO
Fetal Heart Tones	PH
Gross Placental Physiology	PH
Human Growth	BTC
Human Reproduction and Birth (6 loops)	EAL
Induction of Labor and Fetal Monitoring	PH
Nursery - Bathing Newborn, I (Parts I - III)	PH
Nursery - Bathing Newborn, II (Parts I - III)	PH
Nursery - Discharge of Infant (Parts I and II)	PH

Principles of Infant Feeding POT

Skin Preparation for Delivery POT

Timing Contractions PH

Pediatric Nursing

Films

Children in the Hospital NYS

Cystic Fibrosis NYS

Deadline: 53 Minutes (Cerebral Palsy) NYS

Eternal Children NYS

First as a Child NYS

First Steps (Cerebral Palsy) NYS

Growth Failure and Maternal Deprivation ANA

In Need of Special Care ROB

Introducing the Mentally Retarded NYS

A New World for Peter NYS

PKU: Mental Deficiency Can Be Prevented NYS

PKU: Preventable Mental Retardation NYS

Right from the Start NYS

The Broken Bridge ROB

The Infectious Diarrhea NYS

Thursday's Child NYS

Triumph Over Deafness

NYS

What Is Cerebral Palsy

NYS

Film Loops

Pediatrics:

PH

Restraints: Arm Cuff and Net

Restraints: Mummy

Restraints: Soft

Psychiatric Nursing

Films

A Depression

NYS

A Paranoid-Schizophrenic

MCG

Alcoholism

NYS

Alcohol and the Human Body

NYS

Drug Addiction

NYS

Hands (Communication and Occupational Therapy)

NYS

Hooked

CHU

LSD: The Spring Grove Experiment

MCG

Man to Man

ANA

Mr. Finley's Feelings

NYS

Obsessive-Compulsive Neurosis

MCG

Out of Darkness

NYS

Psychiatric Nursing: The Nurse Patient Relationship	ANA
Story of Marijuana	NYS
Stress	NYS
The Quiet One	MCG
The Terrible Truth	NYS
To Your Health	ANA
What About Drinking	NYS
Mrs. Reynolds Needs a Nurse	NYS

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SOURCES FOR VISUAL AIDS

ACS	American Cancer Society, Inc.. New York City Division, 44 East 53rd St., New York, N. Y. 10017	GUI	Guidance Associates, Pleasant- ville, N. Y. 10570
ANA	ANA-NLN Films & Related Materials, 10 Columbus Circle, New York, N. Y. 10019	LIP	J. B. Lippincott Co., East Washington Square, Phila- delphia, Pa. 19105
BOA	New York City Board of Education "Stocked Supply List"	MCG	McGraw-Hill Films, 330 West 42nd St., New York, N. Y. 10036
BRO	E. C. Brown Trust Co., 3170 Southwest 87 Ave., Portland, Oreg. 97225	MET	Metropolitan Life Insurance Co., Health and Welfare Division, 1 Madison Ave., New York, N. Y. 10010
BUR	BAVI Loan Collection, 131 Livingston St., Brooklyn, N. Y. 11201	NYS	New York State Health Depart- ment, Office of Public Health Education, 84 Holland Ave., Albany, N. Y.
COR	Coronet Films, 65 East South Water St., Chicago, Ill. 60601	PH	Prentice-Hall, Inc., Engle- wood Cliffs, N. J.
CHU	Churchill Films, 662 North Robertson Blvd., Los Angeles, Calif. 90069	POT	Potter's Photographic Appli- cations Company, 160 Herricks Rd., Mineola, N. Y. 11501
DEN	Denoyer-Geppert Company, 5235 Ravenswood Ave., Chicago, Ill.	RB	Robert J. Brady Co., 13 Que St., NW, Washington, D. C. 20002
DOU	Doubleday Multimedia, Doubleday & Company, Inc., School and Library Division, Garden City, N. Y. 11530	ROB	Peter M. Robeck Co., 230 Park Ave., New York, N. Y. 10017
EFL	Ealing Film-Loops, 2225 Massa- chusetts Ave., Cambridge, Mass. 02140	SCH	Rudolph Schick Publishing Co., 14 Park St., Pepperell, Mass. 01463
FA	Film Associates, 11559 Santa Monica Blvd., Los Angeles, Calif. 90025	TRA	Trainex Corp., P. O. Box 116, Garden Grove, Calif. 92642

SOURCES FOR MATERIALS

American Cancer Society, Inc., New York City Division, 44 East 53rd St., New York, N. Y.

American Dental Association, Bureau of Audiovisual Service, 211 East Chicago Ave., Chicago, Ill. 60611

American Heart Association, 44 East 23rd St., New York, N. Y. 10010

American Pharmaceutical Association, 2215 Constitution Ave., NW, Washington, D. C. 20037

American Red Cross, 150 Amsterdam Ave., New York, N. Y.

Association Films, Incorporated, 600 Madison Ave., New York, N. Y.

Ayerst Laboratories, Mr. W. R. Sheridan, 685 Third Ave., New York, N. Y. 10017

Behlen Manufacturing Company, Box 569, Columbus, Nebr. 68601

Encyclopedia Britannica Films, Inc. 1150 Wilmette Ave., Wilmette, Ill.

Ethicon, Inc., Advertising & Promotion, Route 22, Somerville, N. J. 08876

Food and Agriculture Organization of the United Nations, North American Regional Office, 1325 C St., NW, Washington, D. C. 20437

Lederle Laboratories, Film Library, Pearl River, N. Y. 10965

Merck Sharp & Dohme Film Library, Rahway, N. J.

Metropolitan Life Insurance Co., Health and Welfare Division, 1 Madison Ave., New York, N. Y. 10010

National Association of Practical Nurse Education, Suite 800, 122 East 42nd St., New York, N. Y. 10017

National Multiple Sclerosis Society, Public Relations Department, 257 Park Ave. South, New York, N. Y. 10016

National Society for the Prevention of Blindness, Inc., Public Information Department, 79 Madison Ave., New York, N. Y. 10016

National Tuberculosis and Respiratory Disease Association, 1740 Broadway, New York, N. Y. 10019

Pfizer Medical Film Library, 267 West
25th St., New York, N. Y. 10001

Philips Roxane Laboratories, Inc.,
330 Oak St., Columbus, Ohio 43216

Sex Education & Family Living Mate-
rials, Henk Newenhouse, Inc., 1825
Willow Rd., Northfield, Ill. 60093

Smith, Kline & French Laboratories,
Film Center, SK & F Services Depart-
ment, 1500 Spring Garden St.,
Philadelphia, Pa. 19101

Veterans Administration, Central
Office Film Library (O37B1), Audio
Visuals Service, 810 Vermont Ave.,
NW, Washington, D. C. 20420

Winthrop Laboratories, 90 Park Ave.,
New York, N. Y. 10016

Yeshiva University, Director of
Public Relations, Amsterdam Ave. at
186th St., New York, N. Y. 10033