COURSE OUTLINE OF RECORD

Number: NURS G130

TITLE: Health and Illness 1

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EFF TERM: Fall 2017

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CROSS LISTED COURSE: TOP NO: 1230.10

COURSE LEVEL STUDENT LEARNING OUTCOME(S) Supported by this course:

1. Perform foundational psychomotor skills safely.
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2. Describe health promotion needs of individuals across the lifespan.

3. Demonstrate a basic head to toe physical assessment.

4. Differentiate between normal/baseline assessments and deviations/abnormal findings.

5. Utilize the nursing process to provide care to meet physical and psychosocial patient needs that adheres to legal, ethical, and professional standards.

6. Utilize information technology in collaboration with nursing and healthcare teams to facilitate communication and coordinate patient care.

COURSE OBJECTIVES:
1. Demonstrate a basic head to toe physical assessment using evidence-based practice. (cSLO 2)
2. Describe health promotion needs of individuals across the lifespan. (cSLO 4)
3. Demonstrate patient centered care while implementing foundational psychomotor skills in a safe manner according to the skills rubric. (cSLO 3)
4. Describe the nursing process and its use in providing care to meet the physical and psychosocial needs of patients across the lifespan. (cSLO 1)
5. Identify normal baseline assessments from deviations and abnormal findings for identification of potential health problems to promote quality care. (cSLO 5)
6. Organize safe evidence-based nursing care, based on the nursing process framework that is patient-centered and meets the patient's physical and psychosocial needs. (cSLO 1)
7. Assess cultural needs and provide nursing care for patients from diverse cultural groups. (cSLO 1)
8. Utilize a standardized communication technique to communicate with members of the healthcare team. (cSLO 6)
9. Describe factors that influence patient compliance with the therapeutic plan and utilize this information to develop effective teaching plans to promote health. (cSLO 4)
10. Incorporate the use of informatics and technology, including electronic health records, to collect and document patient care for the adult and geriatric patient. (cSLO 6)

COURSE CONTENT:

LECTURE CONTENT:

I. Overarching standards that will be addressed in each concept:

A. Patient-centered Care: Utilizing the nursing process to provide compassionate culturally sensitive care that is based on the physiological psychological sociological spiritual and cultural needs preference and values.

B. Safety and Quality Improvement (QI): The minimization of risk factors that could cause harm while promoting quality care and maintaining a secure environment for patients self and others in order to improve health care services and better meet the needs of patients.

C. Nursing Judgment/Evidence Based Practice (EBP): The use of current knowledge from research and other credible sources in consideration of the nurse’s clinical expertise and patient preferences to make nursing clinical judgments and provide patient, family and community centered care.

D. Teamwork and Collaboration: The delivery of patient care in partnership with nursing and interdisciplinary teams to achieve continuity of care and promote patient outcomes.

E. Information and Technology: The use of information and technology as a communication and data gathering tool that supports clinical decision making and safe scientifically based nursing practice.
F. **Professional Identity:** The adherences to legal, ethical and professional standards of practice to provide nursing care for patients across the lifespan.

II. **For the following concepts, apply the nursing process and collaborative management for improved patient outcomes focusing on the adult and geriatric patient:**

A. **Cognition:** Thinking skills, including language use, calculations, perception, memory, awareness, reasoning, judgment, learning, intellect, social skills and imagination.
   - A. Introduction to the concept of cognition as it relates to the care of patients.
   - B. Nursing assessment of patients with cognitive issues.
   - C. Nursing interventions to safely care for patients with dementia and delirium.

B. **Elimination:** The secretion and excretion of bodily waste.
   - A. Introduction to the concept of elimination as it relates to the care of patients.
   - B. Nursing assessment of the elimination patterns of the adult patient.
   - C. Nursing interventions to maintain proper elimination patterns in adult patients with incontinence.

C. **Fluid & Electrolytes:** The physiological mechanisms that maintain fluid and electrolyte balance.
   - A. Introduction to the concept of fluid and electrolytes as it relates to the care of patients.
   - B. Nursing assessment of adult patients with fluid balance issues.
   - C. Nursing care of adult patients with fluid volume excess or fluid volume deficit.

D. **Grief & Loss:** A series of responses that occur following a physical and/or psychological insult with a goal of returning to homeostasis.
   - A. Introduction to the concept of grief and loss as it relates to the care of patients.
   - B. Nursing assessment of the dying patient and their family.
   - C. Nursing interventions for the dying patient and their family.

E. **Health & Wellness:** A subjective perception of what makes life meaningful and manageable and is result of adaptation to life's immediate experiences to maintain physical, psychological, social and cultural harmony.
   - A. Introduction to the concept of health and wellness as it relates to the care of patients.
   - B. Nursing assessment of the adult patient.
   - C. Safe administration of oral, parenteral, and topical medications for the adult patient.
   - D. Sexuality in older adults and related health screening/implications.

F. **Immunity:** The natural induced resistance to infection and conditions associated with impaired responses.
   - A. Introduction to the concept of immunity as it relates to the care of patients.
   - B. Nursing assessment of the immunity status of patients.
   - C. Nursing interventions of patients with immunity issues.

G. **Infection:** A state of tissue destruction resulting from the invasion of microorganisms into the body.
   - A. Introduction to the concept of infection as it relates to the care of patients.
   - B. Nursing assessment to detect infection.
   - C. Nursing care of patients with infections.

H. **Inflammation:** The physiologic response to injury, infection or allergens.
   - A. Introduction to the concept of inflammation as it relates to the care of patients.
   - B. Nursing assessment to identify patients at risk for inflammatory response.
   - C. Nursing interventions for patients with inflammation.

I. **Mobility:** Mechanisms which affect the ability to move within an individual and living environment.
A. Introduction to the concept of mobility as it relates to the care of patients.
B. Nursing assessment of the mobility status of patients.
C. Nursing interventions to promote optimal mobility of patients.

J. Nutrition: The process by which the body ingests, absorbs, transports and uses nutrients and food.
A. Introduction to the concept of nutrition as it relates to the care of patients.
B. Nursing assessment of the nutritional status of patients.
C. Nursing interventions to promote optimal nutrition in patients.

K. Oxygenation: The exchange of gases (oxygen and carbon dioxide) in the cells.
A. Introduction to the concept of oxygenation as it relates to the care of patients.
B. Nursing assessment of patient's oxygenation status.
C. Nursing interventions to promote optimal oxygenation.

L. Pain and Comfort: An experience of emotional, spiritual, psychological and physical well-being.
A. Introduction to the concept of pain and comfort as it relates to the care of patients.
B. Nursing assessments to identify pain levels of patients.
C. Nursing interventions to decrease and/or alleviate pain in patients.

M. Sensory Perception: Factors contributing to receiving and interpreting internal and external stimuli.
A. Introduction to the concept of sensory perception as it relates to the care of patients.
B. Nursing assessment to identify sensory/perception difficulty in patients.
C. Nursing interventions of patients with deficits in senses/perception.

N. Stress & Coping: Conditions which disturb physiological and/or psychological equilibrium and the body's attempt to return to homeostasis following disequilibrium.
A. Introduction to the concept of stress and coping as it relates to the care of patients.
B. Nursing assessment to identify stress levels and coping mechanisms of patients.
C. Nursing interventions to assist patients' attainment of equilibrium.

O. Tissue Integrity: Mechanisms that facilitate intact skin and mucous membranes and their physiological functioning.
A. Introduction to the concept of tissue integrity as it relates to the care of patients.
B. Nursing assessment of a patient's tissue integrity.
C. Nursing interventions to take care of patients with impaired tissue integrity.

LABORATORY CONTENT:
A. Clinical evaluation tool is used to evaluate students' performance during healthcare and community experiences. (See attachment)
B. Healthcare and Community Experiences: Students experience hands-on activities weekly.
C. Human Patient Simulation (HPS): Simulated scenarios enhance learning through directly relating theory to the clinical setting in an interactive environment.
D. Nursing Education Simulation Technology (NEST) Center: Practice and demonstrate competency in nursing skills.
E. Skills: Perform psychomotor skills and/or interventions for improved patient outcomes based on evidence-based practice and evaluated through use of a skills rubric.
A. Basic Patient Care:
   1. Bathing
   2. Linen change
   3. Transferring and repositioning patients
   4. Feeding patients
B. Vital Signs
C. Physical Assessment
D. Point of Care Blood Glucose Monitoring
E. Medication Administration:
   1. Orals
   2. Nasogastric medications
   3. Subcutaneous injections
   4. Intramuscular injections
   5. Intradermal injections
   6. Intravenous piggyback
   7. Topical medications
F. Nasogastric tubes: insertion, feeding, removal
G. Indwelling catheter insertion and removal
H. Intravenous fluids: changing bags, monitoring site

METHODS OF INSTRUCTION:
A. Lecture:
B. Lab:
C. Tutoring – noncredit:
D. Video One Way – Audio Two Way:
E. Independent Study:

INSTRUCTIONAL TECHNIQUES:
Seminar style instruction.

COURSE ASSIGNMENTS:
Reading Assignments
   A. Textbook
   B. Interactive software for students

Out-of-class Assignments
   A. Reading assignments from required textbooks and online resources
   B. Practice nursing skills and interventions in the skills lab (NEST)
   C. Internet research for evidence-based articles
   D. View audio-visual material as assigned

Writing Assignments
   A. Concept map nursing care plans
   B. Senior center assignments
   C. Medication administration critical thinking exercises
   D. Special project presentations

METHODS OF STUDENT EVALUATION:
Final Exam
Short Quizzes
Written Assignments
Objective Examinations
Report
Projects (ind/group)
Problem Solving Exercises
Oral Presentations
Skills Demonstration
Demonstration of Critical Thinking:

A. Concept maps
B. Human Patient Simulation scenarios
C. Case studies

Required Writing, Problem Solving, Skills Demonstration:

Concept map nursing care plans, medication critical thinking exercises, and senior center assignments. **Skills demonstration:** blood pressure, physical assessment, oral/topical/parenteral medication administration, nasogastric tube insertion and feeding, and indwelling catheter insertion.

TEXTS, READINGS, AND RESOURCES:

TextBooks:

Software:

LIBRARY:

**Adequate library resources include:** Print Materials
Non-Print Materials
Online Materials

Comments:

Attachments:

[Attached Files](#)