

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



ADVANCED PLACEMENT HANDBOOK

Fall 2025 – Spring 2026



Table of Contents

TOPIC	PAGE
Transfer / Challenge Policies	2
Advanced Placement Challenge Options	5
Psychiatric Technician Challenge Procedure	8
Behavioral Objectives for NLN Testing	9
Behavioral Objectives for Nursing Care Plan	10
Behavioral Objectives for Dosage Calculation	11
Skills Testing for Clinical Competency	12
Tests Used for Challenge Testing	13
Critical Behavior for Clinical Skills	14
30-Unit Option Statement	18
Advanced Placement Process / Options	19
Military Personnel Policies	22
Advanced Placement Drop Policy	24
Advanced Placement Deferral Policy	24
Application for Advanced Placement	25
Care Plan Directions	29
Sample Nursing Care Plan	30

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 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. There is no recency requirements for these courses.
 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 7 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 is 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. There is no recency requirements for these courses.
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	Patient-Centered Care II and Maternal Newborn and Mental Health Nursing	9
NS V41	Patient-Centered Care III and Transition to Professional Practice	9
		<hr/> 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 corpsmen, etc.).**
2. Each transfer applicant will be evaluated on an individual basis.
3. Testing to demonstrate theory / clinical competency may 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 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. There is no recency requirements for these courses for LVNs.
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
Angelica Gonzales

(805) 289-6011
(805) 289-6010

I. Qualifying Requirements for Advanced Placement

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 (PSYC C1000) .

1. 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.
2. Submission of the completed Application for Advanced Placement to the School of Nursing two months prior to assessment testing for clinical competency.
3. Completion of assessment testing for theory and clinical competency if applicable.
4. Submission of Petition for Credit by Examination for each course challenged.
5. 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 (Foundations of Nursing Practice).

- 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 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. Basic calculators will be provided.
- 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 (Patient-Centered Care I and Family-Centered Care of Children).

- a. Written comprehensive examination demonstrating competency in applying the nursing process for the medical/surgical client and the nursing process with maternal/infant clients. A score of 75 is required on the NLN exams.
- b. Written nursing care plan for the medical/surgical or pediatric client utilizing the nursing process as the basis. The nursing care plan form and client chart will be provided.
- c. Written medication administration and dosage calculation exam. A passing score of 90% is required. Basic calculators will be provided.
- d. Clinical skills demonstration. Applicants must demonstrate 100% accuracy in the 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 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: Patient-Centered Care II and Maternal Newborn and Mental Health Nursing (9 units)
 4. NS V41: Patient-Centered Care III and Transition into Professional Practice (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 (805) 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 descriptions.

To challenge the lecture portion:

- The student must take a written exam. The grade earned 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 (Foundations of Nursing Practice)

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 (Patient-Centered Care I and Family-Centered Care of Children 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 postpartum 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 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 IPAD 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 database through systematic assessment of all aspects of the client chart to determine the client's priority problems.
2. Identify changes in health status that affect the client's ability to meet needs.
3. Assess verbal/nonverbal communication of self, client, and support systems.
4. Identify actual or potential needs/deficits.
5. Select nursing diagnoses based on 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 in response to the client's priority 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 the intervention.
11. Develop a nursing plan of care that is evidence-based and that promotes client autonomy and client teaching.
12. Identify sources for referral of clients with actual or potential needs/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 (Foundations of Nursing Practice):

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 milliequivalents
10. Reconstitute medications supplied in powdered form and calculate the correct dosage

COMPETENCY TESTING #2:

Demonstration of competency for NS V20 (Patient-Centered Care I and Family-Centered Care of Children)

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 milligrams per kilogram
5. Calculate pediatric intermittent IV medications administered with infusion control sets, such as a Metriset.

**SKILLS TESTING FOR CLINICAL COMPETENCY
ADVANCED PLACEMENT**

COMPETENCY TESTING #1:

Demonstration of competence for NS V10 (Foundations of Nursing Practice)

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

COMPETENCY TESTING #2:

Demonstration of competency for NS V20 (Patient-Centered Care I and Family-Centered Care of Children)

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 to be Used for Challenge Testing

- ☐ The 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 critical behaviors. The applicant is required to perform 80% of all behaviors correctly and 100% of the critical behaviors correctly 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 Foundations of Nursing Practice

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

1. Checks order and gather equipment. Selects a
2. Appropriate syringe and needle size based on age, size of client & medication
3. Performs the first and second check of medication administration. Calculated the correct dosage.
4. Washes hands prior to procedure
5. Identifies the client and ask for allergies.
6. Provides privacy for the client
7. Completes necessary assessments prior to medication administration (e.g. Blood pressure, heart rate, pain scale).
8. Performs 3rd medication check and 7 rights of medication administration
9. Explains the procedure to the client.
10. Demonstrates and identifies all sites and anatomical landmarks for subcutaneous and intramuscular injection sites.
11. Draws up the correct amounts of medication.
12. Injects medication using correct technique (verifies last injection site, maintains surgical asepsis, dons gloves prior to administering, cleanses area, uses Z track for IM and pinches skin for subcutaneous, and does not massage the site).
13. Does not recap needle.
14. Removes gloves and perform hand hygiene.
15. Returns client to comfortable position and evaluate patient response.
16. Maintains clean technique throughout procedure
17. Utilizes standard precautions
18. Completes the procedure in 15 minutes or less
19. Documents appropriately

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

1. Checks the order and collect equipment. Review chart for allergies.
2. Identifies the client
3. Explains the procedure to the client
4. Washes hands prior to procedure
5. Screens the client for privacy
6. Raises bed to waist height, prepares work area and lowers bed rail.
7. Dons clean gloves
8. Performs genitourinary assessment.
9. Teaches patient about what you are doing.
10. Positions patient in dorsal recumbent position.
11. Performs pericare.

12. Opens sterile catheter kit and don sterile gloves to prepare for catheter insertion
13. Applies sterile drape.
14. Applies antiseptic to cotton balls, ensure clamp on drainage bag is closed, lubricates catheter tip 1-2 inches, and apply sterile water syringe to Y port.
15. Cleanses client's meatus with cotton balls or cleansing swabs
16. Inserts catheter gently into meatus and guides through urethra until urine drains, then
17. Inserts catheter 2-3 inches beyond this point
18. Fills balloon with sterile water via syringe in kit
19. Effectively secures catheter to client and drainage bag to bed
20. Repositions the client for comfort and returns bed to low position
21. Maintains sterile technique throughout the procedure
22. Utilizes standard precautions
23. Completes the procedure in 15 minutes or less
24. 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. Checks order and gather equipment.
2. Identifies the client
3. Screens the client for privacy
4. Washes hands prior to procedure
5. Prepares the work area, assemble supplies, adjust bed to working height.
6. Assesses need for pain management prior to performing dressing change.
7. Teaches patient about what you are doing.
8. Removes soiled dressings with clean gloves and disposes of them safely
9. Assesses wound (location, intact, drainage, undermining/tunneling, presence of eschar, granulation, stage, measure wound).
10. Removes gloves using glove to glove and skin to skin technique
11. Washes hands
12. Prepares equipment using sterile technique. Dons sterile gloves.
13. Cleans the wound. Dry surrounding skin with sterile gauze dressing.
14. Packs wound maintaining sterility. Squeezes excess solution out of dressing before applying to the wound. Gently presses to loosely pack the moistened gauze into the wound. Applies several dry sterile gauze pads over wet gauze. Places the ABD pad over the gauze.
15. Removes and discard gloves. Applies skin protectant, secure dressing with tap, and label dressing with date and time
16. Removes all remaining equipment
17. Places patient in a comfortable position, side rails up and bed in low position.
18. Performs hand hygiene.
19. Evaluates patient's response to the procedure.
20. Completes the procedure in 15 minutes or less
21. 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 7 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
22. Identifies the client using identifiers, name and DOB (armband & patient verbalizes)
23. Explains the procedure to the client
24. Prepares to administer solution through infusion control device; correctly sets device controls
25. Maintains sterile technique throughout the procedure
26. Utilizes standard precautions
27. Completes the procedure in 15 minutes or less
28. Documents appropriately

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

1. Obtains appropriate equipment – stethoscope, BP cuff, thermometer, etc.
2. Identifies the client using 2 identifiers
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. Performs hand hygiene and put on PPE
4. Identifies the client
5. Explains the procedure to the client
6. Screens the client for privacy
7. Perform a gastrointestinal assessment.
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. Provides a glass of water with straw.
11. Measures tubing length for insertion & marks tubing
12. Determines which nostril to use
13. Washes hands prior to procedure
14. Puts on gloves.
15. Lubricates the tube with water-soluble gel
16. Instructs client in head position throughout procedure
17. Inserts and advances tube asking patient to slightly flex head back against pillow
18. When pharynx is reached, instructs patient to touch chin to chest.
19. Offers water or ice and encourages swallowing, unless contraindicated
20. Continues to advance tube downward and backward when patient swallows.
21. Examines client's mouth
22. Discontinues procedure and remove tube if there are signs of distress, such as gasping, coughing, cyanosis, and inability to speak or hum.
23. Secure tube loosely.
24. Aspirates for stomach contents, validates placement via checks
 - a. gastric pH
 - b. X-ray to confirm placement
25. Applies skin barrier to tip and end of nose. Then secures tube to patient nose with tape.
26. Secures tube to client's gown based on measurement of exposed tube.
27. Attaches tube to suction equipment, if ordered, and sets pressure
28. Assists with or provide oral hygiene at 2-4 hour intervals. Offers analgesic throat lozenges or anesthetic spray for throat irritation as needed.
29. Removes equipment and return patient to position of comfort. Remove gloves, raise side rail and lower bed.
30. Utilizes standard precautions and performs hand hygiene.
31. Completes the procedure in 15 minutes or less
32. Documents size of tube and rate of enteral feeding or setting of gastric suction

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 _____

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.



VENTURA COLLEGE SCHOOL OF NURSING APPLICATION FOR ADVANCED PLACEMENT

Applications accepted August 1 – August 31 or February 1 – February 28

First Name: _____ Last Name: _____ Middle Initial: _____

Name on Most Recent Transcript

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth (mm/dd/yyyy) _____ Student ID Number (900#): _____

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

Specify Setting: _____

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.) You will be contacted by the Nursing Department to schedule an appointment with the Nursing Director to discuss testing.

_____ 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. _____ (Initial)

I understand I will be charged for the competency examination and any required per unit fees for courses challenged. _____ (Initial)

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. _____ (Initial)

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. _____ (Initial)

I understand I will be charged the per unit fee associated with NSV10 after successfully completing NSV20. _____ (Initial)

Upload a copy of your LVN License: _____

PLEASE READ CAREFULLY AND SIGN BELOW

_____ I UNDERSTAND THAT FAILURE TO PROVIDE VENTURA COLLEGE WITH THE FOLLOWING ITEMS BY THE POSTED DEADLINE DATES WILL RESULT IN MY IMMEDIATE DISQUALIFICATION.

_____ I understand and agree to undergo a Criminal Background Check as required of all entering nursing students. The fee is currently \$60.00 for this service. This background check is done prior to admittance to the program and is conducted by a Licensed Private Investigator.

_____ I understand and agree to undergo a drug and alcohol screen as required of all nursing students. The fee is currently \$50.00 for this service. The drug and alcohol screen are done prior to admission or prior to progression in the nursing program and is conducted utilizing the department's chain of custody procedure. Students with a positive drug or alcohol screen will be immediately disqualified for admission. The drug and alcohol screening may only be done one time and these results are used to determine eligibility. The Ventura College School of Nursing does not permit students to be under the influence of alcohol, marijuana, or other drugs while attending the nursing program; either medically prescribed or otherwise. The School of Nursing complies with the United States Code Controlled Substances Act, Title 21, Chapter 13, Drug Abuse prevention and Control.

_____ I understand that the following must be completed before entering the nursing program or completed concurrently with the Nursing Sciences NS V10:

Growth and development across the lifespan: CD V03 or Psy V05 (MC: Psy M07; OC: Psy R108)

_____ I understand that it is my responsibility to schedule and take the TEAS exam or, if taken elsewhere, request ATI to send electronic TEAS results to VC Nursing Department by the established deadline of April 1st or October 1st. Failure to take the TEAS exam, or have TEAS results submitted by the deadline, or not attaining the established minimum success score 62% (ATI TEAS), will result in not meeting eligibility to be placed on the Advanced Placement eligibility (wait) list.

_____ I understand that it is my responsibility to keep the School of Nursing informed of any change of address or telephone number. **Failure to do so may render my application ineligible if, for any reason, the college is unable to contact me.**

_____ I certify the **accuracy** and **completeness** of the preceding statements. I understand that my enrollment in the nursing program may be subject to termination if there has been willful misrepresentation of the information submitted. I authorize the use of this information by appropriate Ventura College personnel for the purpose of evaluating my qualifications for application to this program.

SIGNATURE _____ **DATE** _____

NOTE: INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. ONCE YOU SUBMIT THIS APPLICATION, CHANGES CANNOT BE MADE. IT IS CRITICAL THAT YOU ENSURE YOUR APPLICATION IS THOROUGHLY COMPLETED AND ALL REQUIRED DOCUMENTS ARE ATTACHED BEFORE SUBMITTING IT. THE PROCESS CONCLUDES UPON MEETING WITH A VENTURA COLLEGE NURSING COUNSELOR TO REVIEW THIS APPLICATION.

The Ventura County Community College District and Ventura College are committed to providing an equal opportunity for admission, student financing, student support facilities and activities, and employment, regardless of race, color, religion, sex, or national origin.

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 _____
Date _____ Date _____ Date _____ Date _____

TEAS results are on file at Ventura College ☐ Yes ☐ No

If yes, please notate the attempt dates and scores: _____

_____ Student has been informed that they have one final attempt to take and pass the TEAS exam.

Additional Comments

COUNSELOR SIGNATURE _____ DATE _____

CARE PLAN DIRECTIONS

- ☐ Completion of CARE Plan for selected patient using data gathered
- ☐ Complete the following:
 - Name, allergies, code status
 - HPI, Surgical Procedure / date,
 - PMH
 - Definition of Medical Diagnosis
 - Initiate pathophysiology including expected diagnostic evaluation with rationale for tests and clinical manifestation for disease with patient's highlighted
- ☐ Research / list on form
 - All abnormal lab values or
 - Any diagnostic tests (lab / x-ray etc.) that relate to the client's diagnoses.

These tests require explanation of the test is abnormal specific to this client only.
- ☐ Complete an organizational tool to utilize during clinical shift
- ☐ Medication sheet: List all medications ordered and research / apply all meds anticipated to administrator.
- ☐ Update your care map with new diagnostic test results / changes in physician orders (medications, treatments, etc.)
- ☐ During care, utilize assessment data to brainstorm highest priority Clinical Problem for your patient.
- ☐ Document complete head to toe assessment **w/ highlight abnormal assessment**
- ☐ Complete research of medications and diagnostic tests: Be sure to personalize to this patient
- ☐ Prepare organizational tool for second day of clinical
- ☐ **Using assessment data identify the most important NS V20 pathophysiological Clinical Problem**
- ☐ Complete Clinical Judgment Model:
 - Develop priority **physiological** Clinical Problem
 - Complete second high priority physiological Clinical Problem (3-part diagnostic statement only)
 - Complete third Psychological Clinical Problem
 - Be prepared to give SBAR report & share Clinical Problem in pre or post conference.
- ☐ Complete evaluation
- ☐ Check the grading rubric to make sure that all areas have been addressed

Sample of an NS V20 Care Plan

Ventura College, School of Nursing. (Spring, 2025). *NS V20 Care Plan, Student's Graded Assignment, Example Care Plan.*
Adapted with permission from the student author. Permission has been sought and obtained.
This is an example Care Plan.

Safety Checks: (Perform when entering room)	Patient Care Plan	Lab Values/Diagnostic Tests																																								
<input type="checkbox"/> IV fluid / rate ___ N/A SL: IV OFF SC 0.9% 1L, 75mL/hr. (for patency) <input type="checkbox"/> Infusion Pump – N/A <input type="checkbox"/> IV tubing - dates checked: 04/22 /25 <input type="checkbox"/> Oxygen ordered level: None <input type="checkbox"/> Suction working YES <input type="checkbox"/> Suction supplies @ bedside <input type="checkbox"/> Bag & mask - appropriate size <input type="checkbox"/> Face shield: N/A <input type="checkbox"/> No choking hazards (<3yo esp.): NO <input type="checkbox"/> Fall precautions <input type="checkbox"/> Yellow wrist band: NO <input type="checkbox"/> Yellow socks: NO <input type="checkbox"/> Bed Alarm - On/Off: OFF <input type="checkbox"/> Rails up (as needed): YES <input type="checkbox"/> Bed in lowest position/locked: YES <input type="checkbox"/> Call light in reach: YES <input type="checkbox"/> Table and H ₂ O within reach: YES <input type="checkbox"/> Pt ID (armband) – matches/on: YES <input type="checkbox"/> O ₂ Sat monitor: Alarms set + Site rotation: YES Heart rate HI ___ N/A ___ Heart rate LOW ___ N/A ___ LOW sat ___ N/A ___ HI sat ___ N/A ___ <input type="checkbox"/> Apnea monitor: N/A Heart rate HI ___ N/A ___ Heart rate LOW ___ N/A ___ Apnea time ___ N/A ___ <input type="checkbox"/> Cardiac monitor: N/A Heart rate HI ___ N/A ___ Heart rate LOW ___ N/A ___ RATE ___ N/A ___ matches apical ___ N/A ___	<p>Student Name: S.P. Today's Date: 04/23/2025</p> <p>Patient Initials: MBP Room #: 24 Admission Date: 03/29/25</p> <p>CODE Status: Full Code Age: 80 Preferred Gender: Male Sex: Male</p> <p>Weight: 61.5 kg Height: 175 cm Braden: 14 Fall Risk: Morse 85</p> <p>Diet: Consistent Carb / Carb Count 1:20 / Boost Glucose Control</p> <p>Activity: Up with PT, Incontinent</p> <p>Race: Hispanic (SPANISH SPEAKING ONLY) Religion: Catholic</p> <p>Allergies: NKA / NKDA</p> <p>Developmental Stage: Integrity vs. Despair</p> <p>Admitting Diagnosis/ History of Present Illness</p> <p>Chief Complaint: Fell off a bicycle in January – since accident; left foot has become bruised and swollen. <u>Toe are</u> black.</p> <p>Admitting Diagnosis: DM infection, PAD, Gangrene, Rectal Cancer, Iron Deficiency Anemia, Unhoused.</p> <p>HPI: PMH unclear. Pt. is unhoused, living in a van in Oxnard. Pt. presents to ED A&OX3. <u>Left</u> foot is swollen and necrotic.</p> <p>Admitting Vital Signs: T: 98.0 HR: 87 RR: 15 O₂: 96% RA BP: 152/101 Pain: 10/10 Severe Pain</p> <p>Initial ED Treatment: CBC workup, XR Chest, XR Left Foot, US Lower left extremity arteries – positive for complete occlusion of the left popliteal artery with dampened monophasic waveforms identified more distally in left below-the-knee <u>infrapopliteal</u> arteries. Surgery of left foot and Angio revascularization scheduled.</p>	<p>Lab Values/Diagnostic Tests</p> <p>WBC Hgb Hct Hct Pit INR PT PTT</p> <p>Na Cl BUN Gluc K CO₂ Creat</p> <p>Misc. Lab Values * - = Lab Not Drawn (Skills Lab Day)</p> <table border="1"> <thead> <tr> <th></th> <th>Admit 03/29</th> <th>04/23</th> <th>Skills Lab</th> </tr> </thead> <tbody> <tr> <td>WBC (5-10 x 10⁹/L)</td> <td>12.9</td> <td>10.8</td> <td></td> </tr> <tr> <td>RBC MALE (4.7-6.1 x 10¹²/L)</td> <td>4.0</td> <td>3.3</td> <td></td> </tr> <tr> <td>Hgb MALE (14-18 g/dL)</td> <td>8.8</td> <td>7.8</td> <td></td> </tr> <tr> <td>Hct MALE (42-52%)</td> <td>29.1</td> <td>24.9</td> <td></td> </tr> <tr> <td>MCV (80-95 fL)</td> <td>72.8</td> <td>74.8</td> <td></td> </tr> <tr> <td>MCH (27-31 pg)</td> <td>22.0</td> <td>23.4</td> <td></td> </tr> <tr> <td>MCHC (32-36%)</td> <td>30.2</td> <td>31.3</td> <td></td> </tr> <tr> <td>RDW (11-14.5%)</td> <td>15.7</td> <td>17.3</td> <td></td> </tr> <tr> <td>Ht (150-400 x 10⁹/L)</td> <td>404</td> <td>377</td> <td></td> </tr> </tbody> </table>		Admit 03/29	04/23	Skills Lab	WBC (5-10 x 10 ⁹ /L)	12.9	10.8		RBC MALE (4.7-6.1 x 10 ¹² /L)	4.0	3.3		Hgb MALE (14-18 g/dL)	8.8	7.8		Hct MALE (42-52%)	29.1	24.9		MCV (80-95 fL)	72.8	74.8		MCH (27-31 pg)	22.0	23.4		MCHC (32-36%)	30.2	31.3		RDW (11-14.5%)	15.7	17.3		Ht (150-400 x 10 ⁹ /L)	404	377	
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			Neut% (55-70%)	84.6	-	
			Lymph% (20-40%)	8.5	-	
			Mono% (2-8%)	6.1	-	
			Eos% (1-4%)	1.0	-	
			Baso% (0.5-1%)	0.5	-	
			BNP >900 = severe heart failure	-	-	
			Na+ (135-145 mEq/L)	135	136	
			K+ (3.5-5 mEq/L)	4.3	4.0	
			Cl- (98-106 mEq/L)	101	100	
			Mg (1.3-2.1 mEq/L)	2.0	-	
			Ca+ (9-10.5 mg/dL)	8.7	8.1	
			Glucose (74-106 mg/dL)	304	166	
			BUN (10-20 mg/dL)	16	17	
			Cr (0.6-1.2 mg/mL)	1.2	0.6	

			T Protein (6.3-8.3 g/mL)	7.3	5.9	
			Albumin (3.5-5 g/mL)	2.4	1.5	
			Globulin (2.3-3.4 g/mL)	-	-	
			ALT (4-36 units/L)	10	22	
			AST (0-35 units/L)	9	25	
			Alk Phos (30-120 units/L)	95	-	
			eGFR (>60 mL/min/1.73 ²)	58.3	>60	
			Bili Total (0.1-1.2 mg/dL)	0.3	-	
		ABGs	pH (7.35-7.45)	7.45	-	
			PaO2 (80-100mm Hg)	80.1	-	
			PaCO2 (35-45mm Hg)	38.2	-	
			HCO3 (21-28 mEq/L)	25.8	-	
			SpO2 (95%-100%)	96	99	
		UA	U pH (4.6-8)	-	-	
			U Glucose (50-300mg/day)	-	-	

			U bilirubin (none)	-	-	
			U protein (50- 80mg/24hr)	-	-	
			Urobilinogen (0.01-1 Ehrlich/mL)	-	-	
			U leukocyte esterase (Neg.)	-	-	
			Urine WBCs (0-4 per low field power)	-	-	
			Specific Gravity (Adult: 1.005 - 1.03)	-	-	
			Urine RBCs (2 or less)	-	-	
			U ketones (none)	-	-	
			U nitrite (none)	-	-	
		Coag	PT (11-12.5 seconds)	-	-	
			<u>INR</u> (0.8-1.1)	-	-	
			PTT (60-70 seconds)	-	-	
		Other	CRP (<10 mg/L)	-	-	

Occult Blood Stool (Neg)	+	-	
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Brief Explanation of Abnormal Labs:

White Bloods Cells (WBC)

WBC (5-10 x 10 ⁹ /L)	12.9	10.8	
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Trend Down
WBCs are essential for the initiation and maintenance of the body's defense mechanism against infection. Infection is the biggest signifier of increased WBCs. Inflammation, stress, trauma, and/or hemorrhaging can also cause an increase. The patient is experiencing a DM infection of the LLE which would cause the WBC's to be elevated. The ~~abx~~ prescription of Daptomycin is responsible for the decrease in elevation.
(Pagana, 2022, pg. 492-493)

Red Blood Cells (RBC)

RBC MALE (4.7-6.1 x 10 ¹² /L)	4.0	3.3	
---	-----	-----	--

Trend Down
RBCs main job is transporting oxygen from the lungs to the tissues of the body. RBCs also carry carbon dioxide from the tissues back to the lungs. RBCs work closely with Hgb and Hct. The pt has at least three chronic diseases including Stage III colorectal cancer, PAD, and DM2 which all cause inflammation which would attribute to the low RBCs. The colorectal cancer could be causing bleeding as well. The patient is unhoused and malnourished. (Pagana, 2022, pg. 418-420).

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Hemoglobin (Hgb)

<u>Hgb</u> MALE (14-18 g/dL)	8.8	7.8	
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Trend Down

Hemoglobin transports oxygen and carbon dioxide in the blood. The amount of oxygen in the blood depends on the Hgb concentration. Because the RBC is reduced, the hemoglobin will also be reduced, as they correlate with each other, along with hematocrit. Decreased levels of Hgb indicate anemia caused by a vitamin or mineral deficiency. Stage III colorectal cancer and the recent amputation along with the revascularization attempt have caused systemic inflammation resulting in anemia. (Pagana, 2022, pg. 265-267).

Hematocrit (Hct)

<u>Hct</u> MALE (42-52%)	29.1	24.9	
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Trend Down

Hct is a measurement of the percentage of RBCs in the blood. Just like RBCs and Hgb, a decrease in Hct indicates anemia. RBC, Hgb, and Hct go together. When RBCs are diminished, Hct is decreased. The patient is likely experiencing GI blood loss, poor nutrition, and systemic inflammation resulting in loss of hematocrit. (Pagana, 2022, pg. 262-264)

Mean Corpuscular Volume (MCV)

MCV (80-95 fL)	72.8	74.8	
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Trend Up

MCV is part of the RBC Indices and is used to calculate anemia. The MCV is a measurement of the average volume of a single RBC. A macrocytic RBC is most seen in megaloblastic anemias which are related to vitamin B12 and

		<p>folic acid deficiency. The colorectal cancer is causing the anemia, on top of malnutrition. (Pagana, 2022, pg. 421-422).</p> <p>Mean Corpuscular Hemodilution</p> <table border="1"><tr><td>MCH (27-31 pg)</td><td>22.0</td><td>23.4</td><td></td></tr></table> <p>Trend Up If your RBCs are small (<u>like in</u> iron-deficiency anemia) or have less hemoglobin, MCH will be low. This patient's MCH is low due to Stage III colorectal cancer, causing chronic GI blood loss. (Pagana, 2022, pg. 422-424).</p> <p>Mean Corpuscular Hemoglobin Concentration (MCHC)</p> <table border="1"><tr><td>MCHC (32-36%)</td><td>30.2</td><td>31.3</td><td></td></tr></table> <p>Trend Up MCHC measures the average concentration or percentage of hemoglobin within a single RBC. A decrease in MCHC the RBC has a deficiency of Hgb and is hypochromic. Smaller RBCs equal less. MCHC. Decreased MCHC signifies iron-deficiency anemia. (Pagana, 2022, pg. 422-424).</p> <p>Red Cell Distribution Width</p> <table border="1"><tr><td>RDW (11-14.5%)</td><td>15.7</td><td>17.3</td><td></td></tr></table> <p>Trend Up RDW is an indication of the size variances of Red Blood Cells. It is used to classify different certain types of anemia. An increase of RDW indicates iron-deficiency anemia. (Pagana, 2022, pg. 423-424).</p> <p>Platelets (Plt)</p> <table border="1"><tr><td>Plt</td><td>404</td><td>377</td><td></td></tr></table>			MCH (27-31 pg)	22.0	23.4		MCHC (32-36%)	30.2	31.3		RDW (11-14.5%)	15.7	17.3		Plt	404	377	
MCH (27-31 pg)	22.0	23.4																		
MCHC (32-36%)	30.2	31.3																		
RDW (11-14.5%)	15.7	17.3																		
Plt	404	377																		

	(150-400 x 10 ⁹ /L)			
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Trend Down

The main role of platelets is vascular integrity. Platelets are responsible for clotting the blood to maintain hemostasis in the event of an injury causing hemorrhaging. In increase in platelet levels can signify Iron-deficiency anemia. When tissues experience hypoxia, it can lead to a series of events that can increase platelet production. This patient's platelets could be low due to bone marrow suppression from chronic disease, cancer-related effects, nutritional deficiencies, or sepsis risk. (Pagana, 2022, pg. 381-383).

Neutrophil Percentage

Neut% (55-70%)	84.6	-	
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Elevated

Neutrophils make up the largest percentage of WBC's. The pt. has many comorbidities that would cause neutrophilia, the primary cause would be infection (DM infection). The pt. also smokes tobacco and is experiencing the stress of being hospitalized which exacerbates neutrophilia. (Pagana, 2022, pg. 493).

Lymphocyte Percentage

Lymph% (20-40%)	8.5	-	
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Decreased

Because lymphocytes are part of a WBC differential count, their values are affected by the other value changes within the count. A decrease in lymphocytes also indicates the presence of infection. Malnutrition and stress can also contribute to lymphocytopenia. (Pagana, 2022, pg. 493).

Glucose

Glucose (74-106 mg/dL)	304	166	
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Trend Down

Glucose levels are controlled by the body's production of insulin and glucagon. Glucose plays an important role in energy production, brain function, and homeostasis. Typically, elevated levels of glucose are an indication of DM, however, there are many other factors which would raise levels including acute stress response. The patient has unmanaged DM2 causing a spike in glucose levels. (Pagana, 2022, pg. 241-243).

Total Protein

T Protein (6.3-8.3 g/mL)	7.3	5.9	
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Trend Down

Total protein measures the combined amount of albumin and globulins in the blood. Several factors that could be affecting this patient's total protein include PAD, DM2, and malnutrition. The patient could be developing fatty liver which often accompanies DM2 which would also contribute to diminished total protein levels. (Pagana, 2022, pg. 405-406)

Albumin

Albumin (3.5-5 g/mL)	2.4	1.5	
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Trend Down

Protein is comprised of albumin and globulin. Albumin accounts for 60% of all protein. It maintains colloidal osmotic pressure. Albumin is a measurement of hepatic function. An acute infection such as MRSA could lower albumin levels. Liver dysfunction leads to poor detoxification. Patient has history of EtOH use and DM2. (Pagana, 2022, pg. 404-409)

		ALT <table border="1"><tr><td>ALT (4-36 units/L)</td><td>10</td><td>22</td><td></td></tr></table> <p>Trend Up ALT is found predominantly in the liver. Injury or disease affecting the liver parenchyma will cause a release of the hepatocellular enzyme into the bloodstream and raise serum ALT levels. If the levels are low, it is likely due to <u>malnutrition</u>. (Pagana, 2022, pg. 39)</p> AST <table border="1"><tr><td>AST (0-35 units/L)</td><td>9</td><td>25</td><td></td></tr></table> <p>Trend Up AST is a protein-based enzyme — if the liver and muscles don't have enough protein to function normally, AST production can be reduced. His AST (aspartate aminotransferase) being low on admission is not usually a primary concern, but if it's low, it can reflect poor liver synthetic function, severe malnutrition, or very low muscle mass — all highly relevant in a patient like this. (Pagana, 2022, pg. 112-113)</p> eGFR (Estimated Globular Filtration Rate) <table border="1"><tr><td>eGFR (>60 mL/min/1.73²)</td><td>58.3</td><td>>60</td><td></td></tr></table> <p>Trend Up eGFR is a measurement of how well the kidneys are filtering blood. His eGFR is low (58.3) because of early chronic kidney disease (CKD), most likely due to long-standing, poorly controlled type 2 diabetes mellitus (DM2) and possibly systemic vascular disease from PAD and chronic illness. (Pagana, 2022, pg. 187)</p>	ALT (4-36 units/L)	10	22		AST (0-35 units/L)	9	25		eGFR (>60 mL/min/1.73 ²)	58.3	>60	
ALT (4-36 units/L)	10	22												
AST (0-35 units/L)	9	25												
eGFR (>60 mL/min/1.73 ²)	58.3	>60												

Occult Blood Stool

Occult Blood Stool (Neg)	+	-	
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Positive

The OB test is used for colorectal screening of asymptomatic individuals. The blood in this patient's stool is from the 7.9 cm rectal mass, which indicates colorectal cancer. (Pagana, 2022, pg. 820-821).

Diagnostic Test Results:

- **XR CHEST – Chest Pain 3/29/25**
 - Lungs Clear
 - No pleural effusion
 - No pneumothorax
 - Thoracic aorta is calcified
- **XR Foot – osteomyelitis ankle LEFT 3/29/25**
 - Degenerative changes involving first metatarsophalangeal joint w/ joint space narrowing
- **US Lower Left Extremity Arteries 3/29/25**
 - POSITIVE for complete occlusion of the left popliteal artery with dampened monophasic waveforms identified more distally in left-below-the-knee ~~infrapopliteal~~ arteries.
- **IR Lower Extremity Angio Revascularize – Occlusion 3/31/25:**
 - Left proximal superficial femoral artery 50% stenosis. 30% residual stenosis post angioplasty
 - Left distal superficial femoral artery 90% stenosis. No residual post angioplasty.
 - Complete occlusion of the middle popliteal artery @ level of joint. Unsuccessful crossing chronic

		<p>occlusion to <u>reconstituted peroneal</u> artery.</p> <ul style="list-style-type: none"> • Reconstituted peroneal artery in the mid-calf. Single vessel <u>flow</u> to foot • <u>Complete occlusion of the left anterior tibial artery</u>, left posterior tibial artery and Left Tibi peroneal trunk. • Recommend aspirin/statins for life. - CT Chest, Abdomen, Pelvis – Abdominal Pain / Low Hgb / Liquid Stool multiple days 4/03/25 • 7.9 cm rectal mass suggestive of malignancy with findings of regional metastatic lymphadenopathy and suspected extramural venous invasion. The mass abuts the posterior bladder wall suggesting possible invasion. • Fluid filled colon – suggestive of diarrheal illness • Cholelithiasis - MRI Rectum Staging 4/03/25 • Stage III colorectal cancer - DOPPLER – AT BEDSIDE • Popliteal pulse check during rounds <p style="text-align: center;">Microbiology</p> <ul style="list-style-type: none"> • Adenovirus: Not Detected 03/29/25 • MRSA – No Growth 04/19/25 • SARS-CoV/CoV-2 Ag Source: Nasal Swab 03/29/25
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		<ul style="list-style-type: none">• SARS-CoV/CoV-2 Antigen: Negative 03/29/25• Influenza A: Negative 03/29/25• Influenza B: Negative 03/29/25• Coronavirus HKU1: Neg 03/29/25• Coronavirus NL63: Neg 03/29/25• Coronavirus 229E: Neg 03/29/25• Coronavirus OC43: Neg 03/29/25• Chlamydia Pneumoniae: Neg 03/29/25• Mycoplasma Pneumoniae: Neg 03/29/25• Blood – No Growth 4/19/25• Stool Occult Blood– POSITIVE 4/19/25• Sterile Site Culture – Abscess Left Foot – GROWTH: Methicillin Resistant Staph• Stool Occult Blood – Ongoing – last specimen collected 4/23/25 at 1100 by SN									
Past Medical/Surgical History	<table><tr><th colspan="2">Full Head-to-Toe Narrative Assessment – HIGHLIGHT ABNORMALS</th></tr><tr><td>Vital Signs</td><td>04/23/25 0700: T: 98.5 F HR: 71 RR: 18 B/P: 146/66 O2 Sat: 96% RA Pain: 8/10 04/23/25 1100: T: 97.9 F HR: 68 RR: 16 B/P: 159/71 O2 Sat: 99% RA Pain: 8/10</td></tr><tr><td>Integumentary</td><td>04/23/25: Hair is gray, approx. 3-4 inches long, full, greasy, dry, no lesions, no dandruff, no alopecia, no foreign matter. Gray beard approx. 1 inch in length. Skin color appropriate</td></tr></table>	Full Head-to-Toe Narrative Assessment – HIGHLIGHT ABNORMALS		Vital Signs	04/23/25 0700: T: 98.5 F HR: 71 RR: 18 B/P: 146/66 O2 Sat: 96% RA Pain: 8/10 04/23/25 1100: T: 97.9 F HR: 68 RR: 16 B/P: 159/71 O2 Sat: 99% RA Pain: 8/10	Integumentary	04/23/25: Hair is gray, approx. 3-4 inches long, full, greasy, dry, no lesions, no dandruff, no alopecia, no foreign matter. Gray beard approx. 1 inch in length. Skin color appropriate	<table><tr><th>Treatments</th></tr><tr><td>National Patient Safety Goals:</td></tr><tr><td><ul style="list-style-type: none">• Two patient identifiers• Skin assessment (Braden Scale every 12 hrs.)</td></tr></table>	Treatments	National Patient Safety Goals:	<ul style="list-style-type: none">• Two patient identifiers• Skin assessment (Braden Scale every 12 hrs.)
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<ul style="list-style-type: none">• HLD• PMH unclear• Hx. of tobacco use• Hx. of EtOH• Gangrene	<p>for ethnicity. Skin is pallor, dry, warm, thin, smooth, turgor is elastic, and clean, no body odor. Approximate 2' post op laceration running down left leg from mid-thigh to just above proximal ankle. The wound is held with staples, open to air, and no signs of dehiscence. Left foot amputation of 5 toes, wound is covered with Adaptec dressing and dated 4/22/25. No odor coming from wound site. LLE is cool upon palpation.</p> <p>The patient has a peripheral 20 gauge IV on left A/C that is patent and intact, SL, covered with transparent dressing, no phlebitis or infiltration. Pt. is complaining of pain and burning at site. Fingernails are pink, thick, smooth, concave, 160 degrees. Absence of body hair except pubic region. Both heels are intact with no erythema. Toenails on right foot are nonbrittle and clean. Erythema surrounding the groin – bilaterally. Skin is still intact but appears inflamed. Stage 1 pressure injury. Prescribed antifungal ointment applied to site by SN and documentation made.</p>	<ul style="list-style-type: none">• Fall Risk Assessment (Morse)• CAUTI – No Cath.• Bar Code Scanning• Automatic IV alarm• Automatic Bed Alarm• Standard Precautions <p>Nurse Sensitive Indicators:</p> <ul style="list-style-type: none">• Absence of pressure injuries:• Pt. repositioned every 2 hours• Incontinence Management:• Absorbent Pads in place• Linens changed and dry• Nutrition Management – AM/Midday/PM snacks given. I&O's monitored.
	<p>HEENT</p> <p>04/23/25 – Head: Head is normocephalic. Pt. is cooperative, alert, round, and symmetrical. Eyes: Sclera is white, Bulbar conjunctivae is clear with tiny red vessels. Palpebral conjunctivae are pale. Left eye is cloudy. No drainage. No use of corrective lenses, pt. was unable to read dry erase board 10+ft away. Nose: No lesions, Dry, no drainage, no deviated septum. Size equal bilaterally. Ears: No use of hearing aids. No lesions, no drainage. No obvious hearing difficulty. Mouth: lips are dry and intact. Mucous membranes are dry. Tongue is smooth, at midline, no fissures or tremors. Gums are pink, firm, no swelling, no lesions. Visible dental caries in molars bilaterally, no dentures, moderate odor. Uvula non-inflamed. Neck and Throat: Blood vessels intact, carotid assessment strong +2, thyroid gland is not enlarged, trachea at midline – no deviation, throat has no presence of lesions or swelling. Lymph nodes non-palpable in the head and neck, no</p>	<p>Joint Commission Core Measures</p> <ul style="list-style-type: none">• eVTE-1 Venous Thromboembolism Prophylaxis – heparin• Pneumonia – timely abx administration and vaccination• Flu vaccination – contraindicated – flu vaccine within season• Emergency Department – timely treatment and flow <p>Healthy People 2030</p>

Ventura College, School of Nursing. (Spring, 2024). NSV20 Care Plan, Student's Graded Assignment, Example Care Plan. Adapted with permission from the student author. Permission has been sought and obtained.

		swelling, no asymmetry, no discoloration or increased temperature over lymph node locations.		<ul style="list-style-type: none"> • Social Determinants of Health assessed
	Neurologic	<p>04/23/2025 – LOC alert and awake, eyes open, looks at examiner, responds appropriately, good eye contact, speech moderate tone, clear with moderate pace, mood is cooperative and pleasant, feelings appropriate to situation, positive feelings regarding others and the future, thought processes are clear and on time. Pt. follows directions accurately. Level of orientation A&Ox3 unable to recall past events correctly. GCS 15/15. Recalls recent events without difficulty, able to recall 3 unrelated objects after 5 mins, judgment intact – answered ‘what if’ questions correctly, intact abstract reasoning – able to distinguish differences and similarities between bed and chair, sensory function intact – able to distinguish sharp or dull stimuli & light touch of proximal/distal extremities and trunk with eyes closed, no pain. Motor functions intact, swallows without difficulty, gag reflex present. Smell intact, no discharge, snoring, or lesions. Right eye vision intact, PERLLA, pupil size 3mm, Left eye unresponsive to light, no accommodation, pupil size 6mm. No use of corrective lenses. No drainage, tearing, or crusts, no lesions. Taste intact. Hearing intact, no hearing aids in use. MAEW, Full ROM on RLE. Limited active ROM in LLE.</p>		<p>Environmental Safety Assessment</p> <ul style="list-style-type: none"> • Completed <p>MISC:</p> <ul style="list-style-type: none"> • Head of Bed elevated • Standard Precaution Isolation • Incentive Spirometer • BOOST Glucose Control Supplemental • ABX TX for MRSA • Pain Management – pharmacological / nonpharmacological • Physical Therapy Consult • Protective cream applied to • Amputation of 5 digits in LLE.
	Cardiovascular	<p>04/23/2025 – Pt. chest exposed while maintaining privacy. Chest is symmetrical with no barrel shape. Regular pulsation in Aortic valve, pulmonic valve, Erb's point, tricuspid valve, and mitral valve correctly identified. Visible pulsations over PMI. Apical pulse assessed for 1 minute (cardiac medications prescribed). HR 91. No gallops, rubs, or murmurs auscultated. Audible S1 & S2. Pt. states chest pain 0/10. No cardiac monitor in place. Pt. states feeling fatigue.</p>		
	Peripheral Vascular	<p>04/23/2025 – Carotid, Brachial, Radial pulses all located and palpated +2. Dorsal pedis located and palpated on RLE +1. No dorsal pedis pulsation present on LLE. Popliteal pulsation palpated via doppler machine on LLE. Doppler machine present at bedside. Presence of paresthesia on LLE. LLE CRT > 3 seconds. Pain LLE 8/10. Pt. positioned at 45</p>		

		degrees no presence of JVD. CRT < 3 seconds all other extremities.	
	Respiratory	04/23/2025 – Chest shape is symmetrical. Breathing is shallow and unlabored. Depth of 1". Respiratory rate is 16. Rhythm pattern is normal. No use of accessory muscles. Anterior lung fields: Coarse crackles bilaterally. Posterior lung fields: Coarse crackles bilaterally. Oxygen saturation is 99% on RA. No cyanosis. Pt has a wet, productive, occasional cough, and is complaining of dyspnea. Incentive Spirometer located at bedside. Pt. reports weakness, fatigue, dyspnea with activity.	
	GI	04/23/2025 – Abdomen is round, tympanic and distended. Hyperactive bowel sounds in all 4 quadrants. Pt. is incontinent and wearing a diaper. Presence of flatus. Single BM during shift: medium, soft, non-formed. Stool sample collected at 1100.	
	GU	04/23/2025 – Bladder is soft and nondistended upon palpation. Pt. is incontinent and wearing a diaper. Urine is yellow, clear, with no foul odor. Output volume unknown.	
	MS	04/23/2025 – Body build is slim. Weight = 61.5 kg Ht = 175 cm. BMI = 21.3. Pt. is able to complete hygiene and feeding ADLs independently. Pt. is lying straight with no apparent structural deviation to either side. No visible signs of kyphosis, scoliosis, or lordosis. Posture is straight and upright. Gait not assessed due to pt unable to ambulate without PT. Movements while in bed are purposeful and controlled. Full ROM of shoulders equal bilaterally. Full Active ROM of elbows bilaterally. Full Active ROM of wrists bilaterally. Full Active ROM of all fingers. Full Active ROM hips bilaterally. Full Passive ROM hips bilaterally. Full Active ROM of knees bilaterally. Full Active ROM of ankles bilaterally. Full Active ROM of toes bilaterally. Muscle size and tone is symmetrical upon palpation. No edema. Grip strength 5/5. Upper Arm strength 5/5 flexion & extension, bilaterally. Lower Arm strength 5/5 flexion & extension, bilaterally. Wrist strength 5/5 flexion &	

		extension bilaterally. All fingers strength 5/5 flexion and extension. Hamstrings strength 5/5 bilaterally. Quadriceps strength 5/5 bilaterally. Ankle strength 3/5 LLE. Feet strength 3/5 flexion and extension, LLE. Toe strength 5/5 flexion and extension, RLE. Absence of toes LLE. No indication of DVT palpated: no warmth or tenderness. Pt. often repositions self while lying in bed. No SCD's in place. No use of assistive device. Pt. on bariatric bed and low air mattress.	
	Social Determinants	Pt. is 80-year-old male who lives in his van in Oxnard. Pt. has unmanaged DM2. Pt. has multiple grandchildren who all live in the area, but he has no contact with them. Pt. will need case management consultation upon discharge. Discharge plan includes SNF placement. Pt. is at high risk for missed follow ups if placed back in current living situation.	
	Psychosocial	Pt. is pleasant and acting appropriately to the situation. Patient is reluctant to take medicine. While receiving his abx, he stated "too much medicina". Patient is also reluctant to eat food.	
	24 Hr Intake	04/23/25 – Total intake: (6 hrs) IV – 0 mL Oral Fluid – 480 mL Meals: 44 carbs at breakfast, did not eat lunch.	
	24 Hr Output	04/23/2025 – Total Output: Void– X 1 in diaper, soiled sheets. BM – X 1 in diaper	

	<p>Pathophysiology: including clinical manifestations, risk factors, complications, and comorbidities. <u>HIGHLIGHT THAT WHICH APPLIES TO YOUR PATIENT.</u></p> <p>Peripheral Artery Disease involves the thickening of the artery walls. This results in the progressive narrowing of the arteries in the upper and lower extremities. Lower extremity PAD may affect the popliteal, femoral, iliac, peroneal, or tibial arteries. The femoral popliteal area is the most common site in nondiabetic patients. Patients with diabetes tend to develop PAD in the arteries below the knee. Those with advanced PAD often have multiple arterial occlusions. (Harding et al. 2020, pg. 800-802).</p> <p>Clinical manifestations: The classic symptom of lower extremity PAD is intermittent claudication: ischemic muscle pain is caused by muscle pain which is resolved in 10 minutes or less with rest and is reproducible. This ischemic pain is due to the buildup of lactic acid from anaerobic metabolism. Calf pain indicates femoral or popliteal involvement. Paresthesia (numbness or tingling) in the toes or feet may result from nerve tissue ischemia. True peripheral neuropathy occurs more often in patients with diabetes. The limb's appearance gives information about reduced blood flow. The skin becomes thin, shiny, and taut. The lower legs lose their hair. Pedal, popliteal, or femoral pulses are decreased or absent. (Harding et al. 2020, pg. 801-802).</p> <p>Complications: Lower extremity PAD progresses slowly. Prolonged ischemia leads to atrophy of the skin and underlying muscles. Minor trauma to the feet can result in delayed healing, wound infection, and tissue necrosis. Nonhealing arterial ulcers and gangrene are the most serious complications. Amputation may be needed if adequate blood flow is not restored, or severe infection occurs. Uncontrolled pain and severe, spreading infection are indicators for amputation in people who are not candidates for revascularization. (Harding et al. 2020, pg. 802).</p> <p>Risk Factors: HTN, High Sodium Diet, Tobacco use, Inactive lifestyle, DM2, HLD, impaired renal function, hyperuricemia, obesity, age >70. (Harding et al. 2020, pg. 805).</p> <p>Comorbidities (applicable to patient): DM2, HTN, HLD (Harding et al. 2020, pg. 805)</p>	
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