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Name of Department:	Nursing				
Instructor Name:	Mary Moser-Gautreaux EdD MSN CNS				
Office Location:	Nursing Education Rm112A				
Office Hours:	Wednesday 0800-1300 or by appointment; Monday 1300-1400				
E-mail:	mmosergautreaux@unm.edu				
Telephone:	(505) 925-8873				
Class Meeting Days/Times:	Monday and Tuesday 0830-1250 Room Nursing Education 111				
Lab/Clinical Days/Times	Labs will be on Tuesday from1330-1630 and Wednesdays 0830-1200 and as scheduled				
	Clinical will be on Saturdays and Sundays per schedule or Thursday and Fridays per schedule				
	Simulations will be per schedule				
	NURS 110, NURS 115, HCHS 125, NURS 130, NURS 131, NURS 230, NURS 232, NURS 234; NURS 242, NURS				
pre-requisites:	245				
co-requisites:					
	Syllabus				
Title of Course:	NURS 243 Medical-Surgical Nursing III Spring 2018				
Course Description:	The nursing process is applied in the care of the adult client with complex acute, life-threatening, multi-				
	system health problems. Clinical learning may take place in outpatient and inpatient acute care settings and				
	simulation labs.				
Credit Hours and Contact	Classroom Hours: 8 hours/week theory (6 credits)				
Hours:	Clinical Hours: 144 hours/semester (3 clinical credits) Total: 9 credits				
Student Learning	1. Participate in professional nursing practice that is patient-centered and culturally appropriate for individuals, families,				
Outcomes:	and communities. (G.O1) 2. Functions effectively as a member of the inter-professional healthcare team for the delivery of healthcare for quality				
	patient outcomes.(G.O2)				
	3. Deliver nursing care that is evidence based in a variety of healthcare settings.(G.O3)				
	4. Apply the principles of quality improvement to nursing practice within a variety of healthcare settings.(G.O4)				
	5. Integrate principles of safe nursing care into nursing practice (G.O5)				
	6. Utilize technologies for the management of information and in the delivery of patient care.(G.O6)				

Required Text(s) and Supporting Materials:	<ul> <li>Lewis, Diirksen, Heitkemper, Butcher (2014) 10<sup>th h</sup> Ed Medical Surgical Nursing Assessment and Management of Clinical Problems.</li> <li>Pagana, T.J.; Pagana, D.P. (2012). Mosby's Diagnostic and Laboratory Test Reference. (11th ed). St. Louis: Elsevier/Mosby. (or other current manual)</li> <li>Potter, P.A., Perry, A.G. (2015) Essentials of Nursing practice (8<sup>th</sup> ed.). St. Louis: Elsevier/Mosby</li> <li>Morris, D.G. (2009) Calculate with Confidence. (5<sup>th</sup> ed.). St. Louis: Elsevier/Mosby</li> <li>Deglin, Vallerand, Davis's Drug Guide for Nurses, latest edition, F. A. Davis (or other current drug handbook)</li> <li>Kaplan resources</li> <li>Blackboard Learn<sup>©</sup> Contents</li> <li>Liability and needle stick insurance, uniform, stethoscope, penlight, proper identification</li> </ul>
Course Communication	Effective, ongoing communication is a key element of success in the nursing program. Instructors and staff communicate with students via email when not in class. Students need to check their UNM and Blackboard email accounts regularly. Full-time nursing instructors have voice mail, and communication should take place directly with your instructor. Full-time instructors hold scheduled office hours as posted in their syllabus and outside of their offices, and students may schedule conference times as needed. In addition, there is student representation on the nursing faculty committee, and the representatives are responsible for communicating pertinent information to their classmates. Part-time faculty will identify their preferred method for communication to the students.
Electronic Device Usage:	Cellphones and other devices except laptop computers are not permitted in the classroom setting. They must be silenced and put away. Cellphone that ring or are used during class or testing will result in the student being excused from the class or test. Any make-up of assignments or exams due to violation of this policy is solely at the discretion of the instructor. The use of computers is acceptable in the learning context of the class. Lectures may be audiotaped at the express permission of the instructor. Classroom capture is not available at this time.
Academic Integrity:	Having academic integrity is paramount to your success in any class. Plagiarism or cheating is not tolerated. Any instance of this will result in a grade of zero for that assignment. Here is the link to the UNM Academic Dishonesty Policy: <a href="https://policy.unm.edu/regents-policies/section-4/4-8.html">https://policy.unm.edu/regents-policies/section-4/4-8.html</a> . The policy states:  Each student is expected to maintain the highest standards of honesty and integrity in academic and professional matters. The University reserves the right to take disciplinary action, up to and including dismissal, against any student who is found guilty of academic dishonesty or who otherwise fails to meet the expected standards. Any

	student judged to have engaged in academic dishonesty in course work may receive a reduced or failing grade for the work in question and/or for the course.				
	Academic Dishonesty is defined as: "Academic dishonesty" includes, but is not limited to, dishonesty in quizzes, tests, or assignments; claiming credit for work not done or done by others; hindering the academic work of other students; misrepresenting academic or professional qualifications within or without the University; and nondisclosure or misrepresentation in filling out applications or other University records.				
Classroom Use/ Attendance/ Professional Behavior	The classroom is available for student use outside of regularly scheduled classes when other classes are not in session. There is a reference area and computers available. In accordance with UNM policy there is no eating or drinking allowed in the classroom. Students may have water in enclosed bottles during class.				
	See the current Student Nurse Handbook for complete listing of attendance and professional behavior policies.				
Student Concerns or Grievances	UNM-Valencia nursing program follows the specific Grievance Procedure as provided in the UNM Valencia <a href="Catalog">Catalog</a> . Prior to participating in the campus procedure, the student is encouraged to review their complaint within the nursing department by following these steps:				
	SBAR: To be used as a tool for communicating student concerns in a professional manner.				
	Instructions:				
	<ul> <li>The student completes the SBAR using professional language to communicate a concern about classroom, clinical or lab. You may check with your faculty if you are unsure if this process is necessary.</li> <li>Email the completed SBAR to the instructor.</li> </ul>				
	<ul> <li>The instructor will contact the student after reviewing the SBAR to schedule a face to face meeting to discuss the SBAR. The student should bring a printed copy to the meeting.</li> </ul>				
Students with Disabilities:	In accordance with University Policy 2310 and the Americans with Disabilities Act (ADA), reasonable accommodations are made to all qualified students unless such accommodations fundamentally alter a program or service or place an undue hardship on the operation of the University. If you have a documented disability, the Equal Access Services office will provide me with a letter outlining your accommodations. I will then discuss the accommodations with you to determine the best learning environment. If you feel that you need accommodations, but have not documented your disability, please contact Jeanne Lujan, the coordinator for Equal Access Services at 925-8910 or <a href="mailto:imlujan@unm.edu">imlujan@unm.edu</a> .				

DISCRIMINATION	In an effort to meet obligations under Title IX, UNM faculty, Teaching Assistants, and Graduate Assistants are considered "responsible employees" by the Department of Education (see page 15 - <a href="http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf">http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf</a> ). This designation requires that any report of gender discrimination which includes sexual harassment, sexual misconduct and sexual violence made to a faculty member, TA, or GA must be reported to the Title IX Coordinator at the Office of Equal Opportunity (oeo.unm.edu). For more information on the campus policy regarding sexual misconduct, see: <a href="https://policy.unm.edu/university-policies/2000/2740.html">https://policy.unm.edu/university-policies/2000/2740.html</a> .

Course Matrix         Exam 1         18.75%         187.5 points           Exam 2         18.75%         187.5 points           Exam 3         18.75%         187.5 points           Exam 4         18.75%         187.5 points           Pharmacology Exam with remediation         Simulation 10% total         100 points           Kaplan Exam wremediation         5% total         100 points           Evidenced Based Paper and Presentation 10%         100 points           TOTAL         100%         1000 points	Student Handbook Policies	Students are expected to read and be familiar with the policies as stated in the student handbook. Students need to pay close attention to the following policies:  • Attendance Theory/lab/clinical  • Cell Phone use  • Uniform policy  • Medication math exam  Students may wear casual professional for theory class. Lab/clinical uniforms are to be worn on lab/clinical or			
Exam 2 18.75% 187.5 points  Exam 3 18.75% 187.5 points  Exam 4 18.75% 187.5 points  Pharmacology Exam with remediation  Simulation 10% total 100 points  Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points		·			
Exam 3 18.75% 187.5 points  Exam 4 18.75% 187.5 points  Pharmacology Exam with remediation  Simulation 10% total 100 points  Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points	Course Matrix	Exam 1 18.75%	187.5 points		
Exam 4 18.75% 187.5 points  Pharmacology Exam with remediation  Simulation 10% total 100 points  Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points		Exam 2 18.75%	187.5 points		
Pharmacology Exam with remediation  Simulation 10% total 100 points  Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points		Exam 3 18.75%	187.5 points		
Simulation 10% total 100 points  Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points		Exam 4 18.75%	187.5 points		
Kaplan Exam w remediation 5% total 100 points  Evidenced Based Paper and Presentation 10% 100 points		Pharmacology Exam with remediation			
Evidenced Based Paper and Presentation 10% 100 points		Simulation 10% total	100 points		
		Kaplan Exam w remediation 5% total	100 points		
TOTAL 100% 1000 points		Evidenced Based Paper and Presentation 10%	100 points		
		TOTAL 100%	1000 points		

Evaluation/Grading Policies:

• Theory Grading Policy: There will be four(4) theory tests in NURS 243

- The theory unit tests must achieve a minimum cumulative grade of 75%, which will constitute 75% of the student's final grade. Each theory examination will contain five (5) dosage/calculation problems.
- Course average must achieve a minimum cumulative grade of 75%
- There are no exam retakes, dropping of the lowest grade or extra credit.
- Other methods of evaluation will amount to 25% of a student's total grade and will not substitute for a passing grade in the testing component of the grade calculation.
- A failing grade will not be rounded to a passing grade (example: 74.99% does not round to 75%.
- A passing score in the clinical portion will not be considered until the 75% test average and the 75% course average requirements are met.

<u>Clinical Grading Policy:</u> All clinical/lab rotations will be graded with a "Pass/Fail." To pass, a student must successfully complete all required clinical hours, assignment work, and Meet the following performance evaluation criteria:

- Student is expected to *Meet Expectations* for Clinical Evaluation Competencies (CEC) in order to pass the course.
- It is understood student MAY NOT meet all of the CECs in the beginning weeks of the course. It is expected the student will be meet all of the CECs within the last weeks of the clinical experience.
- If student *Meet Expectations* in all CECs, it is optional for the course instructor of record to write a narrative note.
- If student DOES NOT *Meet Expectations* in one competency, the course instructor of record is required to write narrative note.
- If a student DOES NOT *Meet Expectations* in one competency two weeks in a row, the course instructor of record will discuss with student options for improvement.
- If a student DOES NOT *Meet Expectations* in one competency three weeks in row, the student will be placed on Clinical Probation and a written improvement plan developed by the course instructor of record and signed by both that instructor, the program director, and the student.

<u>Mathematics Grading Policy:</u> To insure the safety of the clients, **at the beginning of the FOURTH (4<sup>TH</sup>) SEMESTER** the student must pass a dosage/calculation test with a minimum of 90% after maximum of three (3) attempts before they are permitted to enter the clinical setting. The inability to successfully pass the dosage/calculation test in the maximum attempts will result in failure of the clinical portion of the course and requires remediation prior to applying for readmission. Remediation consists of successfully passing an approved nursing dosage/calculation course. There will be dosage and calculation math questions on all theory examinations.

## **KAPLAN POLICY**

The UNM-Valencia Nursing Program has adopted a comprehensive assessment and review program from Kaplan Nursing. The intent of this program is to provide students with the tools they need to be successful in the nursing program and on the NCLEX-RN. The Kaplan program is 10% of the student's grade in all nursing courses except HCHS125, NURS242, and NURS110. In NURS242, the Kaplan component is 35% of the course grade and there are no Kaplan points in HCHS 125 and NURS 110.

Kaplan also provides both focused review (practice) and integrated (proctored tests). The focused review tests are designed for student self-assessment and provide students with immediate question feedback and rationales. Instructors will direct the students to the appropriate focused review tests in each course. In order to receive credit, students must complete the focused review tests as assigned and during the designated time period

specified in individual course syllabi. In order for the student to take the Kaplan integrated test, each student must have completed the assigned online focused review test(s). Grade points for focused review tests are awarded based on the score achieved. The 10% of each course grade allotted to Kaplan will be derived from four sources and totaled for a possible 100 points

Focused Review (practice) Test in Assigned Content Area	Points
90-100%	25
80-89.9%	20
60-79.9%	15
40-59.9%	10
< 39.9%	0
Integrated (proctored) Test in Content Area	
≥ 70 <sup>th</sup> percentile	25
60- 69.99 <sup>th</sup> percentile	20
50–59.9 <sup>th</sup> percentile	15
40–49.9 <sup>th</sup> percentile	10
<40 <sup>th</sup> percentile	0
Remediation of Focused Review Test(s)	
Remediates all questions minimum of 1 minute	25
Remediates all questions minimum of 45 seconds	20
Remediates only wrong questions minimum of 45 seconds	15
Remediates >50% minimum of 45 seconds	10
Remediates < 50% and/or minimum of 45 seconds	0
Remediation of Integrated Test	
Remediates all questions minimum of 1 minute	25
Remediates all questions minimum of 45 seconds	20
Remediates only wrong questions minimum of 45 seconds	15
Remediates >50% minimum of 45 seconds	10
Remediates < 50% and/or minimum of 45 seconds	0
Total points	

## **Focused Review Tests**

Focused review tests are assigned by course faculty. Tests taken at times other than when they are assigned will mean no points are awarded for the test.

## This Syllabus, including the Course Schedule, is subject to change at the discretion of the Instructor in accordance with UNM Valencia Academic Policies

Unit Exams -75% of total grade- 150 points/	Unit Exam Points (must equal a minimum of 300 total)  Exam 1  Exam 2	Unit Exam Percentage         (must equal 75% average)           Exam 1
	Exam 3 Exam 4  Total	Exam 4%  Average%
Evidenced Based Paper and Presentation 10% of Total Grade 75points paper 25 Points presentation Total 100 points	EB Paper EB Presentation Total	EB Paper% EB Presentation%  Total
<b>Kaplan</b> -10% of grade- 100 points possible		
Simulation 5% of grade	Simulation	
Total – 100% (1000 points)	Total Points	Total Percentage%
Clinical Evaluations Clinical grade is pass/fail and is not considered until theory requirements are met.)	Clinical Points  Clinical Eval 1  Clinical Eval 2  Clinical Eval 3	Clinical Percentage  Clinical Eval 1%  Clinical Eval 2%  Clinical Eval 3%  Clinical Eval 4%
	Clinical Eval 4 Clinical Eval 5	Clinical Eval 5%

Pass Fail	Total Points	Total Percentage%

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	Course Schedule					
\A/I/	Data	Objectives	Tania/Cantant	Fall 2016		
WK	Date	Objectives	Topic/Content	Prep		
1	1/16/2018	Syllabus/Course Review Medication Math review,	Lewis Chapter 55,56	Glascow Coma scale		
		Evidenced Based assignment	Nursing Management	NCLEX Review Questions		
		-	of Acute Intracranial	Pre-Test		
		Explain the physiologic mechanisms that maintain normal	Problems	Case Studies		
		intracranial pressure.	Stroke	<ul> <li>Patient with Head Injury</li> </ul>		
		Describe the common etiologies, clinical manifestations, and		<ul> <li>Patient with Meningitis</li> </ul>		
		collaborative care of the patient with increased intracranial				
		pressure.				
		Describe the collaborative and nursing management of the				
		patient with increased intracranial pressure. (SLO2,3,4)				
		· · · · · · · · · · · · · · · · · · ·				
		clinical manifestations. (SLO1,5)				
		Describe the collaborative care and nursing management of  the patient with a bead injury (CLO 1.2.6)				
		the patient with a head injury.(SLO 1,2,6)				
		Compare the types, clinical manifestations, and collaborative     (\$1.0.4.2)				
		care of patients with brain tumors.(SLO 1,2)				
		Discuss the nursing management of the patient with a brain				
		tumor.(SLO1)				
		Describe the nursing management of the patient undergoing				
		cranial surgery.(SLO1)				
		<ul> <li>Differentiate among the primary causes, collaborative care,</li> </ul>				
		and nursing management of brain abscess, meningitis, and				
		encephalitis.(SLO3)				
2	1/22/2018	<ul> <li>Describe the incidence of and risk factors for stroke. (SLO3)</li> </ul>	• Lewis	NIH stroke scale		
		<ul> <li>Explain mechanisms that affect cerebral blood flow. (SLO1)</li> </ul>	Chapter 57			
		<ul> <li>Compare and contrast the etiology and pathophysiology of</li> </ul>	<ul><li>Nursing</li></ul>			
		ischemic and hemorrhagic strokes. (SLO 1,4)	Management			

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		<ul> <li>Correlate the clinical manifestations of stroke with the underlying pathophysiology. (SLO1)</li> <li>Identify diagnostic studies performed for patients with strokes. (SLO3)</li> <li>Differentiate among the collaborative care, drug therapy, and surgical therapy for patients with ischemic strokes and hemorrhagic strokes. (SLO1,5)</li> <li>Describe the acute nursing management of a patient with a stroke.(SLO5)</li> </ul>	of Acute stroke	<ul> <li>Read - Textbook (Chapter 57, pp. 1345-1366)</li> <li>Review - Evolve Resources</li> <li>NCLEX Review Questions</li> <li>Pre-Test</li> <li>Answer Guidelines for Case Study</li> <li>Rationales for Bridge to NCLEX Examination Questio</li> <li>Case Studies         <ul> <li>Patient with Hypertension and Stroke</li> <li>Patient with Stroke</li> </ul> </li> </ul>
11				Table 58-7 - Emergency Management: Stroke
3	1/23/2018-1/29/2018	<ul> <li>Explain the etiology, clinical manifestations, collaborative care, and nursing management of Guillain-Barré syndrome, botulism, tetanus, and neurosyphilis. (SLO1)</li> <li>Describe the classification of spinal cord injuries and associated clinical manifestations. (SLO 1,2,3)</li> <li>Describe the clinical manifestations, collaborative care, and nursing management of neurogenic and spinal shock. (SLO 1,3,4)</li> <li>Relate the clinical manifestations of spinal cord injury to the level of disruption and rehabilitation potential. (SLO 1,5)</li> <li>Describe the nursing management of the major physical and psychologic problems of the patient with a spinal cord injury. (SLO 2,3,4)</li> <li>Describe the effects of spinal cord injury on the older adult population. (SLO1,2)</li> <li>Explain the types, clinical manifestations, collaborative care, and nursing management of spinal cord tumors. (SLO1,2)</li> </ul>	Lewis Chapter 60 Nursing Management of Peripheral and Spinal cord Problems	<ul> <li>Bell's Palsy</li> <li>Carpal Tunnel Syndrome</li> <li>Guillain-Barre Syndrome</li> <li>Spinal Cord Injury</li> <li>Spinal Cord Tumors</li> <li>NCLEX Review Questions</li> <li>Pre-Test</li> <li>Case Study <ul> <li>Patient with Spinal Cord Injury</li> </ul> </li> <li>Kaplan Foocused review Neurological 2 Due NLT 1/29/2018</li> </ul>
3	1/30-	0		
		<ul> <li>Differentiate the pathophysiology, clinical manifestations, and collaborative care of different types of aortic aneurysms. (SLO1,2,3)</li> <li>Select appropriate nursing interventions for a patient undergoing an aortic aneurysm repair. (SLO 1,4)</li> <li>Describe the pathophysiology, clinical manifestations, collaborative care, and nursing management of aortic dissection. (SLO1,3,5)</li> </ul>	Lewis Chapters 36,37 Care of Patients with Vascular Problems Care of Patients with Inflammatory and Structural Heart Disorders	<ul> <li>Review - Clinical Companion</li> <li>Cardiomyopathy</li> <li>Endocarditis, Infective</li> <li>Myocarditis</li> <li>Pericarditis, Acute</li> <li>Rheumatic Fever and Heart Disease</li> <li>Valvular Heart Disease</li> </ul> NCLEX Review Questions

		<ul> <li>Describe the etiology, pathophysiology, and clinical manifestations of infective endocarditis and pericarditis.(SLO 1,3,4)</li> <li>Describe the collaborative care and nursing management of the patient with infective endocarditis and pericarditis.(SLO 2,4)</li> <li>Differentiate the etiology, pathophysiology, and clinical manifestations of myocarditis.(SLO1,2)</li> <li>Describe the collaborative care and nursing management of a patient with myocarditis.(SLO1,2)</li> <li>Differentiate the etiology, pathophysiology, and clinical manifestations of rheumatic fever and rheumatic heart disease.(SLO1,3)</li> <li>Describe the collaborative care and nursing management of the patient with rheumatic fever and rheumatic heart disease.(SLO1,2)</li> <li>Relate the pathophysiology to the clinical manifestations and diagnostic studies for the various types of valvular heart disease.(SLO1,6)</li> <li>Describe the collaborative care and nursing management of the patient with valvular heart disease.(SLO2,4)</li> <li>Relate the pathophysiology to the clinical manifestations and diagnostic studies for the different types of cardiomyopathy.(SLO1,6)</li> <li>Compare the nursing and collaborative management of patients with different types of cardiomyopathy.(SLO 1,2)</li> </ul>		Pre-Test Case Study  ● Patient With Rheumatic Fever and Heart Disease Focused Review Kaplan Cardiovascular 3 Due NLT 2/6/2018
3	1/30/2018	<ul> <li>Relate the etiology and pathophysiology of coronary artery disease (CAD), angina, and acute coronary syndrome (ACS) to the clinical manifestations of each disorder. (SLO 1,</li> <li>Describe the nursing role in the promotion of therapeutic lifestyle changes in patients at risk for CAD.(SLO 3,2)</li> <li>Differentiate the precipitating factors, clinical manifestations, collaborative care, and nursing management of the patient with CAD and chronic stable angina.(SLO1,2,4,5)</li> <li>Explain the clinical manifestations, complications, diagnostic study results, and collaborative care of the patient with ACS. (SLO 1,6)</li> <li>Evaluate commonly used drug therapy in treating patients with CAD and ACS.(SLO3,5)</li> </ul>	Lewis Chapter 33,34,35 Care of Patients with Acute Coronary Syndrome	<ul> <li>Acute Coronary Syndrome</li> <li>Angina, Chronic Stable</li> <li>Coronary Artery Disease</li> <li>Myocardial Infarction</li> <li>Dysrhythmias</li> <li>Pacemakers</li> <li>Characteristics of Common Dysrhythmias</li> </ul> Review - Evolve Resources <ul> <li>NCLEX Review Questions</li> </ul>

4	2/5/2018	<ul> <li>Prioritize key components to include in the rehabilitation of patients recovering from ACS and coronary revascularization procedures. (SLO2,3)</li> <li>Differentiate the precipitating factors, clinical presentation, and collaborative care of patients who are at risk for or have experienced sudden cardiac death.(SLO 1,2,3)</li> <li>Exam 1 (Neuro &amp;EBP</li> <li>Cont. from 2/7/2017</li> <li>Differentiate between acute kidney injury and chronic kidney disease.(SLO1,3)</li> </ul>	Lewis Chapter 46 Care of Patients with	Case Study     Patient with Coronary Artery Disease and A Coronary Syndrome  Review - Clinical Companion
		<ul> <li>Identify criteria used in the classification of acute kidney injury using the acronym RIFLE (risk, injury, failure, loss, end-stage kidney disease).(SLO1,5)</li> <li>Describe the clinical course of acute kidney injury.(SLO1,3)</li> <li>Explain the collaborative care and nursing management of a patient with acute kidney injury.(SLO 2,4)</li> <li>Define chronic kidney disease and delineate the five stages of chronic kidney disease based on the glomerular filtration rate. (SLO 1,3)</li> <li>Differentiate among renal replacement therapy options for individuals with end-stage kidney disease. (SLO 1,3)</li> <li>Compare and contrast nursing interventions for individuals on peritoneal dialysis and hemodialysis.(SLO 1,3)</li> <li>Discuss the role of nurses in the management of individuals that receive a kidney transplant.(SLO 1,3)</li> </ul>	Renal Disorders & Care of Patients with Acute Kidney Injury and Chronic Kidney Disease	<ul> <li>Kidney Disease, Chronic</li> <li>Kidney Injury, Acute</li> <li>Dialysis</li> <li>Review - Evolve Resources</li> <li>NCLEX Review Questions</li> <li>Pre-Test</li> <li>Case Studies         <ul> <li>Patient With Glomerulonephritis and Disease</li> <li>Patient With Kidney Transplant</li> </ul> </li> <li>eTable 47-1: Manifestations of Acute Kidney</li> <li>eTable 47-2: Case Study: Intrarenal Cause of Acute K Following Surgery</li> </ul>
5	2/12/2018	<ul> <li>exam 2 CAD, Cardiac, renal</li> <li>Differentiate among the types of viral hepatitis, including etiology, pathophysiology, clinical manifestations, complications, and collaborative care. (SLO1)</li> <li>Describe the nursing management of the patient with viral hepatitis.(SLO1,2)</li> <li>Describe the pathophysiology, clinical manifestations, complications, and collaborative care of the patient with nonalcoholic fatty liver disease. (SLO 1,2,3)</li> </ul>	Lewis Chapter 43 Nursing Management: Liver, Pancreas, and Biliary Tract Problems Lewis Chapter 50 Nursing Management: Endocrine Problems	Review - Clinical Companion  Cholelithiasis/Cholecystitis Cirrhosis Hepatitis, Viral Liver Cancer Pancreatic Cancer Pancreatitis, Acute Pancreatitis, Chronic Diabetes Mellitus

		<ul> <li>Explain the etiology, pathophysiology, clinical manifestations, complications, collaborative care, and nursing management of the patient with cirrhosis of the liver.(SLO 1,2,3)</li> <li>Describe the clinical manifestations and management of liver cancer.(SLO 1,4)</li> <li>Differentiate between acute and chronic pancreatitis related to pathophysiology, clinical manifestations, complications, collaborative care, and nursing management.(SLO 1,2,4,5)</li> <li>Explain the clinical manifestations and collaborative care of the patient with pancreatic cancer.(SLO 1,2)</li> <li>Describe the pathophysiology, clinical manifestations, complications, and collaborative care of gallbladder disorders.(SLO 1,2)</li> <li>Describe the nursing management of the patient undergoing surgical treatment of cholecystitis and cholelithiasis.(SLO1,2,3)</li> <li>Relate the pathophysiology of acute and chronic complications of diabetes mellitus to the clinical manifestations. (SLO1,2)</li> <li>Explain the collaborative care and nursing management of the patient with acute and chronic complications of diabetes mellitus(SLO 2)</li> </ul>		<ul> <li>Metabolic Syndrome</li> <li>Review - Evolve Resources</li> <li>NCLEX Review Questions</li> <li>Case Studies         <ul> <li>Patient with Acute Pancreatitis</li> <li>Septic Shock</li> <li>Patient With Cholelithiasis/Cholecystitis</li> <li>Patient with Cirrhosis</li> <li>Patient with Hepatitis</li> <li>Patient With Diabetes Ketoacidosis</li> </ul> </li> </ul>
5	2/13/2018	continuation of previous week		
6	2/19/2018	<ul> <li>Exam 3 (GI</li> <li>Relate the causes of and prevention strategies for burn injuries. (SLO1,3,5)</li> <li>Differentiate between partial-thickness and full-thickness burns. (SLO1)</li> <li>Apply the tools used to determine the severity of burns. (SLO3,6)</li> <li>Compare the pathophysiology, clinical manifestations, complications, and collaborative management throughout the three burn phases. (SLO1,2)</li> <li>Compare the fluid and electrolyte shifts during the emergent and acute burn phases. (SLO 1)</li> <li>Differentiate the nutritional needs of the burn patient throughout the three burn phases. (SLO1.2)</li> <li>Compare the various burn wound care techniques and surgical options for partial-thickness versus full-thickness burn wounds. (SLO1,3,4)</li> </ul>	Lewis: Chapter 24 Nursing Management: Burns	Practice - Clinical Companion  Burns  Review - Evolve Resources  NCLEX Review Questions Case Study Patient With Burns

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		<ul> <li>Prioritize nursing interventions in the management of the physiologic and psychosocial needs of the burn patient.(SLO 1,2)</li> <li>Examine the various physiologic and psychosocial aspects of burn rehabilitation.(SLO1,4)</li> <li>Design a plan of care to prepare the burn patient and caregiver for discharge.(SLO1,4)</li> </ul>		
6	2/20/2018	<ul> <li>Compare the pathophysiologic mechanisms and clinical manifestations that result in hypoxemic and hypercapnic respiratory failure.(SLO1,3,6)</li> <li>Differentiate between the nursing and collaborative management of the patient with hypoxemic or hypercapnic respiratory failure.(SLO 1,2,3)</li> <li>Relate the pathophysiologic mechanisms and the clinical manifestations associated with acute lung injury and acute respiratory distress syndrome (ARDS).(SLO1,3)</li> <li>Select appropriate nursing and collaborative management strategies for the patient with ARDS.(SLO1,2)</li> <li>Prioritize measures to prevent or reverse complications that may result from acute respiratory failure or ARDS. (SLO1,5)</li> <li>Select appropriate nursing interventions to manage common problems and needs of critically ill patients. (SLO1,2,4)</li> <li>Develop strategies to manage issues related to caregivers of critically ill patients. (SLO1,4)</li> <li>Apply the principles of hemodynamic monitoring to the collaborative care and nursing management of patients receiving this intervention. (SLO 1,2,4)</li> <li>Differentiate the purpose of, indications for, and function of circulatory assist devices and related collaborative care and nursing management. (SLO1,2)</li> <li>Differentiate the indications for and modes of mechanical ventilation. (SLO1)</li> <li>Select appropriate nursing interventions related to the care of an intubated patient. (SLO1,5)</li> <li>Relate the principles of mechanical ventilation to the collaborative care and nursing management of patients receiving this intervention. (SLO1,3,5)</li> </ul>	Lewis Chapter 67 Nursing Management: Respiratory Failure and Acute Respiratory Distress Syndrome  Lewis Chapter 65 Nursing Management: Critical Care	<ul> <li>Acute Respiratory Distress Syndrome</li> <li>Respiratory Failure, Acute</li> <li>Oxygen Therapy</li> <li>Artificial Airways: Endotracheal Tubes</li> <li>Mechanical Ventilation</li> <li>Tracheostomy</li> <li>Review - Evolve Resources</li> <li>NCLEX Review Questions</li> <li>Case Studies         <ul> <li>Patient with Acute Respiratory Failure and Management</li> <li>Patient with Pulmonary Embolism and Respiratore</li> </ul> </li> </ul>

7	2/26/2018	Continuation of above		Kaplan Focused review exam 1-8 Due NLT 2/27/2018
	_, _5, _5, _5			
7	2/27/2018	<ul> <li>Relate the pathophysiology to the clinical manifestations of the different types of shock: Cardiogenic, hypovolemic, distributive, and obstructive. (SLO 1.3)</li> <li>Compare the effects of shock, systemic inflammatory response syndrome, and multiple organ dysfunction syndrome on the major body systems.(SLO 1,5)</li> <li>Compare the collaborative care, drug therapy, and nursing management of patients experiencing different types of shock.(SLO1,3,5)</li> <li>Describe the nursing management of a patient experiencing multiple organ dysfunction syndrome.(SLO1,2,4)</li> </ul>	Lewis: Chapter 66 Nursing Management: Shock, Systemic Inflammatory Response Syndrome, and Multiple Organ Dysfunction Syndrome	<ul> <li>Review - Clinical Companion</li> <li>Shock</li> <li>Systemic Inflammatory Response Syndrome (SIRS) Multiple Organ Dysfunction Syndrome (MODS)</li> <li>Review - Evolve Resources</li> <li>NCLEX Review Questions</li> <li>Case Studies         <ul> <li>Patient with Acute Pancreatitis and Septic Solution</li> <li>Patient with Cardiogenic Shock</li> <li>Patient with Sepsis</li> </ul> </li> <li>Focused Review exam Multicategory 1-3</li> </ul>
8	3/5/2018- 3/6/2018	<ul> <li>Apply the steps in triage, the primary survey, and the secondary survey to a patient experiencing a medical, surgical, or traumatic emergency.(SLO1,2,4,6)</li> <li>Relate the pathophysiology to the assessment and collaborative care of select environmental emergencies (e.g., hyperthermia, hypothermia, submersion injury, bites).(SLO1)</li> <li>Relate the pathophysiology to the assessment and collaborative care of select toxicological emergencies.(SLO1,2)</li> <li>Select appropriate nursing interventions for victims of violence.(SLO1,2,4)</li> <li>Differentiate among the responsibilities of health care providers, the community, and select federal agencies in emergency and mass casualty incident preparedness.(SLO2,4,5)</li> </ul>	Lewis Chapter 68 Nursing Management: Emergency, Terrorism, and Disaster Nursing	Review - Clinical Companion  Emergency Patient: Primary and Secondary Survey eTable 69-1: Trauma Verification Levels eTable 69-2: Biologic Agents of Terrorism eTable 69-3: Chemical Agents of Terrorism by Target Organ or Effect  Review - Evolve Resources  NCLEX Review Questions Case Study Patient with Musculoskeletal Trauma
8	3/6/2018	Pharmacology Kaplan 1300	•	
8	3/6/2018	Evidenced Based Paper/ presentation due	•	
8	3/7/2018 0900	MS Comprehensive exam Kaplan II	•	
	3/12- 16/2018	Spring Break		

9	3/19-	Kaplan Live review via webinar 0800-1600
	22/2018	
10	3/26/2018	Kaplan Integrated MS comprehensive exam 0930
11		Kaplan Remediation
12		Kaplan Remediation
12		Kaplan Remediation
13		Kaplan Remediation
13		Kaplan Remediation
14		Kaplan Remediation
14		Kaplan Remediation
15		Kaplan Remediation
16		Kaplan Remediation