PNSG 2320 Medical-Surgical Nursing Clinical II
COURSE SYLLABUS
Spring Semester 2020

INSTRUCTOR CONTACT INFORMATION

Instructor Name: Amy O'Neal, BSN, RN
Office Location: Swainsboro Campus, Building 8 Health Sciences Building, Room 8101
Office Hours: Monday-Thursday 7:00am-5:00pm; please make an appointment during clinical
Email Address: Amy O'Neal (aoneal@southeasterntech.edu)
Phone: 478-289-2245
Fax Number: 478-289-2336 (Building 2)
Tutoring Hours: Please schedule an appointment

COURSE INFORMATION

Credit Hours/Minutes: 2/4500
Class Location: Various clinical site
Class Meets: March 17- May 4 intertwined with PNSG 2255 and PNSG 2320. See clinical schedule for details.
Course Reference Number (CRN): 40167
EHR course enrollment key: 3KM6JK9

SOUTHEASTERN TECHNICAL COLLEGE'S (STC) CATALOG AND STUDENT HANDBOOK

Students are responsible for all policies and procedures and all other information included in Southeastern Technical College's Catalog and Student Handbook (http://www.southeasterntech.edu/student-affairs/catalog-handbook.php).

REQUIRED TEXT

1. Fundamentals of Nursing Care: Concepts, Connections, and Skills, 3rd Edition, FA Davis by Burton, Smith & Ludwig
2. Nursing Care Plans, 10th Edition, Doenges, Morehouse et al.
3. Davis's Nursing Skills **Videos** for LPN/LVN, 3rd Edition (This is not a book. Student has access to skills videos through FA Davis website.)
4. Pharmacology Clear and Simple, 3rd Edition, F.A. Davis, Watkins
5. Understanding Medical Surgical Nursing, 6th Edition, FA Davis, Williams and Hopper
6. Safe Maternity and Pediatric Nursing Care, FA Davis, Linnard-Palmer and Coats
7. Assessment Technologies Institute (ATI)

REQUIRED SUPPLIES & SOFTWARE

Ear phones for any ATI assignments
Pens
Highlighters
2 Three Ring Binders
Stethoscope
Blood pressure cuff

Pen Light
Watch with seconds displayed
Basic Calculator
Scissors

COURSE DESCRIPTION

This first clinical course, in a series of four medical-surgical clinical courses, focuses on clinical client care including using the nursing process, performing assessments, applying critical thinking, engaging in client education and displaying cultural competence across the life span and with attention to special populations. At the completion of the four-part sequence of these medical surgical clinical courses students will have completed a minimum of 300 clock hours of clinical experience including 225 clock hours of comprehensive medical-surgical, 37.5 clock hours of pediatric experiences and 37.5 clock hours of mental health experiences. Topics include: health management and maintenance; prevention of illness; care of the individual as a whole; hygiene and personal care; mobility and biomechanics; fluid and electrolytes; oxygen care; perioperative care; immunology; mental health; and oncology. In addition pathological diseases, disorders and deviations from the normal state of health, client care, treatment, pharmacology, nutrition and standard precautions with regard to cardiovascular, hematological, immunological, respiratory, neurological, sensory, musculoskeletal, endocrine, gastrointestinal, urinary, integumentary and reproductive systems.

MAJOR COURSE COMPETENCIES

1. Clinically-based Experience
2. Clinically-based Nursing Care Associated with the Cardiovascular System
3. Clinically-based Nursing Care Associated with the Hematological and Immunological Systems
4. Clinically-based Nursing Care Associated with the Respiratory System
5. Clinically-based Nursing Care Associated with the Endocrine System
6. Clinically-based Nursing Care Associated with the Gastrointestinal System
7. Clinically-based Nursing Care Associated with the Urinary System
8. Clinically-based Nursing Care Associated with the Neurological System
9. Clinically-based Nursing Care Associated with the Sensory System
10. Clinically-based Nursing Care Associated with Mental Health Concerns
11. Clinically-based Nursing Care Associated with the Musculoskeletal System
12. Clinically-based Nursing Care Associated with the Integumentary System
13. Clinically-based Nursing Care Associated with Oncology Concerns
14. Clinically-based Nursing Care Associated with the Reproductive Systems

PREREQUISITE(S)

Program admission

COURSE OUTLINE

Clinically-Based Experience
Learning Outcomes for all clinical based experience:

Order	Description	Learning Domain	Level of Learning
1	Integrate techniques to promote health management and maintenance and prevention of illness in each of the competencies listed above.	Psychomotor	Complex Response
2	Use approaches for caring for the individual as a whole with respect to each of the competencies listed above.	Psychomotor	Mechanism

Order	Description	Learning Domain	Level of Learning
3	Demonstrate competence in caring for individuals with pathological disorders that affect the each of the competencies listed above.	Psychomotor	Guided Response
4	Use nursing observations and interventions related to each diagnostic study and procedure related to each of the competencies listed above.	Psychomotor	Mechanism
5	Apply the nursing process with emphasis on assessment and client education related to each of the competencies listed above.	Psychomotor	Mechanism
6	Demonstrate an understanding of and ability to perform treatments related to each of the competencies listed above.	Psychomotor	Guided Response
7	Perform administration of prescribed medications related to each of the competencies listed above.	Psychomotor	Guided Response
8	Perform administration of prescribed diet related to each of the competencies listed above.	Psychomotor	Guided Response
9	Implement standard precautions as they relate to each of the competencies listed above.	Psychomotor	Mechanism
10	Demonstrate clinically relevant care for individuals related to each of the competencies listed above with respect to the life span.	Psychomotor	Guided Response
11	Display cultural competence as applicable to each of the competencies listed above.	Affective	Responding
12	Demonstrate clinically relevant care for individuals related to each of the competencies listed above as applicable to special populations.	Psychomotor	Guided Response

GENERAL EDUCATION CORE COMPETENCIES

Southeastern Technical College has identified the following general education core competencies that graduates will attain:

1. The ability to utilize standard written English.
2. The ability to solve practical mathematical problems.
3. The ability to read, analyze, and interpret information.

STUDENT REQUIREMENTS

In order for a student to progress to this clinical, he or she must have a final grade of 70% or greater in the lecture course, PNSG 2220, score a 100% on the calculation exam within the three attempts allotted, and demonstrate proficiency related to various Lab/Nursing Skills as required by state standards (Refer to Lab Skills Checklist).

A passing grade of 70% in this clinical, along with a passing grade in PNSG 2220 is required in order to pass the semester and progress in the practical nursing program.

The daily requirements for Medical/Surgical should be turned into the instructor on a weekly basis during post conference. Failure to complete the assignment/requirement as outlined in the documentation requirements may result in the student's inability to attend clinical until the assignment/requirement is completed and/or points deducted from the clinical grade.

Documentation in EHR is due the Sunday night of the clinical week by 9pm. EHR will not allow charting past this deadline. If documentation is not submitted into EHR by the deadline, a grade of "0" will be given for the required assignments.

The faculty will use the rubrics to determine the student's grade based on the points as outlined. It is advised that the student use the rubric when completing the clinical assignments to ensure all components are accurately completed.

ATI Assignments are due at the end of the clinical rotation.

PRECEPTOR EVALUATIONS

Preceptors may be used at STC clinical sites. The preceptors will be responsible for issuing a clinical grade by using the Preceptor Evaluation Form provided by the instructor. Students will follow instructions located on the Preceptor Evaluation Form for completion. See the STC Practical Nursing Clinical Evaluation for Medical Surgical Nursing Clinical that can be found at the end of the lesson plan for exact verification of how clinical grade is averaged.

HEALTH DOCUMENTATION AND CPR

All students must have current immunizations with current PPD, and an active American Heart Association Health Care Provider Basic Life Support and First Aid card. It is the student's responsibility to keep these items up-to-date at their cost. If any of these items are expired, the student will not be allowed to go to clinical and will be counted absent.

FIT TESTING

All students who have clinical component or are required by the TCSG infection control policy to get fit tested. The instructor will contact Tommy Jenkins at EDC (912-538-3200 or e-mail) and set up a time. Students will need to go to the EDC for the testing and the cost is $20.00. The fit testing must be complete in order to begin clinical time.

Student Success Plan

The Student Success Plan documents deficiencies in performance and provides a means for improvement. A success plan should be initiated for the following reasons:

- If the student has (1) a cumulative unit exam average of < 70% after the completion of 25% of the unit exams or (2) a skill(s) performance deficiency.
- The faculty will initiate individual counseling session and complete the Student Success Plan.
- if the student has (1) a cumulative unit exam average of < 70% after the completion of 50 % of the unit exams or (2) a skill(s) performance deficiency,
- The faculty will initiate individual counseling session, as well as review and update the Student Success Plan and submit an Early Alert.
- if the student exhibits behavior outside the expected:
    - codes of conduct outlined in professional codes of ethics, professional standards,
    - All procedures/requirements/policies outlined in program handbooks/documents,
    - STC e Catalog and Student Handbook, and/or
    - Clinical facility policies and procedures.

The faculty will initiate an individual counseling session and complete an Academic Occurrence Notice and the Student Success Plan.

(T)echnical College System of Georgia (E)arly (A)lert (M)anagement (S)ystem (TEAMS) & The Student Success Plan are designed to ensure that students are well informed about strategies for success, including college resources and assistance. One of the responsibilities of the Program faculty is to monitor the academic progression of students throughout the curriculum. The faculty believes that the student is ultimately

responsible for seeking assistance; however, faculty will meet or refer students who are having academic difficulties.

- TEAMS is designed to provide assistance for students who may need help with academics, attendance, personal hardships, etc.

Student Support

Specific information about the Student Support services listed below can be found at STC Website (www.southeasterntech.edu) by clicking on the Student Affairs tab.

- Tutoring
- Technical Support
- Textbook Assistance
- Work-Study Programs
- Community Resources

Additional ATTENDANCE Provisions

Health Sciences

Requirements for instructional hours within Health Science and Cosmetology programs reflect the rules of respective licensure boards and/or accrediting agencies. Therefore, these programs have stringent attendance policies. Each program's attendance policy is published in the program's handbook and/or syllabus which specify the number of allowable absences. All provisions for required make-up work in the classroom or clinical experiences are at the discretion of the instructor.

This class requires 75 clinical hours (4500 minutes) during the semester. A clinical absence will require an excuse or appropriate documentation and all missed clinical time must be made up as required to fulfill the curriculum requirements. Absences must be discussed with faculty, Program Director and/or Special Needs Coordinator dependent on the circumstances of the absence. Students who do not make up all clinical time missed will be issued a final clinical grade of zero and will be unable to progress in the program. The date and site for makeup time will be specified by the instructor and are non-negotiable. See Clinical Rules for further attendance policies.

STUDENTS WITH DISABILITIES

Students with disabilities who believe that they may need accommodations in this class based on the impact of a disability are encouraged to contact the appropriate campus coordinator to request services.
Swainsboro Campus: Macy Gay mgay@southeasterntech.edu , 478-289-2274, Building 1, Room 1208
Vidalia Campus: Helen Thomas hthomas@southeasterntech.edu , 912-538-3126, Building A, Room 108

SPECIFIC ABSENCES

Provisions for Instructional Time missed because of documented absences due to jury duty, military duty, court duty, or required job training will be made at the discretion of the instructor.

PREGNANCY

Southeastern Technical College does not discriminate on the basis of pregnancy. However, we can offer accommodations to students who are pregnant that need special consideration to successfully complete the course. If you think you will need accommodations due to pregnancy, please make arrangements with the appropriate campus coordinator.
Swainsboro Campus: Macy Gay mgay@southeasterntech.edu , 478-289-2274, Building 1, Room 1208
Vidalia Campus: Helen Thomas hthomas@southeasterntech.edu , 912-538-3126, Building A, Room 108

It is strongly encouraged that requests for consideration be made PRIOR to delivery and early enough in the

pregnancy to ensure that all the required documentation is secured before the absence occurs. Requests made after delivery MAY NOT be accommodated. The coordinator will contact your instructor to discuss accommodations when all required documentation has been received. The instructor will then discuss a plan with you to make up missed assignments.

WITHDRAWAL PROCEDURE

Students wishing to officially withdraw from a course(s) or all courses after the drop/add period and prior to the 65% point of the term in which student is enrolled (date will be posted on the school calendar) must speak with a Career Counselor in Student Affairs and complete a Student Withdrawal Form. A grade of "W"(Withdrawn) is assigned for the course(s) when the student completes the withdrawal form.

Important – Student-initiated withdrawals are not allowed after the 65% point. Only instructors can drop students after the 65% point for violating the attendance procedure of the course. Informing your instructor that you will not return to his/her course, does not satisfy the approved withdrawal procedure outlined above.

Students who are dropped from courses due to attendance after drop/add until the 65% point of the semester will receive a "W" for the course. Students who are dropped from courses due to attendance after the 65% point will receive a WP (Withdrawal Passing-average of 60 or higher) or a WF (Withdrawal Failing-average of 59 or lower). Students will receive a grade of **zero** for all assignments missed beginning with the Last Date of Attendance (LDA) and the date the student exceeds the attendance procedure.

If a student cannot progress in the Program due to academic deficiency, the student will receive a W (Withdrawn) from all PNSG courses for the semester and will be unable to progress in the nursing program. The faculty will enter the LDA along with the W into BannerWeb.

There is no refund for partial reduction of hours. Withdrawals may affect students' eligibility for financial aid for the current semester and in the future, so a student must also speak with a representative of the Financial Aid Office to determine any financial penalties that may be accessed due to the withdrawal. A grade of 'W' will count in attempted hour calculations for the purpose of Financial Aid.

Remember - Informing your instructor that you will not return to his/her course does not satisfy the approved withdrawal procedure outlined above.

ACADEMIC DISHONESTY POLICY

The Southeastern Technical College Academic Dishonesty Policy states that all forms of academic dishonesty, including but not limited to cheating on tests, plagiarism, collusion, and falsification of information, will call for discipline. The policy can also be found in the Southeastern Technical College Catalog and Student Handbook.

PROCEDURE FOR ACADEMIC MISCONDUCT

The procedure for dealing with academic misconduct and dishonesty is as follows:

1. **First Offense**
   Student will be assigned a grade of "0" for the test or assignment. Instructor keeps a record in course/program files and notes as first offense. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus. The Registrar will input the incident into Banner for tracking purposes.
2. **Second Offense**
   Student is given a grade of "WF" (Withdrawn Failing) for the course in which offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of second offense. The Registrar will input the incident into Banner for tracking purposes.

3. **Third Offense**
   Student is given a grade of "WF" for the course in which the offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of third offense. The Vice President for Student Affairs, or designee, will notify the student of suspension from college for a specified period of time. The Registrar will input the incident into Banner for tracking purposes.

STATEMENT OF NON-DISCRIMINATION

The Technical College System of Georgia (TCSG) and its constituent Technical Colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all technical college-administered programs, federally financed programs, educational programs and activities involving admissions, scholarships and loans, student life, and athletics. It also applies to the recruitment and employment of personnel and contracting for goods and services.

All work and campus environments shall be free from unlawful forms of discrimination, harassment and retaliation as outlined under Title IX of the Educational Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1967, as amended, Executive Order 11246, as amended, the Vietnam Era Veterans Readjustment Act of 1974, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans With Disabilities Act of 1990, as amended, the Equal Pay Act, Lilly Ledbetter Fair Pay Act of 2009, the Georgia Fair Employment Act of 1978, as amended, the Immigration Reform and Control Act of 1986, the Genetic Information Nondiscrimination Act of 2008, the Workforce Investment Act of 1998 and other related mandates under TCSG Policy, federal or state statutes.

The Technical College System and Technical Colleges shall promote the realization of equal opportunity through a positive continuing program of specific practices designed to ensure the full realization of equal opportunity.

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies:

American With Disabilities Act (ADA)/Section 504 - Equity- Title IX (Students) – Office of Civil Rights (OCR) Compliance Officer	**Title VI - Title IX (Employees) – Equal Employment Opportunity Commission (EEOC) Officer**
Helen Thomas, Special Needs Specialist Vidalia Campus 3001 East 1st Street, Vidalia Office 108 Phone: 912-538-3126 Email: Helen Thomas hthomas@southeasterntech.edu	Lanie Jonas, Director of Human Resources Vidalia Campus 3001 East 1st Street, Vidalia Office 138B Phone: 912-538-3147 Email: Lanie Jonas ljonas@southeasterntech.edu

ACCESSIBILITY STATEMENT

Southeastern Technical College is committed to making course content accessible to individuals to comply with the requirements of Section 508 of the Rehabilitation Act of Americans with Disabilities Act (ADA). If you find a problem that prevents access, please contact the course instructor.

GRIEVANCE PROCEDURES

Grievance procedures can be found in the Catalog and Handbook located on Southeastern Technical College's website.

ACCESS TO TECHNOLOGY

Students can now access Blackboard, Remote Lab Access, Student Email, Library Databases (Galileo), and BannerWeb via the mySTC portal or by clicking the Current Students link on the Southeastern Technical College (STC) Website (www.southeasterntech.edu).

TECHNICAL COLLEGE SYSTEM OF GEORGIA (TCSG) GUARANTEE/WARRANTY STATEMENT

The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.

GRADING SCALE

Assessment	Percentage
Average of daily clinical rubrics	40%
Average of preceptor evaluations	30%
Average of care plans	30%

Letter Grade	Range
A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

PNSG 2320 Medical/Surgical Nursing Clinical II
Spring Semester 2020 Lesson Plan

Date/Day	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
See Clinical Schedule		CLINICAL	Complete all clinical assignments as detailed on documentation requirements form provided by instructor. **ATI Assignments: (Due at end of rotation)** 1. Nurse's Touch: Becoming a professional nurse: Professional behaviors in nursing 2. Nurse's Touch: Nursing Informatics: Virtual Social Networks	Course: 1-14 Core: 1-3

COMPETENCY AREAS: (WILL VARY FOR EACH COURSE/TAKEN FROM STATE STANDARDS)

1. Clinically-based Experience
2. Clinically-based Nursing Care Associated with the Cardiovascular System
3. Clinically-based Nursing Care Associated with the Hematological and Immunological Systems
4. Clinically-based Nursing Care Associated with the Respiratory System
5. Clinically-based Nursing Care Associated with the Endocrine System
6. Clinically-based Nursing Care Associated with the Gastrointestinal System
7. Clinically-based Nursing Care Associated with the Urinary System
8. Clinically-based Nursing Care Associated with the Neurological System
9. Clinically-based Nursing Care Associated with the Sensory System
10. Clinically-based Nursing Care Associated with Mental Health Concerns
11. Clinically-based Nursing Care Associated with the Musculoskeletal System
12. Clinically-based Nursing Care Associated with the Integumentary System
13. Clinically-based Nursing Care Associated with Oncology Concerns
14. Clinically-based Nursing Care Associated with the Reproductive Systems

GENERAL CORE EDUCATIONAL COMPETENCIES:

1. The ability to utilize standard written English.
2. The ability to solve practical mathematical problems.
3. The ability to read, analyze, and interpret information.

Disclaimer Statements

Instructor reserves the right to change the syllabus and/or lesson plan as necessary
The official copy of the syllabus will be given to the student during face to face class time the first day of class. The syllabus displayed in advance of the semester in a location other that the course you are enrolled in is for planning purposes only.

Documentation Requirements for Medical/Surgical Clinical Rotation

The student must log into ATI, access EHR, and enroll in the course using the course enrollment key provided by the instructor.

Once the student is enrolled in the course, the student will see the list of activities for that clinical course. The student will choose the activity and create a patient. Enter the patient's age. In the comment section, please enter the name of the clinical facility. **Please remember, Protected Health Information (PHI) for a real client should never be entered into an academic EHR.**

Daily requirements for each Medical/Surgical clinical day:

- **Completed time sheet**. Signed by the student nurse and the preceptor at the end of each day.
- **Preceptor Evaluation Form** signed by the preceptor for the day and placed in a sealed envelope provided by instructor. The preceptor must sign the back of the envelope across the seal. Any seal that is broken will not be accepted.
- After each daily clinical rotation, the student will complete the **Southeastern Technical College Student Evaluation of Clinical Experience form.** The student will submit the evaluation form daily with his/her clinical paperwork.
- The student will complete **five (5) handwritten drug cards** using the ATI active learning template: medication. Follow the medication list provided for each clinical rotation.

The daily requirements for Medical/Surgical should be turned into the instructor on a weekly basis during post conference. Failure to complete the assignment/requirement as outlined above may result in the student's inability to attend clinical until the assignment/requirement is completed and/or points deducted from the clinical grade.

Documentation in EHR is due the Sunday night of the clinical week by 9pm. EHR will not allow charting past this deadline. If documentation is not submitted into EHR by the deadline, a grade of "0" will be given for the required assignments.

The faculty will use the rubrics to determine the student's grade based on the points as outlined. It is advised that the student use the rubric when completing the clinical assignments to ensure all components are accurately completed.

It is the student's responsibility to complete the documentation requirements. If there are no clients available or scheduled in the assigned clinical area, the student must notify the instructor immediately.

If two or more students are assigned to the same clinical facility on the same day, the students are not to complete clinical documentation on the same client as their classmates.

Hospital Assignments for each day assigned to ANY hospital department:

Choose **ONE** client for the day to complete the required documentation:

- Patient information
- Results (if applicable)
- Provider
    - History
- Allergies and Home Medications
- Notes:
    - History and physical note (this is the narrative of the assessment flowsheet)
    - Nursing notes (detailing care, complaints, tasks throughout the shift)
- Flowsheets
    - Admission
    - Vital signs
    - Assessment
    - Daily Care (if applicable)
    - Intake & Output (if applicable)
    - Interventions (lines,drains)
        - Complete if applicable to your client
            - Wounds/incisions/ostomies
            - Respiratory interventions
            - Blood administration
            - Stroke scale
            - Restraints
            - Behavioral health
            - Preoperative checklist
- Orders
    - Medications administered by the student are placed in EHR as an order.
- MAR
    - Medications administered by the student are documented on the MAR.
- Patient education
- SBAR (if applicable)
- Discharge (if applicable)
- Care plan

Pediatric clinic, school, or WinShape Camp:

- Type a detailed summary (at least 1 page typed 12 Calibri font doubled spaced) of your clinical experience. Do not use any client names or identifying information in this summary. This summary

should be typed into a word document then copy and paste the document into EHR under the “notes” section. This should include four (4) areas:
    - Clinical environment
    - Tasks completed/skills performed (must document invasive skills on nurse’s notes)
    - What did you like about the clinical experience
    - What did you dislike about the clinical experience

- Patient information
- Provider
    - History
- Allergies and Home Medications
- Notes:
    - History and physical note (this is the narrative of the assessment flowsheet)
- Flowsheets
    - Admission
    - Vital signs
    - Assessment
- Orders
    - Medications administered by the student are placed in EHR as an order.
- MAR
    - Medications administered by the student are documented on the MAR.
- Patient education
- Care plan

Doctor's Office, Wound Care Center, Clinic, Nursing Home, Health Department, Hospice:

- Type a detailed summary (at least 1 page typed 12 Calibri font doubled spaced) of your clinical experience. Do not use any client names or identifying information in this summary. This summary should be typed into a word document then copy and paste the document into EHR under the "notes" section. This should include four (4) areas:
    - Clinical environment
    - Tasks completed/skills performed (must document invasive skills on nurse's notes)
    - What did you like about the clinical experience
    - What did you dislike about the clinical experience

- Patient information
- Provider
    - History
- Allergies and Home Medications
- Notes:
    - History and physical note (this is the narrative of the assessment flowsheet)
- Flowsheets
    - Admission
    - Vital signs
    - Assessment
- Orders
    - Medications administered by the student are placed in EHR as an order.
- MAR
    - Medications administered by the student are documented on the MAR.
- Patient education

Medical Surgical Clinical II Medication List

Complete five (5) handwritten drug cards per day using the ATI active learning template: medication.

Example: Day 1: 1-5, Day 2: 6-10

1. Insulin lispro
2. Regular Insulin
3. NPH Insulin
4. Insulin glargine
5. Glipizide
6. Levothyroxine
7. Ondansetron
8. Rifampin
9. Omeprazole
10. Ferrous sulfate
11. Glyburide
12. Methimazole
13. Metformin
14. Pioglitazone
15. Potassium chloride
16. Ranitidine
17. Sucralfate
18. Calcium carbonate
19. Aluminum-magnesium
20. Famotodine
21. Sulfasalazine
22. Adalimumab
23. Azathioprine
24. Cyclosporine
25. Dicyclomine
26. Cholestryamine
27. Metoclopramide
28. Promethazine
29. Lactulose
30. Kayexalate
31. Nitrofurantoin
32. Levofloxacin
33. Trimethoprim-sulfamethoxazole
34. Phenazopyridine
35. Vasopressin
36. Desmopressin
37. Propylthiouracil
38. Calcium gluconate
39. Alendronate
40. Fludrocortisone

Southeastern Technical College Practical Nursing Daily Clinical Rubric Maternity, Medical Surgical I, II, III, IV

Performance Criteria	A (10 Points)	B (7 Points)	C (5 Points)	D (3 Points)	F (0 points)
History Complete on one (1) client in EHR	History is completed in its entirety. The charting format is used correctly.	History is nearly complete with the exception of one area.	History is nearly complete with the exception of two areas.	History is nearly complete with the exception of three or more areas.	Not Done
Allergies and Home Medications Complete on one (1) client in EHR	Allergies and home medications tab is completed in its entirety. The charting format is used correctly.	Allergies and home medications tab is nearly complete with the exception of one area.	Allergies and home medications tab is nearly complete with the exception of two areas.	Allergies and home medications tab is nearly complete with the exception of three or more areas.	Not Done
Assessment Narrative Complete on one (1) client in EHR as the History and physical note	Assessment narrative is completed in its entirety. The charting format is used correctly. The narrative has a logical flow and correct grammar, spelling, and abbreviations are used. Assessment narrative is completed using appropriated medical terminology and redundant words, phrases, and other distracting information are omitted.	Assessment narrative is nearly complete with the exception of one area. 1-3 grammatical, spelling, or abbreviation errors noted. 1-3 unapproved terms used. Assessment narrative has a mostly logical flow.	Assessment narrative is nearly complete with the exception of two areas. 4-6 grammatical, spelling, or abbreviation errors noted. 4-6 unapproved terms used. Assessment narrative has a fairly logical flow.	Assessment narrative is nearly complete with the exception of three or more areas. 7-10 grammatical, spelling, or abbreviation errors noted. 7-10 unapproved terms used. Assessment narrative does not have a logical flow.	Not Done
Nurse's notes (inpatient setting) Nurse's notes completed on one (1) client in EHR detailing care, complaints, and tasks completed throughout the shift. Student must also	The charting format is used correctly. The nurse's notes uses correct grammar, spelling, and abbreviations. Charts descriptively using appropriated medical terminology. Charts client's response, abnormal	1-3 grammatical, spelling, or abbreviation errors noted. 1-3 unapproved terms used. Includes majority of pertinent data related to client's condition,	4-6 grammatical, spelling, or abbreviation errors noted. 4-6 unapproved terms used. Includes minimal pertinent data related to client's condition,	7-10 grammatical, spelling, or abbreviation errors noted. 7-10 unapproved terms used. Does not include pertinent data related	Not Done

document start of shift note, end of shift note, and Q2 hour rounding notes. **OR**	findings or changes in condition. Follow up to pain, prn meds, and urgent situations.	abnormal findings, or changes in condition, but also includes non-related data. Follow up to pain, prn meds, urgent situations documented most of the time.	abnormal findings, or changes in condition. May also include non-related data. Follow up to pain, prn meds, urgent situations documented some of the time.	to client's condition, abnormal findings, or changes in condition. May also include non-related data. Follow up to pain, prn meds, urgent situations not documented.	
Summary (outpatient setting) Type a detailed summary (at least 1 page typed 12 Calibri font doubled spaced) of your clinical experience. Do not use any client names or identifying information in this summary. This summary should be typed into a word document then copy and paste the document into EHR under the "notes" section. This should include four (4) areas: Clinical environment Tasks completed/skills performed What did you like about the clinical experience What did you dislike about the clinical experience	Summary is completed in its entirety. The charting format is used correctly. The summary uses correct grammar, spelling, and abbreviations. Charts descriptively using appropriated medical terminology.	Summary is nearly complete with the exception of one area. 1-3 grammatical, spelling, or abbreviation errors noted. 1-3 unapproved terms used.	Summary is nearly complete with the exception of two areas. 4-6 grammatical, spelling, or abbreviation errors noted. 4-6 unapproved terms used.	Summary is nearly complete with the exception of three or more areas. 7-10 grammatical, spelling, or abbreviation errors noted. 7-10 unapproved terms used.	Not done

Admission Complete on one (1) client in EHR	Admission flow sheet is completed in its entirety. The charting format is used correctly.	Admission flowsheet is nearly complete with the exception of one area.	Admission flowsheet is nearly complete with the exception of two areas.	Admission flowsheet is nearly complete with the exception of three or more areas.	Not Done
Vital Signs Complete on one (1) client in EHR	Vital signs flow sheet is completed in its entirety. The charting format is used correctly.	Vital signs flow sheet is nearly complete with the exception of one area.	Vital signs flow sheet is nearly complete with the exception of two areas.	Vital signs flow sheet is nearly complete with the exception of three or more areas.	Not Done
Assessment Flowsheet Complete on one (1) client in EHR	Assessment flow sheet is completed in its entirety. The charting format is used correctly. Client's abnormal findings are charted.	Assessment flowsheet is nearly complete with the exception of one area.	Assessment flowsheet is nearly complete with the exception of two areas.	Assessment flowsheet is nearly complete with the exception of three or more areas.	Not Done
Medication Administration Medications administered by the student during the clinical day are placed in EHR as an order then documented on the MAR. *If the student does not administer medications during the clinical day, the student must document (5) of the most commonly administered medications of the clinical facility.	Medication administration is completed in its entirety. The charting format is used correctly. Client's abnormal findings are charted.	Medication administration is nearly complete with the exception of one area.	Medication administration is nearly complete with the exception of two areas.	Medication administration is nearly complete with the exception of three or more areas.	Not Done
Patient Education Complete on one (1) client in EHR	Patient education tab is completed in its entirety. The charting format is used correctly.	Patient education tab is nearly complete with the exception of one area.	Patient education tab is nearly complete with the exception of two areas.	Patient education tab is nearly complete with the exception of three or more areas.	Not Done
Drug cards Completes assigned drug cards (5) (handwritten) using the ATI template. Each category listed	ATI Active learning templates are handwritten and completed in its entirety.	ATI Active learning templates are handwritten but missing completion in one area.	ATI Active learning templates are handwritten but missing completion in two areas.	ATI Active learning templates are handwritten but is missing completion in three or more areas.	Not Done

(Complications, Contraindications, Interactions, Nursing Interventions, and Client education) must have at least (4) written points and should be prioritized.					

Practical Nursing Care Plan Rubric

The purpose of the nursing care plan assignment is to provide an opportunity for students to systematically make decisions regarding patient outcomes by utilizing the steps of the nursing process; assessment, diagnosis, planning, implementation, evaluation.

	A (20 Points)	B (16 Points)	C (14 Points)	D (12 Points)	F
Assessment: Includes subjective, objective, and historical data that support an actual or at risk for nursing diagnosis	Includes all pertinent data related to diagnostic statement and does not include data not related to nursing diagnosis.	Includes all pertinent data related to the diagnostic statement but, also includes non-related data.	Does not include all data related to the diagnostic statement. May also include non-related data.	Assessment portion is not complete.	Not Done
Diagnosis/Problem: Develop one (1) nursing diagnosis statement based on presented data that identifies a health problem. Correctly stated and prioritized as number one problem the patient is facing.	Nursing diagnosis statement presented clearly and completely with etiology and defining characteristics. Prioritization is appropriate.	Nursing diagnosis statement not completely supported by presented data. Small inaccuracies in way diagnosis statement is stated. Prioritization is appropriate.	Incompletely stated nursing diagnosis statement for presented data. Prioritization inaccurate.	Incorrect diagnostic statement for presented data.	Not Done
Outcome/Planning: Develop one (1) measurable patient outcome that prevents, reduces, or resolves the identified patient health problem (nursing diagnosis label)	Outcome identified for the nursing diagnosis label (health problem). The outcome is appropriate and clearly measurable.	Outcome related to nursing diagnosis label. The outcome is only fairly measurable.	Outcome developed for nursing diagnosis label but not clearly measurable.	Outcome not related to nursing diagnosis label.	Not Done
Interventions/Implementation: Write four (4) nursing interventions with supporting rationale (4) to meet the identified patient health needs.	Interventions/rationales clearly and correctly identified. Specific to the patient situation and nursing diagnosis statement and meets patient health needs. Required number of patient specific nursing interventions identified.	Interventions/rationales pertain to patient situation or nursing diagnosis statement and meets patient health needs but lack some specificity. Sufficient number present.	Interventions/rationales pertain to nursing diagnosis statement in an indirect way; does not completely meet patient health needs; may be insufficient number.	Interventions/ rationales not appropriate to meet patient health needs. Insufficient number.	Not Done
Evaluation: Identify criteria to establish the patient outcome has been met. If unable to evaluate, state optimal evaluation criteria. If goal not met, document changes needed in care plan to meet goal.	Evaluative statement indication expected outcome has been met is clearly expressed.	Evaluative statement present but vague.	Evaluative statement does not completely support the outcome	No evaluative criteria stated or inappropriate.	Not Done
Reference: Must site reference used for care plan. May use any Practical Nursing textbook or reputable website. (.org, .edu, .gov)	**5 points deducted from total care plan grade if no reference documented from approved source**				