

Name of Department:	Nursing
Instructor Name:	Michelle R. Kellywood, MSN, RN, CEN
Office Location:	Nursing Education Room 110 A
Office Hours:	Monday 1200-1700, Tuesday 0830-1130 and Wednesday 0900-1200 by appointment
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Class Meeting Days:	Monday 0830-1130
Clinical/Lab:	Varies; see clinical schedule
Fall 2018 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 pediatric clients in a variety of inpatient and community settings.
Credit Hours and Contact Hours:	Classroom Hours: 3 hours/week (3 Credits) Clinical Hours: 48 hours/semester Total Course Credits: 4
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. • 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) Calculation of Drug Dosages 10th Edition. St. Louis Elsevier • Pagana, Pagana & Pagana Mosby's Diagnostic and Laboratory Test Reference 12th Edition St. Louis Elsevier • Kaplan Resources • Blackboard Learn Contents • Liability and Needle stick insurance, uniform, stethoscope, penlight and proper identification
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

	<p>representatives are responsible for communicating pertinent information to their classmates. Part-time faculty will identify their preferred method for communication to the students.</p>
Electronic Device Usage:	<p>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.</p> <p>Clinical Conduct Policies: Cell phone are not permitted in the clinical area including the lab. They are not permitted to be on your person except during breaks or lunch. You may not carry your phone in your uniform pocket during clinical shifts.</p>
Academic Integrity:	<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: https://policy.unm.edu/regents-policies/section-4/4-8.html. The policy states:</p> <p><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>Academic Dishonesty is defined as: <i>"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>
Classroom Use/Attendance/ Professional Behavior:	<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 around the computer areas. 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. https://valencia.unm.edu/academics/nursing/applications/student-handbook-2016.docx</p>
Student Concerns or Grievances:	<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>SBAR: To be used as a tool for communicating student concerns in a professional manner.</p> <p>Instructions:</p> <ul style="list-style-type: none"> • 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. • Email the completed SBAR to the instructor. • 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.

Students with Disabilities:	<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 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 jmlujan@unm.edu.</p>
Equal Opportunity and Non-Discrimination:	<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 - http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf). 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: https://policy.unm.edu/university-policies/2000/2740.html.</p>
Teaching Methods:	<p>NURS 232 will use a variety of approaches to meet the student learning outcomes. These instructional methods may include, but are not limited to interactive lecture, audio-visual materials, guided discussions, group projects, role playing, self-evaluation, written assignments, computer and on-line activities, decision-making exercises, clinical experiences, field trips and observational experiences.</p>
Evaluation and Grading Policies:	<p>To successfully complete the course, the student must achieve 1) a minimum of 75% (C) test average 2) a minimum of 75% (C) overall course average, and 3) Pass in the clinical portion. Student must pass medications calculations test with a grade of 90% and above, two retests is allowed. If student cannot pass the medications calculations test with the three attempts, they cannot attend clinical rotations. Therefore, resulting in a failure of the course. Failure of any one or more of these components results in failure of the course. See the student handbook for progression policies. <u>There is no rounding of any score or course grade (examples: a 74.99% is not rounded to a 75%. A score of 90.99% is not rounded to a 91%).</u></p> <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> <ul style="list-style-type: none"> ● Exams (5) 75% ● Group Project/Presentation 10% ● Concept Map 5% ● Kaplan 10% <p>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</p>

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 th percentile	25
60- 69.99 th percentile	20
50-59.9 th percentile	15
40-49.9 th percentile	10
<40 th 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.

KAPLAN NCLEX-RN® Secure Predictor Exam

As a part of NURS 232, 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 232 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 6th edition guidelines. Refer to the APAP Publication Manual 6th 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+
Attendance Policy and Policies on Clinical/Lab Behavior:	<p>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:</p> <p>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.</p> <p>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.</p>
<p>See the Nursing Student Handbook for all policies and requirements. This syllabus, including the course schedule is subject to change at the discretion of the instructor in accordance with UNM Valencia Academic Policies. In the event there is a discrepancy between the syllabus and the Student Handbook, the current Student Handbook is the authoritative source.</p>	

Pediatric Nursing Fall 2018 Syllabus

Week:	Date:	Content:	Preparation:
1.	8/21	<p>Growth and Development</p> <p>Review housekeeping items, syllabus, etc. Answer questions and discuss clinical.</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) <p>Pediatric Medication Calculations Review</p>	<p>Required reading: Ch 5-6 (McKinney) Textbook (pp. 68-91) Textbook (pp. 92-116)</p> <p>Review – Evolve Resources</p> <ul style="list-style-type: none"> • Audio Glossary • Case Study: Immunization • Key Point Summaries <p>Prepare – Skills & Procedural Guidelines</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.	8/28	<p>Pediatric Medication Calculations Test</p> <p>Pediatric Assessment</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>Read: Chapter 33</p> <p>Review Evolve Resources:</p> <ul style="list-style-type: none"> • Animations • Answer Key-To critical thinking exercises • Audio Glossary • Key Point Summaries <p>Prepare: Skills and Procedural Guidelines</p> <ul style="list-style-type: none"> • Nursing Skill <ul style="list-style-type: none"> ○ Measuring Physical Growth ○ Nursing Assessment • Laboratory experience in which students practice inspection, palpation, percussion and auscultation. Students are invited to bring their own children. <ul style="list-style-type: none"> ○ Follow up discussion should focus on

			<p>interacting with pediatric patients of all ages and developmental level</p> <ul style="list-style-type: none"> ○ Responses of children ○ differences among age groups
3.	9/4	<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) • 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 	<p>Read: Chapter 7-8 Read – Textbook (pp. 117-143) Textbook (pp. 144-165) Read – Textbook (pp. 841-873)</p> <p>Review – Evolve Resources</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 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”

		<p>school-age children, and adolescents in emergency care settings.</p> <ul style="list-style-type: none"> • 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 triage 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>Review Team Project, selection of topic due & team assignments</p>	
4.	9/11	<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) • 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) 	<p>Read chapters 38,</p> <p>Read – Textbook (pp. 948-968) Review – Evolve Resources</p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Key Point Summaries <p>Prepare - Skills & Procedural Guidelines</p> <ul style="list-style-type: none"> • Nursing Skills <ul style="list-style-type: none"> o Administering Oral Medications o Calculating Safe Dosage for Children • Safety Alert: Guidelines for Maximum Safe Volumes for Intramuscular Injections
5.	9/18	<p>Chapter 45 The Child with a Respiratory Alteration</p>	<p>Read – Textbook (pp. 1143-1196) Review – Evolve Resources</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) 	<ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Studies o Asthma o Sinusitis • Key Points Summaries <p>PREPARE – Skills & Procedural Guidelines</p> <ul style="list-style-type: none"> • Box 45-3 Monitoring Breathing Capacity with a Peak Flow Meter
6.	9/25	<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. • 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) • Explain the effects of childhood obesity on future cardiovascular health.(SLO1,5) 	<p>Read – Textbook (pp. 1197-1239) Review – Evolve Resources</p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Studies o Kawasaki Disease • Key Points Summaries <p>Discuss the following case situation: 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.</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

			<p>about nutrition, emotional growth and development, and activities for Barbara is necessary until surgery can be done?</p> <ul style="list-style-type: none"> Barbara is 2 years and 3 months old. She has been relatively well, and surgery has been scheduled. What preoperative teaching should the nurse do? <p>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?</p>
7.	10/2	<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>Read – Textbook (pp. 874-893) Textbook (pp. 894-915)</p> <p>Review – Evolve Resources</p> <ul style="list-style-type: none"> Answer Key – Answers to Critical Thinking Exercises Audio Glossary Key Points Summaries <p>PREPARE – Skills & Procedural Guidelines</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 <ul style="list-style-type: none"> Box 35-3 Caring for the Siblings of an Ill or Hospitalized Child
8.	10/9	<p>Chapter 48 - The Child with Cancer</p>	<p>Read – Textbook (pp. 1264-1295) Textbook (pp. 1296-1334)</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>Review – Evolve Resources</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.	10/16	<p>Test 2: 35, 36, 38, 45 & 46</p> <p>Chapter 43 The Child with a Gastrointestinal Alteration 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. 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>Read – Textbook (pp. 1064-1115)</p> <p>Textbook (pp. 1116-1142)</p> <p>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"> Cleft Lip and Cleft Palate Key Point Summaries 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. <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

			<ul style="list-style-type: none"> • 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.	10/23	<p>Test #3 Ch. 48,49,43,44 Chapter 40 - The Child with a Fluid and Electrolyte Alteration 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) • 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>Read – Textbook (pp. 989-1006) Textbook (pp. 1240-1263)</p> <p>Review – Evolve Resources</p> <ul style="list-style-type: none"> • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Case Study <ul style="list-style-type: none"> o Dehydration o Sickle Cell Disease • Key Point Summaries <p>Prepare - Skills & Procedural Guidelines</p> <ul style="list-style-type: none"> • Safety Alert: Guidelines When Administering Potassium <p>Activity: <i>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:</i></p> <ul style="list-style-type: none"> • Cause and pathophysiology • Age and sex • Management • Major nursing responsibilities <p><i>Parental concerns and ways to allay them</i></p>
11.	10/30	<p>Chapter 41 - The Child with an Infectious Disease 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) 	<p>Read – Textbook (pp. 1007-1038) Textbook (pp. 1039-1063)</p> <p>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"> o Chickenpox o Streptococcal Pharyngitis • Key Point Summaries

		<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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.	11/6	<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) 	<p>Read – Textbook (pp. 1377-1410) Review – Evolve Resources</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"> o 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?

		<ul style="list-style-type: none"> • 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) 	
13.	11/13	<p>Test 4 Chapter 40, 41, 42 & 47 Chapter 53 - Psychosocial Problems in Children and Families 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>Read – Textbook (pp. 1449-1476) Textbook (pp. 1477-1499)</p> <p>Review – Evolve Resources</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 with drugs. What would you say or do to help her?

			<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.	11/20	<p>Chapter 50 - The Child with a Musculoskeletal Alteration Chapter 52 - The Child with a Neurologic Alteration</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) 	<p>Read – Textbook (pp. 1335-1376) Textbook (pp. 1411-1448)</p> <p>Review – Evolve Resources</p> <ul style="list-style-type: none"> • Animations • Answer Key – Answers to Critical Thinking Exercises • Audio Glossary • Key Points Summaries <p>• Case Studies</p> <ul style="list-style-type: none"> • Cerebral Palsy • Meningitis • Seizures <p>PREPARE – Skills & Procedural Guidelines</p> <ul style="list-style-type: none"> • Nursing Skill <ul style="list-style-type: none"> ○ Monitoring Neurovascular Status ○ Implementing Seizure Precautions

	<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"> ○ 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 spastic CP. She was diagnosed at 15 months old.</i></p> <ul style="list-style-type: none"> • <i>Explain spastic CP. Discuss what might be found in Antonia’s birth history.</i> • <i>What is the priority nursing diagnosis for Antonia?</i> • <i>Explain the etiology of cerebral palsy.</i> • <i>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.</i> • <i>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?</i> • <i>Antonia has been taking phenytoin (Dilantin). Why has phenytoin been prescribed? Describe the nursing responsibilities if Antonia were to have a seizure.</i>
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			<ul style="list-style-type: none"> • <i>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?</i> • <i>Discuss strategies for preoperative teaching for Antonia.</i> <p><i>What is the role of physical therapy in Antonia's postoperative care?</i></p>
15.	11/27	Kaplan exam/ Paper Due	
16.	12/4	Group Presentations	
Finals	12/11	Test #5 Ch 50, 52, 53, 54	