

Name of Department: Instructor Name: Office Location: Office Hours: E-mail: Telephone: Class Meeting Days/Times: Clinical Pre-requisites Co-requisites	Nursing Mary Moser-Gautreaux EdD MSN CNS Nursing Education Rm112 A Monday & Wednesday 12-1500 and by appointment mmosergautreaux@unm.edu (505) 925-8873 Wednesday 0830-1130 Room Nursing Education 111 Varied/See Clinical Schedule NURS 110, NURS 115, HCHS 125, NURS 130, NURS 131 NURS 230, NURS 232
Syllabus	
Title of Course:	NURS 232 Pediatric Nursing
Course Description:	Focuses on application of the nursing process to care for the child and family. Students will care for clients in a variety of inpatient and community settings..
Credit Hours and Contact Hours:	Classroom Hours: 3 hours/week theory (3 credits) Clinical Hours: 48 hours/semester (10hours/week x 4 weeks plus 8 hours school nurse) (1 credit) Total: 4 credits
Student Learning Outcomes:	Upon successful completion of this course, the student will be able to: <ol style="list-style-type: none"> 1. Begin to demonstrate professional nursing practice that is patient-centered and culturally appropriate for individuals, families, and communities. 2. Identifies roles of the members of the inter-professional healthcare team for the delivery of healthcare for quality patient outcomes. 3. Define nursing care that is evidence based in a variety of healthcare settings. 4. Discuss and identify the principles of quality improvement within a variety of healthcare settings. 5. Demonstrate principles of safe nursing practice. 6. Demonstrate the use of different types of technologies for the management of information.
Required Text(s) and Supporting Materials:	<ul style="list-style-type: none"> • McKinney, E.S., James, S.R., Murray, S.S., & Ashwill, J.W., (2013) Maternal-Child Nursing, (4th ed). St. Louis: Saunders (Required) • Ackley, B.J.; Ladwig, G. B.; Nursing Diagnosis Handbook, An Evidence-Based Guide to Planning Care. 2010(9th ed). St. Louis: Mosby, Elsevier. • Liability and needle stick insurance. • Morris, D.G.; Calculate with Confidence. 2010 (5th ed). St. Louis: Mosby • Castillo, S (2014) <u>Strategies, Techniques, & Approaches to Critical Thinking</u>, 5th Edition, St. Louis, Elsevier • Ogden & Fluharty (2016) <u>Calculation of Drug Dosages 10th Edition</u>. St. Louis Elsevier

	<ul style="list-style-type: none"> • Pagana, Pagana & Pagana <u>Mosby's Diagnostic and Laboratory Test Reference 12th Edition</u> St. Louis Elsevier •
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Disabilities Policy:	In accordance with University Policy 2310 and the Americans with Disabilities Act (ADA), any student needing academic accommodations should first contact Equal Access Services at 925-8560 (Student Services Bldg.) It is also imperative that you take the initiative to bring such needs to the instructor's attention, as your instructor is not legally permitted to inquire. Students who may require assistance in emergency evacuations should contact the instructor as to the most appropriate procedures to follow.
Cell phone, Pager and general disruptions Policy:	Students are not permitted to bring cell phones and pagers to class. Ringing phones and pagers are extremely disruptive and are not permitted in class. If a cell phone rings in class, the student will be asked to check their phone in with the instructor until class is completed. No cell phones are permitted in the clinical areas. Students are asked to inform family and friends of their class schedule so that students are not interrupted during class or clinical. Disruptive behavior in the classroom will not be tolerated. <i>Students are expected to NOT be disruptive in class/clinical and may be asked to leave the class or meet with instructor if conversations are disruptive to instructor or classmates. Students who are disruptive to the class/instructor will be asked to meet with the instructor and may risk having their final grade lowered by 5 points if 3 or more warnings have been issued</i>

Learning objectives will be measured by: <ol style="list-style-type: none"> 1. Tests 2. Nursing Concept Map 3. Clinical labs: NURS 232 Clinical Evaluation Tool 4. Observation Write Up; Outpatient Peds Clinic

Tests (80% of grade, must have 75% average)	Test Average x .8 =	Test Points =
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Test 1 score _____		
Test 2 score _____		
Test 3 score _____		
Test 4 score _____		
Test 5 score _____		
FINAL EXAM SCORE _____		
Test Total = 800		
Project(s) (15% of grade)	Project Average x .15 =	Project Points =
Kaplan 5% 50 point		
Clinical Pass/Fail		
Project /presentation 100		
Presentation Project 50		
COMMENTS	COURSE GRADE	TOTAL POINTS

Course Outline

Teaching Methods (Lecture, Labs, Small Groups, On-Line Components):

NURS 232 will use a variety of approaches to meet the course outcomes. These instructional methods may include, but are not limited to lecture, audio-visual materials, guided discussions, concept mapping, group projects, role playing, self evaluation, written assignments, computer and on-line activities, decision-making exercises, field trips and observational experiences.

Evaluation/Grading Policies:

Grading Policy: There will be five (5) tests in NURS 232, including the final exam that will comprise 20% of the course grade. The five (5) tests 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 no more than 10% of a student's total grade and will not substitute for a passing grade in the testing component of the grade calculation.** A student's examination average must be at least 75% in order to progress to the next semester. A failing grade will not be rounded to a passing grade (example: 74.99% does not round to 75%; however, a 79.99% will round to 80%).

Clinical Grading Policy: All clinical rotations will be graded as a "pass/fail." To pass, the student nurse must successfully meet 75% of the stated objectives located in the clinical evaluation tool. *Failure to pass the clinical component will result in a failure of both the theory and clinical components. See Nursing Student Handbook.*

Assignment Grading Policy: Late assignments will result in a one (1) letter grade penalty for each day the assignment is late. No assignment will be accepted if more than three (3) days late.

Attendance Policy and Policies on Classroom Behavior:

Attendance in both the class and clinical settings is expected of the student. Non-attendance will result in failure of a class. Professional behavior requires the nurse to be accountable for their actions in any setting. Behaviors that are established in the nursing program will prepare the student for the role of graduate and registered nurse. The following policies delineate expected student behaviors:

Theory: Classroom attendance is expected. More than two (2) absences in a 16-week course may result in dismissal from the course. Obligations, such as jury duty active military or reserves service, will be accommodated upon verification of such obligations.

If a student is to be absent the day of a scheduled exam, the student **must** contact the instructor **directly**, prior to the time of the exam. Failure to contact the instructor directly may result in an unexcused absence and a failing grade for the exam. At the discretion of the instructor, the student may receive a failing grade or the student may be required to take an alternative form of the exam at a time set by the faculty.

Clinical: Attendance is **MANDATORY**. ***There are no excused absences in clinical.*** In case of emergency, the student must report directly to the faculty and not through a message at the clinical site. Students are to report in uniform to the clinical setting at the appointed time. ***A student who arrives late will be sent home.*** More than one (1) absence in clinical will result in failure of the clinical component of the course and failure of the course.

How syllabus works:

- For each lecture, you will read and be responsible for the previous week's reading/assignments. If there is an upcoming test, if time permits, I may allow for review.

LEARNING OBJECTIVES FOR THE MCKINNEY CHAPTERS ARE LISTED AT THE BEGINNING OF EACH CHAPTER. COME PREPARED TO CLASS HAVING READ THE CHAPTERS AND ANSWERED THE LEARNING OBJECTIVES.

Abbreviated Course Schedule			
Week	Date	Content	Prep

1	8/23/2017	<p>Review housekeeping items, syllabus, etc. Answer questions and discuss clinical options.</p> <ul style="list-style-type: none"> • Discuss the differences among the terms growth, development, and maturation (SLO 1) • Discuss the theories of growth and development. (SLO2) • Discuss the importance of play in childhood development and how to reduce the risk of childhood injuries.(SLO5) • Discuss the importance of immunizations and the consequences of deviating from the schedule.(SLO3,6) • Describe the physiologic changes that occur during infancy.(SLO1,5) • Describe the infant's motor, psychosocial, language, and cognitive development. (SLO4,5) • Discuss common problems of infancy, such as separation anxiety, sleep problems, irritability, and colic.(SLO1,3) • Guest lecture: (voice over ppt): MaryAnne Chavez, FNP-immunizations 	<p>Required reading: Ch 5-6 (McKinney) <i>Textbook (pp. 68-91)</i> <i>Textbook (pp. 92-116)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Audio Glossary • Case Study: Immunization • Key Point Summaries <p><i>Prepare – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> • Box 5-4 Nursing Responsibility in Administering Vaccines • Box 6-2 Continuing Assessment Questions • Box 6-4 Lead Exposure Risk Assessment
2	8/30/17	<p>33 Pediatric Assessment (McK)</p> <ul style="list-style-type: none"> • Apply principles of anatomy and physiology to the systematic physical assessment of the child.(SLO 1,3,) • Identify the principal techniques for performing a physical examination. (SLO 3) • Use a systematic and developmentally appropriate approach for examining a child. (SLO4) • Describe the general sequence of the physical examination of the infant, the young child, the school-age child, and the adolescent. (SLO4,1) • Describe normal physical examination findings. (SLO1,3) • List common terms used to describe the findings on physical examination. (SLO6) • Record physical examination findings in a systematic way.(SLO6) 	<p>Chapter 33 <i>Textbook (pp. 804-840)</i> <i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Key Point Summaries <p><i>PREPARE – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> • Nursing Skill <ul style="list-style-type: none"> ◦ Measuring Physical Growth <p>Campus laboratory experience in which students practice inspection, palpation, percussion, and auscultation. Students can</p>

			<p>be invited to bring in their own children. If the college has a daycare program, you can arrange to work with these children.</p> <ul style="list-style-type: none"> • Follow-up discussion should focus on experiences in gaining cooperation, the responses of children, and differences among age-groups and within the same age-group. • Not only do students learn how developmental differences affect examinations, they also have the opportunity to practice the hands-on skill in a safe setting.
3	9/6/17	<p>Lecture Health Promotion & 34 Emergency Care (McK)</p> <ul style="list-style-type: none"> • Describe the physiologic changes and the motor, cognitive, language, and psychosocial development of the toddler and preschooler.(SLO 1,3) • Provide parents with anticipatory guidance related to the toddler and preschooler.(1,2) • Discuss the causes of and identify interventions for common toddler behaviors: temper tantrums, negativism, and ritualism.(1,2,4) • Identify strategies to alleviate a preschool child's fears and sleep problems.(1,2,4) • Discuss strategies for disciplining a toddler and a preschooler.(2,4) • Describe signs of a toddler's readiness for toilet training, and offer guidelines to parents.1,3) • Offer parents suggestions for promoting school readiness in the preschool child. (1,4) • Describe the school-age child's normal growth and development and assess the child for normal developmental milestones.(SLO 1) • Describe the maturational changes that take place during the school-age period and discuss implications for health care.(1,3) • Identify the stages of moral development in the school-age child and discuss implications for effective parenting strategies.(1,3) 	<p><i>Chapter 7-8</i> <i>Read – Textbook (pp. 117-143)</i> <i>Textbook (pp. 144-165)</i> <i>Read – Textbook (pp. 841-873)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Key Point Summaries • Nursing Skills: <ul style="list-style-type: none"> ◦ Car Seat Safety ◦ Fostering Healthy Sleep Patterns in Children ◦ Instructing Families in Child Safety

		<ul style="list-style-type: none"> • Discuss the effect school has on the child's development and implications for teachers and parents.(1,4) • Discuss anticipatory guidance related to various health and safety issues seen in the school-age child.(1,4) • Describe anticipatory guidance that the nurse can offer to decrease children's stress.(1,4) • Describe general principles that encourage cooperation and help make examination and treatment of children in emergency settings more comfortable for the child and family. • List significant developmental issues when caring for infants, toddlers, preschool and school-age children, and adolescents in emergency care settings. • Compare the child's airway anatomy with that of an adult and explain the significance of the differences in managing the pediatric airway. • Assess the early signs of shock in infants and children, recognizing that changes in heart rate and skin signs are more accurate signs of early shock than is decreased blood pressure. • Define <i>triage</i> and list the most important factors to assess when obtaining an overall ("across the room") impression of an infant's or a child's condition. • Describe the general guidelines for cardiopulmonary resuscitation in infants and children and discuss what additional precautions and procedures are required for infants and children with traumatic injuries. • List indications that suggest a child brought into the emergency care setting has been neglected or abused, and discuss the nurse's responsibility for reporting possible neglect or abuse. • Identify several possible roles for nurses in preventing traumatic injuries, poison ingestion, and environmental injuries. • 	<p><i>Prepare – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> • Box 7-3 Increasing Nutritional Intake • Box 7-5 Checklist for School Readiness • Box 34-1 Working with Children in Emergencies: Developmental Guidelines • Table 34-3 Health Care Professional Basic Life Support Elements for Infants and Children • Table 34-4 Assessing a Child's General Appearance: "Looks Good" Versus "Looks Bad" •
4	9/13/17 Test #1	<p>Test #1 Ch. 5-8, 33-34</p> <ul style="list-style-type: none"> • Describe different methods of administering medications to children. (1,2,4) • List the advantages and disadvantages of each route of administering medication to children.(SLO 1,3,4) • Describe the physiologic differences between children and adults that affect medicating a child.(SLO 1) 	<p>Read chapters 38,</p> <p><i>Read – Textbook (pp. 948-968)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Animations

		<ul style="list-style-type: none"> Describe psychosocial interventions for teaching and successful medication administration for each age-group.(SLO 1, 2,4) Describe quality and safety issues associated with medication administration in children.(SLO 1,4,6) 	<ul style="list-style-type: none"> Answer Key – Answers to Critical Thinking Exercises Audio Glossary Key Point Summaries <p><i>Prepare - Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> Nursing Skills <ul style="list-style-type: none"> Administering Oral Medications Calculating Safe Dosage for Children Safety Alert: Guidelines for Maximum Safe Volumes for Intramuscular Injections
5	9/20/17	<p><i>Chapter 45 The Child with a Respiratory Alteration</i></p> <ul style="list-style-type: none"> Describe the differences in the anatomy and physiology of the infant's or child's respiratory system that increase the risk for respiratory disease. Discuss the pathophysiology, clinical manifestations, and therapeutic management of common acute and chronic respiratory alterations. (SLO 1,3) Identify the nursing care needs of infants and children with acute and chronic respiratory alterations.(1,3,4) Apply measures that can be taken to prevent and treat asthma episodes.(SLO 1,4,5) Identify teaching needs for children with asthma and their families. (SLO2,4) Describe the nursing care of the child with cystic fibrosis. (SLO1,3,5) Discuss measures to maintain adequate oxygenation and provide appropriate developmental stimulation for the child with bronchopulmonary dysplasia.(SLO 5) 	<p><i>Read – Textbook (pp. 1143-1196)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> Animations Answer Key – Answers to Critical Thinking Exercises Audio Glossary Case Studies <ul style="list-style-type: none"> Asthma Sinusitis Key Points Summaries <p><i>PREPARE – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> Box 45-3 Monitoring Breathing Capacity with a Peak Flow Meter

6	9/27/17	<p>Chapter 46 - The Child with a Cardiovascular Alteration</p> <ul style="list-style-type: none"> Describe the major circulatory changes that occur in the fetus during the transition from intrauterine to extrauterine life. (SLO 1) Discuss specific techniques used in a comprehensive cardiac assessment. (SLO1,3,5) Explain the various classifications of congenital heart disease, describe their underlying mechanisms, and list the associated congenital cardiac defects. (SLO1) Discuss the nursing process used for an infant or child with congestive heart failure. <ul style="list-style-type: none"> Discuss the major physiologic features and the therapeutic management of a child with a heart defect, including left-to-right shunting lesions, right-to-left shunting lesions, and obstructive or stenotic lesions.(SLO1,3) Explain why high cholesterol is an important health issue for children and adolescents, and describe the assessment and nursing management of this problem in children in the community. (SLO1,2,5) <ul style="list-style-type: none"> Explain the effects of childhood obesity on future cardiovascular health.(SLO1,5) 	<p><i>Read – Textbook (pp. 1197-1239)</i> <i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> Animations Answer Key – Answers to Critical Thinking Exercises Audio Glossary Case Studies <ul style="list-style-type: none"> Kawasaki Disease Key Points Summaries <p>Discuss the following case situation: <i>Barbara weighed 6 pounds at birth and appeared normal until 3 months of age, when she began having attacks of dyspnea and cyanosis that frequently led to brief periods of unconsciousness. Physical examination revealed cardiac enlargement with a loud ventricular murmur. She was given digoxin (0.05 mg) until a cardiac catheterization could be performed at 9 months of age. Barbara remained a poor eater and was described as having a weak suck.</i></p> <ul style="list-style-type: none"> What information is obtained from a cardiac catheterization? A diagnosis of tetralogy of Fallot is made after the catheterization. The plan is to wait until Barbara is 2 years old for surgical repair. What parent teaching about nutrition, emotional growth and development, and activities for Barbara is necessary until surgery can be done? Barbara is 2 years and 3 months old. She has been relatively well, and surgery has been scheduled. What
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			<p>preoperative teaching should the nurse do?</p> <ul style="list-style-type: none"> Barbara has had complete surgical repair of her defects and has been transferred to the pediatric unit from the intensive care unit (ICU). At the time of discharge, what anticipatory guidance is needed for Barbara's parents concerning activity, nutrition, growth and development, and follow-up care?
7	10/4/17	<p>Lecture Ch 35 (The Ill child) & 36 Chronic condition/terminal illness</p> <ul style="list-style-type: none"> Discuss the nurse's role in various settings where care is given to ill children.(SLO1,2) List common stressors affecting hospitalized children.(SLO1,2,3,4) Describe the child's response to illness.(SLO 1 3,4) Discuss the stages of separation anxiety.(SLO 5,4,) Describe the factors that affect children's responses to hospitalization and treatment.(SLO !,2) Discuss the psychological responses of families to the illness of a child in the family.(SLO1,2,4) Analyze the effects of a chronic illness on the child and family.(SLO 1,2) Discuss the concerns and needs of the child and family dealing with a chronic illness. (SLO 1,2) Compare the stages of death and dying. (SLO1,3) Apply the concepts of death and dying as they relate to the pediatric patient. (SLO 1,24) Explain the concerns and needs of the child and family facing an impending death. (SLO 1,25) Analyze the nurse's response to death and dying in the pediatric population. (SLO 1,3) • Use the nursing process to describe nursing care of the chronically ill and dying child.(SLO 1,2,5 	<p><i>Read – Textbook (pp. 874-893)</i> <i>Textbook (pp. 894-915)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> Answer Key – Answers to Critical Thinking Exercises Audio Glossary Key Points Summaries <p><i>PREPARE – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> Nursing Skills <ul style="list-style-type: none"> Admitting a Child to the Health Care System Preparing the Child for Surgery Therapeutic Play Box 35-2 Developmental Approaches to the Hospitalized Child Box 35-3 Caring for the Siblings of an Ill or Hospitalized Child

8	10/11/17	<p>Test #2 Ch. 35,36,38,45,46</p> <p>Chapter 48 - The Child with Cancer</p> <p>Chapter 49 - The Child with an Alteration in Tissue Integrity</p> <ul style="list-style-type: none"> List common clinical manifestations of childhood cancer.(SLO1,2,3) Discuss the treatment modalities used in the treatment of children with cancer.(SLO 1,3) Demonstrate an understanding of the nursing care associated with caring for a child with cancer.(SLO1,2,3) Discuss symptom management of the child with cancer.(SLO 1,3,5) Describe how to prepare children and families for selected procedures frequently seen in an acute-care setting and a home care setting. (SLO 1,4) Compare anatomic and physiologic differences in children and adults as they apply to selected procedures. (SLO 1,) Identify psychosocial considerations unique to children undergoing selected procedures. (SLO 1,3) Describe techniques useful for eliciting cooperation from the child undergoing selected procedures.(SLO 1,2,4) 	<p><i>Read – Textbook (pp. 1264-1295)</i> <i>Textbook (pp. 1296-1334)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> Answer Key – Answers to Critical Thinking Exercises Audio Glossary Case Studies <ul style="list-style-type: none"> Leukemia Case Studies <ul style="list-style-type: none"> Eczema Key Points Summaries
9	10/18/17	<p>Chapter 43 The Child with a Gastrointestinal Alteration</p> <p>Chapter 44 The Child with a Genitourinary Alteration</p> <ul style="list-style-type: none"> Discuss and demonstrate an understanding of the structural and functional alterations in the gastrointestinal system.(SLO 1,4) Discuss and demonstrate an understanding of the pathophysiology, etiology, clinical manifestations, diagnostic evaluation, and therapeutic management of malabsorption and infectious problems affecting the gastrointestinal system. (SLO 1,2,4) State expected nursing diagnoses for gastrointestinal alterations. 	<p><i>Read – Textbook (pp. 1064-1115)</i> <i>Textbook (pp. 1116-1142)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> Animations Answer Key – Answers to Critical Thinking Exercises Audio Glossary Case Study <ul style="list-style-type: none"> Cleft Lip and Cleft Palate Key Point Summaries

		<ul style="list-style-type: none"> • Use the nursing process to develop nursing care plans and teaching guidelines for the child with gastrointestinal alterations. (SLO 1,2,3) • Develop home care guidelines for the child with gastrointestinal alterations. (SLO1,2) • Implement child and family teaching.(SLO 1,2,4) 	<p><i>10-year-old girl is visiting the pediatrician's office for the fifth time for a urinary tract infection (UTI). Two of her past visits resulted in hospitalization for treatment.</i></p> <p>Divide the class into four groups and assign each group one of the following tasks:</p> <ul style="list-style-type: none"> • Determine necessary assessment data • Determine likely medications that will be administered (IV and PO) • Develop parental teaching of treatment and prevention • Discuss the differences between younger and older children who have UTIs
10	10/25/17	<p>Test #3 Ch. 48,49,43,44</p> <p>Chapter 40 - The Child with a Fluid and Electrolyte Alteration</p> <p>Chapter 47 - The Child with a Hematologic Alteration</p> <ul style="list-style-type: none"> • Compare those differences in body fluid and electrolyte composition and regulation between infants or children and adults that make infants and children more vulnerable to imbalances.(SLO1,3) • Describe the processes and nursing care of a child with diarrhea or vomiting. (SLO 1345) • Integrate assessment findings with nursing implementation to determine the success of therapy.(SLO3,4,5) • Describe nursing interventions to prevent fluid and electrolyte imbalances.(SLO1,3) 	<p><i>Read – Textbook (pp. 989-1006)</i> <i>Textbook (pp. 1240-1263)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Study <ul style="list-style-type: none"> ◦ Dehydration ◦ Sickle Cell Disease • Key Point Summaries <p><i>Prepare - Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> • Safety Alert: Guidelines When Administering Potassium

		<ul style="list-style-type: none"> • Discuss the pediatric differences related to blood and blood formation.(SLO1) • Discuss the role of the nurse in the prevention of iron deficiency anemia. (SLO1,3) • Describe common factors in the care of a child with anemia. (SLO 1,3) • Discuss the pathophysiology and therapeutic management of common hematologic alterations. (SLLO1,3,4) • List possible nursing diagnoses for children with hematologic alterations. (SLO 1,3) • • Describe possible nursing care for children with hematologic alterations.(SLO 1,2,3,4,5) 	<p>Activity: A number of conditions cause manifestations of bruising and petechiae. Divide the students into four groups and have each group choose one of the following disorders to discuss: hemophilia, von Willebrand's disease, immune thrombocytopenic purpura, and aplastic anemia. Direct them to cover the following points and share them with the class:</p> <ul style="list-style-type: none"> • Cause and pathophysiology • Age and sex • Management • Major nursing responsibilities • Parental concerns and ways to allay them
11	11/1/17	<p>Chapter 41 - The Child with an Infectious Disease</p> <p>Chapter 42 - The Child with an Immunologic Alteration</p> <ul style="list-style-type: none"> • Analyze the pathophysiology, clinical manifestations, complications, and nursing management of childhood infectious diseases. (SLO 1,2,3,5,6) • Analyze the pathophysiology, clinical manifestations, complications, and nursing management of sexually transmitted diseases. (SLO 1,2,3,5,6) • Use the nursing process to describe the nursing care of a child with an infectious disease (SLO 1,3,) • Explain how neonates acquire active and passive immunity. (SLO1) • Delineate how to prevent the spread of organisms in children with an immune deficiency. (SLO1,2,5) • Describe how to prevent, test for, care for, and support children with human immunodeficiency virus and their families throughout the entire spectrum of illness. (SLO 1,2,5) • Outline critical information needed by families with children receiving long-term corticosteroid therapy. (SLO 1,2,5) • • Describe nursing interventions to help prevent the sudden death of a child having an anaphylactic reaction.(SLO 1,2) 	<p>Read – Textbook (pp. 1007-1038) Textbook (pp. 1039-1063) Review – Evolve Resources</p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Study <ul style="list-style-type: none"> ◦ Chickenpox ◦ Streptococcal Pharyngitis • Key Point Summaries • Activity: Ask students to share their feelings about the implications of children born to mothers with acquired immunodeficiency syndrome (AIDS) or who are infected with human immunodeficiency virus (HIV). Discuss issues related to prophylaxis. • Discussion Topic: Have the class list the signs and symptoms of food

			hypersensitivity reactions. Discuss how some children “outgrow” milk and egg allergies, but peanut allergies may present a lifelong risk.
12	11/8/17	<p>Test #4 CH 41,42,40,47</p> <p>Chapter 51 - The Child with an Endocrine or Metabolic Alteration</p> <ul style="list-style-type: none"> • Describe the signs and symptoms of hypothyroidism versus hyperthyroidism. • Compare and contrast diabetes insipidus and syndrome of inappropriate antidiuretic hormone as they relate to fluid and electrolyte balance. • • Describe the psychosocial issues concerning children with precocious puberty. • Identify management goals and nursing implications of insulin therapy, diet therapy, exercise, self-monitoring of blood glucose, and urine ketone monitoring in the care of the child with type 1 diabetes. (SLO 1,2,3,4) • Describe the signs, symptoms, causes, and treatment of hypoglycemia and hyperglycemia in the child with diabetes. (SLO1) • Identify the pathophysiology of diabetic ketoacidosis, and describe the management and nursing care of the child in diabetic ketoacidosis. (SLO1,2,4) • Identify management goals and nursing implications of medication, diet therapy, exercise, and self-monitoring of blood glucose in the care of the child with type 2 diabetes.(SLO1,2,3,4) • Describe the specific information required in a health history for a child with potential sensory alterations. (SLO1,6) • Define the nurse’s role in assessing for sensory alterations. Describe specific nursing care for children with health problems affecting the eye and ear. (SLO 1,3,6) • Describe how alterations in the sensory organs affect the child’s ability to communicate. (SLO1,5) • Identify potential growth and development interruptions that may occur with problems affecting the sensory organs.(SLO 1,3) 	<p><i>Read – Textbook (pp. 1377-1410)</i> <i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Studies <ul style="list-style-type: none"> ◦ Type 1 Diabetes Mellitus • Key Points Summaries <p>Discussion Topic: Discuss the major problems associated with congenital hypothyroidism. Use a question-and-answer approach to address the following:</p> <ul style="list-style-type: none"> • How is the problem detected? • Why does early neonatal discharge affect detection? • What findings are often observed in this condition? • How is it treated? • What information do parents need? • What anticipatory guidance should be incorporated as the child grows?

13	11/15/17	<p>Chapter 53 - Psychosocial Problems in Children and Families</p> <p>Chapter 54 - The Child with a Developmental Disability</p> <ul style="list-style-type: none"> • Identify risk factors for emotional and behavioral disorders that emerge in childhood and during adolescence.(SLO1,4,5) • Recognize symptoms, behaviors, and characteristics for emotional and behavioral disorders. (SLO1,3,5,6) • Identify the individual and familial factors and behaviors that correlate to childhood depression, suicide, or suicide attempts. (SLO1,3,5,6) • Develop a nursing care plan for a child at risk for suicide and the child's family, as well as for the support of a family with a child who has committed suicide. (SLO1,2,3) • Discuss the incidence, risk factors, symptoms, and nursing interventions for children with eating disorders and their families and describe their nursing care. (SLO1,2,3,5) • Identify the primary symptoms and manifestations of children with attention- deficit/hyperactivity disorder and describe their nursing care. (SLO 1,3,5,6) • Identify signs and symptoms of substance abuse disorders and develop a nursing care plan. (SLO1,2,3,5) • Describe the major types of abuse and neglect seen in children, their contributing factors, and nursing care for abused children and their families.(SLO1,2,3,5,6) 	<p><i>Read – Textbook (pp. 1449-1476)</i> <i>Textbook (pp. 1477-1499)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Studies <ul style="list-style-type: none"> ◦ Attention-Deficit Hyperactivity Disorder ◦ Autism • Key Point Summaries <p>• Small Group Activity: Divide the class into four small groups, and assign each group one of the following scenarios related to drug abuse. Ask each group to decide what they would do in each situation, and then have all groups share their conclusions.</p> <ul style="list-style-type: none"> • You are a school nurse, and you strongly suspect that a certain child is using drugs. What would you do? • A child who you suspect is using drugs comes to you and says she wants to tell you something but that you have to promise not to tell anyone. You are the school nurse. What would you say or do? • You walk into a teenager's hospital room after visitors have left. You are sure you smell marijuana. What would you do? • A parent asks how she will know if her teenager is having a problem
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			<p>with drugs. What would you say or do to help her?</p> <p>Discuss the following case situation: <i>Scott is a 10-year-old boy who is admitted for surgical incision and drainage of a cervical abscess. When he arrives on the unit with his parents, you learn that he also has autism and an intellectual disability. He makes no eye contact with you and does not respond when you address him. He is sitting on his father's lap, and his father is gently rubbing his head back and forth.</i></p> <ul style="list-style-type: none"> • What information have you been given that is consistent with the problem of autism? • What other behaviors might you see during Scott's hospitalization? • How would you approach your initial assessment? • What are your major concerns in this situation? • What nursing interventions would you implement? • How would you handle preoperative teaching? • How can you support Scott's parents through the hospitalization •
14	11/22/17	<p>Chapter 50 - The Child with a Musculoskeletal Alteration</p> <p>Chapter 52 - The Child with a Neurologic Alteration</p>	<p><i>Read – Textbook (pp. 1335-1376)</i> <i>Textbook (pp. 1411-1448)</i></p> <p><i>Review – Evolve Resources</i></p> <ul style="list-style-type: none"> • Animations

	<p>Lecture Ch 50 (MSK) & Ch 52 (Neuro)-Guest Lecture Dr. Carolyn Montano</p> <ul style="list-style-type: none"> • Describe the implications of differences in the anatomy and physiology of the growing musculoskeletal systems of infants and young children in comparison to the mature musculoskeletal system. (SLO 1,3,5) • Describe the pathology, etiology, manifestations, diagnostic evaluation, and therapeutic management of musculoskeletal alterations frequently seen in infants, children, and adolescents.(SLO 1,2,3,5) • Identify characteristic assessments that indicate alterations in musculoskeletal function.(SLO1,3,6) • State appropriate nursing diagnoses for children with an alteration in musculoskeletal function.(SLO1,3) • Summarize the treatment modalities used to manage the child with a musculoskeletal alteration.(SLO1,2,4,5,6) • Design, implement, and evaluate appropriate nursing interventions for the child with altered musculoskeletal function.(SLO 1,3) • Identify the neurologic differences among the infant, child, and adult. (SLO1,3) • Be able to perform a neurologic assessment of a child and record findings. (SLO1,3,6) • Use the nursing process to assess, plan, and provide nursing care to children with common neurologic alterations.(SLO1,3,5) • Discuss the nursing implications of medications frequently used in the management of neurologic disorders. (SLO1) • Describe teaching strategies that can be used for the child with neurologic problems and the child's family. (SLO1,2) • List the measures used to keep a child safe during a seizure. (SLO1,3,5) • List the measures used to prevent or treat cerebral edema. (SLO1,5) • Differentiate between abnormal flexion and extension posturing and discuss the significance of each. (SLO 1,3) • • List the compensatory mechanisms that affect intracranial blood flow and extravascular fluid volume if hydrocephalus develops.(SLO1) 	<ul style="list-style-type: none"> • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Key Points Summaries <ul style="list-style-type: none"> • Case Studies <ul style="list-style-type: none"> • Cerebral Palsy • Meningitis • Seizures <p><i>PREPARE – Skills & Procedural Guidelines</i></p> <ul style="list-style-type: none"> • Nursing Skill <ul style="list-style-type: none"> ◦ Monitoring Neurovascular Status ◦ Implementing Seizure Precautions ◦ Small Group Activity: Discuss ventriculoperitoneal shunt as a treatment for hydrocephalus. Have students work in small groups to discuss the care of a shunt and to identify signs of problems that should be shared with parents. Have students discuss responsibility of parents for long-term management of shunts. <p><i>Antonia is a 12-year-old sixth-grade girl who is admitted to the pediatric unit for surgery for heel cord lengthening because of severe plantar flexion. Her mother is with her. Her history indicates a diagnosis of</i></p>
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			<p><i>spastic CP. She was diagnosed at 15 months old.</i></p> <ul style="list-style-type: none"> • Explain spastic CP. Discuss what might be found in Antonia's birth history. • What is the priority nursing diagnosis for Antonia? • Explain the etiology of cerebral palsy. • Antonia's mother tells you that you may have some difficulty understanding Antonia but that she can understand you. She says she feels sad that people often do not treat her like a mentally normal child. Discuss whether this problem is typical of a child with CP. • Because of Antonia's spasticity, she has difficulty with posture, balance, and coordination. What are some of the safety measures that should be used in the home? • Antonia has been taking phenytoin (Dilantin). Why has phenytoin been prescribed? Describe the nursing responsibilities if Antonia were to have a seizure. • Antonia has brought braces to the hospital but refuses to wear them. Her mother states that this has been a struggle for the last 6 months, although it had never been an issue before. What do you think is the cause of this change? • Discuss strategies for preoperative teaching for Antonia. • What is the role of physical therapy in Antonia's postoperative care?
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15	11/29/17	Kaplan EXAM Paper Due	
16	12/6/17	Presentations	
16	12/13/17	Test #5 Ch 50, 52, 53, 54	