



<b>Name of Department: NURSING</b>	<b>NURS 243 Medical Surgical Nursing III</b>
<b>Instructor Name:</b>	Michelle R. Kellywood, MSN, RN, CEN
<b>Office Location:</b>	Nursing Education 110 A
<b>Office Hours:</b>	Monday and Wednesday 1500-1700, Tuesday 1130-1700
<b>Email:</b>	<a href="mailto:myazzie6@unm.edu">myazzie6@unm.edu</a>
<b>Telephone:</b>	505-925-8519
<b>Class Meeting Days:</b>	Monday and Wednesday 0900-1500
<b>Clinical/Lab:</b>	As scheduled
<b>Spring 2019 Syllabus</b>	
<b>Title of Course:</b>	NURS 243 Medical Surgical Nursing III
<b>Course Description:</b>	The nursing process is applied in the care of the adult client with complex acute, life-threatening, multisystem health problems. Clinical learning may take place in outpatient and inpatient acute care settings and simulation labs.
<b>Credit Hours and Contact Hours:</b>	Classroom hours: 10 hours/week (6 Credits) Clinical Hours: 144 hours (3 Credit hours) Total of 9 Credits
<b>Student Learning Outcomes:</b>	<ol style="list-style-type: none"> <li>1. Participate in professional nursing practice that is patient-centered and culturally appropriate for individuals, families, and communities. (G.O1)</li> <li>2. Functions effectively as a member of the inter-professional healthcare team for the delivery of healthcare for quality patient outcomes.(G.O2)</li> <li>3. Deliver nursing care that is evidence based in a variety of healthcare settings.(G.O3)</li> <li>4. Apply the principles of quality improvement to nursing practice within a variety of healthcare settings.(G.O4)</li> <li>5. Integrate principles of safe nursing care into nursing practice (G.O5)</li> <li>6. Utilize technologies for the management of information and in the delivery of patient care.(G.O6)</li> </ol>
<b>Required Texts and Supporting Materials:</b>	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.
<b>Electronic Device Usage:</b>	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

	<p>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.</p>
<p><b>Academic Integrity:</b></p>	<p>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>.</p> <p>The policy states:  <i>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.</i></p> <p><i>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.</i></p>
<p><b>Classroom Use, Attendance, and Professional Behavior:</b></p>	<p>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.</p> <p>See the current Student Nurse Handbook for complete listing of attendance and professional behavior policies.</p>
<p><b>Student Concerns or Grievances:</b></p>	<p>UNM-Valencia nursing program follows the specific Grievance Procedure as provided in the UNM Valencia Catalog. Prior to participating in the campus procedure, the student is encouraged to review their complaint within the nursing department by following these steps:</p> <p><b>SBAR:</b> To be used as a tool for communicating student concerns in a professional manner.</p> <p><b>Instructions:</b></p> <ul style="list-style-type: none"> <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> <li>• The instructor will contact the student after reviewing the SBAR to schedule</li> </ul>
<p><b>Students with Disabilities:</b></p>	<p>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</p>

	<p>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:jmlujan@unm.edu">jmlujan@unm.edu</a>.</p>												
<p><b>EQUAL OPPORTUNITY AND NON DISCRIMINATION:</b></p>	<p>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>).</p> <p>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 (<a href="http://oeo.unm.edu">oeo.unm.edu</a>).</p> <p>For more information on the campus policy regarding sexual misconduct, see: <a href="https://policy.unm.edu/universitypolicies/2000/2740.html">https://policy.unm.edu/universitypolicies/2000/2740.html</a></p>												
<p><b>Student Handbook Policies:</b></p>	<p><i>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:</i></p> <ul style="list-style-type: none"> <li>• Attendance Theory/lab/clinical</li> <li>• Cell Phone use</li> <li>• Uniform policy</li> <li>• Medication math exam</li> </ul>												
<p><b><i>Evaluation and Grading Policies</i></b></p>													
<p>The theory unit tests must achieve a minimum cumulative grade of 75%, which will constitute 75% of the student’s final grade.</p> <p>Each theory examination will contain four (4) dosage/calculation problems.</p> <ul style="list-style-type: none"> <li>• Course average must achieve a minimum cumulative grade of 75%</li> <li>• <i>There are no exam retakes, dropping of the lowest grade or extra credit.</i></li> <li>• 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.</li> <li>• A failing grade will not be rounded to a passing grade (example: 74.99% does not round to 75%).</li> <li>• A passing score in the clinical portion will not be considered until the 75% test average and the 75% course average requirements are met.</li> </ul> <p>The course grade is based on the below listed components. Late assignments will result in a one (1) letter grade penalty for each calendar day the assignment is late. No assignment will be accepted if more than three (3) calendar days late.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">• Exams (5)</td> <td style="width: 20%;">75%</td> <td style="width: 30%;"></td> </tr> <tr> <td>• Simulation</td> <td>5%</td> <td></td> </tr> <tr> <td>• Kaplan</td> <td>10%</td> <td></td> </tr> <tr> <td>• Evidenced Based Paper and Presentation</td> <td>10%</td> <td style="text-align: right;">TOTAL: 100%</td> </tr> </table> <p><b>Clinical Grading Policy:</b> All clinical/lab rotations will be graded with a “Pass/Fail.” To pass, a student must</p>		• Exams (5)	75%		• Simulation	5%		• Kaplan	10%		• Evidenced Based Paper and Presentation	10%	TOTAL: 100%
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• Simulation	5%												
• Kaplan	10%												
• Evidenced Based Paper and Presentation	10%	TOTAL: 100%											

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.

**Mathematics Grading Policy:** 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

<b>Focused Review (practice) Test in Assigned Content Area</b>	<b>Points</b>
90-100%	25
80-89.9%	20
60-79.9%	15
40-59.9%	10
< 39.9%	0
<b>Integrated (proctored) Test in Content Area</b>	
≥ 70th percentile	25
60- 69.99th percentile	20
50-59.9th percentile	15
40-49.9th percentile	10
<40th percentile	0

<b>Remediation of Focused Review Test(s)</b>	
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
<b>Remediation of Integrated Test</b>	
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
<b>Total points</b>	

### **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.**

### **KAPLAN NCLEX-RN® Secure Predictor Exam**

As a part of NURS 242, the student is required to take the Kaplan NCLEX-RN Secure Predictor Exam and achieve a minimum cut score of 65% in a maximum of 2 attempts to achieve full points. The purpose of this test is to predict student readiness for the NCLEX- RN. The full policy on Kaplan point distribution in NURS 242 is in the course syllabus.

All assignments are to be created as a Microsoft Word document and uploaded into the appropriate link in Blackboard Learn. Written work must follow the APA 6<sup>th</sup> edition guidelines. Refer to the APAP Publication Manual 6<sup>th</sup> ed. And/or the Purdue Owl website. Font setting must be Times New Roman or Arial at 12 pt.

### **Grading Scale:**

98-100 A+	75-77 C
94-97 A	70-74 C-
91-93 A-	67-69 D+
88-90 B+	64-66 D
84-87 B	60-63 D-
81-83 B-	0-59 F
78-80 C+	



		<p><b>Nursing Management of Patients with Peripheral and Spinal Cord Problems:</b></p> <ul style="list-style-type: none"> <li>• Explain the etiology, clinical manifestations, collaborative care, and nursing management of Guillain-Barre 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>	and Peripheral Nerve Problems	Review Neurological 2 Due 1/25/19
	Jan 17	<b>Skills Lab 0900-1600</b>	SEE AGENDA	
2	Jan 21	<b>Martin Luther King Holiday</b>		
	Jan 23	<p><b>Test I 55, 56, 57 &amp; 60</b></p> <p><b>Acute Respiratory Failure and Acute Respiratory Distress Syndrome</b></p> <ul style="list-style-type: none"> <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> </ul> <p>Simulation</p>	Chapter 67  Nursing Management: Respiratory Failure and Acute Respiratory Distress Syndrome	Evolve Resources NCLEX Review Questions Case Studies
	Jan 23	Skills Lab 1500-1700	Chest Tube	
3	Jan 28	<b>Gastrointestinal Alterations</b>	Chapter 41: Upper	

	<ul style="list-style-type: none"> <li>• Describe the etiology, clinical manifestations, complications, collaborative care, and nursing management of oral cancer. (SLO1 )</li> <li>• Explain the types, pathophysiology, clinical manifestations, complications, and collaborative care, including surgical therapy and nursing management, of gastroesophageal reflux disease (GERD) and hiatal hernia. (SLO 2,3)</li> <li>• Describe the pathophysiology, clinical manifestations, complications, and collaborative care of esophageal cancer, diverticula, achalasia, and esophageal strictures. (SLO2,3 )</li> <li>• Differentiate between acute and chronic gastritis, including the etiology, pathophysiology, collaborative care, and nursing management. (SLO1 )</li> <li>• Compare and contrast gastric and duodenal ulcers, including etiology and pathophysiology, clinical manifestations, complications, collaborative care, and nursing management. (SLO 2,3)</li> <li>• Describe the clinical manifestations, collaborative care, and nursing management of stomach cancer. (SLO )</li> <li>• Describe the collaborative care and nursing management of acute appendicitis, peritonitis, and gastroenteritis. (SLO2,3 )</li> <li>• Compare and contrast the inflammatory bowel diseases of ulcerative colitis and Crohn’s disease, including pathophysiology, clinical manifestations, complications, collaborative care, and nursing management. (SLO 2,3)</li> <li>• Differentiate among mechanical and non- mechanical bowel obstructions, including causes, collaborative care, and nursing management. (SLO2,3 )</li> <li>• Describe the clinical manifestations and collaborative management of colorectal cancer. (SLO1 )</li> <li>• Explain the anatomic and physiologic changes and nursing management of the patient with an ileostomy and a colostomy. (SLO1 )</li> <li>• Differentiate between diverticulosis and diverticulitis, including clinical manifestations, collaborative care, and current nursing management. (SLO2,3 )</li> <li>• Compare and contrast the types of hernias, including etiology and surgical and nursing management. (SLO )</li> <li>• Describe the types of malabsorption syndrome and collaborative care of celiac disease, lactase deficiency, and short bowel syndrome. (SLO2 )</li> <li>• Describe the types, clinical manifestations, collaborative care, and nursing management of anorectal conditions. (SLO 1)</li> </ul>	<p>Gastrointestinal Problems</p> <p>Chapter 42: Lower Gastrointestinal Problems</p>	<p>Review Evolve Resources</p> <p>NCLEX Review Questions Key Points Rationales for Bridge to NCLEX Examination Questions</p> <ul style="list-style-type: none"> <li>• Answer Guidelines for Case Study</li> <li>• Case Studies <ul style="list-style-type: none"> <li>o Patient With Oral Cancer</li> <li>o Patient With Peptic Ulcer Disease</li> <li>o Patient With Ulcerative Colitis</li> </ul> </li> </ul>
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	Jan 30	<p><b>Liver, Pancreas and Biliary Tract Problems</b></p> <ul style="list-style-type: none"> <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> <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> </ul>	Chapter 43: Liver, Pancreas and Biliary Tract Problems	<p>Evolve Resources</p> <p>NCLEX Review Questions</p> <p>Case Studies</p> <p>Patient with Acute Pancreatitis</p> <p>Septic Shock</p> <p>Patient With Cholelithiasis/Cholecystitis</p> <p>Patient with Cirrhosis</p> <p>Patient with Hepatitis</p>
4	Feb 4	<p><b>Test II: 67, 42 42, &amp; 43</b></p> <p><b>Problems Related to Regulatory Mechanisms</b></p> <ul style="list-style-type: none"> <li>• Explain the pathophysiology, clinical manifestations, collaborative care, and current nursing management of the patient with an imbalance of hormones produced by the anterior pituitary gland, and Posterior pituitary gland (SLO 1,3)</li> <li>• Describe the pathophysiology, clinical manifestations, collaborative care, and current nursing management of the patient with an excess of hormones produced by the adrenal medulla. (SLO 1,3)</li> <li>• List the side effects of corticosteroid therapy. (SLO1 )</li> <li>• Describe common nursing assessments, interventions, rationales, and</li> </ul>	<p>Chapter 47: Assessment of the Endocrine System</p> <p>Chapter 48; Diabetes Mellitus</p>	<p>Evolve Resouces</p> <p>Case Study</p>

		<p>expected outcomes related to current patient teaching for management of chronic endocrine problems(SLO 3)</p> <ul style="list-style-type: none"> <li>• Explain the collaborative care and nursing management of the patient with acute complications of diabetes mellitus. (SLO 2)</li> </ul>		
	Feb 6	<p><b>DKA</b> <b>Insulin Drip</b></p> <p><b>Endocrine Problems</b></p> <ul style="list-style-type: none"> <li>• Explain the pathophysiology, clinical manifestations, collaborative care, and current nursing management of the patient with an imbalance of hormones produced by the anterior pituitary gland, and Posterior pituitary gland (SLO 1,3)</li> <li>• Describe the pathophysiology, clinical manifestations, collaborative care, and current nursing management of the patient with an excess of hormones produced by the adrenal medulla. (SLO 1,3)</li> <li>• List the side effects of corticosteroid therapy. (SLO1 )</li> <li>• Describe common nursing assessments, interventions, rationales, and expected outcomes related to current patient teaching for management of chronic endocrine problems(SLO 3)</li> </ul>	Chapter 49; Endocrine Problems	<p>DKA Article DKA Protocol</p> <p>Evolve Resources NCLEX Review Questions Case study</p>
5	Feb 11	<p><b>Critical Care</b></p> <ul style="list-style-type: none"> <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>	Chapter 65	<p>Evolve Resources</p> <p>Case Study</p>

	Feb 13	<p><b>Critical Care Shock, Sepsis and Multiple Organ Dysfunction Syndrome</b></p> <ul style="list-style-type: none"> <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>	Chapter 66: Shock, Systemic Inflammatory Response Syndrome and Multiple Organ Dysfunction Syndrome	<p>Evolve Resources</p> <p>Case study</p>
	Feb 14	<p><b>Capital Challenge</b></p>		
6	Feb 18	<p><b>Test III: Chapters 47, 48 &amp; 49</b></p> <p><b>Cardiac Alterations</b></p> <ul style="list-style-type: none"> <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> <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> </ul>	Chapter 36: Inflammatory and Structural Heart Disorders Chapter 37; Vascular Disorders	<p>NCLEX Review Questions</p> <p>Case Study</p> <p>Kaplan Review Cardiovascular 3 Due Feb 18 at 1159 pm.</p>

		<ul style="list-style-type: none"> <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>		
	Feb 20	<p><b>Cardiac Dysrhythmias: Presented by Erica Chavez, RN</b></p> <p><b>Basic EKG Interpretation</b></p> <ul style="list-style-type: none"> <li>Examine the nursing care of patients needing continuous electrocardiographic (ECG) monitoring</li> <li>Distinguish the clinical characteristics and ECG patterns of normal sinus rhythm, common dysrhythmias and acute coronary syndrome.</li> <li>Compare the nursing and interprofessional management of patients with common dysrhythmias and ECG changes associated with ACS</li> <li>Differentiate between defibrillations and cardioversion, including indications for use and physiologic effects.</li> <li>Describe the nursing and interprofessional management of patients with pacemakers and implantable cardioverter-defibrillators</li> <li>Select appropriate interventions for patients undergoing electrophysiologic testing and radiofrequency catheter ablation therapy.</li> </ul>	Chapter 35 Dysrhythmias  Flip and See ECG	Evolve Resources NCLEX Review Questions Case Studies
7	Feb 25	<p><b>Test IV: 65, 66, 36 &amp; 37</b></p> <p><b>Emergency and Disasters</b></p> <ul style="list-style-type: none"> <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>	Chapter 68: Emergency 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

	Feb 27	<b>Burns</b> <ul style="list-style-type: none"> <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> <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>	Chapter 24 Burns	NCLEX Review Questions  Case Study
8	Mar 4	<b>Test V: 35, 38 &amp; 24</b> <b>Evidence Based Paper Due at 1700</b>		
	Mar 6	<b>Kaplan MSIII Comprehensive Integrated Exam</b>		
9	Mar 11 Mar 13	<b>Spring Break</b>		
10	Mar 18 Mar 19 Mar 20 Mar 21	<b>Kaplan Live review via Webinar</b> <b>0800-1600</b> <b>0800-1600</b> <b>0800-1600</b> <b>0800-1600</b>		
11	Mar 25	<b>Kaplan Integrated Comprehensive Exam</b>		
12-16		<b>Kaplan Remediation</b>		