

**VENTURA COLLEGE
SCHOOL OF NURSING
AND ALLIED HEALTH**



ADVANCED PLACEMENT OPTIONS

Fall 2018 – Spring 2019



Table of Contents

TOPIC	PAGE
Transfer / Challenge Policies	3
Advanced Placement Challenge Options	6
Psychiatric Technician Challenge Procedure	10
Behavioral Objectives for NLN Testing	11
Behavioral Objectives for Nursing Care Plan	12
Behavioral Objectives for Dosage Calculation	13
Skills Testing for Clinical Competency	14
Tests Used for Challenge Testing	15
Critical Behaviors for Clinical Skills	16
Application for Advanced Placement	19
30-Unit Option Statement	21
Nursing Care Plan Forms	22
Care Plan Directions	40
Sample Nursing Care Plan	42
Advanced Placement Application Process and Options	61
Military Personnel Policies	64
Advanced Placement Drop Policy	67
Advanced Placement Deferral Policy	67

TRANSFER / CHALLENGE POLICIES

TRANSFER POLICIES

- A. Students with previous education and / or experience electing to pursue coursework at Ventura College leading to eligibility for licensure as a registered nurse are encouraged to meet with a nursing counselor early in their planning process. The following procedure applies to:**
- **applicants transferring from an accredited program educating individuals for licensure as registered nurses,**
 - **applicants transferring from an accredited program educating licensed vocational nurses,**
 - **or applicants currently licensed as vocational nurses in the State of California.**
1. A student may be given a maximum of 21 units (theory and clinical combination) of transfer credit (first year) for their nursing coursework.
 2. Each applicant will be evaluated on an individual basis.
 3. Challenge testing to demonstrate theory / clinical competency will be required. The applicant will receive an outline of the objectives to be tested. (Refer to Advanced Placement Challenge Options)
 4. All prerequisite coursework identified in the college catalog must be completed with a minimum grade of C before transfer credit will be considered.
 5. A minimum grade of C will be required in all nursing coursework in order to be considered for transfer credit.
 6. An overall GPA of 2.5 is required for admission.
 7. A science GPA of 2.5 in anatomy, physiology and microbiology with no more than one W, D or F in these courses is required for admission.
 8. A success score on the Test of Essential Academic Skills (TEAS) is required for admission after successful completion of the challenge exam and prior to admission to the nursing program. The current success score is 62% for ATI TEAS version but is subject to change. Applicants not meeting the established "success score" will be required to remediate identified deficiencies and successfully retest before entry. A maximum of two TEAS tests are allowed.
 9. Official high school and college transcripts and two letters of recommendation (nursing school program director and one clinical faculty member) will be required.
 10. A physical examination, CPR certification, criminal background check, and alcohol and drug screening will be required prior to admission. Students with misdemeanor or felony convictions within the past seven years will not be able to enter the program because of inability to be assigned for clinical experience.

11. All application materials must be completed one month prior to the admitting semester.
12. Advanced placement admission is on a space available basis only.

B. 30 – Unit Option

An LVN candidate seeking advanced placement as a 30-unit option candidate may receive a maximum of 21 units of transfer credit (first year) for nursing coursework.

CANDIDATES WHO ENTER THE PROGRAM IN THE 30-UNIT OPTION CANNOT CHANGE TO THE ADN OPTION.

1. Each 30-unit option applicant will be evaluated on an individual basis.
2. Testing to demonstrate theory / clinical competency will not be required.
3. The applicant is not required to meet college admission requirements.
4. To be eligible, the applicant must be currently licensed as a vocational nurse (LVN) in the state of California.
5. Official high school and college transcripts will be required.
6. A physical examination, CPR certification, criminal background check, and alcohol and drug screening will be required prior to admission. Students with misdemeanor or felony convictions within the past seven years will not be able to enter the program because of inability to be assigned for clinical experience.
7. All application materials must be completed one month prior to the admitting semester.
8. Advanced placement admission is on a space available basis only.
9. On completion of the 30 unit option the student is NOT a graduate of the nursing program and does NOT receive a degree. This status will not change even if the student goes on to obtain a degree. The student may also have difficulty applying to a college/university for an advanced degree. Individuals who become licensed as registered nurses using this option may not be eligible for licensure in states other than California. Students pursuing this option must complete NS V31 and NS V41 instead of NS V30 and NS V40.
10. Microbiology and physiology are required prerequisites to the nursing courses, however, the student is not required to have microbiology or physiology prerequisites, e.g. chemistry, math, etc.
11. All applicants must complete required courses:

Prerequisites (A minimum grade of C is mandatory in each course)

		UNITS
PHSO V01	Physiology	4
MICR V01	General Microbiology	4

Nursing Courses

NS V31	The Nursing Process Applied to the Client with Health Care Deviations II	9
NS V41	The Nursing Process Applied to the Client with Health Care Deviations III	9

26 units

12. All applicants must meet with the program director for objective counseling that includes admission process, course requirements, and the advantages/disadvantages of this route to licensure.

C. Students with educational experience in health care fields analogous to the field of nursing.

1. A student seeking admission into the ADN program who has analogous educational experience may be granted the opportunity to challenge specific nursing coursework as it relates to their respective educational / experiential background. **(i.e. nursing assistants, licensed psychiatric technicians, military corpsman, etc.).**
2. Each transfer applicant will be evaluated on an individual basis.
3. Testing to demonstrate theory / clinical competency will be required. The student will receive an outline of the objectives to be tested. (Refer to Advanced Placement Challenge Options)
4. All prerequisite coursework identified in the college catalog must be completed with a minimum grade of C before transfer credit will be considered.
5. A minimum grade of C will be required in all nursing coursework in order to be considered for transfer credit.
6. An overall GPA of 2.5 is required for admission.
7. A science GPA of 2.5 in anatomy, physiology and microbiology with no more than one W, D or F in these courses is required for admission.
8. A success score on the Test of Essential Academic Skills (TEAS) is required for admission after successful completion of the challenge exam and prior to admission to the nursing program. The current success score is 62% ATI TEAS version but is subject to change. Applicants not meeting the established "success score" will be required to remediate identified deficiencies and successfully retest before entry. A maximum of two TEAS tests are allowed.
9. Official high school and college transcripts will be required.
10. A physical examination, CPR certification, criminal background check, and alcohol and drug screening will be required prior to admission. Students with misdemeanor or felony convictions within the past seven years will not be able to enter the program because of inability to be assigned for clinical experience.
11. All application materials must be completed one month prior to the admitting semester.
12. Advanced placement admission is on a space available basis only.

VENTURA COLLEGE
SCHOOL OF NURSING
ADVANCED PLACEMENT CHALLENGE OPTIONS

CHALLENGE OPTIONS

There are several admission options for advanced placement. These vary depending upon the qualifications and needs of the applicant. All advanced placement admissions are on a space available basis and should be initiated by filing a Petition for Credit by Examination and Application for Advanced Placement with a nursing counselor. Please call the Counseling Front Desk for an appointment with the nursing counselors. (805-289-6448):

For any additional information, you may contact the nursing counselors directly at:

Bea Herrera	805-289-6011
Angelica Gonzales	805-289-6010

I. Qualifying Requirements for Advanced Placement

1. Satisfactory completion of all required ADN prerequisite qualifying requirements described in the Ventura College catalog. This includes: General Microbiology (MICR V01); General Human Anatomy (ANAT V01) and Introduction to Human Physiology (PHSO V01); Human Development (CDV03) or Introduction to Developmental Psychology (PSY V05).
2. An overall GPA of 2.5 and a 2.5 GPA in the biological sciences (anatomy, physiology & microbiology) with no more than on W, D or F in any of these three science courses.
3. Submission of the completed Application for Advanced Placement to the School of Nursing two months prior to assessment testing for clinical competency.
4. Completion of assessment testing for theory and clinical competency if applicable.
5. Submission of Petition for Credit by Examination for each course challenged.
6. A success score on the Test of Essential Academic Skills (TEAS) is required for admission after successful completion of the challenge exam and prior to admission to the nursing program. The current success score is 62% for the ATI TEAS version but is subject to change. Applicants not meeting the established "success score" will be required to remediate identified deficiencies and successfully retest before entry. A maximum of two TEAS tests are allowed

- II. Clinical Competency Testing for Advanced Placement** – All objectives, critical behaviors and required forms are included in this packet. Skills checklists for required skill competency testing will be provided prior to testing.

COMPETENCY TESTING #1:

DEMONSTRATION OF COMPETENCY FOR NS V10 (Introduction to Professional Nursing).

- a. Written comprehensive examination demonstrating competency in applying the nursing process in Introduction to Professional Nursing. Decision score of 75 required on NLN exam.
- b. Written nursing care plan for a geriatric client utilizing the nursing process and Orem's Self-Care Deficit Theory of Nursing as the basis. A nursing care plan form and a client chart will be provided. Candidate may bring any texts/reference books.
- c. Written medication administration and dosage calculation exam. Passing score of 90% required. A calculator is not allowed.
- d. Clinical skills demonstration. Applicant must demonstrate 100% accuracy in performance of critical behaviors and 80% of total behaviors.

Upon satisfactory completion of all testing and payment of the permit fee for posting the class on the transcript, credit will be given for NS V10.

COMPETENCY TESTING #2:

DEMONSTRATION OF COMPETENCY FOR NS V20 (The Nursing Process Applied to the Client with Health Care Deviations).

- a. Written comprehensive examination demonstrating competency in applying the nursing process for the medical/surgical client and the nursing process with maternal/infant clients. Decision score of 75 required on NLN exams.
- b. Written nursing care plan for the medical/surgical or maternal/ infant client utilizing the nursing process and Orem's Self-Care Deficit Theory of Nursing as the basis. Nursing care plan form and client chart will be provided.
- c. Written medication administration and dosage calculation exam. Passing score of 90% required. A calculator is not allowed.
- d. Clinical skills demonstration. Applicant must demonstrate 100% accuracy in performance of critical behaviors and 80% of total behaviors.

Upon satisfactory completion of all testing and payment of the permit fee for posting the class on the transcript, credit will be given for NS V20.

III. Options for Advanced Placement Admission

OPTION #1: ADVANCED PLACEMENT ADMISSION INTO NS V20

- a. Satisfactory completion of all qualifying requirements.
- b. Satisfactory completion of all assessment testing for COMPETENCY #1, OR
Current licensure as a vocational nurse in California.

OPTION #2: ADVANCED PLACEMENT ADMISSION INTO NS V30

- a. Satisfactory completion of all qualifying requirements.
- b. Satisfactory completion of all assessment testing for COMPETENCY #1 and COMPETENCY #2.

NS V40 Advanced Placement applicants are NOT accepted into the last semester of the nursing program.

OPTION #3: ADVANCED PLACEMENT ADMISSION AS A 30-UNIT OPTION CANDIDATE

- a. Submission of the completed Application for Advanced Placement to the School of Nursing two months prior to optional assessments for clinical competency.
- b. Current licensure as an LVN in the State of California.
- c. It is recommended that the candidate be IV certified and have worked a minimum of six months in an acute care agency within the last two years. This will facilitate success in the ADN Program.
- d. It is recommended that the candidate complete all assessment testing for Clinical Competency in order to determine areas of strength and weakness. This will facilitate success in the ADN Program and success on the state licensing exam.
- e. Satisfactory completion of the following coursework:
 1. PHSO V01: Physiology (4 units)
 2. MICR V01: General Microbiology (4 units)
 3. NS V31: The Nursing Process Applied to the Client with Health Care Deviations II (9 units)
 4. NS V41: The Nursing Process Applied to the Client with Health Care Deviations III (9 units)

Upon satisfactory completion of all coursework with a grade of C or better, the student is eligible to apply to the California Board of Registered Nursing for licensure as a 30-unit option candidate. Admission as a 30-unit option does not lead to an Associate in Science Degree and the registered nurse licensed under this option may NOT be eligible for reciprocity of licensure with other states. Candidates who enter the program in the 30-unit option cannot change to the Associates Degree option.

Advanced placement admissions are on a space available basis only.

If finances are a block to your applying for advanced placement, please contact the student financial aid office at 289-6369.

Students are strongly encouraged to take Pharmacology (NS V07 - 3 units).

**Psychiatric Technician Challenge Procedure
for the Psychiatric Nursing Content
of the NS V30 Module**

To challenge the clinical portion:

- The student must submit a letter to the director of the School of Nursing & Allied Health requesting to challenge the psychiatric nursing content of the associate degree nursing program. The letter must indicate the date of completion of the psychiatric technician program and experience working in mental health since that time.
- **The student must submit a copy of his / her psychiatric technician license to the director of the School of Nursing and Allied Health with the letter requesting challenge.**
- The student must prepare a process recording (IPA) and nursing care plan* and must submit it to the lead instructor at least one month prior to the start of the psychiatric / mental health component of the course. Refer to objectives and clinical guides in the NS V30 syllabus to prepare this assignment. All client problems should be identified and two client problems must be discussed in detail on the 6-column form. The student must present a resume of clinical psychiatric experience, including dates, places of employment and job description.

To challenge the lecture portion:

- The student must take a written exam. The earned grade on the exam will be the lecture/theory grade recorded for that portion of the NS V30 course. The minimum passing score is 75%. Contact the program director one month prior to the start of the course to schedule a date to take the exam.

*Student should use client contacts in the psychiatric technician role for process recording and care plan. These forms are available in the Nursing office.

**BEHAVIORAL OBJECTIVES FOR NLN TESTING
ADVANCED PLACEMENT**

COMPETENCY TESTING #1:

Demonstration of competency for NS V10 (Introduction to Professional Nursing)

1. Demonstrate understanding of fundamental aspects of nursing care.
2. Demonstrate knowledge of the nursing process and nursing care planning.
3. Demonstrate knowledge of professional accountability, health promotion, psychosocial health, skills basic to nursing practice, patient needs for safety and comfort, hygiene, body alignment, activity and exercise, rest and sleep, nutrition and elimination, respiration and circulation, fluid and electrolyte balance, and growth and development.
4. Demonstrate knowledge of psychosocial issues in client care, including sexuality, self-esteem, loss and death, self-actualization.
5. Demonstrate knowledge of perioperative care.
6. Demonstrate knowledge of verbal and nonverbal communication, including principles of documentation.
7. Demonstrate knowledge of general principles of drug administration.
8. Demonstrate knowledge of moral, ethical and legal issues associated with client care.

COMPETENCY TESTING #2:

Demonstration of competency for NS V20 (The Nursing Process Applied to the Client with Health Care Deviations I)

1. Demonstrate ability to utilize the nursing process in providing client care.
2. Demonstrate knowledge of the nursing care of adults in various settings who have a variety of common health deviations.
3. Demonstrate knowledge of pharmacology and drug administration associated with common health deviations.
4. Demonstrate knowledge of the reproductive client including antenatal, parturition and postpartal care.
5. Demonstrate knowledge of care of the high-risk pregnancy patient.
6. Demonstrate knowledge of fetal growth and development, care of the normal neonate, common complications of the neonatal period, and care of the high-risk neonate.

BEHAVIORAL OBJECTIVES FOR NURSING CARE PLAN ADVANCED PLACEMENT

Although the behavioral objectives for the nursing care plan are the same for all advanced placement options, increased depth of understanding and implementation of the nursing process must be demonstrated as the advanced placement candidate challenges successive courses. The applicant will be provided with the grading criteria for care plans at the level being tested prior to the testing date.

The nursing care plan format is attached. Students without exposure to Orem's Self-Care Deficit Theory of Nursing may request a study guide from the Ventura College School of Nursing. Students may bring textbooks or care planning guides to this exam. No written materials or sample care plans may be used during testing. Use of a computer, PDA, cell phone or I-PAD is not permitted during testing.

Given the limitations imposed by the artificial situation of a hypothetical client, the following objectives must be met:

1. Organize a data base through systematic assessment of all aspects of the client chart to determine the client's basic conditioning factors and therapeutic self-care demands.
2. Identify changes in health status that affect the client's self-care agency (ability to meet needs).
3. Assess verbal/nonverbal communication of self, client and support systems.
4. Identify actual or potential self-care demands/deficits.
5. Select nursing diagnoses on the basis of analysis and interpretation of data.
6. Demonstrate participation of the client, family, significant others and members of the health care team to establish client-centered goals and interventions directed toward promoting and restoring the client's optimum state of health, preventing illness and providing rehabilitation.
7. Establish priorities for care.
8. Develop nursing interventions (wholly/partially compensatory or supportive/educative) in response to the client's self-care needs and/or deficits
9. Demonstrate a plan that implements and monitors the prescribed medical regimen and nursing procedures for the client undergoing diagnostic testing and/or therapeutic procedures.
10. Address inconsistencies in prescribed nursing and medical regimen and discuss your plan for modification of intervention.
11. Develop a nursing plan of care which is evidence based and that promotes client autonomy and client teaching.
12. Identify sources for referral of clients with self-care deficits.
13. Evaluate the effect of nursing interventions on the status of the client.

BEHAVIORAL OBJECTIVES FOR DOSAGE CALCULATION ADVANCED PLACEMENT OPTIONS

There are several dosage calculation books available for purchase at the Ventura College bookstore that would be helpful to the student who wants to practice before testing. Additional dosage calculation books are available in the Ventura College library. The dosage calculation tests must be passed with a 90% or above. Calculators will be provided by the School of Nursing. You may not use your own calculators.

COMPETENCY TESTING #1:

Demonstration of competency for NS V10 (Introduction to Professional Nursing):

1. Add, subtract, multiply and divide fractions.
2. Add, subtract, multiply and divide decimal numbers.
3. Solve simple word problems utilizing ratio-proportion.
4. Convert apothecary, household and metric systems of measurement, and convert between hours and minutes.
5. Calculate oral drug dosages in solid and liquid form.
6. Calculate parenteral (IM, SubQ, ID and Insulin) drug dosages (excluding IV medications).
7. Calculate medicine dosage according to weight (mg/kg), given weight in pounds or kilograms.
8. Determine whether a dosage is safe to administer.
9. Calculate medication dosages using mill-equivalents.
10. Reconstitute medications supplied in powdered form and calculate the correct dosage.

COMPETENCY TESTING #2:

Demonstration of competency for NS V20 (The Nursing Process Applied to the Client with Health Care Deviations I)

1. Demonstrate mastery of the above objectives.
2. Calculate IV flow rate in gtts/minute, ml/hour, ml/day or hours of infusion.
3. Determine the oral fluid requirement based on IV intake and 24-hour fluid allowance.
4. Determine pediatric dosages based on milligram per kilogram.

**SKILLS TESTING FOR CLINICAL COMPETENCY
ADVANCED PLACEMENT**

COMPETENCY TESTING #1:

Demonstration of competence for NS V10 (Introduction to Professional Nursing)

1. Insertion of a foley catheter – male or female.
2. Drawing two medications in a syringe – potential use of ampules, vials, and carpject.
3. Demonstrate injection techniques and identify correct landmarks.

COMPETENCY TESTING #2:

Demonstration of competency for NS V20 (The Nursing Process Applied to the Client with Health Care Deviations I)

1. Application of a wet to dry dressing.
2. Preparation and administration of an IV infusion, including clearing the tubing and utilization of an infusion control device.
3. Head to toe physical assessment – child or adult.
4. Insertion of a nasogastric tube – child or adult.

TESTS USED FOR CHALLENGE TESTING

- Student must score 75% on each required test.
- All tests have 125 multiple choice questions and 2.5 hours are allowed for completion.

To challenge NS V10 and enter NS V20

- Basic Nursing Care I – (#620419)
 - Assesses understanding of the fundamentals of nursing care, with an emphasis on the nursing process, nursing diagnosis and the nursing care plan. Includes questions on health promotion and prevention, psychosocial health and professional accountability. Also addresses basic client needs for nutrition, safety, comfort, activity & rest.
- Basic Nursing Care II – (#641206)
 - Assess understanding of the fundamentals of nursing care, with an emphasis on setting priorities and critical thinking. Care of physiological needs (including oxygenation and the maintenance of fluid and electrolyte balance) and special needs (including preparation for surgery and diagnostic testing) are included. Also addresses the principles of medication administration.

To challenge NS V20 and enter NS V30

- Nursing Care of Adults I (#710104)
 - Assesses understanding of concepts basic to the care of adult clients and their families, including prevention and health promotion, early detection, care management, health maintenance and restoration and psychosocial aspects of healthcare. Emphasis is on the nurse's role in providing care to adults experiencing alterations in fluid and gas transport; metabolic, gastrointestinal, musculoskeletal and renal function; fluid and electrolyte imbalances; and pre- and postoperative care.
- Nursing the Childbearing Family (#860604)
 - Assesses understanding of concepts basic to culturally competent nursing care of the childbearing family. Focuses on normal events of the childbearing experience, common health problems of mothers and infants, and intrapartal complications. Incorporates relevant items on communication, nutrition and pharmacology.

CRITICAL BEHAVIORS FOR CLINICAL SKILLS ADVANCED PLACEMENT

Skill checklists will be provided to the applicant who wishes to test out of a course. The checklists will indicate the critical behaviors. The applicant is required to perform 80% of all behaviors correctly and 100% of the critical behaviors correctly in order to pass the clinical competency. The applicant who fails to meet these criteria on the first attempt will be given one additional testing opportunity on the same day as the first attempt.

NS V10 Fundamentals of Nursing Practice

1. **PREPARATION & ADMINISTRATION OF TWO MEDICATIONS IN ONE SYRINGE FOR IM INJECTION (SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)**

1. Calculates the correct dosages based on physician order.
2. Washes hands prior to procedure.
3. Draws up the correct amounts of medication.
4. Follows the five rights of medication administration.
5. Selects appropriate syringe and needle size based on age, size of client & medication.
6. Identifies the client.
7. Explains the procedure to the client.
8. Screens the client for privacy.
9. Selects the injection site by identifying the correct landmarks.
10. Injects medication using correct technique.
11. Returns client to comfortable position.
12. Maintains sterile technique throughout procedure.
13. Utilizes standard precautions.
14. Completes the procedure in 15 minutes or less.
15. Documents appropriately.

2. **INSERTION OF INDWELLING FOLEY CATHETER (Female or male) (SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)**

1. Identifies the client.
2. Explains the procedure to the client.
3. Washes hands prior to procedure.
4. Screens the client for privacy.
5. Raises bed to waist height.
6. Dons clean gloves for peri care and inspection.
7. Utilizes sterile gloves to prepare for catheter insertion.
8. Lubricates catheter (omitted pretest balloon).
9. Cleanses client's meatus.
10. Inserts catheter gently into meatus and guides through urethra until urine drains.
11. Inserts catheter 2-3 inches beyond this point.
12. Effectively secures catheter to client and drainage bag to bed.

13. Repositions the client for comfort and returns bed to low position.
14. Maintains sterile technique throughout the procedure.
15. Utilizes standard precautions.
16. Completes the procedure in 15 minutes or less.
17. Documents appropriately.

NS V20 – Patient-Centered Care I and Family-Centered Care of Children

1. APPLICATION OF A WET-TO-DRY DRESSING (SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)

1. Interprets the physician's orders correctly.
2. Identifies the client.
3. Explains the procedure to the client.
4. Screens the client for privacy.
5. Washes hands prior to procedure.
6. Removes soiled dressings with clean gloves and disposes of them safely.
7. Removes gloves using glove to glove and skin to skin technique.
8. Washes hands.
9. Prepares equipment using correct principles.
10. Squeezes excess solution out of dressing before applying to the wound.
11. Completes dressing demonstrating application of correct principles.
12. Uses sterile technique throughout the procedure.
13. Utilizes standard precautions.
14. Completes the procedure in 15 minutes or less.
15. Documents appropriately.

2. PREPARATION AND ADMINISTRATION OF AN IV INFUSION, INCLUDING CLEARING THE TUBING AND UTILIZATION OF AN INFUSION CONTROL DEVICE (SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)

1. Selects the correct IV solution and correct tubing.
2. Utilizes the five rights of medication administration.
3. Inspects IV bag for defects and fluid for color changes, foreign particles or cloudiness; checks expiration date.
4. Removes tubing from packaging and carefully check for any discoloration or stains.
5. Moves roller clamp to about 12" below drip chamber.
6. Closes roller clamp.
7. Places bag in hanging position or lying on flat surface.
8. Removes plastic cover from tubing port.
9. Removes cover from tubing spike.
10. With hand behind the thumb guard, inserts spike into port with twisting motion.
11. Squeezes the plastic drip chamber to fill ½ full.
12. Removes cover from distal end of tubing and slowly fills tubing with fluid, making sure to flush air from siphon valve and insertion sites.
13. Checks to see that all air is removed from tubing.
14. Attaches date/time label to tubing.
15. Identifies the client using the armband.
16. Explains the procedure to the client.

17. Prepares to administer solution through infusion control device; correctly sets device controls.
18. Maintains sterile technique throughout the procedure.
19. Utilizes standard precautions.
20. Completes the procedure in 15 minutes or less.
21. Documents appropriately.

**3. HEAD-TO-TOE PHYSICAL ASSESSMENT – CHILD OR ADULT
(SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)**

1. Requests appropriate equipment – stethoscope, BP cuff, thermometer, etc.
2. Identifies the client.
3. Explains the procedure to the client.
4. Screens the client for privacy and drapes appropriately.
5. Washes hands prior to procedure.
6. Demonstrates an organized, comprehensive approach to physical assessment.
7. Demonstrates proper use of inspection, auscultation, palpation, and percussion techniques.
8. Evaluates symmetry of findings.
9. Utilizes standard precautions.
10. Completes the procedure in 15 minutes or less.
11. Documents assessment on proper form, using appropriate terminology.

**4. INSERTION OF A NASOGASTRIC TUBE – CHILD OR ADULT
(SEE SKILLS CHECKLISTS FOR SPECIFIC CRITERIA)**

1. Checks physician's order.
2. Collects the required equipment.
3. Identifies the client.
4. Explains the procedure to the client.
5. Screens the client for privacy.
6. Washes hands prior to procedure.
7. Identifies a signal that the client can use if he/she wants to stop briefly.
8. Positions the client in high Fowler's position, unless contraindicated.
9. Drapes a towel or pad over the client's chest.
10. Places emesis basin within client's reach.
11. Measures tubing length for insertion & marks tubing.
12. Determines which nostril to use.
13. Lubricates the tube with water-soluble gel.
14. Instructs client in head position throughout procedure.
15. Offers water or ice and encourages swallowing, unless contraindicated.
16. Inserts and advances tube to mark and secures tube to client's nose.
17. Examines client's mouth.
18. Aspirates for stomach contents, listens by auscultation of air bolus, checks a gastric Ph.
19. Secures tube to client's gown.
20. Attaches tube to suction equipment, if ordered, and sets pressure.
21. Utilizes standard precautions.
22. Completes the procedure in 15 minutes or less.
23. Documents size of tube and rate of enteral feeding or setting of gastric suction.

VENTURA COLLEGE SCHOOL OF NURSING

APPLICATION FOR ADVANCED PLACEMENT

NAME: _____ Social Security or Student ID No.: _____

Street Address: _____

City, State & Zip Code: _____ Telephone No.: _____

E-mail address: _____

License Number & Type of License: _____ Exp. Date: _____

School Name: _____ Year of Graduation: _____
(where course work for license obtained)

History of health care related experience within the past two years:

- I have worked in acute care I have worked in skilled nursing
- I have worked in another setting as an LVN I have not worked in health care

Option I

I am seeking advanced placement in the **associate degree nursing** (ADN) program and am requesting to be scheduled for theory and clinical competency assessment testing. Test #1 must be completed prior to taking #2. (Please check all that apply.)

- Assessment Testing for Clinical Competency #1 (credit for NS V10)
- Assessment Testing for Clinical Competency #2 (credit for NS V20)
- I understand I will submit a Petition for Credit by Examination form to a nursing counselor for each course challenged and place a copy on file in the School of Nursing.
- I understand I will be charged for the competency examination and any required per unit fees for courses challenged.

Option II

I am requesting the 30-unit option. I understand that if admitted to the nursing program as a 30-unit option candidate I may NOT later become a candidate for the associate degree in nursing. I understand that registered nurses licensed in California under this option may not be recognized in other states.

Option III

- I am a licensed vocational nurse requesting **admission into NS V20 without challenge testing.**
- I understand I will submit a Petition for Credit by Examination to a nursing counselor to receive credit for NSV10 after successful completion of NSV20.
- I understand i will be charged the per unit fee associated with NSV10 after successfully completing NSV20.

COUNSELING TO COMPLETE:

_____ Overall GPA _____ Science GPA _____ Number of Science Repeats _____

_____ Satisfactorily completed all required ADN prerequisite coursework identified in the college catalog including:

Anatomy _____ Physiology _____ Human Development _____

Math _____ Microbiology _____ Chemistry with Lab _____

_____ Currently enrolled in:

Human Development _____

_____ Remediation completed for:

_____ Overall GPA _____ Science GPA _____ Repeats _____ TEAS

-
- TEAS results on file at Ventura College _____

OR requested ATI to send electronic TEAS results to Ventura College if taken at another site.

(Site Name) _____ Date taken _____

- If TEAS not taken, you have 1 year from this application to submit electronic results or your name will be removed.

Counselor Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

30 UNIT OPTION STATEMENT

I have chosen to enter the Ventura College nursing program as an advanced placement student under the 30-unit option. This is to verify that I have been informed that:

- The 30-unit option is valid only in the state of California. A registered nurse licensed under this option may not be recognized as a registered nurse in any other state;
- Once entered as a 30-unit option candidate, I cannot later request to graduate as an associate degree nurse, even if I later complete degree requirements;
 - Cannot walk in graduation;
 - Can attend pinning ceremony;
 - Cannot graduate and earn an ADN degree from Ventura College;
 - May not be able to transfer to an RN to BSN completion program once I earn the 30 unit option and achieve California state licensure;
- I understand that the option for advanced placement that would allow me to graduate as an associate degree nurse is offered through transfer / challenge only or returning as a generic student;
- Having withdrawn or failed from the 30-unit option, I will not be eligible to enter the nursing program as an Advanced Practice/LVN (AP/LVN).

Student Name (please print) _____

Student Signature _____

Director's Signature _____

Date _____

**NURSING CARE PLAN FORMS,
DIRECTIONS, and
SAMPLE NURSING CARE PLAN**

CLINICAL ORGANIZATION SHEET

Pt. _____ Code _____ Age _____ Student _____

Diagnosis		Surgery Date				Activity Order		
0645	0700	0800	0900	1000	1100	1200	1300	1400
<input type="checkbox"/> Check Orders/ progress Nts. for changes. <input type="checkbox"/> Check Mar for new times/meds Notes from report <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Lab tests _____ IV sol. _____ Rate _____	<input type="checkbox"/> All Meds available <input type="checkbox"/> Sign/Check med sheet T _____ P _____ R _____ B/P _____ <input type="checkbox"/> Meds to be given VS Accucheck _____ <input type="checkbox"/> Meds given Treatments _____ <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Special Assessment Neuro Cardio Resp GI/GU Skin MS Pain	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments Lab results _____ _____ _____ Diet ordered _____ % _____ cc _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments 1130 T _____ P _____ R _____ B/P _____ Accucheck _____ Meds I/O _____ NG _____ Treatments _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments		<input type="checkbox"/> Report off <input type="checkbox"/> Charting <input type="checkbox"/> Sign all meds

Pt. _____ Code _____ Age _____ Student _____

Diagnosis		Surgery Date				Activity Order		
0645	0700	0800	0900	1000	1100	1200	1300	1400
<input type="checkbox"/> Check Orders/ progress Nts. for changes. <input type="checkbox"/> Check Mar for new times/meds Notes from report <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Lab tests _____ IV sol. _____ Rate _____	<input type="checkbox"/> All Meds available <input type="checkbox"/> Sign/Check med sheet T _____ P _____ R _____ B/P _____ <input type="checkbox"/> Meds to be given VS Accucheck _____ <input type="checkbox"/> Meds given Treatments _____ <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Special Assessment Neuro Cardio Resp GI/GU Skin MS Pain	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments Lab results _____ _____ _____ Diet ordered _____ % _____ cc _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments 1130 T _____ P _____ R _____ B/P _____ Accucheck _____ Meds I/O _____ NG _____ Treatments _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments		<input type="checkbox"/> Report off <input type="checkbox"/> Charting <input type="checkbox"/> Sign all meds

Client Care Plan Face Sheet

Client initials: Sex: Age:
 Code status:
 Diagnosis:

Student: Date:
 Cultural influences/Religion:
 Surgery:

History of Present Illness (HPI)	Past Medical History (PMH)
Definitions, Abbreviations, Etiology/Risk Factors	Client Etiology/Client Risk Factors
Pathophysiology – SEE CONCEPT MAP	
Clinical Manifestations	Client Symptoms
Expected Diagnostic Evaluation	

Client Care Plan Face Sheet

Client initials: Sex: Age:
 Code status:
 Diagnosis:

Student: Date:
 Cultural influences/Religion:
 Surgery:

History of Present Illness (HPI)	Past Medical History (PMH)
Definitions, Abbreviations, Etiology/Risk Factors	Client Etiology/Client Risk Factors
Pathophysiology – SEE CONCEPT MAP	
Clinical Manifestations	Client Symptoms
Expected Diagnostic Evaluation	

Clinical instructor: _____ Date: _____

Student

INTEGRATION TOOL – NS 10 Medical-Surgical/Geriatric Focus

ADULT PATIENT **OLDER ADULT GERO PATIENT** **(CHECK ONE)**

Student name:	Pt. Initials:	Medical Diagnosis:	Surgical Procedure:	
Definition of medical diagnosis:				
HISTORY OF PRESENT ILLNESS (HPI)			PAST MEDICAL HISTORY (PMH)	
<p>Alteration in: Oxygenation</p> <p>Tissue Perfusion</p> <p>Tissue Integrity</p> <p>Immunity</p> <p>Cellular Regulation</p>	<p><u>INTEGUMENTARY</u> (Oral mucosa, Color, Skin Temperature, skin texture, Hair, Calibrated temperature, Moisture, Turgor, rash/lesions, Pruritus, Dressings, Wounds, Incisions, Drainage, Erythema, IV site, evidence of bleeding or bruising, cleanliness, Braden Scale) <u>RESPIRATORY</u> (Rate, rhythm, depth, lung sounds, <u>ease of respiration</u>, O₂ liter flow/device), O₂ saturation ,dyspnea (rest/ exertion) <u>accessory muscle use</u>, nail beds, Incentive Spirometer amt mL_/frequency, Tracheotomy, Cough (frequency, precipitating /relieving factors), Sputum (appearance, amount); allergies, home care/equipment, <u>orthopnea</u></p> <p><u>CARDIOVASCULAR</u> (Apical pulse rate and rhythm, S₁ and S₂, murmurs, Telemetry results, Blood pressure, chest pain [radiation/quality, duration, precipitating /relieving factors])</p> <p><u>Peripheral Vascular</u> (JVD, Peripheral Pulses: <u>symmetry & quality</u>, peripheral Edema, pain in calf/ leg [aggravates/relieving factors] , Capillary refill, pain & Paresthesia, skin changes, Doppler)</p>			
DIAGNOSTIC STUDIES KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)		NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
PT PTT INR ABG pH pCO ₂ P0 ₂ HCO ₃ O ₂ Sat FIO ₂	WBC RBC Hgb HCT MCH MCV MCHC Platelets <u>Differential</u> Neutrophils	<p><u>Integument:</u></p> <p><u>Braden Scale</u></p> <p><u>Respiratory:</u></p> <p><u>Cardio:</u></p> <p><u>Peripheral Vascular:</u></p>		Ineffective Airway Clearance Aspiration risk for Ineffective Breathing Pattern Suffocation, risk for Impaired Skin integrity

DIAGNOSTIC STUDIES KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)		NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
BE <u>Thyroid</u> Free T4 T4 T3 Uptake T7 TSH Vancomycin Peak Trough Other Peak Trough Drug Serum Level <u>EKG</u> Radiology/ CXR Nuclear Medicine	ANC Bands/Segs Basophils Eosinophil Lymphocytes Monocytes Retic CRP Sed Rate BNP Troponin CPK-MB CK Elevated CK Sputum C&S D-Dimer			RF impaired Skin integrity, Ineffective peripheral tissue perfusion Knowledge (specify): readiness for enhanced Non-Compliance Pain Acute Activity Intolerance Gas exchange, impaired Tissue integrity, impaired Decreased Cardiac Output Excess Fluid volume Hyperthermia Hypothermia Impaired Oral mucous membranes Ineffective Protection Delayed Surgical Recovery RF = Risk For

Alteration in: Homeostasis & Elimination		Diet type, percent eaten, tolerance, IV Solution, swallowing, weight (gain or loss over period of time), nutritional history, appetite, feeding tube, BMI, <u>Gastrointestinal Elimination</u> (Bowel sounds, abdominal distention, palpation, pain, last BM, (frequency, pattern / changes in) ostomy, nausea, vomiting, flatus, tubes [NG, etc) <u>Genitourinary Elimination</u> (Urine color, amt, clarity, odor, catheter, dialysis access, penile or vaginal discharge, 24 hour I&O, ostomy, voiding pattern, urgency, frequency, incontinence, nocturia, dysuria)		
DIAGNOSTIC STUDIES KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)		NARRATIVE	PATHOPHYSIOLOGY	NANDA
Alk phos LDH ALT AST Ammonia GGT T. Protein Albumin Prealbumin Globulin A/G Ratio T. Bili Amylase Finger stick blood sugar Cholesterol Triglycerides HDL LDL VLDL PKU <u>X Rays</u> <u>Radiology</u> <u>Nuclear medicine</u> <u>EGD</u> <u>Colonoscopy</u>	<u>RENAL</u> BUN Creatinine Uric Acid <u>ELECTROLYTES</u> Potassium Sodium Chloride CO2 Gluc Calcium Magnesium Phos Serum Iron Ferritin TIBC <u>URINALYSIS</u> Specific Gr. Ph Protein Glucose WBC RBC Bacteria: Mucous Threads: Crystals: Nitrates: Leukocyte esterase <u>Stool</u> OB O&P	<u>Nutrition:</u> <u>GI Elimination:</u> <u>GU Elimination:</u> 24 HOUR I & O		Deficient Fluid Volume Deficient Fluid Volume Risk For Fluid Volume Excess Imbalanced Nutrition Less Than body requirement Impaired Swallowing Infant feeding pattern ineffective Breast Feeding, ineffective Incontinence: Type Urinary Elimination, impaired Self-care deficit: toileting Bowel Incontinence Constipation Constipation: Perceived Diarrhea Pain acute

				Non-compliance Unstable blood glucose, RF Childbearing process, readiness for enhanced Electrolyte imbalance, risk for Health maintenance, ineffective (anorexia) Self-care deficit: feeding Imbalanced fluid volume. RF Failure to thrive (Adult/infant) Urinary Retention Nausea Dysfunctional GI Motility
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ALTERATION IN MENTAL HEALTH	IN Psychosocial: (Behavior, emotions, thought content, judgment, insight into illness, motivation, COMMUNICATION BOTH CONTENT AND SPEECH PATTERN, appearance - grooming, mood, affect, thought process, cognition, psychomotor activity, decision making ability, memory, orientation, attention span, coping strategies, cultural variation, grieving process, impulse control; suicidal, ethnicity and religion)		
DIAGNOSTIC STUDIES KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)	NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY/PSYCHOLOGICAL THEORY	NANDA
Drug Levels BAL Lithium Random Drug Screen Psych Consult:	Psychosocial: <u>Religion:</u> <u>Ethnicity:</u> 1. Explain in the patient's own words his understanding of his illness – use quotes. 2. Describe patient actions?	1. From Taylor – how do the patient's religion and ethnicity impact his health beliefs and practices? 2. What coping strategies is the patient using – are they working – what does he need to do differently?	Ineffective coping Defensive Coping Death Anxiety Powerlessness Hopelessness Spiritual distress Grieving Fear Social isolation Confusion, acute/chronic Personal identity, disturbed Non-compliance Moral distress Family processes, dysfunctional Interrupted Family Processes Communication, impaired verbal Decisional conflict Denial, ineffective Impaired Memory Violence, risk for other directed Rape trauma syndrome Post trauma syndrome Self concept, disturbance

ALTERATION IN: <ul style="list-style-type: none"> • MOBILITY • CNS REGULATION • HOMEOSTASIS • IMMUNITY • CELLULAR REGULATION 	<p>MUSCULOSKELETAL (Activity level, ADL (current & changes), gait, assistive devices, extremity movement, CMS of involved extremity, describe muscle strength, ROM, prosthetic or fixation devices)</p> <p>PAIN (Location, quality, scale 1-10)</p> <p>SLEEP (Pattern, remedies)</p> <p>NEUROLOGICAL (reflexes, LOC, orientation, affect, PERRLA, memory [short term/long term], tremors, sensation (numbness and tingling), balance, coordination, posturing, tactile discrimination, facial symmetry, speech/swallow intact, GLASCOW COMA SCALE (Best Verbal Response, Best Motor Response, Eyes-Opening response) Special senses exam: vision, hearing, taste smell), Corrective aides, Ear, Eye, Nose: drainage, lesions, sclera, discomfort</p>		
DIAGNOSTIC TEST KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)	NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
Serum drug levels: Radiology Nuclear Medicine	<p><u>Musculoskeletal:</u></p> <p><u>Pain:</u></p> <p><u>Sleep:</u></p> <p><u>Neurological:</u></p> <p><u>Special senses:</u></p>		Fatigue Activity intolerance Physical mobility, impaired Diversional activity deficient Peripheral neurovascular dysfunction Sleep pattern, disturbed Disuse syndrome RF Memory, impaired Confusion, acute/chronic Non-compliance Pain, acute/chronic Sedentary lifestyle Self-Care deficit

ALTERATION IN REPRODUCTION	<p>Sexuality: Sex, Preferred Gender, Sexual Risk Factors (HIV & STD/STIs protections, Active; multiple partners)</p> <p>Drug Use – Related Risk Factor</p> <p>Sexual Abuse/Assault:</p> <p>Sexual dysfunction: limitations due to disease or therapy; discomfort; sexual response unsatisfying</p> <p>Blood-Related Risks (history of blood transfusion; shared equipment for tattoo and/or body piercing)</p> <p>(Discomfort, sexuality, menses, vaginal drainage (lochia), breast, breast feeding (frequency, latch,nipple/breast condition), engorgement, pumping fundus of uterus, history of pregnancy, Social skills, assets and strengths, Maternal-infant attachment</p>		
SEXUALITY			

DATA GATHERING/DIAGNOSTIC TESTS KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)	NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
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<p>HIV test results:</p> <p>STD:</p> <p>STI:</p> <p>ELISA</p> <p>CD4</p> <p>VDRL</p> <p>FSH</p> <p>ESTROGEN</p> <p>PSA</p> <p>CA-125</p> <p>CEA</p> <p>Other tumor markers</p> <p>Blood Type</p> <p>Rubella immune</p> <p>GBS</p> <p>Indirect coombs</p>			<p>Sexual dysfunction</p> <p>Non-compliance _____</p> <p>Disturbed body image</p> <p>Sexuality Patterns, Ineffective</p> <p>Sexuality-reproductive pattern</p>
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PATIENT-CENTERED CARE / GROWTH & DEVELOPMENT	Developmental tasks, adjustments related to aging, parenting behaviors, experiences that impact human development and illness, home care (changes, etc.) age appropriate behavior/toys, immunizations, weight (pounds/kilograms and percentile), length/height (inches & percentile), head circumference (inches & percentile) height-weight-head circumference growth charts,		
DATA GATHERING/DIAGNOSTIC TESTS KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)	NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
<p>Erickson's Stage:</p> <p>Describe Erickson's DSCR task:</p> <p>Piaget Stage:</p> <p>Describe Piaget's task:</p> <p>Growth hormone level:</p> <p>___N/A___</p>			<p>Growth & development, delayed</p> <p>Interrupted Family processes</p> <p>Dysfunctional Family processes</p> <p>Parental Role Conflict,</p> <p>Role performance, altered</p> <p>Knowledge deficit</p> <p>R/T _Eating Patterns_</p> <p>Situational low self-esteem</p> <p>Self-esteem, disturbed</p>

SAFETY	SUBSTANCE ABUSE (Specify level of use) (ETOH, drugs, tobacco,) SAFETY (Morse Scale results, Signs of abuse, restraints, seizure precautions, suicide precautions) ISOLATION/TYPE		
DATA GATHERING/DIAGNOSTIC TESTS KEY: ABNORMAL , NV = NO VALUE (NORMAL RANGE)	NARRATIVE ASSESSMENT	PATHOPHYSIOLOGY	NANDA
Blood alcohol: Drug toxicity screens: Pack per year:	<u>Substance Abuse:</u> <u>Safety:</u> Morse Scale Restraints: Seizure Precautions: Abuse: <u>Isolation:</u>		Risk for self-mutilation Non-compliance Self harm, risk for Self neglect, risk for Suicide, risk for Risk for Fall Risk for injury Risk-prone health behaviors Health maintenance, ineffective Therapeutic regimen, ineffective

Prioritized Nursing Diagnoses #1

Prioritized Nursing Diagnoses #2

Prioritized Nursing Diagnoses # 3

Assessment	Prioritized Nursing Diagnosis	Patient Goals, Desired Outcomes & Time Frame	Nursing Interventions (NIC)		Evaluation
			Patient Responsibilities	Nurse Responsibilities with times; Include Rationale (highlighted with source)	
SCR : _____ Dx studies :		Patient Goal / Time Fame As Evidenced By: a. b. c.	.	1. Assess 2. Teach 3,4,5 = actions Core Measure/ NPSG Indicated:	Effectiveness of Nursing Interventions 1. 2. 3. 4. 5. Goal Accomplished a. b. c. Suggested Revisions

Put a * next to medications related to this admission.

Height _____ Weight _____

MEDICATIONS (Oral, IM, SQ, IV, topical, etc.)

Allergies:

Medication Trade/Generic (List both)	Classification/Action	Five Rights and Compatibility	Indication for <i>THIS</i> Patient	Labs/Parameters to be checked	Major Side Effects/ Nursing Implications
1		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N		Give patient's actual results of these parameters in this space as well. Hold for RR < 10 Pt RR = 16	Nausea Give patient zofran 30 minutes prior to chemotherapy
2		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
3		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
4		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
5		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			

Put a * next to medications related to this admission.

Height _____ Weight _____

MEDICATIONS (Oral, IM, SQ, IV, topical, etc.)

Allergies:

Medication Trade/Generic (List both)	Classification/Action	Five Rights and Compatibility	Indication for <i>THIS</i> Patient	Labs/Parameters to be checked	Major Side Effects/ Nursing Implications
1		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
2		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
3		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
4		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			
5		Dosage _____ Route _____ Frequency _____ <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals Safe Dose: <input type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input type="checkbox"/> Y <input type="checkbox"/> N			

CARE PLAN DIRECTIONS

Care plan consists of:

1. Client care plan
2. Data collection form (ITT tool) Information Integration Tool
3. Medication sheet
4. Clinical Organizational Sheet
5. Six columnar

Organization sheet

Data to be added to the organization sheet includes:

IV solution and rate, diet, activity, treatment, diagnostic tests ordered for next day, tubes, (foley, NG, etc.), time of procedures, current surgery done and date of, etc.

Medication Sheet

Review HPI (History of present illness) and Past Medical History (PMH). Review the history and physical (H&P), consultation and progress notes Height and weight. Review the admission assessment sheet or, if done daily, should be on the graphic sheet.

Medications

Review the most current MAR (medication administration record), check the MAR against the physician orders for accuracy

Research all meds

Section of:

Trade / generic: both must be listed

Classification / action: Be sure to explain in words that you understand the action of the drug. Ex: Lasix / Furosemide diuretic / inhibits reabsorption of sodium at the loop of Henle; potassium depletion.

Route: PO, SL, transdermal (T), IM, sq, rectal (PR), vaginal (V), topical (TO), nasogastric (NG)

Crush: indicate Y (yes), N (no) or NA

Dosage: identify the actual dose you will be administering (doctor order)

Safe dose: indicate Y (yes), N (no). Be sure to calculate your dosage ranges if you have a pediatric client or medication ordered per kg.

Time: frequency ordered; actual time of administering

AC, PC, or c meals: identify those meds identified in your reading that speak to this

Indication: why is this client getting this med? Refer to HPI, PMI and possibly ask the client / family if needed.

Parameters: Identify if BP, apical pulse (AP), respirations, etc. need to be done -- before or after administration.

Labs to be checked: identify any lab values that need to be checked before or after Administering. If a result is available write it here for reference.

Examples: blood glucose, electrolytes, liver enzymes, drug levels, BUN, creatinine, etc. Ex. Lasix Na, K.

Compatible with other meds: Drug books speak to this related to meds that are Contraindicated or used with caution with other meds.

Nursing Implications: Specific directions needed in the process of administering the drug, specific parameters to be aware of when administering this drug. Ex. Hold if BP less than....Specific implications for this client (mix with applesauce) or shake well.

Major side effects

Data Collection Tool --- Information Integration Tool

The tool is divided into Orem's Universal Requisites. As you become familiar with the division, speed in data entry will increase.

Definition of columns:

Data Gathering: Use this column to add any pertinent data that you read about as you review your chart and Kardex. Examples include Food and Water section: % of food intake past 24 hours, abdominal assessment from the recent nurses' notes. Presence of catheter, I&O past 24 hours, etc.

Diagnostic Tests: Identify the most recent results of all lab tests, radiology procedure, etc. done during this admission. If the test is normal, you can write WNL (within normal limits) but abnormal values must be identified. If you note a test that is not listed in this column, you are to add the test in the section that it pertains to. You must update this section as test results become available and new tests are ordered.

Narrative Assessment: This is to be completed after you care for the client the first day of clinical. Do not add data here from the RN assessment (add to data gathering column). You are to write both normal and abnormal narrative assessment utilizing the cues provided at the top of the form.

Pathophysiology: Explain any abnormality noted in the diagnostic test or narrative assessment. You must individualize and be specific as to why this abnormality occurred. Refer to your diagnostic, medical surgical, and pathophysiology book and apply knowledge from microbiology, anatomy and physiology.

NANDAs: Identify NANDAs that apply to this client based upon the data collected section. NANDAs are to be written with related to (RT) and manifested by (AEB or MB) when applicable.

Client Care Plan

This is an explanation of the terms you will see.

- a. **Code status:** Is the client to be resuscitated? Only a DNR (Do Not Resuscitate) order will be written.
- b. **Cultural influences:** Is this client Spanish speaking? Are there any ethnic influences?
Add religious preferences also.
- c. **Diagnosis:** What is the client being treated for on this admission? You must check the physician progress notes to identify current focus of medical care. This is not necessarily the admitting diagnosis!
- d. **Surgery:** Identify any surgery and date that it occurred during this admission.
- e. **Definition of the disease:** Your medical dictionary will help in this area.
- f. **Etiology and Risk Factors:** What causes the disease to occur? What factors put the client at risk for the problem? In the left hand column list ALL the etiological and risk factors. In the left hand column list the client's etiological factor and risk factors.
- g. **Abbreviations:** Are there any abbreviations for this disease?
In the right hand column, you will identify from the left column what is applicable to your client.
- h. **Pathophysiology Concept Map:** How is normal physiology changed because of this disease? Relate the signs, symptoms and abnormal diagnostic studies to the pathophysiology.
- i. **Clinical manifestations:** What signs and symptoms normally occur with this disease?
In the right hand column, you will identify from the left column what is applicable to your client.
- j. **Diagnostic tests:** Identify from your resources what tests (labs, x-rays, etc.) need to be done to help diagnose this disease. Explain what the tests will find if the condition is present.
- k. **Nursing diagnoses, actual and potential:** Utilizing your IIT tool, identify the three priority NANDAs for this client. The nursing system code is at the bottom of the form and should be specified for each NANDA utilizing Orem's theory.
- l. **Goal/anticipated nursing care:** For the priority NANDA listed above write one goal and three outcomes, and five interventions (anticipated nursing care) that you plan to implement for this client.
- m. **Evaluation of care:** Briefly explain how your interventions affected progress toward meeting goals. Evaluate all three outcomes and all five nursing action

SAMPLE NURSING CARE PLAN

<p>Alteration in:</p> <ul style="list-style-type: none"> • Oxygenation • Tissue Perfusion • Tissue Integrity • Immunity • Cellular Regulation 	<p>INTEGUMENTARY (Oral mucosa, Color, Skin Temperature, skin texture, Hair, Calibrated temperature, Moisture, Turgor, rash/lesions, Pruritus, Dressings, Wounds, Incisions, Drainage, Erythema, IV site, evidence of bleeding or bruising, cleanliness, Braden Scale)</p> <p>RESPIRATORY (Rate, rhythm, depth, lung sounds, <u>ease of respiration</u>, <u>O2 liter flow/device</u>), <u>O2 saturation</u>, dyspnea (rest/ exertion) <u>accessory muscle use</u>, nail beds, Incentive Spirometer amt mL <u>/frequency</u>, Tracheotomy, Cough (frequency, precipitating /relieving factors), Sputum (appearance, amount); allergies, home care/equipment, <u>orthopnea</u></p> <p>CARDIO VASCULAR (Apical pulse rate and rhythm, S₁ and S₂, murmurs, Telemetry results, Blood pressure, chest pain [radiation/quality, duration, precipitating /relieving factors])</p> <p>PERIPHERAL VASCULAR (JVD, Peripheral Pulses: <u>symmetry & quality</u>, peripheral Edema, pain in calf/ leg [aggravates/relieving factors], Capillary refill, pain & Paresthesia, skin changes, Doppler)</p>		
<p>Diagnostic Tests: Key: Abnormal, NV=No Value (Normal Range)</p>	<p>Narrative Assessment</p>	<p>Pathophysiology</p>	<p>NANDAs</p>
<p>PT _____</p> <p>INR _____</p> <p>PTT _____</p> <p>ABGs:</p> <p>pH _____</p> <p>pCO₂ _____</p> <p>pO₂ _____</p> <p>HCO₃ _____</p> <p>O₂ Sat. 85%(RA) (>95%)</p> <p>Base Excess _____</p> <p>Drug Serum Level (Peak & Trough) _____</p> <p>EKG:</p> <p>D Dimer</p> <p>C & S Sputum:</p> <p>S. Pneumoniae</p> <p>X-ray: Chest:</p>	<p>CBC:</p> <p>WBC 16.0 (4000-11,000)</p> <p>RBC 4 (4.3-5.7)</p> <p>Hgb 12.7 (13-17)</p> <p>HCT 41.9</p> <p>MCV 92</p> <p>MCH 32.4</p> <p>MCHC 35.2</p> <p>Retic. _____</p> <p>Sed. Rate _____</p> <p>Platelets 424</p> <p>Differential:</p> <p>PMS (Segs & Neutrophils):</p> <p>8500 (<7700)</p> <p>ANC _____</p> <p>SKIN: Skin pink, warm and dry; elastic, T98.6; Oral mucosa slightly dry. Braden Scale = 20 – low risk. IV site at R. wrist without redness, edema discoloration, or tenderness noted</p> <p>RESP: Resp. rate 24, moderate depth, labored with accessory muscle use O2 sat. 95 % with O2 @ 4L/min. per nasal cannula. O2 sat. 85% on R.A. Generally SOB with increased dyspnea noted on any exertion and increased use of accessory muscles. Lung sounds vesicular throughout with inspiratory crackles and wheezes. Productive cough with mod. amt. rusty colored sputum Nail beds pink</p> <p>CV: Apical pulse 110 and regular BP 105/70, No C/O chest pain</p> <p>PV: All peripheral pulses palpable 3+ No JVD noted CRT < 3 sec. No peripheral edema noted No C/O calf pain, no calf redness, No paresthesia (numbness, tingling or burning) or pain reported.</p>	<p>WBC: bands, segs and neutrophils increased due to bacterial infection of lung (pneumonia). Bands indicate a shift to the left with serious or prolonged infection.</p> <p>RBC and HGB slight decrease may be due to chronic disease (COPD) and poor nutrition due to anorexia with PNA. Low Hg d/t zosyn</p> <p>CXR – reflects left upper lobe infiltrates indicative of PNA and responsible for crackles, SOB and poor air exchange, wheezes and productive cough</p> <p>Sputum for C&S – indicates common causative organism for PNA and the rust color of the sputum.</p> <p>O2 Sat is low on room air due to interference with air exchange due to the inflammation of the airways, filling of alveoli and small bronchioles with purulent sputum. Returns to normal range on oxygen.</p> <p>Oxygen therapy necessary to make up for the interference in the air exchange</p>	<p>#2. Airway clearance, ineffective Aspiration, risk for Breathing pattern, ineffective</p> <p>#1. Gas exchange, impaired Suffocation, risk for Skin integrity, impaired risk Cardiac output, decreased Tissue perfusion, _____ altered Dysreflexia Knowledge deficit R/T _____ Non-compliance Pain, acute/chronic Oral Mucous Membrane Altered</p>

Extensive bilateral lung disease (COPD). LUL infiltrate = pneumonia

Nuclear Medicine:

Lymphs 9
Monocytes 1
Eosinophils 7
Basophils 1
Bands 1000
(0-8%)
CPK-MB _____
Troponin _____
BNP
CK Elevated
CK

at the alveolar level due to inflammation of PNA

Productive cough with rusty sputum, crackles due to purulent sputum in lungs from PNA inflammatory reaction (see concept map for detail).

Dyspnea, due to lack of oxygen due to interference with air exchange at alveolar level due to PNA. Body responds with **increased resp rate and effort as seen in accessory muscle use** to get more oxygen in to the body and exchange at alveolar level.

Wheezes due to narrowing of the airways because of inflammation and edema of the airways and blockage with purulent sputum from PNA. COPD causes airways to narrow, resistance to airflow to increase and expiration to become prolonged or difficult leading to dyspnea and exercise intolerance and an increased risk for infection.

Increased Heart Rate:

Heart rate increases to circulate more blood and RBCs carrying oxygen around to the body tissues since less oxygen is being exchanged at the alveolar capillary membrane.

Oral mucosa is dry as client is a mouth breather and with increased respiratory rate fluid loss is increased

IV site

Presence of IV is to administer fluids to keep patient hydrated and IV antibiotics for the PNA.

***Patho needs sources

Alteration in: <ul style="list-style-type: none"> • Homeostasis • Elimination 	Homeostasis/Nutrition: Diet type, percent eaten, tolerance, IV Solution, swallowing, weight (gain or loss over period of time), nutritional history, appetite, feeding tube, BMI, Gastrointestinal Elimination (Bowel sounds, abdominal distention, palpation, pain, last BM, (frequency, pattern / changes in) ostomy, nausea, vomiting, flatus, tubes [NG, etc.) Genitourinary Elimination (Urine color, amt, clarity, odor, catheter, dialysis access, penile or vaginal discharge, 24 hour I&O, ostomy, voiding pattern, urgency, frequency, incontinence, nocturia, dysuria)		
Diagnostic Tests: Key: Abnormal , NV=No Value(Normal Range)	Narrative Assessment	Pathophysiology	NANDAs
<p>T. Protein <u>6.6</u> _____ Albumin <u>2.5</u> _____ (3.5-5) Prealbumin <u>12.3</u> _____ (15-36) Globulin <u>4.1</u> _____ (2.0 – 3.5) A/G Ratio <u>0.6</u> _____ (1.5-2.5) Liver Test: ALP <u>70</u> _____ ALT <u>30</u> _____ AST <u>24</u> _____ GGT <u>24</u> _____ LDH <u>188</u> _____ Amylase _____ Bilirubin _____ Ammonia _____ Lipids: CHOL <u>147</u> _____ TRIG <u>100</u> _____ HDL _____ LDL _____</p> <p>Glucose _____ FSBG <u>96</u> _____ Serum Iron <u>63</u> _____ Ferritin _____ TIBC _____ Renal Test: BUN <u>15</u> _____ Creat. <u>0.9</u> _____ Uric Acid <u>3.9</u> _____ Electrolytes: Na⁺ <u>139</u> _____ K⁺ <u>4.3</u> _____ Cl <u>100</u> _____ CO₂ <u>31</u> _____ Ca <u>8.8</u> _____ Phos. <u>3.5</u> _____ Mg <u>2.0</u> _____ Urinalysis: Spec. Gr. _____ pH _____ Protein _____ Glucose _____ WBC _____ RBC _____ Bacteria _____ Mucous _____ Nitrates _____</p>	<p>NUTRITION: Ate 50% of regular diet for breakfast and 40% of lunch, No difficulty swallowing reported – swallow and gag reflexes intact, Weight unrecorded</p> <p>D5/½ NS infusing at 30cc./hr.</p> <p>GI ELIMINATION: Abd. Soft, nondistended, and non tender to palpation BS x 4, Normoactive Last BM 8/15/16, Follows patient pattern of q am q 3 days, No C/O Nausea or vomiting.</p> <p>GU ELIMINATION: Voided 200 cc. clear yellow urine without stated difficulty for total of 500cc this shift. History of nocturia Ø penile drainage</p> <p>I & O last 24 hours:</p> <p>Intake: 1000cc oral 850mL IV</p> <p>Output: 1500mL</p> <p>Balance is +350 mL</p>	<p>Low prealbumin occurs with inflammation – PNA as well as malnutrition – he is not eating well.</p> <p>Low albumin and increased globulin due to PNA, chronic inflammation with COPD. Low albumin D/T zosyn</p> <p>Low Total Protein due to malnutrition and zosyn</p> <p>Low A/G ratio value indicates poor nutrition and inflammation as well. The patient has been ill for several weeks and has an increased nutritional need due to infection and an inadequate intake (40-50% of meals). Poor intake is secondary to fatigue and dyspnea with minimal activity Aging is also a factor</p> <p>IV of D5/ ½ SS – Assists with renal function; provides free water, Na and Cl; replaces normal hypotonic daily fluid losses – assists with daily body fluid needs, but not with electrolyte replacement or provision of calories – only provides 170 calories per liter.</p> <p>50% of Brkst and 40% lunch: Due to anorexia related to PNA and Dyspnea which makes it difficult to breath and eat at the same time. More effort given to breathing and getting the required O2.</p>	<p>Fluid volume deficit Fluid volume deficit, risk for Fluid volume, excess Nutrition, altered: less/greater than body requirement Oral mucosa membrane Swallowing, impaired Infant feeding pattern, ineffective Breast feeding _____ Incontinence, type _____ Urinary elimination, altered pattern Urinary retention Self-care deficit: toileting Bowel incontinence Constipation Constipation: perceived/colonic Diarrhea Pain, acute/chronic Knowledge deficit R/T _____ Non-compliance</p>

VLDL _____	Leukocyte esterase _____		
PKU _____	Crystals _____		
X-rays:	Stool:		
Radiology	Occult blood _____		
Nuclear Medicine	O & P _____		

ALTERATION IN MENTAL HEALTH	Psychosocial: (Behavior, emotions, thought content, judgment, insight into illness, motivation, COMMUNICATION BOTH CONTENT AND SPEECH PATTERN, appearance - grooming, mood, affect, thought process, cognition, psychomotor activity, decision making ability, memory, orientation, attention span, coping strategies, cultural variation, grieving process, impulse control; suicidal, ethnicity and religion)		
Diagnostic Tests: Key: Abnormal , NV=No Value(Normal Range)	Narrative Assessment	Pathophysiology	NANDAs
<p>Drug Levels</p> <p>BAL</p> <p>Lithium</p> <p>Random Drug Screen'</p> <p>Psych Consult</p> <p>Per medical record Hx of COPD with numerous exacerbation requiring frequent hospitalization</p>	<p>Psychosocial:</p> <p>1. Explain in the patient's own words his understanding of his illness – use quotes</p> <p>Cooperative & pleasant; states "I feel really anxious when I get short of breath". Knowledgeable re. COPD – stated, "I know I have to stop smoking and take my bronchodilators."; asking questions about medications and treatments – "Is my restlessness due to the albuterol?".</p> <p>2. Describe patient actions?</p> <p>Restless, walks around room and hall. Gets short of breath when moving out of bed.</p> <p>Religion: Catholic; visited by priest daily to receive communion.</p> <p>Observed to be holding Rosary. client states: "I'm comforted by this " when speaking about rosary.</p> <p>Wife & son @ bedside, attending to pt. needs, conversations r/t grandchildren, assisting client with incentive spirometer.</p> <p>Ethnicity: Hispanic</p>	<p>Client is spiritually comforted by traditional practices of her religion.</p> <p>Wife & son supportive of client.</p> <p>Hispanic: Strong family ties evident as is expected in hispanic culture.</p> <p>Client's experiencing hypoxia and SOB may experience anxiety. Also <u>fear of unknown</u> due to pneumonia diagnosis and hospitalization.</p>	<p>Anxiety</p> <p>Ineffective patient/family coping</p> <p>Powerlessness</p> <p>Spiritual distress</p> <p>Grieving</p> <p>Body image disturbance</p> <p>Social isolation</p> <p>Confusion, acute/chronic</p> <p>Knowledge Deficit Medication Regimen</p> <p>Non-compliance</p> <p>Ineffective coping</p> <p>Defensive coping</p> <p>Fear</p> <p>Communication, impaired verbal</p> <p>Decisional conflict</p> <p>Denial</p> <p>Post trauma syndrome</p> <p>Self concept disturbed</p>

<p>ALTERATION IN:</p> <ul style="list-style-type: none"> • MOBILITY • CNS REGULATION • HOMEOSTASIS • IMMUNITY • CELLULAR REGULATION 	<p>MUSCULOSKELETAL (Activity level, ADL (current & changes), gait, assistive devices, extremity movement, CMS of involved extremity, describe muscle strength, ROM, prosthetic or fixation devices,</p> <p>PAIN (Location, quality, scale 1-10)</p> <p>SLEEP (Pattern, remedies)</p> <p>NEUROLOGICAL: (reflexes, LOC, orientation, affect, PERRLA, memory [short term/long term], tremors, sensation (numbness and tingling), balance, coordination, posturing, tactile discrimination, facial symmetry, speech/swallow intact, GLASCOW COMA SCALE (Best Verbal Response, Best Motor Response, Eyes-Opening response)</p> <p>Special senses exam: vision, hearing, taste smell), Corrective aides, Ear, Eye, Nose: drainage, lesions, sclera, discomfort</p>		
<p>Diagnostic Tests: Key: Abnormal, NV=No Value(Normal Range)</p>	<p>Narrative Assessment</p>	<p>Pathophysiology</p>	<p>NANDAs</p>
<p>Serum drug levels:</p> <p>Radiology:</p> <p>Nuclear Medicine:</p>	<p>MS: Independent in ADLs Up in room and bathroom ad lib; gait steady States “I tire easily,” and has increased dyspnea and use of accessory muscles with any activity. Full AROM.Reports has some joint stiffness from hx of arthritis. Arm and leg pushes and hand grasps 5/5 and equal bilaterally.</p> <p>SLEEP: Reports difficulty falling asleep secondary to SOB – slept 5 hours</p> <p>PAIN: Reports 0 pain in joints or chest.</p> <p>NEURO: PERRLA; alert and oriented to person, place, time and purpose; Ø numbness, tingling or tremors; eyes open spontaneously; moves extremities on command; sensation intact; STM and LTM intact</p> <p>Special Senses: Sp. SENSES: Speaks and understands English fluently. Passes whisper test – no hearing deficit. Wears glasses when awake which correct vision to both near and distance vision. Able to read at 14” with glasses.</p>	<p>Tires easily, increased dysnea & use of accessory muscle . R/T impaired gas exchange, secondary to secretions, increased metabolic demand of cells - slight decrease in H & H affects gas exchange also.</p> <p>Sleep disturbance due to decreased oxygenation, necessary increased effort to breathe which results in anxiety and disturbance of natural wake –sleep cycle. Also in strange environment which impacts REM and NREm sleep. Stress from illness disturbs sleep and decreased REM sleep which tends to add to anxiety and stress.(Taylor 1127) Vision: Age related changes in the eyes affects vision requiring corrective lenses- presbyopia – lens becomes less flexible and able to adjust to changes. Normal for this age.</p>	<p>Fatigue</p> <p>#3. Activity intolerance Mobility, impaired Diversional activity deficit Peripheral neurovascular dysfunction Sleep disturbance Thought process, altered Memory, impaired Confusion, acute/chronic Infant behavior _____ Knowledge deficit R/T _____ Non-compliance _____ Pain, acute/chronic Thought process, altered Sensory perceptual alteration</p>

<p>Smell and taste intact. Tested with eyes closed and patient asked to smell ETOH swab and taste food from tray and identify each.</p>		
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<p>Makes good eye contact when communicating Reports having a strong family support system and many church friends Coping Strategies: States “ I talk about the problem and seek help from others and I take deep breaths to reduce my stress. This seems to be working.”</p>		
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ALTERATION IN REPRODUCTION SEXUALITY	Sexuality: Sex, Preferred Gender, Sexual Risk Factors (HIV & STD/STIs protections, Active; multiple partners) Drug Use – Related Risk Factor Sexual Abuse/Assault: Sexual Dysfunction: limitations due to disease or therapy; discomfort; sexual response unsatisfying Blood-Related Risks (history of blood transfusion; shared equipment for tattoo and/or body piercing) (Discomfort, sexuality, menses, vaginal drainage (lochia), breast, breast feeding (frequency, latch,nipple/breast condition), engorgement, pumping fundus of uterus, history of pregnancy, Social skills, assets and strengths, Maternal-infant attachment
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Diagnostic Tests: Key: Abnormal, NV=No Value(Normal Range)	Narrative Assessment	Pathophysiology	NANDAs
HIV test results: STD: STI: ELISA CD4 VDRL FSH ESTROGEN PSA CA-125 CEA Other tumor markers Blood Type Rubella immune GBS Indirect coombs	Male; No Hx of HIV or STDs; Sexually active only with wife of 35 years No Hx of drug use except “pot” when he was younger No Hx of sexual dysfunction, tattoos, piercings or blood transfusions		Sexual dysfunction Non-compliance Disturbed body image Sexuality Patterns, Ineffective Sexuality – reproductive pattern Personal identify, disturbed

SAFETY	SUBSTANCE ABUSE: (Specify level of use) (ETOH, DRUGS, TOBACCO) SAFETY: (Restraints) Morse Fall Scale results, Signs of abuse, seizure precautions, suicide precautions ISOLATION/TYPE:		
Diagnostic Tests: Key: Abnormal, NV=No Value(Normal Range)	Narrative Assessment	Pathophysiology	NANDAs
Blood alcohol: Drug toxicity screens: Packs per year:	<p>Substance Abuse Reports drinks wine occasionally at family functions but limits intake to 2 glasses. Denies drug use.</p> <p>Packs per year: Client admits to <u>smoking 1/2 pack of cigarettes/day.</u></p> <p>Safety: <u>Morse Fall Scale -35 – moderate risk</u> due to IV and secondary diagnosis of COPD.</p> <p>Restraints: Seizure Precautions: Abuse: Isolation:</p>	<p><u>Smoking</u> impairs cilia function and causes production of more mucous secretions in the lung.</p> <p><u>Fall risk</u> – monitor oxygenation with COPD, poor oxygenation can lead to dizziness and falling. SpO2 and VS before and after each activity. Intravenous line – physical lines may trip patient. Monitor IV fluids for effect on patient LOC, respiratory rate and depth and VS. Patient receiving hydration only.</p>	<p><u>Non-compliance</u> <u>Knowledge deficit R/T smoking with COPD</u></p> <p>Risk for self-mutilation Self-harm risk Self neglect risk Risk for falls Risk for Injury Risk – prone health behaviors Health maintenance Ineffective therapeutic regimen Violence, risk for Rape trauma syndrome</p>

<p>PATIENT-CENTERED CARE:</p> <ul style="list-style-type: none"> GROWTH AND DEVELOPMENT 	<p>Developmental tasks, adjustments related to aging, parenting behaviors, experiences that impact human development and illness, home care (changes) age appropriate behaviors/toys, immunizations , grieving process</p> <p>Weight (pounds/kilograms and percentile), length/height (inches & percentile), head circumference (inches & percentile) growth charts</p>		
<p>Diagnostic Tests: Key: Abnormal, NV=No Value(Normal Range)</p>	<p>Narrative Assessment</p>	<p>Analysis and Nursing Care</p>	<p>NANDAs</p>
<p>Erickson’s Stage: <u>Ego integrity vs. despair</u></p> <p>TASK: Learns to be content with achievements and feel fulfilled; deals with retirement, loss and failing abilities and health; appreciates continuity of past, present and future; accepts life cycle changes; accepts death; makes decisions about where and how to live; adjusts life style to retirement income; continues close relationship with partner and maintains relationships with family and friends; identifies how life is meaningful to self and others.</p> <p>Piaget Stage: <u>Formal operations</u></p> <p>TASK: Abstract thinking, deductive reasoning</p> <p>Experiences decreased speed in problem solving due to longer memory search of increased amounts of material and desire to think a problem through before responding. Also experiences decreased speed in motor skills and eye-hand coordination. Slower reaction times noted. Demonstrates an increased motivation to learn.</p> <p>Growth Hormone level: NA</p>	<p>(Maturational/Situational, Physical & Cognitive)</p> <p>Reports married "for 45 wonderful years to the same great gal." Father to 3 grown children and 10 grandchildren. States all family is in the area and very close". He loves to watch the grandchildren grow and develop into wonderful people. Reports retired 6 years ago after working for a road construction crew 38 years. “I love retirement – should have done it sooner.” Moved to a smaller house to match their retirement income.</p> <p>Hobbies: hand carving animals in wood. States “work is difficult due to arthritis, but you can’t stop living.” Has golf buddies he golfs with once a week.</p> <p>“Takes me longer to think of words – getting old, I guess!”</p> <p>States “ smoking is not a smart thing to do with COPD and now I am getting pneumonias so I need to find a way to stop.”</p>	<p>No problems with development progression.</p> <p>Hospitalized so cannot fulfill Erickson’s tasks.</p>	<p>Growth & development, delayed Parental role conflict Interrupted family processes Parenting, altered, family coping, altered/ineffective</p> <p>Conflict, parental Role performance, altered Knowledge deficit R/T _____</p> <p>Situational low self-esteem</p>

Nancy Nurse _____ Date 9/17/16

Client Initials _____ CS _____

Allergies -----

none _____

Put a * next to medications related to this admission.

Height 5'9" Weight 185

MEDICATIONS (Oral, IM, SQ, IV, topical, etc.)

Medication Trade/Generic (List both)	Classification/Action	Five Rights and Compatibility	Indication for <i>THIS</i> Client	Labs/Parameters to be checked	Major Side Effects/ Nursing Implications
1 Tylenol acetaminophen	Non- narcotic analgesic; antipyretic Inhibits prostaglandin synthesis in CNS; Blocks pain impulse through peripheral action; Acts centrally on hypothalamic heat regulating center producing peripheral vasodilation and sweating	Dosage: <u>650 mg</u> Route: <u>po</u> Frequency: <u>q 4h prn</u> <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> XXc meals Safe Dose: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Crush: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Compatible: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Mild Pain Elevated temperature Pain : 0/10 in joints Temp: 98.6 orally	Pain level on 1-10 scale Temp. Liver enzymes (not available) FBS - 96	SE: Hepatic failure; hepatotoxicity Teach: Take no more than 4 g/day; no ETOH with drug; pt with DM monitor blood sugar closely
2 Advair Diskus Fluticasone 250 mg (Flovent) + Salmeterol 50 mg (Serevent)	Fluticasone: Steroid Local acting anti-inflammatory and immune modifier. Salmeterol: Bronchodilator adrenergic Produces accumulation of cyclic adenosine monophosphate at Beta 2 adrenergic receptors - pulmonary	Dosage: <u>1 puff</u> Route <u>Inhalation:</u> Frequency: <u>q12 hours</u> <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> c meals NA Safe Dose: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Crush: <input type="checkbox"/> Y <input type="checkbox"/> N NA Compatible: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Albuterol may decrease therapeutic effect	COPD maintenance to prevent bronchospasm – bronchodilation Delays need for systemic steroids Decreased frequency of attacks FBS = 96 K = 4.3 VS: 105/70; 110; 24 BS: crackles and wheezes	Take VS, lung sounds before adm. PFT check – not available FBS may increase K may decrease	SE: H/A, dysphonia, hoarseness, oropharyngeal fungal infections Teach: Proper technique for use; not for acute symptoms; rinse mouth after use; 1 min between inhalations; avoid smoking; Tell MS of sore throat

<p>3 Zosyn piperacillin Na & tazobactim Na</p>	<p>Antibiotic: Binds to bacterial membranes thereby inhibiting cell wall synthesis. Used for Respiratory infections – for PNA caused by piperacillin-resistant beta-lactamase-producing bacteria including community acquired PNA</p>	<p>Dosage: <u>.375gm</u></p> <p>Route: <u>IVPB</u></p> <p>Frequency: <u>q. 8h.</u></p> <p><input type="checkbox"/>AC <input type="checkbox"/>PC <input type="checkbox"/>c meals NA Safe Dose: <input checked="" type="checkbox"/>Y <input type="checkbox"/>N Crush: <input type="checkbox"/>Y <input type="checkbox"/>N NA Compatible: <input type="checkbox"/>Y <input type="checkbox"/>XXN</p> <p>Hypokalemia with steroid use</p>	<p>Bacterial pneumonia</p> <p>C&S: Strep. Pneumoniae</p> <p>K = 4.3 Na = 139 BUN/Cr = 15/0.9 WBC – 16,000/ Neuts ↑ FBS = 96 Hg 12.7 T pro 6.6 Albumin 2.5</p>	<p>Culture and sensitivity Renal Fx tests Liver Fx tests (not available) WBC ↓ PT PTT – not available ↓K and ↑Na ↓H/H; ↓ T. Pro and Albumin ↑FBS</p>	<p>SE: rashes, hypokalemia, pain at IM site, phlebitis, anaphylaxis, serum sickness</p> <p>Check IV site for thrombophlebitis and patency. Administer over 30 mins.</p>
<p>4 Cipro ciprofloxacin HCl</p>	<p>Anitinfective/bactericidal Flouroroquinolones</p> <p>Inhibits DNA enzyme in susceptible microorganisms, interfering with bacterial DNA replication</p>	<p>Dosage: <u>400 mg.</u></p> <p>Route: <u>IVPB</u></p> <p>Frequency: <u>q. 12h.</u></p> <p><input type="checkbox"/>AC <input type="checkbox"/>PC <input type="checkbox"/>c meals NA Safe Dose: <input checked="" type="checkbox"/>Y <input type="checkbox"/>N Crush: <input type="checkbox"/>Y <input type="checkbox"/>N NA Compatible: <input checked="" type="checkbox"/>Y <input type="checkbox"/>N</p>	<p>Bacterial pneumonia</p> <p>C&S: Strep Pneumoniae WBC 16000 FBS = 96 BUN/Cr = 15/0.9</p>	<p>Culture and sensitivity Liver Fx Tests (not available) ↓WBC ↑↓ FBS ↑BUN/Cr</p>	<p>SE: Seizures, dizzy, drowsy, H/A, insomnia, arrhythmias, pseudomembranous colitis; abdominal pain, diarrhea, nausea, anaphylaxis, stevens-johnson syndrome PO: give on empty stomach; avoid giving with dairy products; watch for drowsiness, blurred vision. IV: give over 60 min.</p>
<p>Albuterol Proventil</p>	<p>Bronchodilator adrenergic</p> <p>Binds to beta 2 adrenergic receptors in airway smooth muscle leading to bronchodilatation</p>	<p>Dosage: <u>8 puffs</u></p> <p>Route: <u>Inhalation</u></p> <p>Frequency: <u>q4 hours</u></p> <p><input type="checkbox"/>AC <input type="checkbox"/>PC <input type="checkbox"/>c meals NA Safe Dose: <input checked="" type="checkbox"/>Y <input type="checkbox"/>N Crush: <input type="checkbox"/>Y <input type="checkbox"/>N NA</p>	<p>Bronchodilator for COPD and PNA to prevent airway obstruction; quick relief for bronchospasm and exercise induced bronchospasm – pt has exercise intolerance</p> <p>Given per RT</p> <p>VS: 105/70; 110; 24</p>	<p>Monitor VS and breath sounds Monitor sputum PFT – not available Monitor for wheezes – bronchospasm ↓Potassium</p>	<p>Se: Nervous, restless, tremors, chest pain and palpitations</p> <p>Teach:</p>

		Compatible: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Advair may have decreased therapeutic effect with albuterol	BS: crackles and wheezes Sm amt of rusty sputum K = 4.3		
1000 mL D5/ ½ SS at 100 mL per hour	Assists with renal function; provides free water, Na and Cl; replaces normal hypotonic daily fluid losses – assists with daily body fluid needs, but not with electrolyte replacement or provision of calories – only provides 170 calories per liter.	100 mL per hour	Fluid and electrolyte balance while decreased appetite K = 4.3 Na = 139 Intake is 1850mL Output is 1500 mL	Monitor K and Na levele and intake and output	

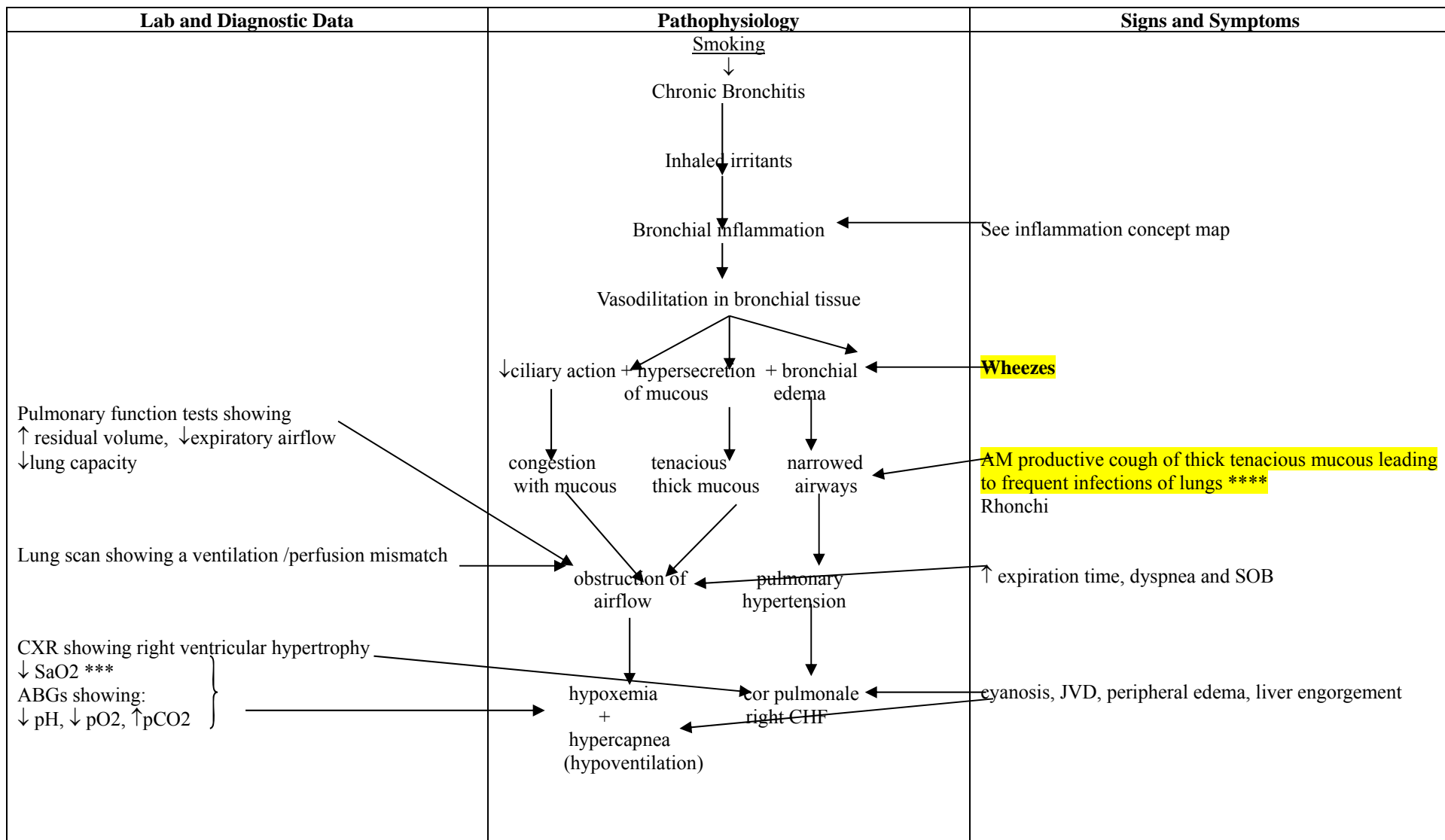
Prioritized Nursing Diagnosis #1:

Impaired Gas exchange r/t, thick and tenacious secretions 2o pneumonia, poor cough effort & diminished ciliary cleansing mechanism
 AMB crackles and wheezes and productive of rusty colored sputum and Sp O2 85% on RA and 94% on 4 L O2 per NC; CXR infiltrates

Assessment	Pt. Goals, Desired Outcomes & Time Frames	Nursing Interventions with times: Include rationale (highlighted with source)	Evaluation
<p>Productive cough of Mod. Amt. Of rusty sputum.</p> <p>RR 24/min. Moderate depth, labored with accessory muscle use, SOB on exertion</p> <p>BS vesicular throughout with inspiratory crackles and wheezes</p> <p>Nailbeds pale</p> <p>SaO2 85% RA 94% with 4 Liter O2 per nasal cannula</p> <p>CXR: bilateral lung disease (COPD) BLL infiltrates = pneumonia</p> <p>WBC16000 Bands 76</p> <p>Sputum Cx – Strep. Pneumoniae</p>	<p>Client Goal / Time Frame</p> <p>The client will have improved gas exchange by discharge</p> <p>As Evidenced By:</p> <p>a. Respiratory rate of <20 without labored breathing and regular</p> <p>b. Clear breath Sounds</p> <p>c. SpO2 on RA = 93%</p> <p>d. CXR = Infiltrates resolving</p>	<ol style="list-style-type: none"> Assess respiratory system q4hr and report s/s of ineffective airway clearance (SaO2 < 92%, abnormal breath sounds, shallow respirations > 24/min., dyspnea, cyanosis) Early recognition and reporting of s/s allows for prompt intervention Carpenito pg 344 Force fluids to 3000 ml/day Offer 150mL every hour Liquefying tenacious secretions facilitates mobilization and expectoration Carpenito pg 232 Alternate activity and rest q2hr – plan rest periods after coughing Activity mobilizes secretions and stimulates coughing. Position change prevents pooling of secretions in dependent lung fields. Lewis pg 490 At beginning of shift, teach client to deep breathe using diaphragm when possible and huffing. Allows greater lung expansion and more effective coughing; huffing clears distal airways most effectively Lewis pg 492 Encourage use of Incentive Spirometer x 10/q hr to 1200 mL IS opens airways and alveoli, improves air exchange, moves secretions through coughing and deep breathing Carpenito pg 232 	<p>Effectiveness of Nursing Interventions</p> <ol style="list-style-type: none"> Sa O2 91%. RA, breath sounds dec @ bases with crackles, RR 22, moderate depth, dyspnea, coughing up rusty sputum Fluid intake 2600 cc for last 24 hours. Rested for 30 minute intervals after any activity with noted increased cough effort. Turns q2hr Client having difficulty performing deep breathing because of dyspnea Using IS q1hr to 1000 mL for 6-10 X <p>Effectiveness of Goal Criteria:</p> <ol style="list-style-type: none"> RR 22 reg moderate BLL decreased breath sounds with crackles SpO2 91% on RA No new CXR ordered <p>Goal Accomplished (circle)</p> <p>YES NO</p> <p>Goal partially met Suggested Revisions Continue with present plan, but allow longer rest periods between activities</p>

Dx TESTS	PATHOPHYSIOLOGY	SIGNS AND SYMPTOMS
<p>Bronchoscopy Edema, redness</p> <p>CXR- alveolar edema ***</p>	<p>Risk Factors: <u>Elderly</u>; <u>immobility</u>; <u>COPD</u>; <u>smoking</u>; immunocompromised; surgical procedures; multiple medications</p> <p>Etiology: <u>Bacteria</u>, viruses, fungi,</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>S. Pneumoniae aspirated into lungs</u></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">pneumonia or trauma Tissue damage or Foreign material enters body (bacteria)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">exterior barrier broken (skin) or internal barrier broken (mucous membranes)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(vascular response) INFLAMMATION</p> <p style="text-align: center;">↓</p> <p>AgAb response triggered + local vessels vasoconstrict initially + plasma factors + leukotrienes (SRS-A)</p> <p style="text-align: center;">↓</p> <p>“C” complement triggered → Histamine released from Mast cells basophils & platelets + kinins released from plasma proteins</p> <p style="text-align: center;">↓</p> <p>chemotaxis + Phagocytes lyse microbes + clotting cascade</p> <p style="text-align: center;">↓</p> <p>walls off bacteria</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">VASODILITATION</p> <p style="text-align: center;">↓</p> <p>increased local hydrostatic pressure</p> <p style="text-align: center;">↓</p> <p>increased vascular permeability</p> <p style="text-align: center;">↓</p> <p>clotting factors released + fluid into interstitial spaces with protein + fluid exudates</p> <p style="text-align: center;">↓</p> <p>fibrin traps bacteria</p> <p style="text-align: center;">↓</p> <p>decreased spread of bacteria</p> <p style="text-align: center;">↓</p> <p>osmotic pressure in tissues increases with protein</p> <p style="text-align: center;">↓</p> <p>pulls more fluid into tissues</p> <p style="text-align: center;">↓</p> <p>nutrients for healing + dilutes bacterial toxins + transports cells for phagocytosis</p> <p style="text-align: center;">↓</p> <p>fluid into tissues stimulates nerve endings</p>	<p>See COPD concept map</p> <p>Pale (if visible)</p> <p>Pain Fever; chills</p> <p>Redness (if visible) Heat</p> <p>Purulent sputum</p> <p>Pain</p>

DX TESTS	PATHOPHYSIOLOGY	SIGNS AND SYMPTOMS
<p>Bronchoscopy: Remove secretions</p> <p>↑WBC** ↑Neutrophils ↑Abs. Neuts</p> <p>CXR-*** edema Exudates in lung Pt infiltrates</p> <p>↑monocytes ↑macrophages</p> <p>Sputum for C& S (+)*** Strep. Pneumoniae</p> <p>PO₂↓, PCO₂↑ PaO₂<95%***</p>	<p style="text-align: center;">INFLAMMATION ↓ (CELLULAR RESPONSE)</p> <p>activated complement + kinen release + capillary permeability ↓ increased blood viscosity ↓ sluggish flow of blood ↓ margination + emigration of WBCs to damaged tissues ↓ chemotaxis of WBCs to damaged tissues → WBCs, Neutrophils, Monocytes and Macrophages to area ↓ phagocytosis in a few hours with neutrophils of dead cells, damaged tissues and nonfunctional neutrophils and microbes ↓ monocytes and macrophages come later ↓ Alveoli and respiratory bronchioles fill with serous exudates, blood cells, fibrin and bacteria ↓ Consolidation of lung tissue → decreased O₂/CO₂ exchange → medulla stimulated ↓ PHAGOCYTOSIS ↓ inside phagocytic cells are lysosomes that kill live organisms + release digestive enzymes ↓ macrophages phagocytize old neutrophils that have destroyed Ag + RBCs + necrotic tissue and cell fragments ↓ HEALING ↓ area replaced with scar tissue (REPAIR) or area restored to original tissue structure and function (RESTORATION)</p>	<p>Rales, crackles, Decreased breath sounds Cough</p> <p>Decreased breath sounds; dyspnea; Cyanosis; tachypnea; Altered mentation Accessory muscle use</p>



Client Care Plan

Client initials: C.S. Sex: M Age: 74

Student: Nancy Nurse Date 9/17/18

Code status: Full CPR

Cultural influences: Hispanic; Catholic

Diagnosis: Pneumonia (Community Acquired)

Surgery: None this admission

History of Present Illness (HPI)	Past Medical History (PMH)
Prior to admission c/o 3 days of increased difficulty breathing and productive cough of rusty colored sputum. On admission chest x-ray confirmed pneumonia with temp. 102 degrees F., pulse 120, resp. 34.	COPD Interstitial fibrosis HTN Osteoarthritis
Definitions, Abbreviations, Etiology/Risk Factors	Client Etiology/Client Risk Factors
An acute infection of the lung parenchyma (bronchioles and alveoli). PNA Etiology: Infectious (bacteria, virus, fungi, protozoa, parasites or mycoplasma organisms) or non-infectious chemicals (aspiration of gastric contents, inhalation of toxic or irritating gases) Classified as CAP, or MCAP (HAP, VAP, Health Care Associated), opportunistic or aspiration. CAP = from aspiration or after residing in long term care or hospital Risk factors: age > 65, immunocompromised patients; patients with lung diseases, immobility, smoking history, surgical procedures, use of multiple medications, SZ, malnutrition, Chronic diseases (COPD, heart, lung, liver kidney disease, CVA,DM or cancer), air pollution, drug overdose, ETOH, Head injury, anesthesia, ↓ LOC, Intubation, abdominal/thoracic OR	Etiology: 1. Classification: Community acquired 2. <u>Source: Strep. Pneumoniae</u> Risk factors: COPD Interstitial fibrosis Age 74 Smokes

Pathophysiology

SEE CONCEPT MAP

Clinical Manifestations	Client Symptoms
Productive cough with/without colored sputum. Pleuritic or aching chest pain Decreased breath sounds or bronchial breath sounds Crackles or Rhonchi, Fremitus, Egophony Dyspnea Cyanosis Chills and diaphoresis Fever (hypothermia in elderly) Tachypnea Altered mentation Agitation Anorexia, fatigue, myalgias, Headache	Rusty sputum Productive cough SaO2 94% Diminished breath sounds Crackles Accessory muscle use Tachypnea and Tachycardia Dyspnea

Expected Diagnostic Evaluation

Sputum for culture & sensitivity and gram stain - identify infecting organism & most effective antibiotic
 CBC - ↑ WBC >15,000 with shift to left - ↑ Bands
 Arterial blood gases (ABGs) - determine blood oxygen & CO₂ levels; PO₂ <80; PCO₂ > 45, ↓pH
 Blood cultures - identify presence of bacteremia/sepsis & direct antibiotic therapy
 Pulse oximetry - measure arterial oxygen saturation; indicating gas exchange or ventilation; PaO₂<95%
 Chest x-ray – diagnosis, determine extent & pattern of lung involvement, ID pleural effusions
 Fiberoptic bronchoscopy/ Thoracentesis - to obtain sputum specimen or remove secretions from bronchial tree
 C-Reactive Protein/ Procalcitonin – guides duration of antibiotic therapy

VENTURA COLLEGE APPLICATION PROCESS

ADVANCED PLACEMENT BY CREDIT/ LICENSED VOCATIONAL NURSE

1. Students are to pick up Advanced Placement Packet with Application, TEAS information and TEAS testing times from the School of Nursing.
2. Students submit application with transcripts and TEAS test results to counselors. All application materials must be completed one month prior to the admitting semester (July 1 or December 1). A copy of your TEAS test results should also go to Lisette Alivandivafa in the School of Nursing (ealivandivafa@vcccd.edu).
3. Once students have seen the nursing counselor they are to make an appointment with the Director of Nursing to discuss possible entry options. The Director will notify the nursing counselors by email with the names of the students seeking advanced placement and the option they have selected.
4. If the student is planning on using one of the challenge options he/she must submit the completed **Application for Advanced Placement** to the School of Nursing two months prior to assessment testing for clinical competency. He/she must also submit a **Petition for Credit by Examination** for each course challenged.
5. Pending clearance of application by counselors-
 - a. the student must fulfill all remediation plans prior to consideration for admission
 - b. the student is placed on side list for class indicated once remediation is complete
 - NS20
 - NS30
 - 30 unit option

CHALLENGE OPTIONS AVAILABLE

1. **LICENSED VOCATIONAL NURSE**

- a. Current licensure as a vocational nurse (LVN) in the state of California allows the student to be admitted directly into NS20. Once the student successfully passes NS20 he/she may advance to NS30 and then NS40 to earn an Associate Degree in Nursing. The student must pay the per unit fees required for NS10.
- b. Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NSV30 once the LVN has challenged NSV10 successfully and then NSV20 successfully. If the LVN attempts to challenge NSV10 and fails, that LVN must enroll in NSV10 and then NS20 before entering NS30 in order to complete the program and earn an Associate Degree in

Nursing. The student will pay a fee for each challenge examination and any required per unit fee for courses challenged.

- c. Current licensure as a vocational nurse (LVN) in the state of California and application as a 30 unit option allows the student to be admitted directly into NS31 and NS41 to earn a 30 unit option only. The 30 unit option does not lead to an Associate in Science Degree and the registered nurse licensed under this option may not be eligible for reciprocity of licensure with other states.

2. Licensed Vocational Nurse AND is a former Ventura College nursing student who failed out of the Ventura College nursing program.

- a. For the former Ventura College nursing student who failed out of the Ventura College nursing program in NS10 or NS20: Current licensure as a vocational nurse (LVN) in the state of California allows the student to be admitted directly into NSV20. This option is available for the former Ventura College nursing student who failed out of the program in NS10 or NS20. Once the student successfully passes NS20 he/she may advance to NS30 and then NS40 to earn and Associate Degree in Nursing.
 - If the applicant is entering the nursing program as a student in a new category, e.g. LVN, their prior TEAS tests as a generic student will not be considered. The applicant may “restart” and can take the ATI TEAS test two more times in order to gain entrance to the nursing program. This may include a remediation if they failed the ATI TEAS test while applying for the Advanced Placement Option.
 - If the applicant had failed the ATI TEAS test twice in the process of trying to gain entry as a generic student, then obtains and LVN license – the LVN program counts as remediation for the TEAS test. This form of remediation counts as a “restart” which enables the student to take the ATI TEAS test for a third and fourth time with remediation if they failed as an Advanced Placement Option.

OR

For the former Ventura College nursing student who failed out of the Ventura College nursing program in NS10 or NS20: Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NSV30 once the LVN has challenged NSV10 successfully and then NSV20 successfully. If the LVN attempts to challenge NSV10 and fails, that LVN must enroll in NSV10 in order to complete the program and earn an Associate Degree in Nursing. The student will pay a fee for each challenge examination and any required per unit fee for courses challenged.

OR

The student could take the 30 unit option.

- b. For the former Ventura College nursing student who failed out of the Ventura College nursing program in NS30: Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NS 30

OR complete a 30 unit option. If the student has not been practicing nursing for an extended period of time taking an NS15 in NS20 would be another option.

(Former AP/LVN students in the Ventura College Nursing Program, who failed out of the program after successfully completing NS V10 and/or NS V20, **may not reenter as a 30 Unit Option. Both are considered AP/LVN options. The former student has the option of coming back as a generic student in one of the following ways. The former AP/LVN student may:**

- Come in as a new NS V10 generic student. The applicant must meet all of the current entry requirements including GPA and ATI TEAS testing. The applicant qualifies for a “restart” and may take the ATI TEAS test an additional 2 times with remediation if necessary. If the former student decides to apply, the Counselors will attach a Petition to Repeat Due to Significant Lapse of Time form to the application before it is sent to the Nursing Department.

OR

- Take the competency test for NS V10 and NS V20. If the applicant successfully passes the competency test (s), the grade will not be reposted on the transcript for that level, and the applicant would enter at either the NS V20 level (if the NS V10 competency test was passed) or the NS V30 level (if both the NS V10 and NS V20 competency tests were passed). The applicant must meet all of the current entry requirements including GPA and ATI TEAS testing. The applicant qualifies for a “restart” and may take the ATI TEAS test an additional 2 times with remediation if necessary. If the former student decides to apply, the Counselors will attach a Petition to Repeat Due to Significant Lapse of Time form to the application before it is sent to the Nursing Department.
- If the applicant fails the competency test(s), he/she would have to start as a generic student in NS V10. The applicant must meet all of the current entry requirements including GPA and ATI TEAS testing. The applicant qualifies for a “restart” and may take the ATI TEAS test an additional 2 times with remediation if necessary. If the former student decides to apply, the Counselors will attach a Petition to Repeat Due to Significant Lapse of Time form to the application before it is sent to the Nursing Department.

3. FOR THE STUDENT WHO HAS ATTENDED ANOTHER NURSING PROGRAM PRIOR TO VENTURA COLLEGE SCHOOL OF NURSING

- a. Students may challenge an unlimited number of units when external exams are used, for example the NLN achievement exams, for coursework taken elsewhere.
- b. Students may only challenge 12 units credit if Ventura College School of Nursing examinations are used.
- c. Students may only earn advanced NS20A credit if they have greater than 20 units nursing coursework from another institution, and the coursework taken elsewhere is equivalent to the content in NS10 and NS20. The student may then challenge NS10 and NS20 and earn credit at Ventura College if the challenge exams are successfully passed.

- d. Student begins by challenging NS10 with the NLN exam. If the student passes the NS10 challenge then he/she may challenge NS20A/B.
- If the student has taken coursework equivalent to NS20A the student challenges NS20A. If he/she passes the NS20 A challenge, the student may take NS20B. The student must then enroll in NS30A and B. Once NS30A and B are successfully completed, the student can earn the credit for NS10, NS20A and B and NS30A and B. Students cannot get unit credit for challenged coursework until they have completed one nursing course at Ventura College successfully.
 - If the student has taken coursework equivalent to NS20B, the student challenges NS20B. The student takes NS20A and if he/she passes NS20A and has successfully challenged NS20B, then the student must then enroll in NS30 A and B. Once NS30A and B are successfully completed, the student can earn credit for NS10, NS20A and B and NS30A and B.

Fees for challenge exams:

- Students have to pay the per unit fee for course petitioned by credit by exam.
- From (Registrar) - The student is charged for unit fees only if they have successfully completed the challenge examinations - \$46 per unit (or current unit fee).
- Student must also pay enrollment fees and has to be enrolled in other courses at Ventura College.
- If the student is not enrolled in other classes then the student must also pay health fees, that is, the Student Center Fee of \$10 per unit (or current fee).

**CHALLENGE/ADVANCED PLACEMENT INTO THE
NURSING EDUCATION PROGRAM FOR MILITARY PERSONNEL**

**MILITARY – TRAINED HEALTHCARE PERSONNEL FOR CHALLENGE/ADVANCED
PLACEMENT POLICY**

Military Personnel and Veterans may be eligible for enrollment into Ventura College ADN Program based on the following requirements:

1. Applicants must meet all general entrance requirements of the Associate Degree Nursing Program, including completion of designated prerequisites and the Test of Essential Academic Skills (ATI TEAS).
2. Acceptance of Military Challenge students into the Associate Degree Nursing Program is contingent upon space availability, skills competency, 75% or above on the Challenge Exam and 100% on a dosage calculation quiz.

3. Military Challenge students admitted to the Associate Degree Nursing Program after academic failure at another school will not be eligible for re-entry after academic failure, or withdrawal to avoid academic failure.
4. Recency of education and experience within the last five years prior to application is recommended. However, competency will be verified for each course per program policy.

PROCEDURE

1. Interested candidates must request an appointment with the Program Director at least four weeks prior to the application period to discuss eligibility requirements for the Associate Degree Nursing Program. Two pathways have been established to assist with obtaining nursing credit for previous education and experience. The appropriate pathway will then be determined.

Pathway I

Basic Medical Technician Corpsman (Navy Hospital Medic or Air Force Basic Medical Technician Corpsman).

a) Challenge exam per college policy for the first semester of the ADN program.

- Colleges have an established number of maximum units that can be challenged.
- The course(s) challenged are based on the needs and prior experience of the individual requesting.
- Candidates must meet the same eligibility requirements for admission into the ADN program as other applicants, including completion of prerequisites.
- Candidates must pass a skills competency, nursing care plan, score 75% or above on the Challenge Exam and score 100% on a dosage calculation quiz.

Pathway II

Basic Medical Technician Corpsman (Navy Hospital Medic or Air Force Basic Medical Technician Corpsman) with an active California LVN license (Licensed Vocational Nurse) either through challenge (BVNPT Method 4) or successful completion of an LVN program.

- Admissions credit given to applicants as an LVN to RN candidate per school admission policies. This is normally credit for the first semester of the nursing program.
- The program shall determine which course(s) the veteran or corpsman will need to complete based on the criterion established by the program.

- Admission to the program is on a space available basis as any LVN to RN student.
 - All ADN prerequisites must be completed prior to the LVN to RN transition course.
1. Applicants applying for transfer credit must submit the following materials verifying Education and experience.
 - a) Transcripts from appropriate education program(s), demonstrating satisfactory completion of coursework and clinical experience;
 - b) documentation of experience
 2. After a review of the applicant's documentation, and upon determination that the applicant has met the educational and experience requirements, as well as the additional nursing program admission requirements, the student will be required to take a written challenge examination, a competency skills evaluation and a dosage calculation exam.
 3. The following materials will be available to the applicant once challenge confirmation is made:
 - a) course syllabus, including course objectives;
 - b) content outline;
 - c) bibliography and textbook lists; and
 - d) example of style and format of examination.
 4. Written and skills competency examinations for advanced placement or challenge must be completed eight weeks prior to admission to the program, unless waived by the Director of the Nursing Program.
 5. Advanced Placement will be granted if applicant meets minimum requirements equivalent to those required of students enrolled in the actual course.

Please Note:

*Associate Degree may require additional coursework per college policy.

*Military records and transcripts must be reviewed by a counselor and the applicant must have a DD214 showing completion of military coursework and service/discharge under honorable conditions.

*Admission requirements will be the same or similar for all students.

DROP AND DEFERRAL POLICIES

Advanced Placement Drop Policy

Advanced placement students may drop out of the nursing program and ask to reenter one time. If they drop again or fail out of a nursing class they may not reenter the program (unless there are extenuating circumstances and the faculty approves reentry). When the student drops a note will be entered in their file and the file will be placed in the inactive files. When students ask to reenter (first time only) their name will be placed on the appropriate side /wait list if there is no room for the student in the incoming class.

Advanced Placement Deferral Policy

Students may request a deferral when notified of a space available in the incoming class. The student's name will be placed on the alphabetical Advanced Placement Wait list noting the request and including all past narrative from the permanent file. If the same student requests another deferral when offered a space, then he/she is permanently dropped from the wait list.