













































































**24 Hr Output**

**500ml**

Potassium low but increased possibly due to low intake and elevated glucose (Pagana 368)

**Glucose 116/109:** Glucose levels are 82-115 in elderly, and Pt has type II diabetes mellitus. Could have also been a stress response from surgery (Pagana 229)

**BUN 25/36:** Increased BUN possibly due to the patient having type II diabetes and its affect on the kidneys (Pagana 453)

**Creatinine 2.21/1.77:** Creatinine elevated due to the pt having type II diabetes and its affect on the kidneys (Pagana 172)

**Albumin 3.0**  
Albumin low possibly due to pts surgery, large volumes of protein are lost from the intestines because absorption is inadequate (Pagana 382)

**Pathophysiology**

Colon cancer is caused from colon cancerous polyp developments on the inner lining of the colon or rectum. Polyps refers to any protrusion into the lumen of GI tract, they can be benign or malignant.

**Clinical Manifestations:**

The manifestations of colon cancer depend on the anatomic location and function of the bowel segment containing the tumor. On the right side of the colon where water and electrolyte absorption happens, manifestations typically include **black tarry stools which can signify bleeding into the intestinal lumen**. The left side of the colon is typically manifested via obstructions. This can be presented with abdominal cramping and fullness, with pencil shaped stools, and a person might notice the passage of stool or flatus relieves abdominal pain.

**Complications:**

Complications of colon cancer can include electrolyte and fluid imbalance from excessive blood lost or obstruction. The cancer in the colon could also metastasize to surrounding organs and tissue.

**Risk Factors:**

Rick factors associated with colon cancer include **increased age**, dietary factors such as high fat/ low fiber diets, certain bowel conditions like Crohn's disease, and a hereditary predisposition

Medication Form

Student Name: \_\_\_\_\_ Pt. Initials: J.F. Ht.: 64in Wt.: 61.9kg  
 Date of Care: 02/03/2021 Allergies: Lipitor, Amoxicillin

Date Ordered	Medication	Times Given	Class:	Nursing Implications	Expected Outcomes	Evaluation
01/30/2021	<b>Generic Name:</b> Amlodipine <b>Trade Name:</b> Norvasc <b>Dose:</b> 5mg <b>Route:</b> PO <b>Frequency:</b> Daily <b>Safe Range:</b> 10mg/day <b>Age Related</b> <b>Considerations:</b> GERI: dose reduction recommended because increased risk of hypotension <b>Black Box Warnings:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	0900	<b>Class:</b> Antihypertensive, Calcium channel blocker <b>Action:</b> Inhibits the transport of calcium into myocardial and vascular smooth muscle cells resulting in inhibition of excitation-contraction and subsequent contraction <b>Side Effects (Top 5):</b> Peripheral edema, dizzy, fatigue, bradycardia, hypotension <b>Why Administered:</b> For hypertension, decreases BP	<b>Nursing Implications</b> Monitor BP, pulse, I/O, signs of Heart failure (peripheral edema, rales/crackles, dyspnea, weight gain, JVD) LAB: ECG	Decrease in BP	<b>Evaluation</b> <u>Vitals at 0830:</u> BP: 118/73 P:73 No edema, lungs clear, no JVD  <b>After administration:</b> Did not recheck BP, but Pt didn't show any signs of side effects

Date Ordered	Medication	Times Given	Class:	Nursing Implications	Expected Outcomes	Evaluation
01/30/2021	<b>Generic Name:</b> Aspirin <b>Trade Name:</b> Ecotrin <b>Dose:</b> 162mg <b>Route:</b> PO <b>Frequency:</b> BID <b>Safe Range:</b> 50-325mg/day <b>Age Related</b> <b>Considerations:</b> GERI: increased risk of adverse reactions especially GI	0900	<b>Class:</b> Antipyretic, Nonopioid analgesic <b>Action:</b> Produce analgesia and reduce inflammation and fever by inhibiting the production of prostaglandins. Decrease platelet aggregation	<b>Nursing Implications</b> Assess pain, fever <b>Labs:</b> hepatic (AST, ALT, Alkaline Phosphatase) Platelet count, hematocrit	Prevention of transient ischemic attacks Prevention of myocardial infarction	Pt did not have any adverse side effects Patients pain: 0 AST, ALT, and ALK not available Hgb: 10.2 (low) Hct: 30.1 (low)

	bleeding; more sensitive to toxic levels <b>Black Box Warnings:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Side Effects (Top 5):</b> dyspepsia (indigestion), epigastric distress, nausea, hepatotoxicity <b>Why Administered:</b> Inflammatory disorders like rheumatoid arthritis and osteoarthritis. Mild to moderate pain. Fever. Prophylaxis of transient ischemic attacks and myocardial infarction	<b>Toxicity overdose:</b> tinnitus, headache, hyperventilation, mental confusion, diarrhea, sweating		
--	---	--	--	---	--	--

Date Ordered 01/30/2021	Medication Generic Name: Cyanocobalamin Trade Name: Vitamin B-12 Dose: 1000mcg Route: PO Frequency: QDAY Safe Range: <u>PO (Adults):</u> For hematologic remission only– 1000–2000 mcg/day. Age Related Considerations: Black Box Warnings: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Times Given 0900	Class: Antianemics, Vitamin Action: Necessary coenzyme for metabolic processes, including fat and carbohydrate metabolism and protein synthesis. Side Effects ( <b>Top 5</b> ): Headache, heart failure, diarrhea, itching, thrombocytosis Why Administered: Corrects manifestations of anemia (caused by GI lesions). Corrects vitamin B-12 deficiency	Nursing Implications Assess for signs vitamin B-12 deficiency: pallor, neuropathy, psychosis, red/inflamed tongue <b>Lab:</b> hemoglobin, hematocrit, and reticulocyte count before treatment	Expected Outcomes Resolution of the symptoms of vitamin B12 deficiency. Increase in reticulocyte count. Improvement in manifestations of pernicious anemia	Evaluation Skin warm and no signs of pallor, tongue pink, no numbness or weakness, PT A&Ox4 without any signs of psychosis Hgb: 10.2 (low) Hct: 30.1 (low)
----------------------------	--	---------------------	--	---	---	---

<p>Date Ordered 01/30/2021</p>	<p>Medication Generic Name: Enoxaparin Trade Name: Lovenox Dose: 30mg Route: SQ Frequency: QDAY Safe Range: <i>Abdominal surgery</i>– 40 mg once daily Age Related Considerations: <b>Geriatric:</b> Older adults may have ↑ risk of bleeding due to age-related ↓ in renal function Black Box Warnings: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Major hemorrhages including retroperitoneal and intracranial bleeding have been reported</p>	<p>Times Given 0900</p>	<p>Class: Anticoagulant Action: Potentiates the inhibitory effect of antithrombin on factor Xa and thrombin Side Effects (<b>Top 5</b>): edema, bleeding, anemia, headache, insomnia Why Administered: Prevention of venous thromboembolism</p>	<p>Nursing Implications Assess for signs of bleeding and hemorrhage (bleeding gums; nosebleed; unusual bruising; black, tarry stools; hematuria; fall in hematocrit or BP; guaiac-positive stools); bleeding from surgical site. <b>Lab:</b> CBC, platelet count, hematocrit</p>	<p>Expected Outcomes Prevention of deep vein thrombosis and pulmonary embolism</p>	<p>Evaluation No signs of bleeding/hemorrhaging. Hgb: 10.2 (low) Hct: 30.1 (low)</p>
------------------------------------	---	-----------------------------	---	--	--	--

<p>Date Ordered</p>	<p>Medication Generic Name: Insulin Trade Name: LISPRO Dose: 0-8 units Route: SQ Frequency: with meals Safe Range: 0.5-1.2 units/kg/day Age Related Considerations: Pedi: Children &lt;3 yr (safety of lispro insulin not established) or &lt;18 yr (safety of 75/25 mix not established)  Black Box Warnings: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Severe hypoglycemic risk 3 hours post injection</p>	<p>Times Given</p>	<p>Class: Antidiabetic hormone Action: Lowers blood glucose by: stimulating glucose uptake in skeletal muscle and fat, inhibiting hepatic glucose production. Side Effects (<b>Top 5</b>): Hypoglycemia, hypokalemia, erythema, swelling Why Administered: control of hyperglycemia in diabetic patients</p>	<p>Nursing Implications Assess for symptoms of hypoglycemia (anxiety, tingling in hands, feet, lips, tongue, confusion, etc.) Monitor body weight LABS: monitor blood glucose every 6 hours</p>	<p>Expected Outcomes Control of blood glucose levels in diabetic patients without the appearance of hypoglycemic or hyperglycemic episodes</p>	<p>Evaluation Blood glucose at 0700 was at 98</p>
---------------------	--	--------------------	--	---	--	---

Date Ordered	Medication	Times Given	Class: Antihypertensive, Beta Blocker Action: Blocks stimulation of beta1 (myocardial)-adrenergic receptors. Does not usually affect beta2 (pulmonary, vascular, uterine)-adrenergic receptor sites. Side Effects ( <b>Top 5</b> ): fatigue, weakness, depression, bradycardia, pulmonary edema Why Administered: Decreased BP and heart rate. Decreased frequency of attacks of angina pectoris. Decreased rate of cardiovascular mortality and hospitalization in patients with heart failure.	Nursing Implications Assess BP, ECG, P Monitor I/O, daily weights LAB: BUN, potassium, uric acid	Expected Outcomes Decrease in BP Prevention of MI	Evaluation <u>Vitals at 0830:</u> BP: 118/73 P:73 BUN: 25 <b>After administration:</b> Did not recheck BP, but Pt didn't show any signs of side effects
01/30/2021	Generic Name: Metoprolol Trade Name: Dose: 100mg Route: PO Frequency: QDay Safe Range: 25-100mg/day Age Related Considerations: Pedi: Safety and effectiveness not established in children <18 yr (tablets, extended-release tablets, and injection) or children <6 yr (extended-release capsules). Black Box Warnings: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no This warning is issued in regard to the dangers of the sudden discontinuation of Metoprolol which has been reported to worsen chest pain (angina), irregular heartbeat (ventricular arrhythmias) and may increase the risk of a heart attack (myocardial infarction). Beta blocker therapy, especially in those suffering from coronary artery disease (CAD), should be tapered off over a week or two to avoid increased heart rate (tachycardia), high blood pressure (hypertension) and inadequate circulation (ischemia).	0900				

Pt. JF Code FULL Age 82 Student      Date 02/03/2021

Diagnosis COLON CANCER Surgery Type/Date BOWEL RESECTION Activity Order Ambulate with assistance

**NANDA AND Pt. Centered Goal with 3-4 Expected Outcomes & interventions for today (ON BACK OF SHEET)**

0645	0700	0800	0900	1000	1100	1200
<input checked="" type="checkbox"/> Check Orders/ progress Nts. for changes. <input type="checkbox"/> Check Mar for new times/meds Notes from report: Pt refusing to walk, small pebble like stools, Pt only taking Tylenol for pain <hr/> Lab tests _____ IV sol. – saline locked Rate _____	<input type="checkbox"/> All meds available <input type="checkbox"/> sign/check med sheet T _____ P <u>80</u> R <u>18</u> B/P <u>127/70</u> Pain <u>0</u> O <sub>2</sub> Sat <u>99</u> <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Room Air Accucheck <u>109</u> <input type="checkbox"/> Meds to be given Treatments _____ <input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments Lab results Eat breakfast in chair Pero care with BMs Incentive spirometer _____ Diet ordered : consistent carb % 30 <u>  </u> cc <u>300</u>	<input checked="" type="checkbox"/> Meds <input type="checkbox"/> Treatments <input type="checkbox"/> Walk <input type="checkbox"/> Physical Therapy <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments <b>1130</b> T _____ P _____ R _____ B/P _____ Pain _____ O <sub>2</sub> Sat _____ Accucheck <u>98</u> <input type="checkbox"/> Meds given Intake _____ Output _____ NG _____ Treatments	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments <input type="checkbox"/> Report off to RN <input type="checkbox"/> Charting <input type="checkbox"/> Sign all meds	





## Nursing Plan of Care (Columnar)

### No. 1 Prioritized Nursing Diagnosis (physical)

Dysfunctional gastrointestinal motility r/bowel resection 2<sup>nd</sup> to colon cancer AEB abdominal pain, change in bowel sounds, and acceleration of gastric emptying

### No. 2 Prioritized Nursing Diagnosis (physical)

Imbalanced nutrition r/t bowel resection 2<sup>nd</sup> to colon cancer AEB abdominal pain, diarrhea, and an intake of 20% of patient's food

### No. 3 Prioritized Nursing Diagnosis (psychosocial)

Anxiety r/t becoming infected with covid AEB continuously requesting extra masks, stating "I can't go to a nursing home, everyone's got the virus there", and each time someone new came in the room patient would grab a second mask and cover her already masked face with it

Assessment Subjective and Objective Data	Patient Goals, Desired Outcomes & Time Frame	Nursing Interventions (Include frequencies)	Rationale (Text & pg. number)	Evaluation (Effectiveness of Nursing Interventions)
<p><b>Objective:</b></p> <p>-Bowel resection</p> <p>-Hyperactive bowel sounds on day of care</p> <p>-Hypoactive bowel sounds charted the previous 2 days</p> <p>-Diarrhea on day of care</p> <p>-Small hard stools charted the previous 2 days</p> <p>-Pt consumed less than 30% of each meal on Pt's chart</p>	<p>The patient will improve current manifestations of dysfunctional gastrointestinal motility by end of shift</p> <p><b>As Evidenced By:</b></p> <p>A Have decreased abdominal pain with each day</p> <p>B Have normal bowel sounds by end of the shift</p> <p>C Able to better anticipate when needing to pass</p>	<p>1 (Action) Help the client out of bed to walk at least two times per day</p> <p>2 (Action) Improve access to toileting via a bed side commode</p> <p>3 (Action) Encourage Pt to have many small meals throughout the day</p> <p>4 (Assess) Inspect, auscultate for bowel sounds noting characteristics and frequency; palpate and percuss the abdomen</p> <p>5 (Teach) Teach patient the importance of fluid intake and the signs and symptoms associated with dehydration and</p>	<p>1 "Exercise may increase gastrointestinal motility" (Ackley 428)</p> <p>2 "Acute or transient fecal incontinence frequently occurs in the acute care or long term care facility secondary to mentation changes associated with environment change, inadequate access to toileting facilities, insufficient assistance with toileting, or inadequate privacy when attempting to toilet" (Ackley 537)</p> <p>3 "A small randomized controlled trial found that diets with smaller particle size reduced the symptoms of gastroparesis in diabetic clients" (Ackley 428)</p> <p>4 "Hypoactive bowel sounds are found with decreased motility as with peritonitis from paralytic ileus or from late bowel obstruction. Hyperactive</p>	<p>1 Effective- Pt walked twice the amount from the day before and expressed that her stomach feels less painful than days before</p> <p>2 Ineffective- Pt unable to hold her loose bowels in time for the commode</p> <p>3 Effective- Pt ate 20% of her breakfast, then ate a yogurt at 1030 and drank half of her protein drink</p> <p>4 Effective- Assessed and charted bowel sounds which had changed from the previous days showing movement her bowels compared to before</p>

<p><b>Subjective:</b></p> <p>-Pt states abdominal tenderness during movement</p> <p>-Pt states unable to hold bowel from coming out because its so loose</p>	<p>a bowel movement</p>	<p>electrolyte imbalance that could develop from continuous diarrhea</p>	<p>bowel sounds are association with increased motility” (Ackley 427)</p> <p>5 “Severe diarrhea can cause deficient fluid volume, electrolyte imbalance, extreme weakness, and possible state of shock” (Ackley 338)</p>	<p>5 Effective- Pt stated she understands the importance of drinking fluids and eating consistently and they will help her stay healthy</p> <p><b>Goal Accomplished(circle)</b>  <b>YES NO</b></p> <p>As evidenced by:  A Yes- Pt’s pain decreased in comparison to previous days</p> <p>B No- Pt had hyperactive bowel sounds during shift</p> <p>C No- Pt unable to determine the need to defecate in time to get to commode</p> <p>Revisions:  I’d like to improve my assessment and charting time. With this patient the morning became very busy very fast with loose bowels and overall the speed at which patient could do things. Going forward I will attempt to complete assessment and charting before 9am</p>
--	-------------------------	--	--	---

Works Cited

Ackley, B. J., Ladwig, G. B., Beth, M. F., Martinez-Kratz, M. R., & Zanotti, M. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care* (12th ed.). St. Louis, MO: Elsevier.

Banasik, J. L., & Copstead, L. C. (2019). *Pathophysiology*. St. Louis, MO: Elsevier.

Pagana, K. & Pagana, T. (2018). *Mosby’s Manual of Diagnostic and Laboratory Tests* (6th ed.). St. Louis: Mosby-Year Book, In

## 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 NS V20. Once the student successfully passes NS V20 he/she may advance to NS V30 and then NS V40 to earn an Associate Degree in Nursing. The student must pay the per unit fees required for NS V10 and submit a Petition for Credit for Prior Learning (for NS V10).
- b. Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NS V30 once the LVN has challenged NS V10 and NS V20 successfully. If the LVN attempts to challenge NS V10 and fails, the LVN must apply to the generic program to enroll in NS V10. If the LVN passes the NS V10 challenge exam and then passes the NS V20 challenge exam, they may enter into NS V30 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 NS V31 and NS V41 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 NS V10 or NS V20: Current licensure as a vocational nurse (LVN) in the state of California allows the student to be admitted directly into NS V20. This option is available for the former Ventura College nursing student who failed out of the program in NS V10 or NS V20. Once the student successfully passes NS V20 he/she may advance to NS V30 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 an 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 NS V10 or NS V20: Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NS V30 once the LVN has challenged NS V10 successfully and then NSV20 successfully. If the LVN attempts to challenge NS V10 and fails, that LVN must apply to the generic program to 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 NS V30: Current licensure as a vocational nurse (LVN) in the state of California allows the student the option to enter directly into NS V30 **OR** complete a 30 unit 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 application 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 NS V20A credit if they have greater than 20 units nursing coursework from another institution, that is the coursework taken elsewhere is equivalent to the content in NS V10 and NS V20. The student may then challenge NS V10 and NS V20 and earn credit at Ventura College if the challenge exams are successfully passed.
- d. Student begins by challenging NS V10 with the NLN exam. If the student passes the NS V10 challenge then he/she may challenge NS V20.
  - If the student has taken coursework equivalent to NS V20 the student challenges NS V20. The student must then enroll in NS V30. Once NS V30 is successfully completed, the student can earn the credit for NS V10, NS V20 and NS V30. Students cannot get unit credit for challenged coursework until they have completed one nursing course at Ventura College successfully.
  - **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 POLICY INTO THE  
NURSING PROGRAM FOR MILITARY TRAINED HEALTHCARE PERSONNEL**

The Ventura College Nursing Program is committed to awarding students credit for relevant military education and experience toward the requirements for licensure as Registered Nurses. *(this is in alignment with CCR Sections 1423.1, 1423.2 and amended CCR Sections 1418, 1424, 1426, and 1430 that implement Senate Bill 466)*

Individuals who present with relevant military education and experience, equal to but not limited to, Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP), Army Health Care Specialist (68W Army Medic) or Air Force Independent Duty Medical Technician (IMDT 4N0X1C), are eligible for advanced placement in the nursing program. All nursing courses can be challenged with the exception of NS V40; however, individuals must have prior relevant education and experience that meet the specific requirements of the course. Prior education, military education, and military experience will all be evaluated on an individual basis in order to grant the individual full or partial course credit. The program will follow the following procedure with each individual seeking this opportunity.

**PROCEDURE:**

Interested candidates must request an appointment with a Nursing Counselor at least eight weeks prior to any application period to discuss eligibility requirements for the Associate Degree Nursing Program. Documentation of education, training, and experience should accompany the applicant to this meeting. Following the evaluation of the candidate's education and experience, and in determining their eligibility for admission to the Nursing Program, the candidate will meet with the Director of the Nursing program to determine courses eligible for full or partial credit and to discuss the challenge policy and procedure for each course. Challenge procedures may include: 1) lecture challenge examinations, 2) dosage calculation exam(s), 3) and skills competency exam(s).

1. Applicants must meet all admission criteria/requirements of the Associate Degree Nursing Program (ADN), including:
  - a. completion of designated prerequisites for the Nursing Program
  - b. Successful completion of the Testing of Essential Academic Skills (TEAS) pre-admission examination (62% or higher)
2. 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
3. Applicants must have an honorable discharge or be in active current honorable service (DD214)

4. Acceptance of Military Challenge students into the Associate Degree Nursing Program is contingent upon successful completion of the following:
  - a. Achievement of 75% or above on the Challenge Exam(s) for nursing courses,
  - b. "Pass" (with all critical elements maintained) of skills competency performance examination (CPE), and
  - d. 90% or higher on the medication dosage calculation examination(s)
  
5. Military Challenge students admitted to the Associate Degree Nursing Program after academic failure at a prior nursing school will not be eligible for re-entry after an academic failure from the Ventura College ADN Program.

Once Challenge confirmation is made, the following materials will be made available to the applicant prior to the examinations and skills testing:

1. Course Outlines, Syllabus, Bibliography and Textbook lists
2. Examples of style and format of examination
3. List of critical elements for all nursing skills
4. Dosage calculation review sheet and rules for rounding

Written and skills competency examinations for advanced placement or challenge applicants must be completed eight weeks prior to admission to the program, unless waived by the Director of the Nursing Program. Advanced Placement will be granted if the applicant meets minimum requirements equivalent to those required of students enrolled in the actual course.

Advance Placement students are admitted on a space availability basis; however, military personnel and veterans are given preference.

## **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.