



**St. Luke's School of Nursing
at Moravian College**
Bethlehem, Pennsylvania



Nursing 313: Embracing the Challenged Family*
Fall, 2012

Elise Colancecco, MSN, RN, CCRN

Email: elisemc@moravian.edu Office: Hamilton 204
Phone: 610-625-7962 Cell: 570-778-2979
Office Hours: M: 0900-1000, 1200-1300; W: 0900-1000, 1230-1430 and by appointment

One Course Unit (4 credits) Class: 3 hrs / wk, Practicum = 8 hrs / wk
Class Meeting Times: M-W-F: 1020-1130 in Memorial Room 302
Clinical Learning: Tuesdays or Thursdays: 0645-1515

Clinical Faculty

Carol Kish, RN, Phd(c), CNE

Email: kish.carol@yahoo.com
Phone: (cell) 580-819-0798

Mary Beth Albert, RN, BSN, CCRN

Email: KipilaMA@slhn.org
Phone: (cell) 484-894-5991

Kristie Leshko, RN, MSN

Email: leshkoK@sluhn.org or
Kkrslc2004@msn.com
Phone: (cell) 610-762-7859

Catalog/Course Description:

A course which emphasizes integration of nursing skills and knowledge to facilitate the individuals' and the families' meeting severe episodic and chronic health challenges across the life span. Students analyze these critical challenges to individual & family systems in order to provide holistic and comprehensive nursing care given the resources available to the family within their community. (Pre-requisites: NU 314, NU 339, Co-requisite; NU 315).

Course Objectives:

1. Synthesize knowledge from the humanities, sciences, and nursing in meeting diverse needs of individuals and families in acute and complex practice environments.
2. Provide holistic nursing care to acutely challenged individuals and families in order to facilitate attainment of safe and quality outcomes.
3. Collaborate with other healthcare team members to foster optimal health outcomes for individuals and families in acute and complex practice environments.
4. Provide culturally competent care to individuals and families in acute and complex practice environments.
5. Incorporate theory-based and evidence-based nursing interventions into the care of acute and complex individuals and families.
6. Assume civic and leadership behaviors when providing care to individuals and families in acute and complex practice environments.

7. Demonstrate professional accountability and advocacy in making judgments and providing care for individuals and families in acute and complex practice environments.

Required Texts:

ATI Content Mastery Series: Adult Medical-Surgical Nursing 8.0, Pharmacology 5.0

Dillon, P. M. (2007). *Nursing health assessment*. (2nd ed.). Philadelphia: F. A. Davis.

Harkreader, H. (2007). *Fundamentals of nursing: Caring and clinical judgment*. (3rd ed.). Philadelphia: W.B. Saunders.

Kee, J., Hayes, E., & McCuiston, L. (2009). *Pharmacology: A nursing process approach* (6th ed.). St. Louis: Mosby.

Smeltzer, S., Bare, B., Hinkle, J., & Cheever, K. (2010). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (12th ed.). Philadelphia: Lippincott, Williams and Wilkins.

Required Journal Readings: (all readings are on the BB course site in their respective class weeks)

Arend, E., & Christensen, M. (2009). Delirium in the intensive care unit: A review. *Nursing in Critical Care*, 145-154.

Blume, L., & Byrum, D. (2009). Unraveling the mystery of ARDS. *Nursing Made Incredibly Easy*, 7(6), 32-40.

Breitenbach, J. (2007). Putting an end to perfusion confusion. *Nursing Made Incredibly Easy*, 5(3), 50-60.

Byrum, D., & Crabtree, C. (2009). Mechanical ventilation – Cruise control for the lungs. *Nursing Made Incredibly Easy*, 7(5), 44-52.

Christie, R., & McLernon. (2008). Management of severe traumatic brain injury in the first 48 hours: A systems-based approach. *British Journal of Neuroscience Nursing*, 5(12), 554-560.

Clegg, A., Young, J. & Siddiqi, N. (2012). Delirium in cardiac patients: A clinical review. *British Journal of Cardiac Nursing*, 7(3), 111-115.

Dellacroce, H. (2009). Surviving sepsis: The role of the nurse. *RN*, 72(7), 16-21.

Fournier, M. (2009). Perfecting your acid-base balancing act. *American Nurse Today*, 4(1), 17-21.

Gallagher, J. (2010). Intra-abdominal hypertension: Detecting and managing a lethal complication in critical illness. *AACN Advanced Critical Care*, 21(2), 205-17

Glass, M. & Spitrey, J. (2009). Heparin-induced thrombocytopenia: Your questions answered. *AACN Advanced Critical Care*, 20(1), 5-9.

Hayes, A., & Wilkerson, T. (2010). Management of hypertensive emergencies: A drug therapy perspective for nurses. *AACN Advanced Critical Care*, 21(1), 5-14.

- Jacoby, L. & Jaccard, J. (2010). Perceived support among families deciding about organ donation for their loved ones: Donor vs nondonor next of kin. *American Journal of Critical Care, OnlineNOW*, 19, e52-62, doi: 10.4037/ajcc2010396.
- John, C. & Day, M. (2012). Central Neurogenic diabetes insipidus, syndrome of inappropriate secretion of antidiuretic hormone, and cerebral salt-wasting syndrome in traumatic brain injury. *Critical Care Nurse*, 32(2), e1-e8, doi: 10.4037/ccn2012904.
- Keenan, J. (2011). Valve disease: Diagnosing normal and abnormal heart functioning. *Journal of Healthcare Assistants*, 5(1), 74-77.
- Kirchhoff, K. & Kowalkowski, J. (2010). Current practices for withdrawal of life support in intensive care units. *American Journal of Critical Care*, 19(6), 532-42, doi: 10.4037/ajcc2009796.
- Kisiel, M., & Marsons, L. (2009). Recognizing and responding to hyperglycemic emergencies. *British Journal of Nursing*, 18(18), 1094-1098.
- Lee, R. K. (2012). Intra-abdominal hypertension and abdominal compartment syndrome: A complete overview. *Critical Care Nurse*, 32(1), 19-32, doi: 10.4037/ccn2012662.
- Martin, E., Lu, W., Helmick, K., French, L., & Warden, D. (2008). Traumatic brain injuries sustained in the Afghanistan and Iraq Wars. *Journal of Trauma Nursing*, 15(3), 94-99.
- Matura, L. (2011). Pulmonary arterial hypertension: An overview. *British Journal of Cardiac Nursing*, 6(6), 268-277.
- Mattis, J., & Yates, A. (2011). Heat stroke – Helping patients keep cool. *Journal of the American Academy of Nurse Practitioners*, 36(5), 48-52.
- McCarron, K. (2012). Hearts afire: Infective endocarditis. *Nursing Made Incredibly Easy*, 10(3), 44-48, doi: 10.1097/01.NME.0000413350.21059.36.
- McCarron, K. (2011). Understanding care bundles. *Nursing Made Incredibly Easy*, 9(2), 30-33.
- McCormick, M. (2009). Recognizing the signposts for sepsis. *Nursing Made Incredibly Easy*, 7(3), 40-51.
- Miller, J & Mink, J. (2009). Acute ischemic stroke: Not a moment to lose. *Nursing*, 39(5), 37-43.
- Murphy, F., & Byrne, G. (2010). The role of the nurse in the management of acute kidney injury. *British Journal of Nursing*, 19(3), 146-152.
- Pestka, E., & Dretsch, M. (2010). Genomics in critical care nursing. *Nursing2010Critical Care*, 5(6), 13-16.
- Smithburger, P., Kane-Gill, S., Nestor, B., & Seybert. (2010). Recent advances in the treatment of hypertensive emergencies. *Critical Care Nurse*, 30(5), 24-30.
- Solheim, J. (2009). DIC: When the coagulation goes horribly wrong. *Nursing Spectrum*, 28(8A), 22-27.

- Strickler, J. (2010). Traumatic hypovolemic shock – Halt the downward spiral. *Nursing 2010*, 40(10), 34-39.
- Taft, K. (2009). Are you aware of hemorrhagic stroke? *Nursing Made Incredibly Easy*, 7(4), 42-53.
- Walden, P., & Ogbode, P. (2011). Keeping up the pace. *Nursing Made Incredibly Easy*, 7(4), 15-17.
- Walker, J. (2009). Spinal cord injuries: Acute care management and rehabilitation. *Nursing Standard*, 23(42), 47-56.
- Wexler, R., Elton, T., Pleister, A., & Feldman, D. (2009). Cardiomyopathy: An overview. *American Family Physician*, 79(9), 778-784.
- Woodrow, P. (2011). Abdominal aortic aneurysms: Clinical features, treatment, and care. *Nursing Standard*, 25(50), 50-57.

Additional Learning Resources: Websites:

<http://www.survivingsepsis.org/Guidelines/Pages/default.aspx>

Overview of updates to new guidelines: <http://pulmccm.org/main/2012/critical-care-review/surviving-sepsis-guidelines-updated-at-sccm-meeting/>

****Additional readings may be assigned as part of the course.**

Course Requirements:

1. Class attendance is an expectation. Students are expected to be actively engaged in their learning processes which include, but are not limited to, preparation for class and active participation in classroom activities. Absences without written verification will be considered as unexcused and the instructor will use her discretion to penalize any unexcused absence(s) or lateness. Deductions from the final course grade will reflect five tenths (0.5) of a point for each unexcused absence, and three incidences of lateness will equate to 1 unexcused absence. Students are responsible for obtaining any notes, handouts, or other class items from classmates. College policy will be followed relative to inclement weather. Please check blackboard course site for any announcements relative to weather and the cancellation of class.
2. Plagiarism is the intentional use of another's words or ideas as your own. This can range from using another individual's direct words or changing the words slightly (paraphrasing) without the appropriate citation to purchasing a paper from the Internet or a professional writing service. Please note that the copying of information from the Internet to a powerpoint slide presentation without acknowledgement of source is plagiarism. Evidence of plagiarism or academic dishonesty will be handled according to the college policy on academic honesty. Copies of the statement on academic dishonesty are published in the Student Handbook.
3. All examinations are to be taken at the scheduled time, unless the instructor is notified of a competing previously scheduled scholastic or athletic activity. Any individual who is not at the scheduled examination based on a claim of illness is required to provide appropriate medical documentation of a valid medical reason for absence. An alternate examination may be determined by the course faculty.

4. Completion and satisfactory achievement of all course objectives in the laboratory and clinical settings, and curriculum requirements including standardized assessment tests (ATI Medical-Surgical Examination).
5. Learning activities stated on the topical outline section of this syllabus are to be completed prior to class time. The student can expect to work approximately 10-12 hours per week in preparing for this class.
6. Professional behavior and appearance is an expectation when in the classroom and clinical laboratory (both uniform and street clothing). Students are required to report for clinical practice in proper professional attire and be prepared to provide nursing care for their assigned clients. If a student is not prepared for clinical assignment and/or performs in an unsafe manner, the nursing faculty member reserves the right to have the student leave the clinical area. The student must meet with the clinical instructor within one week after the incident.

Students who come unprepared for their assignment or perform in an unsafe or improper manner will be directed from the clinical practice experience at the sole discretion of the faculty. This may result in an unsatisfactory grade for the student.

When a student's conduct is viewed as a discipline problem rather than an academic problem, disciplinary action up to and including dismissal from the School of Nursing may be imposed on the student. The decision whether to pursue a student's problem under either an academic or disciplinary model is solely at the discretion of the School of Nursing.

7. Maintenance of confidentiality for all assigned patients or clients as required by law (HIPAA). Students will be required to read and know agency policies on confidentiality and may be required to sign agency forms on confidentiality.
8. Communication between instructor & student can be facilitated through the use of email. Students are expected to check their email every day.
9. Students who wish to request accommodations in this class for a disability should contact Elaine Mara, assistant director of learning services for academic and disability support at 1307 Main Street, or by calling 610-861-1510. Accommodations cannot be provided until authorization is received from the Academic Support Center.
10. It is within the instructor's purview to apply qualitative judgment in determining grades for an assignment or for a course.
11. The syllabus may be subject to change at the discretion of the faculty.
12. Students are expected to review anatomy & physiology, pathophysiology and assessment material as a prerequisite to readings assigned in this course.
13. Texting and using cell phones are not allowed during class time (unless there are exceptional circumstances). Cell phones may be used as calculators for math problems.

Methods of Evaluation:

Some learning activities will be non-graded but designed to facilitate thought and/or processes involved in achieving learning outcomes.

Graded learning activities are as follows:***Total Percentage****Classroom Learning:**

1. Theoretical Examinations (3) first exam 10%, then 15% each	40%
2. Case Studies	15%
a. Infective Endocarditis case study -due 9/6	
b. Hypertensive case study -due 9/13	
c. Rupture AAA case study -due 9/27	
d. ARDS case study -due 10/4	
e. HIT case study -due 11/15	
3. Final Examination (cumulative)	20%
4. Family Research Presentation	7.5%
5. Cultural Awareness Project	7.5%
6. ATI Medical Surgical Assessment	10%
TOTAL:	100%

ATI Requirement:

All students are required to take the medical-surgical online practice assessment prior to the medical-surgical proctored assessment. Students are also required to do a focused review of the online practice assessment in order to remediate in lower performing areas. The online practice assessment and focused review of the practice assessment **must be completed by 1900 on November 18, 2012.**

Students will take the proctored assessment and earn points based on the proficiency level achieved. All students are required to do a focused review of their proctored test results for remediation purposes. Any student who does not earn a proficiency level 2 benchmark is required to re-take the proctored assessment. As before, the student will be required to perform a focused review on the second proctored assessment in order to earn the 2 remediation points. The following chart details how the grade will be determined based on the proficiency levels. **The highest ATI score earned will be used for grade calculation purposes (10% of course grade).**

Points Awarded for Taking the Online Practice Assessment and focused review	Proficiency Level on ATI Proctored Assessments	Points Awarded for Achievement on ATI Proctored Assessment	Points Awarded for focused review of missed topics from ATI Proctored Assessment*	TOTAL POSSIBLE POINTS AWARDED (converts to a percentage when multiplied by 10)
2	Proficiency Level 3	6	2	10
2	Proficiency Level 2	5	2	9
2	Proficiency Level 1	3	2	7
2	Below level 1	2	2	6

***The nursing faculty is able to see the total minutes spent on remediation. Remediation points will not be computed if it appears as though remediation time was insufficient. It should take approximately two hours to remediate in areas of under-performance. For example, if the student earns a score of below level 1 and spends 30 minutes in remediation, this will be considered as insufficient remediation time and no remediation points will be awarded.**

Clinical Learning:

Performance in the clinical practice area is evaluated as satisfactory or unsatisfactory. In order to earn a satisfactory evaluation, the student must achieve each course objective and supporting criteria as well as complete all clinical assignments in a satisfactory manner.

Students are required to earn a score of 90% in the drug calculation competency in order to administer medications and progress in the course. If this score is not achieved, students will remediate by reviewing Kee (chapter 4) and be re-evaluated with a second drug calculation competency. Failure to achieve a score of 90% on second attempt will result in a grade of unsatisfactory for Objective I in the formative evaluation. A third and final drug calculation competency will be given to the student. If the student does not achieve the 90% benchmark required for practice, the student will be unable to administer medications during the first seven weeks of the course which will result in an unsatisfactory formative clinical evaluation. **STUDENTS WILL BE REQUIRED TO EARN A 90% SCORE IN THE DRUG CALCULATION COMPETENCY IN ORDER TO PROGRESS IN THE COURSE.**

Clinical Attendance

1. Clinical attendance is mandatory for the student to consistently demonstrate the ability to meet course objectives. It is the student's responsibility to notify the appropriate person(s) as identified by course faculty in the event that he/she is unable to attend clinical experiences. Such notification is to occur up to two hours prior to the scheduled clinical experience. If a student is absent from class/clinical activity due to illness, a health care provider's statement verifying the illness and certifying that the student is able to resume class or clinical activity may be required.
2. All clinical absences will be tracked in a database for review by future course instructors and the Chairperson of the Department of Nursing. Students who request time off from clinical, due to events in which they have no control (death of a family member), will contact the course faculty and the clinical instructor, and the determination for clinical makeup will be decided. Students who arrive to clinical practice late or leave early may be required to make up those cumulative minutes at the end of the semester on a clinical makeup day. It is up to the discretion of the course faculty to require clinical makeup for students who routinely leave clinical early due to co-curricular activities. For student involved in co-curricular activities such as sports or music, etc, schedules must be submitted to clinical faculty at the beginning of the semester so that clinical experiences can be appropriately determined.
3. Students will be required to makeup clinical absences. **The designated clinical makeup day will be scheduled on the Saturday before the last week of clinical (DECEMBER 1st).** It is mandatory that students requiring clinical makeup attend that makeup day. **Students will be charged \$250.00 per day of clinical make-up to reimburse the department for clinical supervision and administrative fees.** All clinical requirements, including make-up, must be completed by the end of the final examination period for that semester. Any associated fees must be paid in full by the end of the final examination period for that semester. Students are exempt from clinical make-up if they are attending a faculty approved conference (i.e.-NSNA or SNAP convention). In the event that a student receives an excused absence for a required educational trip and later in the semester incurs more clinical absences, the student may be in a position to consider withdrawal from the course, if the clinical experiences absences are too numerous to be made up within the available faculty contract time.
4. In the event of a protracted illness requiring multiple missed clinical days, the student, course instructor(s), and Chairperson will meet to discuss alternatives and develop an individual education plan.

Students are expected to adhere to the policies and procedures of the clinical agencies in which they are assigned.

Portfolio Evidence should reflect the following areas:

Community	Holism	Inquiry	Professionalism
Family Human Diversity	Caring Health Compassion	Evidence based practice Critical thinking Health Care Technology Research	Accountability Advocate Professional Values

PrepU Participation & Incentive

PrepU is a web-based software program that contains questions based on medical surgical content. This program is intended to promote your understanding and learning of content in this class. The questions are presented in a computer adaptive format which is the format used for the NCLEX-RN.

You will be required to complete a specific number of quizzes based on chapters chosen by your course faculty. If you complete those chapters, then you will be given 5 incentive points to be added to your lowest test score. If you do not complete the assigned chapters, then you will be given a corresponding portion of points (less than 5). Should you decide to complete more than the assigned chapters, then you will receive more points (not to exceed 10) based on the discretion of the instructors.

Please print out the information on PrepU which is in a separate directive on the BB course page. It is your responsibility to register for PrepU.

Grading Policy:

- Where applicable, class assignments are to be typed and submitted according to APA style (6th Ed.). Use of a computer, Internet access, and electronic searches of CINAHL and other databases is required.
- Assignments are expected on or before their due date. At the discretion of the instructor, five points per day may be deducted from the grade if assignments are handed in late. **Students are required to maintain an overall cumulative GPA of 3.0 and a nursing cumulative GPA of 3.0 in order to progress in the nursing major.**

The grading scale is as follows:

A = 93-100	A- = 90-92	B+ = 87-89
B = 83-86	B- = 80-82	C+ = 77-79
C = 73-76	C- = 70-72	D+ = 67-69
D = 63-66	D - = 60-62	F = <60

TOPICAL OUTLINE		
DATE	TOPIC	LEARNING ACTIVITIES
Week 1		
8/27	Course Introduction; directives, expectations	
	Infectious dx of the heart	Smeltzer: 814-818
		Article: McCarron(2012)
8/29	Alteration in Exercise/Activity Pattern	
	Infectious diseases of the heart (cont.)	Smeltzer: 814-818; 798-807
	Valvular Heart Disease	Article: Keenan
		Review Kee: 423-453
		ATI/MS: 445-461
		Review ATI/Pharm: 561-77
		Start CS #1
8/28 & 8/30	Dysrhythmias, Pressure Monitoring	Smeltzer: 687-690, 715-741
Clinical O.	Drug Calculations	Article: Breitenbach
	(see clinical orientation directive on BB)	ATI/MS: 371-78
		ATI/Pharm: 28-58
		Review Kee: Chapter 4
8/31 PS	Drug Calculation Quiz	
Week 2		
9/3	NO CLASS: Labor Day Holiday	
9/5	Management of Dysrhythmias; Hypertensive Crisis	Smeltzer: 900; 741-753
		Articles: Hayes; Smithburger; Walden
		Review Kee: 938-941
		ATI/MS: 478-488; 371-78
		ATI/Pharm: 283-94; 247-264
9/6		Endocarditis CS#1 due 2300
		Start CS #2
9/7 PS	Cardiomyopathies; Pulmonary Hypertension	Smeltzer: 807-814; 579-581
MAB		Articles: Matura; Pestka; Wexler
		Review ATI/MS: 427-444
		ATI/Pharm: 233-45
Week 3		
9/10	Concept of Shock	Smeltzer: 313-334
		Articles: Strickler
		Review Kee: 935-938
		ATI/MS: 489-505
		ATI/Pharm: 268-72

TOPICAL OUTLINE		
DATE	TOPIC	LEARNING ACTIVITIES
9/12	SIRS, Sepsis, MODS	Smeltzer: 329-34 Articles: McCormick; Dellacroce; McCarron ATI/Pharm: 333-341
		Websites: http://www.survivingsepsis.org/Guidelines/Pages/default.aspx http://pulmccm.org/main/2012/critical-care-review/surviving-sepsis-guidelines-updated-at-sccm-meeting/
9/13		CS#2 due
9/14 PS	(Continue); exam review	
	[end of material for exam 1]	REMEDICATION FOR DRUG COMPETENCY MUST BE COMPLETED
Week 4		
9/17	Exam #1	
9/19	Pulmonary Embolism	Smeltzer: 582-587; 868-874
Tracy	Aneurysms & Dissections	ATI/MS: 315-323; 506-514
		ATI/Pharm: 307-24 Kee: 660-675
		Article: Woodrow
		Start Ruptured AAA CS #3
9/21 PS	Acid-Base Disorders & ABGs	Smeltzer: 293-299
		ATI/MS: 586-595
		Article: Fournier
Week 5		
9/24	Environmental Emergencies	Smeltzer: 2169-83; 1614-16
		ATI/MS: 8-12
		Review Kee: 933-35
		Article: Mattis
9/26	Acute Respiratory Disorders: ARDS, Pulmonary Edema	Smeltzer: 576-79; 839-41; 636-45
		ATI/MS: 333-348
		ATI/Pharm: diuretics
		Articles: Blume; Byrum
9/27		CS #3 due 2300
9/28 PS	Management of acute respiratory failure	Start ARDS CS#4
MAB		Smeltzer: 645-64
		ATI/MS: 226-258
		Kee: 29-45; 70-91; 589-616

TOPICAL OUTLINE		
DATE	TOPIC	LEARNING ACTIVITIES
Week 6		
10/1	Traumatic Brain Injury	Smeltzer: 1919-33 ATI/MS: 165-176 Article: Christie; Martin
10/3	Brain Tumors; pituitary tumors, acoustic neuromas	Smeltzer: 1976-84; 1823-27 ATI/MS: 95-103
10/4		
10/5 PS	DI/SIADH r/t TBI and tumors	CS # 4 due 2300 Article: John & Day ATI/MS: 1029-1041
Week 7		
10/6-9	FALL RECESS	Rest & renew!
10/10	Spinal Cord Injuries; Tumors [end of material of exam 2]	Smeltzer: 1933-48; 1984-86 ATI/MS: 188-201 Article: Walker
10/12 PS		
Week 8		
10/15	Exam #2	
10/17	Review of exam concepts	
10/19 PS Tracy	Selected Trauma: chest	Smeltzer: 593-99; 667-670 ATI/MS: 324-332
Week 9		
10/22	Selected Trauma: crush injuries; abdomen	Smeltzer: 2165-2167
10/24	Abdominal injuries (cont.); ACS; wound flap Sipple Lectureship: Required 5:30PM	Smeltzer: 1724-25; 1713-15 Article: Lee
10/26 PS	Burns: guest speaker	Smeltzer: 1718-53 ATI/MS: 993-1007
Week 10		
10/29 J.Masters	Brain Attack; SAH (guest lecturer)	Smeltzer: 1896-1917 ATI/MS: 177-187 Articles: Miller; Taft; Barker
10/31	Brain attack/PS	
11/2 PS MAB	Acute Kidney Injury [last day to withdraw with a "W"]	Smeltzer: 1320-25 Article: Murphey

TOPICAL OUTLINE		
DATE	TOPIC	LEARNING ACTIVITIES
Week 11		
11/5	Coagulopathies: ITP/TTP/DIC/polycythemia vera	Smeltzer: 950-51; 960-64; 927-28
		Article: Solheim; Glass
		Start HIT CS #5
11/7	Liver CA	Smeltzer: 1158-65
		ATI/MS: 741-748
11/9 PS	Delirium; ICU psychosis	Article: Arend; Clegg
MAB	Learning circles: review of concepts	CS #5 due 2300
Week 12		
11/12	Exam #3	
11/14	Review of concepts	
11/16 PS		
		Practice Med Surg ATI due 11/18 by 1900
Week 13		
11/19	ATI Med-Surg Examination	In Memorial 201/Library (tentative)
11/21-25	THANKSGIVING HOLIDAY	
Week 14		
11/26	DKA/HHNK	Smeltzer: 1225-30
		ATI/MS: 1109-1113
		ATI/Pharm: 390-397
		Article: Kisiel
11/28	ATI Med-Surg Examination (as needed)	In Memorial 202/ 201 (tentative)
11/30 PS	End-of-life/withdrawal of life support	Article: Kirchhoff
Week 15		
12/3	Organ Transplantation – guest speaker	Smeltzer: 1161-65; 1351-54
		ATI/MS: 776-773
		Article: Jacoby
12/5	Final Exam review	
12/8	Reading Day	
FINAL EXAM: Wednesday, December 12, 2011 1:30PM		

****It is likely that changes will be made to this syllabus. Those changes will be communicated to students.**